The 40Top Hospitals Award is based on the evaluation of 22 indicators of clinical effectiveness, health outcomes, efficiency, patient experience and quality of care. Revised annually to take into account newly available performance information, this year’s indicators include:

- Reported C-difficile rate for patients aged 65 and over
- Day case rate (relative weighted performance across BADS directory)
- Day case conversion to inpatient rate (versus national rates, case mix adjusted per BADS)
- Depth of coding (not case mix adjusted)
- Percentage of coded episodes with signs and symptoms as a primary diagnosis
- Percentage of uncoded episodes
- Inpatient survey (overall care question)
- Percentage of outpatient first appointments not attended (specially adjusted)
- Rate of emergency readmission to hospital (over 16 years and within 28 days)
- Emergency readmission within 28 days of discharge following hip fracture (65 years and over)
- Percentage of elective admissions where planned procedure not carried out (not patient decision)
- Reference Cost Index (RCI)
- Summary Hospital-level Mortality Index (SHMI)
- Staff survey (overall job satisfaction question)
- Risk adjusted length of stay
- Risk adjusted mortality index
- Rate of emergency readmission to hospital following AMI within 28 days
- Rate of emergency readmission to hospital within 14 days - COPD
- Percentage of elective inpatients admitted on day of procedure
- Patient misadventure rate (ICD-based)
- Percentage of patients over 65 with fractured neck of femur with pre-op length of stay less than two days
- Unnecessary admissions via A&E (zero length of stay as percentage of emergency)

**General Explanation of Methods**

Since the natural variability in some indicators will be quite large compared to others, CHKS have calculated a z-statistic for each indicator, in order to remove this bias. In any particular indicator, each hospital’s z-statistic is calculated. Each indicator is oriented to ensure the more desirable performance produces a positive z-score, and expressed in more convenient units by multiplying the indicator value by -10 (where low is good) or +10 (where high is good). All the indicators are therefore oriented in the same direction.

**Two areas where the Trust did particularly well were:**

<table>
<thead>
<tr>
<th>Key:</th>
<th>2012 Performance</th>
<th>2013 Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rate of emergency readmission to hospital (&gt;16; 28 days)</strong></td>
<td></td>
<td>Score 17.5</td>
</tr>
<tr>
<td><strong>Inpatient survey (‘overall view of inpatient services’ question)</strong></td>
<td></td>
<td>Score 23.7</td>
</tr>
<tr>
<td><strong>Summary Hospital-level Mortality Index (SHMI)</strong></td>
<td></td>
<td>Score 11.3</td>
</tr>
</tbody>
</table>

**Rate of emergency readmission to hospital (over 16 years and within 28 days)**

The rate of emergency readmissions to hospital within 28 days of discharge from the hospital for patients over the age of 16 years on admission. This calculation necessarily looks back 28 days from the start of the reporting period. Period covered is January to December 2013.

**Inpatient survey (overall care question)**

External indicator from Care Quality Commission’s (CQC) inpatient survey 2013: This indicator reflects the mean rating for question 68 ‘overall care received’ from inpatients surveyed in each trust. This indicator is available only for English trusts.
What are the CHKS Top Hospitals Awards?

Since 2001, CHKS has been celebrating outstanding achievement in healthcare quality and improvement through the annual Top Hospital programme awards. These awards celebrate the success of healthcare providers across the UK and internationally recognising acute organisations that have excelled in the areas of patient safety, data quality and quality of care. We also recognise and celebrate our top performing client trusts in the CHKS 40Top award - based on the evaluation of 22 key performance indicators.

2014 is a special year for CHKS because we are celebrating our 25th anniversary and we are delighted to have been working with The Newcastle upon Tyne Hospitals NHS Foundation Trust since the CHKS offices first opened its doors in 1989.

This was the year Hospital Episode Statistics (HES) appeared for the first time which meant it was possible to compare hospitals for the very first time. We can see how much the NHS has changed just by looking back to that first year of HES data. For example, the average length of stay in hospital was 9.8 days and today that figure is around 4.0 days. Inpatient activity has doubled and outpatient activity trebled since that time with a growth in the number of Accident and Emergency attendances from 14 million a year to 22 million a year.

Although we have seen significant improvement, the NHS faces some significant challenges, not least in meeting 21st century health and care needs with increasingly constrained finances. At CHKS we see these challenges at first hand. We use the information and benchmarking programmes developed over the last 25 years to help hospitals like Newcastle focus on what matters by explaining what the data is actually telling us and turning it into something meaningful.

We bring together information from a range of data, patient and staff sources and apply knowledge and insight to inform decision making.

What does winning an award mean for the winning Trusts?

Winning hospitals have not only benefited from wide-ranging positive coverage in local and regional media, they can demonstrate improved performance. Here are just some of the ways the 2014 CHKS Top Hospitals award winners can show they are better than their peers:

- They are more efficient with on average a 5 per cent lower length of stay (risk adjusted length of stay)
- They are more effective with 8 per cent fewer emergency readmissions
- They safer for patients with 8 per cent lower C.Difficile rates
- They have lower mortality with 9 per cent fewer deaths (risk adjusted mortality index)

Jason Harries, managing director, CHKS explains: “The CHKS Top Hospitals Awards are a measure of your commitment to excellence and the Trust should be proud of this achievement. The awards are also a signal to other trusts that you are part of an elite group of trusts from whom they can learn. As one of only two Trusts who have won every year since our awards began, I’m sure you now have a cabinet full of these awards on display at your trust. Each day, they should serve as a reminder; not only of your commitment to excellence but also that you have something good to share with your NHS colleagues.”

Notes:

The Top Hospitals award for 2014 is based on the annual year 2013. Since the natural variability within the twenty two indicators used for the awards will be quite large, CHKS have calculated a Z-score for each indicator in order to remove this bias. These Z scores are displayed n a range from -30 to +30. A score of +30 is judged to be high whilst 0 is the average performance across all trusts.

The highest score for the trust in the Top Hospital Indicators was a Z-score of 23.7 for the overall view of inpatient services within the Care Quality Commission Inpatient Survey. The score moved 9.3 points towards the best performance set at 30. The circle represents 2012 and the diamond 2013.

The most improved indicator in 2013 was the rate of emergency readmissions to hospital within 28 days, for patients aged 16 years and over. The Z-score had moved by 7.9 points to 17.5. The trust rate is moving towards the upper end of best performance within the peer distribution.

The national Summary Hospital – level Mortality Index includes all deaths in hospital and within 30 days of discharge. The SHMI reflects the complex management of the case mix of patients across the trust. The index is reported as below the 100 norm set nationally and the Z-score within Top Hospitals has improved in 2013 to a Z-score of 11.3.
Joiner who had his nose removed after being diagnosed with cancer has a new one created using bone and skin from his leg that took two years to build

- Alan Dagless, 56, underwent two years of surgery after his nose removed
- Surgeons used bones and skin grafts from his legs to build a new one
- Was diagnosed with a rare form of skin cancer which ate away at his nose

A MAN whose nose was removed during a battle with cancer has had a completely new one reconstructed with bones from his ribs. Alan Dagless, 56, underwent two years of reconstructive surgery after he lost his nose to a rare form of skin cancer.

Specialists at the Royal Victoria Infirmary in Newcastle used bones and skin grafts from his legs to build a new nose, which Mr Dagless says has now restored his confidence.

The former joiner said: ‘When the bandages were taken off once all the reconstruction was completed, I was amazed. I had been under bandages for so long that I didn’t exactly know what to expect.

‘I was so happy to have my nose back. I feel like myself again.’

Mr Dagless, of Whitley Bay, was diagnosed with squamous cellular carcinoma in December 2008 after more than a year of experiencing alarming nosebleeds.

Mr Dagless’s fiance and partner of 20 years Kim Williams, 54, said: ‘We were worried. We thought it couldn’t be normal for Alan to be experiencing as many nosebleeds as he was. He had up to 20 a day. He wasn’t experiencing any pain but there was lots of blood. He would be going about his normal business and then suddenly the bleeding would start.

‘Our bedsheets were often ruined because of how much blood there was.’

But she said it wasn’t until August 2008 when Miss Williams returned from holiday to find her fiance in a state of distress that the couple took action.

She said: ‘He looked like Elephant Man - his nose was red and three times the size and his eyes were puffed up.’

Doctors examined Mr Dagless and discovered cancer in his nose. They were also concerned about the cancer spreading to his lymph nodes.

They recommended the complete removal of Mr Dagless’s nose. Miss Williams said she and Mr Dagless’s sons Malcolm and Michael, and Miss Williams’s son Scott, were shocked.

Mr Dagless said: ‘It was difficult to be told that having the nose removed was my only option, but I coped as best I could.’

In January 2009, after 12 hours on the operating table, Mr Dagless emerged from surgery with a bandage covering the deep hole where his nose had once been.

Despite assurances that the procedure had almost certainly removed all traces of cancer from his body, Mr Dagless faced a traumatic recovery period.

He said: ‘I was a typical man - I kept quiet but I got very down about it. It was tough to cope with such a big change.

Miss Williams said: ‘He kept his feelings to himself. It was only natural that he felt a bit depressed. I had to be strong for him.’

After a year, Mr Omar Ahmed, a consultant plastic surgeon at the Royal Victoria Infirmary in Newcastle, spoke to the couple about options to restore Mr Dagless’s face.

Mr Dagless said: ‘Mr Ahmed said I could either wear a plastic nose or have it rebuilt using tissue from my body. I chose to have it rebuilt, because it was thought it would be better in the long run.’

Mr Dagless’s face remained bandaged for the majority of the next two years as he underwent a series of plastic surgery procedures. Finally, in December 2012, consultants were ready to remove the dressings permanently.

Miss Williams said: ‘It was the first time we’d had a chance to take a really close look. It was marvellous. Mr Ahmed did some really good work.’

The couple now hope to marry once they can afford a honeymoon.

Mr Dagless said: ‘My life has improved enormously. I’m so thankful to Mr Ahmed, who put me at ease and did a simply amazing job.’

EDITORIAL FROM WWW.DAILYMAIL.CO.UK

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Joiner who had his nose removed during a battle with cancer, has had his face transformed after a new one was built with bones from his ribs

© MEDAVIA.CO.UK

Now, after two years, his transformation is complete and his nose has been completely reconstructed

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Review of the Year 2013/14 31
What emerged most clearly from the Francis Report was a concern that the leadership of Mid Staffs Hospitals lost sight of the patient and focused on financial matters, hence allowing a spiral of decline to develop. This shaped the culture of the organisation to an extent that no-one felt that they had ownership of the care of patients and hence did not assume responsibility for highlighting deficiencies in the quality of care.

Other elements of the Report included:

- A single regulator for financial and care quality
  Francis proposed that the Care Quality Commission and Monitor should be merged to achieve this.

- More powers to suspend or prosecute boards and individuals

- Duty of candour
  Every healthcare organisation and everyone working for them must be honest, open and truthful in all their dealings with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest, open and truthful. The Care Act 2014 brings this in to effect from 1st October 2014.

- Gagging clauses should be banned

- Only registered people should care for patients

- It should be clear who is in charge

- A new role for the Care Quality Commission (CQC)

- Specialist inspectors
  The CQC appointed a Chief Inspector of Hospitals (Professor Sir Mike Richards) and changed its inspection regime.

- Media reports
  Those charged with oversight and regulatory roles in healthcare should monitor media reports about the organisations for which they have responsibility.

- Directors should be ‘fit and proper’
  There should be a requirement that all directors of all bodies registered by the Care Quality Commission as well as Monitor for Foundation Trusts are, and remain, fit and proper persons for the role. Again, the Care Act 2014 brings this in to effect.

- Complaints should be published on hospital websites

- Role of GPs
  GPs need to undertake a monitoring role on behalf of their patients who receive acute hospital and other specialist services.
• Role of local Healthwatch
Local authorities should be required to pass over the centrally provided funds allocated to its local Healthwatch (the new “consumer champion” body for healthcare), while requiring the latter to account to it for its stewardship of the money.

The “Patients First and Foremost” report (the government’s initial response to the Francis Report) acknowledged that culture and leadership were the key parameters which would secure the successful implementation and sustained delivery of safe high quality patient care.

“Hard Truths” – the government’s definitive response to the Francis Report – envisaged an array of measures – radical transparency, excellence in leadership, clarity of accountability, consequences for failure and rewards for the very best.

The Trust response to the Francis Report and the government reports commenced in February 2013 and work has continued subsequently. The driving principles have been:

• A call to action across the Trust to positively develop and a more open culture
• Commitment to a long term strategy to learning within the organisation – a need for evolutionary change
• A permanent Working Group with rotating Trust-wide attenders with a “Francis focus”
• More explicit Board level engagement and visibility.

(i) An anonymous Web Survey for all staff, which was undertaken in May 2013 and which provided a range of helpful information, has now been rolled out on a Department by Department basis in order to identify the focus for future action.

(ii) Trust wide Safety Briefings are now established each month, on each of the main hospital sites. These are led by the Senior Nursing and Medical Teams and have been well attended and received.

(iii) The Safety Briefings are supplemented by the publication of a regular Safety Bulletin which is produced each month and addresses the relevant and most topical issues.

(iv) The Trust’s Bulletin reports on all actions taken, across the Trust, in relation to the Francis Report.

(v) The recently established Nursing and Midwifery Professional Advisory Forum, for staff of all grades across the Trust has seen good engagement and feedback from those who attended the initial meetings. Efforts continue to widen the membership.

(vi) A Junior Doctors Forum has been established. This takes place on a two monthly basis, and is led by Dr Kamal Khan, SHO, with the Medical Director and Head of Nursing Royal Victoria Infirmary in attendance.

(vii) A most substantial piece of work, regarding the introduction of the “Schwartz Rounds” is now underway and is being led by Dr Melinda Firth, Clinical Psychologist.

“Schwartz Rounds” were developed in Boston USA in the 1990s. They are widely established in USA and are now being adopted in Trusts across the UK, with positive evaluations.

In essence these Rounds involve bringing together a facilitated, multidisciplinary forum (examples include groups of 100 people) once per month to discuss and reflect on the non-clinical aspects of caring for patients, i.e. the emotional and social challenges of their jobs. Staff find these supportive and they positively impact on organisational culture and patient care.

The group which is currently scoping this work includes people who, at the time of engagement events with staff, volunteered to be involved in ongoing work, thus ensuring that they can clearly see that they have been listened to and their views taken into account.

(viii) Introduction of “Speak in Confidence”. An anonymous on line dialogue system also introduced in other NHS organisations, to allow staff to engage directly and anonymously with senior staff to raise concerns and suggest improvements is also being explored further.

(ix) The use of Social Media to support better engagement with staff and the public continues to be considered further.

(x) The implementation of the Family and Friends Test for staff, from April 2014, produced very positive feedback in the initial tranche and work continues to roll the Test out across the organisation. The first formal outcomes were to be published in September 2014.

The ambition now is to rebrand “Post Francis” activity so that it becomes “business as usual” across the Trust.
Medical Productivity - Best in Class

Over twenty teaching hospitals across the UK have been working to benchmark and understand medical productivity with Civil Eyes Research, a leading benchmarking organization. The programme of work is agreed by a steering group of the participating hospitals. This project was started in 2006 with the active collaboration of the Association of UK University Hospitals. Civil Eyes works with healthcare professionals to understand information about quality and productivity within health service delivery.

The Exhibit below shows that out of their Programmed Activities (PAs), Newcastle Consultants spend 81.7% of their time devoted to Direct Clinical Care (DCC), the highest amongst comparable healthcare providers.
Choose and Book

In terms of the number of bookings received through the Choose and Book system, the Trust consistently has one of the highest number of bookings in the country as shown in the table following. When patients are accessing the system to book appointments at the Trust, there are times when the Clinics are full due to the demand at the time - these are called slot issues (ASIs). The person booking the appointment can automatically contact the hospital and an appointment can be found by our team of staff. The Trust continues to have a low slot issue rate i.e. an overall 3.7% for 2013/14.

Top ten Acute Trusts – March 2014

<table>
<thead>
<tr>
<th>Provider</th>
<th>C&amp;B Bookings</th>
<th>Slot Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennine Acute Hospitals NHS Trust</td>
<td>10,211</td>
<td>26.0%</td>
</tr>
<tr>
<td>The Newcastle Upon Tyne Hospitals NHS Foundation Trust</td>
<td>10,042</td>
<td>7.0%</td>
</tr>
<tr>
<td>United Lincolnshire Hospitals NHS Trust</td>
<td>8,477</td>
<td>5.0%</td>
</tr>
<tr>
<td>Barts Health NHS Trust</td>
<td>8,453</td>
<td>12.0%</td>
</tr>
<tr>
<td>Salford Royal NHS Foundation Trust</td>
<td>8,401</td>
<td>29.0%</td>
</tr>
<tr>
<td>University Hospitals of Leicester NHS Trust</td>
<td>8,305</td>
<td>19.0%</td>
</tr>
<tr>
<td>County Durham and Darlington NHS Foundation Trust</td>
<td>8,232</td>
<td>26.0%</td>
</tr>
<tr>
<td>Gloucestershire Hospitals NHS Foundation Trust</td>
<td>7,974</td>
<td>17.0%</td>
</tr>
<tr>
<td>Nottingham University Hospitals NHS Trust</td>
<td>7,940</td>
<td>16.0%</td>
</tr>
<tr>
<td>North Bristol NHS Trust</td>
<td>7,488</td>
<td>16.0%</td>
</tr>
</tbody>
</table>

Source: Choose and Book National Reports

Locally in the North East, the Trust has one of the lowest rates of slot issues as shown in the exhibits below and the highest proportion of referrals via Choose and Book.

% C&B Slot Issues - NE Region 2013/14

C&B Bookings - NE Region Acute Hospitals 2013/14

We continue to expand the number of services available through Choose and Book and have added new 2 Week Waits for services in 2013/14
Community services have been rolled out on Choose and Book, including Diabetes at the Campus for Ageing & Vitality and also Podiatry at Geoffrey Rhodes Centre. Further Community services are being launched throughout 2014/15.

Choose and Book Developments

- We continue to expand the number of services available through Choose and Book and have added new 2 Week Waits for services in 2013/14.
- Work has progressed in making Urgent slots in a number of services exclusively accessible by Trust staff. This concept has been allocated to Ophthalmology Services.
- Community Services have been rolled out on Choose and Book, including Diabetes at the Campus for Ageing & Vitality and also Podiatry at the Geoffrey Rhodes Centre.
- Advice and Guidance services are available in Ophthalmology and Dermatology. We shall be extending scope and scale of provisions through to 2015.
Review of the Year 2013/14
We carefully monitor our mortality rates comparing the number of patients we would expect to die, given the severity of their condition, by using national models against the number of patients who die. We use both Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratios (HSMR) to help us do this.

Since SHMI was first reported in 2011, we have performed consistently well both at a regional and national level. The exhibit below shows how we compare to the average in England over the past two years.
We also continue to perform well at a regional level, consistently having the lowest mortality rates in our region.
We continue to perform well at a regional level, consistently having the **lowest mortality rates in our region**. The exhibit below shows how both our HSMR and SHMI values compare to other local Trusts.

**SHMI vs HSMR for North East Trusts Q1 2010/11 to Q2 2013/14**

![Graph showing SHMI vs HSMR for North East Trusts](image)

**HSMR with control limits for October 2012 to September 2013**

(without adjustment for over-dispersion)

![Graph showing HSMR with control limits](image)

Source: NEQOS Hospital Mortality Monitoring: Report 20
Data extracted from HED May 2014
It is important that we are not complacent and continue to work hard to ensure that the care we are delivering to our patients is safe and effective.

However it is important that we are not complacent and continue to work hard to ensure that the care we are delivering to our patients is safe and effective. Therefore we also dig down within these measures to ensure that the care being delivered at all levels is of the quality we would expect. We look at all of the 140 different diagnostic groups included in SHMI to make sure that there are not areas that might need to improve being masked by good performance elsewhere. If we discover any patterns in the data that need further investigation we ask the lead clinicians from that area to conduct in-depth reviews to ensure the care being delivered safe and of the quality we would expect. If there are lessons to be learnt we ensure these are shared so that the care we deliver is always improving.

In the last 12 months we have also introduced a revised policy that states all deaths must be reviewed and we are working hard to ensure this is the case. We have decided to do this because even though our mortality rates are very good, we know that there are always lessons to learn and share and by doing so we can strive to reduce the numbers of avoidable deaths even further.

<table>
<thead>
<tr>
<th>Clinical Classification System (CCS) Groups</th>
<th>County Durham &amp; Darlington</th>
<th>North Tees</th>
<th>South Tees</th>
<th>Gateshead</th>
<th>South Tyneside</th>
<th>Sunderland</th>
<th>Newcastle upon Tyne</th>
<th>Northumbria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td>Low</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Cardiac</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td>Low</td>
<td>as expected</td>
<td></td>
</tr>
<tr>
<td>Gut</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td></td>
</tr>
<tr>
<td>Injury</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td></td>
</tr>
<tr>
<td>Other causes</td>
<td>as expected</td>
<td>as expected</td>
<td>High</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td></td>
</tr>
<tr>
<td>Other Medical</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td>High</td>
<td>High</td>
<td>as expected</td>
<td>as expected</td>
<td>as expected</td>
<td>High</td>
<td>as expected</td>
<td>High</td>
</tr>
</tbody>
</table>
In addition, some 548 patient related enquiries (PREs) were received by the Patient Relations Department staff which identified issues that had the potential to develop into a formal complaint or grievance if left unresolved. Of the 548 PREs raised, only 5% of the issues highlighted progressed to a formal complaint or grievance. The majority of these potential complaints were resolved by the Patient Relations Department or by staff at ward or department level, often with the involvement of the appropriate Matron or Consultant on the same day.

We want complaints to make a difference and help guide improvements in our services for all patients. When patients or their family complain we want staff to listen, to treat everyone with respect and for the reasons for complaint to be addressed as quickly as possible. We want to learn from complaints and to use them to improve services, and we want to ensure that making a complaint is easy to do and as straightforward as possible for complainants.

There were 702 complaints received from service users during the year, and which included queries relating to clinical treatment, waiting times and delays, attitude of staff and communication issues. This represents an increase of 8% over the previous year and a 63% increase from ten years ago with an average of 27 more complaints year on year.
Some 64% of complaints referred to aspects of clinical treatment and which was a decrease of 3% on the previous year. Complaints relating to appointment delays and cancellations decreased by 1%. Regrettably, there was an increase of 1% in complaints relating to the communication and information, and a 2% increase in complaints relating to admissions, discharge and transfer arrangements. Other categories of complaint remained generally similar to the previous year; however there are one or two new areas with a small level of activity.

Overall the trend in the subject matter of complaints received has remained comparably the same; this also applies to the trend in increasing volume of complaints.
The use of the Trust’s website mailbox for comments, compliments, concerns and complaints continues to grow year on year with many of the issues raised being dealt with the same day (90%).

Traffic figures from the formal complaints page on the Trust website demonstrate nearly 3000 ‘hits’ for the year of which 2100+ hits were unique, suggesting this is becoming a valuable resource for contact with the Trust’s Patient Relations Team. This is highlighted by an increase in the complaints received via email from 111 in 2012/13 to 190 in 2013/14 and now representing 27% of the complaints received by the Trust in the last financial year (below).

These figures suggest improved access to information on how to make a complaint for patients via the Trust’s website and corresponding Patient Relations pages, helping improve access for patients, relatives and carers and facilitating the complaints procedure.

The percentage of complaints resolved within timescales negotiated with complainants 97% (98% in 2012/13) continues to demonstrate consistent performance year on year. Our overall performance in respect of complaint handling; learning from complaints; and the outcome of reviews performed by the Parliamentary and Health Services Ombudsman (PHSO), continues to be closely scrutinised on behalf of the issues raised being dealt with the same day (90%).

Of the 22 requests made to the PHSO during the period (19 in 2012/13), 3% of all complaints made in regard of Trust Services, one was upheld and two cases were referred back to the Trust for further information to be supplied to the complainant.

The Trust continues to endeavour to ensure good feedback of learning points from complaints to Directorates and Departments via Action Plans, so that changes in policy and protocols and other practical improvements can be followed up to ensure these are achieved and the “loop closed”.

A few examples of some of the improvements made to services and which arose from or which were associated with a complaint include:

**Children’s Services**

Following concern in regard to the care of a child with a Peri-anal abscess the Department have developed Discharge Advice leaflets for parents explaining several conditions including the drainage of peri-anal abscesses.

**Peri-operative Services**

Following a breakdown in communication in regard to advising that a patient’s medication should be discontinued prior to attending hospital for surgery the Department have revised and updated their Medication Advice leaflet to prevent further incidents of this nature.

**Women’s Services**

The Directorate has produced an “Information for pregnancy” booklet to cover all aspects of pregnancy including an identified gap relating to the importance of fetal movement and stillbirths.

**Musculo-skeletal Services**

Several complaints in respect of waiting time in a particular Fracture Clinic were addressed by changing new patients to the morning session and follow up patients to the afternoon session, a simple but effective solution.

**Ophthalmology Services**

Part of a complaint was in regard to inappropriate telephone advice given to a patient who was experiencing problems with a tube inserted for the treatment of persistent watery eyes. The Department developed a standard guideline regarding this treatment and advice for patients and which is now available for all staff.

**Medicine and Care of the Elderly**

A patient attending a Walk-in Centre felt that their patient confidentiality was compromised when asked for information by a receptionist in case this was overheard. As a consequence of the complaint the Directorate have introduced a paper form for patients to complete and to ensure confidentiality is respected for everyone attending the Centre.

**Neurosciences**

Following a complaint in respect of decompression surgery an Action Plan was completed which included a review of out of hours operating leading to a formal protocol being developed to include criteria for escalation.

**ENT**

A complaint following a prolonged wait in the Audiology repair clinic led to a review of the clinic process and the appointment of additional staff to undertake simple hearing aid repairs.

**Dermatology**

A complaint was made following removal of a facial lesion, as a consequence the department have implemented a protocol to ensure mirrors are used in all cases where patients are to have facial lesions removed, or have lesions which are difficult to see, e.g. on the back, as a confirmation check prior to the procedure.

**Womens’ Services**

Part of a complaint related to the written information given to women regarding the NHS Cervical Screening Programme. As a consequence the Directorate updated all letters and booklets to reflect the suggested information.

**Medicine/Emergency Department**

A patient who attended the Emergency Department complained of a considerable wait for pain relief. This was addressed with all staff at their staff meeting, and the need to ensure analgesia is given as soon as possible in future was strictly reinforced.

**Musculo-skeletal Services**

Concern was raised in respect of nutritional status and care in a patient with a fractured neck of femur. The Directorate team arranged for a Dietician to attend the Ward three times a week to review patients with a fractured neck of femur, to review and amend nutritional plans and introduce use of nutritional boards with additional training for staff.
The purpose of the Annual Inpatient Survey is to understand what patients think of healthcare services provided by the Trust. A standard postal survey was sent to a random sample of 850 patients discharged from the Trust in July 2013. A response rate of 53.2% was achieved (443 responses). This should be seen in the context of overall activity within the Trust as, during the year 2012-2013, a total of 221,612 patients (day case, elective and non-elective) were cared for in the Trust.
Results

The results highlight many positive aspects of the patient experience, including:

- 90% rated care as 7+ out of 10
- 88% said they were treated with respect and dignity
- 90% always had confidence and trust in the doctors
- 98% said the room or ward was very/fairly clean
- 97% said the toilets and bathrooms were very/fairly clean
- 92% said there was always enough privacy when being examined or treated

These results indicate that most patients are highly appreciative of the care that they receive. However, it is evident that there is room for improving the patient experience. The Picker Institute uses a score – the ‘problem score’ - to indicate where there may be a problem or there is room for improvement (the less desirable results). The problem score shows the percentage of patients for each question who, by their response, indicated that a particular aspect of their care could have been improved; therefore *lower scores reflect better performance.*

Questions where more than 50% of respondents reported room for improvement are listed below. Focusing on these areas could potentially improve the patient experience for a large proportion of your patients.

### Problem scores 50%+

<table>
<thead>
<tr>
<th>Service</th>
<th>Trust</th>
<th>Average*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge: delayed by 1 hour or more</td>
<td>85 %</td>
<td>85 %</td>
</tr>
<tr>
<td>Planned admission: not given choice of admission date</td>
<td>70 %</td>
<td>65 %</td>
</tr>
<tr>
<td>Planned admission: not offered a choice of hospitals</td>
<td>67 %</td>
<td>63 %</td>
</tr>
<tr>
<td>Overall: not asked to give views on quality of care</td>
<td>65 %</td>
<td>68 %</td>
</tr>
<tr>
<td>Hospital: nowhere to keep personal belongings safely</td>
<td>63 %</td>
<td>58 %</td>
</tr>
<tr>
<td>Discharge: not told how long delay in discharge would be</td>
<td>60 %</td>
<td>68 %</td>
</tr>
<tr>
<td>Hospital: didn’t get enough information about ward routines</td>
<td>54 %</td>
<td>63 %</td>
</tr>
</tbody>
</table>

*Average is the average of the trusts using Picker to undertake the survey (76 trusts)*

Compared to the 2012 Survey, the Trust was:

- Significantly better on 4 questions
- Significantly worse on 0 questions
- The scores showed no significant difference on 81 questions

### The Trust had improved significantly on the following questions:

<table>
<thead>
<tr>
<th>Service</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital: patients in more than one Ward, sharing sleeping area with opposite sex</td>
<td>9%</td>
<td>1%</td>
</tr>
<tr>
<td>Overall: rated experience as less than 7/10</td>
<td>11%</td>
<td>7%</td>
</tr>
<tr>
<td>Overall: not asked to give views on quality of care</td>
<td>80%</td>
<td>65%</td>
</tr>
<tr>
<td>Overall: Did not receive any information explaining how to complain</td>
<td>57%</td>
<td>49%</td>
</tr>
</tbody>
</table>

*NB – lower scores are better*

Changes put in place since the 2012 Survey included the development of a ‘Discharge Wallet’ which gives patients advice on how to give feedback as well as a checklist to ensure patients are aware of their discharge medication and any follow-up appointments and how to contact the ward. This appears to have had a positive impact on the experience of patients when they leave hospital.

The introduction of the NHS Friends and Family Test in April 2013 for all adult inpatients have affected the performance in the question asking ‘Were you asked to give your views on the quality of care?’ However, 65% of patients still said that they were not asked to provide feedback despite every patient being asked to complete the Friends and Family Test at discharge. The Friends and Family Test was still relatively new at that stage and that is now much more firmly embedded in practice.

The national survey of inpatients included a section at the end for respondents to leave free-text comments. They were asked:

- Was there anything particularly good about your hospital care?
- Was there anything that could be improved?
- Any other comments?

Although the comments are not formally analysed or reported to the Care Quality Commission, they can be used by the Trust to gain a further insight into the patient care and treatment experience and can help us to derive more meaning and insight from the quantitative data. For the first two free text questions 336 comments were received. To give a basic summary of the comments received, a word cloud can be used to visually represent the comments. The larger the word appears, the more it is mentioned in the patient comments.
It was clear from the free-text comments that ‘Staff’ were the key to the overall patient experience. It was disappointing to note that ‘Food’ appeared as a large proportion of the comments about what could be improved. The actual results show that 60.6% of patients rated the food as ‘Very Good’ or ‘Good’ and 28.1% as ‘Fair’. 81.3% of patients said that they were always offered a choice of food.

The Patient Experience Steering Group and the Patient, Carer and Public Involvement Committee reviewed the findings of the latest Inpatient Survey in order to develop an action plan in response to the Survey, in collaboration with patient representatives from the Board of Governors, Community Advisory Panel and Patient Advice and Liaison Services.

Within the scope of this Survey, patients reported a high level of satisfaction in response to many questions. When compared to the average (compared to other 76 NHS Trusts using the Picker Institute), for 63 questions the Trust was assessed as significantly better, as average for 22 questions and as worse than average for just one question (nowhere to keep personal belongings safely). However this should also be viewed in the context of the small sample size (443 completed responses from a possible population of 221,612).
Children's Emergency should go straight to the Department of illness and injury. Anyone above the age of 16 should go to a walk-in clinic, without an appointment. Emergency Services are available 24 hours a day, every day of the year, all over the country. They deal with all types of injuries and emergencies, from minor cuts and scrapes to serious accidents.锔儿么ligtitienssacw-tatereHdakluohtneF

Visit our website for more information. Mr Bas Sen, Clinical Lead. Newcastle Hospitals is supporting the Winter Plan kick patient care first. New Year’s Eve, New Year’s Day, and New Year celebrations, erenytlaiceW

Healthcare at its very best - with a personal touch. Helping people get the right care, when they need it. Healthcare at its very best - with a personal touch. Helping people get the right care, when they need it.
TAKE 2 MINUTES...

SEE HOW WE DID

Review of the Year 2013/14

Take 2 minutes...
Tell us what you think

Please tell us the area that you are commenting on:

- RVI Campus for Ageing and Vitality
- Walk-in centre
- Which centre? ...........................................
- Other...............................................................(please specify)

Was there anything particularly good about your experience with the Trust?

________________________________________________________________________

________________________________________________________________________

Is there anything that you think could be improved?

________________________________________________________________________

________________________________________________________________________

Thank you

Please place this card in the box provided
The Take 2 minutes comments cards ask two basic questions – was there anything particularly good about your experience with the Trust? And is there anything that you think could be improved?

In 2013-14 the elements of patient experience recorded under each are as follows:

### Positive Experience

- **Physical comfort**, 4%
- **No response**, 27%
- **Information, communication and education**, 3%
- **General miscellaneous**, 6%
- **Emotional Support**, 27%
- **Co-ordination and integration of care**, 29%
- **Access to care**, 4%
- **Respect for patient-centred values, preferences and expressed needs**, 0%

The main elements of a patient’s stay that gave a positive experience were co-ordination and integration of care and emotional support. These areas are heavily dependent on the staff members that our patients come in to contact with and the way in which patients are treated and assisted throughout their care pathway.

Within these categories there is a strong use of emotional language describing staff members as being helpful, friendly and caring and acting in an efficient and professional manner.

### Areas for Improvement 2013-14

- **Respect for patient-centred values, preferences and expressed needs**, 2%
- **Transition and continuity**, 1%
- **Welcoming the involvement of family and friends**, 2%
- **Access to care**, 18%
- **Co-ordination and integration of care**, 8%
- **Emotional support**, 4%
- **General miscellaneous**, 2%
- **Information, communication and education**, 6%
- **Specific**, 1%
- **No response**, 32%

Patients have felt that the areas most in need of improvement are physical comfort and access to care respectively. These elements focus mainly on the infrastructure of the Hospital and Wards; the processes that are involved; and additional services required while visiting/staying at the Hospital or Clinic.

More specifically within these elements of patient experience, suggestions for improvement are received in relation to waiting times, appointments, parking, and food.
Thank You...
To each and everyone of you who works in the Freeman Hospital restaurant.

Dear Restaurant Staff,
I want you all to know how much I appreciate your wonderful welcoming atmosphere, great, reasonably priced food and very friendly staff. My husband stayed for 2 weeks for a major heart op and I was alone far from home. I found your staff were my sanctuary. You kept me going through some very tough times. He’s recovering by the way. Thank you every single one of you. You do a very important job. Thank you!
By Mark Reynolds

A MAN has told how he reversed his diabetes in 11 days after embarking on a “starvation” diet.

Richard Doughty, a fit 59-year-old, was shocked when a routine health check revealed he had Type 2 diabetes.

“I was stunned,” he said. “I have always been a healthy weight, 5ft 7in and 10st 7lb. I had no family history of diabetes, ate a healthy diet, never smoked and I did not have a sweet tooth.”

Researching on the internet, he found Newcastle University scientists had devised a low-calorie diet said to reverse diabetes in eight weeks. It involved eating 800 calories a day – a man’s recommended intake is 2,500.

This was made up of 600 calories from meal replacement shakes and soups and 200 calories from green vegetables, plus three litres of water a day. The diet was devised by Roy Taylor, professor of medicine and metabolism at Newcastle.

It is based on the fact that Type 2 diabetes is often caused by fat clogging up the liver and pancreas, which are crucial in producing insulin and controlling blood sugar.

Professor Taylor’s studies show that drastic dieting causes the body to go into starvation mode and burn fat stores for energy – and the fat around the organs seems to be targeted first.

This leads to the liver and pancreas becoming unclogged and insulin and blood sugar levels returning to normal.

With the consent of his GP, Londoner Mr Doughty, who works in the media, followed the diet, setting a target weight of 8st 12lb.

He said: “Surviving on a soup, two shakes and green veg wasn’t easy.” But the weight dropped off, and tests proved he had reversed the condition.

“I stuck to the diet for 11 days and reduced my blood sugar to a healthy non-diabetic level,” Mr Doughty added. “It has remained that way for the past year and I have kept to just under 9st.”

Professor Taylor said: “While it has long been believed that Type 2 diabetes will steadily get worse, we have shown we can reverse the condition.”
SO YOUNG, SO BRAVE, SO INSPIRING

For a new TV series, desperately ill children were given video cameras to record their time in hospital. The results will humble you

by Antonia Hoyle

S EVEN-YEAR-OLD Josslyn Malherbe-Smith gives the camera a gap-toothed grin before announcing in a sing-song voice: ‘We’re going on a mystery tour. Here is the kitchen and here is my nurse.’

‘These are the bedrooms and that was a bit of my mum.’

As Josslyn thrusts the camera in her mother Sabine’s direction, Sabine disappears from view. Josslyn shrugs and continues: ‘Well, she didn’t really say anything. Just ignore her.’

It is an endearingly sweet amateur video that, at first glance, could be the work of any limelight-loving little girl. But Josslyn doesn’t harbour any aspirations to become a TV presenter: she wants to be an archaeologist when she grows up. For now, though, she’s in hospital and happy to be alive.

Three weeks earlier, she’d suffered a near-fatal brain infection and spent almost three days in a coma in the intensive care ward of Great North Children’s Hospital in Newcastle.

After regaining consciousness, Josslyn kept a video diary of her recovery for a ground-breaking documentary — one of 100 youngsters aged from six to 16 who were asked to record their experience of hospital for a three-part ITV series, Kids With Cameras: Diary of a Children’s Ward.

The children film themselves undergoing treatment, interacting with their parents and medical staff, and adjusting to life back home. (A TV camera crew also films them.) With no preconceptions of mortality, their approach towards illness is in turn unexpected, moving and unintentionally funny — and their indomitable spirit as impressive as it is humbling.

‘Josslyn has, without doubt, handled her illness better than I have,’ says Sabine, 44. ‘As an adult, you know you’re vulnerable — but Josslyn didn’t have that sense of fear. She doesn’t understand how close she came to dying. She was so bubbly and strong-willed throughout.’

Josslyn’s illness began back in March when she had a headache, her temperature soared and her left eye drooped. Her GP referred her to hospital, where she was diagnosed with an infection of the eyelid — peri-orbital cellulitis.

Shortly afterwards she suffered a facial seizure. A scan revealed the infection had spread to her brain, and surgeons induced a coma to protect it while they operated.

‘They cut open Josslyn’s eye and attached a tube to drain out the infection — or, as Josslyn would later describe it — “take all the badness out”. Afterwards, Sabine and Jason, 44, an underwriter, sat by their daughter’s bedside. They sang her favourite Simon & Garfunkel songs and made sure Josslyn’s beloved soft toy, Effy, was never out of sight.

‘I squeezed her hands three times — our code for “I love you”,’ says Sabine, ‘I couldn’t stop crying — I thought Josslyn was going to die. I was terrified.’

But the operation succeeded, and two-and-a-half days later Josslyn was brought out of her coma and transferred to the neurology ward.

‘Her first word as she regained consciousness was “Mummy”,’ Sabine says. ‘I was over the moon.’

A week later, Josslyn threw herself into her video diary, her narrative full of the candour of childhood.

Pointing enthusiastically to the nondescript car park below, she says: ‘Can you see that ambulance there? I was in that ambulance because I was really, really poorly. It has special machines to keep me alive and breathing.’

She describes the scene so poignantly it is easy to forget how much pain she must have been in. Canulas in her hands and feet to deliver antibiotics failed, so instead she had a PICC line ‘fitted (a tube that delivers drugs through the veins towards the heart).

Being subjected to so many procedures would test the most stoic of adults, but Josslyn insists: ‘I didn’t think I was going to die. That would be stupid. You’re in hospital to be made better.’

When not relaying her medical dramas, Josslyn is surprising her favourite doctors with hugs, or singing her favourite Simon & Garfunkel songs and making sure Effy, her beloved soft toy, is never out of sight.

Towards the end of her four-week stay in hospital, she regains her appetite. ‘I’m starving,’ she giggles. ‘In fact, I’m ravishing.’

BEFORE she can be discharged, Josslyn has an MRI scan to determine whether the infection has disappeared. ‘Don’t be scared,’ she tells the camera, with mock-parental concern. ‘It’s a big SmarTtube that goes dudududududu and takes a picture of your head.’ But she adds, in a rare moment of vulnerability: ‘I’m frightened in case I die in it. You have to lie very still, and I can’t even sit still for five seconds.’

Happily, the scan reveals the infection has gone. But relaxing at her family’s semi-detached home in Darlington, County Durham, last month, Josslyn still has a pressing concern: she is nearing the end of her course of oral antibiotics.

‘I don’t want to be off my medicine,’ she says. ‘It is banana flavour. Once you’ve got used to it, it becomes really tasty.’

Tyrone, who’s 12, has a similarly sunny outlook. Admitted for his chronic asthma and with his face covered by a nebuliser to deliver his drugs, he relishes the opportunity to watch unlimited Sky TV.

‘It’s a good life, I say,’ he remarks, with the serenity of a man many years his senior.

Juvenile arthritis sufferer Amelia, nine, is upset because she’s had to leave her guinea-pig, Biscuit, at home. ‘I wish I could take him to hospital with me because he would make me less
been brought up to think it's scared," she confides. "Matthew, eight, who has a muscle-wasting disease called Duchenne muscular dystrophy, that limits life expectancy, says that when he grows up he wants to be a scientist, to make my own cure so I can stay alive for longer.'

Six-year-old Samuel Cumpson suffers from Diamond-Blackfan anaemia, an illness so rare it affects only seven babies born in the UK each year. Viewers are introduced to him on the eve of his monthly blood transfusion. Since Samuel was diagnosed at three months old, he has been reliant on transfusions to keep him alive, and for the past two years has been wearing a portocath (an appliance under the skin through which drugs can be injected) 24 hours a day to control the iron levels in his blood.

His face is wan and he is so tired he can barely stay awake. He sits in the living room of his home in Billingham, County Durham, and asks plaintively: 'Sometimes I need people to hold me, don't I?'

His mother Rayanne, a specialist chemotherapy nurse, replies: 'Yes, because it can make you a bit upset.' She adds: 'He's always been very accepting. He's been brought up to think it's normal.'

Samuel's curiosity was only piqued when his brother Corey was born 22 months ago. He started asking when Corey would go to hospital for his blood, and wondering why Corey was OK and he wasn't, says Rayanne. 35.

"It's awful seeing the difference between the two children."

Samuel proudly shows us his 'box with all the sharp stuff in — needles and stuff'. He adds: 'My friends don't have portocaths. They're not poorly like me. I feel really, really tired. I don't like staying in hospital but I have to get my blood.'

Although each blood transfusion lasts only two hours, the preliminary tests and aftercare mean Rayanne and Samuel — accompanied by his favourite superheroes, Ironman and Spiderman. As he receives his blood, he charts the process on his video diary. "This is my blood and that's a little drip and it leads into where the port is," he explains.

Rayanne says: 'At first he was shy with the camera. We told him it would help other children who aren't very well, and by the end of the two months he spent with it he was sad to see it go.'

She adds: 'As a chemo nurse, I look after adults with cancer — and in comparison Samuel gets on with his illness better. Children are more accepting. Samuel doesn't ever feel sorry for himself.'

"As the transfusion completes, Samuel's cheeks start to colour. His energy returns and confidence soars. He delightedly tells the camera: 'I feel loads, loads, loads better.'"

Samuel, whose father Anthony, 39, is an engineer, has been on the waiting list for a bone marrow transplant since January. This April, a perfect match was discovered.

Rayanne hopes he will have the transplant operation next year, which, if successful, will put a stop to the interminable transfusions.

"We told Samuel we had found someone who was going to make him better. He ran round the living room delighted and asked: 'Where is he, Mummy'?. She smiles. 'He thinks he's going to get better.'"

"Unfettered optimism embodies many of the children's outlooks, which is remarkable given their difficult situations."

"Nine-year-old Isaac Morris has been an eczema sufferer since he was three months old. His condition is so severe his whole body is bandaged nearly 24 hours a day to stop him from scratching his skin until it is red raw. He was admitted to hospital in January after his most severe outbreak to date.

'He couldn't sleep for more than two hours at a time,' says his mother Clare, 36, an environmental health student at Teesside University. 'He was lethargic, frustrated and self-conscious, and I was at the end of my tether.'

CONSULTANTS decided to put Isaac on an exclusion diet, which would gradually take away all the foods known to aggravate eczema.

When that didn't give any answers, they cut out food altogether.

Isaac starts filming himself when he has been living on milk — via a tube in his stomach — for 41 days.

'It's the worst thing in my life,' he tells the camera, bereft. 'I miss chips and chicken. They are my favourite.'

Yet Isaac zips around the hospital corridors on his scooter, and on one occasion, after having his dressings redone, he says cheerily: 'I've just got me bandages done.'

'It feels nice because I don't have to scratch no more and make myself angry. Like I scratch and then I can't stop, can I Mam?'

Clare, who has five other children with her husband Paul, 36, a forensic biologist, says of her son's incessant itching: 'He never moans, and takes each day as it comes. The hardest thing is not being able to do anything other than cuddle Isaac and tell him I love him.'

In March doctors decide Isaac is better off at home, in case he catches an infection in hospital. It is at once heart-breaking and hilarious to see him excited about the prospect of eating his first meal for two months in the family kitchen in Hartlepool, County Durham.

He devours a bowl of cabbage as if it were ice-cream, despite his brother Tegan disparagingly describing it as 'bogey colour'.

A week later Isaac's eczema has flared up and he is back in hospital. Tearfully playing Connect Four in the consultation waiting room, he lashes out and says to his mother as she tries to explain why he can't eat his favourite meals: 'You try living without food for eight weeks.'

Clare says: 'Sitting round the table at tea is a normal part of family life. We all feel so guilty eating in front of Isaac.'

Clare still hasn't explained to her son exactly what's wrong with him: 'I don't want him to lose his zest for life or the bubble of childhood.'

For, as this inspiring new TV series shows, despite all these children's problems, it is a bubble that is full of humour and hope.