So what's new in Medical Education this year?

There has been a plethora of new developments this year.

Undergraduate Medical Education has seen a number of key developments and we are, as ever, grateful to the clinicians who are fully committed to driving this agenda forward and to ensuring medical students have the very best clinical learning experience.

Developments have included:

- Supporting Stage 1 and 2 medical students to undertake a series of new hospital visits. Students visit to interview patients and discuss findings in small tutorial groups. The programme provides students with an early introduction to the clinical environment and an opportunity to put theory, around communicating effectively and professionalism, into practice.
- Extending this learning opportunity by providing Stage 2 (accelerated) students with an opportunity to gain additional clinical experience in a ward, outpatient or community clinic or operating theatre. We believe this helps attract students to specialties not currently included in the teaching programme and provides individuals with a richer learning experience, which in the long term can support career choices.
- Developing audit skills within the body of 4th year students, building audit awareness and capability.
- Offering educational placements, the aim being to increase understanding of what sits behind the delivery of medical education and to promote educational roles they can engage in, later on in their careers.

Similarly the equally committed and dedicated, Postgraduate Medical Education Team has led on a number of significant achievements and developments which include:

- Promoting good practice through presentations at HENE Foundation Programme and Quality Conferences, and more widely via research presentations, and publication of articles. Three presentations highlighting our educational activity are to be presented at the Association of Medical Education Conference in July 2014, and an article describing the Trust work on Final Year Student Assistantships has been accepted by “Medical Teacher”.
- The introduction of a bespoke leadership and service improvement programme for junior doctors designed and introduced after the Trust recognised the need for juniors to have a practical understanding of leadership/management and service improvement processes early in their career. This programme has been commended as best practice by the Northern Deanery/HENE.
- Extending our delivery pertaining to prescribing, with Safe Prescribing teaching now available to Foundation Year 1 doctors.
- The development of an Educational Forum for junior doctors to assist us in engaging them in a dialogue around their education/training.
- Being commissioned by the British Medical Journal (BMJ) to develop an e-learning module to support specialty trainees and their supervisors with Portfolio Building.
- Expansion of the Teaching Fellows role which is an important strategic development and part of the vision of the Education Team. Teaching Fellows are based in clinical departments and deliver both undergraduate and postgraduate teaching. The Fellows are supported to undertake the Certificate of Medical Education, to develop their skills as medical educators.

There are significant challenges to maintain the highest quality in medical training. Nationally there has been an alteration to the funding for both Postgraduate and Undergraduate training. This has had a considerable impact on Newcastle Hospitals and the Region in terms of loss of resources. It is vital that a cohesive regional and national strategy is developed to underpin a sustainable financial model to support medical training. We are fully committed to work with partners to achieve this.

Newcastle Hospitals is well known for being forward thinking and for being at the leading edge of research and innovation and its approach to education is no different and so the final new initiative to share with you is the development of the Newcastle Hospitals Surgical Training Programme. Developed in response to the changing landscape of medical education and medical workforce this is ground breaking work, driven by the understanding that much of our care is delivered by doctors in training and our desire to develop our “own” doctors, who will stay with us for a longer period of time, fostering a greater sense of belonging between the Trust and the doctor(s). This is a landmark programme and we expect a great deal of local and national interest.

Developing our Leaders

It is a well-accepted fact that leadership that has worked in the NHS in the past is ill-suited to overcome the demands resulting from a changing demography and increasing complexity of health care delivery.

Although there are no easy ways of adapting to such a rapidly changing environment, it is clear that a sustainable leadership culture is a necessary condition for delivering safe, integrated and compassionate care.

We continue therefore to develop and deliver patient-centred professional, leadership development programmes, building capacity and competence for now and the future. We continue to actively participate in NHS programmes from Top Leaders to the NHS Graduate Scheme, and we continue to contribute to the development of the future generation of leaders, through supporting the NHS Leadership Academy to realise its objectives.

Internally we are developing our leadership community to create the conditions in which responsibility, authority and decision-making can be distributed. This means we are working with leaders to redefine their leadership role, to focus on professional leadership behaviours, to empower collective leadership amongst all staff, and to help leaders embrace their responsibility for ensuring that staff are valued, supported and engaged in fulfilling the organisation’s mission, vision and strategy.

This year has seen us further strengthen our approach to leadership development with a continuation of existing programmes for Matrons, Ward Sisters and others and the establishment of a number of new programmes. Graduate and Postgraduate level programmes continue to help us develop capacity and the in-house suite of ILM accredited qualifications significantly underpins our approach. Two developments this year were:

- The Trainee Manager programme which forms part of our plan to develop successors for critical/hard to fill positions. Managers undertook a yearlong programme designed to provide them with the opportunity to develop their leadership and management skills underpinned by a Post Graduate Certificate in Strategic Leadership with Newcastle University.
- The Post Graduate Certificate in Clinical Leadership, a joint Trust & Newcastle University programme incorporating the ILM 7 Strategic Leadership Award, commenced in September. The programme supports our approach to leadership development and 2014/15 will see further developments, including the launch of the Leadership Alumni Network.
Developing the workforce

Our fundamental workforce development objective is to increase the ability of employees to positively contribute to the success of the Trust, and to optimise their performance.

Our workforce, in simple terms, is made up of professionally qualified, professionally clinically qualified and non-qualified staff. The non-qualified staff, predominately working in support roles bands 1 – 4, constitutes more than 40% of our workforce. Investing and widening participation to learning opportunities for this staff group is therefore vitally important and this year, as in previous years, we are proud of what we have achieved! This includes:

- **Vocational Qualifications** are one of the main ways in which we develop support staff and Newcastle Hospitals has a reputation for delivering high quality programmes, with high completion and retention rates. This year was no exception and 142 members of staff undertook programmes this year.
- New programmes came on line including the Level 3 Certificate in Principles of Business & Administration and Level 3 Cleaning Supervision.
- Our relationship with Bridges to Learning (B2L), a national union learning funded project, has grown from strength to strength and key objectives of the project are to deliver and develop career pathways for staff within bands 1-4, enhance staff engagement and in doing so widen participation and provide (professional) development opportunities for all staff.

Over the past twelve months the work of the project has enabled hundreds of Trust staff to undertake learning and development opportunities.

In September we saw the introduction of the amended national skills for life Functional Skills Maths and English qualifications and we were the first NHS organisation in the region to pilot these. So far 32 staff achieved a Maths and 30 an English qualification. This success has been recognised regionally and nationally.

The partnership between B2L and the Trust has afforded us many more opportunities and these included programmes covering assertiveness and confidence building, British Sign Language, bereavement, dyslexia awareness and dealing with death and dying.

- October brought with it a very exciting development, the launch of the Health Care Assistant (HCA) Academy and 85 new employees have attended since it opened. The Academy trains newly appointed HCAs, who have been recruited on the basis that they have the right values and behaviours to care compassionately for Newcastle patients. The Academy provides off-the-job training followed by on job support in the clinical setting. By the end of the training period individuals must demonstrate that they have achieved the National Minimum Standards for Healthcare Support Workers. The Academy has attracted a great deal of interest from other Foundation Trusts in the North East.

So what about the wider development opportunities for staff?

These range from advanced life support, to research, to IT clinical systems training. This section highlights a number of new developments and achievements:

- We are continuing with the Trust-wide strategy to help staff better understand their responsibility and ownership in respect of high professional standards, reducing mortality and incidents of harm, and driving cultural change. In 2013/14 greater focus was given to developing staff to enhance the patient experience and 7,500 staff participated in the “Enhancing the Patient Experience Programme” which emphasises the behaviours the Trust and our patients expect of staff.
- We have a long standing Preceptorship Programme to successfully support newly registered practitioners, to develop their confidence and refine their skills, values and behaviours.
- We continue to meet the requirements of the Nursing and Midwifery Council (NMC) and Health Professions Council (HPC) in ensuring all pre-registration learners are supported by an appropriately trained Mentor or Educator. The team of Practice Placement Facilitators continue to develop quality Mentors who in turn ensure students receive the very best education in the very best learning environments.
- **Simulation training** offers a huge advantage over traditional teaching methods. The interactive style of learning aids participants in retaining knowledge and practising scenarios in a realistic, simulated (clinical) environment.

The Simulation team has worked hard to build a regional reputation and we are striving to build a national reputation. This year we were commissioned by the Northern Deanery to deliver region wide “Train the Trainers” courses, supporting the development of simulation across the North East, and we have further developed links with Newcastle, Northumbria and Sunderland Universities.

We have been exploring opportunities to work with our partners in the Newcastle Surgical Training Centre, colleagues in Primary Care, the wider health and social care services and with Industry in support of research and development and technological advances.

- **Clinical Academics**, Newcastle has a well-regarded reputation for research and innovation and hosts the NIHR Local Clinical Research Network for the North East and North Cumbria. Therefore we constantly seek to develop a body of staff that can undertake and lead clinical research, innovation and development and we continue our partnership with Newcastle University.
- We continuously seek out opportunities for joint working and collaboration with Higher Education/Universities, Deanery and others to support effective utilisation of resources, and adopt an integrated approach to service and education commissioning; working together to ensure research and innovation is reflected in training provision.

We welcome opportunities to work collaboratively on shared course development and delivery so that we have the ability to provide new patient treatments and therapies and excellent patient care.

This year we have started a dialogue with colleagues in Primary Care as we know that through developing and offering appropriate education and training opportunities, for example to GPs, we will forge stronger relationships, increase collaboration on shared learning programmes, and move to multi-agency learning programmes for the benefit of patients.

- We have a strong working relationship with HENE, our commissioners of education, and as a provider it is important that we work together on the development of the North East healthcare and wider workforce. This year we have participated in a number of strategic initiatives including the development of a regional Attrition Strategy, a review of the provision of continuous professional development and the national consultation around development of bands 1 - 4 staff.

**Foundation Degrees** provide a platform for the development of our staff based on a programme of academic and practice based learning. Two of the most successful programmes this year were:

- The Service Improvement programme, run in partnership with the University of Northumbria, the aim being to develop a workforce which can maintain a clear focus on service
Our fundamental workforce development objective is to increase the ability of employees to positively contribute to the success of the Trust, and to optimise their performance.

Valuing our Staff – Celebrating Success

We continue to promote and celebrate the commitment of staff. Investing in the provision of excellent education and personal and professional development contributes to patient safety, improved staff motivation and staff retention and all of these factors contribute to our employment ‘offer’ as the NHS employer of choice.

We take every opportunity to celebrate success. This year we did this through such means as presentations at programme end, including the Clinical Leadership programme, poster presentations at the end of programmes like the Junior Doctor Service Improvement and Leadership programme and through acknowledging effort, contribution and achievement at the Senior Managers monthly communications brief, led by Sir Leonard, Chief Executive. More formally we have twice recognised and celebrated staff for their achievements in a range of nationally, accredited qualifications or learning programmes at the “Celebration of Success” Awards and at the Practice Development Education Conference and the Trusts 15th Annual Nursing & Midwifery Conference, we similarly took the opportunity to recognise the achievements of many staff culminating in the presentation of the Best Practice and Achievement Awards by Helen Lamont, Director of Nursing and Patient Services.

We have much to be proud of...
Local businesses have been recognised for their commitment to staff health and wellbeing at the North East Better Health at Work Award Celebration Event (the North of Tyne area), held 6th March 2014.

Over 50 employers in Northumberland, North Tyneside and Newcastle received their awards at the ceremony at the Holiday Inn Newcastle last week (Thursday 6 March).

The ceremony, which was jointly hosted by Northumbria Healthcare NHS Foundation Trust and The Newcastle upon Tyne Hospitals NHS Foundation Trust, recognises the workplaces who have successfully achieved the Award by developing and embedding a sustainable culture of health and wellbeing in the workplace. It is also when both Trusts received their official Better Health at Work award (BHAWA).

Businesses were presented with their awards by Steve Black, one of Europe’s leading motivational speakers who has worked with high profile sportsmen in both rugby and football including Kevin Keegan, Peter Reid and Jonny Wilkinson.

The North East Better Health at Work award (BHAWA) has four levels - Bronze, Silver, Gold and Continuing Excellence and is delivered by a range of local NHS Trusts, local authorities and other providers, who provide support to employers across the region.

The criteria to achieve the awards includes identifying staff ‘health advocates’, providing support to help staff stop smoking, creating a better awareness of how health can be affected by work activities, asking staff what health issues they would like help with and running subsequent health improvement campaigns to address the most popular topics. At the higher levels organisations are required to promote health within their wider community and to families of the workforce.

Julie Currie, health advocate and HR advisor at Tyne & Wear Metro who picked up a silver award explains: “We are delighted to have achieved silver this year and will continue our hard work towards achieving the gold award next year. Our staff really do value the support and activities available to them, helping to promote a healthier, happier lifestyle.”

Tyne & Wear Metro provides an invaluable service to commuters and many other passengers, ferrying them to their destinations on both sides of the river. With a workforce of around 500, Tyne & Wear Metro carried out a survey in 2013 to gain a good understanding of what their staff would like to see made available to help boost their health and wellbeing. These currently range from healthy eating initiatives, a quarterly staff newsletter focusing on topical health issues, to access to a physiotherapist who comes to the Gosforth Control Centre & Depot fortnightly.

Julie further explains: “Our staff are really on board with our healthier lifestyle activities and we get a lot of positive feedback which is great. The physiotherapist is extremely popular, offering treatment for headaches, sports injuries, and general muscular aches and pains. And if anyone needs further treatment, they can be referred on to see a specialist. She also provides us with exercise charts for all our staff: stretches and wall presses for our drivers; chair based exercises and postural guidance for staff working at desks; exercises for customer service staff on the stations who are on their feet a lot.

We hold monthly events about healthy eating with a different focus each time, and take part in health awareness weeks as they come along. We couldn’t have pulled this all together without the expertise and direction from the Workplace Health Specialist based in the Newcastle Hospitals’ Health Improvement Team. With his continued advice and guidance, we hope to offer more and more initiatives over the coming months, making sure there is something in place for everyone.”

Michael McMullen, Trust Workplace Health Specialist who supports businesses across Newcastle to achieve the North East Better Health at Work award advises: “It is excellent to see the progress that Tyne and Wear Metro have made since they signed up to the Award scheme in 2012. The hard work and enthusiasm of their team of health advocates is helping to engage with all of their workforce in regards to their health and wellbeing and it is evident that the workforce wants this support to continue.

Many other employers based in Newcastle and across the North East are having similar positive experiences since they engaged in the Award and this is helping to recruit more and more organisations onto the scheme.”

Any employer can take part in the free Better Health at Work Award. For more information visit www.betterhealthatworkne.org
On average, the reported cost of absence per employee per year was £595 in 2013.

Work-related ill health was responsible for an estimated 22.7 million working days lost in 2011/12.

It is estimated that mental ill health costs UK employers almost £1 million per year. Identifying problems early – or preventing them in the first place, could result in cost savings of 30%.

Businesses taking part in the North East Better Health at Work Award have reported average reductions in sickness absence of between 0.26 and 2.0 days per employee, depending on the length and level of participation and sector of employment.

Job satisfaction can help to reduce staff turnover by between 10 and 25%.

The direct cost of sickness absence to the UK economy is around £14 billion per year.

The average level of employee absence in 2013 was 7.6 days.

56,000 people suffered from work-related illness.

Physical activity programmes at work have been found to reduce absenteeism by up to 20%.

1.6 million working days were lost due to workplace injury and ill health in 2011/12 in the North East.
The Northern TUC coordinate the Better Health at Work Award across the North East in a partnership between themselves, the Association of North East Councils (ANEC) and the NHS.

Since its inception, more than 400 employers have participated. In 2013 alone, over 150 employers, with nearly 130,000 staff achieved the Betterhealth At Work Award.

The benefits of participating in the Better Health at Work award include:

**For employers**
- A healthier workforce
- Lower sickness absence
- Lower employee turnover
- A reduction in insurance premiums
- Greater employee motivation
- An enhanced company image

**For employees**
- Improved working conditions
- Health information at work
- Practical help to improve their own and their families’ health
- Improved morale and motivation
Photo: The Newcastle upon Tyne Hospitals Foundation Trust

Review of the Year 2013/14

Ward 17 Day Room, Freeman Hospital
NHS Foundation Trusts are at the heart of a healthcare system which is responsive both to the needs of the patient and the wishes of the local community. They have significant freedoms. While they remain public institutions, NHS Foundation Trusts are not subject to direction by the Secretary of State or the performance management requirements of the Department of Health. They set their own strategies and make their own decisions within the framework of their contracts with their commissioners. They have an independent council of governors which appoints the Chairman and other Non-Executive Directors, and which also approves the appointment of the Chief Executive. They can borrow commercially, retain surpluses and invest to serve local needs.

These freedoms create a significant opportunity to continue to reshape and improve the delivery of healthcare in England. NHS Foundation Trusts can invest in new patient care facilities, enter partnerships with other providers to improve care pathways, or develop long term care facilities. They can form partnerships with the private sector, alliances with other hospitals or specialise in selected services. They can acquire or merge with other service providers. They can also innovate and bring to England models of care that have worked in other countries. They can set local targets in consultation with their members or in contracts with commissioners.

In all of these areas, NHS Foundation Trusts are free to determine how they can most effectively improve patient services through innovation, investment and engagement locally with key stakeholders.

These freedoms also carry important responsibilities. The Board of Directors of each NHS Foundation Trust (‘the Board’) is accountable for its success or failure. They must ensure that NHS Foundation Trusts operate effectively, efficiently and economically. While NHS Foundation Trusts can retain surpluses, they can also fail.

Monitor’s Compliance Framework is designed to enable NHS foundation trusts to innovate, respond to local wishes and provide better healthcare. Monitor will maintain an environment conducive to innovation by focusing on providing a regulatory platform that ensures NHS Foundation Trusts maintain their viability: staying solvent, governing themselves effectively within their constitution, engaging with patients, service users and commissioners, providing all the services that they are required to deliver by law, and complying with the other conditions set out in their Licence.

A successful NHS Foundation Trust has considerable latitude to exercise its freedoms. Financially secure NHS Foundation Trusts have an increased ability to borrow. Monitor does not involve itself in determining healthcare strategy or operational policies in NHS Foundation Trusts.

Monitor takes a proportionate regulatory approach. For successful and well governed NHS Foundation Trusts, the regulatory regime requires very limited generation of additional information and only infrequent contact with Monitor. However, where NHS Foundation Trusts are experiencing major financial or service problems, oversight is more intensive and Monitor can intervene rapidly to ensure services to patients are safeguarded. The Health and Social Care Act 2012 gives Monitor extensive powers to intervene in the event that an NHS Foundation Trust is failing to comply with its Licence.

Effective self-governance is therefore essential. The Board takes primary responsibility for compliance with the Licence. The Chairman of an NHS Foundation Trust ensures that the Board monitors the performance of the NHS Foundation Trust in an effective way and satisfies itself that appropriate action is taken to remedy problems as they arise. The Compliance Framework is largely aimed at satisfying Monitor that Boards and Chairs are receiving independent assurance where appropriate and are discharging their responsibilities effectively.
In contrast, Councils of Governors are expected to focus less on compliance and more on two vital areas: holding the Board to account, through the Non-Executive Directors; and ensuring that NHS Foundation Trusts respond to the needs and preferences of stakeholders, especially local communities. Governors’ statutory roles include:

- Appointing, removing and deciding the terms of office of the Chair and other Non-Executive Directors, and approving the appointment of the Chief Executive
- Appointing and removing the Auditor
- Reviewing the Annual Accounts, Auditor’s Report and Annual Report at a general meeting
- Expressing a view on the board’s forward plans for the NHS Foundation Trust.

Monitor expects that NHS Foundation Trusts, and their stakeholders as represented through the Council of Governors and other mechanisms, set their own aspirations for innovation, including determining the balance between investment in current provision and innovation through the development of new services.

A successful NHS Foundation Trust has considerable latitude to exercise its freedoms. Financially secure NHS Foundation Trusts have an increased ability to borrow. Monitor does not involve itself in determining healthcare strategy or operational policies in NHS Foundation Trusts.

Who needs a Monitor provider licence?

The Health and Social Care Act (2012) requires everyone who provides an NHS health care service to hold a licence unless they are exempt under regulations made by the Department of Health. Foundation Trusts were automatically licensed from 1st April 2013. All other providers were required to apply for a licence from April 2014.

Enforcing the licence

Monitor has a range of powers to ensure that providers comply with their licence conditions. These powers include being able to ask providers to set out how they will go about addressing areas that did not comply, and allow Monitor to take action when providers fail to meet their licence conditions. Monitor can step in NHS Foundation Trusts and remove the Chairman, Chief Executive and/or entire Board in extreme circumstances.

Patient choice: survey reveals more needs to be done

More than half of patients (51%) were aware of their legal right to choose a hospital or clinic for an outpatient appointment. A similar proportion (53%) referred for an outpatient appointment first had a discussion with their GP about where to receive treatment. Fewer than two-fifths of patients, however, said they were offered a choice of hospital by their GP when being referred for an outpatient appointment.

These are some of the findings of a survey of more than 2,700 patients conducted for NHS England and Monitor, which was published on 7th August 2014.

It is important that patients, in consultation with their GPs, are offered their legal right to choose as set out in the NHS Constitution, particularly given the differences between hospitals on such things as waiting times.

Most of those who were offered a choice felt that they had enough information to choose (89%), and were able to go to their preferred hospital or clinic (92%).

Read the full survey results https://www.gov.uk/government/publications/survey-results-are-patients-offered-a-choice-of-outpatient-appointments

EDITORIAL FROM WWW.GOV.UK/GOVERNMENT/NEWS/PATIENT-CHOICE-SURVEY-REVEALS-MORE-NEEDS-TO-BE DONE

Source: Gov.uk
Not only do Governors bring their own skills and experience to this role but, in the process of fulfilling their responsibilities, they are informed by the views and opinions of the Trust members whom they represent.
Not only do Governors bring their own skills and experience to this role but, in the process of fulfilling their responsibilities, they are informed by the views and opinions of the Trust members whom they represent. The Governors are, then, able to contribute to strategic thinking, advice and through monitoring of service delivery.

Carrying out such a role requires an understanding of a complex and sophisticated business, the commitment to its purpose and core values and time and energy. The Governors’ Working Groups exist to enable Governors to effectively carry out this role.

The Governors’ Working Groups

All elected Governors may be members of a Working Group, of which there are four:

- Business Development Group
- Quality of Patient Experience Group
- Membership and Community Relations Group
- Nominations Committee (Staff Governors may not sit on this committee)

The Business Development Group

The aim and objectives of this Group focus on ensuring that the Board takes appropriate action on direction, purpose and financial strength to maintain future sustainability.

The scope of its work covers the scrutiny of operational issues by means of contribution to the strategic three year business plan, monitoring of the achievement of the previous year’s plan and communication of plan priorities to members and gaining views for future plans, along with scrutiny of financial performance reports, examination of the final accounts and receipt of the external auditors’ management letter.

This Group also holds the statutory responsibility of recommending to the Council of Governors the appointment or removal of the external auditor which it carries out in full, along with the Trust’s Audit Committee.

The Quality of Patient Experience Group

The aim and objectives of this Group centre around ensuring that the Board maintains the highest level of quality in patient care through achieving targets in areas such as infection prevention and control, safety and service improvement and in striving to improve the quality of patient experience.

The Group works on closely monitoring patient experience on selected wards, through visits to wards and departments, analysis of information from sources such as complaints, progressing specific quality-based projects, and regularly scrutinising the Trust’s Quality Account.

The Membership and Community Relations Group

This Group’s aim and objectives are based on representing, understanding and responding to the needs of members, the public and users, all of which are essential to the successful work of all Governors. The Group contributes to ensuring that members are aware of the Trust’s services and to obtaining their views on those services.

Work also covers building external links with existing bodies, forging relationships and encouraging governor/member two way communication, mounting member engagement events, and contributing to the Members’ Newsletter. It is also involved in growing and strengthening the membership base.

The Nominations Committee

Governors have a statutory responsibility not only to appoint (and potentially remove) the external auditor but also to recommend the appointment (and potential removal) of the Non-Executive Directors of the Trust, including the Chairman.

The Nominations Committee has its aim and objectives related to sourcing and recruiting the most suitable candidates for the roles. Members of the Committee are involved in the full recruitment process and establish the conditions of appointment for each Non-Executive Director. In conjunction with the Senior Independent Director in the case of the Chairman and the Chairman and Board in the case of other NEDs, they then play a significant part in the annual assessment of NED performance.

The Group Chairs - Chris Venables, John Bedlington, Peter Ramsden and until July 2014 Sandy Harvey and Jane Donnelly - coordinate the work of the Groups, which cooperate together on certain activities, and the full Council is made aware of and is able to debate and comment on matters before any decision or resolution is made. Governors are thus enabled, both individually and as a Council, to hold the Board of Directors to account.
The Trust is committed to involving patient, carers and the public at all levels in order to ensure that services are planned around the needs of patients and that year on year improvements in the patient experience are achieved.

This year saw the completion of our three-year Patient, Carer and Public Involvement Strategy and plan which covered objectives, actions and outcomes to achieve individual and collective involvement at three levels:

1. Information provision
2. Feedback on trust services
3. Influencing planning and decisions about services

In 2013-14, key achievements in support of the patient, carer and public involvement agenda included:

- Implementation and launch of the NHS Friends and Family Test. From 1 April 2013 all adult inpatients and people attending the Emergency Department had to be asked the Friends and Family Test question (‘How likely are you to recommend our ward/Emergency Department to friends and family if they needed similar care or treatment?’)
- The subsequent roll-out of the NHS Friends and Family Test into maternity services by 1 October 2013.
- A pilot carried out on behalf of NHS England on the Friends and Family Test within COPD (Chronic Obstructive Pulmonary Disease) services.
- Embedded the processes to ensure staff receive all Friends and Family comments related to their services in a timely manner.
- Achieved consistently high “Net Promoter” scores via Friends and Family indicating that Newcastle Hospitals In-patients are some of the most satisfied in the region.
- The continued development of ‘Take 2 minutes… Tell us what you think’ comments cards for use across the trust in order to obtain quick and balanced feedback from our service users.
- Co-ordination of the Trust’s continued inclusion in the National Patient Survey Programme. The programme for 2013-14 included the annual survey of elective and non-elective inpatients and a survey of Maternity Department patients.
- Going out to the communities that we serve to hear their experiences of using Trust services and to highlight the work that we do.
- Continuing to support and listen to our well-established Community Advisory Panel. As well as being involved in a number of activities, the Panel also hear from staff about new developments and offer the patient perspective on initiatives.
- Establishing a ‘Take 2 minutes… See how we did’ newsletter for staff to communicate with them about the feedback we receive from the people who use our services.
- Involvement in an NHS England pilot of ‘Care Connect’ – a system to enable people to report issues with the NHS 24 hours a day.
- Installation of more real-time patient feedback kiosks to cover most of our Outpatient areas, enabling Outpatients to provide instant feedback on their experience.
- Used a content analysis approach to understanding the free-text comments that we receive.
- Continued to present and discuss with staff, including Ward Sisters, Matrons and Directorate Managers the themes and trends from patient feedback.
Understanding the patient experience through the feedback obtained in the Trust

In order to gain an understanding of the key issues and themes surrounding the patient experience, information from various feedback mechanisms is collected on a Patient Experience Database. This includes feedback from the following mechanisms:

- Details of Patient Advice and Liaison Service (PALS) contacts
- Details of Complaints received
- Comments and Suggestions made on the Take 2 Minutes forms in public areas of the Trust
- Feedback from PALS volunteers
- Comments and feedback received into the trust website
- Comments placed on the NHS Choices website
We will review and refresh our Patient, Carer and Public Involvement Strategy. This will include:

- Further increasing the engagement with our community – To listen and respond to feedback about the Trust and to raise the profile of the services we provide
- To support the roll-out of the Friends and Family Test into all NHS Services
- The utilisation of the results of the NHS Friends and Family Test to improve services – to identify areas of good practice and areas where further investigation is needed
- Further development of content analysis of free-text to use the comments as evidence for improvement and action.

In addition, the national patient survey plan for 2014-15 includes:
- Survey of Emergency Department patients
- Annual survey of Adult Inpatients
- Survey of Children and Young People

This patient experience feedback is reviewed by the Patient Experience Steering Group and the Patient, Carer and Public Involvement (PCPI) Group and circulated to directorate managers and heads of department for information, action and feedback where applicable. Requests are made to share this information with staff in their areas of responsibility in order to raise overall awareness of the issues that matter to patients. The Patient Experience Steering Group identify areas for specific focus following patient feedback and in 2013-14 have requested updates from relevant mangers regarding action taken to improve the patient experience.

A number of actions to improve the patient experience have been implemented or continued during 2013-14. These include:

- Patient-Led Assessments of the Care Environment involving service users and patient representatives
- Food tasting sessions on each site with representation from the Council of Governors and Community Advisory Panel who sample the menu and talk to patients about their views on the hospital food
- The continued work of the Trust Community Advisory Panel who have been involved in reviewing patient information, staff training, observational audits, food tastings and judging of the Personal Touch awards nominations
- The production of patient information into other formats such as easy-read for patients who require it
- The development of specific patient information leaflets following issues raised by service users who identified gaps in the information provided
- 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
- The installation of ‘Who’s who?’ boards at the entrance to each ward to show photographs of the key staff teams and explanations of the uniforms they wear.

The Year Ahead

We will review and refresh our Patient, Carer and Public Involvement Strategy. This will include:

- Further increasing the engagement with our community – To listen and respond to feedback about the Trust and to raise the profile of the services we provide
- To support the roll-out of the Friends and Family Test into all NHS Services
- The utilisation of the results of the NHS Friends and Family Test to improve services – to identify areas of good practice and areas where further investigation is needed
- Further development of content analysis of free-text to use the comments as evidence for improvement and action.

The Patient Experience Steering Group identify areas for specific focus following patient feedback
I AM very aware that the NHS is often criticized these days so on behalf of myself and my sister (Christine Peel) I am writing to express my gratitude to all of the staff at Freeman Hospital for their unfailing care and dedication while treating my 86-year-old mother (Margaret ‘Peggy’ Begg) in July of this year. Mam was admitted into hospital suffering a “big” heart attack and every individual member of staff - from doctors to cleaners - that she/we came into contact with demonstrated a level of personal and professional compassion and respect which knew no bounds.

Their generosity of spirit was equally matched by the exceptional medical expertise my mother experienced. My sister and I were consulted during every step of the numerous complicated procedures mam underwent, leaving us in no doubt that she was receiving the very best care and attention - no amount of money could have bought better!

Unfortunately, due to my mother’s age and lack of general health, she died in the early hours of July 27. She began her stay at the Freeman in the coronary care unit, was transferred to the intensive care unit, and when it became clear that she wasn’t able to respond successfully to treatment, she returned to coronary care.

I cannot praise the hospital and its staff highly enough, and I will never be able to express my undying gratitude to them with the vigour they so patently deserve. The medical, pastoral and palliative care my mother and the family received was quite simply astounding.

The NHS is a remarkable institution but in this current economic climate it is often reported that corners are being cut with patients’ treatment suffering as a result. I saw no evidence of this at the Freeman Hospital and I would like that to be recognised. Their work is spectacular and their achievements remarkable.

DAVID BEGG, Consett.
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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.