University Hospitals of North Midlands NHS Trust

Caring With Knowledge, Value Through Quality

Quality Account

2014 - 2015

Contents

Introduction to UHNM

This year was perhaps the most momentous for the NHS in Staffordshire since its creation in 1948. University Hospitals of North Midlands NHS Trust (UHNM) was created following the integration of Stafford Hospital with University Hospital of North Staffordshire, signalling a time of major, positive change in health services for the people of Staffordshire.

Never before have two such significant trusts come together to form one organisation and with investment of more than £250m, the single new NHS Trust in the North Midlands will see local hospital services and facilities transformed, providing an opportunity for a bright and stable future.

Serving around three million people across Staffordshire and North Wales, UHNM is one of the largest hospital trusts in the country. Its 10,000 strong workforce provides the full range of emergency treatment, planned operations and medical care from our two hospitals in Stafford and Stoke-on-Trent.

The Trust also provides specialised services for three million people in a wider area, including neighbouring counties and North Wales. 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, laparoscopic surgery and the management of liver conditions.

Royal Stoke University Hospital, one of our two sites, is a large acute teaching hospital on the border of Stoke-on-Trent and Newcastle-under-Lyme in Staffordshire. Our other site is County Hospital in Stafford. We are one of the largest Trusts and have one of the busiest emergency departments in the country. We have good transport links, being close to the M6 and A50, and lie centrally between Manchester to the North and Birmingham to the South. The Trust's hospitals have more than 1,400 inpatient beds.

Our ambition over the coming years is to achieve our 2025Vision, launched in 2014. This sets out our goal of becoming a world-class centre of clinical and academic achievement, where staff work together to ensure patients receive the highest standards of care and the best people want to come to learn, work and research.

Mark Hackett, Chief Executive, University Hospitals of North Midlands NHS Trust

Statement on Quality

Quality, safety and patient experience remains our number one priority. Our core vision continues to be a leading centre in health care, driven by excellence in patient experience, research, teaching and education and our overall ambition is to equal or exceed the best performing Trusts in England.

We will achieve our vision by setting challenging standards and placing quality at the heart of everything we do, ensuring we place the interests of patients ahead of individual or organisational ambition.

Key to the Trust's success and achievement is listening to and involving our staff, our patients and the local community we serve. We believe that by doing this we will improve the experience of patients and staff and improve their sense of ownership of their local healthcare services.

It is through this involvement that we have been able to successfully integrate with the County Hospital and support our clinicians to implement revised models of care which deliver high quality, safe and accessible services for all. Through engaging with our staff on both sites we have ensured best practice is shared and implemented, and through engaging with our local population we understand better and can respond to their concerns and needs.

As Chief Executive I am proud of what we have achieved at the Trust and, with the Trust Board, have committed to delivering further improvements. We have compared ourselves with the best performing Trusts nationally and working closely with our staff and key stakeholders we have identified the priorities for the coming year. This Quality Account highlights the achievements of UHNS, as was, over the last 12 months and those of the County Hospital since the integration in November 2014. It shows areas we have progressed well and it identifies where we need to improve even further.

Of significance, the Trust has invested in the construction of a new 12 bed critical care unit, two wards and two state-of-the-art modular wards and theatres. The beds will be used to create new services following the integration of our two hospitals and to create additional capacity to care for patients attending A&E, whilst the additional theatres will allow us to bring together an even larger group of specialist staff to provide the very best care possible for patients across the region.

In addition to this, the Trust has invested in a new 26 bed children's ward at Royal Stoke University Hospital which opened in May 2015. We are building our vision and strategy around developing improved children's services across Staffordshire and South Cheshire to stop local parents and children having to travel out of the area to Birmingham and Manchester and creating a centre of excellence.

We have received very positive external reviews of

Statement on Quality

the quality of our services. For example, during 2014 the Accident and Emergency Department and the Critical Care Unit at Royal Stoke University Hospital were the first in the country to achieve Excellence in Practice Accreditation. In addition, the Radiology Department at the Royal Stoke site also achieved the Imaging Service Accreditation Scheme.

As well as focusing on our progress, our Quality Account also highlights some of the challenges we have faced. For example, like many Trusts nationally, we have experienced significant pressure in our Emergency Department as a result of an increase in attendances and the impact of an increase in flu. This was further exacerbated by the challenges in discharging patients from hospital.

In response to this the Trust has worked closely with local health and social care colleagues to support earlier safe discharge, introduce admission avoidance schemes and create additional capacity within the community setting. This will remain one of our quality priorities for the year ahead.

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 to prepare Quality Accounts for each financial year.

The Department of Health has issued guidance on the form and content of annual Quality Accounts (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.

Mark Hackett, Chief Executive

Statement on Quality

Achieving our Ambition
Excellence in Practice Accreditation:
Both the Accident and Emergency Department and the Critical Care Unit at Royal Stoke University Hospital has been through an 18-month journey of improvement to achieve Excellence In Practice Accreditation (EPAS) which is based on ensuring effective communication, collaboration and team building.

The Scheme is delivered in partnership with Teesside University and following external scrutiny and assessment of six standards, namely:

- Working in organisations
- Collaborative working
- User Focused care
- Continuous quality improvement
- Performance management
- Measuring efficiency and effectiveness

A score is awarded for each standard and an award determined as described below:

Award	Level
1 - 2	Bronze
3	Silver
4	Gold
5	Platinum

Both the A&E and the Critical Care Unit were the first units nationally to have attempted this programme. A&E was assessed in May 2014 and the Critical Care Unit was assessed in March 2015. A&E were delighted to have achieved a level 5 Platinum award and critical care achieved a level 3 Silver Award.

These awards are the third of its kind for the trust with Elderly Care achieving the Gold Standard in 2012.

Imaging Services Accreditation Scheme (ISAS): What is it and what does it mean to us?

ISAS is a patient-focused assessment and accreditation programme that is designed to help diagnostic imaging services ensure that their patients consistently receive high quality services, delivered by competent staff working in safe environments. ISAS is the only nationally recognised accreditation scheme available for diagnostic imaging services in the UK and provides an essential framework for services to engage with a key deliverable outlined in the recently published NHS England business plan

Royal Stoke University Hospital achieved ISAS accreditation in September 2014, one of only 16 NHS Trusts to have done so.

The accreditation currently excludes services at the County site, as they were not part of the organisation when the accreditation took place. It does include all services in the North Staffordshire community hospitals and clinics where the Imaging Directorate provides diagnostic services.

The Directorate has applied to extend ISAS to the County site in 2016. ISAS demonstrates that “patients consistently receive high quality services, delivered by competent staff working in safe environments.”

Wellbeing Award

The Trust won a Healthy Workplace Award after improving the wellbeing of staff. Public Health Staffordshire presented the Trust with the Silver level Workplace Health and Wellbeing Award. The Trust has been working in partnership with Staffordshire County Council, who developed the Workplace Health Programme. This programme helps small and large employers in Staffordshire to look after the health and wellbeing of their workforce and minimise the impacts of poor health on their organisations.

The Award follows a unique programme of Health and Wellbeing initiatives for staff, which has been put together by the Trust’s Health and Wellbeing team. Over the last three years the team have provided a host of health and wellbeing events, services and opportunities to staff, as well as looking at the overall organisational approach to wellbeing and managing sickness absence in a positive manner.

Priorities for Improvement and Statements of Assurance

Our Quality Priorities and Objectives for 2015/2016

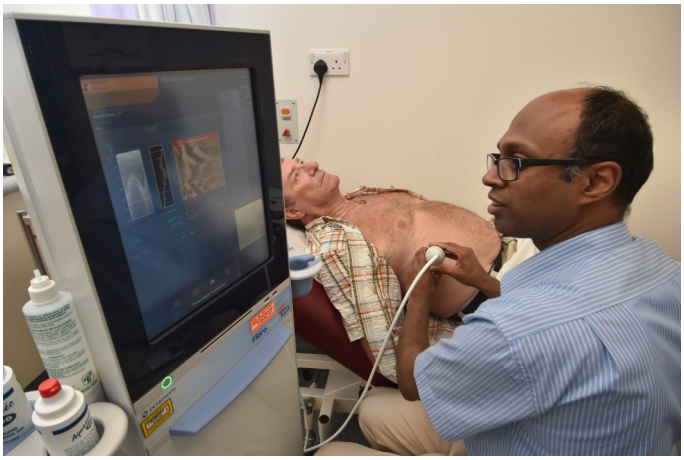
Prioritising our quality improvement areas

This is now our third year of intense focus on quality improvement with our Patient Care Improvement Programme setting out clearly our priorities, namely:

- Patient experience will in the top 20% of all NHS hospitals by 16/17
- We will continually reduce errors of all kinds and promote reliability. We will reduce avoidable harm by a further 20% by 2018
- The Trust will use Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital -level Mortality Index (SHMI) as one of the outcome measures for clinical effectiveness with the aim of being in the top 10% of organisations in the NHS. Our ambition is that our HSMR and SHMI is 80 by 2017/18

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

- Build stronger clinical leadership
- Provide valid, reliable and meaningful information as a basis for measurement
- Build greater capacity and capability of our staff to interpret the information and implement sustainable change
- Embed our Clinical Assurance Framework



Stakeholder Workshops

In May, we held a number of stakeholder workshops with our Shadow Governors, members of staff and our partners from the local council, Clinical Commissioning Groups and Healthwatch. The aim of the workshops was to agree our priority quality objectives for 2015/16 with a focus on continuing to improve the patient experience.

As a result of these sessions we have committed to focus on the following priorities during 2015/16:

Priority 1: To improve our patients' experience

Priority 2: To reduce avoidable harm

Priority 3: To improve staff experience

Priority 4: To consolidate and harmonise the integration of clinical pathways to improve the patient flow through UHNM and deliver efficient admission, diagnosis, treatment and discharge

Priority 5: To improve communication with patients and stakeholders

Priority 1: To improve our patients experience

We will ensure:

- care is delivered with privacy and dignity, in a clean, safe and comfortable environment
- care is delivered in a timely way that manages a patient's condition or supports a dignified death according to their individual needs
- staff listen to patients and their relatives/ carers and provide emotional support
- a patient's pain is managed effectively
- patients are given a choice in relation to nutrition

Measuring Performance

We will measure improvements through:

- National Surveys (Inpatients, Accident & Emergency)
- Local in-year surveys
- Friends and Family Test
- Complaints and PALS reporting
- Focus Groups
- Patient Stories and Patient Diaries
- Ward-based Clinical Assurance Reviews

Performance will be reported via the Quality and Safety Forum.

Priority 2: To reduce avoidable harm

We will:

- Embed agreed Patient Care Bundles across the Trust
- Harmonise systems and processes across Royal Stoke University Hospital and County Hospital to ensure consistent care provided on both sites
- Review our existing health and social care pathways to ensure we are delivering the most efficient and effective services and develop new pathways where required
- Engage with our local population to understand better their concerns and needs.

Measuring Performance

We will measure improvements through:

- Mortality rates
- Hospital acquired infections
- Blood clots
- Pressure Ulcers
- Falls
- Catheter associated Urinary Tract Infections
- Serious Incidents and level of harm
- Access Targets (including 18 week referral to treatment time, A&E 4 hour wait, Cancer waiting times)
- Performance will be reported via the Quality and Safety Forum

For further information, please contact Jamie Maxwell, Head of Quality, Safety & Compliance on 01782 676487 or Trish Rowson, Director of Nursing - Quality and Safety on 01782 676622.

Priority 3: To improve staff experience

We will:

- Embed our staff engagement strategy and values and behaviour framework to reinforce to our staff how we expect them to be professional and respectful to each other and instil pride in their teams, working together for patients and their families across both sites of UHNM
- Continue to work with staff at all levels to ensure that incident reporting continues and that feedback on incidents is improved locally and corporately
- Harmonise systems and processes across RSUH and County Hospital sites
- Continue to work with NHS Employers to help create a strong supportive culture to empower employees to raise any issues
- Retrain our managers in delivering effective staff appraisals. Appraisal quality checks will be carried out
- Introduce a talent management process and build this into the appraisal process to improve opportunities for career progression.

Measuring Performance

We will measure improvement through:

- National Staff Survey
- In Year 'Pulse Check'
- Appraisal Rates
- Statutory and Mandatory Training Rates
- Performance will be reported via the Quality and Safety Forum

Priority 4: To consolidate and harmonise the integration of clinical pathways to improve the patient flow through UHNM and deliver efficient admission, diagnosis, treatment and discharge

We will:

- Develop the availability of seven-day working to achieve consistent delivery of services across seven days working
- Improve discharge processes across seven day working delivered in a timely way and accessing key services pertinent to the patient's needs
- Implement a seamless approach to an individual patients therapeutic plan to encourage a positive patient experience

Measuring Performance

We will measure improvement through:

- Access Targets (including 18 week referral to treatment time, A&E four hour wait, Cancer waiting times)
- Complaints and PALS
- National Patient Surveys
- Performance will be reported via the Quality and Safety Forum

Priority 5: To improve communication with patients and stakeholders

We will:

- Give patients appropriate and timely written and verbal information on which they can make informed decisions
- Provide clear written information to patients about their medication and side effects
- Ensure patients are informed about what they could expect after their operation or procedure and what they should or should not do after leaving hospital

Measuring Performance

We will measure improvement through:

- National Surveys (Inpatients, Accident & Emergency)
- Local In year surveys
- Friends and Family Test
- Complaints and PALS reporting
- Focus Groups

For further information, please contact Jamie Maxwell, Head of Quality, Safety & Compliance on 01782 676487 or Trish Rowson, Director of Nursing : Quality and Safety on 01782 676622

Commissioning for Quality and Innovation (CQUIN) Indicators for 2014/15

CQUIN is a payment framework which allows commissioners to agree payments to hospitals based on agreed improvements. The Trust's performance against the CQUINs for 2014/15 can be seen on p24. 2.5% of income was dependent of the achievement of the CQUINs. The Trust submitted an overall CQUIN performance of 92.5% for the Specialised Commissioning Contract and 89% for the Local Commissioning Contract. The Trust has opted for a payment scheme in 2015/16 where there is no CQUIN payment framework, however the Trust plans to progress some of the proposed schemes which reflect key areas for improvement during 2015/16 as local quality measures. The Trust will identify improvement goals for each of these schemes during 2015/16 and shall report our performance via the Clinical Quality Review Meeting with commissioners on a quarterly basis.

For further information, please contact Trish Rowson, Director of Nursing, Quality & Safety, on 01782 676622

Quality Indicator	Previous Period		Current Period	
The value of the Summary Hospital level Mortality Indicator (SHMI)	October 2012—September 2013 1.05 (Band 2)		July 2013—June 2014 1.02 (Band 2)	
The percentage of deaths with palliative care coded at either diagnosis and/or speciality level	28.97%		29.75%	
Patient Reported Outcome Measures scores April 2014- March 20135*(National Average)* • Groin hernia surgery • Varicose Vein Surgery • Hip Replacement Surgery • Knee Replacement Surgery *(EQ-5D scores)*	**Participation Rate 2013/14** 28% *(59.9%)* 15.7% *(40.4%)* 100.5% *(85.8%)* 116.6% *(93.7%)*	**Average Health Gain 2013/14** 0.049 *(0.085)* * *(0.093)* 0.416 *(0.436)* 0.268 *(0.323)*	**Participation Rate 2014/15** 35.3% *(58.5%)* 5.6% *(40.5%)* 106.7% *(85.0%)* 115.1% *(94.3%)*	**Average Health Gain 2014/15** 0.108 *(0.084)* * *(0.102)* 0.449 *(0.449)* 0.299 *(0.319)*
Percentage of patients aged • 0 to 14; and • 15 and over Readmitted to a hospital which forms part of the Trust within 28 days of being discharged from hospital	**UHNS (2010/11)** 13.62% 11.55%	**England (2010/11)** - 11.40%	**UHNS (2011/12)** 11.78% 11.89%	**England (2011/12)** - 11.45%
The Trust's responsiveness to the personal needs of its patients	**75.1 (2012/13)** (National average 76.5) (Range 68—88.2)		**(2013/14)** (National average 76.5) (Range 68—88.2)	
Percentage of staff employed by the Trust who would recommend the trust as a provider of care to their friends and family	68% (2013) (National Average Acute Trusts 67%)		69% (2014) (National Average Acute Trusts 67%)	
Percentage of patients who were admitted to hospital and who were risk assessed for Venous Thromboembolism (Acute Trusts)	April 2013—March 2014 99.23% (National Average 95.78%) (Range 78.35%-100%)		April 2014—December 2014 98.33% (National Average 96%) (Range 84.86%-100%)	
The rate per 100,000 bed days of Clostridium Difficile infection reported within the Trust amongst patients aged two or over	**2012/13** 19.0 (National average 17.3) (Range 0—30.8)		**2013/14** 16.3 (National Average 14.7) (Range 0—32.2)	
The number and rate of patient safety incidents reported within the trust - for large acute trusts	3759 (March 2013—Sept 2013) 4.96 per 100 admissions (National average 7.07) (Range 3.85—11.06)		5036 (April 2014—September 2014) 26.26 per 1000 bed days (National Average 35.89)	
The number and percentage of such patient safety incidents that resulted in severe harm or death— acute (non specialist)	2 (March 2013—Sept 2013) 0.05% *(National average 0.71%)*		20 (April 2014—September 2014) 0.3% *(National average 0.48%)*	

Tom's story

"I came into the A&E department at about 2pm. I had been referred to Ambulatory Care by a Locum GP with shortness of breath. I arrived into a very busy department. My initial concern was that there was only one member of reception staff actually dealing with patients. The GP who saw me said he would send my referral and information directly to A&E but when I arrived it wasn't there. My friend had to contact the GP to ask them to send the information needed. This caused a significant delay and I couldn't understand why. I remained in the A&E department for several hours.

"The staff were really helpful, it was clear they were rushed off their feet but they were all pleasant and respectful. Staff were bending over backwards to attend to my comfort, they brought me pillows when requested. They made sure I had drinks and food and also gave drinks to my wife and friends and family when they came to visit.

"The next day I was moved to the Acute Medical Unit (AMU). The staff on AMU were also very helpful and very busy. I was aware that I would only be on AMU a short time and later that evening I was given a bed on a surgical ward in a bay of six patients. I was quite unwell and the staff on the ward kindly moved me to a side room and I felt very fortunate. I feel that I received a good standard of care on this ward. Staff respected my privacy and protected my dignity. Retrospectively, I can see that team work could have been better and whilst I received all of the care I required, I had to wait at times.

"I was kept informed of what was happening with me. I was aware of the various tests and what they were
potentially looking for. That evening staff asked me to move from the side room to accommodate another patient. They informed me that the side room was required for a patient in greater need than me. I saw the patient who did look unwell and when I saw this I was fine with being moved.

"Later that week, the Registrar advised me that they would try to transfer me to speciality ward when they had a bed available. I was transferred the next day. I was happy to move to the speciality ward where I felt they were experts to help to find out what was wrong with me. I have nothing but praise for the staff on this ward including domestic staff, the staff who provided the meal service and the nursing and medical staff. Within a few days I had undergone a number of tests including x-rays and scans. I felt the ward staff were proactively trying to determine what was wrong with me. I was kept informed at all times of why I was having tests and what was subsequently being excluded dependant on test results.

"The ward showed excellent teamwork. They showed pride in the work they did and the standard of care was excellent. All staff worked well together and when staff asked for assistance they received it promptly. This gave me confidence in the team looking after me. I saw the same care given to other patients.

"Whilst I was on the ward, a consultant came to see me and thought my lung infection had cleared up suggesting that it might be time for me to go home. However, another doctor came to see me who felt sure that if I went home the infection would be back. I feel that generally people are sent home too early but this didn't seem to be the case on this ward which gave me immense confidence.

"Also there appeared to be a good working relationship between the consultants from the various disciplines. I was seen by probably five different consultants including cardiologist, rheumatologist and dermatologist.

"I was given information on medications. However, if I did not already know about the different types of medications, the information may not have been enough for me. I was also kept informed when my medicines were changed. Unfortunately, the routine medication I brought in with me was lost and so I did not receive them for the first two days of my stay. However, after treatment for infection, raised blood pressure and extensive tests to exclude other potential reasons for my illness a diagnosis was made

"If there is an example of a model ward in the hospital I believe the speciality would be that model ward as an example to the rest of the hospital.

"Although I have no complaints about the care I received and nothing but praise I do have some concerns and the most notable is parking. I also have concerns with the quality of the food. Staff did try to encourage me to eat but nothing tasted near to what it should staff were always willing to make me a hot chocolate which was good."

Statement of Assurances

Review of services

As part of the annual rolling programme of Clinical Quality Review, the Trust and commissioners reviewed the following services:

- Heart Failure
- Obstetrics & Gynaecology

These reviews were noted extremely positive actions and practice being undertaken, including:

- The introduction within the Heart Failure service of the pilot for 'virtual consultations' via iPad links with Consultants at UHNS with patients at their own homes during a community nurse visit was very impressive. The Team were particularly interested in the outcome of this pilot both in terms of effective working and the patient experience for patients who would otherwise face difficult journeys to attend an outpatient appointment at UHNS.
- The continued success of the SHINE clinic and the improvement in patient experience and ability to provide effective treatment to patients outside of hospital who previously would have required hospital admission.
- The continued participation in the national Heart Failure Audit.
- The development and introduction of the Bereavement Midwives
- Family friendly facilities and ability to offer partners the opportunity to stay with mother and baby in their own rooms.
- The Maternity service maintained its baby friendly status for over 10 years and that the promotion of breast feeding is continuing to improve.
- The excellent environment and facilities for mothers and babies to cared for.
- The excellent birthing pool facility and support for mothers requesting a water birth.

In addition to the planned Quality Review visits, the Commissioners have also undertaken unannounced visits to the Emergency Department throughout the winter of 2014/15 when the Trust was experiencing the extreme demand pressures.

The purpose of the visiting programme was to provide assurance and review the quality of the services within the provider organisation and to explore the views of staff and patients on the care they receive/deliver. The programme of visits formed part of an integrated approach to drive high quality patient care forward and to have confidence and assurance that local health services are patient centred on their needs and are safe, effective and responsive. The visits supported CCGs assurance in respect of both the services it commissioned and the quality of care/support delivered to patients and carers. As part of the visits patients, carers, and members of staff offered their views on the care received/delivered in A&E. The main themes/findings are highlighted below:

- privacy and dignity – curtains were being used appropriately, patients were all appropriately covered and being observed by staff
- interactions observed between staff were professional
- interactions observed between staff and patients were professional, polite and friendly.
- Hand gels were readily available and were observed to be being used.
- Staff were well presented and complied with uniform code.
- The areas appeared to be clean, tidy and uncluttered.
- Although busy all areas were calm and quiet
- Relatives / carers were able to stay with the patients
- Very good infection prevention and control practice with plentiful PPE (personal protective equipment)
- Good evidence of the management of EMSA (eliminating mixed sex accommodation) with innovative double sided signage depicting the current gender status of the ensuite bathroom (CDU).
- 6 C's information was displayed in the Children's A&E and also in CDU where the Emergency Unit Elderly Care Group, 10 Commandments were displayed.
- Patient information was comprehensive and well displayed for example; children specific information leaflets and Domestic Violence posters.
- Safeguarding and IMCA were observed as screensavers on staff computers.
- An Emergency Care Centre Quality Information board was observed and contained information for patients such as: number of falls, complaints this month, medication incidents, plaudits, MRSA.

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 audits which includes:

- National audit where specialities / directorates are asked to be involved
- Corporate and divisional audits
- 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. The Team has a database in place which monitors progress.

During 2014/2015 46 national clinical audits and four national confidential enquiries covered NHS services that the Trust provides. During that period we participated in 97.8% of national clinical audits and 100% of national confidential enquiries.

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2014/15 alongside the number of cases submitted, are referred to in the tables below on page 14.

A process is in place to ensure that leads are identified for all relevant national audits and confidential enquires.

The lead will be responsible for ensuring full participation in the audit. The reports of 45 (100%) national clinical audits were reviewed by the Trust in 2014/2015 and local action plans were developed and implemented.

National Confidential Enquiries

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

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 that all relevant recommendations from NCEPOD are implemented. Implementation of the action plans is monitored centrally at the Trust's NICE and External Publications Implementation Group, chaired by the Deputy Medical Director, to ensure full completion.

National Confidential Enquiry	Participation & % of cases
NCEPOD National Review of Asthma	Yes—100%
NCEPOD Gastrointestinal Bleed	Yes—100%
NCEPOD Sepsis	Yes—100%
NCEPOD Acute Pancreatitis	Yes—sample

Compliance Spot Check Audits

The provision of feedback sessions and the development of ward specific action plans provide a mechanism for wards to identify areas requiring improvement with a view to implementing timely, effective changes at ward level.

Initiatives such as themed weeks, poster development, ward audits, peer reviews, and dissemination of good practice demonstrate that wards are taking positive steps to ensure compliance.

During 2014/15 these spot checks have shown general improvements in different elements of clinical care.

Element of Clinical Care	% Improvement
MEWS	4%
Falls	19%
Coding of missed doses	8%
Pressure Ulcers	11%

National clinical audits

National Audit	UHNS Registered	% of Cases Submitted
Acute Coronary Syndrome or Acute Myocaridal Infarction	Yes	100%
Adherence to British Society for Clinical Nuerophysiology and Association of Neurophysiological Scientists Standards for Ulnar Neuropathy at Elbow	Yes	100%
Adult Community Acquired Pneumonia	Yes	100%
Bowel Cancer	Yes	100%
BSUG Audit Database		
Cardiac Rhythm Management	Yes	100%
Case Mix Programme	Yes	100%
Congenital Heart Disease	Yes	100%
Coronary angioplasty	Yes	100%
Diabetes – adult	Yes	100%
Diabetes - paediatric	Yes	100%
Elective Surgery	Yes	100%
Epilepsy 12	Yes	100%
Falls and Fragility Fractures	Yes	100%
Head and Neck Oncology	Yes	100%
Inflammatory Bowel Disease	Yes	14%
Lung Cancer	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes	100%
Medical and Surgical Clinical Outcome Review Programme	Yes	100%
Mental Health (care in emergency departments)	Yes	100%
National Audit of the Accuracy of Interpretation of Emergency Abdominal CT	Yes	100%
National Audit of Cardiac Surgery	Yes	100%
National Audit of Dementia	Yes	100%
National Audit of Intermediate Care	Yes	100%
National Audit of Seizure Management	Yes	100%
National Bariatric Surgery Register		
National Chronic Obstructive Pulmonary Disease Audit	Yes	100%
National Comparative Audit of Blood Transfusion	Yes	100%
National Emergency Laparotomy Audit	Yes	100%
National Heart Failure Audit	Yes	100%
National Joint Registry	Yes	100%
National Vascular Registry	Yes	100%
Neonatal Intensive and Special Care	Yes	100%
Non Invasive Ventilation in Adults	Yes	100%
Oesophago-gastric Cancer	Yes	100%
Paediatric Intensive Care	Yes	100%
Paediatric Pneumonia	Yes	100%
Pleural Procedure	Yes	100%
Prostate Cancer	Yes	100%
Pulmonary Hypertension	Yes	100%
Renal Replacement Therapy	Yes	100%
Sentinal Stroke National Audit Programme	Yes	100%
Severe Trauma	Yes	100%
National Cardiac Arrest Audit	No	-

National Audits

These audits indicate our level of compliance with national standards and provide us with benchmark information on which to compare practice. The results of the audits inform the development of local action plans to improve patient care. The following is a sample of local improvement initiatives implemented as a result of the audits.

National Care of the Dying Audit

The development and implementation of a comprehensive documentation, management and training programme in relation to End of Life care. The provision of a new care plan to facilitate care in the last days of life will support all aspects of care planning and documentation. A key aspect of the care plan is the inclusion of sections for spiritual assessment.

The roll out of the new care plan was supported by the initiation of a new e-learning package which is mandated for and accessed by all relevant staff. Instruction on all aspects of End of Life care including compliance regarding the new documentation is provided.

A comprehensive audit programme encompassing documentation, adherence to NICE guidelines and obtaining patient / carer views will provide on-going assurance around the Trust End of Life initiative. The programme will be monitored via the End of Life Steering Group in conjunction with the newly appointed Non Executive Director lead.

National Audit of Chronic Obstructive Pulmonary Disease

The development and implementation of a new COPD patient information package will ensure the provision of information around key elements of care such as, carbon dioxide retainers, symptom management, vaccinations and end of life. Patient knowledge around their diagnosis, treatment and care will be further enhanced via the initiation and maintenance of a self management plan.

The feasibility of extending the Early Discharge Service to COPD patients will help to decrease length of stay and improve patient outcome and experience. A comprehensive audit programme encompassing discharge, smoking intervention, referral rates and adherence to NICE guidance will provide on-going assurance around the patient pathway.

Corporate and Local Clinical Audits

A total of 107 clinical audit projects were completed by clinical audit staff and a further 210 clinician led audit projects were registered during 2014 / 2015. These audits help us to ensure that we are using the most up to date practices and identify areas where we can make further improvements. Examples of improvements made in response to the audit results are:

Audit of the WHO Surgical Safety Checklist

The provision of a new WHO training package for inclusion in the Theatre Induction Programme will ensure that all staff are aware of mandatory adherence with the completion of the checklist and the importance of their role in the Team Brief and checklist process.

A review of the audit programme has been undertaken to ensure the provision of comprehensive, timely audit data. Observational audits at ward level and in theatre will improve participation in the completion of the checklist and continuous 'spot check' audits and peer reviews will ensure quality documentation around the process.

The audit process will be supported by the implementation of a process to review the results and escalate non adherence. The escalation process will be initiated for any blank stages and none compliance with the completion of a signature box or a never event questions.

Audit of Patient Experience in the Endoscopy Department

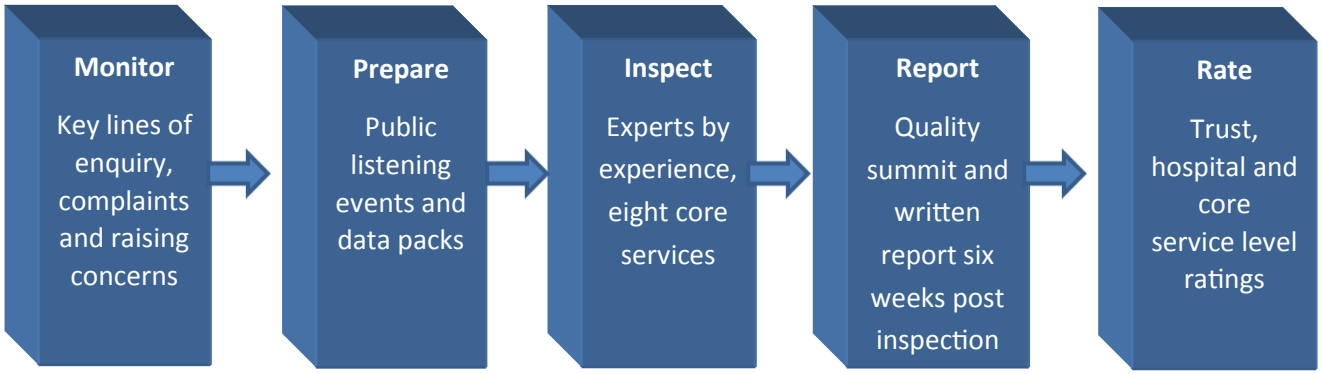
A multifaceted review of the department including aspects such as appointment times, appropriateness of referrals and stock control has been undertaken to ensure patients are not experiencing unnecessary delays or cancellations.

The provision of more patient information and a review of departmental terminology will improve patient understanding of the department and it's protocols and ensure a positive patient experience and an improved patient outcome.

Care Quality Commission (CQC)

Revised Inspection Model

The new inspection process is based on the five domains identified from the Keogh reviews. The domains focus on asking providers the right questions to assess the quality and safety of the services being provided. That is, are services: Safe, Effective, Caring, Responsive and Well Led. As part of this new inspection framework all Acute Trusts, we will be inspected by December 2015.



Intelligent Monitoring Report (IMR)

The CQC have continued to publish their Intelligent Monitoring report for all Acute Trusts as part of their inspection process and is a means to raise questions, not make judgements about the Trust.

The reports are produced using surveillance from a number of sources of quality information. This information is then used to allocate Acute Trusts to a risk band.

The banding is allocated from 1 to 6, with 6 being the lowest risk. In December 2014 we were assessed at a band 2. As part of the inspection process UHNM had a routine inspection in April 2015. The following table summarises how our risk has changed.

The cause for the increase in the level of risk is a result of negative changes in the Trust's A&E indicators.
UHNM have reviewed these risks and have provided information to the CQC to close or reduce the risks.

Table: Summary Comparison	March 2014	December 2014
Band	**4**	2
Number of 'Risks'	**4**	7
Number of 'Elevated Risks'	**2**	2
Overall Risk Score	**8**	11
Number of Applicable Indicators	**93**	94
Proportional Score	**4.30%**	5.85%
Maximum Possible Risk Score	**186**	188

In addition, the Trust are assessing the indicators using up to date internal data and will present quarterly reports to Trust Executives on potential changes to the risk banding prior to publication by the CQC.

UHNS CQC Registration

UHNS are fully registered with the CQC with no conditions attached to registration and the CQC have not taken enforcement action against UHNS during 2014/15.

Participation in Clinical Research

Patients have a constitutional right to be offered the opportunity to take part in research and as a Trust we are charged with making that opportunity available to them. Research is offered to patients as a treatment pathway no differently to any other treatment pathway on offer to them. In this respect research is very important in that it gives patients access to current cutting edge treatments and therapies that they may not have been offered as part of their routine clinical care. In addition to the possible direct benefits for themselves they also have the opportunity to contribute to broadening our understanding and knowledge of new treatments which will help to improve the care for others. 2739 patients receiving NHS services provided or sub-contracted by UHNM in 2014/2015 were recruited during that period to participate in research approved by a research ethics committee. Of these, 2723 were recruited into National Institute for Health Research (NIHR) portfolio studies while 16 were recruited into non-NIHR portfolio studies.

UHNM is currently ranked 51st out of 226 Trusts for patient recruitment and 43rd based on number of studies open in the NIHR/Guardian research league table. Participation in clinical research demonstrates UHNM's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest treatment possibilities and active participation in research leads to successful patient outcomes. Offering patients an opportunity to take part in high quality research projects continues to be a high priority at UHNM and is a major part of our research Strategy for 2014-2019. The University Hospitals of North Midlands was involved in conducting 220 clinical research studies (202 NIHR portfolio studies and 18 non NIHR portfolio studies). 134 NIHR portfolio studies have actively recruited new participants in 2014/15. There were 93 whole time equivalent funded clinical staff participating in and supporting Research approved by the Research Ethics Committee at UHNM during 2014/15. These staff participated in research covering 33 medical and surgical specialties out of 45. Around 165 publications have resulted from our involvement in research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS. Our engagement with clinical research also demonstrates the University Hospitals of North Midlands NHS Trust commitment to testing and offering the latest medical treatments and techniques.

The NHS has a wealth of untapped potential in terms of staff having ideas about how services can be improved for the benefit of patients. This could be an idea for a new gadget to overcome a particular clinical challenge or it may mean a novel way of imparting information to patients so they are less anxious about a particular treatment. To date we have not capitalised on these ideas within the Trust yet they have the potential to significantly improve the quality of the care we provide. UHNM aims to become a nationally recognised Centre of Excellence for the identification, protection and commercialisation of health related innovation and Intellectual Property by 2018-19, for the benefit of our patients, staff and local health economy.
This will be through the expansion of our commercialisation activity capitalising on innovation and intellectual property opportunities from across the organisation. A Commercialisation Group has been established to oversee development and implementation of our Commercialisation Strategy which sits alongside the Research Strategy. The following projects are worth noting:
(i) COPD-Single Point of Care monitor project in Respiratory Medicine.
(ii) Radiotherapy Patient Phone/Tablet App in Imaging Department
(iii) Novel anti-fibrotic–stem cell strategies for Pulmonary Fibrosis – Respiratory Medicine (in collaboration with Keele University and its Research & Enterprise Services
(iv) UHNM is currently a stakeholder in Intelligent Orthopaedics. This is a spin out company between Keele University, Staffordshire University and UHNM. This project is led by Research and Enterprise Services at Keele

On the academic front the following is worth noting:
(i) The total grant income for this financial year topped the 1 million pound barrier for the first time ever (£1.2M) greatly exceeding the annual target of £400,000.
(ii) The Total value of grants submitted this financial year has hit a new high of £7.2M - a 73% over performance on the Department's annual target.
(iii) UHNM was ranked 55th in NIHR Research Capability Funding ranking table for 2014/15 out of 236 in the league table.
(iv) The academic team is increasingly engaging with new clinical, nursing and support staff, with 22 new researchers working with the team to develop grants during 2014/15. In addition the team continues to work with external NHS trusts, higher education institutions and companies to develop innovative grant applications.

Data Quality

Good Data Quality supports the planning and provision of excellent patient care and supporting services. The strategic aims of the Trust rely on the management of information to a sufficient standard to support the planning, decision making and the provision of excellent services to patients and other customers. The Trust will be taking the following actions to support continued improvement of data quality:

- A programme of regular data quality audits
- A number of data quality key performance indicators are monitored through the Trust's Data Quality Steering Group and regular updates are provided for assurance to the Executive Committee of the Trust
- The Data Quality Strategy is supported by robust monitoring via the Trust's Data Quality Steering Group, providing an assurance framework to assist with feedback to the Executive Committee
- The Strategy and Policy is currently under review to incorporate County Hospital processes and is due for ratification in October 2015
- A programme of Data Quality Workshops, incorporating mandatory Information Governance training, will continue throughout 2015/16
- Continued review and improvement of monitoring and reporting will continue to be a key focus

NHS Number and General Medical Practice Code Validity

University Hospital of North Staffordshire NHS Trust 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. At Month 10 the Trust reported "green" on all possible indicators for the year to date The percentage of records in the published data which included the patient's valid NHS number was:

- 99.8% for admitted patient care; national target is 99.2%
- 99.9% for outpatient care; national target is 99.3%
- 99.5.% for accident & emergency care; national target is 95.2%

All of these results are higher than the national average.

Valid General Medical Practice Code was:

- 100% for admitted patient care; national target is 99.9%
- 100% for outpatient care; national target is 99.9%
- 99.9% for accident & emergency care; national target is 99.2%

All of these results are higher than the national average.

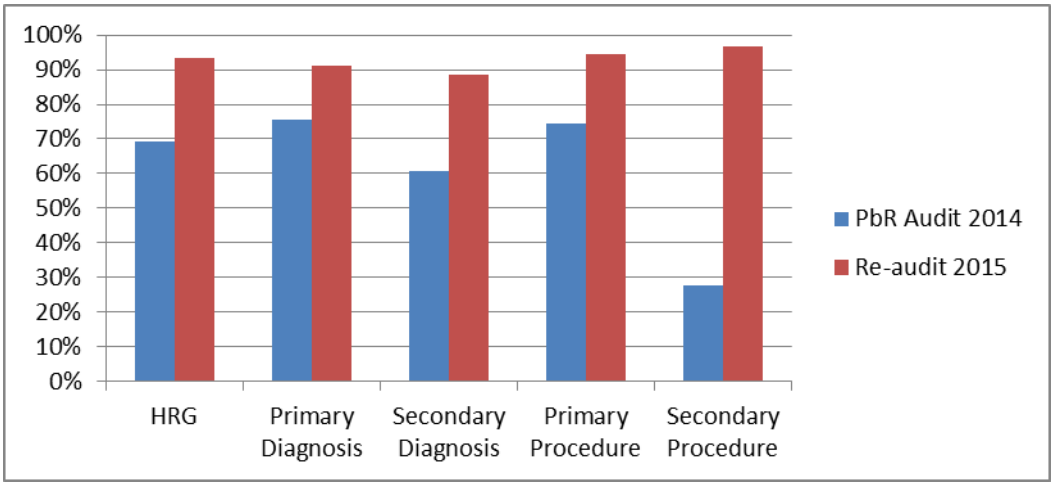
Clinical Coding Accuracy Rate

The Trust was subject to the annual internal Information Governance clinical coding audit during 2014/15, achieving level 3 in all areas of the audit, an overall improvement from level 2 the previous year.

The Trust was not subject to the Payment by Results clinical coding audit during 2014/15.

The 6 recommendations from the 2013/14 audit have been actioned and a further audit of the previous year's 2 HRGs has been carried out to ensure identified improvements have been made. Significant improvements have been realised and further plans are in place for continued improvement.

Coding accuracy rates



Information Governance Toolkit Attainment Levels

The attainment levels assessed within the information governance toolkit provide an overall measure of the quality of data systems, standards, and processes within an organisation. Forty five standards are assessed; the Trust currently declared "not applicable" for one.

The Trust's overall information governance toolkit score has increased from 84% in 2013/14 to 85% in 2014/15. The number of requirements at level 2 or above has remained at 43. However, as the Trust declared 1 requirement at level 1, the overall grade is deemed as *Not Satisfactory*.

A satisfactory level of compliance was not achieved for one requirement; this was the requirement for all staff to complete annual information governance training. An action plan has been developed to improve compliance with this requirement during 2015/16.In comparison of information governance toolkit scores for previous years is shown below:

An internal audit of the information governance toolkit found that the evidence provided by the Trust for 2014/15 was sufficient for the requirements reviewed.

The Trust will work to further develop compliance with information governance standards. Training requirements are being reviewed and aligned across the two sites and the Trust expects to be able to submit a satisfactory (green) toolkit score for 2015/16, meaning all requirements will have been maintained or improved and all staff will have completed information governance training. Progress will be monitored at the Trust Information Governance Steering Group.

	Information governance toolkit score	Grading Colour	Number of requirements				
			Level 0	Level 1	Level 2	Level 3	n/a
2014/15	85%	Red	0	1	17	26	1
2013/14	84%	Red	0	1	19	24	1
2012/13	73%	Red	0	2	31	11	1
2011/12	68%	Red	1	8	23	12	1

Review of Quality Performance 2014/15

Our Quality Priorities and Objectives

In 2014/2015, in partnership with our stakeholders, we identified 3 specific priorities to focus on:

- **Priority 1: To have patient experience that is within the top 20% of Trusts nationally**
- **Priority 2: To have a seamless integration between Mid Staffordshire FT and UHNS and to implement revised clinical models which will deliver high quality, safe and accessible services for all.**
- **Priority 3: To have Staff Experience that is within the top 20% of trusts nationally.**
- **Priority 4: To deliver an efficient and effective patient pathway through admission, diagnosis, treatment and discharge**

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

Feedback from our patients

The Trust actively seeks comments from our patients and their relatives and carers about their experience. We take every opportunity to reflect and learn from the negative comments and share the good practices. These are some of the comments we have received over the last 12 months.

"I was nervous, however this was completely unfounded. I was treated courteously and professionally at all times. Nothing was too much trouble for the staff. I had constant drinks and pain relief. Thanks to all the staff on the ward. All procedures were explained. Thank you for reassuring me and making me feel welcome. Please don't change anything. Brilliant team!"

"Very satisfied with the ward the staff were very friendly and obliging, a fully professional service and the ward is very clean."

"All of the staff where excellent nothing was too much trouble they were always supportive."

"All of my treatment was excellent and I was not wanting in any way. All were kind, considerate, caring and attentive and made me feel at ease and comfortable."

"All staff were professional, caring and understanding. The sister was extremely helpful . Thank you for making me feel safe."

"The nursing staff were excellent but the quality of food was not good."

"The food should be better quality."

"I had a long waiting for medication."

"I have completed this for my mum. The communication I received from the ward has been excellent. Thank you for the support and reassurance that you gave to us."

"The nursing staff are always popping in to check on me and whenever I needed someone they were always at hand, nothing is too much for the staff to do for me."

"The care and compassion was exceptional. I found the staff very patient and hard working. I am very grateful."

"I have been very impressed by the care, dedication and professionalism of all staff at all levels. I was really well looked afterwards and I feel privileged to live in an area which has such a fantastic hospital."

"During a very difficult time for myself and my husband, they delivered a very compassionate and professional service that made a stressful situation more bearable. The service was exemplary from the first phone call through to the last follow up."

Performance against Objectives

Performance Against Key Performance

Indicator	Target for the Year	Actual for the Year
To reduce C Difficile infections - Royal Stoke	50	74
To reduce C Difficile infections - County (from November 2014)	8	8
To reduce MRSA infections	0	6
Mixed sex accommodation breaches (number of patients affected)	0	0
A&E: Total time in A&E - 95% target	95%	83.4%
A&E: No waits from decision to admit to admission (trolley waits) over 12 hours	0	724
Ambulance handover delays of >30 minutes	0	3945
Ambulance handover delays of >60 minutes	0	63
Referral to treatment wait - non-admitted patients	95%	96.4%
Referral to treatment wait - admitted patients	90%	89.3%
Referral to treatment wait - incomplete pathways	92%	94.5%
Zero tolerance to RTT waits of more than 52 weeks	0	0
Diagnostic Waits < 6 weeks from referral	99%	98.3%
Cancer: two week wait from GP referral to first seen	93%	97.4%
Cancer: two week wait from GP referral to first seen - breast symptoms	93%	96.0%
Cancer: 31 Day diagnostic to first treatment	96%	96.4%
Cancer: 31 day second or subsequent treatment - anti cancer	98%	98.2%
Cancer: 31 day second or subsequent treatment - surgery	94%	97.0%
Cancer: 31 day second or subsequent treatment - radiotherapy	94%	98.5%
Cancer: 62 Day - Urgent GP referral to treatment	85%	80.4%
Cancer: 62 Day - Urgent GP referral to treatment - Screening	90%	87.7%
Cancer: 62 Day - Urgent GP referral to treatment - Consultant Upgrade	* 93%	94.9%
Cancelled Operations - breaches of the 28 Day standard	0	51
Cancelled Operations - urgent operations cancelled for a 2nd time	0	0
*** locally agreed target**		

Performance against Objectives

Performance against Commissioning for Quality and Innovation (CQUIN) Indicators

CQUIN Number	Indicator	Target for the Year	Actual for the Year
Main Contract CQUIN 2014/15			
1.1	**Friends & Family Test - Staff:** Implementation of staff FFT	To Achieve	Achieved
1.2	**Friends & Family Test - Early Implementer**	To Achieve	Achieved
1.3	**Friends & Family Test: Increased response rate**	To Achieve	Achieved
1.4	**Friends & Family Test: Increased response rate in acute inpatient services**	To Achieve	Achieved
2.1	**Safety Thermometer – Pressure Ulcers (reduction)**	To Achieve	Not achieved
2.2	**Safety Thermometer – Pressure Ulcers (elimination)**	To Achieve	Not achieved
3.1	**Dementia – Find, Assess, Investigate & Refer**	90%	98%
3.2	**Dementia – Clinical Leadership**	To Achieve	Achieved
3.3	**Dementia – Carers**	To Submit	Submitted
4.1	**Safe & Seamless handover**	To Achieve	Achieved
5.1	**Seven day working: Workforce**	To Achieve	Achieved
6.1	**Seven day working: Flow**	To Achieve	Part achieved
7.1	**Clinical Assurance Reviews**	To Achieve	Achieved
8.1	**Chronic Obstructive Pulmonary Disease - Assess & Receive**	80%/90%	Achieved
Specialised Contract CQUIN 2014/15			
	All **National CQUINs** as above: 1.1, 1.2, 1.3, 1.4, 2.1, 2.2, 3.1, 3.2, 3.3	As above	As above
4.1	**Quality Dashboards:** variety of data requirement relating to	To Submit	Submitted
5.1	**Pelvic Floor:** increase in collection of information for the national	To Submit	Submitted
6.1	**Cardiothoracic Surgery:** improve access times for emergency patients to receive coronary artery surgery within 7-days of angiography	To Achieve	Part Achieved
7.1	**Trauma & Orthopaedics**: Specialised Orthopaedic network	To Achieve	Achieved
8.1	**Renal**: Shared haemodialysis care	To Achieve	Achieved
9.1	**Neonatal - Retinopathy of Prematurity (ROP) Screening**: Increase in screening	To Achieve	Achieved
9.2	**Neonatal – TPN:** Timely administration of total parenteral	To Achieve	Achieved
9.3	**Neonatal – Breast Milk:** Percentage of preterm babies born at <34+0 weeks gestation who are receiving some of their own mother's breast milk at final discharge home from the neonatal unit.	To Submit	Submitted
10.1	**Paediatric Intensive Care Unit:** To prevent and reduce the number of patients readmitted onto PICU on an unplanned basis within	To Submit	Submitted

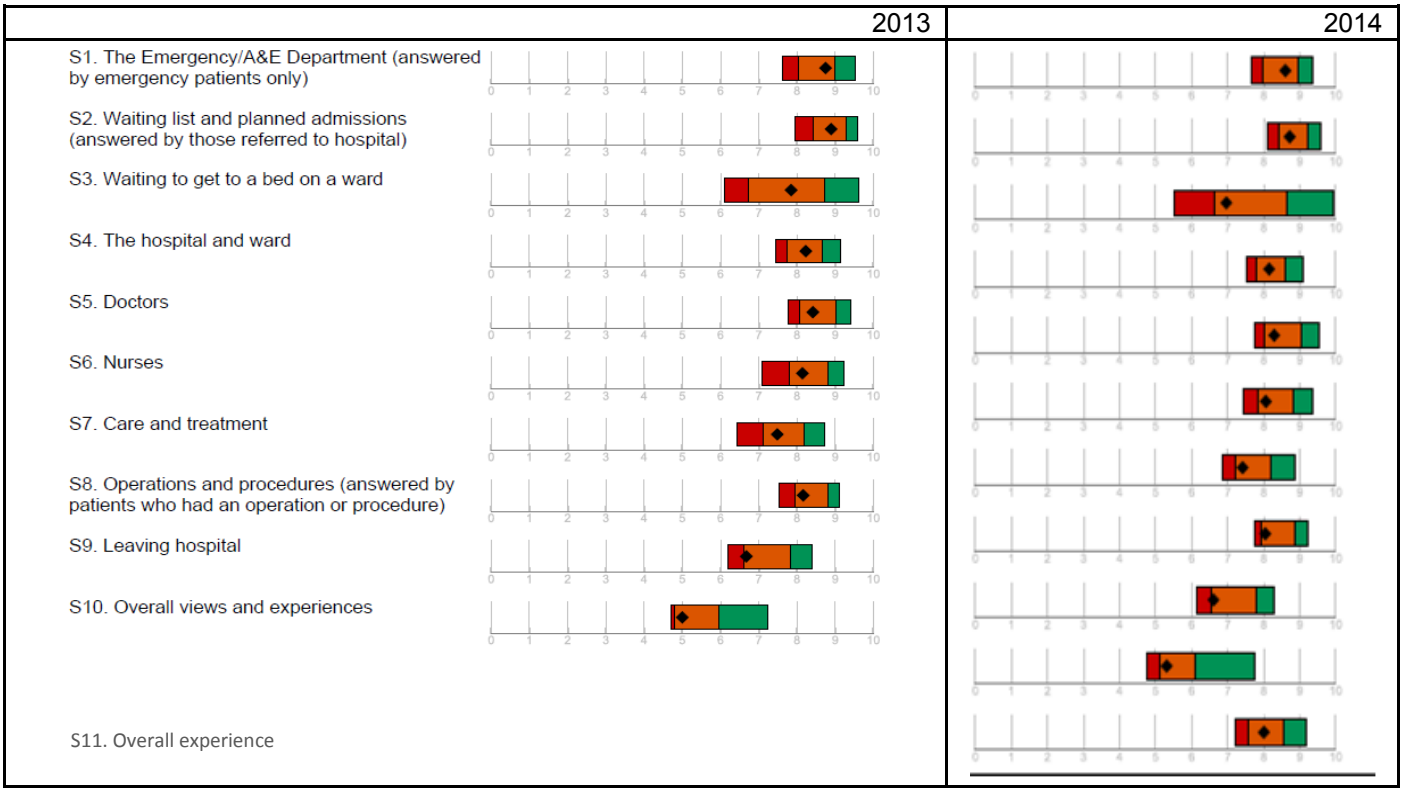
Priority 1: To ensure patient experience is within the top 20% of Trusts nationally.

We recognise that there is an important link between staff wellbeing and the quality and safety of care delivered. The evidence suggests that, NHS Trusts that prioritise staff health and well being perform better and have improved patient satisfaction.

Inpatient Survey

The Survey was conducted on a sample of patients, aged 16 or over who had at least an overnight stay in the UHNS between June and August 2014. All in-patients with the exception of maternity were included. Questionnaires were sent to 850 patients – 391 responded, a response rate of 46%. The target response for organisations was 60%.

The Trust continues to implement a comprehensive improvement programme to support our overall ambition of being within the top 20% of Trusts nationally. The chart below show the Trust's performance. Green shows top 20%, Red Bottom 20% and Orange is the middle 60% of trust nationally.



Actions Taken following the 2013 survey include:

In 2013 there were no areas where UHNS scored in the highest 20% of all Trusts. This has continued into 2014. However, the 2014 results do not reflect any improvements as a result of the introduction of the in -year survey due to the fact that the CQC survey was based on feedback of the patient experience before the in-year survey were launched. Improvements include:

- Continued roll out the Patient Flow Bundle to expedite safe and effective discharge
- Implemented a patient questionnaire and monitoring form to measure patient experience
- Implemented quality noticeboards on all wards
- Staffing levels reported to the board
- Implemented Nutritional Competencies for Ward Managers to improve the completion and use of menus by patients ensuring patients choose from the range of menus available
- Patient Information leaflets have been reviewed as part of the re-branding of information for the University Hospitals of North Midlands. New and revised leaflets continue to be reviewed and ratified through the Patient Council.
- A call-bell audit has been included in the Clinical Assurance Framework to ensure they are within reach and that they are answered promptly
- Healthwatch have been commissioned to carry out patient and community engagement events
- Additional support for Facilities to drive the patient food agenda including a Matron being appointed specifically for facilities.
- Business cases for the expansion to the Acute Pain and a Chronic Pain Service to provide a trust wide seven-day pain management service

Quality Walkabouts

University Hospitals of North Midlands has an established programme of Quality Walkabouts, which provide members of the Trust Board and Shadow Governors the opportunity to meet with patients, carers and Trust staff, to review the environment in which patients are cared for and identifying best practice and potential areas for improvement. More recently, the process has become a key quality indicator within our Clinical Assurance Framework.

In 2014/2015, 22 Quality Walkabouts were undertaken and comprehensive reports detailing the findings were presented to the clinical teams. All visits have highlighted areas of excellent practice and some areas for improvement. Examples of the improvements initiated as a result of the process are detailed below:

- A full review of comfort facilities has been undertaken for carers to ensure that they are able to support their relative/friend effectively
- Ward and storage areas have been decluttered to ensure safety and effectiveness are maintained at all times
- Welcome and visiting times are clearly displayed at ward entrance for all patients and visitors to ensure access to the ward is effective at all times
- The implementation of the use of symbols above patient beds denoting certain conditions to ensure that clinical teams can deliver healthcare effectively and be responsive to individual needs
- The consistent, effective implementation of the safe staffing escalation process during periods of high activity to ensure patient and staff safety at all times
- Actively promoting the Stop Smoking Service to all applicable patients and increase in the awareness of the service amongst relevant staff

The Friends and Family Test

The Friends and Family Test (FFT) is a simple, single question survey that asks inpatients and patients discharged from the Accident and Emergency Department to what extent they would recommend the service they have received at a hospital department to family or friends who needed similar treatment. All data collected is used to calculate a score (the Net Promoter Score).

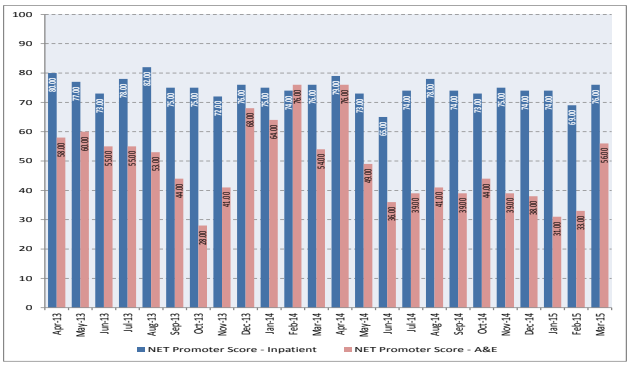
Scoring ranges from extremely likely to extremely unlikely. The goal is to have a high Net Promoter Score of 70.

At UHNM systems are in place for patients to provide feedback via iPads, Smart Phones, the Trust website or comment cards entitled “What Our Patients Really Think of Us”. A&E on both sites and the outpatients department on the County site also have the option of an automated telephone call to patients within 48 hours of discharge.

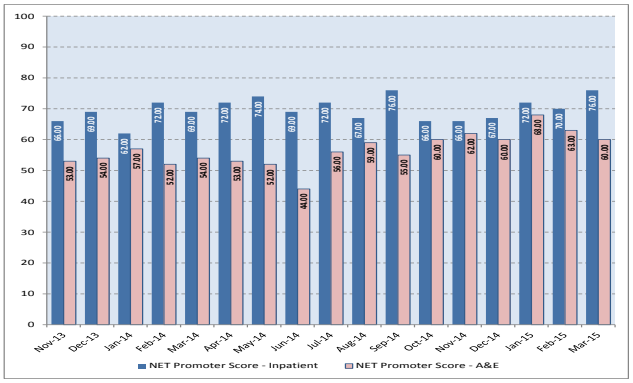
Returns from the inpatient wards have resulted in an overall response rate of 40.2% against the end of 2014/15 year target of 40%. The overall response rate for A&E patients was 32.7% against a quarter 4 target of 20%.

The feedback is used to support teams to make real improvements on issues which matter to their patients. Wards and departments are able to access their own results and use the comments to share areas of good practice, where actions are required and identify real time improving or declining trends in patient care.
As the questionnaires are anonymous, patients do not receive individual feedback unless, as happens occasionally, they have clearly indicated they wish to be contacted and their details are provided.

Friend & Family Test Scores—RSUH



Friend & Family Test Scores—County Hospital



Healthwatch

During 2014, Engaging Communities Staffordshire has completed a number of research studies on behalf of the Trust.

During October 2014 Healthwatch Stoke-on-Trent distributed 500 questionnaires from the Frail Elderly Assessment Unit at Royal Stoke University Hospital with the aim of gaining insight into the hospital discharge experience of frail elderly patients. 86 (17.2%) of questionnaires were returned.

Although there was a low response rate there were a number key areas for consideration. The report concluded that a significant proportion of frail and elderly people might not fully understand their care and treatment plans whilst in hospital including the discharge process. It suggests that communication can be improved to support person-centred care, understand the needs of the frail elderly to enable them to become active participants and improve their outcomes. In response the Trust will:

- Make every effort and opportunity to involve older adults in their care.
- Use advocates where appropriate for patients who do not have family or friends to support them
- Ensure patients understand their medications prior to discharge

In addition, over the 2014/15 winter period there were concerns around the capacity of UHNM to deal with the large numbers of people attending A&E. As a result of this, during a 2 week period in February 2015, Healthwatch Stoke-on-Trent and Staffordshire surveyed 460 patients who predominantly arrived at A&E by their own means rather than by ambulance.

The focus of the research was to identify why people were using A&E in such high numbers, what other urgent care options they had considered and if the Trust could have taken any other measures to ease the pressures on the overstretched department. The Trust and the wider health economy are considering a number of recommendations made by Healthwatch, for example:

- Ensuring clear, accurate waiting times are displayed at all times.
- Ensuring the microphone and audio equipment at the A&E reception is working effectively
- Considering ways to simplify accident and emergency services to avoid people making attendances to multiple services and increase A&E capacity through reduced confusion and improved accessibility to emergency health care

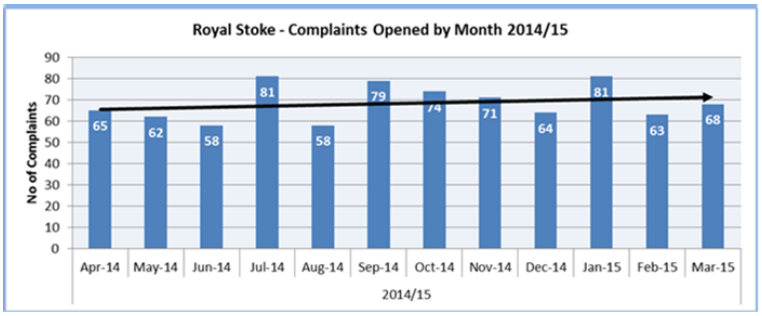
Complaints

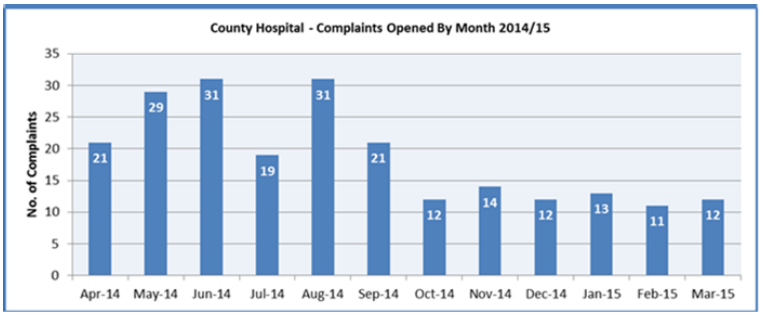
The total number of complaints opened at Royal Stoke University Hospital during 2014/15 is 824 which is an increase of 1.9% over the same period in 2013/14 when the Trust saw 809 complaints opened.

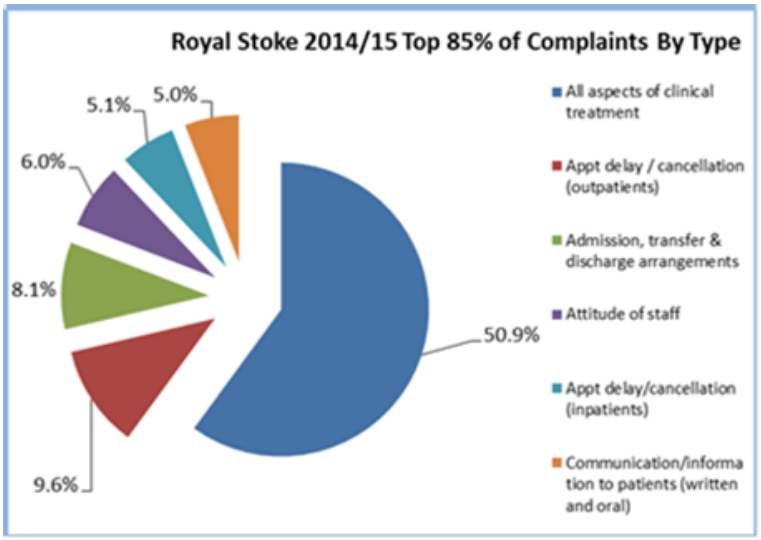
The total number of complaints opened at County Hospital was 238 in 2014/2015, which is an 11% reduction from 2013/14 with 30 fewer complaints than the 268 complaints received in 2013/14. For the period of November to March there were 62 complaints averaging 12.5 per month, whilst the previous seven months as the Mid Staffordshire Foundation Trust saw 176 complaints with an average of 25 received per month.

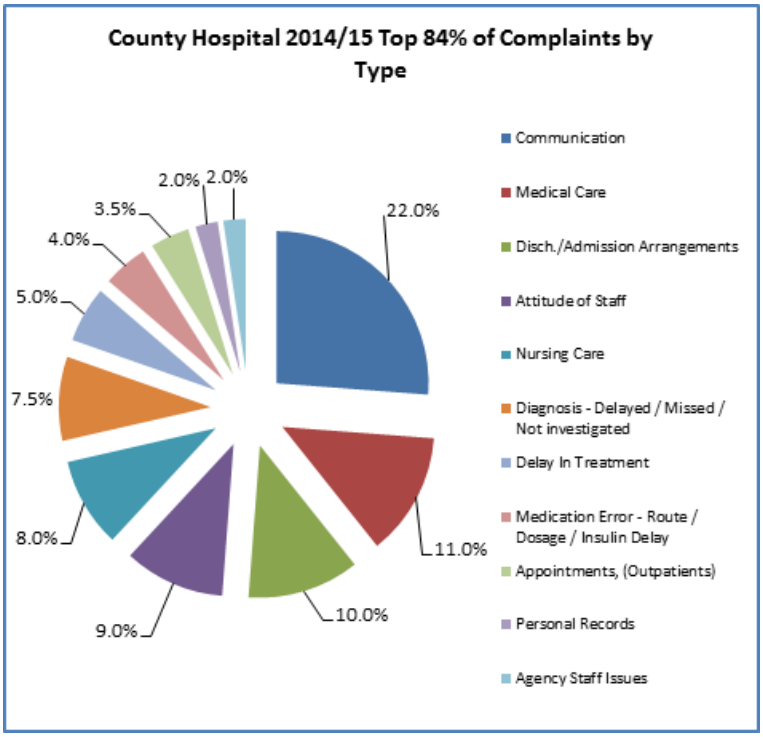
In June 2014 the Trust radically changed the way the complaints process is managed by forming a 'centralised' complaints team. Traditionally complaints were investigated at Directorate level and letters of response were written by a wide range of staff across the Trust, with variable quality depending on the individual's skills and experience. The centralised team now investigate complaints supported by the departments involved. Benefits seen to date are:

- More timely responses from receipt of complaint to final response
- Improved consistency and quality of responses
- Complainants feeling more supported through the process
- An increase in complaints closed within agreed deadline
- Improvements to the recording of complaints to aid identification of trends and themes









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.

- A number of complaints have been anonymised and shared with nursing staff on the wards for educational purposes in order to improve care and communication in the future
- Staff have been reminded to ensure call bells are always within reach, the importance of storing drugs appropriately including insulin and to ensure that patients are promptly supplied with diet and fluids
- All new doctors are educated as part of their induction, on the requirement to accurately communicate and document information
- The Trust is undertaking a project to implement an electronic prescribing system that will reduce medication errors. (is this now complete)
- A portable MRI scanner has been sourced and an additional consultant radiologist has been appointed to reduce diagnostic waiting times
- The telephone systems have been upgraded and now give an engaged tone to let the person ringing the ward know that the telephone is busy
- The Chief Nurse has reviewed the pain service and reviewed the requirements to deliver a seven day service in the future.

Priority 2: To ensure a seamless integration between Mid Staffordshire FT and UHNS and to implement revised clinical models which will deliver high quality, safe and accessible services for all.

The Trust emphasises its commitment to improve quality, safety and access to all. Performance against this priority has been monitored during 2014/15 using a range of indicators. The following section provides a summary of performance for these indicators.

Patient Safety Incidents and Never Events

In general terms the number of patient safety incidents is increased with 12764 reported in 2014/145 compared to 9569 in 2013/14.

The Trust not only reviews actual numbers of patient safety incidents but also uses benchmarking tools to assess changes in reporting levels. To assist in assessing reporting levels and changes in activity 2 different rates are used:

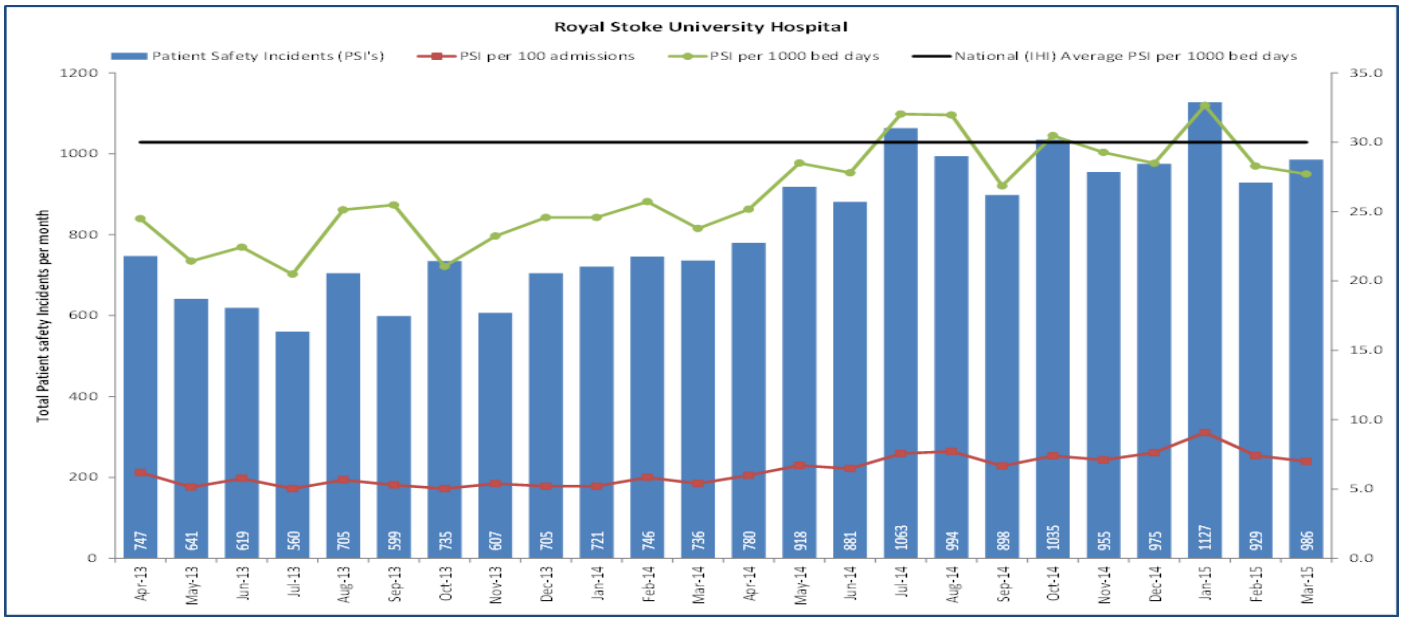
- Rate per 1000 bed days
- Rate per 100 admissions

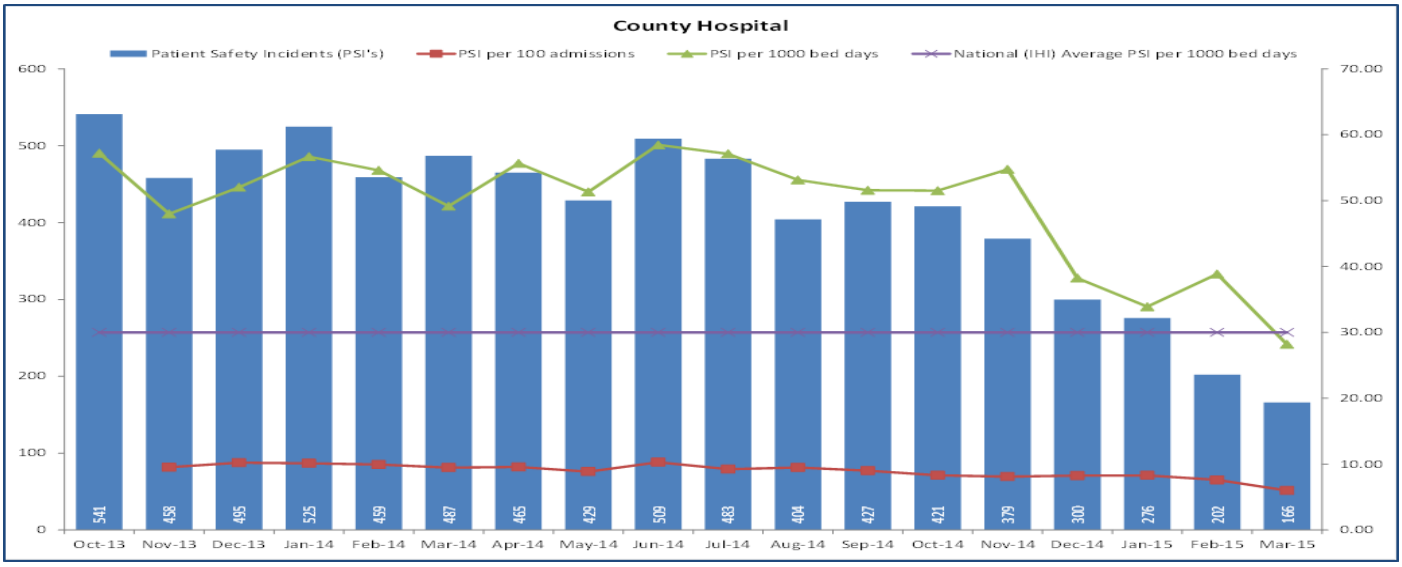
These allow the Trust to compare performance whilst making allowances for activity changes internally but also to benchmark against other Trusts and national average rate.

The rate of incidents per 1000 bed days has also increased but is similar to the Institute for Healthcare Improvement (IHI) indicator rate of 30 patient safety incidents per 1000 bed days.

During 2014/15 UHNM had an average rate of 29.02 patient safety incidents per 1000 bed days at RSUH and 36.80 at County Hospital.

During 2014/15, UHNM reported two Never Events relating to retained vaginal swabs following delivery and a misplaced NG tube. Both incidents were fully investigated and learning shared internally and with external stakeholders.





Hospital acquired Pressure Ulcers

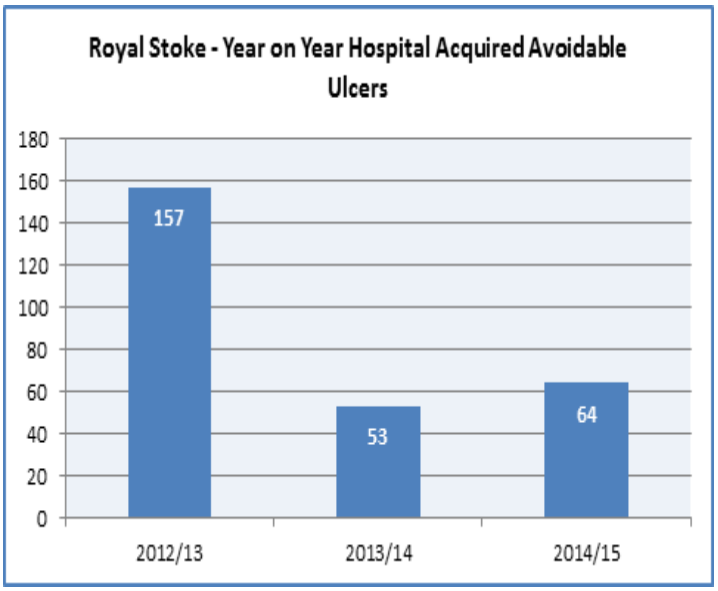
Pressure ulcers are a recognisable measure for quality and safety of patient care and during 2013/14 the University Hospital of North Staffordshire (as was) achieved a 66% reduction in hospital acquired pressure ulcers against the baseline number of 157 ulcers in 2012/13. As a consequence of this huge improvement the trust agreed an ambitious target for 2014/15 to reduce hospital acquired avoidable pressure ulcers by a further 40%. Whilst the Trust did not achieve this target, having incurred 61 avoidable ulcers during the year, this performance still delivered a 61 % reduction against the baseline year of 2012/13 demonstrating that our increased focus is delivering improved levels of safety and patient care.

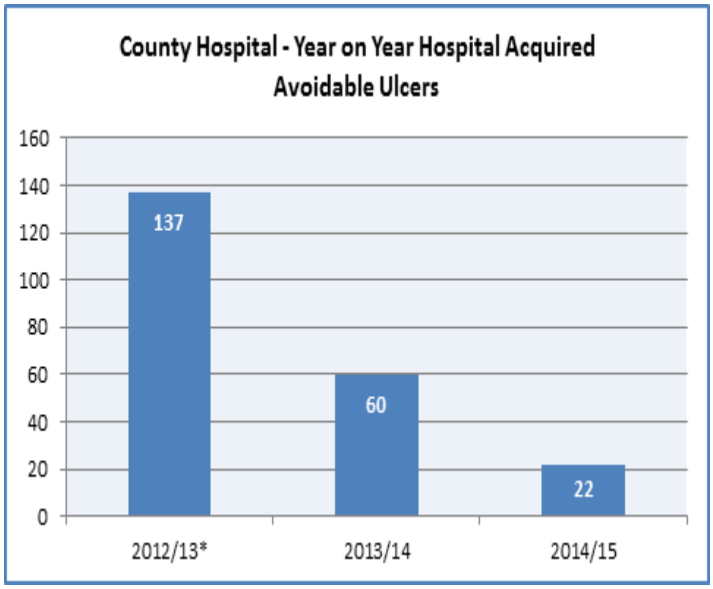
At County Hospital (formerly Mid Staffs Foundation Trust) similar activity was put in place following the baseline performance of 137* hospital acquired ulcers in 2012/13. In 2013/14 the County site began grading ulcers as either avoidable or unavoidable and during this time the number of avoidable ulcers incurred was 60. With increased focus during 2014/15 the levels of safety and patient care in relation to pressure ulcers were further improved with a reduction of 62% in the number of avoidable ulcers with only 23 being incurred.
*NB: Mid Staffs were not grading ulcers as Avoidable / Unavoidable until 2013/14.

The Trust monitors all grade 2, 3, and 4 pressure ulcers and undertakes a root cause analyses (RCA's) for all hospital acquired pressure ulcers. Our RCA's have indicated that our documentation does not always include all of the details of care given and therefore we have been unable to evidence that all preventative measures have been taken to avoid the development of a sore. As a result we have seen more pressure ulcers being reported as avoidable.

This emphasis on detailed recording of pressure ulcer prevention and treatment is vital evidence that high quality nursing care with regard to pressure damage is in place and is an area for improvement in the coming year.

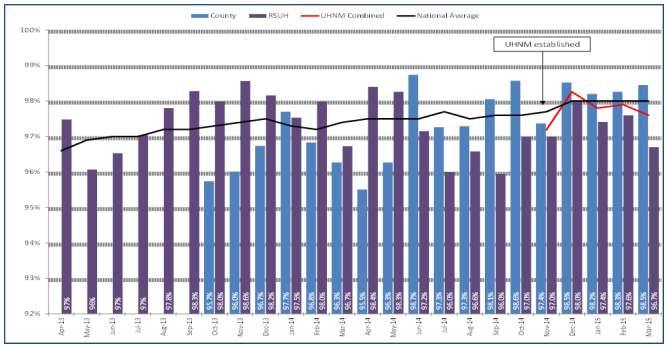
Royal Stoke University Hospital - year on year hospital acquired avoidable pressure ulcers





* Note they only started grading as avoidable v unavoidable in 2013/14 started grading as avoidable v unavoidable in 2013/14

Harm Free Care (New Harms)

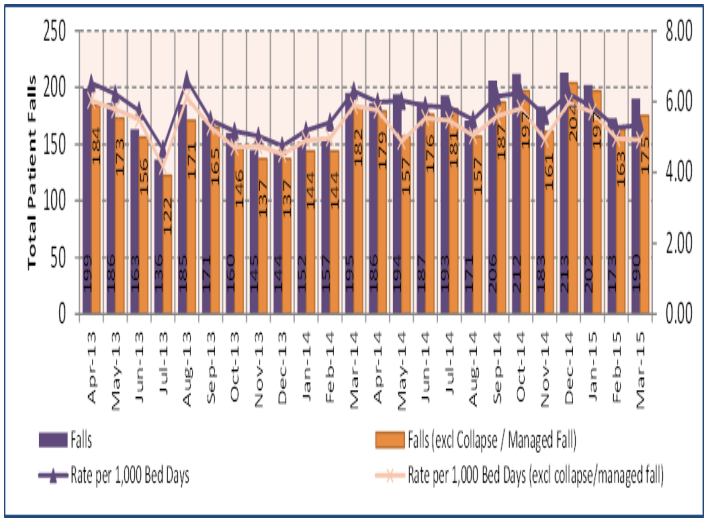


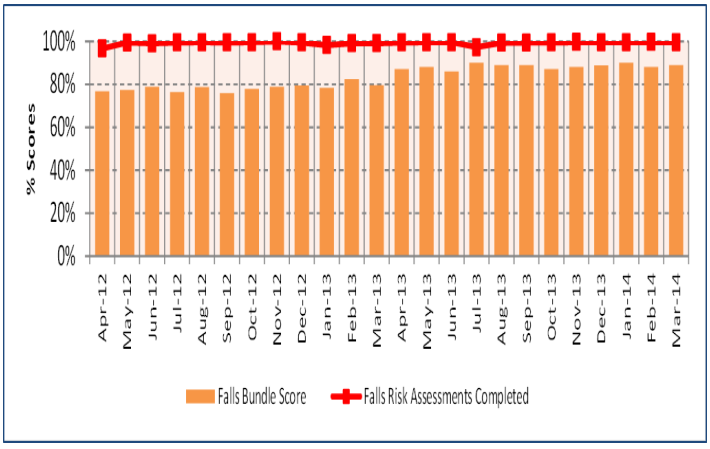
Since the establishment of UHNM, the Harm Free Care percentage has improved on the County Hospital compared to previous months returns and the RSUH figures have remained relatively constant compared to 2013/14. The national target is 95% and both RSUH and County have achieved this target

Patient Falls

During 2014/15 there have been 2465 patient falls reported compared to 1993 during 2013/14. The falls rate per 1000 bed days for 2014/15 at RSUH is 5.83 and County Hospital 4.61 compared to national benchmark rate (based on NPSA figures) of 5.8. During 2014/15 there had been a reduction in the number of patient falls in the final quarter of the year.

Patient Falls (April 2013 – March 2015) - RSUH

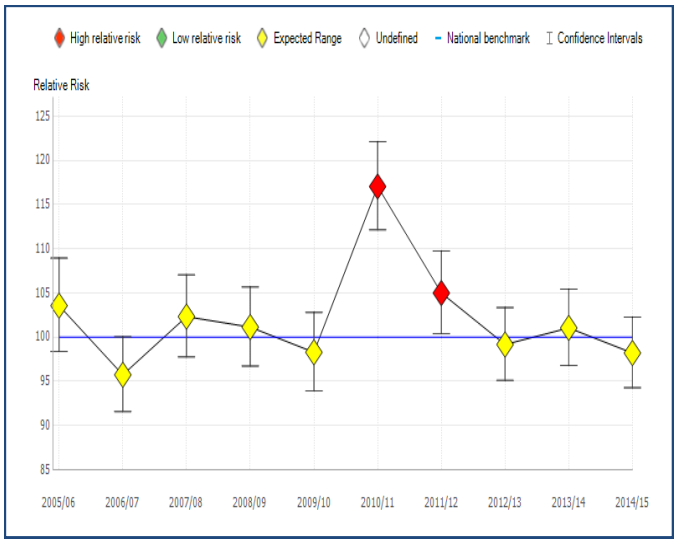




However, there is continued excellent performance for falls risk assessments with 99% completion rate year to date against a national target of 95%. The Falls Bundle compliance has also seen recent increases with 89% compliance.

Mortality

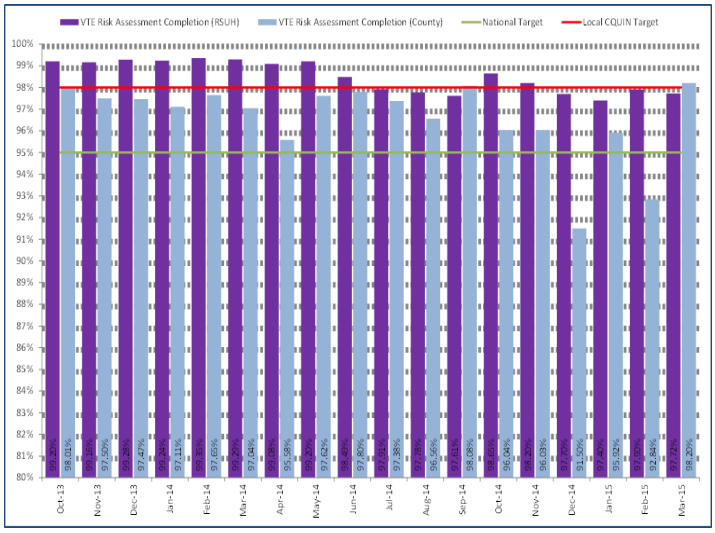
The HSMR for 2014/15 has continued to improve and the current figure for 2014/15 is 98.20 compared to the final 2013/14 figure of 101.94.



The most recent published Summary Hospital-level Mortality Indicator (SHMI) for July 2013 —June 2014 is 1.02 (Band 2—within expected ranges).

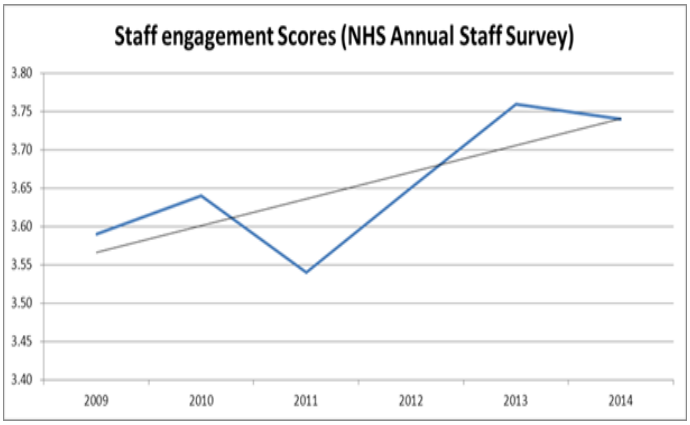
Venous Thromboembolism

Proactive assessment, prevention and management of blood clots is vital in avoiding harm to patients. The graph illustrates that the Trust is consistently exceeding the national and more challenging local target for completing assessments for this potential harm.



Priority 3: To ensure staff experience is within the top 20% of Trusts nationally

The staff engagement score is used as an indicator of the direction of travel regarding the quality of care being delivered to patients. The indicator is made up of scores for staff job satisfaction, motivation, levels of involvement and willingness to act as an advocate for the organisation by recommending it. The Chart below shows the improving trend for staff engagement scores.

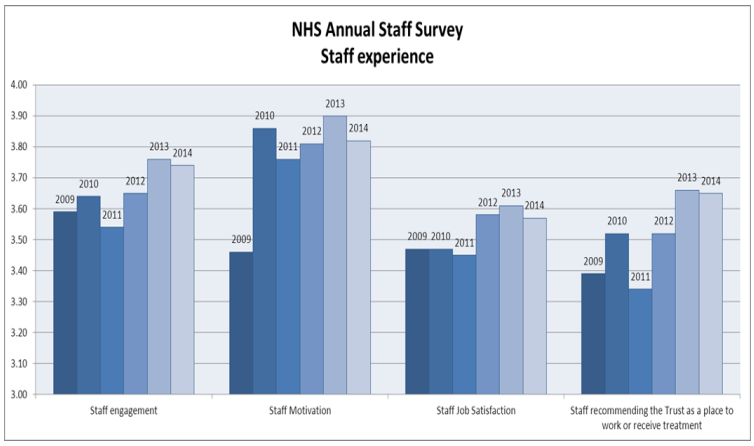


During 2014/15, the Trust undertook a number of actions to improve staff engagement, experience and involvement which included:

- Embedded our staff engagement strategy and "values and behaviour" framework to reinforce to our staff how we expect them to be professional and respectful to each other and instil pride in their teams, working together for patients and their families.
- Continued to ensure that incident reporting, and feedback on incidents, was improved locally and corporately and continued to work with NHS Employers to help create a strong supportive culture to empower employees to raise any issues.
- Staff at Royal Stoke University Hospital are amongst the top 20% of Acute Trusts nationally who feel secure raising concerns about unsafe clinical practice.
- The 2014 NHS Annual Staff Survey also showed that staff are able to contribute to improvements at work, feel they make a difference to patients and are satisfied with the quality of patient care they are able to deliver
- Introduced a talent management process, which will be introduced into the appraisal process to improve opportunities for career progression.

Year-end Outcomes

- Overall, the staff engagement score for 2014/15 was 3.74, a slight reduction on the 2013 score of 3.76, and equal to the national average for Acute Trusts (3.74). Comparisons are illustrated in chart below.



- The Staff Survey was carried out during a period of major change for the Trust and in this context maintaining this level of staff engagement can be seen as positive
- The Annual Staff Survey (2014) results show staff continue to be committed to providing the best possible care to patients and the percentage of staff willing to recommend this Trust as a place to receive care improved from 68% to 69%.

2015-16 Next Steps

- The Trust's aim for 2015/16 is to improve the Staff engagement score from "average" to "above average" when compared to other acute trusts nationally as evidenced by the 2015 NHS Staff Survey by:
- Implementing Divisional staff engagement plans
- Enhance the role of the Integration Champions to become Engagement Champions, including promoting the role to expand the number of active champions
- Engaging with leaders at County Hospital to develop a shared vision for a vibrant hospital that plays an active part in contributing to 2025; and by supporting their teams through the process of change, including developing resilience and a sense of pride in the Trust
- Building on the work of the culture survey undertaken in July 2013

Priority 4: To deliver an efficient and effective patient pathway through admission, diagnosis, treatment and discharge

The Trust has been working towards making the patient pathway into and through the Trust as efficient and patient friendly as possible. During 2014/15, UHNM has faced significant challenges in meeting the different access and discharge targets that are monitored locally and nationally. The final end of year performance for these target have been provided on pages 21 and 22.

Emergency Care Pathway

Emergency demand pressures have continued throughout 2014/15 with both A&E attendances and emergency admissions in excess of planned levels.

- The Trust has underperformed against the 12 hour Trolley wait standard, with 724 for the year, although no further trolley waits have occurred since 03/03/15.
- The 4 hour wait standard has been underachieved throughout the year with YTD delivery at 83.4%.

Actions to improve

To assist in improving performance within the Emergency Care Pathway the Trust, along with local health economy partners have taken the following actions:

- North Staffordshire/SoT and South Staffordshire LHEs implemented a LHE Resilience Plan in Q3-Q4 2014/15, supported with additional winter and operational resilience funds which were aligned to improving performance against the 4 hour standard.
- Delivery and progress of the LHE Resilience Plan and expenditure of the additional funds continues to be overseen by the LHE System Resilience Group. These schemes remain in place into April, with agreement that no bed capacity is to be reduced without SRG approval. 13 beds in Cheadle have come out.
- The LHE have implemented a programme management approach to ensure consistency and alignment of plans, robust project management and implementation and monitoring of delivery. A programme brief was presented and approved by the SRG in March along with a draft programme plan.
- In addition, at the Trust's request Dr Ian Sturgess undertook a rapid review of the LHE processes to support the quality improvement programme in relation to urgent care. The outcome of which recommended 12 high impact actions and 6 'set up' systems that need to be put in place now and managed to ensure delivery of impact. An event was held on 27/02/15 with clinical and executive leaders from across the system to feedback the review findings and gain sign up to take the recommendations forwards. Dr Sturgess is supporting the system to take forward the programme of work and is working in UHNM one day per week.
- UHNM have established an Emergency and Urgent Care Improvement Programme Board, who's remit is to recommend and oversee the actions arising in relation to the delivery of the 12 high impact actions and associated activities detailed in the review. This is chaired by CEO/COO.
- Pharmacy weekend working was implemented in January and continues to be rolled out in line with recruitment plans.
- The pilot for electronic prescribing and medication administration system is due to commence in April 2015 and will continue to be rolled out throughout the year.
- On the 5th May the exemplar ward pilot was commenced on 2 wards, the philosophy that has led to the development of an exemplar ward model is that through delivery of an agreed set of standards; the quality of care, patient experience and ward based patient flow is optimised. The clinical teams, supported by the community trust and local authorities will be working together to identify best practice and current constraints in practice, outcomes from both wards are being collated to share learning.
- Ward moves during May 2015 will result in the opening of 28 additional medical beds.
- A new larger discharge lounge will be opened in May 2015.
- Discharge 2 Assess has been in place within Medicine for a number of months, and this scheme is to be fully rolled out to all Divisions during May 2015.
- The ED have in place an action plan including: 2-hourly board rounds, Introduction of daily timelines to support real-time management, implementation of Rapid Assessment and Triage, ANP extended hours to mitigate gaps in SHO rota.
- Implementation of a new Ambulatory Emergency Care Centre, with phase 1 scheduled to take place from September 2015.
- UHNM are recruiting a new community respiratory team.

Priority 4: To deliver an efficient and effective patient pathway through admission, diagnosis, treatment and discharge

Elective Care Pathway

The emergency pressures experienced by the Trust during the winter of 2014/15 have impacted on the elective care programme provided by UHNM. This has been particularly noticeable on the admitted pathway during Quarters 3 and 4 of 2014/15 which has resulted resulting in more patients waiting over 18 weeks for their inpatient treatment than the Trust would expect in order to deliver a sustainable 18 week pathway in the long term.

Actions to improve

To improve this for future years, the Trust has worked with LHE Commissioners to provide patients with alternative providers where possible, in order to maintain patients Constitutional Right to treatment within 18 weeks.

The Trust agreed with the National Trust Development Authority and Local Health Economy Commissioners plans to reduce the number of patients waiting over 18 weeks between February – April 2015, which will impact on the achievement of the national standards. The Trust has committed to delivery of the standards from May 2015 onwards.

The LHE Planned Care Group was re-established and will be reporting to the LHE SRG. This group will continue to focus on Referral To Treatment timescales and review of pathways.

Internally, UHNM and the different clinical Directorate teams have implemented service sustainability plans in to ensure delivery of these key measures.

Statements from our key Stakeholders

We would like to thank our partners from our local commissioning bodies, Stoke-on-Trent and Staffordshire Healthwatch and Stoke & Staffordshire Overview and Scrutiny Committees for reviewing our Quality Account and providing us with feedback. As a result of the feedback we have received, we have made a number of changes. A summary of changes can be found on page 41.

NHS Stoke-on-Trent Clinical Commissioning Group

NHS North Staffordshire Clinical Commissioning Group

NHS Stafford and Surrounds Clinical Commissioning Group

Joint Statement for University Hospital of North Midlands NHS Trust Quality Account

Stoke-on-Trent CCG, North Staffordshire CCG and Stafford and Surrounds CCG are making this joint statement as the nominated commissioners for the University Hospital of North Midlands NHS Trust. Commissioners were pleased to attend and contribute to the Quality Account Stakeholder Workshop and comment on the Quality Account for 2014/15

The contract and service specifications with the Trust detail the level and standards of care expected and how these will be; measured, monitored, reviewed and performance managed.

As part of the contract monitoring process, North Staffordshire CCG, Stoke-on-Trent CCG and Stafford and Surrounds CCG meet with the Trust on a monthly basis to monitor and seek assurance on the quality of services provided. In addition to the contract meetings, the CCGs work closely with Trust and undertake continuous dialogue as issues arise to seek assurance, which is also obtained via quality visits and attendance at the Trust's internal meetings.

The Quality Account covers many of the areas that are discussed at these meetings, which seek to ensure that patients receive safe, high quality care.

Review of 2014/15

It is pleasing to note the Trust's commitment to improving quality as demonstrated by the following achievements:

- The CCGs have been pleased to work with and recognise the hard work undertaken in 2014/15 to establish UHNM with The County Hospital and the Royal Stoke University Hospital. Commissioners support the implementation of revised models of care and sharing of best practice, recognising that clinical leadership is essential to delivering high quality, safe and accessible services for all.
- The Accident and Emergency Department and the Critical Care Unit at Royal Stoke University Hospital were the first in the country to achieve Excellence in Practice Accreditation. In addition, the Radiology Department at the Royal Stoke site also achieved the Imaging Service Accreditation Scheme.
- The Commissioners' recognise the importance that staffs' wellbeing has on positive outcomes for patients are pleased to see the Trust was awarded a Public Health Staffordshire Silver level Workplace Health and Wellbeing Award.
- The Trust has not reported any 'Eliminating Mixed Sex Accommodation' breaches during 2014/2015.

Statements from our key Stakeholders

However, 2014/15 has not been without its challenges:

- The Trust failed to achieve the 4 hour target in A&E and too many patients have faced unacceptable delays with the Trust being a national outlier for 12 hour breaches. The Trust has worked with commissioners to increase the quality monitoring undertaken to ensure that patients are kept safe and that patient experience is as good as it can be when there are long waits. From October to March commissioners have undertaken monthly unannounced quality visits to A&E and on all visits have found the unit to be safe and have witnessed and heard accounts from patients of hard working and committed staff delivering caring and compassionate care. Trust staff have welcomed and provided open access for the visits and responded appropriately where areas for improvement have been identified.
- The Trust reported two "Never Events" during the year: Investigations have been completed and Commissioners are assured that actions have been put in places to prevent recurrence.
- It is disappointing that the Trust has exceeded the 2014/15 targets for healthcare acquired infections. The CCG works closely with the Trust's Infection Prevention and Control Team and has undertaken infection prevention themed quality assurance visits to the wards and participated in post infection review meetings to ensure the process is robust and that there is appropriate learning and action. The Trust is actively engaged with both the local North Staffordshire Infection Prevention Control Group and the NHS England group.
- A further challenge to the Trust is to reduce the number of cancelled operations, to achieve the cancer 62 day targets and to address the out -patient backlog.
- Having made a significant 40% reduction in hospital acquired pressure ulcers during 2013/14, it is disappointing that the Trust were unable to achieve their ambition and target to reduce hospital acquired pressure ulcers by a further 40% in 2014/15 as agreed as part of a local CQUIN. Commissioners are pleased to see reduction in patient harm feature as a priority in 2015/16, that the trust has "Signed up to Safety" and that they have committed to undertake focused work on pressure ulcers and falls as part of this commitment.
- UHNM has opted for a payment scheme in 2015/16 where there is no CQUIN payment framework. However, the Trust is continuing to progress some of the proposed schemes which reflect key areas for improvement such as; falls prevention, pain management and sepsis as local quality measures. The Trust has agreed to report on progress against internally set improvement goals via CQRM on a quarterly basis

Priorities for 2015/16

The Commissioners welcome the quality priorities for 2015/16 which the Trust has developed in consultation via the Stakeholder Workshops. The CCGs look forward to receiving the CQC report following the hospital inspection undertaken in April 2015 and will work with the Trust to address any recommendations that may be made.

To the best of the commissioner's knowledge, the information contained within this report is accurate.

Dr Andrew Bartlam
Clinical Accountable Officer
Stoke-on-Trent CCG

Dr Julie Oxtoby
Clinical Accountable Officer
North Staffordshire CCG

Andrew Donald
Accountable Officer
Stafford and Surrounds CCG

Statements from our key Stakeholders

Joint Response to UHNM Quality Account from Healthwatch Stoke-on-Trent and Healthwatch Staffordshire.

The Quality Account was received and reviewed by Healthwatch Stoke-on-Trent on 20th May 2015 and Healthwatch Staffordshire on 18th May 2015. Following presentations from UHNM Trust staff and responses to the questions raised, Healthwatch offers the following jointly agreed comments.

We recognise the challenge that the Trust has had in the past year supporting the transition of services from the Stafford to Stoke-on-Trent site, and have welcomed the opportunity to be involved in the process of ensuring public engagement over the transition period, through the joint work of the two local Healthwatch. The pressures on A&E have also been severe with Royal Stoke's Accident and Emergency Dept breaching trolley waiting 724 times against a target of 0 because of the high level of demand over a sustained period. This has placed significant and continuing pressure on staff and, although it has been reassuring to note that there has been no significant harm to patients, this has not been an acceptable situation. Both Healthwatch welcome the warm response to their A&E Survey report and look forward to monitoring actions arising from this.

The presentation of the Quality Account gave members the opportunity to explore their concerns about staff morale and resilience and the way that they are being supported by the Trust's management teams. It is reassuring to recognise that **Priority 3** is about improving staff experience and it is clear from the discussion that significant emphasis is being placed on supporting staff through this challenging period. In particular, members of Healthwatch recognised the pressures on A&E staff and the need for this to be recognised and support offered to counter this.

We welcome the recognition by the Trust that it is important to improve patient experience further and that the Quality Account Priorities for 2015/16 puts improving patient experience as its first priority (**Priority 1**). Public concern about accessing the site and parking have been acknowledged and clearly plans are in hand to overcome this. There was concern expressed about the poor performance against the Cancer 62 Day urgent GP referral to treatment target, and the breaches of the 28 Day standard for Cancelled Operations. A focus on improving the performance in these areas is noted. We also welcome the intention set out in **Priority 5** to improve communication with patients and stakeholders and both Healthwatch are already in discussions with the Trust to explore how this can be supported. Discussions over continued patient dissatisfaction with response to complaints was noted and Healthwatch is pleased that the CEO has welcomed Healthwatch offer to explore how this can be improved.

Overall Healthwatch Stoke-on-Trent and Healthwatch Staffordshire welcome:

- the recognition of the reality of the challenges ahead as set out in the report,
- the focused nature of the priorities described,
- the intention to place the patient at the centre of the service to improve their experience

and look forward to working with UHNM NHS Trust in the coming year.

Healthwatch Stoke-on-Trent & Healthwatch Staffordshire, May 2015

Statements from our key Stakeholders

Stoke City Councils Adult and Neighbourhoods Overview and Scrutiny Committee

Thank you for the opportunity to respond to the organisations quality accounts. Unfortunately, due to the Council holding all our elections this year, the council does not have an Overview and Scrutiny Committee which can consider Health items during the timescale of your consultation. Under the circumstances, Health Scrutiny is unable to comment on this year's accounts.

Staffordshire Health Scrutiny Committee

We are directed to consider whether a Trust's Quality Account is representative and gives comprehensive coverage of their services and whether we believe that there are significant omissions of issues of concern.
There are some sections of information that the Trust must include and some sections where they can choose what to include, which is expected to be locally determined and produced through engagement with stakeholders.

We focused on what we might expect to see in the Quality Account, based on the guidance that trusts are given and what we have learned about the Trust's services through health scrutiny activity in the last year.

We also considered how clearly the Trust's draft Account explains for a public audience (with evidence and examples) what they are doing well, where improvement is needed and what will be the priorities for the coming year.

Our approach has been to review the Trust's draft Account and make comments for them to consider in finalising the publication. Our comments are as follows.

Introduction
We note that the document presents a clear vision, values achievements, purpose and persons involved in the process. The statement from the Board summarising the view and quality of NHS services provided or subcontracted is present with a statement that to the Boards knowledge the information contained in the document is accurate. We also note the presence signature of the CEO and suggest the signature of the Chair be appended before publication. The list of services is noted.

Priorities
The explanation as to choice, linkage with the domains of patient care, fit with strategy views of stakeholders and how achieved is present. There is evidence of a process for measurement and a mechanism to report performance via t the Quality and Safety Forum we suggest that the makeup and function of the "Forum" it would have added value to the document. In relation to the Statement of Quality we are pleased to note the Trusts participation in the schemes of accreditation and of the intention to apply for inclusion of the County Site. Referring to the Wellbeing Award, the inclusion of effects on staffing sickness levels, vacancies, training and the addition of more detail concerning the issues featured would be helpful to the reader.

When considering progress made since the last Quality Account the Committee would welcome narrative in support and explain the statistical information presented is particularly in the case of Performance against Objectives. How progress will be made monitored, measured and reported up to Board level is recognised.

Statements from our key Stakeholders

Statements of Assurance

We note the supplementary text and relevance of the mandated information to quality and illustrative services. Concerning improvement of communication with patients and stakeholders, the inclusion of "Toms Story" adds value to the document .However we would like to see additional case studies drawn from across all sections of service users. This would provide a more balanced overview in particular the inclusion of negative feedback and subsequent action to address the issues as this would add to the integrity of the document. In respect of the Income the document would improve with the inclusion of more detailed information on income streams a breakdown of source, expenditure and the deficit.

We note the presence of information in respect of the participation in local and national audits, numbers of patients recruited to take part in research and the rational applied to the process as a whole. We would suggest that the report would benefit from more detail concerning actual in support of percentages reported.

The presence of the CQUIN payment framework is present, taking into account that the document is intended for public scrutiny the information outlined could be simplified. For further information there is telephone contact for a designated person, this would be improved with provision of a direct e-weblink.

We note the presence of the CQC registration without conditions, and that the CQC has not taken enforcement action against the Trust during 2014/15. Also the Hospital episodes score Information Governance Report and action to improve data quality. In respect of the Clinical Coding accuracy we are of the view that the inclusion of outcomes following the process would add to the value of the document.

Review of Quality Performance

We note the explanation of how the contents/priorities have been determined who was involved, and the rationale applied for selection. Information about specific services and specialities and what patients and public say is present. Indicators and evidence including complaints, patient and staff surveys are also included.

Performance against objectives, we would suggest that targets and achievements should be presented as percentage and real figures. The data concerning In Patient Experience appears to be out of date and may need revisiting prior to publication. The Quality Walkabouts are well embedded as are the Friends and Family Test in the latter the results appear positive, an explanation and description of subsequent outcomes would add value to the process.

We note that we are commenting on a draft document; our comment is based on the information available at this time with the expectation that the absent and outstanding material be added to the final draft before publication i.e. Statement from Key Stakeholders, Staff Experience Update, Statement of Assurance and Quality Indicators. To conclude we are of the view that the document could have been presented with the public in mind in a more sequential and user friendly format.

Glossary of Terms Used

Term	Description
A&E	Accident and Emergency
ACS	Acute Coronary Syndrome
AMS	Anaesthetic Management Service
CABG	Coronary Artery Bypass Graft
CAUTI	Catheter Associated Urinary Tract Infection
CCG	Clinical Commissioning Group
C Diff	Clostridium Difficile
CQUIN	Commissioning for Quality and Innovation Indicators
CQC	Care Quality Commission
CNST	Clinical Negligence Scheme for Trusts
EPAS	Excellence in Practice Accreditation Scheme
ESR	Electronic Staff Record
GP	General Practitioner
HDU	High Dependency Unit
HES	Hospital Episode Statistics
HSMR	Hospital Standardised Mortality Ratio
IG	Information Governance
IGRT	Image-guided Radiation Therapy
IT	Information Technology
ITU	Intensive Care Unit
LINk	Local Involvement Network
MEWS	Modified Early Warning Score
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
MUST	Malnutrition Universal Screening Tool
NCEPOD	National Confidential Enquiries into Patient Outcome and Death
NHS	National Health Service
NHSLA	National Health Service Litigation Authority
NICE	National Institute for Clinical Excellence
NIHR	National Institute for Health Research
OSC	Overview and Scrutiny Committee
PCT	Primary Care Trust
PROMS	Patient Reported Outcome Measures
PSED	Public Sector Equality Duties
ROP	Retinopathy of Prematurity
RPV	Renal Patient View
RR	Relative Risk
SHMI	Summary Hospital-level Mortality Indicator
SUS	Secondary Users Service
TPN	Total Parenteral Nutrition
UHNS	University Hospital of North Staffordshire
UNICEF	United Nations Children's Fund
UCIP	Unscheduled Care Improvement Programme
VTE	Venous Thromboembolism
WHO	World Health Organisation

List of services

A	B	C
• Accident and Emergency • Antenatal Clinic • Anticoagulant management service • Audiology	• Bariatric surgery • Breast Surgery	• Cancer Services • Cardiology • Chemotherapy • Children's wards and services • Clinical Haematology • Critical Care (ITU) • Central Treatment Suite • Cystic Fibrosis
D	**E**	**F**
• Day Surgery and Admissions Unit • Delivery Suite • Dentist Services • Dermatology • Diabetes & Endocrinology • Discharge Lounges	• Elderly Care (Older People) • Endocrinology • End of life • ENT (Ear, Nose & Throat)	• Gastroenterology • Genitourinary Medicine
G	**H**	**I**
	• Haematology • Haemophilia	• Infection Control • Infectious Diseases • Interpreter service • Imaging (X-ray) • ITU (Critical Care)
J	**K**	**L**
	• Kidney	• Lower GI • Lymphoedema
M	**N**	**O**
• Major Trauma • Maternity • Maxillofacial • Musculo-skeletal	• Neonatal Intensive Care Unit (NICU) • Neurology • Neurophysiology • Neurosurgery • Nuclear Medicine • Nephrology	• Obstetrics and Gynaecology • Oncology • Outpatient Parenteral Antibiotic • Therapy • Ophthalmology • Oral and maxillofacial surgery • Orthodontics • Orthopaedics • Outpatients
P	**Q**	**R**
• Pain Management • Palliative Care • Pathology • Pharmacy • Plastic Surgery • Pre Anaesthetic Management		• Radiotherapy • Renal (Kidney) • Respiratory • Restorative Dentistry
S	**T**	**U**
• Short Stay Unit (SSU) • Stroke • Surgery • Surgical Appliances • Spinal services	• Therapies • Trauma	• Urology
V	**W**	**X**
• Vascular Surgery		• X-ray (Imaging)

Summary of Changes as a result of feedback

- Larger sized charts

Independent Auditor's Limited Assurance Report to the Directors of University Hospitals of North Midlands NHS Trust on the Annual Quality Account

We are required to perform an independent assurance engagement in respect of University Hospitals of North Midlands NHS Trust's Quality Account for the year ended 31 March 2015 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the following indicators:

- Rate of Clostridium Difficile infections
- Percentage of patients risk-assessed for venous thromboembolism (VTE).

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of directors and auditors

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the 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, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 issued by DH in March 2015 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2014 to June 2015;
- papers relating to quality reported to the Board over the period April 2014 to June 2015;
- feedback from the Commissioners dated 29/05/2015;
- feedback from Local Healthwatch dated 31/05/2015;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated May 2015;
- feedback from the Overview and Scrutiny Committee dated 29/05/2015;
- the latest national patient survey dated 21/05/2015;
- the latest national staff survey dated 24/02/2015;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 06/05/2015;
- the annual governance statement dated 04/06/2015; and
- the Care Quality Commission's Intelligent Monitoring Report dated December 2014.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of University Hospitals of North Midlands NHS Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and University Hospitals of North Midlands NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- analytical procedures;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by University Hospitals of North Midlands NHS Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

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