

UHNM Quality Account 2022/2023



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Part A: Statement on quality



OVERVIEW

1. Introduction to UHNM

Welcome to the Quality Account for the University Hospitals of North Midlands NHS Trust (UHNM) for 2022/2023. As we review the last 12 months and consider our priorities for the year ahead, we reflect on the impact the continuing challenges and developments have had on our hospitals, our staff and our patients.

We are committed to providing safe, high quality care to our communities and we continue to focus on delivering quality improvement in all we do. Despite all of the pressures brought on by Covid, we have continued to show commitment of our staff to improve the quality, safety and experience of patients in our care. We will continue to achieve this by developing our staff and empowering and equipping them towards delivering excellence every day resulting in improved patient outcomes, staff morale, productivity and efficiency.

Our staff have continued to adapt and show resilience under extreme pressure and acted with compassion and professionalism. That care and compassion was acknowledged with an 'Outstanding' rating in the care domain during our most recent Care Quality Commission (CQC) inspection. This report aims to provide an open and honest account of where we have moved forward, both as a result of and despite the pandemic, and where we still have further improvements to make.

UHNM has two hospital sites, Royal Stoke University Hospital and County Hospital, and we are extremely proud of the services provided across both sites. We are a large, modern trust in Staffordshire, providing services in state-of-the-art facilities. We provide a full range of general hospital services for approximately 900,000 people locally in Staffordshire, South Cheshire and Shropshire.

We employ around 11,000 members of staff and we provide specialised services for a population of three million people, including neighbouring counties and North Wales.

We are one of the largest hospitals in the West Midlands and have one of the busiest emergency departments in the country, with an average of nearly 15,000 patients attending each month across both of our sites. Emergency patients are brought to us from a wide area, by both helicopter and land ambulance, due to our Major Trauma Centre status, as we are the specialist centre for the North Midlands and North Wales.

As a University Trust, we work very closely with our partners at Keele and Staffordshire Universities and we are particularly proud of our medical school which has an excellent reputation. We also have strong links with local schools and colleges. We hold a large portfolio of commercial research, which

provides us with a source of income, and our research profile also enables us to attract and retain high quality staff.

Working alongside our University Partners we have a newly developed Centre for Nursing, Midwifery and Allied Health Professions Research and Education Excellence (CeNREE). At CeNREE the focus is on increasing research that is led by nurses, midwives and AHPs to improve patient experience and outcomes by providing a clear structure of support and resource for research, academic and professional development and Clinical Academic Careers (CAC).

Royal Stoke University Hospital



The County Hospital (Stafford)



Our specialised services include cancer diagnosis and treatment, cardiothoracic surgery, neurosurgery, renal and dialysis services, neonatal intensive care, paediatric intensive care, trauma, respiratory conditions, spinal surgery, upper gastro-intestinal surgery, complex orthopaedic surgery and laparoscopic surgery.

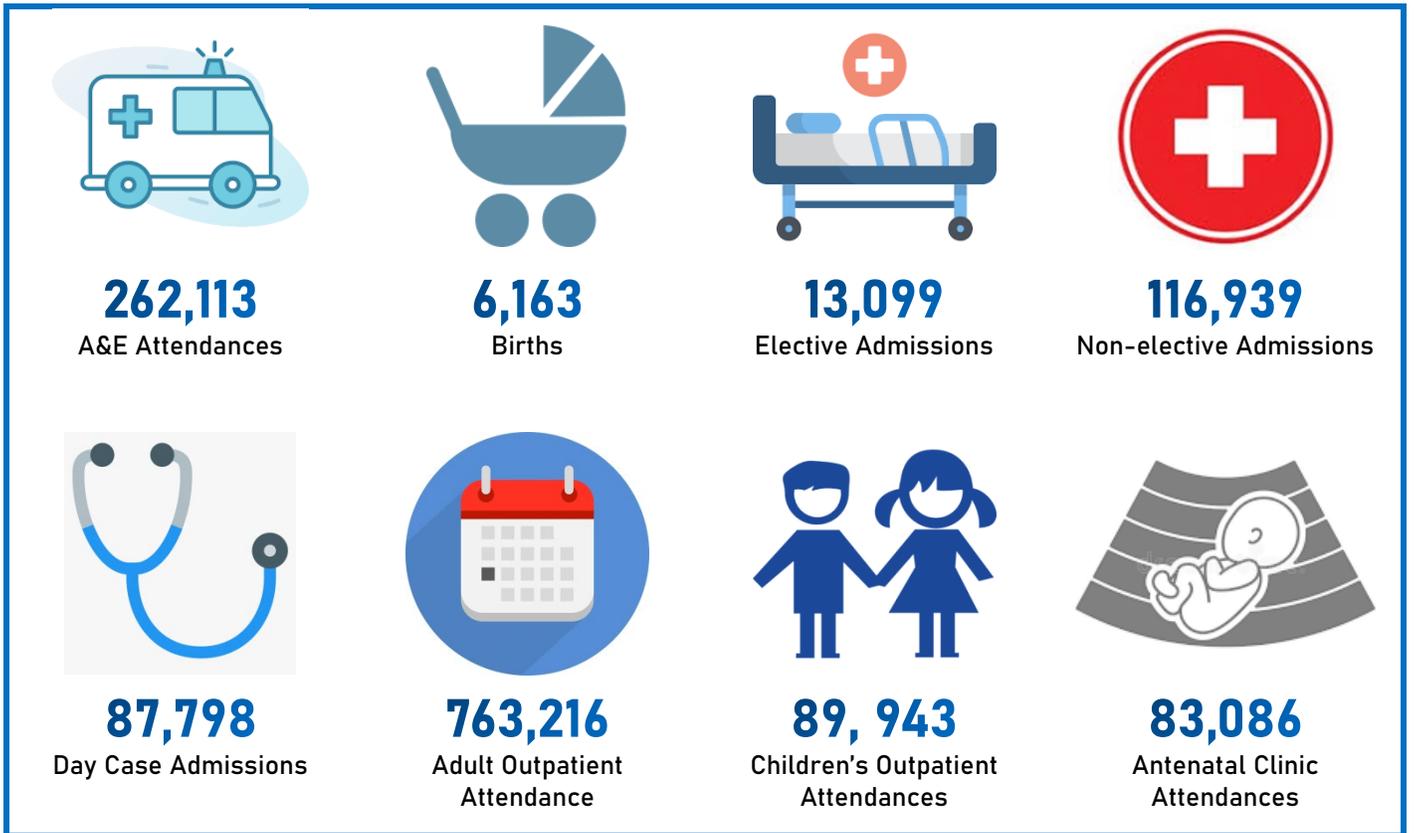
We are a key player in the Integrated Care System (ICS) and take an active part in the planning and discussions. The health economy plan remains focused on minimising admissions to and discharging as soon as possible from the major acute site at Royal Stoke University Hospital, with as much care as possible being delivered in community settings or at County Hospital.

We benefit from being able to attract and retain high quality staff. In order to do this we need to continue to maintain and expand our tertiary capabilities to service the populations of North West Midlands, Derbyshire, Wales, South Manchester and the northern suburbs of Birmingham.

Postgraduate Medical Education has strong links with both Keele and Staffordshire Universities. All our trainees are allocated from Health Education England, West Midlands. We are looking at a possible expansion in our foundation doctors and are working with directorates to look at opportunities.

Nursing and midwifery continues to maintain strong links with Keele and Staffordshire Universities supporting the development of registered nurses in addition to nursing associates and the provision of a wide range of post registration courses. In-house developments have seen the development of a 'Skills Escalator' enabling our staff to undertake career progression through apprenticeships both at unregistered and registered levels as part of our 'Grow Our Own Strategy'. The Centre for Nursing, Midwifery and Allied Health Professions Research and Education Excellence (CeNREE) provides on-going staff development opportunities through initiatives such as the Chief Nurse Fellow programme and Legacy Mentor Programme, in addition to application and on-going support for masters and doctoral degree programmes, enabling the highest levels of evidence-based practice.

2022/2023 Activity Data



2. Statement on quality

The period covered by this Quality Account is from 1 April 2022 through to 31 March 2023. Our teams here at UHNM continue to show their commitment to improve the quality, safety and experience of patients in our care.

We would like to express, on behalf of the Trust Board, our deep and sincere gratitude to colleagues working across our hospitals for their unwavering commitment and dedication throughout another challenging year. We have been overwhelmed by our teams continued professionalism, flexibility and positivity to transform and improve the way we deliver services.



So many staff have, and continue to, worked tirelessly under immense pressure and within the tightest of timescales and there is much to be proud of, including:

- Urgent elective and cancer services continued to be delivered;
- In 2022, 20,696 referrals were received by the 2hr Community Rapid Intervention Service (CRIS) service run by UHNM
- Some face to face Outpatient appointments were reintroduced in combination with virtual appointments – by telephone or video – enabling the Trust to keep people safe whilst continuing to deliver their essential care;
- Introduction of Tendable – our new real time electronic ward/department quality and safety audit system;
- Launch of the Safe Mobility Ambition and the Nutrition and Hydration Ambition – these form part of a suite of harm free care ambitions that support delivery of our Quality Strategy. The ambitions highlight key priorities over the next 3 years;
- Development of 30 Professional Nurse Advocates across the Trust with training planned for further 25 during 2023/24. These posts are supporting the retention of valued staff and supporting career development and progression;
- Investment in recruiting staff within maternity services, dietetic service for Oesophageal cancer and AMU;
- Appointed new Lead for Vulnerable People who is responsible for planning, development and implementation of an efficient, effective and high quality strategic approach to safeguarding children, adults at risk, the Mental Health Act, dementia, learning disabilities and autism.
- Appointed our first Patient Safety Partner as part of Patient Safety Incident Review Framework (PSIRF) implementation

Our people are our greatest asset and we have continued to provide packages of support and offers of wellbeing provision as well as develop our teams through our quality improvement programme 'Improving Together', to empower and support all colleagues and departments to make changes, no matter how small, to deliver better services and play a vital role in building healthier, happier, fairer lives for the people we serve – our patients, our people and our local communities.

On 1 July 2022, the 42 Integrated Care Systems in England evolved and created new structures, to deliver new national legislation. The relationships with all our partners across our system are highly valued and are seen as central to our collective success. In March 2023, Staffordshire and Stoke-on-Trent's first Integrated Care Strategy was published, that focused on long-term priorities to prevent ill health, reduce inequalities and deliver better health and care services for our population. Close partnerships across the NHS, local authorities, the voluntary community social enterprise sector, healthwatch, hospices, universities and wider public sector organisations are crucial in implementing this strategy. We are grateful to our partners within the Staffordshire and Stoke-on-Trent Integrated Care System and beyond for their support throughout the year and look forward to working closer with them throughout 2023/24.

Looking ahead to 2023/24 we will continue to address our biggest challenges around capacity and demand with focus on urgent and emergency care across both our sites and our recovery process so we can deliver safe quality care to those who need it the most. In doing so, we will build on partnerships, such as with the Midlands Partnership Foundation Trust (MPFT) and the West Midlands Ambulance Service (WMAS) to ensure our patients are supported at the right time and in the most appropriate place.

We made good progress against our quality and safety priorities during the year, including:

- 45% reduction in Category 3 Hospital Acquired Pressure Ulcers with 'lapses in care' in 2022/23 compared to 2021/22 totals
- Improvement in Sepsis screening for Inpatients
- Continuing to exceed the 95% National Target for Harm Free Care (New Harms)
- Continuing to compare well against our peers during and remaining within expected ranges for both HSMR and SHMI mortality indicators
- Sustained improvement in exceeding national VTE risk assessment compliance with average 99%
- Reduced rate of formal complaints received during 2022/23 from 2021/22
- Our Speaking Up Index score as part of Staff Survey has improved year on year
- Reduced number of Never Events compared to 2021/22

Whilst we are proud of our achievements, we recognise that there are also areas where we need to make further improvement, for example:

- Crowded Emergency Departments with long waits.
- Long waits for ambulances, delayed handovers and corridor care. Continued improvement in Sepsis screening compliance and pathway
- Further reduce avoidable harm
- Elimination of long waits elective care, planned operations and cancer care.
- Responding to increased demand for our services which has been made worse by the Covid-19 pandemic.

It has been a challenging year for all but also one that we are very proud of. Attendances at the Emergency Department were in excess of 262, 000 having an impact on the number of ambulance handovers transacting in a timely manner, patients seen within four hours and those waiting over 12 hours for admission into the hospital. To mitigate these delays and improve patient experience numerous initiatives have focused on improving flow through the hospital, the most significant of which include:

- Front Door Reconfiguration (to ensure sufficient physical space to appropriately handover and treat patients in the emergency department),
- the implementation of the Referral and Admission Policy (to ensure timely specialty input in the most appropriate environment where such expertise is required) and

It is widely acknowledged that waiting lists continue to increase following Covid, with us being no exception.

We have seen an increasing amount of open Referral to Treatment pathways throughout 2022/23, at the end of the year at 77, 000 open pathways. This has resulted in an increase in patients waiting over 52 weeks for treatment.

The number of patients waiting less than six weeks for a diagnostic test has improved to 78% compared to 69% in 2021/22. With waiting lists increasing, as part of the recovery, focus has been on improving DNA rates, Theatre Utilisation and reducing Cancelled Operations – all of which have improved during the year.

It has been an incredibly challenging year for all of us but it is also one that has made us very proud to be Chairman and Chief Executive of UHNM. Undoubtedly there will be further challenges ahead for us throughout 2023/24 and beyond but given we have seen what our UHNM teams can do we are confident that together, we will come through and we look forward to seeing how the 'new NHS' evolves. We hope you enjoy reading this Quality Account.

The Directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 and 2013 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Account (which incorporate the above legal requirements).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered;
- The performance information reported in the Quality Account is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- The Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.



David Wakefield
Chairman




Tracy Bullock
Chief Executive Officer



2.2 Strategic objectives

‘Our 2025 Vision’ was developed to set a clear direction for the organisation to become a world class centre of clinical and academic achievement and care. One in which our staff all work together with a common purpose to ensure patients receive the highest standard of care and the place in which the best people want to work.

“Delivering Exceptional Care with Exceptional People”

To achieve Our Vision we must respond to the changing requirements of the NHS as they emerge and operate in ever more challenging times. This means that we need to think further than the ‘here and now’ and continue to look beyond the boundaries of our organisation for inspiration. Our involvement in the ICS is crucial in enabling us to move towards our vision and to become a sustainable provider of healthcare services for generations to come.

Our strategic objectives

Our vision is underpinned by six key strategic priorities:

High Quality	Responsive	People	Improving & Innovating	System & Partners	Resources
 <p>Providing safe, effective and caring services</p>	 <p>Providing efficient and responsive services</p>	 <p>Creating a great place to work</p>	 <p>Achieving excellence in development and research</p>	 <p>Working together to improve the health of our population</p>	 <p>Ensuring we get the most from the resources we have, including staff, assets and money</p>

Our Values

We continue to encourage a compassionate culture through our values, which identify the attitude and behavioural expectations of our staff.



	<ul style="list-style-type: none"> • We are a team • We are appreciative • We are inclusive
	<ul style="list-style-type: none"> • We are supportive • We are respectful • We are friendly
	<ul style="list-style-type: none"> • We communicate well • We are organised • We speak up
	<ul style="list-style-type: none"> • We listen • We learn • We take responsibility

Our full 2025 Vision is available via our website: www.uhnm.nhs.uk.

Priorities for improvement

3.1 Our quality priorities and objectives for 2022/23

Our core vision continues to be a leading centre in healthcare, driven by excellence in patient experience, research, teaching and education. Our overall ambition is to become one of the top university teaching hospitals in the UK by 2025.

We want everyone who works at UHNM to share this vision and place quality at the heart of everything we do by embracing and demonstrating the following Trust values of Compassion, Safety, Improving and Together. The Trust is supporting this vision through a number of initiatives



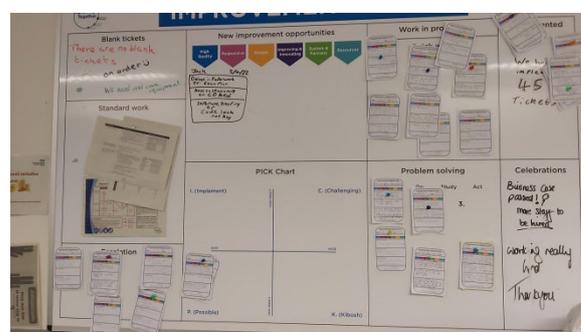
Improving Together

In 2021/22, through the implementation of the Improving Together programme, the Trust established its new strategic planning framework, with six strategic priority domains (a clear and certain direction for our work) being shared with teams across the Trust.

Strategic Priority Domains		
	High Quality	Providing safe, effective and caring services
	Response	Providing efficient and responsive services
	People	Creating a great place to work
	Improving & Innovating	Achieving excellence in development and research
	Systems and Partners	Working together to improve the health of our population
	Resources	Ensuring we get the most from the resources we have, including staff, assets and money

These domains allow all members of UHNM staff to align their work with the priorities of the organisation. The metrics associated with these domains allow the Trust to understand if it is delivering the services to the required standard for its patients and help to identify where improvements can be made.

In the second year of this new way of working a further 13 teams were trained in the tools and routines to enable continuous improvement to become part of everyday work of the Trust. This brings the Trust total number of teams trained to 36. With the Quality Improvement Academy's focus being County Hospital site, the teams trained include: Wave2 - Elective Orthopaedic Unit and Ward 8, and in Wave 4 wards 1, 12, 14, 15, Pre-Admissions Clinic and County Theatres. In addition the two outstanding management teams have been trained – Imaging and Pathology. These teams have had five months of training and coaching in the new skills and are now embedding them into practice. This year has also seen the introduction of 3 e-learning packages for which staff can self-register, in addition to the section on Trust induction that all new starters complete. These packages along with stand-alone 'bootcamps' to upskill new team members means that in total 2,356 staff currently working at UHNM have Improving Together training at some level on their ESR.



Over the course of the 12 months the Divisions and Directorates progressed improvement work on their agreed priorities with most showing good progress and many meeting and sustaining their desired targets. For example WC&CSS Division delivered CO monitoring in pregnant women; Surgery Division achieved sustained delivery of the Cancer 2 week wait standard and Network Services delivered sustained reductions in the number of falls with harm. A refresh of these priorities for 23/24 has taken place, those not delivered last year continue with new opportunities to improve agreed with the Executive team. These will be cascaded to the Directorates and this year for the first time down to ward level, where teams have been trained in the methodology. This process creates a golden thread from ward to board of aligned priorities for improvement.

Our frontline teams are now able to share their improvements on a monthly basis with their Chief Nurse, through the establishment of the Improving Together Team Leadership Council. A representative from each trained area is invited to present their work in this forum, sharing good practice across the teams, creating peer support and also an opportunity to escalate challenges where they exist. The highlight report from these meetings are published on the Trust intranet [improving-together-team-leadership-council-meeting-highlight-report-febr.pdf](#)

As we move into 2023/24, the Quality Improvement Academy continues its focus at County Hospital through Wave 5 & 6 of training. This will see completion of both elective surgical and acute medical patient pathways. In addition the summer months will see the training of the Royal Stoke Emergency Department team and Site Management team, preparing them to use these new tools and routines through the winter months.

Finally, in quarter 1 of 2023/24 a new Executive Improving Together Leadership Development Forum will commence. This forum will underline the Executive Team’s commitment to Improving Together being the way we work at UHNM and support them in developing the senior leaders of our organization in the tools, routines and behaviours needed to develop a Learning Improvement Culture.



Centre for Nursing, Midwifery and Allied Health Professions (NMAHP) Research and Education Excellence (CeNREE)

CeNREE was launched on 25th April 2022 in response to a desire from UHNM to have a service where research remains highly integrated with clinical practice throughout a clinical career. The UHNM 2025 Strategic Vision includes a goal to be a world-class centre of achievement, where patients receive the highest standards of care and the best people come to learn, work and research. This has led to the development of CeNREE and their mission statement:

The mission of the Centre for NMAHP Research and Education Excellence (CeNREE) is to create the most supportive environment possible so that our researchers, practitioners, and learners can do what they do best: improve clinical outcomes and experience through access to clinical research for staff and patients. Excellence will be applicable across the wider NHS through leadership and excellence in nursing, midwifery and allied health professional education, research and practice.



CeNREE Fellows and Chief Nurse Fellows attending their first day of teaching alongside Chief Nurse Ann-Marie Riley and Assistant Director of Nursing (NMAHP) Research & Academic Development and CeNREE Lead Dr Alison Cooke

More recently CeNREE has extended its portfolio to internal fellowship opportunities which provide staff with access to professional development tailored to organisational needs and encourage and energise staff to then consider and pursue more advanced opportunities. The infrastructure created by CeNREE is focused on the talent management of UHNM NMAHPs, developing a culture of professional curiosity and advanced knowledge and skills.

In the first year CeNREE have:

- Provided support to over 70 NMAHPs
- The CeNREE Lead has achieved the NIHR Senior Research Leader award
- Two prestigious NIHR PCAF fellowships, one Cystic Fibrosis Trust fellowship, one North Staffs Medical Institute grant and one West Midlands Clinical Research Network Personal Development grant have been awarded
- CeNREE and the Improving Together Team hosted a successful symposium
- CeNREE hosted an internship programme for a PhD student
- The CeNREE Lead has been invited as a member of CNO Research Transformation Leaders Network and to represent UHNM as a member of the CoDH Clinical Academic Roles Implementation Network (CARIN)
- CeNREE provided a Stepping Stone pump priming opportunity for staff, after successful application of UHNM Charity support
- CeNREE have developed two internal fellowship opportunities for staff development, including in the first cohort three UHNM staff members on the CeNREE Fellowship Programme and eight UHNM staff members currently on the Chief Nurse Fellowship Programme

CeNREE Values:



Prioritising our quality improvement areas

We have continued our focus on quality aligned to our strategic objectives and 2025Vision.

Our aim is to provide safe, high quality and effective person-centred care to every patient, every time. To achieve this we recognise that we must continue to:

- Build strong clinical leadership;
- Provide valid, reliable and meaningful information as a basis for measurement and improvement; and
- Build greater capacity and capability of our staff to interpret the information and implement sustainable change.

The impact of the pandemic has been far reaching for all our communities and our staff. It has been a period of significant and fast paced change impacting on how we deliver our services and the ways our colleagues work. We recognise that compassionate and engaging leadership will be the critical component to how we move through and we will provide a full programme of support and development to all our leaders and their teams

Our plan has our Trust values firmly at its core. We continue to promote a compassionate culture through our values, which identify the attitude and behavioural expectations of our staff with inclusivity at the heart of our values. These values are threaded through the People Plan priorities in response to the feedback received from our cultural review.

Our overall goal for 2023/24 is:

To support our staff to get it right first time, every time for our patients.

Aims

To reduce patient harm and improve clinical effectiveness and outcomes for our patients

How will we do this:

- To reduce our patient waiting lists and backlogs (62 day Cancer, 2 week waits for Cancer along with 104, 78 and 65 day waiting list reductions) and maintain patient safety
- To reduce ambulance handover delays of more than 60 minutes in conjunction with our partner providers
- To continue to reduce avoidable harm
- To benchmark against national best practice and assess our outcomes and effectiveness
- Improve how we share learning
- Implement new national PSIRF
- Improve sepsis treatment and recognition of deteriorating patients;
- Evaluate and introduce new technologies and techniques for treating patients;
- Increase the visibility of research and the capability of staff to lead research and provide evidence-based practice; and
- Continued delivery of the Improving Together Programme.

We will measure this through:

- Quality Performance Report;
- Integrated Performance Report for reduction of waiting list backlogs with agreed trajectories;
- Harm Free Care;
- Incident analysis and thematic reviews;
- Legal claims;
- Mortality reviews and outcomes;
- Getting It Right First Time (GIRFT) reviews and analysis;
- Clinical audits

To improve patient experience

How will we do this:

- Improve sharing of learning from patient feedback and involve patients in learning and improvement with a particular focus on “seldom heard’ patient groups
- To develop the role of Patient Safety Partners and PSIRF implementation
- Ensure that all research is aligned with Trust strategic priorities and includes outcomes that will benefit our patients
- Formalise patient engagement and coproduction in research, patient safety programmes and improvement initiatives

We will measure this through:

- Inpatient and Outpatient surveys;
- Complaints and PALS themes; and
- Patient stories.

To further develop staff wellbeing and experience

How will we do this:

- We will Look after our people including Executive Staff Wellbeing walkabouts
- Lead on the development of a single system wide Occupational Health Collaborative Contract, bringing together the four NHS system partners, to deliver enhanced health and wellbeing services for all our colleagues in Staffordshire and Stoke on Trent
- Support colleagues in the access of formal and informal support services such as Staff Support & Counseling and the system Staff Psychological Hub.
- Deliver Critical Incident Stress Management training to support UHNM colleagues
- Co –create wellbeing initiatives in line with Trust and national requirements
- Support our Carers
- Supporting the Trust’s wellbeing programme and activities that focus on staff wellbeing and empowerment including #BeingKind compact
- Ensuring that staff are working within COVID-19 secure environments and are provided with the support which meets their needs;
- Supporting staff and services in providing care in ‘new ways’ following COVID-19;
- Promoting mental health wellbeing and support;
- Delivering the Improving Together Programme; and
- Provide staff with research, professional and academic development opportunities through CeNREE.

We will measure this through:

- The nation NHS staff survey;
- Pulse Checks;
- Staff Voice;
- Chief Executive briefings; and
- Freedom to Speak Up report



3.2 How we have performed against quality key performance indicators

* Results published by NHS Digital Quality Accounts data sets for mandatory indicators. The most up to date data is included.

Quality Indicator	Previous Period		Current Period / Latest Published
The value of the Summary Hospital level Mortality Indicator (SHMI)	January 2021 – December 2021 1.02 (Band2)		January 2022 – December 2022 1.05 (Band 2)
The percentage of deaths with palliative care coded at either diagnosis and/or specialty level	1.9%		1.8%
Patient Reported Outcome Measures scores* (National Average)	Participation Rate 2020/21	Health Gain 2020/21	Awaiting new data publication available from NHS Digital portal
☑ Groin hernia surgery	-	-	
☑ Varicose Vein Surgery	-	-	
☑ Hip Replacement Primary Surgery	- (66.5%)	0.830 (0.472)	
☑ Knee Replacement Primary Surgery	9.0% (66.5%)	0.431 (0.315)	
*EQ-5D scores finalised data release			
Percentage of patients aged	2021/2022		Awaiting new data publication available from NHS Digital portal
☑ 0 to 15; and	17.1%		
☑ 16 and over	14.5%		
Readmitted to a hospital which forms part of the Trust within 28 days of being discharged from hospital			
The Trust's responsiveness to the personal needs of its patients	2021/22 Survey TBC		Awaiting new data publication available from NHS Digital portal
Percentage of staff employed by the Trust who would recommend the trust as a provider of care to their friends and family (Agree / Strongly Agree)	2021 69.7% <i>England Average Acute Trusts 66.9%</i>		Awaiting new data publication available from NHS Digital portal
Percentage of patients who were admitted to hospital and who were risk assessed for Venous Thromboembolism (Acute Trusts) (National Average)	2019/20 Q1 93.79% (95.56%) Q2 93.99% (95.47%) Q3 93.29% (95.33%) Q4 TBC % (TBC%)		Awaiting new data publication available from NHS Digital portal
The rate per 100,000 bed days of Clostridium Difficile infection reported within the Trust amongst patients aged two or over (Trust apportioned)	2020/21 51.0		2021/22 46.7
The number and rate of patient safety incidents reported within the trust - Acute trusts (non specialist)	April 2020 – March 2021 16440 45.8 per 1000 bed days		No new data publication available from NHS Digital portal
The number and rate of such patient safety incidents that resulted in severe harm or death— acute (non specialist)	April 2020 – March 2021 35 0.1		March 2023 - Indicators are under review for future NHS Outcome Framework

Commissioning for Quality and Innovation (CQUIN) Indicators for 2022/23

The Commissioning for Quality and Innovation (CQUIN) financial incentive scheme was suspended for the entire period of the Covid-19 Pandemic. To support the NHS to achieve its recovery priorities, CQUIN has been reintroduced from 2022/23.

NHS England and NHS Improvement identified a small number of core clinical priority areas, where improvement was expected across 2022/23. In general, these are short-term clinical improvements that were selected due to their ongoing importance in the context of COVID-19 recovery and where there was a clear need to support reductions in clinical variation between providers.

CCG/ICB scheme- There were 9 clinical priority areas highlighted for adoption in Acute Trusts and Trusts were instructed to choose five schemes. As UHNM agreed an Intelligent Fixed Payment Contract with local commissioners, there was no incentive CQUIN funding or need to negotiate the five most important indicators. Although UHNM was not required, from a contract perspective to adopt five CQUINS, there was a quarterly reporting requirement for all nine schemes.

It was decided that although UHNM was not contractually obliged to do so, we would adopt five schemes in order to implement clinical improvements.

The selected schemes are as follows:

- CCG1: Flu vaccinations for frontline healthcare workers
- CCG2: Appropriate antibiotic prescribing for UTI in adults aged 16+
- CCG3: Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions
- CCG7: Timely communication of changes to medicines to community pharmacists via the discharge medicines service
- CCG8: Supporting patients to drink, eat and mobilise after surgery

In conjunction with the Clinical Teams, the Clinical Audit Department have undertaken quarterly audits to demonstrate progress and provide assurance against the above.

Specialised Services (PSS) scheme – UHNM were required to adopt three PSS schemes as detailed below, which had been selected by the Specialised Commissioners:

- PSS1: Achievement of revascularisation standards for lower limb ischaemia
- PSS2: Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery
- PSS5: Achieving priority categorisation of patients within selected surgery and treatment pathways according to clinical guidelines

Scheme leads were identified and audit/reporting arrangements agreed to demonstrate improvements in each scheme.

A similar model has been proposed for 2023/2024.

4. Patient stories

I started with migraine headaches in about 1996- I put down the cause of these as being an RTA- I certainly didn't suffer with migraines before I had the accident. I initially tried to self-medicate but over the years, the migraines have got progressively worse and more frequent. At the worst point, I was only having 2 or 3 migraine-free days a month. These migraines affected every part of my life- my work, my home, my social life. It felt like I had a screwdriver being driven behind my left eye. I tried every treatment available from reflexology and acupuncture to chiropractor and physiotherapy. I took more and more medications, starting on minimal dose and gradually increasing to the highest dose possible. At my lowest point, I would sit in bed, rocking, cradling my head. I genuinely contemplated suicide I was in so much pain. I couldn't see an end to them and it felt like no matter what I did, I was getting worse not better.

I was initially referred to see a neurology consultant at UHNM and a new type of treatment was started. It worked for a while but again, eventually became less effective. Out of desperation, I was referred to the National Migraine Centre. I was told I was overmedicating so had to go cold turkey for a month- withdraw from all medication completely, before I could start a new treatment. It was a month of hell but I did it. After the month, I was started on a new drug called Fremanezumab in the form of monthly injections which I had to pay for privately. The immediate relief was huge. After a couple of months, I was down to around 4 or 5 episodes a month instead of 25. However, continuing to pay for these injections was not sustainable, although the thought of not being able to continue with this treatment was unbearable.

Last October, I was referred back to UHNM under the Headache Team and saw Claire Winstanley. The team has been amazing. I am now having the injections on the NHS every month and the difference it has made to my life is miraculous. I am so grateful to UHNM that they provide this life-changing treatment.

I am writing to pay tribute to members of the team for the first-class care I received recently at UHNM. In November, I severely injured my left wrist in an accident at home with an electric saw and was taken to the Emergency Department where I was seen immediately. My wonderful initial experience at the hands of hospital staff continued with treatment from a nurse called Leanne before I was transferred to Ward 225. It was while I was there that I was visited by one of the Anaesthetists, Dr Greenway, who was, quite simply, the epitome of kindness. His communication skills were second to none and he explained perfectly the procedure I was about to undergo in theatre. Unable to have a general anaesthetic, I had something I learned was called a "block". As well as being truly grateful that this technique could be used to operate on me, it was a real eye opener for how operations work.

Dr Greenway remained with me throughout the operation, talking to me for over 2 hours, which, for that alone, he deserves a medal!

I have visited many great theatres in the performing arts sector and seen some great performances but none that came close to the theatre at the Royal Stoke. Every member of the medical cast that day was a first-class act. My superb experience at the hospital continued with the after-care treatment from the Occupational Therapy Team led by Debbie Ferneyhough and Ujaala Yonnis. Both of these ladies are a real credit to the NHS with their impressive people skills and outstanding professional care. I finished my treatment in January and will remain forever grateful to everyone involved in the wonderful care I received.

5. Statement of assurances

5.1 Review of services

Care Quality Commission

The Trust was last inspected on 24 and 25 August 2021 and the inspection followed the new regime for inspection. The CQC carried out a short notice announced inspection of the following acute services provided by the Trust and inspected two core services due to concerns about the quality and safety of services. These were:

- Urgent and emergency care at the Royal Stoke University Hospital; and
- Medicine at the Royal Stoke University Hospital.

The CQC also carried out two focused inspections as part of the continual checks on the safety and quality of healthcare services. These were:

- Medicine at County Hospital. This was a focused inspection on the safe, effective and well-led key questions: and
- Surgery at County Hospital. This was a focused inspection of safe and well-led key questions.

The final report was published on 21 December 2021. The overall rating for the Trust stayed the same. The CQC rated UHNM overall as **'Requires Improvement'**. The CQC rated the reviewed services as follows:

- Medicine at County Hospital – Requires Improvement
- Surgery at County Hospital – Good
- Urgent and Emergency Care at Royal Stoke University Hospital – Requires Improvement
- Medicine at Royal Stoke University Hospital – Good

Some services previously rated requires improvement were not inspected because the latest inspection was focused only on services where there were concerns or had not been inspected for some time. The CQC continue monitoring the progress of improvements to the services and will re-inspect them as appropriate. Services previously rated as Requires Improvement and not inspected this time include:

- Urgent and Emergency Care at County Hospital.
- Outpatients at County Hospital and the Royal Stoke University Hospital.

Whilst the CQC rated the Trust overall as Requires Improvement, we did see improvements in two of the domains

- Caring improved from Good to Outstanding
- Well Led improved from Requires Improvement to Good

The table below shows the rating by the five key domains and compares results to previous inspections:

Domain	June 2019 Ratings	August 2021 Ratings	
Are services safe?	Requires Improvement	Requires Improvement	●
Are services effective?	Requires Improvement	Requires Improvement	●
Are services caring?	Good	Outstanding	★
Are services responsive?	Requires Improvement	Requires Improvement	●
Are services well led?	Requires Improvement	Good	●
Overall	Requires Improvement	Requires Improvement	●

Section 29A Warning Notice

Following the inspection in 2021, the CQC served a Warning Notice under Section 29A of the Health and Social Care Act 2008. This warning notice served to notify the Trust that the CQC had formed the view that the quality of health care provided in relation to medical staffing in urgent and emergency care at the Royal Stoke University Hospital and the risk management of patients with mental health needs medicine at County Hospital required significant improvement. UHNM submitted a comprehensive response to the CQC, within the required timescale.

On Tuesday 4th October 2022, the CQC conducted an unannounced visit to UHNM to review immediate actions taken. Although the CQC were satisfied that the Trust had made significant improvements in relation to medical staffing in urgent and emergency care at the Royal Stoke University Hospital they still had concerns about the assessment, recording and mitigation of risks associated with acute mental health concerns in medicine at County Hospital and subsequently issued a Section 29A Warning Notice under the Health and Social Care Act 2008. The Trust was required to provide evidence of significant improvement in relation to the Section 29A warning notice by 26th January 2023. At time of reporting, the Trust have not received any feedback about the outcome of the evidence review.

Although the CQC rated the safe and effective domains for medical care at County Hospital Inadequate, the overall ratings for both County Hospital and the Trust overall remains as 'Requires Improvement'.

The CQC also conducted a focused visit to Maternity Services on 7th March 2023. At the time of reporting, the full report is awaited, which will contain the Must Do and Should Do actions. Concerns were raised in two areas:

1. Delays in maternity triage meaning some women waited longer than the 15 minute target.
2. Management of induction of labour delays.

This resulted in the issue of a Section 29A Warning Notice under the Health and Social Care Act 2008, on 28th March 2023. The Trust is required to provide evidence of significant improvement in relation to the Section 29A warning notice by 30th June 2023. All required actions were implemented during the inspection process.

Section 31 Notices

On 19th June 2019 the Trust was served notice under Section 31 of the Health and Social Care Act 2008, imposing specific conditions in relation to the Emergency Department at Royal Stoke and Medical Care (compliance with Mental Health Act Code of Practice) at Royal Stoke.

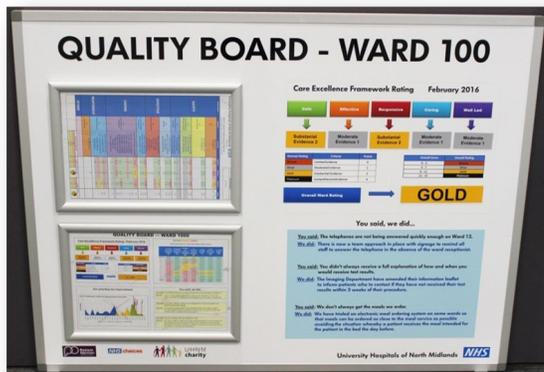
A weekly report was developed, which set out the specific detail of conditions imposed along with an Assurance Framework that detailed the immediate actions taken in response along with monitoring arrangements, ongoing assurance mechanisms and supporting evidence available.

In September 2020, the CQC removed the conditions in relation to the Mental Health Act code of practice but the conditions relating to the Emergency Department remained in place because:

- The Trust had not yet achieved 95% compliance with assessing patients within 15 minutes of arrival in emergency department at Royal Stoke University Hospital;
- Audits undertaken did not provide the CQC with full assurance of the systems in place to ensure that patients are assessed within 15 minutes of attending the department by suitably qualified and trained staff in line with national guidance; and

In response to the letter received, the weekly report was amended and enhanced in order to provide the CQC with additional assurance. Since January 2022, the CQC have accommodated monthly reporting. A further application has been submitted by the Trust, in April 2023, both to vary the condition and also to remove the conditions relating to the Emergency Department at Royal Stoke University Hospital.

Care Excellence Framework



The Care Excellence Framework (CEF), developed at University Hospitals of North Midlands NHS Trust, is a unique, integrated tool of measurement, clinical observations, patient and staff interviews/feedback, benchmarking and improvements.

- Safety
- Effectiveness
- Responsive
- Caring
- Well led



It is supported by data from clinical indicators and intelligence and is an internal accreditation system providing assurance from ward to board which is aligned to the National quality agenda, the Health and Social Act (2021), the National Outcomes Framework (2022), the CQC Quality Statements and UHNMs Strategic priority objectives. An overall award for each ward/department based on evidence collated is given, the awards range through bronze, silver, gold and platinum.

The CEF has been established at UHNM since 2016. It has been modified and adapted to enable its use in all areas of the organisation. Bespoke tool kits are available for inpatients, paediatrics, maternity, outpatients, theatres and the emergency department. The tool kits are regularly reviewed to reflect current issues and areas requiring focused improvement.

Each ward/department will have at least one Care Excellence visit per year reviewing all domains and will receive ad hoc visits throughout the year to seek assurance with regards to individual domains. The CEF is delivered in a supportive style fostering a culture of learning, sharing and improving, as well as reward and recognition for achievement. We are able to demonstrate improvements and trends over time which help to benchmark and spread excellence across the organisation.

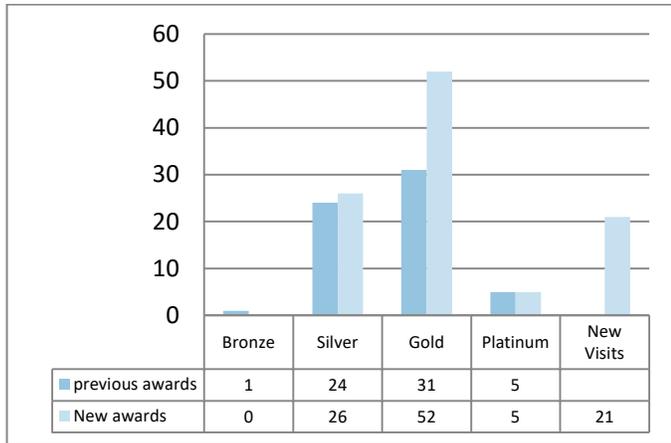
A review of the process was completed during 2022. Following consultation with staff groups, changes have been made to the CEF tool kits which include:

- The addition of anonymous staff comment collection boxes
- Opportunity for ward/department manager feedback
- Local sharing of reports for checking for factual accuracy before they are shared with wider divisional and executive teams in line with CQC process
- Development of an award criteria to enable robust allocation of awards that are driven by quantitative as well as qualitative achievements.

- Allocation of MUST do actions and given any immediate positive feedback at the time of the visit.
- Appointment of a Senior Nursing Assistant to support areas with action plan assurance and engage staff in sharing successes and identifying improvements.

Below is a summary of the published reports from 2022-2023. 102 visits were completed including 21 new areas visited for the first time.

Published CEF Awards 2022/2023



Ward 8 – Platinum CEF Award January 2023



PLACE inspection

UHNM returned to a full PLACE inspection in Autumn 2022 following a two year pause introduced nationally due to COVID19. UHNM achieved above the national average for all but one of the domains below which was ward food which marginally fell below the national average score. An action plan has been produced to support areas where action is required to address any improvements required where possible. The PLACE scores achieved in 2022 for UHNM and its sites Royal Stoke and County Hospitals demonstrate that the hospital environment for patients from a non-clinical perspective at UHNM continues to provide a positive experience for our patients. Good environments and services that respond to the needs of our patients really do matter and thanks go to all staff for their continued hard work and commitment in this area.

Special recognition goes to our Estates, Facilities and PFI Division for the vital part they play every day in continuing to maintain an excellent care environment and impacting positively on our patient and staff experience.

The table below outlines the site scores for Royal Stoke University Hospital and County Hospital plus the overall UHNM Trust organisation score alongside the national average for 2022.

Site Name	CLEANING Score %	FOOD Score %	Organisati on Food %	Ward Food %	PRIVACY, DIGNITY & WELLBEING Score %	CONDITION & MAINTENANC E Score %	DEMENTIA Score %	DISABILITY Score %
THE ROYAL STROKE UNIVERSITY HOSPITAL	99.71	91.60	97.57	90.05	91.94	99.82	87.50	90.96
THE COUNTY HOSPITAL	99.75	97.06	94.79	98.59	94.33	97.54	93.17	92.64
UHNM TRUST SCORE	99.72	92.31	97.21	91.17	92.25	99.52	88.24	91.18
NATIONAL AVERAGE	98.05	91.27	91.15	91.94	87.94	95.99	83.21	84.32

Patient Representative Comments

In addition to completing score sheets on a pass, fail or qualified pass basis, patient assessors are encouraged to provide any supporting comments that the Trust may take on board. Below is a summary of some of the comments received for each site:-

County Hospital:-

“Despite their age buildings maintained to a very high standard, very clean in all areas inspected, standard of decoration high”.

“Walking through the communal areas was a really pleasurable experience; they were all clean and well signposted”.

Royal Stoke Hospital:-

“Allowing for the constraints place upon the Royal Stoke from the pandemic and staffing issues, the hospital has managed to maintain and improve on their level and standard of cleanliness and also in the maintenance of the fabric of the estate”.

“We found no issues of substantial concern on the day of the inspection”.

“The oral clinic deserve a special credit for maintaining standards and practices together with their helpful information boards”.

“Overall all staff deserve credit for what they have achieved”.

“Just want to say thanks for inviting and allowing myself to take part in this year's place inspections, I really appreciate it and feel privileged to take part in inspecting such a great hospital and all the work that goes into it by the staff”.



5.2 Participation in clinical audit

Clinical audit is an evaluation of the quality of care provided against agreed standards and is a key component of quality improvement. The aim of any clinical audit is to provide assurance and to identify improvement opportunities. The Trust has an agreed yearly programme of clinical audit which includes:

- National audit where specialties/directorates are asked to be involved;
- Corporate and divisional audits; and
- Local audits which clinical teams and specialties determine and reflect their local priorities and interests.

As part of the Clinical Audit Policy any clinical audit carried out within the Trust should be registered with the Trust's Clinical Audit Team and the team has a database which monitors audit progress.

The national clinical audits and the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) enquiries that the Trust participated in, and for which data collection was completed during 2022/23 alongside the number of cases submitted are referred to in the tables below:

A process is in place to ensure that leads are identified for all the relevant national audits and NCEPOD. The lead will be responsible for ensuring full participation in the audit.

National confidential enquiries

Following receipt of the reports, we undertake review of the recommendations and implement an improvement plan.

NCEPOD Study	UHM Registered	Status
NCEPOD: Transition from Child Health Services to Adult Care	Yes	Awaiting Report
NCEPOD: Community acquired pneumonia	Yes	Awaiting Report
NCEPOD: Crohns disease	Yes	Awaiting Report
NCEPOD: Epileptic seizures	Yes	Data Collection
NCEPOD: Testicular Torsion	Yes	Data Collection
NCEPOD: Endometriosis	Yes	Planning

All published reports are received by the Trust and reviewed locally. A steering group is convened for each enquiry and local action plans are developed where necessary to ensure all relevant recommendations from NCEPOD are implemented. Implementation of the action plans is monitored centrally at the Trust's Executive Clinical Effectiveness Group, chaired by the Medical Director to ensure full completion.

5.3 National Clinical Audits

These audits indicate our level of compliance with national standards and provide us with benchmark information on to which to compare practice. The results of the audits inform the development of local action plans to improve patient care.

National Clinical Audit National Audit	UHNM Registered	% of cases Submitted
Breast and Cosmetic Implant Registry	Yes	100%
Case Mix Programme - Intensive Care National Audit and Research Centre (ICNARC)	Yes	100%
Cleft Registry and Audit Network (CRANE) continuous data collection	Yes	100% [#]
Elective Surgery (National PROMs Programme)	Yes	100%
Emergency Medicine QIP: Pain in Children	Yes	100%
Emergency Medicine QIP: Assessing Cognitive Impairment in Older People	Yes	100%
Emergency Medicine QIP: Mental Health Self Harm	Yes	100%
Epilepsy 12 – National Clinical Audit of Seizures and Epilepsies for Children and Young People	Yes	100%
Falls and Fragility Fracture Audit Programme: National Audit of Inpatient Falls	Yes	100%
Falls and Fragility Fracture Audit Programme: National Hip Fracture Database	Yes	100%
Falls and Fragility Fracture Audit Programme: The Fracture Liaison Service Audit	Yes	100%
Gastro-Intestinal Cancer Audit Programme: National Bowel Cancer Audit	Yes	100%
Gastro-Intestinal Cancer Audit Programme: National Oesophago-gastric Cancer	Yes	100%
Inflammatory Bowel Disease Audit (IBD)	Yes	100%
Learning Disabilities Mortality Review Programme (LeDeR)	Yes	100%
MBRRACE-UK: Maternal Mortality Surveillance	Yes	100%
MBRRACE-UK: Perinatal Confidential Enquiries	Yes	100%
MBRRACE-UK: Perinatal Mortality Surveillance	Yes	100%
Muscle Invasive Bladder Cancer Audit	Yes	100%
National Adult Diabetes Audit: National Diabetes Core Audit	Yes	100%
National Adult Diabetes Audit: National Pregnancy in Diabetes Audit	Yes	100%
National Adult Diabetes Audit: National Diabetes Footcare Audit	Yes	100%
National Adult Diabetes Audit: National Inpatient Diabetes Audit	Yes	100%
National Asthma and COPD Audit Programme: Adult Asthma Secondary Care	Yes	100%
National Asthma and COPD Audit Programme: COPD Secondary Care	Yes	100%
National Asthma and COPD Audit Programme: Paediatric Asthma	Yes	100%
National Audit of Breast Cancer in Older People (NABCOP)	Yes	100%
National Audit of Cardiac Rehabilitation	Yes	100%

National Audit of Care at the End of Life (NACEL)	Yes	100%
National Audit of Dementia	Yes	100%
National Bariatric Surgery Registry	No	-
National Cardiac Arrest Audit	No	N/A **
National Cardiac Audit Programme: Myocardial Ischaemia National Audit Project (MINAP)	Yes	100%
National Cardiac Audit Programme: National Adult Cardiac Surgery Audit	Yes	100%
National Cardiac Audit Programme: National Audit of Cardiac Rhythm Management Devices and Ablation	Yes	100%
National Cardiac Audit Programme: National Audit of Percutaneous Coronary Interventions	Yes	100%
National Cardiac Audit Programme: National Congenital Heart Disease Audit (NCHDA)	Yes	100%
National Cardiac Audit Programme: National Heart Failure Audit (NHFA)	Yes	100%
National Child Mortality Database (NCMD)	Yes	100%
National Emergency Laparotomy Audit (NELA)	Yes	100%
National Joint Registry	Yes	100%
National Lung Cancer Audit (NLCA)	Yes	100%
National Maternity and Perinatal Audit (NMPA)	Yes	100%
National Neonatal Audit Programme	Yes	100%
National Ophthalmology Audit Database	No	-
National Paediatric Diabetes Audit (NPDA)	Yes	100%
National Perinatal Mortality Review	Yes	100%
National Prostate Cancer Audit	Yes	100%
National Vascular Registry	Yes	100%
Neurosurgical National Audit Programme	Yes	100%
Paediatric Intensive Care Audit Network (PICANet)	Yes	100%
Perioperative Quality Improvement Programme	Yes	100%
Renal Audits: National Acute Kidney Injury Audit	Yes	100%
Renal Audits: UK Renal Registry Chronic Kidney Disease Audit	Yes	100%
Respiratory Audits: Adult Respiratory Support Audit	Yes	100%
Respiratory Audits: Smoking Cessation Audit – Maternity and Mental Health Services	Yes	100%
Sentinel Stroke National Audit Programme (SSNAP)	Yes	100%
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	Yes	100%
Society for Acute Medicine Benchmarking Audit	Yes	100%
Trauma Audit and Research Network (TARN)	Yes	100%
UK Cystic Fibrosis Registry	Yes	100%

UK Parkinsons Audit	Yes	100%
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UHNM only provide demographic data to the Cleft Registry, further patient care is provided at specialist centres.

** University Hospitals of North Midlands NHS Trust is currently not signed up to this national audit as the Resuscitation Team do not have the funding or the resource to complete the audit. The collection, submission and verification of information requires dedicated administrative support.

Corporate and local clinical audits

A total of 106 clinical audit projects were completed by clinical audit staff and a further 412 clinician led audit projects were registered during 2022/23. These audits help us to ensure that we are using the most up-to-date practice and identify areas where we can make further improvements. An example of improvements made in response to the audit results is:

Re-Audit of the RESPECT document

Action	Co-ordinator	Status of Action
In order to ensure that all relevant staff are aware of the results of the clinical audit a summary of the results will be presented at the following: <ul style="list-style-type: none"> The RESPECT Steering Groups – UHNM and ICS The End of Life Steering Group Divisional Governance Meetings Quality and Safety Oversight Group 	Consultant in Palliative Care / Chief Clinical Information Officer	In progress
In order to improve compliance with national mandate and local policy the following actions have been prioritised:		
The results of the audit will be included in the Medical Director's Communication Bulletin. The following areas will be highlighted for immediate action: <ul style="list-style-type: none"> Completion of clinical recommendation section Completion of the Mental Capacity Assessment form Presence of the RESPECT document on the I-portal system 	Chief Clinical Information Officer / Head of Communications	In progress
Work will be undertaken to digitalise the RESPECT Document as a system wide document on Graphnet /One Health and Care system. This will allow clinicians across different care settings to complete the document and improve visibility.	Chief Clinical Information Officer / Transformation Project Manager	In progress
The Working Group will submit a formal recommendation for Level 1 RESPECT awareness training to be included as part of the statutory and mandatory training for all patient facing roles	Chief Clinical Information Officer / Transformation Project Manager	In progress
The Trust will develop and introduce a RESPECT champion programme. Each Ward will allocate a member of staff who will receive bespoke training with a view to them promoting outstanding practice within their area.	Chief Clinical Information Officer / Transformation Project Manager	In progress
RESPECT Level 2 Training pack for authors will be finalised and published on ESR.	End of Life Care Facilitator	In progress
A re-audit will be undertaken to monitor the above actions and to ensure improvements in practice	Clinical Audit & Effectiveness Team	In progress

5.4 Participation in clinical research

UHNM participates in clinical trials across the healthcare sector from novel interventions and drugs to device innovations which aim to improve quality of life and outcomes for our patients. Improving participation and engagement with clinical research is a high priority for UHNM and is included as part of Divisional key quality driver metrics.

For some studies, research practitioners, midwives and paediatric nurses work alongside clinical teams and support services to identify and consent potential research participants, discussing trials with patients and providing care throughout the studies. UHNM also has research which is led by nurses, midwives and AHPs.

During the past year UHNM have been involved in trials that have provided important information on the epidemiology of the virus as well as potential treatment options for those affected by COVID-19.

There are several other key reasons why UHNM should participate in research. Being research active:

- is associated with better clinical and other patient outcomes;

- brings a range of finance benefits, including savings on medicines and staff time;
- improves UHNM's reputation;
- enhances recruitment and retention of high quality staff;
- improves staff knowledge and skills in provision of evidence-based practice;
- is key to our academic partnerships; and
- enhances patient experience.

Furthermore, the CQC is increasingly recognising the value of research and it has been identified that research active organisations fare better in CQC inspections. A key development has been the recent agreement by CQC to include, for the first time, a question about research opportunities offered to patients in the CQC Annual Survey of Inpatient Experience.

Strategic Aims

1. Culture: To develop a Trust-wide culture of research and innovation.
2. Capacity: To grow the Trust's capacity to support research and innovation.
3. Finance: To develop a robust, sustainable and transparent financial model for research and innovation.
4. Governance: To support and enhance research and innovation through provision of a robust governance framework.

Research and innovation highlights from 2022/2023

The Trust has successfully recruited over 1,500 participants to research studies over the past 12 months.

- We are one of the top three recruiting sites in the country for REMAP-CAP, this intensive care based study, looks at patients with Community Acquired Pneumonia and identifies the effect of a range of interventions to improve outcomes.
- We have concluded successful recruitment to the COVAR-MS study. An observational study to evaluate immune response to COVID-19 vaccines, infections and immune treatments in people with multiple sclerosis. A paper, reporting the results of this study, has been written and submitted for publication.
- We are recruiting patients to Research for Patient Benefit grant 'Comparison of Lower Airway Sampling Strategies In Children with Protracted Bacterial Bronchitis (CLASSIC PBB)'. This multi-center study has opened at Newcastle-upon-Tyne Children's Hospital, Sheffield Children's Hospital and Alder Hey Children's hospital. Physiotherapists from UHNM are supporting our Sheffield collaborators with patient recruitment, to better ensure the success of the study.

- We have begun recruitment to a medical device trial led by one of our UHNM paediatric consultants, in collaboration with an international company. The trial will look at performance and adherence in children and young people whilst using asthma devices.
- We supported, to conclusion, the management and evaluation of the £1.2m Innovate UK Heart Failure Test Bed project, which used digital technology to improve early detection of deteriorating health in heart failure.
- Following the success of this study, the Academic Team with Consultant lead have secured a further £200k of funding to replicate this work in the community.
- In the last 12 months, three Consultants have secured a research scholarship with the support of R&I.
- Two key researchers within the Trust were awarded Honorary Professorships for Keele University
- A small grant of £14,000 was awarded by the North Staffordshire Medical Institute (NSMI) to a UHNM dietician with support from the academic team. This pilot/feasibility study will look at whether using coloured crockery with older people improves their dietary intake.
- The Trust has also been awarded funding for three other NSMI grants which are in the fields of pathology, radiography and paediatrics.
- ED Consultant has secured £300k of funding from the army to support the Inhalant study with the support of the academic team.
- UHNM has implemented the use of RED-CAP, which is a system that enables better data management and also enables virtual consenting of patients taking part in research.
- We are one of the top 4 recruiting sites for OPTIMA (optimal personalised treatment of early breast cancer using multi-parameter analysis).
- REMAP CAP (Randomised, Embedded, Multi-Factorial, adaptive platform for community-acquired pneumonia): The Trust has recruited the 169th patient into the REMAP CAP trial in critical care; this put Royal Stoke as the second top recruiting site nationally.
- OPTIMAS – (Optimal TIMing of Anticoagulation after acute ischaemic Stroke: a randomised controlled trial (OPTIMAS Trial): UHNM is one of the top recruiting sites in the country.
- UHNM recruited an Assistant Director of Nursing, Midwifery and Allied Health Professions (NMAHPs) Research and Academic Development to create and lead a Centre for NMAHP Research and Education Excellence (CeNREE) to increase the visibility of research, to support NMAHP-led research and academic development and to create a clinical academic career pathway for NMAHPs.
- Over 70 NMAHPs have been or are being supported by CeNREE to develop NMAHP-led research.
- The CeNREE Lead is working with the Corporate ACP Lead to finalise an ACP Strategy and job planning tool to protect ACP time for research. This will enable our ~200 ACPs to engage with research opportunities.
- CeNREE is collaborating with Keele University to develop four clinical academic roles at band 5, with research projects that are aligned to Trust priorities.
- The CeNREE Lead has achieved the NIHR Senior Research Leader award and CeNREE has supported two prestigious NIHR PCAF fellowships, one Cystic Fibrosis Trust fellowship, one North Staffs Medical Institute grant and one West Midlands Clinical Research Network Personal Development grant.

5.5 Data quality

The Data Quality Strategic Plans and Data Quality Assurance Group continued to provide strategic and operational assurance to the Executive Business Intelligence Group, led by the Chief Financial Officer, throughout 2022/23. The corporate Data Quality Team has continued to provide assurance throughout the last year to support the improvement of data quality and the provision of excellent services to patients and other customers.

- The Data Quality Team continued to support UHNM staff, answering and resolving thousands of queries. The DQ User Support Process has been re-implemented to provide support, training and assurance of user understanding.
- The Data Quality structure has been reviewed and additional facilitators recruited to meet service requirements.
- The Data Quality Team provided specialist knowledge to various validation projects to support the national targets for waiting Lists, amongst others.
- Support for IT projects was also continued with testing, validation and systems expertise provided by the team.
- The divisional data quality groups are well established, with representation from all directorates in attendance. These groups fulfil an important role in the 'Data Quality Assurance Framework'.
- The action plan supporting the Data Quality Strategy continues to be monitored and updated.
- The terms of reference for the Data Quality Assurance Group have been ratified for 23/24 ensuring they address data quality obligations to the Data Security and Protection Assurance Framework.

2022/23 has been another productive year for the data quality team and we aim to build on this throughout 2023/24, supporting the strategic aims of the Trust.

5.6 NHS Number and General Medical Practice (GMP) code validity

UHNM submitted records to the Secondary Uses System (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. This is a single source of comprehensive data which enables a range of reporting an analysis in the UK. The figures below are for the period April 2022 to January 2023. The percentage of UHNM records in the published data which included the patient's valid **NHS number** was:

- 99.8% for admitted patient care; national performance is 99.6%
- 99.9% for outpatient care; national performance is 99.8%
- 100 % for Maternity care; national performance is 99.9%

Valid **General Medical Practice Code** performance is:

- 100% for admitted patient care; national performance is 99.7%
- 100% for outpatient care; national performance is 99.5%
- 100% for Maternity care;; national performance is 99.8%

Additional benchmarking is carried out using the NHSE Data Quality Maturity Index (DQMI) dashboard. Throughout 2022/23 UHNM has consistently reported above the national average on all Inpatient, Outpatient and Maternity metrics. These are reported to the Trust's Executive Business Intelligence Group for assurance purposes.

5.7 Clinical coding accuracy rate

The annual internal Data Security and Protection Toolkit (DSPT) clinical coding audit took place during 2022/23, achieving an overall ‘**mandatory**’ rating in all areas of the audit: primary & secondary diagnoses and procedures. All recommendations from the 2020/21 audit have been actioned. The Trust’s clinical coding auditors carried out this year’s audit.

The internal Staff Audit Programme continued throughout 2021/22 for all coding staff. The audit process has been expanded to include a robust assurance process for the completion of recommendations.

The Trust has a qualified Clinical Coding Trainer who reviewed the two year training programme for trainee coders in 2022. Development of in-house workshops continues for existing staff. In addition, they provide all mandatory national training, ensuring all coders are compliant with training requirements.

5.8 Data, Security and Protection (DSP) Toolkit attainment levels

The Data, Security and Protection Toolkit is a self-assessment, seeking assurance all standards supporting the integrity, confidentiality and availability of information have been achieved. The toolkit continues to evolve by incorporating best practice guidance; thereby ensuring continuous improvement in the Trust’s DSP position.

The COVID-19 pandemic required a revision of the yearly submission dates such that the Trust’s self-assessment deadline is now submitted 30th June. The Trust submitted its final assessment for the period July 2021 to June 2022 declaring all standards had been achieved except for one. An improvement plan was developed and approved by NHS England and the Trust has been awarded a rating of ‘standards not fully met (plan agreed)’ pending completion of the improvement plan (scheduled for June 2023). The internal audit review confirmed the overall risk assurance across all 10 National Data Guardian standards as Substantial and a High confidence level of the independent assessor in the veracity of the self-assessment.

To support the Trust with its assessment for July 2022 to June 2023 an internal audit is currently underway; the findings of which will be reported to the Executive Digital and Data, Security & Protection (DSP) Group. Areas for improvement will be monitored via an improvement plan with monthly reporting to the Executive Digital and DSP Group. As in previous years, if the Trust does not achieve all standards by the June submission, the Trust’s rating will be classified as ‘Standards not fully met (plan agreed)’. An improvement plan will be submitted to NHS England for their approval. The Executive Digital and DSP Group will continue to seek assurance on the Trust’s DSP toolkit position, thereby providing assurance to the Trust Board via the Transformation and People Committee.

5.9 Seven day services

The seven day services standards were established to ensure that patients admitted as an emergency, receive high quality consistent care, whatever day they enter hospital. Ten clinical standards for seven day services in hospitals were developed and four of these subsequently identified as priorities on the basis of their impact on patient outcomes. These are:

- Standard 2 – Time to first consultant review;
- Standard 5 – Access to diagnostic tests;
- Standard 6 – Access to consultant-directed interventions; and
- Standard 8 – On-going review by consultant twice daily if high dependency patients, daily for others.

The importance of ensuring that patients receive the same level of high quality care every day is reflected in the inclusion of these standards in the NHS Standard Contract. The CQC current hospital inspection regime features seven day services under the effective key question.

In response to UHNM's consistent compliance with the standards, an assurance framework was developed which moved away from large scale audits to an overview of performance supported by a more focused review process. A further revision of guidance in February 2022 simplified the expectations around the Board Assurance Framework and gave additional examples of evidence that can be used to support this. Our existing framework is fully aligned to the new guidance. A clinical audit programme has been developed to continually monitor compliance, delegations of authority under Standard 8, and evidence of appropriate staffing levels. The clinical audit programme focuses on the following areas of practice;

- Consultant review
- Shared Decision Making
- Complex and on-going care needs
- Clinical handover process
- Provision of diagnostic services
- Provision of Consultant directed interventions

UHNM continues to meet the four high priority standards; improvement work is focused around process and clinical record keeping and assurance of agreed local practice in respect of further demonstration of compliance with Standard 8.

Part B: Review of quality performance

6. Quality priorities 2022/23

In 2022/23, in partnership with our stakeholders we identified three specific priorities to focus on:

- **To continue to improve safe care and treatment to patients;**
- **To improve staff engagement and wellbeing following COVID-19 pandemic; and**
- **To improve patient experience.**

Details of our performance against these priorities are provided in the following pages.

We use statistical process control (SPC) methods to draw two main observations of our performance against our key performance indicators (KPI's) along with a series of icons to describe what our performance data is telling us.



Quality Performance

Key Performance Indicator	Target	2022/23 Performance	2021/22 Performance
Harm Free Care (new harms)	95%	96.0%	96.2%
Patient Falls (per 1000 bed days)	5.6	5.9	5.9
Patient Falls with harm (per 1000 bed days)	1.5	1.91	1.53
Medication Errors (per 1000 bed days)	6.0	5.2	4.9
Never Events	0	4	6
Duty of Candour (verbal / formal notification)	100%	92.9%	97.8%
Duty of Candour (written within 10 days)	100%	55.9%	89.2%
Pressure Ulcers (category 2 hospital acquired with lapses in care)	96	69	56
Pressure Ulcers (category 3 hospital acquired with lapses in care)	48	12	22
Pressure Ulcers (category 4 hospital acquired with lapses in care)	0	0	0
Friends and Family Test (% A&E recommendations)	85%	62.9%	73.0%
Friends and Family Test (% inpatient recommendations)	95%	97.3%	98.5%
Friends and Family Test (% maternity recommendations)	95%	90.2%	96.0%
Written Complaints (rate per 10,000 spells)	35	22.57	27.51
Hospital Standardised Mortality Ratio (HSMR) (rolling 12 month)	100	97.27 (01/22 – 12/22)	96.60 (02/21 – 12/21)
Standardised Hospital Mortality Indicator (SHMI) (rolling 12 months)	100	1.04 (11/21 – 10/22)	1.01 (01/21 – 01/22)
Nosocomial 'definite' Covid 19 Deaths	N/A	70	20
VTE Risk Assessment Compliance	95%	99.0%	99.3%
Reported C-Difficile	96	144	112
Avoidable MRSA Bacteraemia Cases	0	1	2
Inpatient Sepsis Screening Compliance	90%	89.7%	87.9%
Inpatient IV Antibiotics (given within 1 hour)	90%	93.4%	99.1%
Children Sepsis Screening Compliance	90%	89.7%	89.7%
Children IV Antibiotics(given within 1 hour)	90%	66.7%	100%
Emergency Portals Sepsis Screening Compliance	90%	81.8%	92.4%
Emergency Portals IV Antibiotics (given within 1 hour)	90%	63.9%	84.7%
Maternity Sepsis Screening	90%	80.6%	83.5%
Maternity IV Antibiotics (given within 1 hour)	90%	83.9%	76.4%





Priority 1: To continue to improve harm free care and treatment to patients

Quality, safety and patient experience remains our number one priority and our strategy confirms our relentless commitment to the elimination of error, to systematic promotion of safety, embracing learning from our mistakes and those of others, changing our clinical services to improve the outcomes for patients and the delivery of excellent clinical results.

We said we would aim to achieve this by:

- Improve sepsis treatment and recognition of deteriorating patients;
- To evaluate and reduce long waiters following the COVID-19 pandemic;
- To support the recovery and restoration plan across the health economy;
- Ensure that services follow appropriate infection prevention guidance and continue to be COVID-19 secure;
- Aim to reduce patient falls resulting in low harm or above by a further 5% from 2020/2021 baseline;
- Aim to reduce total numbers of Category 2 to 4 Pressure Ulcers, unstageable pressure ulcers and deep tissue injuries developed under UHNM care by 10% from 2020/2021 baseline;
- Evaluate and introduce new technologies and techniques for treating patient;
- Improve the number of reported medication errors and associated training in medication safety; and
- Increase the visibility of research and the capability of staff to lead research and provide evidence-based practice through CeNREE; and
- Delivering the Improving Together Programme.

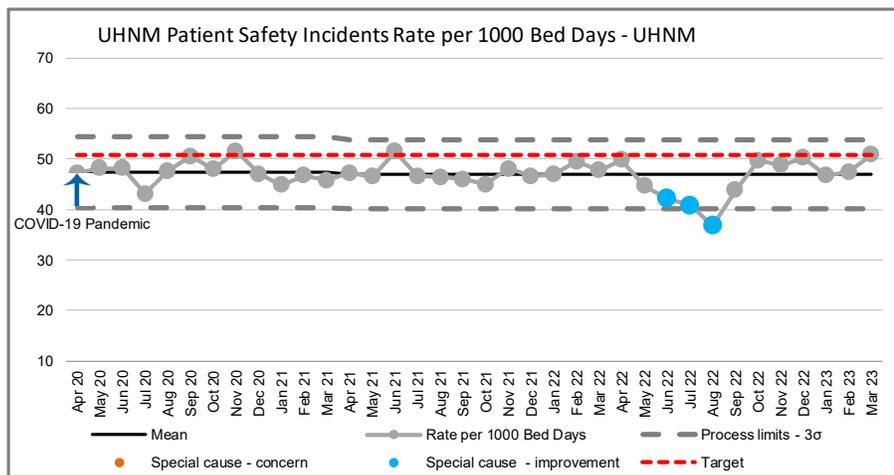
Performance against this priority and its aims has been monitored during 2022/23 using a range of key indicators which are reported monthly through the Trust and Divisional Quality & Safety Reports. The following section provides a summary of the performance for these indicators and what these results mean for our patients.

Patient Safety Incidents

We continue to aim to reduce harm to our patients. A key indicator of this is the number of patient safety incidents* reported and the rate per 1,000 bed days and the number and rate of patient safety incidents with moderate harm or above.

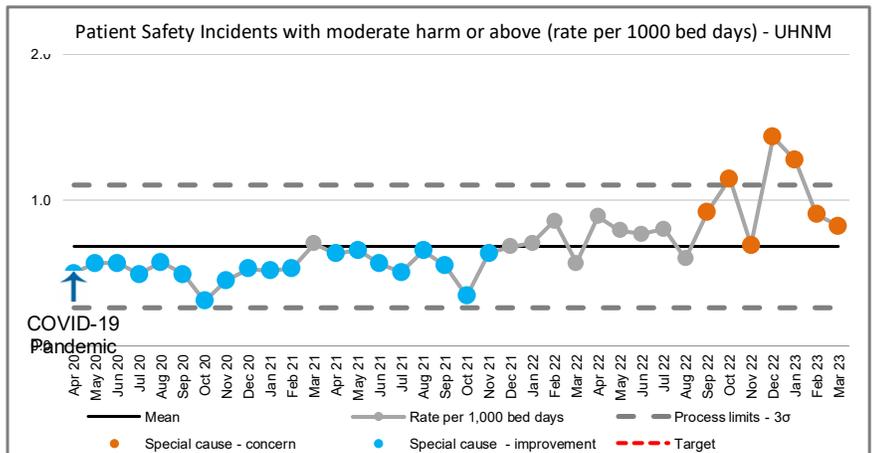
Total reported patient safety incidents have increased during 2022/2023 compared to 2021/2022 as the Trust has continued to promote positive reporting of adverse incidents. However, the rate of reported incidents has however remained relatively stable with a slight reduction in 2022/2023 with a rate of 45.5 patient safety incidents per 1,000 bed days compared to 47.3 in 2021/2022.

There has been an increase in the rate of patient safety incidents resulting in moderate harm or above. The increase in total numbers is partly explained by the increase in hospital activity during 2022/2023 compared to 2021/2022. In addition the largest increases were noted in the exceptionally challenging period during October 2022 to January 2023 when the local health economy and NHS in general were facing extreme operational pressures. New ways of working were implemented to support safe treatment and care of patients which started to improve the pressures and flow of patients, as demonstrated in the chart below by the reducing rate of moderate harm incidents in February and March 2023.



3.6% decrease in rate of reported patient safety incidents per 1,000 bed days from 2021/22 to 2022/2023.

Rate of reported patient safety incidents with moderate harm per 1,000 bed days in 2022/2023 has increased from 0.6 to 0.9. The increase noted during period of extreme operational pressures

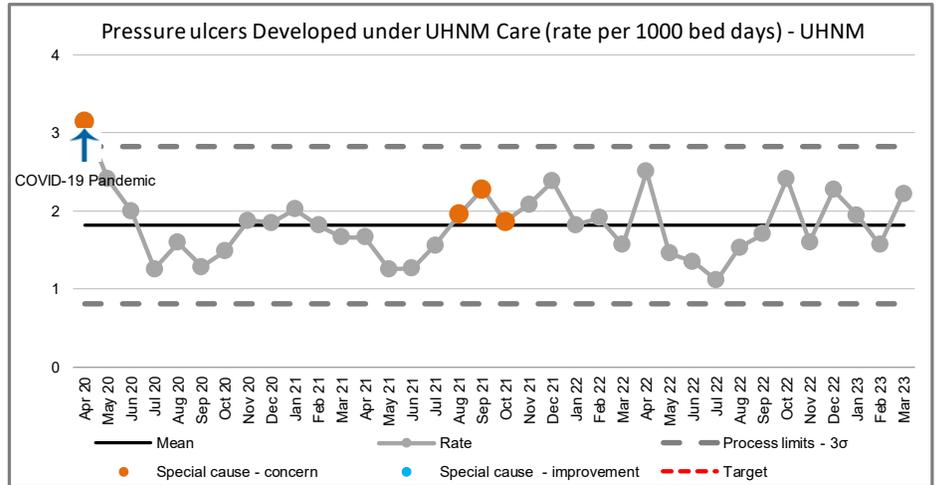


Pressure ulcers developed under UHNM Care

We have seen an increase in pressure ulcers developed whilst under the care of UHNM. During 2022/2023 there were 854 reported pressure ulcers developed at UHNM compared to 800 in 2021/2022. This equates to 6% rise in identified pressure ulcers. However, due to increased activity during 2022/2023, the rate of pressure ulcers developed under UHNM care has reduced by 6%

6% increase in reported pressure ulcers developed whilst under care of UHNM.

6% decrease in rate of reported pressure ulcers developed whilst under care of UHNM.



During 2022/2023, there have been changes in the number of pressure ulcers with identified lapses in care compared to 2021/2022. During 2022 the assessment and review process was changed within UHNM that has resulted in increased identification of Category 3 and Deep Tissue Injury. The new process allows for quicker identification and review of reported pressure damage by the Tissue Viability Team

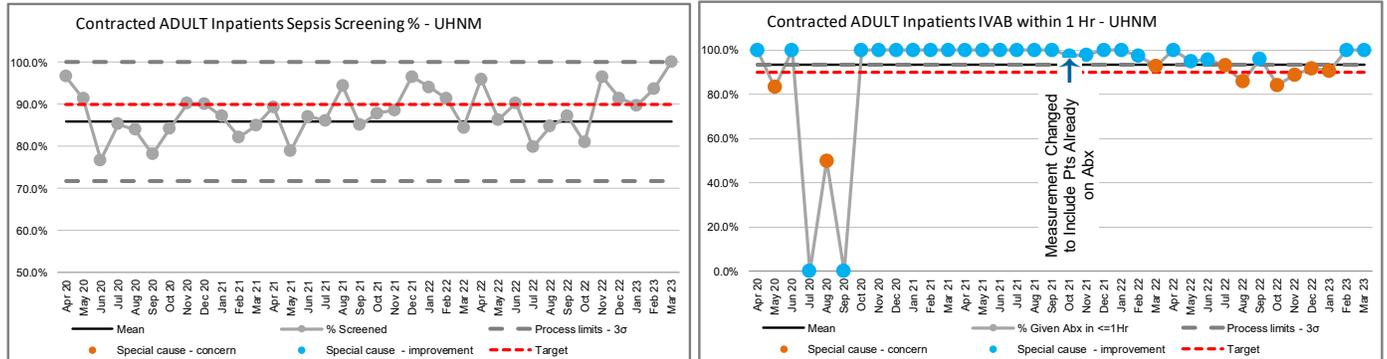
CATEGORY 2
25% increase in 2022/2023 compared to 2021/2022

CATEGORY 3
43% reduction in 2022/2023 compared to 2021/2022

DEEP TISSUE INJURY
30% increase in 2022/2023 compared to 2021/2022

Sepsis recognition and treatment

Inpatient areas have seen improvements in sepsis screening but Intravenous Antibiotics (IVAB) in one hour reduced during 2022/2023. Sepsis screening improved from 87.9% to 89.7%. The IVAB in one hour has declined from 99.1% to 93.4%.



Emergency Portals have seen reduction in screening and IVAB in one hour during 2022/2023. Sepsis screening decreased from 92.4% to 81.8% and the IVAB in one hour from 84.7% to 63.9%.

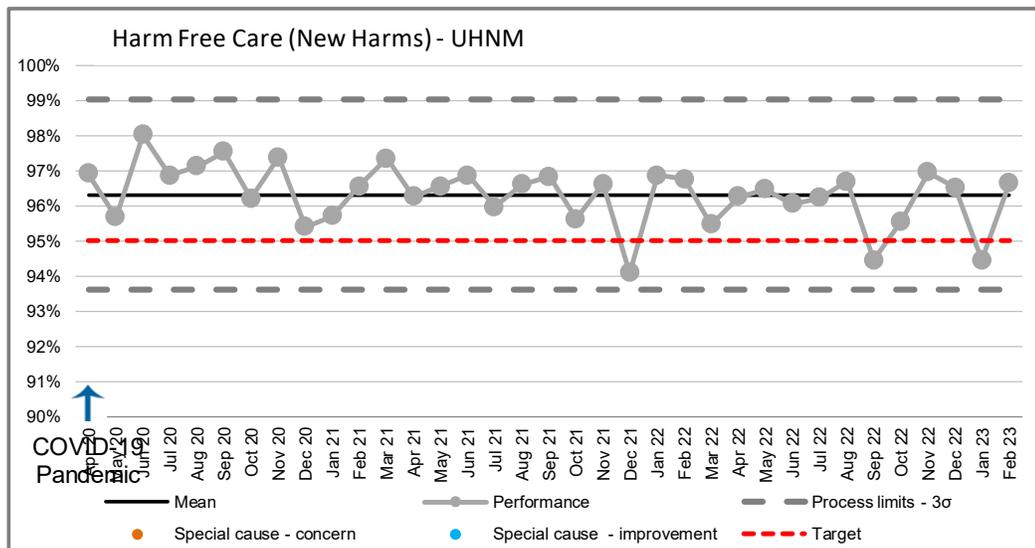
Actions and Next Steps

- The Sepsis team is working collaboratively with the A&E Quality nurses, sepsis champions, senior team and A&E sepsis clinical lead to provide support with late IVAB incidents and missed screens. Issue with holding ambulances remain a challenge.
- Face to face A&E sepsis induction for new nursing staff, nursing assistant and medical staff will recommence once capacity pressure/flow improve in the department.
- Regular meeting with A&E senior team reinstated to review current process and actions; on-going
- Monitoring impact of long ambulance waits on timely assessment and treatment of sepsis
- CAS card has been further updated to reflect the sepsis pathway and to ensure all staff are following the correct guidance (awaiting new printing from Harlow)
- Directorate devised a SOP for nursing staff to advise of agreed actions of Ambulance assessment nurse to escalate NEWS and sepsis trigger to the Resus Consultant between the hours of 8am-12midnight, EPIC 12midnight to 8am using the Vocera call system. This will enable accurate and safe assessment of the patients sepsis trigger and to ensure correct urgent antibiotic prescription and administration.
- Sepsis kiosks re-instated in ED focusing on the importance of sepsis screening documentation and urgent escalation for true red flag sepsis triggers

Harm free care (new harms)

The national target for harm free care (new harms) is 95% and UHNM has exceeded this target during 2022/2023 with average rate of 96.1% (refer to chart following). The results are gathered during the monthly Safety Thermometer Assessments where all UHNM Inpatients are reviewed on one day of the month to assess whether they have experienced harm from a fall, pressure ulcer, pulmonary embolism/deep vein thrombosis or catheter associated urinary tract infection during their current inpatient admission. These results are reported nationally on monthly basis.

The mean rate for 2022/2023 has varied and there have been decreases compared to 2021/22 (96.2%) but the Trust has continued to exceed the national target despite the continued challenges the organisation has faced during the past 12 months.



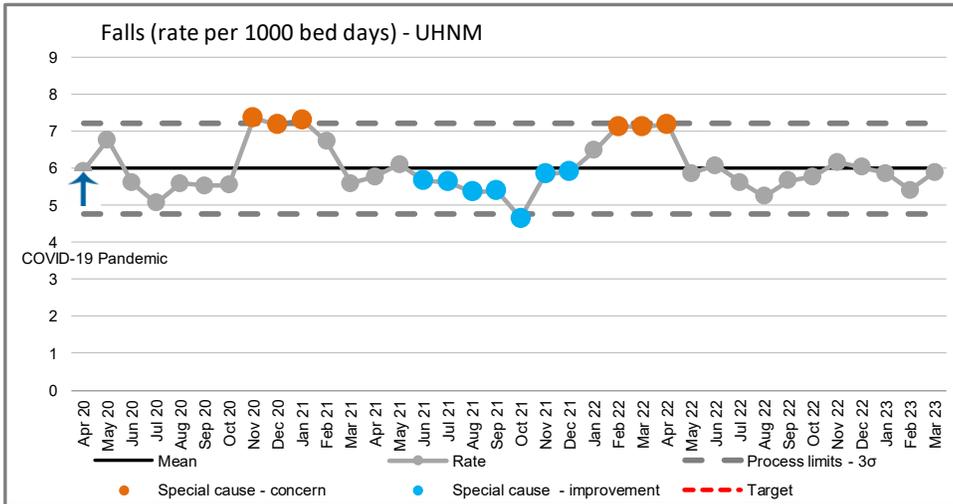
The Trust exceeded the 95% National Target for Harm Free Care (New Harms) throughout 2022/2023.

Mean rate 96.1%.

Patient falls

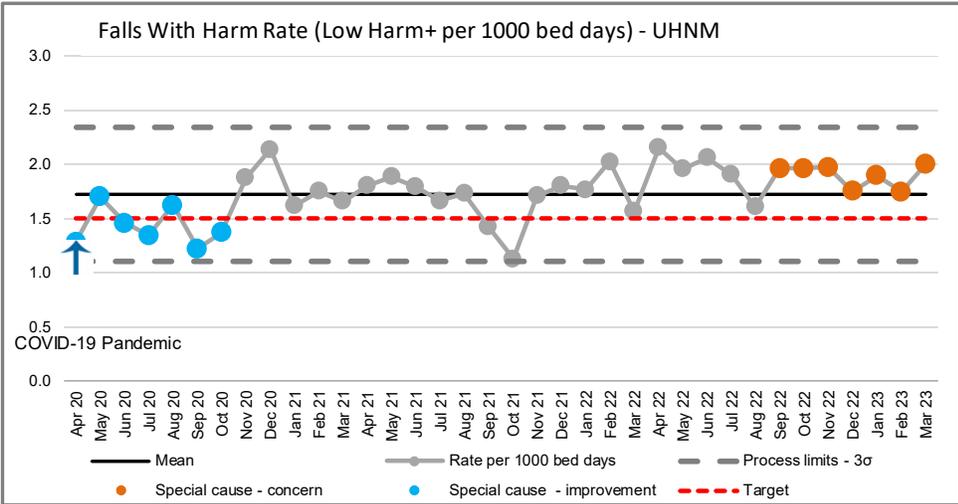
Patient falls have increased in total numbers in 2021/22 compared to 2020/21 with 2637 and 2388 respectively. This equates to 10.4% reduction. In order to be able to account for changes in activity the Trust uses the patient falls rate per 1,000 bed days. During 2022/2023 the overall rate was 5.9 which was the same as 2021/2022 and 6.2 in 2020/2021.

UHNM uses the previously published Royal College of Physicians national average for acute NHS trusts of 5.6 falls per 1,000 bed days as an internal benchmark for improvement.



The 2022/2023 mean Falls rate has remained same as 2021/2022 at 5.9.

11% increase in rate of harm to patients as result of falls per 1,000 bed days in 2022/23 with 1.9 compared to 1.7 in 2021/22.



There have been increases in rate of patient falls that have resulted in harm. This is important as the aim was to reduce harm from falls by 10% whilst encouraging incidents to be reported.

Actions and Next steps:

- Audits have been undertaken in all of these TOP 5 reporting areas. Results have been fed back to the ward managers and their teams. Time is given for the wards to action the findings and then there is a re-audit undertaken. Support is given to the areas where no improvement is made and communication is made with the matron of the area.



- Following the ECC team disseminating education on one aspect of falls for 2 weeks an audit by the quality team was undertaken. Unfortunately results had not improved. Therefore a discussion has taken place with matron and the falls links, education by the team continues and Q&S are attending the unit to support the staff with 1:1 guidance. The ECC quality nurse is taking another aspect of poor compliance from the monthly falls audit summary to action and educate the team. The ECC team and Q&S will then meet to discuss the results before further plans for improvements are made.
- Ward 230, 201 and 123 have all had audits undertaken and this information has been fed back. Unfortunately all wards have also had recent Serious Injuries and therefore learning from RCA information has also been cascaded to the ward to disseminate to their teams.

Never events

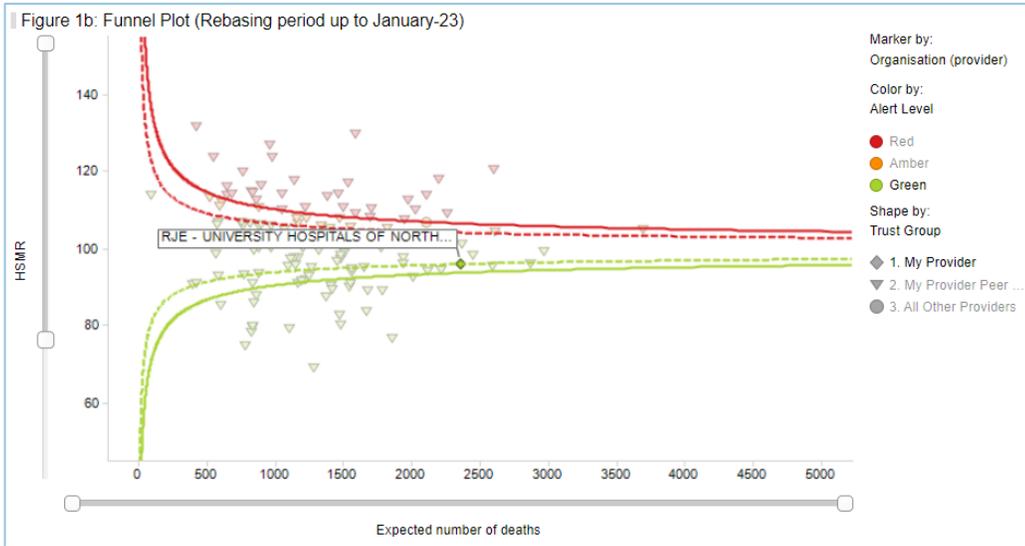
UHNM has introduced strong systems to allow for the reporting of adverse incidents to ensure lessons are learnt whenever possible. During 2022/23, we reported four never events compared to six reported in 2021/22.

There were 4 reported never events during 2022/2023.

2022/17264	Wrong site Surgery (August 2022)
2022/13571	Retained foreign object post procedure (September 2022)
2022/23091	Misplaced Nasogastric Tube (October 2022)
2023/6299	Incorrect Implant/Prosthesis (March 2023)

Mortality

The Trust’s mortality rate with the current 12 month rolling Hospital Standardised Mortality Ratio (HSMR) score (February 2022 – January 2023) is 95.89. This means that UHNM’s number of in hospital deaths is significantly less than the expected range based on the type of patients that have been treated. This compares to 93.45 for February 2021 to January 2022.



UHNM continues to compare well against peers during 2022/23 and is better than expected based on standardised case mix.

HSMR is a system which compares a hospital’s actual number of deaths with their predicted number of deaths. The prediction calculation takes account of factors such as the age and gender of patients, their diagnosis, whether the admission was planned or an emergency. If the Trust has a HSMR of 100, this means that the number of patients who died is exactly as predicted. If the HSMR is above 100 this means that more people died than would be expected, a HSMR below 100 means that fewer than expected died.

The Summary Hospital-level Mortality Indicator (SHMI) is a measure of mortality, developed by the Department of Health, and like HSMR, this measure compares actual number of deaths with our predicted number of deaths.

Like HSMR the prediction takes into account factors such as age and gender of patients and their diagnosis. The current SHMI value for the Trust is 107.18 (as expected). This is a rolling 12 month measure and covers the period January 2022 – December 2022. The value for January 2021 to December 2021 was 104.11.

Why are the two measures different?

Although similar the measures are not exactly the same, one of the reasons that the SHMI is different is because unlike HSMR it looks at patients who die within 30 days of leaving hospital.

Learning from deaths - mortality reviews

During 2022/2023, the Trust continued to use its online Mortality Review Proforma to allow in hospital deaths to be electronically reported following review of the patient death. The outcomes of these reviews were included within Mortality Summary Report presented at the Trust’s Quality Governance Committee and reported to the Trust Board.

Of 3,786 inpatient deaths during 2022/23 (Apr 22 to Mar 23) 2170 patients have been reviewed (57%).

Overall number of reviews submitted during 2022/23 to date is 3,347.

These reviews required reviewing clinicians to assess the care provided prior to death using the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) A-E categories. In addition, from December 2017, the Trust adopted a more detailed review proforma based on the Royal College of Physicians Structured Joint Review form.

The Trust has completed 2,170 online proformas for hospital deaths recorded during 2022/2023 (57%). Each one of these deaths is assessed to classify the level of care the patient received (some reviews completed by the Nosocomial COVID-19 panel require the scoring to be confirmed by the parent specialty). The overall number of mortality reviews submitted during 2022/23 is 3,347. Completion of the reviews has been impacted by the COVID-19 pandemic.

It should be noted that the mortality reviews are currently ongoing and these figures relate to deaths in 2022/2023 that have also had completed reviews submitted by 6th April 2023. There are deaths that are still being reviewed as part of the Trust’s local Mortality and Morbidity Review Meetings but, whilst the deaths may have occurred in 2022/2023, the reviews will be completed in 2023/2024.

	2022/23 Total		Q1		Q2		Q3		Q4 ¹	
Total number of deaths in reporting period	3786		862		879		1018		1027	
Total number of deaths in reporting period reviewed (% of total deaths)	2170	57%	672	78%	619	70%	640	63%	239	23%
Total number of reviewed deaths with suboptimal care identified – NCEPOD grade E (% of reviews)	3	0.1%	0	-	0	-	2	0.3%	1	0.4

* The Royal College of Physicians removed the scoring system on preventability following a national pilot. UHNM continue to use the NCEPOD classification system:

- A: Good practice - a standard that you accept for yourself
- B: Room for improvement - regarding clinical care
- C: Room for improvement - regarding organisational care
- D: Room for improvement - regarding clinical and organisational care
- E: Less than satisfactory - several aspect of all of the above

A summary of the learning identified from the completed mortality reviews can be viewed following and does not just relate to those deaths where suboptimal care has been identified. The learning relates to where improvements can be made but did not directly contribute to a patient’s death.

¹ As at time of updating the list of inpatient deaths ran up to March 2023 deaths



The following provides a summary of issues identified during the Structured Judgment Review process that could be improved for SJRs submitted during 2022/2023:

- Delays in CT scans;
- Issues with patient flow affecting patient care (especially in the Emergency Department)
- Inappropriate patient transfers;
- Importance of communication with families around DNAR and End of Life Care; including timely discussion of these with the patient when it is recognised that they are approaching end of life, timely uploading of these into medical records and ensuring relatives are given time to make decisions and establishing ceilings of care for patients;
- Importance of completing key documentation in timely and accurate way, including updating and signing of care records, medication charts and scoring tools, fluid balance charts, cause of death and discharge summaries, RESPECT and DNAR documentation
- Importance of consulting senior colleagues if unsure regarding appropriate treatment of patient;
- Importance of timely monitoring and review of patients manner and for escalation to senior clinicians for review where appropriate especially re fluid balance, hypoglycemia and during dialysis;
- Medication issues including accuracy of prescriptions, timeliness of administration and review of medication (especially antibiotics and anticoagulants) and the timeliness of prescribing;
- Should always ensure full history is checked when clerking patients to inform care;
- Importance of access to imaging to inform care and timeliness of reviewing imaging reports;
- Timeliness of carrying out investigative tests to inform care e.g. bloods

Hospital acquired infections

The Trust continues to strive to reduce the number of avoidable hospital associated infections. Two of the key infection associated indicators that are used are Methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium Difficile (C Diff). During 2022/2023, the Trust has seen increase in like for like numbers compared to 2021/2022 for Clostridium Difficile.

Indicator	2022/23 Target	2020/21	2021/22	2022/23
To reduce C Difficile infections	96	107	112	144
To reduce MRSA infections (Trust apportioned)	0	4	2	1

Actions and Next Steps

- Routine ribotyping of samples continues
- Recruitment to the C Diff Nurse role has been successful and commenced 20th February 2023. This role is 50% patient reviews/50% staff training.
- The bi-weekly Cdiff MDT meeting has been re-commenced
- Review of the RCAs demonstrate a theme where patients have been admitted with documented diarrhoea, yet a sample is not submitted until day 3 or later – this then becomes hospital apportioned. At the clinical group meeting all clinicians were reminded of the importance of early sampling, and the Alert Group is exploring any options for an electronic alert for early sampling
- RCAs continue to be reviewed by ICB in relation to avoidability



Priority 2: To improve staff engagement and wellbeing following COVID-19 pandemic

We said we would do this by:

- To support the introduction of the Trust's Wellbeing Programme and activities that focus on staff wellbeing and empowerment;
- Ensure that staff are working within COVID-19 secure environments and support provided to staff;
- Support staff and services in providing care in 'new ways' following COVID-19;
- Promote mental health wellbeing and support;
- Providing staff with research, professional and academic development opportunities through CeNREE
- Delivering the Improving Together Programme

Performance against this priority and its aims has been monitored during 2020/21. The following section provides a summary of the performance for these indicators and what these results mean for our patients.

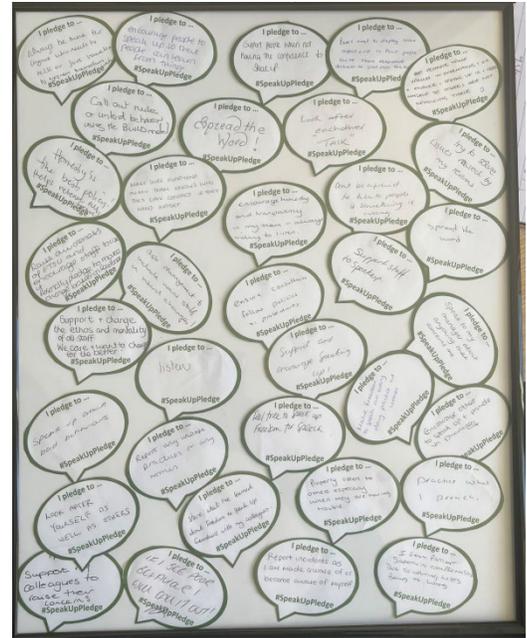
Freedom to Speak Up 2022/23



At the start of 2022/23, following a review into Speaking Up arrangements at Blackpool Teaching Hospitals NHS Trust, responsibility for the Speaking Up services was transferred from the People Directorate over to our Corporate Governance Office. At the same time, we appointed a new Lead Freedom to Speak Up Guardian and increased the time allocated to this role from part time to a full time position, allowing the Lead Guardian to take a more proactive approach to engaging with and listening to our staff. To support the Lead Guardian in this role, we sought expressions of interest to increase our Speaking Up capacity and through a successful stakeholder engagement process, we were able to secure five Associate Freedom to Speak Up Guardians, from a range of backgrounds who have undertaken the role on a voluntary basis throughout the course of the year.

With the increased capacity within the team, we have been pleased to report an increase in concerns being raised which we believe correlates with the work we have undertaken to establish a positive Speaking Up Culture within the organisation. Some key developments include:

- Development of a new Quarterly Report to our Transformation and People Committee along with a new summary 'Board Brief'
- Regular promotion of the Speaking Up service through our corporate communication channels (Monday Message, Facebook Live) with a particular campaign held during Speaking Up Month where staff were asked to make pledges
- Development of branding 'Your Voice Matters at UHNM' to support our promotional materials including posters, screen savers and an animated video
- Support and visibility at staff briefings following the publication of our Culture Review
- Publication of a Speaking Up Calendar including drop in sessions across both of our sites
- Development and introduction of a digital feedback system to gauge feedback on the Speaking Up process and also capture information on gender, ethnicity and disabilities to ensure that our processes are both inclusive and effective
- Reviewed our Policy in line with the National Policy



Pledges made by our staff during Speak Up Month

- Introduced the training packages available from the National Guardian's Office – Speak Up, Listen Up and Follow Up
- Development of a 'Heat Map' for Speaking Up concerns
- Engagement in Speaking Up Networks at a system, region and national level

Key Developments for 2023/24:

- A review of the Associate Freedom to Speak Up Guardian role and service provision
- Exploration of digital options for Speaking Up
- Finalisation and launch of our Speaking Up Policy in line with the national deadline of January 2024
- Review and consolidation of Speaking Up Training
- Development of our Speaking Up Strategy
- Board Development Session including completion of the National Self Reflection Tool

2022 NHS Staff Survey – The National Context and Trust Outcomes

The 2022 NHS Staff Survey was carried out between September and December 2022 and the Trust response rate was 33% (43% in 2021).

The Annual NHS Staff Survey was open to all staff and 3,685 took part (4,749 in 2021). The national average for the benchmark group (acute and acute and community trusts) is 44%. It should be noted data in the national results is weighted to reflect the distribution of staff according to staff group.

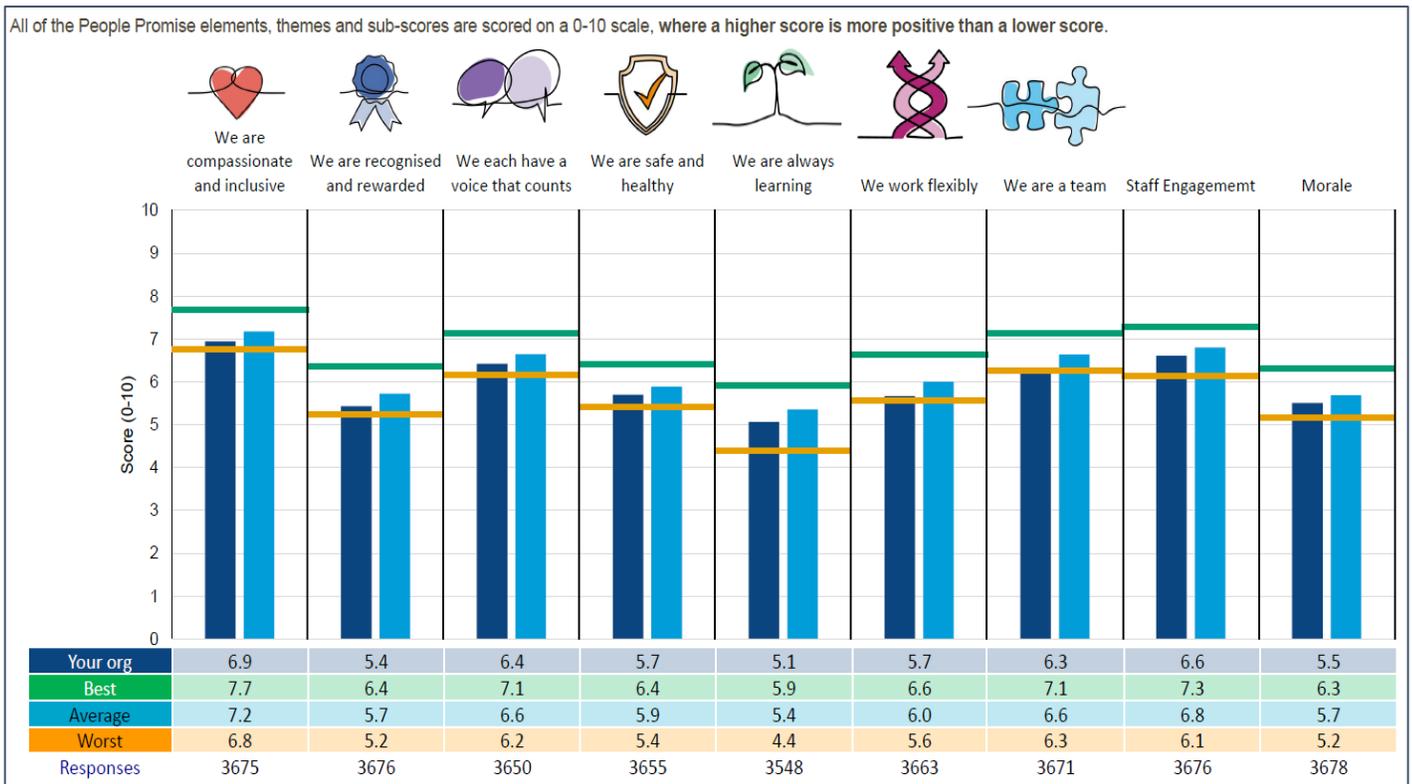
The key focus of actions will be to address behaviours, possibly targeted as specific groups or hotspots. The Trust has developed a resolution policy on how to address issues via an informal footing, but within a specific framework. Issues around behaviours are linked to the two corporate risks and also impact on recruitment and retention.

The results of the NHS Staff Survey are now measured against seven People Promise elements and against the two themes 'Staff Engagement' and 'Morale' which have been reported in previous years. However, this does mean that historic trend data is not available for many of the questions asked in the Survey.

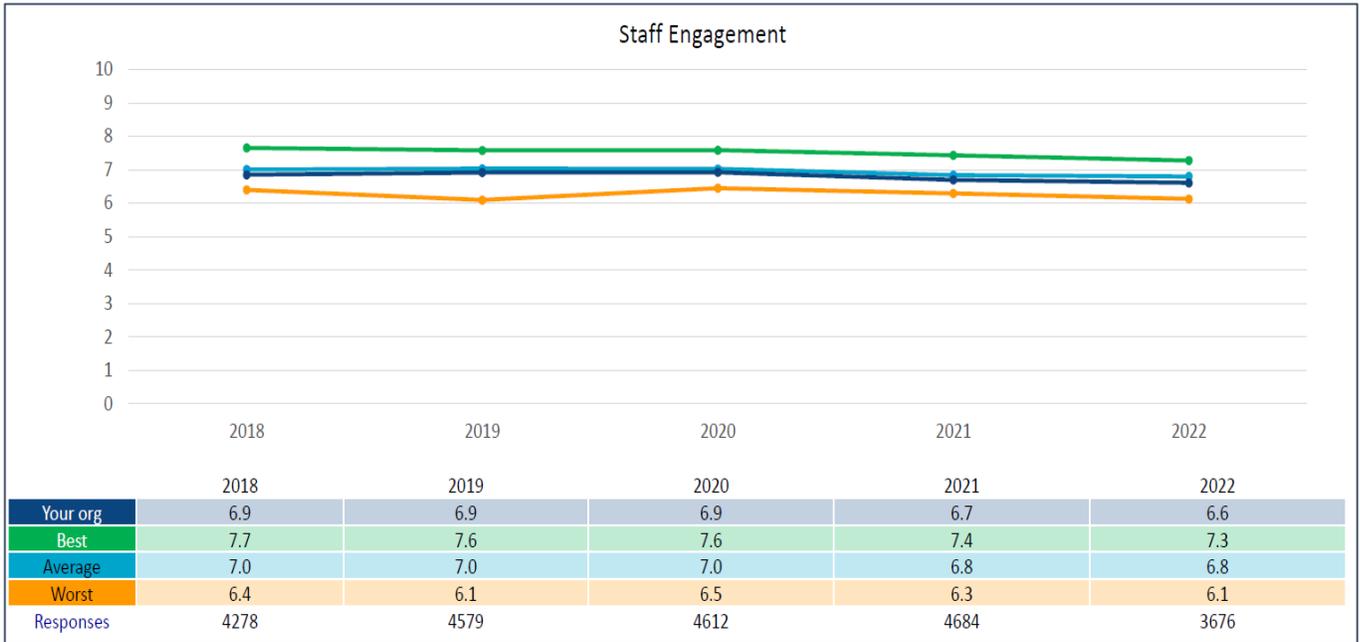
- Against the seven People Promise themes, this Trust scored lower than national average on each theme.
- At 6.6, the staff engagement score reduced slightly. The score for the benchmark group overall stayed stable at 6.8. The Trust continues to remain just below the acute trust average score.
- Overall, the benchmark group results remained stable at 5.7 compared to 2021 and the Trust's score experienced a slight reduction of 0.1. At 5.5, the Trust's score remains just below the Acute Trust average of 5.7, as it did in 2021. Although the results are below average, the trajectory has followed the benchmark group.

The following table presents an overview of the seven themes, staff engagement and morale scores and compares this Trust's results to the national average for our benchmarking groups, and indicating the scores of the best and worst performing acute trusts.

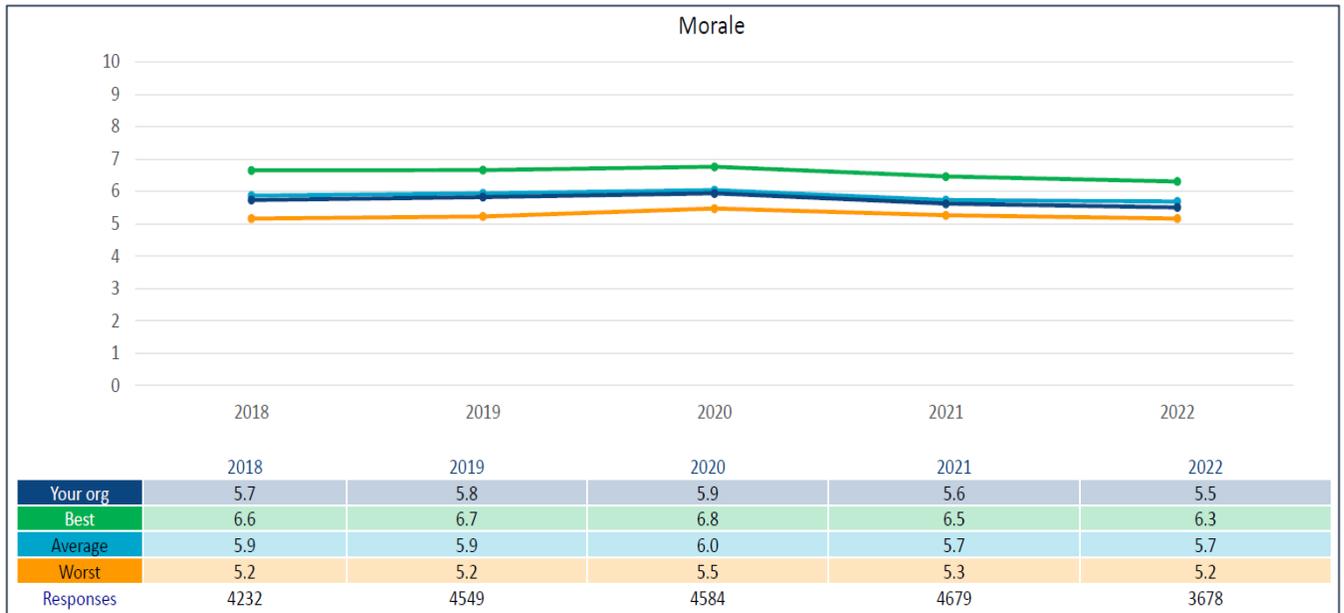
This Trust scored lower than national average against all seven themes, as well as staff engagement and morale.



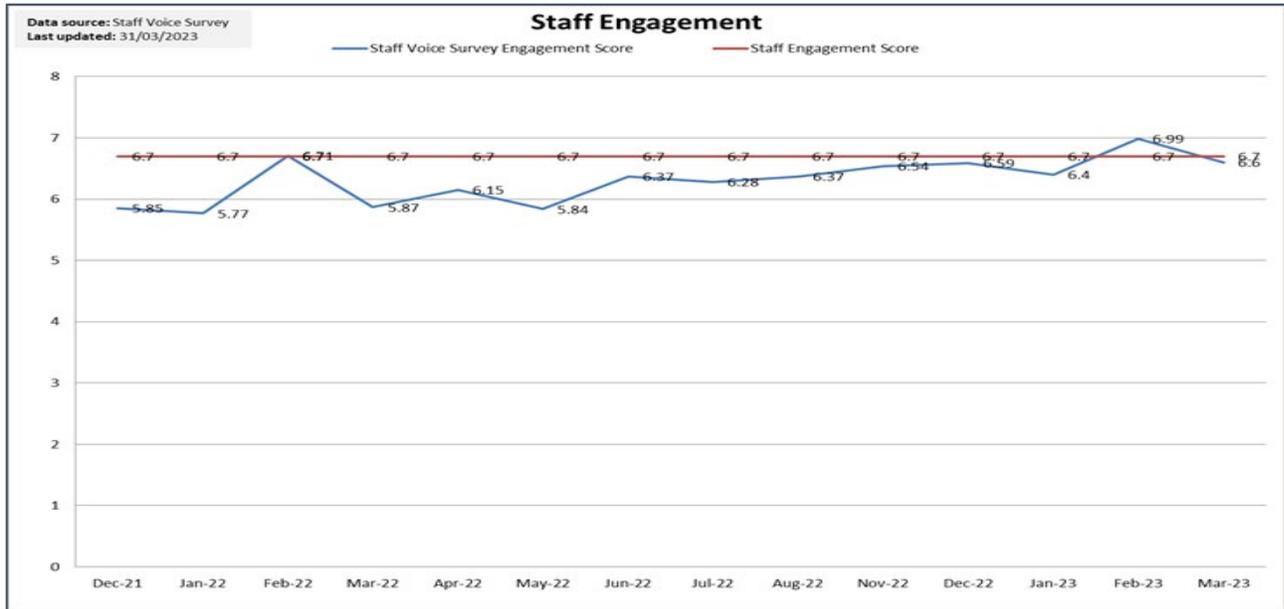
Staff engagement – At 6.6, the staff engagement score reduced slightly. The score for the benchmark group overall stayed stable at 6.8. The Trust continues to remain just below the acute trust average score.



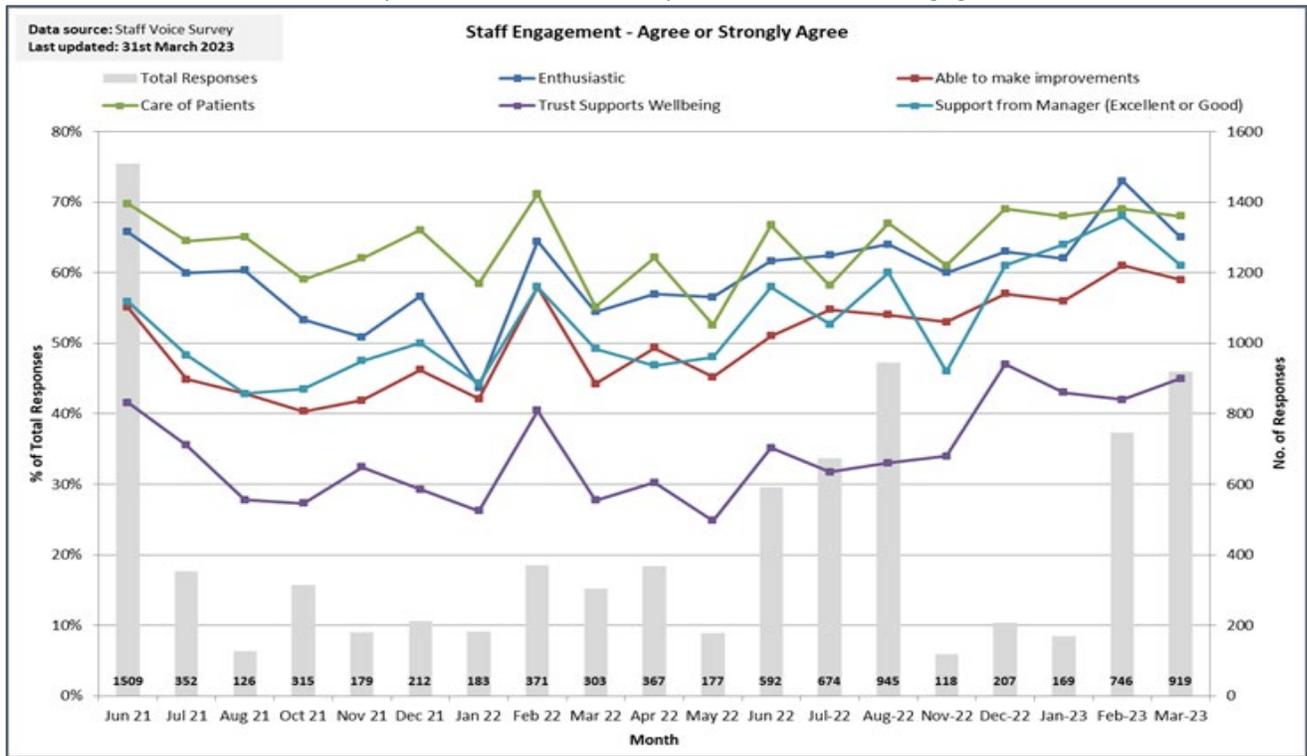
Staff morale – Overall, the benchmark group results remained stable at 5.7 compared to 2021 and the Trust’s score experienced a slight reduction of 0.1. At 5.5, the Trust’s score remains just below the Acute Trust average of 5.7, as it did in 2021. There is one item within this element that UHNM scores worst on and this is unrealistic time pressures. The benchmark score has remained stable (22%) but UHNM’s score has now fallen below average (20%).



The local Staff Voice survey indicates that, since the national survey, there may have been a more recent upturn in factors affecting staff engagement. There is a notable spike in February of both 2022 and 2023. One factor which may have caused this in 2022 was the announcement of the Wellbeing Day, however this would not account for the spike in 2023. It would be helpful to identify any factors that may have led to the spike so that we can learn from them and implement any improvements or initiatives Trust-wide.



This is demonstrated in more detail by the factors which comprise the local staff engagement rate.



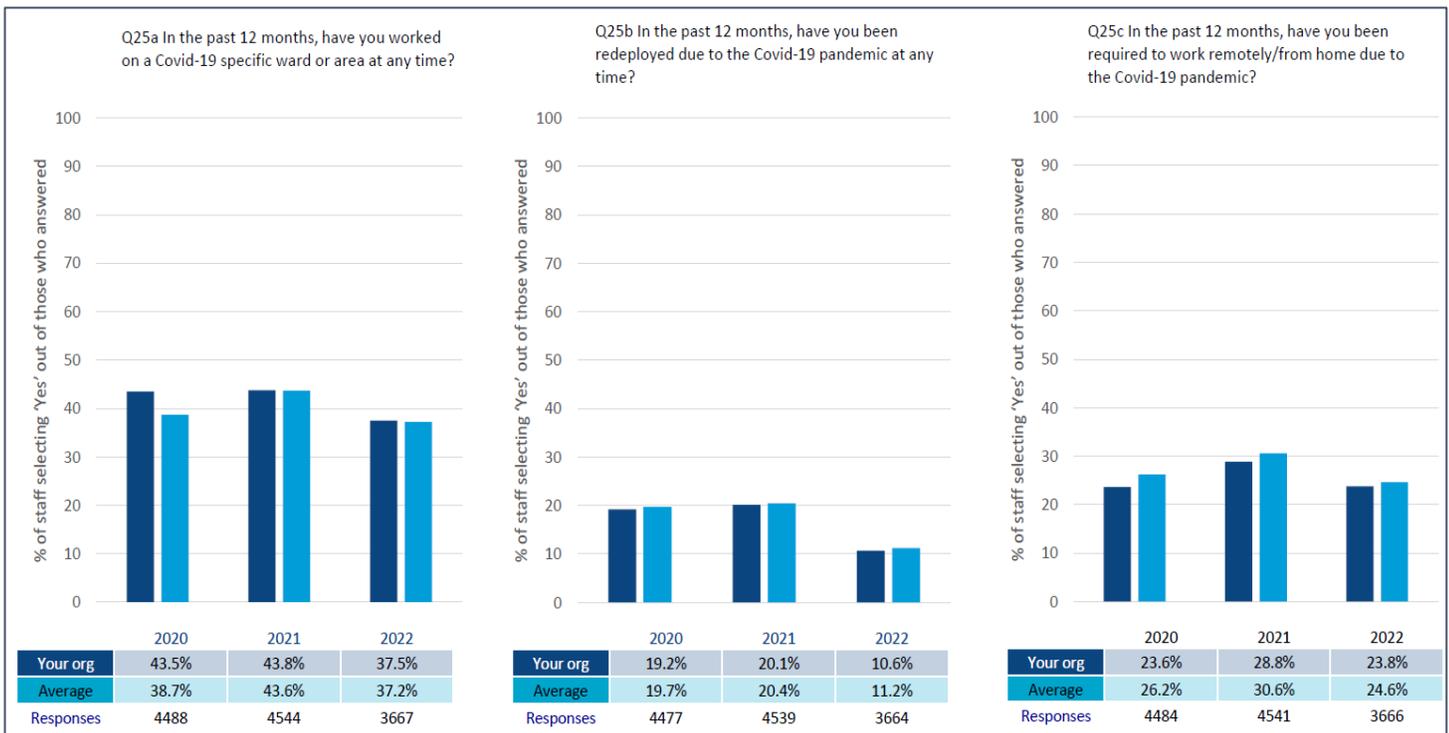
Adverse staff behaviours increase the risk to the Trust’s culture, values and aspirations, impacting on patient care, increasing staff disengagement and affecting performance as well as having an adverse effect on our ability to recruit and retain staff.

Staff experience during COVID-19

In the 2022 Staff Survey, staff were asked three questions relating to their experience during the COVID-19 pandemic:

- a) In the past 12 months, have you worked on a COVID-19 specific ward or area at any time?
- b) In the past 12 months, have you been redeployed due to the COVID-19 pandemic at any time?
- c) In the past 12 months, have you been required to work remotely/from home due to the COVID-19 pandemic?

Compared to 2021, there was a significant reduction both nationally and locally in the number of staff that reported being redeployed. This reflects how the nation is recovering from the impact of the pandemic.



Next Steps

The improvement activities follow on from the 2019 and 2020 Staff Surveys, when the Trust set out the key areas of corporate focus planned for 2020/21. The pace at which change has been delivered in many areas has been impacted by the COVID-19 pandemic and the need for staff to work clinically and in patient facing areas. Key developments such as the Enable programme and other important leadership activities are still being fully embedded and the focus has understandably been on supporting the operational delivery of services and patient care and staff wellbeing.

The Trust did not achieve the goal of being above average in terms of Staff Engagement by the 2021 Survey, although the aspiration to be in the top 20% of trusts by 2023 remains.

A comprehensive and clear Staff Survey Action Plan is under development to address the key issues highlighted in the National Staff Survey and other engagement feedback from staff. In addition to this, each Division reviews, takes action and communicates back to staff in relation to the qualitative feedback which colleagues give on a monthly basis via the Staff Voice Survey. Staff Engagement is also now a metric which is reviewed at regular Divisional performance panels.

Promoting mental health wellbeing and support

The ICS online psychological support service was implemented as part of Covid support and has continued to be a resource accessible for all Trust staff. It provides fast track psychological and mental wellbeing support and advice for colleagues. 93 UHNM staff accessed the service.

Additionally, during 2022/23 a total no. of 453 colleagues accessed the Staff Counselling and Support Service. 79% of service users were extremely satisfied with the service and 85% would highly recommend to a colleague.

Internally alongside the 'wellbeing wagon' where all colleagues can 'drop in' and discuss wellbeing and seek a range of support materials; webinars and online support seminars took place to support staff financial wellbeing which is a major factor in supporting employee mental health. Resources are available on the intranet accessible 24/7. A total of 186 staff have attended RESPOND, our 7 step model to having a wellbeing conversation.



Priority 3: To improve patient experience

We said we would do this by:

- Utilise patient and visitor feedback;
- Seek wider engagement with 'seldom heard' patient groups;
- Review patients experiences during COVID-19 and identify positive changes to adapt service provisions; and
- Review the different ways that patient experience and views are gathered and acted upon within UHNM.



Performance against this priority and its aims has been monitored during 2022/23. The following section provides a summary of the performance for these indicators and what these results mean for our patients

UHNM aspires to achieve a culture where the voice of our patients, their carers and families is at the heart of all that we do and we believe that patients can be equal partners in creating positive changes through identifying where barriers and challenges exist in our systems.

The Trust has worked in partnership with stakeholders on quality improvement activities including:

- Hospital User Group (HUG) – has continued their monthly meetings, using a mixture of face to face and virtual meetings to maximise attendance. We have also actively sought out more diverse representation from “seldom heard” groups and have representatives from young people, people with disabilities and include representatives from our LGBTQ+ community.
- Raising the profile of our Patient Leaders to increase involvement in projects across the Trust including CEF audits, obtaining feedback around specific initiatives and working with the Quality and Safety team to support improvements.
- Healthwatch – our close relationship with Healthwatch is maintained through their membership of the HUG. Healthwatch has been invaluable for collecting and sharing feedback from our and they continue to work with us undertaking their Enter & View visits;
- Patient Information Ratification Group has continued to meet virtually to ensure a robust process for the production of Trust patient information leaflets;
- Assist, dDeaflinks and Capita have continued to provide interpretation services. The majority of foreign language interpretation now takes place via video or telephone with good effect; and the Trust is trialing the launch of a new “on-demand” video interpretation service.
- UHNM membership of the CCG Community and Engagement Group to provide consistent messaging to the general public and seldom heard groups throughout Staffordshire;

- Membership of the Carers Partnership Board to support delivery of the Stoke-on-Trent Carer’s Strategy 2021-25 and the development of the UHNM Carer’s strategy; and
- Working with MPFT, Combined Health and the CCG to agree a consistent approach and peer review of local Equality Delivery System objectives.

Annual Inpatient Survey

The 2021 Inpatient Survey results were published by the CQC in October 2022. 1,249 patients who were in hospital in November 2021 were invited to participate in the survey and the Trust had a 34% response rate. The Trust did not score better than expected in comparison to all other trusts in any questions and scored about the same as expected in 46 questions. There was 1 question where we performed worse than expected compared to all other trusts:

“Before hand, how well did hospital staff explain how you might feel after you had the operation or procedure?”

UHNM top and bottom five scores compared with trust average.



The way we communicate with our patients continues to have a significant effect on overall patient experience. The Trust continues to work towards improving the way we provide information and support to our patients to ensure they are able to be more involved in decisions that affect their care and treatment.

Improvement initiatives include:

- Working with our Spiritual, Pastoral and Religious Care (SPaRC) team to reach a more diverse population and ensure wider inclusivity in our Patient Representatives.
- Health literacy training continues and the Patient Experience Team are working collaboratively with NHS Libraries of North Staffordshire to provide this to a wider range of staff across the Trust;
- Patient Experience Team have been working with the Trust’s Improving Together Team to incorporate Health Literacy Awareness as part of the program.

- A redesign of the Trusts Complaints Leaflet and website page incorporating FAQ's to make it easier for patients, relatives and visitors to understand the complaints process and provide feedback.
- A review of the "Accessible Communication Alerts" with a view to expanding these in-line with feedback from our d/Deaf community.
- A review of the Friends & Family questionnaires to incorporate specific areas of improvement identified in the National Inpatient Survey results to ensure real-time feedback is obtained and meaningful improvements can be made.
- Triangulation of quality and safety data to identify themes;
- Proactive recruitment of volunteers to assist with the improvement of service delivery and the patient experience; and
- The Trust was given an "Initial Stage" award for the Rainbow Badge accreditation to demonstrate our commitment to improving our LGBTQ+ inclusivity. An Action plan is in plan to work towards improving this award during the next assessment.
- Re-launch of our Patient Experience Group with new membership and a more structured approach for accountability and sharing of Patient Experience initiatives and improvements as a result of feedback, FFT and CQC National surveys.

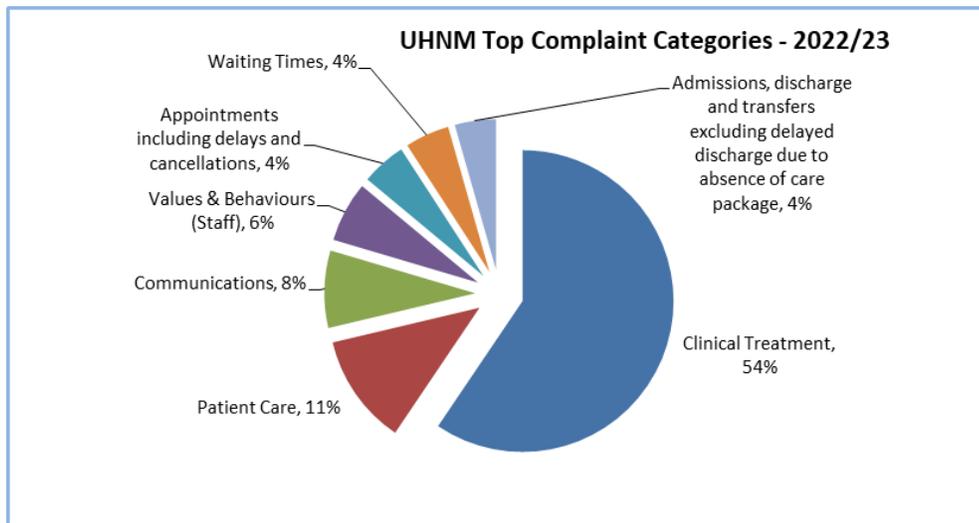
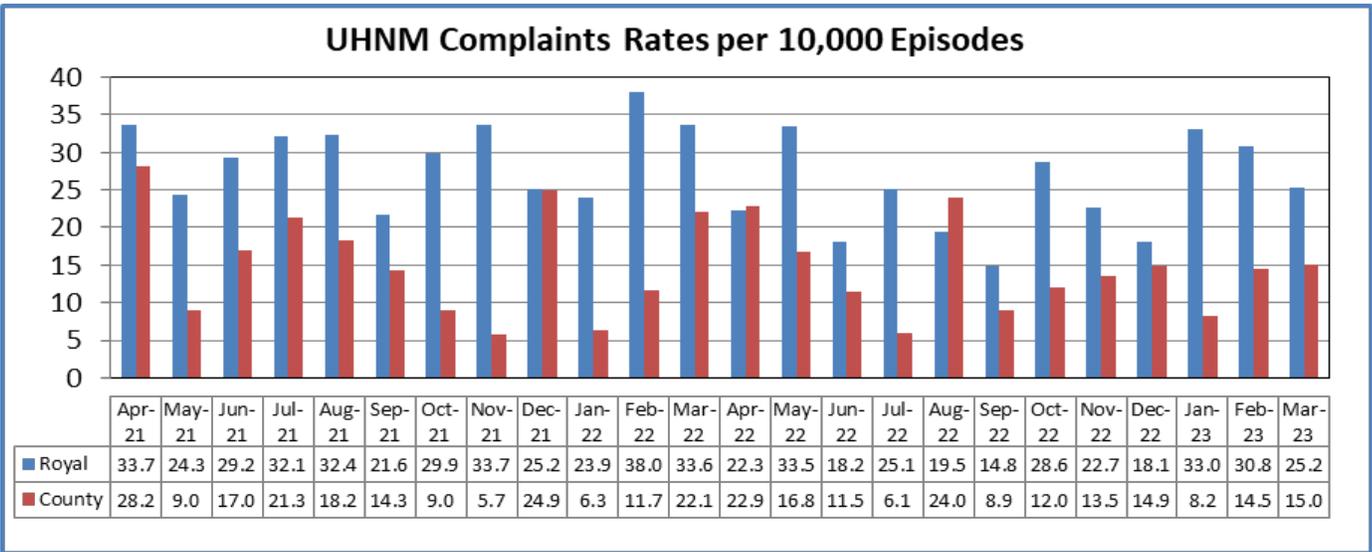
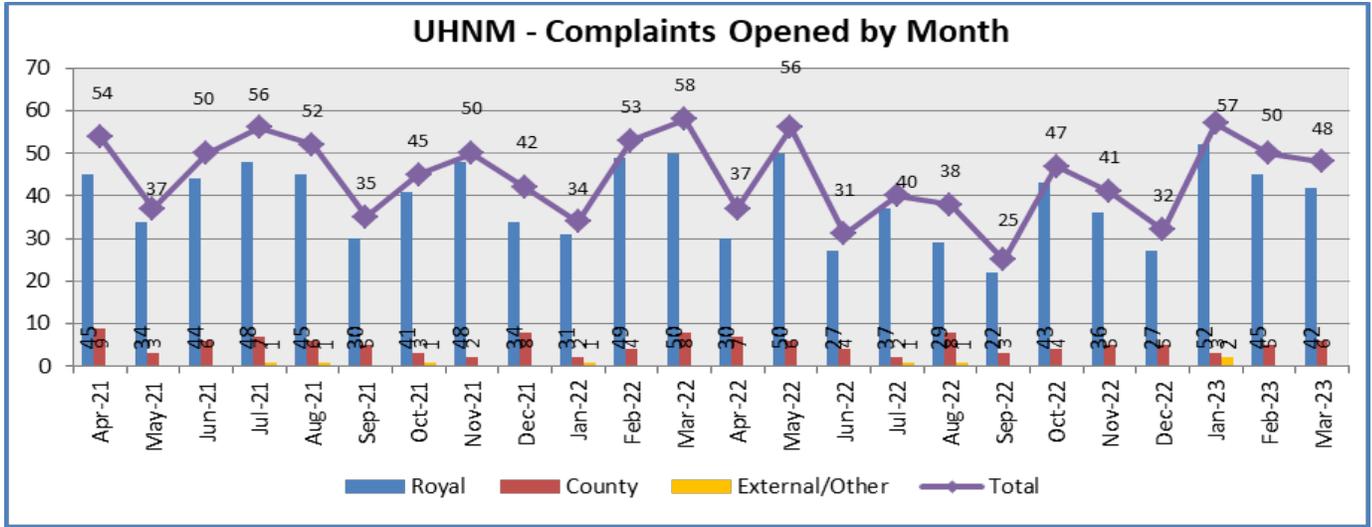
Complaints

The total number of complaints opened at Royal Stoke University Hospital during 2022/23 is 440 which is 29% lower than the pre COVID-19 three year average of 616.

The total number of complaints opened at County Hospital 58 in 2022/23, which is 48% lower than the pre-COVID 3 year average of 112.

During 2022/23, the Complaints Team has achieved the following:

- Continued effective working with the PALS Team to resolve complaints informally where possible;
- On-going review of the current process to facilitate an improvement in the timeliness of responses from receipt of complaint to final response;
- A new triage process has been implemented to ensure complaints and concerns are addressed in the most effective and efficient manner.



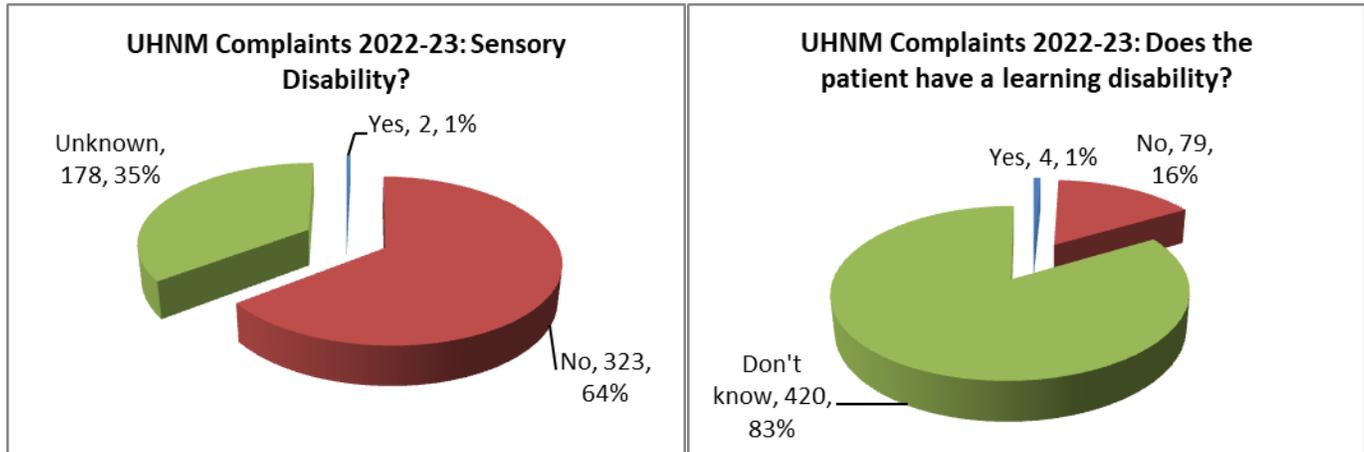
Ethnicity of complaint subject	No of complaints	% of complaints	% All patients discharged
White British	414	82%	84.5%
Not Stated	53	11%	5.7%
Any other White background	5	1.0%	1.9%
Any Other Mixed Background	5	1.0%	0.8%
Indian	5	1.0%	0.6%
Any other ethnic group	4	0.8%	0.9%
Pakistani	5	1.0%	2.0%
Any Other Black Background	2	0.4%	0.3%
White & Black African	2	0.4%	0.3%
Chinese	1	0.2%	0.2%
Bangladeshi	2	0.4%	0.2%
White Irish	-	-	0.4%
White & Asian	1	0.2%	0.4%
White & Black Caribbean	1	0.2%	0.3%
Caribbean	1	0.2%	0.2%
Black African	1	0.2%	-
Any Other Asian Background	1	0.2%	0.8%
African	-	-	0.6%

Ethnicity of Complainant	No of complaints	% of complaints
White - British	265	53%
Not stated	215	43%
Indian	5	1%
Pakistani	4	1%
White - other white	3	1%
Other ethnic category	2	0.4%
Bangladeshi	2	0.4%
Other mixed	2	0.4%
Mixed white and black African	1	0.2%
Black Caribbean	1	0.2%
Mixed white and Asian	1	0.2%
Black African	1	0.2%
Chinese	1	0.2%

The tables above show complaints numbers according to ethnicity of the person/patient who was the subject of the complaints, and also by the ethnicity of the complainant, where recorded. The first table also shows ethnicity percentages for all inpatients discharged from UHNM in 2022-23, plus those discharged from the emergency department.

7% in total of complaints opened in 2022-23 have been recorded as relating to a person whose ethnicity was not White – British. This compares to 10% of all patients discharged recorded as having an ethnicity other than White – British. 5% of complainants in total were recorded as having an ethnicity other than White – British.

No single ethnic group appears to be over represented in these numbers. Those recorded as Pakistani may be under represented as they account for just 1% of complaints, but 2% of discharges.



The charts above show the numbers of complaints where the person/patient who was the subject of the complaint has been recorded as having a sensory or learning disability. As a significant proportion are 'unknown/don't know', it is hard to draw firm conclusions from these numbers. For context, of inpatients discharged in 2022-23, 0.04% (93) were known to have a sensory disability, and 0.6% (1433) to have a learning disability. The degree of uncertainty in these numbers is unknown.

Learning from Complaints

One of the most important aspects of the complaints process for the Trust is to learn lessons and make changes to enhance the experience for our patients, carers and relatives. The section below describes some of the improvements made as a direct result of complaint investigations.



You said: You were admitted to ED following a night out where, although you had been drinking alcohol, this was not to excess. You suffered a fainting episode and banged your head as you fainted. You were unconscious for about 15-20 minutes and were bleeding from a head wound. You were reviewed in ED and then discharged without being scanned and without any discharge advice for your wife who was caring for you. When you woke the following day, you were uncharacteristically angry and remained disorientated and confused. You were subsequently readmitted to ED.

We Did: Your case was discussed at the Morbidity and Mortality meeting where it was identified that, in line with NICE guidelines, you should have had a CT scan, even if the clinicians suspected intoxication, as you presented with a head injury and decreased level of consciousness.

You said: You were admitted to ED as you were concerned you were developing sepsis. You know the signs as you have had sepsis twice before. You were initially seen quickly and administered IV paracetamol however had no ID wristband provided before these were administered and you were then left for 6 hours without being checked on. You were transferred to AMU and then to SSU even though there was no bed available on SSU.

We Did: Learning alerts have been circulated to all staff in ED reiterating the policy for medicine administration and the need for an ID wristband. A second learning alert has been circulated regarding the need for timely observations in line with NEWS score.

You said: Patient had a chest x-ray completed on 15/12/2020 at the Royal A&E Department. It showed a likely lung cancer; advice was given for a CT scan. Nil action was taken and patient sent home; the discharge letter states CXR - Nil acute. Patient deteriorated and was discussed in lung fast track meeting in August 2021 following a 2 week wait referral, the patient was seen in the lung cancer clinic with the results of the CT. The patient now has stage 4 lung cancer and the Family have questioned why the CXR was not acted upon in December 2020.

We Did: A full RCA was completed and the outcome shared with the family. Actions identified:

Introduce a new electronic reporting system which will eliminate paper based reports and highlights critical, urgent and unexpected findings.

Learning alert:

- Staff to be made aware of the Careflow – ordercomm referrals for 2ww pathway - to refer patients with suspected cancer to 2-week wait clinic.
- Introduce a new imaging discrepancy meeting for the ED department where all imaging where abnormalities were missed / not actioned.
- Weekly training sessions for junior trainees to include CXRs.
- Doctor who reviewed the CXR to reflect on the case in the electronic training portfolio and discussed with the clinical supervisor.

Part C: Statements from our key stakeholders





Staffordshire & Stoke-on-Trent Integrated Care Board (ICB) are pleased to comment on this Quality Account 2022/2023.

The quality assurance framework that Commissioners use reviews information on quality, safety, patient experience, outcomes and performance, in line with national and local contractual requirements. The ICBs' Quality representatives meet with the Trust on a monthly basis to seek assurance on the quality of services provided. The ICB work closely with the Trust and undertake continuous dialogue as issues arise, attend relevant Trust internal meetings, and conduct quality visits to clinical areas to experience the clinical environment, listening to the views of patients and front-line staff.

The ICB acknowledge that the Trust have had a challenging year following the impact of the pandemic and the requirement for different ways of working and fast-paced change. We echo the Trusts Board's thanks and appreciation to all the Trust's staff for their continued hard work, commitment, and dedication.

The ICB would like to recognise the Trust's commitment to making progress improving the following quality and safety priorities during 2022/23:

- Reduced rate of formal complaints received during 2022/23 from that reported in 2021/22
- Continuing to compare well against peers during and remaining within expected ranges for both HSMR and SHMI mortality indicators
- Improvement in Sepsis screening for Inpatients
- Reduced number of Never Events compared to 2021/22
- 45% reduction in Category 3 Hospital Acquired Pressure Ulcers with 'lapses in care' in 2022/23 compared to 2021/22 totals
- Development of 30 Professional Nurse Advocates across the Trust with training planned for further 25 during 2023/24.

However, 2022/23 has been continued to be a challenging time for all following the pandemic and a difficult winter. We look forward to continuing collaborative working with the Trust and other system partners to see further quality improvements in the following areas over the coming year:

- To reduce ambulance handover delays in conjunction with system partners and improve Emergency 4-hour target performance
- Improve sepsis treatment and recognition of deteriorating patients
- To reduce patient waiting lists and backlogs and maintain patient safety

Priorities for 2023/24

The Integrated Care System will continue to support and collaborate in respect of the Trust's Quality priorities for 2023/24 and have recognised the following areas as requiring further focused work to ensure that required standards are consistently achieved:

- To reduce patient harm and improve clinical effectiveness and outcomes for our patients by reducing waiting lists and backlogs and maintain patient safety
- To improve patient experience by improving sharing of learning from patient feedback and involve patients in learning and improvement with a particular focus on "seldom heard" patient groups
- To further develop staff wellbeing and experience

- To continue to manage Inductions of Labour ensuring backlogs are minimised and that appropriate escalation continues to be routine practice when issues do occur.
- To work with system partners to continue to improve the prompt discharge of patients who are medically fit to return to their normal place of residence, and
- To continue ongoing work to ensure CQC improvement notices are addressed and where appropriate closed down, supporting a move towards achieving an improved overall CQC rating in the future.

We look forward to working together with the Trust to ensure continued improvement over the coming year. The ICB wish to state that to the best of their knowledge, the data and information contained within the quality account is accurate.



Heather Johnstone
Chief Nursing & Therapies Officer
NHS Staffordshire and Stoke-on-Trent ICB



Peter Axon
ICS/ICB Interim Chief Executive Officer
NHS Staffordshire and Stoke-on-Trent ICB



City of
Stoke-on-Trent

Quality Account – Adult Social Care, Health Integration and Wellbeing Overview and Scrutiny Committee

Stoke-on-Trent City Council held all out elections on 4 May 2023. Members were not appointed to the Adult Social Care, Health Integration and Wellbeing Overview & Scrutiny Committee until the Annual Council meeting on 25 May. Mindful of training needs and deadlines, the authority was not in a position to comment on Quality Accounts for 2022/23. However, we were assured that the Director of Adult Social Care would share the Quality Accounts with the new Administration and he and the Cabinet would work with us to help achieve the agreed priorities.



Quality Account – Staffordshire County Council Overview and Scrutiny Committee

Staffordshire County Council Overview and Scrutiny Committee welcomes the positive UHNM 2022-23 Quality Account. The report recognises the national requirements and the complexity of the UHNM organisation, the geography, and the resident base. Members felt that future reports may benefit if the QA reflected the outcomes as well as the inputs measures. It recognised the positive contribution of staff in challenging circumstances, although an ambition should be to increase the participation in staff engagement surveys so that they were more representative of overall number of staff, with only 33% participating, representing a drop of 21% year on year.'



Statement regarding the UHNM Quality Account 2022/2023

Not t received statement/comments to circulated Quality Account





Healthwatch Stoke-on-Trent statement in response to the Quality Account 2023 of University Hospitals of North Midlands NHS Trust

Healthwatch Stoke-on-Trent (HWSOT) recognise the many areas that University Hospitals of North Midlands NHS Trust (UHNMT) have demonstrated a wide range of work undertaken in relation to the previous years priorities and subsequent improvements. Plus, the openness of areas where improvement is still required. HWSOT also note the complexity and vast range of topics and initiatives included in the Quality Account that could lead to an extensive response to properly respond. Therefore, our response is high level and not as detailed as we would like.

HWSOT have two observational points. These relate to the multiple Section 29A Warning Notices and Section 31 Notice, we feel it would be of greater value to UHNMT if the Care Quality Commission was able to better respond to these in such a fashion as to be able to include full detail in the Quality Account and any necessary improvement priorities to sit alongside the planned ones.

Our second point relates to the plethora of improvement initiatives ranging from the 'Executive Improving Together Leadership Development Forum' to the 'Centre for Nursing, Midwifery and Allied Health Professions (NMAHP) Research and Education Excellence (CeNREE)' and 'Commissioning for Quality and Innovation (CQUIN) Indicators for 2022/23' and 'Care Excellence Framework' to name a few underpinned with a multitude of clinical audits.

First, acknowledgment to the great efforts to improve the journey and outcomes people receive when using the hospital. We feel it would be useful to create a matrix of interrelationships to show people outside of the hospital from a non-clinical perspective how they all support each other to avoid any unintended duplication or cross over.

HWSOT notes the overall goal for 2023-2024 'To support staff to get it right first time, every time for our patients.' We welcome it and the sub aims of:

- ...reduce patient harm and improve clinical effectiveness and outcomes for our patients
- ...improve patient experience
- ...further develop staff wellbeing and experience.

HWSOT feel the frustration with no data from NHS Digital to inform the performance against quality key performance indicators.

HWSOT would be remiss if we did not both applaud and flag concern relating to the review of quality performance against performance indicators.

We applaud the reduction in patient falls with harm and pressure ulcers category 2 and 3 and no category 4. There are a range of areas where performance has not been as strong as the previous year and slipped further behind target. Returning to our previous suggestions for an overall improvement matrix showing interrelationships could also highlight were actions for each of the required improvements in performance is being 'owned'.

HWSOT throw a cautionary note to the reduction in formal complaints that no doubt is in relation to the proactive work of the Patient Advisory Liaison Service but when looked at alongside the reductions in meeting duty of candour should merit further scrutiny to ensure people are simply not pursuing formal routes through lack of confidence to create a strong sense of transparency and celebration in future years combined with this years overall target of getting it right first time.

HWSOT welcome the commitment to continued strengthening of relationships and would hope for this to be extended beyond the HUG arena to be able to provide greater support at a range of levels within the Trust.

Simon Fogell – Chief Executive, Healthwatch Stoke-on-Trent