The Newcastle upon Tyne Hospitals NHS Foundation Trust

Review of the Year
incorporating the Annual Report & Accounts

2011/2012
All in all, quality, compassion and the quest to consistently achieve a positive outcome for the patient is our overriding consideration.

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Newcastle Dental Hospital & School
Newcastle Biomedicine
Northumbria University
Partnership with Newcastle in Cumbria
Supporters and Volunteers
Daft as a Brush
Football artwork unveiled at regional cancer centre
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Charitable Fundraising - How to donate
Financial Risk Ratios 2011/12

Monitor applies a rating system from 1 to 5, where higher numbers are better:
- EBITDA Margin: 3
- EBITDA % Plan Achieved: 5
- Return on Assets: 5
- I & E Surplus Margin: 3
- Liquidity Ratio: 3

Overall: 4

Income & Expenditure 2011/12 (before exceptional items)

<table>
<thead>
<tr>
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<th>£,000</th>
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<tbody>
<tr>
<td>Income</td>
<td>853,784</td>
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<tr>
<td>Expenditure</td>
<td>814,847</td>
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<tr>
<td>Operating Surplus</td>
<td>38,937</td>
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<tr>
<td>Net Finance Costs</td>
<td>30,238</td>
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<tr>
<td>Surplus for the year (before exceptional items):</td>
<td>8,699</td>
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</tbody>
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Key Patient Activity 2011/12

- Day Case FCEs: 48.0%
- Elective Inpatient FCEs: 14.5%
- Non-elective Inpatient FCEs: 37.5%
Our busiest ever and most successful year

### Income by Source 2011/12

- National Specialist Commissioning 3.1%
- Private Patients 0.6%
- Research & Development (R&D) 2.2%
- Service Increment for Teaching (SIFT) 3.8%
- Medical Training 3.3%
- Other 4.0%
- Newcastle PCT 28.7%
- North-East Specialist Commissioning 14.4%
- Northumberland Care Trust 9.8%
- Sunderland Teaching PCT 2.4%
- Darlington PCT 0.4%
- County Durham PCT 4.0%
- Cumbria PCT 2.9%
- South Tyneside PCT 2.2%
- North Tyneside PCT 9.0%
- Gateshead PCT 5.3%
- Other PCOs 2.0%

### Expenditure by Specialty 2011/12

- General Medicine 12.2%
- Cardiothoracic Services 11.2%
- Children's Services 9.2%
- General Surgery 8.7%
- Neurosciences 6.4%
- Community Services 6.3%
- Women's Services 5.1%
- Urology & Renal 4.7%
- Clinical Haematology 4.2%
- Trauma and Orthopaedics 6.1%
- Neurosciences 6.4%
- Rehabilitation 6.3%
- Other 5.1%
- Teaching Activities 2.9%
- Clinical Genetics 0.8%
- Plastic Surgery 2.5%
- Rheumatology 1.4%
- Dermatology 1.2%
- Oral Surgery 1.0%
- ENT 2.7%
- Teaching Activities 2.9%
- Other 3.8%
- Cancer Services 3.7%
- Northumberland Care Trust 9.8%
- North-East Specialist Commissioning 14.4%
- North Tyneside PCT 9.0%
- Gateshead PCT 5.3%
- Other PCOs 2.0%
One of the key reasons for our success is the outstanding professionalism, commitment, dedication, caring qualities and high standards that are set and delivered by our workforce. Our performance also reflects the combined efforts of our employees, the Board, the Governors and our key partners.

We cannot be complacent, however, as we move into the new realm arising from the Government’s health reforms. From 1st April 2013 virtually all the new mechanisms will be in place and we look forward to working with the new national NHS Commissioning Board; Clinical Commissioning Groups; the Newcastle Health and Wellbeing Board.

We have now been a Foundation Trust for six years and the year ended 31st March 2012 was our best ever. We treated even more patients than in previous years, had first class quality outcomes, and maintained our strong financial position. Once again we received the accolade of being in the CHKS ‘40Top Hospitals’ list – our 12th consecutive year. Our extensive service portfolio and high quality asset base continues to help us provide the very best services and care for our patients.
and many more new bodies that are to be created. We will also be required to continue to make significant efficiency savings. In particular the Government is determined that many more patients are treated closer to home. Our Governors will also be given further, significant responsibilities, aimed at enhancing the ways that they hold the Board of Directors to account for the performance of what is a public benefit corporation.

I am very confident that we shall meet these challenges positively and secure continued success. We have been paving the way for this new environment for more than two years, working closely with our key partners. To give but one example, we are now the leading Foundation Trust in this country in driving forward integrated care. We are providing tertiary, secondary, primary and community services. We are caring for and treating patients in their homes, in the community and in our hospitals - what I have always referred to as our ‘golden thread’. This approach is very beneficial to our patients, who have a single organisation responsible for their care and treatment pathway. We are determined to greatly enhance and develop this form of care as part of the ‘Better Together’- initiative.

Research and Development too is a great strength and for which we have Biomedical Research Centre and Unit Status in partnership with Newcastle University Faculty of Medical Science.

By working together, we shall continue to be one of the very best Foundation Trusts in this country, highly respected regionally, nationally and indeed internationally and I am determined that the pride that we all feel in the achievements of the Newcastle upon Tyne Hospitals will not be diminished.

May I pay tribute to the Board, our Governors and our loyal workforce, who have contributed so much to the continuing success of the organisation. NHS Foundation Trusts have distinct accountability via public membership; and the Governors play a vital role in contributing to the strategic direction of the organisation. The Governors spend a great deal of time in carrying out their roles and responsibilities and I wish to thank them especially for all that they do. As ever, though, it is our staff I must thank for the outstanding achievements over the past year.

Kingsley W Smith OBE DL, Chairman

The leading Foundation Trust in this country to drive forward integrated care
Review of the Year

What we do
**Service Portfolio**

The most comprehensive range of services of any NHS provider in England

- Designated Supra-regional Services
- Designated National Receiving Services

<table>
<thead>
<tr>
<th>CANCER SERVICES</th>
<th>Cardiac Electrophysiology and Defibrillator Services</th>
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<tbody>
<tr>
<td>Comprehensive Non Surgical Oncology services including Radiotherapy and Chemotherapy</td>
<td>Palliative care</td>
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<tr>
<td>Macmillan Cancer Information Centre</td>
<td>Clinical Trials Centre</td>
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<td>Sir Bobby Robson Foundation</td>
<td>CARDIOTHORACIC SERVICES</td>
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<tr>
<td>Adult and Paediatric Cardiology</td>
<td>Adult and Paediatric Respiratory Medicine</td>
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<td>Adult and Paediatric Cardiothoracic Surgery</td>
<td>Adult and Paediatric Cardiopulmonary Transplantation</td>
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<td>Electrophysiology</td>
<td>PACING AND DEFFRILLATOR IMPLANTATION</td>
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<td>Angioplasty</td>
<td>Thoracic Surgery</td>
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<td>Pulmonary hypertension</td>
<td>Sleep investigation</td>
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<td>Neonatal and Paediatric extra corporeal membrane oxygenation</td>
<td>Cardiothoracic Anaesthesia</td>
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<td>Primary Pulmonary Hypertension</td>
<td>Cardiac Intensive Care</td>
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<td>Cardiothoracic Intensive Care</td>
<td>CHILDREN’S SERVICES</td>
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<tr>
<td>Paediatric Medicine</td>
<td>Paediatric and Neonatal Surgery</td>
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<tr>
<td>Paediatric Oncology including Neuro-oncology</td>
<td>Paediatric Nephrology</td>
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<td>Paediatric Respiratory Medicine</td>
<td>Paediatric Rheumatology</td>
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<td>Paediatric Gastroenterology</td>
<td>Paediatric Continence and Stomacare</td>
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<td>Paediatric Endocrinology</td>
<td>Paediatric Endocrine Medicine</td>
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<td>Paediatric metabolic disease</td>
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<td>Paediatric Intensive Care</td>
<td>Paediatric Intensive Care</td>
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<tr>
<td>Paediatric Neurology and Neurosurgery</td>
<td>Paediatric Bone Marrow Transplantation</td>
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<td>CLINICAL SUPPORT SERVICES</td>
<td>PHYSIOTHERAPY</td>
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<tr>
<td>Occupational Therapy</td>
<td>Speech Therapy</td>
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<tr>
<td>Dietetics</td>
<td>Chiropody</td>
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<td>Psychology</td>
<td>CLINICAL SERVICES</td>
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<tr>
<td>COMMUNITY SERVICES</td>
<td>Outreach and independent living</td>
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<tr>
<td>Primary Care interface</td>
<td>Assessments and diagnostics</td>
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<tr>
<td>Walk-in Centres</td>
<td>DENTAL SERVICES</td>
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<tr>
<td>(Dedicated Dental Hospital and School)</td>
<td>Restorative Dentistry</td>
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<tr>
<td>Oral Surgery</td>
<td>Oral Medicine</td>
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<tr>
<td>Oral and Maxillo Facial Surgery</td>
<td>Paedic Dentistry</td>
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<tr>
<td>Orthodontics</td>
<td>Specialist Radiology</td>
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<tr>
<td>Prosthodontics</td>
<td>Periodontology</td>
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<tr>
<td>Dental Sedation</td>
<td>DENTAL EMERGENCY CLINIC</td>
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<tr>
<td>Dental Undergraduate training</td>
<td>Postgraduate training</td>
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<td>Training of dental care professionals</td>
<td>DERMATOLOGY SERVICES</td>
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<tr>
<td>Dermatology outpatient clinics</td>
<td>Dermatology outpatient treatments including Phototherapy and vascular laser treatment</td>
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<tr>
<td>Dedicated in-patient services</td>
<td>Dermatological Surgery including MohS</td>
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<tr>
<td>Paediatric Dermatology</td>
<td>Phototesting</td>
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<tr>
<td>ELDERS CARE SERVICES</td>
<td>Acute Elderly Care</td>
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<tr>
<td>Cardiovascular investigation unit</td>
<td>Elderly rehabilitation including Stroke</td>
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<tr>
<td>Continuing care</td>
<td>Day hospital</td>
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<tr>
<td>Respite care</td>
<td>Intermediate care</td>
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<tr>
<td>Integrated falls services</td>
<td>GENETICS SERVICES</td>
</tr>
<tr>
<td>Clinical Genetics</td>
<td>Molecular Diagnostic Genetics</td>
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<tr>
<td>Cystic fibrosis</td>
<td>Diagnostic Service for Rare Neuromuscular Diseases</td>
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<tr>
<td>Respiratory Medicine</td>
<td>Genetics Knowledge Park</td>
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<tr>
<td>Acute Stroke Medicine</td>
<td>Mitochondrial DNA</td>
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<td>• Auto-immune gut disorder</td>
<td>Laboratory</td>
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<td>Gastroenterology</td>
<td>INFECTIOUS DISEASES AND TROPICAL MEDICINE</td>
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<td>Cardiology</td>
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<tr>
<td>Clinical Immunology and Allergy</td>
<td>Hepatology</td>
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<tr>
<td>• Infectious Diseases and Tropical Medicine (including high security isolation unit)</td>
<td>Clinical Pharmacology and Poisons Information Service</td>
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<td>Accident and Emergency Services</td>
<td>Urgent Care Services</td>
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<tr>
<td>Walk in Centres</td>
<td>LABORATORY MEDICINE</td>
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<tr>
<td>Clinical Biochemistry</td>
<td>Maternal serum screening</td>
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<tr>
<td>Clinical Haematology and blood transfusion</td>
<td>Microbiology and Infection Control</td>
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<tr>
<td>Cellular Pathology (including Neuropathology)</td>
<td>MUSCULOSKELETAL SERVICES</td>
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<tr>
<td>Muscle and Nerve Biopsy Service</td>
<td>Trauma</td>
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<tr>
<td>Immunology</td>
<td>Adult Orthopaedics</td>
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<tr>
<td>Open access service</td>
<td>Paediatric Orthopaedics</td>
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<tr>
<td>Cytology</td>
<td>Rheumatology</td>
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<tr>
<td>Virology</td>
<td>Metabolic Bone Disease Services</td>
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<td>• Bone Tumoer services</td>
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Specialist spinal surgery

**NEUROSCIENCE SERVICES**
- Neurosurgery
- Neurology
- Epilepsy Services
- Neurovascular Service
- Neurophysiology
- Neuroradiology
- Deep Brain Stimulation Centre

**OPHTHALMOLOGY SERVICES**
- Cataract service
- Glaucoma service
- Adult and Paediatric Strabismus (squint) services
- Oculoplastics service including socket service
- Multidisciplinary Thyroid orbital service
- Vitreoretinal surgery
- Corneal service including transplantation
- Eye casualty
- Optometry and Orthoptic clinics
- Nurse-led pre-admission assessment clinics
- Dedicated separate adult and paediatric daycase facilities
- Medical photography
- Tertiary centre for Photodynamic therapy for age-related maculopathy
- Rehabilitation for newly registered blind and partially sighted patients

**OTOLARYNGOLOGY, HEAD AND NECK**
- Ear, Nose and Throat
- Head and Neck Surgery
- Audiology and Hearing Aid Services
- Otology implant services

**PERI-OPERATIVE AND CRITICAL CARE SERVICES**
- Anaesthetics
- Theatres
- Resuscitation
- Intensive Care
- Chronic and Acute pain management
- High dependency care
- Recovery
- Multi-satellite day unit
- Home ventilation service
- Critical Care Outreach service

**PLASTIC AND RECONSTRUCTIVE SURGERY SERVICES**
- General Plastic and Reconstructive Surgery
- Vascular laser treatments
- Cleft lip and palate surgery
- Burns
- Hand surgery
- Head and Neck Surgery (with ENT)
- Breast reconstructive surgery
- Paediatric plastic surgery

**RADIOLOGY**
- General X-ray
- Contrast Studies
- Interventional Radiology
- Magnetic Resonance Imaging
- Computed Tomography
- Ultrasound
- Ward Imaging

**REGIONAL MEDICAL PHYSICS**
- Nuclear Medicine
- Radiotherapy Physics and Technology
- Physiological measurement
- Critical Care physics

**Bone mineral measurement**
- Audiology science
- Vascular Ultrasound
- Photomedicine
- Clinical instrumentation
- Radiation protection
- Ultrasound quality assurance
- Audiometer calibration and repair
- Technical Aid service
- Rehabilitation engineering and mobility
- Clinical and scientific computing equipment development and calibration
- Bioengineering

**RENAI SERVICES**
- Acute Nephrology
- Haemodialysis
- Specialist Hypertension Services

**HEMATOLOGY**
- Transplantation
- Continuing care and support
- Specialist Haematology Services
- Haemat-oncology
- Haemophilia
- Bone marrow transplantation
- Thrombophilia
- DVT service

**SURGICAL SERVICES**
- General Surgery
- Upper gastro-intestinal services
- Vascular Surgery
- Colorectal Surgery
- Endocrine Surgery
- Liver Transplantation
- Renal Transplantation
- Pancreas and Islet Transplantation

**UROLOGY SERVICES**
- General and Specialised Urological Surgery
- General Urology
- Uro-oncology
- Laparoscopy
- Incontinence
- Reconstruction
- Urodynamics
- Surgical Andrology
- Endourology and Lithotripsy
- Laser Prostatectomy

**WOMENS SERVICES**
- Gynaecology including Urogynaecology and Colposcopy
- Obstetrics
- Fetal Medicine
- Reproductive Medicine
- Neonatal Medicine Intensive Care and Special Care
- Family planning services
- Community midwifery
- Maternity
- Midwifery/obstetric ultrasound and screening
- Specialist services (multidisciplinary) for pregnant women with substance misuse problems
- Specialist services (multidisciplinary) for twins and multiples
- Termination of Pregnancy service
- Bereavement counselling
- Birthing Centre (Midwife led)
How we did
The Care Quality Commission (CQC) has been the independent regulator of health and social care in England since 1st April 2009 and as part of their regulatory framework the Newcastle Hospitals are required to be registered with the CQC in order to be legally able to provide healthcare. The standards of care which the CQC expect the Trust to deliver are detailed in the Essential Standards of Quality and Safety (CQC 2010) which includes 16 key outcomes which the Trust must deliver and underpin any inspection.

We are registered to deliver healthcare across eight locations and to provide nine regulated activities as described in the Health and Social Care Act 2008.

**Registration**
The Trust has been registered with the CQC since 1st April 2010 and is registered without conditions. We are registered to deliver healthcare across eight locations and to provide nine regulated activities as described in the Health and Social Care Act 2008. Registration details of our locations and regulated activities form part of the Statement of Purpose document which is an additional legal requirement of CQC registration. Being registered means that the organisation is committed to deliver a wide range of essential standards of quality and safety to all patients. The key outcomes of the essential standards cover a range of patient centred outcomes including personalised care, infection control, safeguarding and nutrition.

**Assurance**
To provide assurance to the Board that the Trust is compliant with the essential standards an evidence identification and review process is in place for each of the key outcomes.

**Compliance**
The CQC collects information from a wide variety of sources on Trust performance which is then assimilated into a Quality and Risk Profile (QRP). This includes national patient and staff survey results, NHS Litigation Authority assessment level, patient representative groups and national audit data. Information drawn from the NHS Choices website is sought by the CQC and incorporated into the QRP. The QRP is published monthly on a secure site and is not currently available to the public. The CQC risk assesses the data from each of the information sources and grades these as better, worse than or as expected.

A CQC inspector is allocated to the Trust and has continual oversight of all the information the CQC holds about the organisation. The CQC undertakes unannounced inspections of hospitals and intends to do so annually from 2012-13 for every hospital trust. The inspections will become more targeted and focus on a smaller number of standards - a minimum of five, which will be tailored to take account of the type of care provided and information held about a service. Previously inspections have been conducted on either a random or targeted basis where areas of concern have been identified. The Trust did not have an overall inspection in 2011-12. However the CQC visited the Trust in April 2011 as part of the targeted inspection programme to assess how well older people were treated during their hospital stay, with particular regard to dignity, respect and nutritional needs. The inspection focussed on care in Walkergate Hospital and resulted in a very favourable assessment - the Trust was judged to be fully compliant with the Outcomes assessed.

We are committed to deliver a wide range of essential standards of quality and safety to all patients.
Care Quality Commission
Unannounced Visits

The Care Quality Commission (CQC) carried out an unannounced Visit to the Trust as part of its routine schedule of planned reviews. This took place between 21st and 24th May 2012 and considered a range of standards. The final report was published in early July 2012, and is available in the public domain on the CQC website.
Demonstrating Quality and Safety

‘We noticed that although the Ward was busy the atmosphere was calm and relaxed and staff carried out duties in a quiet, unhurried manner’

The visit took place over a period of four days, with two days being spent on the Royal Victoria Infirmary site and then two days at the Freeman Hospital. A total of eight Inspectors visited the Trust and during the time in the organisation they visited six Wards across the two sites. They also interviewed the Trust Safeguarding Team and Training Team and, in the course of the inspection, spoke to 39 patients and 29 members of staff. Care was directly observed. Verbal feedback was provided at the end of each day of the visit and there was the opportunity for the Senior Nursing Team to discuss the feedback with the Inspectors.

A number of essential standards set by the CQC were considered during the inspection:

**Outcome 01** – People should be treated with respect, involved in discussions about their care and treatment and able to influence how services run

**Outcome 04** – People should get safe and appropriate care that meets their needs and supports their rights

**Outcome 07** – People should be protected from abuse and staff should respect their human rights

**Outcome 14** – Staff should be properly trained and supervised and have the chance to develop and improve their skills

**Outcome 16** – The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The Trust received a very favourable report from the visits to both sites from the CQC with their overall judgement being:

- Royal Victoria Infirmary was meeting all the essential standards of quality and safety inspected.
- Freeman Hospital was meeting all the essential standards of quality and safety inspected.

The reports included a number of comments which inspectors received from patients. These included:

- “My care is spot on, I cannot find any fault, all of the staff are really good”.
- “The nurses and doctors have included my family in what has been happening to me and always listened to our questions and views”.
- “The staff have introduced themselves and told me their names when they have been talking to me”.
- “Staff have checked that it is ok before they have done anything. They were very polite”.
- “Nothing is too much trouble. Without exception the staff are patient, kind and attentive when I need help”.
- “They helped me to get washed at the bedside and asked what help I needed”.

The Inspectors also spent a significant amount of time observing practice on the wards, including staff and patient interaction, and reviewing records. The reports gave a number of examples of what was observed and included:

- “All designations of staff engaged with patients and acknowledged their requests and all staff concerns”.
- “We noticed that although the Ward was busy the atmosphere was calm and relaxed and staff carried out duties in a quiet, unhurried manner”.
- “We saw staff were respectful with patients. They reassured the patient and explained what they were doing as they carried out the task”.
- “We saw call bells answered quickly, followed by discussion to identify the needs of the patients and then an appropriate response”.

The reports were extremely positive, and the Trust is reported to be fully compliant with all of the standards of quality and safety. Some areas were identified where further attention was required, and these related to:

i) **Clinical Supervision Of Staff.** Whilst the CQC acknowledged that staff were well supported, and they did not feel that a lack of clinical supervision compromised care in any way, they did advise that a more systematic approach should be undertaken

ii) **Visibility of Audit and Patient Experience Information.** Whilst the CQC was aware of a wide range of audit and patient experience measures that were in place, they felt it would be beneficial for this to be more openly available for patients and staff.

iii) **Documentation.** They felt that some improvements to record keeping could be achieved in terms of care planning, especially for frail, elderly patients.

iv) **Safeguarding.** Whilst the CQC accepted that safeguarding training was clearly defined as part of the mandatory training programme and targets were being achieved, it was noted that in relation to mental capacity and consent, for example, the theory was not always translated into practice and fully understood by staff at all levels.

These issues have been addressed through an action plan which is well underway to ensure improvements where called for are effectively sustained.

The CQC inspection findings were extremely positive with the Trust fully compliant with all of the standards of quality and safety
### Summary of Service Statistics

Our extensive service portfolio and high quality asset base continues to help us provide the very best of services and care for our patients.

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<tbody>
<tr>
<td>Non-elective Inpatient FCEs</td>
<td>66,778</td>
<td>68,253</td>
<td>70,988</td>
<td>76,051</td>
<td>83,231</td>
<td>84,341</td>
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<td>Elective Inpatient FCEs</td>
<td>36,724</td>
<td>38,851</td>
<td>38,814</td>
<td>37,148</td>
<td>30,904</td>
<td>32,413</td>
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<td>Day Case FCEs</td>
<td>74,210</td>
<td>78,289</td>
<td>82,248</td>
<td>83,771</td>
<td>97,584</td>
<td>107,889</td>
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<tr>
<td><strong>Total FCEs</strong></td>
<td><strong>177,712</strong></td>
<td><strong>185,393</strong></td>
<td><strong>192,050</strong></td>
<td><strong>196,970</strong></td>
<td><strong>211,719</strong></td>
<td><strong>224,643</strong></td>
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<tr>
<td>% Elective FCEs undertaken as daycases</td>
<td>67%</td>
<td>67%</td>
<td>68%</td>
<td>69.3%</td>
<td>75.9%</td>
<td>76.9%</td>
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<tr>
<td>Average Length of stay</td>
<td>4.34</td>
<td>4.16</td>
<td>4.08</td>
<td>4.35</td>
<td>4.08</td>
<td>4.17</td>
</tr>
<tr>
<td>Average % Occupancy</td>
<td>81%</td>
<td>79%</td>
<td>78%</td>
<td>78%</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OP Activity</th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>New outpatient attendances</td>
<td>205,486</td>
<td>217,750</td>
<td>230,955</td>
<td>254,588</td>
<td>280,083</td>
<td>306,730</td>
</tr>
<tr>
<td>Review outpatient attendances</td>
<td>597,491</td>
<td>606,990</td>
<td>638,410</td>
<td>653,418</td>
<td>681,854</td>
<td>727,486</td>
</tr>
<tr>
<td><strong>Total outpatient attendances</strong></td>
<td><strong>802,977</strong></td>
<td><strong>824,740</strong></td>
<td><strong>869,365</strong></td>
<td><strong>908,006</strong></td>
<td><strong>979,158</strong></td>
<td><strong>1,034,216</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnostic services</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory requests</td>
<td>2,295,099</td>
<td>2,289,628</td>
<td>2,490,628</td>
<td>2,772,824</td>
<td>2,759,575</td>
<td>2,882,675</td>
</tr>
<tr>
<td>Radiological examinations</td>
<td>394,004</td>
<td>410,238</td>
<td>434,264</td>
<td>441,361</td>
<td>463,614</td>
<td>498,605</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accident &amp; Emergency</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E attendances</td>
<td>96,901</td>
<td>93,709</td>
<td>92,872</td>
<td>91,382</td>
<td>103,489</td>
<td>125,213</td>
</tr>
<tr>
<td>Walk in centre attendances</td>
<td>36,543</td>
<td>37,885</td>
<td>38,316</td>
<td>36,115</td>
<td>28,252</td>
<td>43,949</td>
</tr>
<tr>
<td><strong>Total attendances</strong></td>
<td><strong>133,444</strong></td>
<td><strong>131,594</strong></td>
<td><strong>131,188</strong></td>
<td><strong>127,497</strong></td>
<td><strong>131,741</strong></td>
<td><strong>169,162</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surgery</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiopulmonary transplants</td>
<td>73</td>
<td>74</td>
<td>78</td>
<td>78</td>
<td>82</td>
<td>77</td>
</tr>
<tr>
<td>Liver transplants</td>
<td>37</td>
<td>21</td>
<td>43</td>
<td>34</td>
<td>35</td>
<td>39</td>
</tr>
<tr>
<td>Renal transplants</td>
<td>86</td>
<td>108</td>
<td>98</td>
<td>123</td>
<td>139</td>
<td>144</td>
</tr>
<tr>
<td>Bone marrow transplants</td>
<td>76</td>
<td>68</td>
<td>99</td>
<td>131</td>
<td>176</td>
<td>206</td>
</tr>
<tr>
<td>Heart Operations (CABGs &amp; PCIs)</td>
<td>2,479</td>
<td>2,519</td>
<td>3,249</td>
<td>3,248</td>
<td>3,206</td>
<td>3,326</td>
</tr>
<tr>
<td>Joint Replacements (Hips &amp; Knees)</td>
<td>897</td>
<td>998</td>
<td>1,024</td>
<td>1,110</td>
<td>1,385</td>
<td>1,424</td>
</tr>
<tr>
<td>Cataracts</td>
<td>7,615</td>
<td>7,365</td>
<td>7,787</td>
<td>8,174</td>
<td>8,023</td>
<td>8,074</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reproductive Medicine - Centre for Life</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No of IVF treatments started</td>
<td>504</td>
<td>729</td>
<td>779</td>
<td>982</td>
<td>843</td>
<td>817</td>
</tr>
<tr>
<td>Live birth rate per cycle started</td>
<td>27.0%</td>
<td>23.6%</td>
<td>27.8%</td>
<td>24.9%</td>
<td>26.6%</td>
<td>23.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other key statistics</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total no of renal dialysis sessions</td>
<td>37,760</td>
<td>37,995</td>
<td>41,702</td>
<td>43,774</td>
<td>44,227</td>
<td>39,099</td>
</tr>
<tr>
<td>Total no births</td>
<td>5,630</td>
<td>6,228</td>
<td>6,301</td>
<td>6,683</td>
<td>7,062</td>
<td>6,992</td>
</tr>
<tr>
<td>No of bed days for elderly long term care</td>
<td>25,855</td>
<td>23,891</td>
<td>24,555</td>
<td>25,591</td>
<td>19,726</td>
<td>2,755</td>
</tr>
<tr>
<td>Day hospital attendances</td>
<td>3,947</td>
<td>3,366</td>
<td>3,710</td>
<td>3,124</td>
<td>3,617</td>
<td>4,834</td>
</tr>
<tr>
<td>Disablement service attendances</td>
<td>7,758</td>
<td>7,288</td>
<td>7,502</td>
<td>7,268</td>
<td>6,529</td>
<td>7,134</td>
</tr>
</tbody>
</table>
We announced Newcastle’s newest arrival in June 2011. One year on, over 1,500 babies had been delivered in the Newcastle Birthing Centre.

The Newcastle Birthing Centre

Our midwifery led birthing centre is the newest addition to Newcastle upon Tyne Hospitals’ range of quality maternity services. It offers expectant mothers care at its very best, with a personal touch.

To make the right choice for your birth, contact us on 0191 282 4930 or visit www.newcastlebirthingcentre.co.uk
In line with Business Strategy for 2011/12 the focus was:

**Strand 1: strengthening our tertiary services offer**

The Institute of Transplantation opened its doors in October 2011 and this additional capacity has enabled significant improvements in managing elective surgical admissions within the Trust overall.

Cancer Services saw significant expansion of Acute Oncology whilst the Consultant workforce was increased by 3.0wte.

Activity at the Great North Children’s Hospital rose by 18% and began to reflect the regional strategy to establish children’s assessment centres in district general hospitals, whilst centralising specialist care.

The Trust was also designated as the region’s Level 1 Trauma Centre and this became operational on 1st April 2012.

**Strand 2: maximising internal efficiency**

In terms of maximising efficiency, examples included care and treatment pathway redesign in a number of key specialties as well as the role and team reprofiling including, for example, a review of Specialist Nursing and team working. The functions of the ‘Hospital at Night Team’ were expanded and work commenced to redesign back office functions where improvements were introduced around telephony services.
Strand 3: forging stronger links with primary care and extending service integration.

The Primary Care Interface saw enhanced measures to bring about service cohesion and extended community outreach services. In keeping with this, March 2012 saw the opening of Benfield Park Healthcare and Diagnostic Centre, bringing together primary and community services with Trust outreach clinics, supported by Radiology and a Community Pharmacy.

In the west of the city, planning has continued and is now well advanced in relation to the Brighton Grove Centre on the Campus for Ageing and Vitality site.

Outreach gained further momentum in relation to primary care developments at both Cramlington, Northumberland and in the Tyne Valley.

Demonstrable achievements in serving local, regional and national catchments - the key objectives of the Annual Plan were not just met but surpassed
The Trust operated Legally Binding Contracts (LBCs) with six clusters of Primary Care Organisations (PCOs) during 2011/12 (NHS North of Tyne, Durham, Tees, North Cumbria, South of Tyne and North Yorkshire and York) as well as Service Level Agreements (SLAs) with two Scottish Health Boards (Borders and Dumfries and Galloway). LBCs were also in place with the North East Specialised Commissioning Group with regard to a range of Specialist Services, which included Neurosciences, Renal Dialysis, Cystic Fibrosis, Burns and a number of other services. In addition the National Commissioning Group (NCG) facilitate a portfolio of countrywide designated services such as transplantation. We also provide clinical services to the Health Boards of both Northern Ireland and Eire.
Meeting demands as the provider of choice

Patient Activity (April to March 2002-2012)

<table>
<thead>
<tr>
<th>Year</th>
<th>New Outpatient Attendances</th>
<th>Inpatient &amp; Day Case FCEs</th>
<th>A&amp;E Attendances</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002/03</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2003/04</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004/05</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005/06</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006/07</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007/08</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008/09</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009/10</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010/11</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011/12</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Admitted patient care: There was an over performance of 3.9% against the Annual Plan forecast baseline although within this, areas which showed an over performance were Children’s Services, Plastic Surgery, Ophthalmology and Dermatology, whilst ENT, Renal Services and Womens Services showed under performance.

Non admitted patient care – new outpatients: There was an over performance of 6.1% over the Annual Plan baselines and this was across most Directorates, whilst Cancer Services, Plastic Surgery, Ophthalmology and Dermatology showed an under performance against Plan. However in the category of Department of Health outpatient procedures, Plastic Surgery, Ophthalmology & Dermatology reflected a 25.7% over performance.

Achieving Waiting Times and National Targets

Cancelled Operations

The Trust reports cancelled operations as defined by the Department of Health i.e. operations that are cancelled for non-medical reasons on the day due to be admitted to hospital or after arrival in hospital. There were 430 operations cancelled during the year such an increase in comparison to the previous year (419).

Inpatient and daycase elective activity increased by around 15,000 spells in comparison to 2010/11 (12%). As a proportion of elective activity, the year end performance was 0.3% which is within the standard of less than 0.8%.

There were 2 patients that were not re-admitted within 28 days following last minute cancellation being a decrease in comparison to 2010/11 when there were 5 cases. Directorate management and clinical teams are aware of the importance placed upon ensuring patients are readmitted within 28 days of cancellation for non-clinical reasons and endeavour to ensure the patients are offered a mutually convenient date. As a proportion of cancellations, the year end breach performance was 0.5%, again within the standard of less than 5%.
Referral to Treatment Target

The Trust achieved all of the new targets with the exception of the 95th percentile for admitted patients in February and March 2012. This target was not met due to the number of additional admitted breaches treated to help deliver the new 92% target which states that 92% of patients on an incomplete pathway must be treated within 18 weeks; this target needs to be achieved with effect from 1st April 2012. Additional funding was made available to help achieve this target by 1st April 2012 and in March 93.5% of patients on an incomplete pathway waited less than 18 weeks.

6 Week Diagnostic Target

No patient waited more than 6 weeks for diagnostic tests throughout the whole of the year. The number of patients waiting for diagnostic tests at the end of March had risen by 676 (10%) compared to the previous year, however 407 more patients were seen during the month compared to March 2011.

The exhibit below shows the number of patients that were waiting for diagnostic tests at March 2012 and the caseload seen during the month.

The following exhibit shows the changes in diagnostic waiting times. Although more patients are waiting, there has been a notable decrease in Colonoscopy waiting times. The chart on page 18 shows the substantial increase in tests performed.
The first of a number of national cancer awareness campaigns started at the end of January 2011. The campaign focused on symptom awareness of bowel cancer and ran for nine weeks. There was a significant increase in the numbers of referrals (around 36%), and primarily in endoscopy services. Further campaigns will be running throughout 2012/13.

Cancer Waiting Times

Performance in all of the cancer standards was sustained during 2011/12 with all targets achieved. The 62 day target remained challenging throughout the year with late referrals one of the most significant issues. Collaboration with the referring Trusts across the North of England Cancer Network to improve patient pathways is continuous.

There was a rise in the numbers of patients referred through the two week rule pathway of around 11% across all tumour groups compared to 2010/11, as well as an increase in the number of treatments.

Two Week Wait Referrals

The first of a number of national cancer awareness campaigns started at the end of January 2011. The campaign focused on symptom awareness of bowel cancer and ran for nine weeks. There was a significant increase in the numbers of referrals (around 36%), and primarily in endoscopy services. Further campaigns will be running throughout 2012/13.
Demand for our services did exceed expectations

A&E Waiting Times

The Care Quality Commission national A&E waiting time standard is 95% of patients waiting less than 4 hours. For all type A&E Departments the Trust achieved 99.4% for the 12 month period ending March 2012.

During 2011/12 there was an 11% increase in all types of A&E activity in comparison to the previous year. All types of A&E include:

- Royal Victoria Infirmary Emergency Department (RVI ED)
- Royal Victoria Infirmary Eye Casualty
- Westgate Walk in Centre
- Molineux Street Walk in Centre

The main increases in activity in comparison to 2010/11 were to RVI ED and Molineux Street Walk in Centre where attendances increased by 26% and 24% respectively.

There was a significant decrease in the number of patients waiting over 4 hours in 2011/12 compared to 2010/11 leading to a year end performance of 99.4%. There were occasions where the number of over 4 hour waits peaked during the year and these corresponded with significant emergency activity peaks and bed pressures. The predominant reasons for breaches included those arising out of clinical need and patients waiting placement in an appropriate specialist care setting.

All type A&E attendances and waiting time performance for 2011/12 compared to 2010/11
Providing top quality care

A 40Top Hospital for the 12th consecutive year – one of only 5 Trusts in the country to do so

As well as individual national awards for patient safety, quality of care and data quality, healthcare intelligence and improvement services specialist, CHKS celebrated excellence amongst its clients across the UK with the 40Top Hospitals award. This award is based on the evaluation of 23 key performance indicators covering safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care.

On receiving the Award, Kingsley Smith, Chairman for Newcastle Hospitals explained: “I am delighted to receive this prestigious award on behalf of the Trust – an award which is testament to the high standards of care our staff are dedicated to providing whilst excelling at their day to day jobs. And importantly it must be good to know that by choosing the Newcastle Hospitals, patients can be assured that they will receive healthcare which is recognised to be at its very best.”

Jason Harries, Managing Director, CHKS said: “We are pleased that the Newcastle upon Tyne Hospitals NHS Foundation Trust is one of our 40Top Hospitals for 2012. These awards recognise outstanding performance which we believe are critical to delivering good patient care.”
More about the 40Top Hospitals Award

The 40Top Hospitals Award is based on the evaluation of 23 indicators of clinical effectiveness, health outcomes, efficiency, patient experience and quality of care. Revised annually to take into account newly available performance information, the indicators include:

- Reported *Clostridium difficile* rate for patients aged 65 and over
- Day case rate (relative weighted performance across British Association of Day Surgery (BADS) Directory)
- Day case conversion to inpatient rate (compared with national rates, case mix adjusted as 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 (specialty adjusted)
- Patient-reported outcomes score (across four procedures, per EQ-5D)
- Rate of emergency readmission to hospital (more than 16 days and less than 28 days)
- Emergency readmission within 28 days of discharge following hip fracture (for patients aged over 65)
- 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 myocardial infarction within 28 days
- Rate of emergency readmission to hospital within 14 days for COPD
- Percentage of elective inpatients admitted on day of procedure
- Patient misadventure rate (ICD-based)
- Percentage of patients over 65 years with fractured neck of femur with pre-operative length of stay less than or equal to two days
- Unnecessary admissions via A&E.
A team of Newcastle eye specialists have been nominated for a national award for the second year running after outstanding patient praise.

James Talks and his team at the Royal Victoria Infirmary are in the running to win the Clinical Service of the Year award as part of the Macular Disease Society 25th Anniversary Awards for Excellence. The nomination recognises the team’s exceptionally good practice in the care for people with macular disease.

Age-related macular degeneration (AMD) affects the central vision and is the biggest cause of sight loss in the UK. There are many other forms of macular disease, including juvenile macular dystrophies.

Mr Talks, Consultant Ophthalmologist, said: “Sight loss can have a devastating effect on peoples’ lives.

“I really appreciate the hard work of my team being recognised. We do our best to treat patients with macular degeneration and preserve their eyesight.

“I also hope this award helps raise awareness of macular degeneration both amongst the public and those who decide on treatment provision. Early treatment can give much better results, funding for this and research needs to be maintained and developed as progress is made.”

There is no cure for macular disease, but treatment via injection is available for one form of the condition described as “wet” age-related macular degeneration.

Ann Myerscough, a patient who nominated the team, said: “The unit staff are caring, friendly and helpful despite high numbers attending clinic.

“The team are professional, dedicated to the treatment; provide helpful advice, encouragement and reassurance. The nurses are always kind and calm.

“The consultants explain the procedure thoroughly, ease apprehension and deliver injections efficiently and painlessly.

“I have regularly attended Mr Talks’ clinic for some considerable time as a patient. I hold him and his team in the highest esteem. Without their continuing care, my condition would have advanced alarmingly.

“I strongly recommend this award goes to Mr Talks and his team who are working every day with large numbers of patients, under huge pressure, to treat macular disease. They give hope for the future by their ongoing interest in research and participation in public meetings to inform patients and families about current issues surrounding the condition.

“This team is a prime example of the NHS operating at its very best. Thank you Mr Talks and the team from the bottom of my heart, without you I would have been in the depths of despair.”

The team’s nomination will now be handed over to the judges, who will decide on the overall winners and present them with their awards at the Society’s annual London conference on 22 September.

Activities to celebrate the Society’s 25th anniversary include hundreds of Tea for MD fundraising parties, a London based art exhibition in September and a series of Top Doctor seminars across the country to explore the latest in treatment and research.

Helen Jackman, Chief Executive of the Macular Disease Society, said: “James Talks and his team do an incredible job in Newcastle upon Tyne and we are delighted that they have been recognised for their excellent work.

“It’s amazing to hear how people have made such a difference to the lives of others. There are some fantastic individuals working within the sector, so it’s great to be able to celebrate their hard work in this way.”

Clinical Service of the Year is one of five categories in the award scheme. Other titles include Optometrist or Optician of the Year, the Chairman’s Award for Volunteering, the Support and Community Rehabilitation Professional of the Year and Fundraiser of the Year.

The Macular Disease Society was set up 25 years ago to support people with the condition, offering information, advice and funding research to find a cure. The charity’s annual awards are designed to recognise the wonderful work of everyone who helps the Society fulfil its goal, of building the confidence and independence of people with macular disease.
How do we compare?
The Shelford Group was developed to help those Trusts involved to share innovations and best practice and continue to improve overall performance. It was recognised that this group of the ten leading Trusts could utilise networking and maximise lobbying power. The ten members collectively employ over 83,000 people with a combined turnover of £7.2 billion in 2010/11, which accounted for 7.3% of total NHS expenditure (HM Treasury Statistical Analysis, July 2011).

**Shelford Group of Hospitals:**
- Cambridge University Hospitals NHS Foundation Trust
- Central Manchester University Hospitals NHS Foundation Trust
- Guy’s and St Thomas’ NHS Foundation Trust
- Imperial College Healthcare NHS Trust
- King’s College Hospital NHS Foundation Trust
- Oxford University Hospitals NHS Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- University College London Hospitals NHS Foundation Trust
- University Hospitals Birmingham NHS Foundation Trust
- The Newcastle upon Tyne Hospitals NHS Foundation Trust

**Length of stay, day case rates, readmissions**

The Trust has shorter average length of stay compared to hospitals in the Shelford Group of hospitals. Pre-operative length of stay is the shortest in the peer group. However risk adjusted length of stay is slightly higher than expected; this compares the Trust to other patients with similar diagnoses.

We recognise that there is scope for further reduction in length of stay and specific actions are being taken within those specialties with potential for reduction.

Day case rates are better than the overall Shelford Group of hospitals meaning wherever possible patients are safely and appropriately discharged home the same day as their procedure.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Newcastle Hospitals</th>
<th>Peer (Shelford Group)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Cases</td>
<td>77.7%</td>
<td>75.5%</td>
</tr>
<tr>
<td>Risk Adjusted Length of Stay (lower than 100 = better than expected)</td>
<td>103 index</td>
<td>101 index</td>
</tr>
<tr>
<td>Average Length of stay</td>
<td>2.5 days</td>
<td>2.7 days</td>
</tr>
</tbody>
</table>

Source CHKS 2011-12

**Average LOS compared to Shelford Group**

![Average Length of Stay Chart]
Pre-Op length of stay compared to Shelford Group peers

Average Length of Stay (Pre-op)

Readmission rates compared to Shelford Group peers

Readmission Rate (within 30 days)

Risk adjusted LOS Index (Adjusted for casemix) against Shelford group (lower than 100 = better than expected)

Risk Adjusted Length of Stay Index 2012
Newcastle leading the way - 24 hours a day

Direct and interhospital transfer call to balloon times,
percentage of patients treated within 150 minutes of calling for help

Direct and interhospital PCI door to balloon times,
percentage of patients treated within 90 minutes of arriving at a PCI centre
Medical productivity

The Trust is also part of a programme which addresses medical productivity run by Civil Eyes Research Ltd. (a leading benchmarking organization) Civil Eyes works directly with clinicians and managers to understand information about quality and productivity within health services. Twenty four teaching hospitals across the UK have joined together to work on productivity issues. The exhibit below shows that out of their Programmed Activities (PAs), Newcastle Consultants spend 81% of their time devoted to Direct Clinical Care (DCC), the second highest of the peer group.

Proportion of Direct Critical Care as part of all PAs

NHS Choose and Book

In terms of the number of bookings received through the national Choose and Book system, the Trust consistently has the highest number of bookings in the country as shown in the following table.

<table>
<thead>
<tr>
<th>Top Ten in the country – March 2012</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The Newcastle upon Tyne Hospitals NHS Foundation Trust</td>
<td>9792</td>
</tr>
<tr>
<td>Gloucestershire Hospitals NHS Foundation Trust</td>
<td>7824</td>
</tr>
<tr>
<td>United Lincolnshire Hospitals NHS Trust</td>
<td>7287</td>
</tr>
<tr>
<td>University Hospitals of Leicester NHS Trust</td>
<td>6954</td>
</tr>
<tr>
<td>Salford Royal NHS Foundation Trust</td>
<td>6888</td>
</tr>
<tr>
<td>County Durham and Darlington NHS Foundation Trust</td>
<td>6762</td>
</tr>
<tr>
<td>Pennine Acute Hospitals NHS Trust</td>
<td>6699</td>
</tr>
<tr>
<td>Bolton NHS Foundation Trust</td>
<td>6636</td>
</tr>
<tr>
<td>Doncaster and Bassetlaw Hospitals NHS Foundation Trust</td>
<td>6600</td>
</tr>
<tr>
<td>North Bristol NHS Trust</td>
<td>6570</td>
</tr>
</tbody>
</table>
Leading the way for choice in the North East

North East – March 2012

<table>
<thead>
<tr>
<th>Trust</th>
<th>Bookings</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Newcastle upon Tyne Hospitals NHS Foundation Trust</td>
<td>9792</td>
</tr>
<tr>
<td>County Durham and Darlington NHS Foundation Trust</td>
<td>6762</td>
</tr>
<tr>
<td>City Hospitals Sunderland NHS Foundation Trust</td>
<td>6409</td>
</tr>
<tr>
<td>South Tees Hospitals NHS Foundation Trust</td>
<td>5871</td>
</tr>
<tr>
<td>Northumbria Healthcare NHS Foundation Trust</td>
<td>3418</td>
</tr>
<tr>
<td>North Tees and Hartlepool NHS Foundation Trust</td>
<td>3282</td>
</tr>
<tr>
<td>Gateshead Health NHS Foundation Trust</td>
<td>3072</td>
</tr>
<tr>
<td>South Tyneside NHS Foundation Trust</td>
<td>1879</td>
</tr>
</tbody>
</table>

Source: Choose and Book National Reports

Bookings - Newcastle Hospitals

<table>
<thead>
<tr>
<th>Month</th>
<th>No. of Bookings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-11</td>
<td></td>
</tr>
<tr>
<td>May-11</td>
<td></td>
</tr>
<tr>
<td>Jun-11</td>
<td></td>
</tr>
<tr>
<td>Jul-11</td>
<td></td>
</tr>
<tr>
<td>Aug-11</td>
<td></td>
</tr>
<tr>
<td>Sep-11</td>
<td></td>
</tr>
<tr>
<td>Oct-11</td>
<td></td>
</tr>
<tr>
<td>Nov-11</td>
<td></td>
</tr>
<tr>
<td>Dec-11</td>
<td></td>
</tr>
<tr>
<td>Jan-12</td>
<td></td>
</tr>
<tr>
<td>Feb-12</td>
<td></td>
</tr>
<tr>
<td>Mar-12</td>
<td></td>
</tr>
</tbody>
</table>

0 2000 4000 6000 8000 10000 12000

NHS
PROMS (Patient Reported Outcome Measures Scheme)

During the last two years, over 16,000 people in the North East have participated in an experimental NHS Patient Reported Outcome Measures (PROMS) scheme. This provided an unprecedented opportunity to examine what difference NHS Services and specific surgical interventions could make to the health and wellbeing of patients.

In September 2011, the North East Quality Observatory System (NEQOS) produced its first PROMS report, based on almost two years of data. The second report, in February 2012, showed recently available but disaggregated data and new analysis. The report re-examined participation, baseline health states and health gain following surgery for: hip replacement; knee replacement; groin hernia; and varicose vein surgery.

Unsurprisingly, there were big differences in the health states of patients undergoing different surgical procedures. The health of those having joint replacement surgery was significantly impaired prior to surgery, compared with those having either varicose vein or groin hernia surgery.

There were significant health gains following joint replacement surgery. There was a mean 40 point improvement on a 100 point scale (from a baseline of 36), as measured by EQ5D (an internationally recognised standard questionnaire) following hip replacement in 2010/11; and a 30 point improvement (from a baseline of 41) for knee replacement.

The graphs below give an overview of performance across the North East.
Mortality ratios are adjusted to take into account how likely each patient is to die based on their age, diagnosis, other diseases, urgency, gender, social deprivation and previous history or hospitalisation. This indicator is slightly different to previous indicators that have been published on hospital mortality ratios. It includes all hospital deaths that occur within 30 days of discharge and there are no exclusions to any patients. The death rates for all NHS Trusts are calculated and published by the NHS Information Centre. The rates are published in a way that enables Trusts to compare performance with an expected level based on the national average. Trusts are then placed into one of three bands ie. 'better than expected'; 'worse than expected' or 'as expected'.

The SHMI value is plotted against the Trust’s expected deaths on the funnel plot. A funnel plot is a form of statistical process control chart. If the observed number of deaths falls outside of an expected range then trusts are considered to have a higher or lower SHMI than expected. Our mortality rating is ‘as expected’. Below is the Trust position for July 2010 - June 2011.

Our mortality rate is ‘as expected’
SHMI by Provider with banding using 99.8% Poisson Control Limits and no adjustment for over-dispersion
- Band 2 NHS North of England

(Low numbers are better)

City Hospitals Sunderland NHS Foundation Trust
Barnsley Hospital NHS Foundation Trust
Trafford Healthcare NHS Trust
Wrightington, Wigan and Leigh NHS Foundation Trust
Mid Yorkshire Hospitals NHS Trust
Royal Bolton Hospital NHS Foundation Trust
Central Manchester University Hospitals NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust
Calderdale and Huddersfield NHS Foundation Trust
North Tees and Hartlepool NHS Foundation Trust
The Rotherham NHS Foundation Trust
Doncaster and Bassetlaw Hospitals NHS Foundation Trust
Warrington and Halton Hospitals NHS Foundation Trust
Royal Liverpool and Broadgreen University Hospitals NHS Trust
St Helens and Knowsley Hospitals NHS Trust
South Tyneside NHS Foundation Trust
Northumbria Healthcare NHS Foundation Trust
Gateshead Health NHS Foundation Trust
Lancashire Teaching Hospitals NHS Foundation Trust
South Tameside Hospitals NHS Foundation Trust
East Cheshire NHS Trust
County Durham and Darlington NHS Foundation Trust
Salford Royal NHS Foundation Trust
Bradford Teaching Hospitals NHS Foundation Trust
Harrogate and District NHS Foundation Trust
The Newcastle upon Tyne Hospitals NHS Foundation Trust
Airedale NHS Foundation Trust

Dataset: Summary Hospital-level Mortality Indicator (SHMI)
Deaths associated with hospitalisation
England, April 2010 - March 2011
Complaints

Addressing complaints does help us to improve our performance, particularly at such a time of change in the NHS. This is not just in terms of written complaints, but also in respect of all comments, and concerns received via the Trust’s web site; telephone calls to the Patient Relations Department; feedback from our comments & suggestion cards; comments made on the NHS Choices website and on other sites. Responding to complaints in an open and appropriate way is fundamental to our long term success.

There were 614 formal 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% on the previous year.

In addition, some 664 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 664 PREs raised, only 4% 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.

Some 64% of complaints related to all aspects of clinical treatment and which was a decrease of 2% on the previous year. Complaints relating to appointment delays and cancellations decreased by 1%. There was a decrease of 4% in complaints relating to the perceived attitude of staff, and a 6% reduction in complaints relating to appointment delays and cancellations. Complaints involving communication shortcomings decreased by 4%. Other categories of complaint served to reflect the trend of the previous year.

<table>
<thead>
<tr>
<th>Category</th>
<th>% of Total</th>
<th>Change on previous year</th>
</tr>
</thead>
<tbody>
<tr>
<td>All aspects of clinical treatment</td>
<td>64%</td>
<td>- 2%</td>
</tr>
<tr>
<td>Appointment delays/cancellation both inpatient &amp; outpatient</td>
<td>7%</td>
<td>- 1%</td>
</tr>
<tr>
<td>Communication/information both written &amp; oral</td>
<td>4%</td>
<td>- 4%</td>
</tr>
<tr>
<td>Perceived attitude of staff</td>
<td>5%</td>
<td>- 4%</td>
</tr>
<tr>
<td>Admission, discharge and transfer arrangements</td>
<td>3%</td>
<td>-</td>
</tr>
<tr>
<td>Personal records</td>
<td>&lt;1%</td>
<td>- 1%</td>
</tr>
<tr>
<td>Hotel Services (including food)</td>
<td>&lt;1%</td>
<td>-</td>
</tr>
<tr>
<td>Failure to follow procedures</td>
<td>&lt;1%</td>
<td>-</td>
</tr>
<tr>
<td>Aids, appliances, equipment/premises</td>
<td>1%</td>
<td>-</td>
</tr>
<tr>
<td>Patient privacy &amp; dignity</td>
<td>&lt;1%</td>
<td>-</td>
</tr>
<tr>
<td>Transport</td>
<td>&lt;1%</td>
<td>-</td>
</tr>
<tr>
<td>Policy &amp; Commercial decision</td>
<td>1%</td>
<td>-</td>
</tr>
<tr>
<td>Consent to treatment</td>
<td>&lt;1%</td>
<td>-</td>
</tr>
<tr>
<td>Mortuary &amp; Post Mortem procedures</td>
<td>&lt;1%</td>
<td>-</td>
</tr>
<tr>
<td>Other categories</td>
<td>1%</td>
<td>+ 1%</td>
</tr>
</tbody>
</table>
The percentage of complaints resolved within the negotiated timescale 98% (97% in 2010/11) continues to demonstrate good 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 a monthly basis by the Trust Complaints Panel. The Panel includes membership from Executive and Non Executive Directors and two elected Public Governors of the Trust.

Of the 11 requests made to the PHSO during the period (20 in 2010/11), none were upheld (1 in 2010/11) 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’.

Examples of some of the improvements made to services which arose from or which were associated with a complaint

Northern Centre for Cancer Care (NCCC)
Part of a complaint related to a patient with neutropenia being admitted to a local hospital as a bed was not available at NCCC.
The Directorate have improved their patient information to ensure it explains that neutropenia is a medical emergency and if a bed is not available at NCCC, admission to a hospital closer to the patient’s home is appropriate.

Children’s Services
A parent who was happy with the clinical care of their child expressed some concerns regarding patient information and Ward signage. As a consequence revised patient information has been implemented and Ward signage improved.

Perioperative Services
A complaint following a patient developing a pressure sore which may have been due to spending a prolonged time in theatre & recovery has led to a review of practice and prompted the decision to provide higher grade pressure relieving pads in theatre.

Surgical Services
A day case patient attending a surgical ward complained following a long wait to receive an intravenous infusion. To avoid a recurrance of this issue all patients attending for administration of infusions now attend the Day Treatment Ward.

Women’s Services
A pregnant lady complained that, having had radiological investigations, undertaken in order to obtain a diagnosis, she felt that she had not had enough information regarding the risks & benefits of the investigation.

A review of the steps involved in the diagnostic testing and a patient information leaflet has been produced to fully explain the risks & benefits of the investigation.

Musculoskeletal Services
A complaint was received in respect of the waiting time for Gait Analysis and which was identified as being due in part to the complexity of the process which was being undertaken in two stages. This has now been modified to a one step process with a combined review session on a monthly basis.

Men’s Services
Part of a patient’s complaint related to her concerns about understanding the length of her latent stage labour. The Maternity Department has therefore developed additional patient information regarding the latent phase of labour.

ENT Services
Part of a complaint related to the post surgery nurse led discharge process. In particular the quality of the information given to the patient. A review of the nurse led discharge documentation has therefore been actioned.
The purpose of the Survey is to understand what patients think of healthcare services provided by the Trust. A standard postal Survey, administered by the Picker Institute, was sent to a random sample of 850 patients who had been discharged from the Trust in the course of July 2011. A response rate of 51% was achieved (419 responses). This should be seen in the context of overall activity within the Trust as, during the year 2010-2011, a total of 211,719 patients (day case, elective and non-elective) had been cared for.

The results highlighted many positive aspects of the patient experience. The majority of patients reported that:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>rating of care was good/excellent</td>
<td>95%</td>
</tr>
<tr>
<td>Overall</td>
<td>doctors and nurses worked well together</td>
<td>94%</td>
</tr>
<tr>
<td>Doctors</td>
<td>always had confidence and trust</td>
<td>85%</td>
</tr>
<tr>
<td>Hospital</td>
<td>room or ward was very/fairly clean</td>
<td>98%</td>
</tr>
<tr>
<td>Hospital</td>
<td>toilets and bathrooms were very/fairly clean</td>
<td>97%</td>
</tr>
<tr>
<td>Hospital</td>
<td>hand-wash gels visible and available for patients and visitors to use</td>
<td>94%</td>
</tr>
<tr>
<td>Care</td>
<td>always enough privacy when being examined or treated</td>
<td>93%</td>
</tr>
</tbody>
</table>

These results indicate that most patients were highly appreciative of the care received. However, it is evident that there is, as ever, opportunity to improve 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 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 here. Focusing on these areas could potentially improve the patient experience for a large proportion of our patients.
Problem score for the Trust against average score for all Picker trusts (lower scores are better):

<table>
<thead>
<tr>
<th></th>
<th>Trust</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall:</strong> not given enough information on how to complain</td>
<td>[86] %</td>
<td>82 %</td>
</tr>
<tr>
<td><strong>Discharge:</strong> delayed by 1 hour or more</td>
<td>83 %</td>
<td>84 %</td>
</tr>
<tr>
<td><strong>Overall:</strong> not asked to give views on quality of care</td>
<td>80 %</td>
<td>77 %</td>
</tr>
<tr>
<td><strong>Hospital:</strong> nowhere to keep personal belongings safely</td>
<td>70 %</td>
<td>63 %</td>
</tr>
<tr>
<td><strong>Planned admission:</strong> not given choice of admission date</td>
<td>70 %</td>
<td>63 %</td>
</tr>
<tr>
<td><strong>Planned admission:</strong> not offered a choice of hospitals</td>
<td>66 %</td>
<td>61 %</td>
</tr>
<tr>
<td><strong>Discharge:</strong> not told how long delay in discharge would be</td>
<td>61 %</td>
<td>66 %</td>
</tr>
<tr>
<td><strong>Hospital:</strong> didn’t get enough information about ward routines</td>
<td>58 %</td>
<td>68 %</td>
</tr>
<tr>
<td><strong>Discharge:</strong> not fully told side-effects of medications</td>
<td>57 %</td>
<td>61 %</td>
</tr>
</tbody>
</table>

Scores significantly better than average  
Scores significantly worse than average

The two ‘red’ scores should be treated with caution, however, as there were fewer than 50 respondents to these questions.

Baseline performance:  
Score against Trusts in your cluster for 2011

The Inpatient Survey is currently repeated on an annual basis. The Picker report looks at the problem scores for this year’s Survey, compared to previous Surveys, and may be used to identify areas where performance may be slipping, or improvements have occurred. A total of 87 questions were used in both the 2010 and 2011 Surveys. Compared to the 2010 Survey, the Trust was:

- Significantly better on 3 questions
- Significantly worse on 1 question
- The scores showed no significant difference on 83 questions

### Areas where the Trust has improved significantly (lower scores are better)

<table>
<thead>
<tr>
<th>Area</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E Department: not given enough privacy when being examined or treated</td>
<td>25 %</td>
<td>16 %</td>
</tr>
<tr>
<td>Planned admission: not given printed information about condition or treatment</td>
<td>28 %</td>
<td>20 %</td>
</tr>
<tr>
<td>Overall: rating of care fair or poor</td>
<td>6 %</td>
<td>3 %</td>
</tr>
</tbody>
</table>

### Area where the Trust has worsened significantly (lower scores are better)

<table>
<thead>
<tr>
<th>Area</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital: patients in more than one ward, sharing sleeping area with opposite sex</td>
<td>0 %</td>
<td>9 %</td>
</tr>
</tbody>
</table>

It should be noted that the 9% of patients in this question refers to only 5 patients. The Trust is in fact fully compliant with Department of Health guidelines on single sex accommodation.
The Commissioning for Quality and Innovation (CQUIN) payment framework links a proportion of provider’ income to the achievement of local quality improvement goals. A single, composite measure ‘Improving responsiveness to personal needs of patients’ for each organisation has been defined for inclusion as a CQUIN indicator. This measure is made up of the following five survey questions:

- Care: wanted to be more involved in decisions
- Care: could not always find staff member to discuss concerns with
- Care: not always enough privacy when discussing condition or treatment
- Discharge: not fully told side-effects of medications
- Discharge: not told who to contact if worried

The results show that the Trust performs better than average in each of the five questions related to the CQUIN measure. The performance has improved for three of the five questions and remained the same for the other two. Note: Despite this improving performance, and the Trust being in the best 10% across England this still only attracted 80% of the Commissioner CQUIN payment for this standard.

The Patient, Carer and Public Involvement Committee has 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 Council of Governors, the Community Advisory Panel and Patient Advice & Liaison Services.

<table>
<thead>
<tr>
<th>Improving responsiveness to personal needs of patients (CQUIN) (lower scores are better)</th>
<th>2010</th>
<th>2011</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care: wanted to be more involved in decisions</td>
<td>39 %</td>
<td>36 %</td>
<td>46 %</td>
</tr>
<tr>
<td>Care: could not always find staff member to discuss concerns with</td>
<td>48 %</td>
<td>48 %</td>
<td>58 %</td>
</tr>
<tr>
<td>Care: not always enough privacy when discussing condition or treatment</td>
<td>26 %</td>
<td>23 %</td>
<td>27 %</td>
</tr>
<tr>
<td>Discharge: not fully told side-effects of medications</td>
<td>57 %</td>
<td>57 %</td>
<td>61 %</td>
</tr>
<tr>
<td>Discharge: not told who to contact if worried</td>
<td>16 %</td>
<td>13 %</td>
<td>20 %</td>
</tr>
</tbody>
</table>

* The results are standardised by age, gender and admission method when published by the Care Quality Commission and used within the CQUIN payment framework.

Within the scope of this Survey, patients reported a high level of satisfaction in response to many of the set questions. When compared to the average (compared to other Trusts using the Picker Institute), it is noteworthy that for 48 questions, we were assessed as significantly better. In the five questions used to assess the Trust performance for the CQUIN measure of ‘improving responsiveness to personal needs of patients’, the Trust performed better than average in all five. This report can therefore provide some degree of assurance.
Our Vision

To be “the health service for Newcastle and a leading national healthcare provider”

Our Strategic Goals

- Putting patients first and providing care of the highest standard, focusing on safety and quality
- Being committed to providing local healthcare for the people of Newcastle, as well as delivering specialist services nationally
- Remaining nationally and internationally renowned for our leading edge Research and Development Programmes, which underpin the pioneering services we provide
- Maintaining sound financial management
- Delivering fully integrated care across the city via community, hospital and social services, and promoting healthy lifestyles wherever we can

Our Values

- To place patients at the heart of everything we do
- To value and enhance the contribution of staff, volunteers, members, Governors and other partners and stakeholders
- Zero tolerance of unsatisfactory behaviours
- Consistently high personal and professional standards in all activities
- To focus upon continuous improvement in the pursuit of excellence
- To have pride in public service and all that we do
- To continually seek best value for money

Healthcare at its very best - with a personal touch
CQC Benchmark Report

The NHS Patient Survey Programme, managed by the Care Quality Commission (CQC) is intended to be a mechanism for making the NHS more patient focused and provides a quantifiable way of achieving this.

The National Patient Survey of Inpatients was undertaken by Picker Institute Europe in Autumn 2011. The Care Quality Commission benchmark report compares the standardised results of the inpatient survey in this Trust with the results for other Trusts. The report was published on 24th April 2012. There was no publicity about the publication of these results due to the pre-election purdah period which ran from 12th April 2012.

The CQC benchmark report for 2011 surveys is a new style of report which replaces the previous reports produced by the CQC for the national patient surveys. Previous reports showed Trusts in the top 20%, bottom 20% or intermediate 60% of Trusts. The new style report gives a score out of 10 for each question and also assigns a category for each question to identify if their score is ‘better’, ‘about the same’ or ‘worse’ than most other Trusts.

The benchmark report showed:

- A score out of 10 for each question as well as the lowest Trust score and highest Trust score achieved.
- A red, green and orange section in each chart displaying the expected range for a score for a Trust. This is the range within which it would be expected that a particular Trust scores if it performed about the same as most other Trusts in the survey.

Newcastle Hospitals performed ‘about the same’ as other Trusts in 50 questions.

The Trust performed ‘better than other Trusts’ in 7 questions. These were:

- In your opinion how clean was the hospital room or ward that you were in?
- As far as you know, did doctors wash or clean their hands between touching patients?
- Were you given enough privacy when being examined or treated?
- After you used the call button, how long did it usually take before you got help?
- Did you feel you were involved in decisions about your discharge from hospital?
- Did the doctors or nurses give your family or someone close to you all the information they needed to care for you?
- Overall, how would you rate the care you received?

Although the Trust did not score ‘worse than other trusts’ in any questions, when looking at the last survey results from 2010, the score for one question was significantly worse:

- While in hospital, did you ever see any posters or leaflets explaining how to complain about the care you received?

In contrast, when compared to 2010, the following results have significantly improved:

- In your opinion, how clean was the hospital room or ward that you were in?
- Were you given enough privacy when discussing your condition or treatment?
- Were you given enough privacy when being examined or treated?
- Did the doctors or nurses give your family or someone close to you all the information they needed to care for you?
- Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?

The benchmark report is published on the survey co-ordination centre website (www.nhssurveys.org). Results for all NHS Trusts who took part in the survey are also published on the Care Quality Commission website (www.cqc.org.uk).

The information published by the Care Quality Commission includes the results by section and question of the survey questionnaire as well as one of three statements – Better, About the Same, or Worse. These categories are based on the ‘expected’ range calculated for each Trust. The range takes into account the number of respondents from each Trust, as well as the scores for all other Trusts and allows the CQC to identify which scores they can confidently say are ‘better’ or ‘worse’ than the majority of Trusts. It is hoped that this method of presentation will enable a lay audience to understand the results at a glance, though they can still view more detailed information if required. The following table shows how the Trust performed in each section of the National Patient Survey of Inpatients using the CQC website method of presentation.

<table>
<thead>
<tr>
<th>Section</th>
<th>Score out of 10</th>
<th>How this score compares with other trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E Department</td>
<td>7.9</td>
<td>About the same</td>
</tr>
<tr>
<td>Waiting list/planned admission</td>
<td>6.6</td>
<td>About the same</td>
</tr>
<tr>
<td>Waiting to get to a bed on the ward</td>
<td>6.4</td>
<td>About the same</td>
</tr>
<tr>
<td>The Hospital and Ward</td>
<td>8.3</td>
<td>About the same</td>
</tr>
<tr>
<td>Doctors</td>
<td>8.9</td>
<td>Better than other Trusts</td>
</tr>
<tr>
<td>Nurses</td>
<td>8.8</td>
<td>Better than other Trusts</td>
</tr>
<tr>
<td>Care and treatment</td>
<td>7.8</td>
<td>About the same</td>
</tr>
<tr>
<td>Operations and procedures</td>
<td>8.5</td>
<td>About the same</td>
</tr>
<tr>
<td>Leaving Hospital</td>
<td>7.5</td>
<td>About the same</td>
</tr>
<tr>
<td>Overall views and experiences</td>
<td>6.3</td>
<td>About the same</td>
</tr>
</tbody>
</table>
As described on page 46, the Commissioning for Quality and Innovation (CQUIN) payment framework links a proportion of income to the achievement of local quality improvement goals. A single, composite measure taken from the results of five survey questions is included as a CQUIN indicator. It is highly encouraging to note that the CQUIN patient experience score for this Trust is the highest within the cluster of acute teaching hospitals. The following exhibit shows the Trust’s high performance.

![CQUIN Patient Experience Score Chart](chart.png)