NHS
University Hospitals of North Midlands
NHS Trust

PROUD TO CARE

Quality Account 2016/17

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Part A: Statement on Quality

OVERVIEW

1. Introduction to UHNM

Welcome to our new Quality Account about the University Hospitals of North Midlands NHS Trust (UHNM). 2016/17 has been a challenging yet exciting year for us, although we have continued to deliver on our commitment to transform health services in Staffordshire, ensuring stability and future resilience.

The Trust provides a full range of general acute hospital services for approximately 900,000 people locally in Staffordshire, South Cheshire and Shropshire. With more than 1,400 inpatient beds, the Trust also provides specialised services for three million people in a wider area, including neighbouring counties and North Wales.

We are one of the largest hospitals in the West Midlands and have one of the busiest emergency departments in the country, with more than 175,000 patients attending our A&E departments last year.

Many emergency patients are brought to us from a wide area by both helicopter and land ambulance because of our Major Trauma Centre status.

As a university hospital, UHNM works with Keele University and Staffordshire University and has strong links with local schools and colleges.

Royal Stoke University Hospital

County Hospital (Stafford)

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

This year we began and continue to work with partners within our **Sustainability and Transformation Plan (STP)** network to identify the changes needed to design a healthcare system which focuses on prevention as well as treatment and care, whilst at the same time improves our finances over the next five years.

We've seen some further exciting developments at our County Hospital Site this year, including a new Renal Unit; a £3.1m development that allows more patients to be treated closer to home and a £3m 29-bed Elective

Orthopaedic Unit that will care for and rehabilitate patients who have undergone orthopaedic surgery. At the same time we were proud to report that we have been carrying out our highest ever number of operations on this site. We will see many more developments at County Hospital like this over the coming year as part of the investment of well over £250m in bringing together our new NHS Trust.

Nationally and locally, **recruitment** to NHS roles is a challenge. One of the biggest threats to the delivery of our Annual Plan is an inability to recruit to some core posts. This year we've tried many different ways of recruiting, including our first Careers Open days which was a great success with around 1785 people visiting. As a result we have seen a marked increase in the number of job applications.

Research has continued to be an area of excellence for us and we have been delighted with some of the exciting developments over the year which demonstrates that our reputation is growing internationally. The team has won a plethora of awards recently and UHNM are one of only five sites to be chosen to participate in a national pilot project to explore the wider benefits of participation in research.

Our **emergency services** have been under incredible pressure this year and remain one of our biggest challenges. We all know that our pressures are down to a variety of complex and longstanding reasons, many of which are not within our direct control. External assurance processes and advice tells us that we are doing all the right things, but we must do them more consistently and so in the year ahead we will continue to work closely with our partners across the healthcare system to reduce admissions and therefore reduce pressures on our services.

Our **financial situation** also remains extremely challenging; we are far from meeting our cost improvement targets; and as a Trust the financial gap between our costs and our income will be in excess of £100m next year, which will be one of the largest in the country. For this reason we are under the microscope at a national level. Whilst we are always looking at ways of becoming more efficient, it is very clear that we are expected to deliver significant savings across our health economy and that we must explore some radical and sustainable options in order to achieve this.

However, despite our challenges, we've achieved so much to be proud of this year. We held our first new-style **celebratory awards** evening; 'A Night Full of Stars' in November where we were delighted to give out over 60 awards to our deserving staff and these were in addition to many awards received externally and at a national level.

Our commitment to you is to build on our many achievements, reflect when we have fallen short of the ambitious goals we have set ourselves and to always put the healthcare needs of you and your family first.

John MacDonald
Chairman

Paula Clark
Chief Executive

2. Statement on Quality

Since I started at the Trust in October 2016 I have been impressed with the relentless commitment to improve the quality of care we deliver, the focus on the elimination of error and the wholehearted embrace of learning from our mistakes and those of others.

Quality, safety and patient experience remains our number 1 priority. We have clear plans and ambitions for our future, building on our existing successes. Our core vision continues to be a leading centre in health care, driven by excellence in patient experience, research, teaching and education, our overall ambition is to equal or exceed the best performing Trusts in England. We want everyone who works at University Hospitals of North Midlands to share this vision and place quality at the heart of everything we do. We want our staff to understand their role in delivering high quality care and work towards delivering excellence every day. We expect that staff will be professional and respectful to each other and instil pride in their teams, working together for patients.

Our ambition will be delivered through our Patient Care Improvement Strategy which details to improve the quality of care we need to:

- ✓ **Reduce harm**
- ✓ **Improve the patient experience**
- ✓ **Improve clinical effectiveness and outcomes**
- ✓ **Improve operational effectiveness**

We recognise however, that providing healthcare is not without risk and that at times patient may be unavoidably harmed. However, we will abandon blame as a tool and we will actively listen to our staff and encourage them to speak openly about their concerns or when things go wrong. We will learning from our mistakes and develop knowledge and skill to improve.

Safety of patients remains our over-riding priority, and throughout 2016/17, we have worked closely internally and with our wider system partners to put sensible and robust measures in place to ensure this remains the case. We are very proud that in terms of providing 'Harm Free Care', our Trust is one of the best in the country.

As part of our drive to **Lead with Compassion** we have hosted a series of listening events during the year to help us to understand and improve the UHNM experience for our staff and our patients, along with a staff engagement and well-being survey. This provided us with vital information which we will be using to develop and improve our services over the coming year. We also launched our 'It's OK to ask' initiative to encourage our patients to ask the questions that matter to them, ensuring they are well informed.

We are proud that we have continued to see improvements in the safety of the care we provide to our patients with reductions in harm as a result of patient falls, exceeding the nationally set harm free care target, no Grade 4

hospital acquired pressure ulcers for over 1000 days and continued improvements in the mortality outcomes for our patients resulting in fewer people dying in our hospital than could be reasonably expected.

Key to our success and achievement is listening to and involving patients and the local community we serve. We recognise that we can communicate better with our patients and their family better and so this year we have introduced the “It’s OK to ask” campaign which encourages patients and their families to ask questions that matter to them ensuring that they are well informed and involved in the delivery of their care. Furthermore, we recognise that good staff experience contributes to a good patient experience and so we have explored this further through understanding what it is like to be in the shoes of our staff and our patients and what “good” looks like.

Our Quality Account will describe our locally developed Care Excellence Framework, internal accreditation system and Quality Academy which provides a pathway from ordinary to predictable excellence.

However, in common with all NHS organisations, we also have significant challenges in providing consistently high quality care for every patient. The demand on our beds has meant that patients have often had to wait longer than we would want and on occasions we have had to cancel planned operations. Furthermore, as with all NHS organisation, the trust faces increasing financial pressure as an impact of the continuing national economic downturn. This clearly calls all NHS organisations to review their services to ensure that we deliver high quality patient care efficiently and effectively whilst delivering on our financial obligations.

Our Quality Account therefore describes our successes and also some of the challenges we have faced. These challenges have guided our Quality Priorities for the year ahead

2.2 Strategic Objectives

Our 5 key Strategic Objectives are set out within our core strategy and form the basis of our Integrated Business Plan (IBP) and Annual Plan. Our objectives are underpinned by our core values and provide us with a clear focus and drive to deliver our strategy.

A year of success at UHNM

During 2016/17, our staff have been gaining recognition, both internally and externally, for their efforts and expertise from judges, panelists and patients alike. The nominations, awards and special presentations have been received and undertaken by staff right across the Trust, showcasing the professionalism, quality and talent of our workforce.

Here are just some examples of some of the fantastic recognition received by teams and departments across the Trust:

Pharmacy Directorate

Team of the Year: Medicine Waste Management Project

MRW National Recycling Awards

Estates, Facilities and PFI

Staff Engagement Programme Award

HPMA

Mr Jinesh Shah, Consultant Orthodontist

Patient Choice Award

Aesthetic Dentistry

Estates, Facilities and PFI

3 Awards: Public Health, Food and Procurement

NHS Sustainability Awards 2016

ICT & Operations

A&E Live Waiting App: 4 Candles Award

NHS Academy of Fab Stuff

Mandie Burston

Nurse of the Year: Raising Awareness of Domestic Abuse

Nursing Times Awards

Department of Intensive Care – ACCP Team/Keele University

Innovation in Education & Skills

WMAHSN

Estates, Facilities & PFI

Excellence in Employee Engagement

Healthcare People Management Association

"It's great to see so many members of staff across the Trust being recognised for their fantastic day to day efforts. Our workforce is made up of highly skilled, professional and diligent staff who provide an excellent level of care to patients. I would like to congratulate all those who have received awards, and wish those nominated for awards all the very best."

Rob Courteney-Harris
Medical Director

Acute Research Team

First 24/7 Research Service in the UK

Nursing Times Awards

Estates, Facilities & PFI

Highly Commended: Improving Environmental and Social Sustainability

HSJ

Supplies & Procurement

Team of the Year 2016

National Healthcare Supplies Association Awards

UHNM

Bronze Award for Experience Provided to Reservists and Military Personnel

Armed Forces

Deconditioning Syndrome Awareness Campaign

January 2017 Award

Academy of Fab Stuff

Human Resources

Apprentice Employer of the Year

West Midlands NHS Apprenticeship Recognition Awards

Priorities for Improvement

3.1 Our Quality Priorities and Objectives for 2017/18

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

We want everyone who works at UHNM to share this vision and place quality at the heart of everything we do by embracing and demonstrating the following values:

Safety is our Priority
Keeping people safe
Taking personal responsibility
Leading with care
Delivering the best outcome

Respect and Dignity
Compassion and kindness
Going the extra mile
Valuing diversity
Protecting dignity

Learn from Experience
Giving and receiving feedback
Always improving
Championing learning and education
Innovation and research

Working Together and Everyone Counts
Promoting teamwork
Working in partnership
Involving and engaging
Active listening

Prioritising our quality improvement areas

We have continued our focus on quality improvement with our Patient Care Improvement Programme which is aligned to our Strategic Objectives and 2025Vision.

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

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

Stakeholder Workshops

In April 2017, we held stakeholder workshops and invited our Shadow Governors, members of staff and our partners from local councils, Clinical Commissioning Groups and Healthwatch. The aim of the workshops was to agree our priority quality objectives for 2017/18 with a focus on continuing to improve the priorities set in 2016/17.

As a result of these sessions we have committed to focus on the following priorities during 2017/18:

Priority 1: To reduce avoidable harm

Priority 2: To improve Staff Engagement and Empowerment

Priority 3: To improve access to and discharge from services within UHNM with better communication to patients

Priority 4: To better utilize County Hospital

3.2 How we have performed against Quality KPIs during 2016/2017

Quality Indicator	Previous Period		Current Period	
The value of the Summary Hospital level Mortality Indicator (SHMI)	**October 2014—September 2015** 1.04 (Band 2)		**October 2015 – September 2016** 0.99 (Band 2)	
The percentage of deaths with palliative care coded at either diagnosis and/or specialty level	33.8%		38%	
Patient Reported Outcome Measures scores* *(National Average)* Groin hernia surgery Varicose Vein Surgery Hip Replacement Primary Surgery Knee Replacement Primary Surgery **EQ-5D scores*	**Participation Rate 2015/16** 25.4% *(56.4%)* 3.0% *(31.6%)* 97.8% *(84.1%)* 103.4% *(93.4%)*	**Average Health Gain 2015/16** 0.103 *(0.088)* - - 0.324 *(0.334)*	**Participation Rate Apr –Dec 2016** 30.7% *(56.3%)* 2.0% (*34.1%)* 80.2% *(85.3%)* 88.3% *(94.0%)*	***Average Health Gain Apr–Dec 2016*** 0.108 *(0.087*) - 0.415 *(0.449)* 0.340 *(0.330)*
Percentage of patients aged 0 to 15; and 16 and over Readmitted to a hospital which forms part of the Trust within 28 days of being discharged from hospital	**UHNS (2011/12)** 11.78% 11.89%	**England (2011/12)** - 11.45%	**Awaiting publication and update from NHS Digital Portal**	
The Trust's responsiveness to the personal needs of its patients	**2014 Survey** 63.9 *(National average 68.95)*		**2015 Survey** 66.5 *(National average 69.6)*	
Percentage of staff employed by the Trust who would recommend the trust as a provider of care to their friends and family	**2015** 74% *(National Average Acute Trusts 70%)*		**2016** 69% *(National Average Acute Trusts 70%)*	
Percentage of patients who were admitted to hospital and who were risk assessed for Venous Thromboembolism (Acute Trusts) *(National Average)*	**2015/16** Q1 98.7% *(96.04%)* Q2 98.4% *(95.9%)* Q3 98.1% *(95.1%)* Q4 98.04% *(95.53%)*		**2016/17** Q1 98.37% *(95.73%)* Q2 97.38% *(95.51%)* Q3 97.17% *(95.64%)* Q4 *Results not yet published*	
The rate per 100,000 bed days of Clostridium Difficile infection reported within the Trust amongst patients aged two or over (Trust apportioned)	**2014/15** 19.9 *(National Average 15.1)* *(National Range 0—62.2)*		**2015/16** *22.5* *(National Average 14.9)* *(National Range 0 – 66.0)*	
The number and rate of patient safety incidents reported within the trust - for large acute trusts	6646 (April 2015 —September 2015) 30.11 per 1000 bed days *(National average 39.29)*		7066 (October 2015 – March 2016) 31.2 per 1000 bed days (National average *)*	
The number and percentage of such patient safety incidents that resulted in severe harm or death—acute (non specialist)	8 (April 2015—September 2015) 0.04 per 1000 bed days *(National average 0.4%)*		10 (October 2015 – March 2016) 0.04 per 1000 bed days *(National average)*	

Commissioning for Quality and Innovation (CQUIN) Indicators for 2016/17

CQUIN is a payment framework which allows commissioners to agree payments to hospitals based on agreed improvements. The Trusts performance against the CQUINs for 2016/17 can be seen on p14. 2.5% of income was dependent of the achievement of the CQUINs. The Trust submitted an overall CQUIN performance of 97.3% for the Specialised Commissioning Contract and 100% for the Local Commissioning Contract and await confirmation of achievement from Commissioners.

Main Contract CQUIN 2016/17

- **Health & Wellbeing - Staff:** Introduction of Health & Wellbeing Initiatives
- **Health & Wellbeing - Food:** Healthy food for NHS staff, visitors and patients
- **Health & Wellbeing - Flu:** Improving the uptake of flu vaccinations for front line clinical staff with a target to achieve 75% by the end of February 2017
- **SEPSIS –** locally adapted to recognise that UHNM did not adopt CQUINs is 2015/16
    a) **Timely identification and treatment for Sepsis in emergency departments –** milestones included a roll out programme with increasing targets over the year and an end of year target of 60%
    b) **SEPSIS - Timely identification and treatment for Sepsis in acute inpatient settings** - milestones included a roll out programme with increasing targets over the year and an end of year target of 90% for surgical wards
- **ANTIMICROBIAL RESISTENCE:**
    a) **Reduction in antibiotic consumption by 1% in the below**. Locally adapted baseline to recognise that UHNM was 2 Trusts for the original baseline therefore not reflective of current activity/position
        - total antibiotic consumption
        - carbapenem
        - piperacillin-tazobactam
    b) **Empiric review of antibiotic prescriptions with 72hours**: end of year target of 90%
- **CANCER – RCA:** Demonstrate appropriate management and review of long waiters with a clinical harm review for a positive diagnosis
- **SAFER – Patient Flow Bundle:** Promoting the use of the SAFER bundle and demonstrating compliance with a range of metrics
- **END OF LIFE – Rapid discharge pathway:** Development and introduction of a rapid discharge pathway
- **CANCER – ELECTRONIC HOLISTIC NEEDS ASSESSMENT (eHNA):** Embedding of e-HNA for cancer patients with an increasing target over the year; end of year target 50% in the designated cancer sites
- **PRIOR APPROVAL SCHEME:** Implementation of a prior approval process

Specialised Contract CQUIN 2016/17

- **Preventing term Admissions to NIC:** Introduction of a joint review group (obstetrics and neonatologists) to undertake clinical review of term admissions to NIC
- **Supporting Primary Care to manage Renal failure:** Development of an electronic system that is able to provide early identification of patients with a declining eGFR using IT system
- **Enhanced Supportive Care (ESC) for advanced cancer patients:** Development of an ESC service and increasing the proportion of patients that are referred to an eligible service
- **Coronary Bypass Surgery (CABG):** Review non-elective urgent inpatient waiting times for coronary artery by-pass surgery
- **Dose banding – Systemic anti-cancer treatments (SACT):** Expand the dose banding of systemic anti-cancer treatments for an agreed group of drugs
- **Armed Forces:** Demonstrate compliance with the Armed Forces Covenant
- **Dental:** Establishment and proactive engagement in local Managed Clinical Networks

Performance against objectives *(forecast as at 22.5.17)*

Ref no.	Indicator	Target for the Year	Internal assessment of performance for the Year
Main Contract CQUIN 2016/17			
1a	**Health & Wellbeing – Staff**	To Achieve	*Achieved*
1b	**Health & Wellbeing – Food**	To Achieve	*Achieved*
1c	**Health & Wellbeing – Flu**	75% (Feb)	*79.9%*
2a	**SEPSIS – Timely identification and treatment for Sepsis in emergency departments**	Increasing targets over the year with end of year target 60%	*Part achieved*
2b	**SEPSIS – Timely identification and treatment for Sepsis in acute inpatient settings**	Increasing targets over the year	*Achieved*
3a	**ANTIMICROBIAL RESISTENCE:** Reduction in antibiotic consumption	Reduction of 1% in • total antibiotic consumption • carbapenem • piperacillin-tazobactam	*Achieved locally adapted target*
3b	**ANTIMICROBIAL RESISTENCE:** Empiric review of antibiotic prescriptions	Increasing targets over the year with end of year target 90%	*Achieved – 96%*
4	**CANCER – RCA**	To Achieve	*Achieved*
5	**SAFER - Patient Flow Bundle**	To Achieve	*Part achieved (partial achievement in Q3 and forecasting partial achievement in Q4)*
6	**END OF LIFE - Rapid discharge pathway**	To Achieve	*Achieved*
7	**CANCER - ELECTRONIC HOLISTIC NEEDS ASSESSMENT**	Increasing targets over the year with end of year target 50%	*Achieved:* • *H&N: 63%* • *Brain: 75%* • *Gynae: 51%*
8	**PRIOR APPROVAL SCHEME**	Roll out across specialties	*Achieved – roll out complete*
Specialised Contract CQUIN 2016/17			
1	**Preventing term Admissions to NIC**	To achieve	*Achieved*
2	**Supporting Primary Care to manage Renal failure**	To achieve	*Achieved - tool developed and GP pilot/ next steps planned*
3	**Enhanced Supportive Care for advanced cancer patients (ESC)**	To Achieve	*Achieved*
4	**Coronary Bypass Surgery (CABG)**	To Achieve	*Achieved*
5	**Dose banding – SACT**	To Achieve	*Achieved*
6	**Armed Forces**	To Achieve	*Achieved*
7	**Dental**	To Achieve	*Achieved*

To note that the above is subject to evidence/information being reviewed by Commissioners and agreement that the associated milestones have been met in full

4. Patient Story

A Relatives Story – "You were such a help at a terrible moment in our lives"

My mom was admitted to Royal Stoke hospital in July 2016. She went from A&E to the Acute Assessment Ward where she had a heart attack in the middle of the night. Although the staff brought her back she was pronounced brain dead and eventually she was put on end of life care and passed away two days later at around 5:10am.

As you can imagine, this was a very devastating, emotional time for my sister and I. We believed she was going to leave hospital because she'd only had a fall at home. As she was disabled she hadn't been able to get back up and she had an infection of some kind. Being a bigger lady, she struggled and I believe it's the reason her heart gave out eventually.

We were called in the early hours of Wednesday morning and asked to come in as mom was very poorly. When we arrived, we were asked to go into the relative's room. We were told the news that my mom wouldn't be waking up. The doctor on shift was very supportive, answered the questions I had, let me break down.

We particularly remember one nurse Jackie, who sat hunched over, giving my mom help with oxygen for 2 hours. She talked to mom like they were having a conversation. When my mom's blood pressure raised, she said she thought it was because my mom was battling the breathing tubes and she calmed her down (we could see this on the screen). She spoke to us for another hour before they decided to let my mom breath for herself completely. The nurse was from Intensive Treatment Unit, she was selfless, and amazing. I want everyone to know what she did, whether it's normal practise or not. I can't imagine her back felt too good after she got up but she didn't complain and spoke to us about mom and to mom herself, it was such a help at such a horrible moment in our lives.

Another nurse fed me, and found me some medication when my migraines started. She kept mom comfortable and kept us updated when she could. She was also wonderful and attentive at all times.

Eventually our mom was moved to another ward. It was on the top floor, right in the corner, furthest away from the people lifts. The nurse that really made an impact on us (I think her name was Jess) was a lovely nurse who kept my mom comfortable. They changed her bedding and clothes when they became wet with sweat (it was those HOT days we had in July) they kept her face clean, kept her warm when needed, cool when needed, the room was amazing, private and cool and fresh. It was one of the best places mom could have passed away in really. Jess let us talk about mom endlessly, about what kind of women she was and she made sure we had all the information we needed before she left her shift.

A few other nurses were lovely on that ward, one provided us with a mattress and blanket as we stayed the entire last night mom was alive. Another, may be the same one, gave me a big hug after mom passed, they checked up on mom regularly and didn't touch her without telling her first. You expect these things really if you think about it, but I can believe it doesn't happen a lot of the time, after all, mom wasn't there anymore, she was just breathing.

However, these nurses treated her as if she were merely asleep, they respected her modesty, her human rights, her personal rights. They made sure she was comfortable and they made sure we were comfortable. They didn't need to; we chose to be there for mom.

So, now you've kind of lived through our horrible week made brighter by some of the beautiful people you have working in your hospital. We need to find out a way to shout about these nurses from the top of the hospital, so every ward, manager and patient knows how amazing these ladies were for us. Please share our experience in as many ways and with as many people as possible.

Extremely Impressed with Quality of Care and Professionalism

I was extremely impressed with the quality of care and overall professionalism shown by every member of staff we encountered during my Mum's recent admission.

When I arrived at A&E, the receptionist was unable to get through to the Rhesus team by phone, so they left their station and volunteered to walk me down in person. It might seem a small gesture but it really hit home from that first interaction that the culture within this hospital was very patient/family-centric.

The Nurse in Charge of Mum's care in Resus was extremely proficient, calm and clear - in updating me on Mum's condition and plan of care, the nurse gave me absolute confidence that Mum was receiving the best care and I genuinely felt that nothing was being missed.

Mum was then admitted to Ward 226 and again, the interactions with ward staff were brilliant. The Nurse in Charge of Mum yesterday gave us a very thorough and considered update on Mum's condition and treatment plan.

They also proactively offered to set up a password which we could quote when telephoning in order that they could give a more comprehensive update on her condition given that we live some considerable distance away. This is a brilliant service idea but sadly I know from my precious dealings with another hospital that this is not automatically offered. It is very clear that the leadership team and staff of this hospital have jointly created an outstanding hospital. Thank you very much indeed

5. Statement of Assurances

5.1 Review of Services

The Trust has continued to undertake reviews of wards and departments as part of our locally developed Care Excellence Framework (CEF) which is a unique, integrated tool of measurement, clinical observations, patient and staff interviews, benchmarking and improvement.

It provides an internal accreditation system providing assurance from ward to board around the domains of caring, safety, effectiveness, responsive and well led. The framework provides an award system for each domain and an overall award for the ward/department based on evidence. The awards range through bronze, silver, gold and platinum.

The CEF is supported by a bespoke IT system, acting as a data warehouse to store a suite of measures, with the ability to triangulate and present high level and granular information at ward/departmental level therefore ensuring that ward visits are intelligence driven and tailored. Managers are able to interrogate the system and benchmark themselves against others. The measures provide robust information to identify areas for improvement and areas of good practice. The clinical area is supported to develop and deliver a bespoke improvement plan and spread good practice.

Every ward has at least one Excellence visit per year reviewing all domains and receives ad hoc visits throughout the year to seek assurance with regards to individual domains. The CEF is delivered in a supportive style fostering a culture of learning, sharing and improving, and reward and recognition for achievement. The IT system demonstrates improvements and trends over time and helps to benchmark and spread excellence across the organisation.

The improvement process is supported by the Trusts recently established Quality Academy. The purpose of the Academy is to:

- extend the scope of quality and safety by facilitating creative thinking and empowering staff to deliver improvement themselves
- develop internal capacity and capability to undertake improvement
- encourage successful spread of innovation and learning
- support the implementation of the National Sign Up to Safety Campaign

Specifically the Academy:

- facilitates clinical teams
- implements improvement methodologies
- supports the measurement of improvement
- analyses and presents data

The Trust also facilitates Quality Review Visits, where a selected service hosts both UHNM and CCG representatives and presents an overview of the services provided, recent developments, positive improvements and challenges that have been faced. During 2016/17, the following services have participated in a quality review visit:

- Gastroenterology
- Trauma & Orthopaedics
- Pharmacy

In addition to the planned Quality Review visits, the Commissioners have also undertaken a programme of announced visits to the Emergency Department throughout the 2016/17. The Commissioners have also completed a number of visits to the A&E Department during times of extreme pressure. 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 purpose of the review 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 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 (Clinical Decisions Unit).
- 6 C's information was displayed in the Children's A&E and also in CDU where the Emergency Unit Elderly Care Group.
- Patient information was comprehensive and well displayed for example; children specific information leaflets and Domestic Violence posters.
- Safeguarding and Independent Mental Capacity Advocate (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

5.2 Participation in Clinical Audit

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

During 2016/17 - 51 National Clinical Audits and 6 - National Confidential Enquiries covered the NHS Services that the Trust provides.

The National Clinical Audits and NCEPOD enquiries that the Trust participated in, and for which data collection was completed during 2016/17 alongside the number of cases submitted, are referred to in the tables below:

A process is in place to ensure that leads are identified for all the relevant National Audits and NCEPOD.
The lead will be responsible for ensuring full participation in the audit. The reports of 42 National Clinical Audits were reviewed by the Trust in 2016/17 and local action plans were developed and implemented.

National Confidential Enquiries

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

NCEPOD Study	UHNM Registered	Completed
Non- Invasive Ventilation	Yes	Awaiting report
Cancer in Children, Teens and Young Adults	Yes	Data collection in progress
Acute Heart Failure	Yes	Not yet started
Perioperative Diabetes	Yes	Not yet started
Chronic Neurodisability	Yes	Data collection in progress
Young Peoples Mental health	Yes	Completed

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

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 action to ensure compliance.
During 2016/17 these spot checks have shown general improvements in different elements of clinical care.

5.3 National Clinical Audits

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

National Clinical Audit National Audit	UHNM Registered	% of cases Submitted
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Yes	100%
Adult Asthma	Yes	100%
Bowel Cancer (NBOCAP)	Yes	100%
Cardiac Rhythm Management (CRM)	Yes	100%
Case Mix Programme (CMP)	Yes	100%
Child Health Clinical Outcome Review Programme	Yes	100%
Congenital Heart Disease (Paediatric cardiac surgery) (CHD)	Yes	100%
National Diabetes Footcare Audit	Yes	100%
National Pregnancy in Diabetes Audit	Yes	100%
National Diabetes Inpatient Audit	Yes	100%
Diabetes (Paediatric) (NPDA)	Yes	100%
Elective surgery (National PROMs Programme	Yes	100%
Falls and Fragility Fractures Audit Programme (FFFAP)	Yes	100%
Fracture Liaison Database	Yes	100%
Hip Fracture Database	Yes	100%
Inflammatory Bowel Disease (IBD) programme	Yes	100%
Lung cancer (NLCA)	Yes	100%
Major Trauma: The Trauma Audit & Research Network (TARN)	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	Yes	100%
National Adult Cardiac Surgery Audit	Yes	100%
National Audit of Intermediate Care	Yes	100%
National Audit of Seizures in Hospitals (NASH)	Yes	100%
National Cardiac Arrest Audit (NCAA)	No	0%
National Comparative Audit of Blood Transfusion programme	Yes	100%
National Complicated Diverticulitis Audit (CAD)	Yes	100%
National Emergency Laparotomy Audit (NELA)	Yes	100%
National Heart Failure Audit	Yes	100%
National Joint Registry (NJR)	Yes	100%
National Ophthalmology Audit	Yes	100%

National Prostate Cancer Audit	Yes	100%
National Vascular Registry	Yes	100%
Neonatal Intensive and Special Care (NNAP)	Yes	100%
Oesophago-gastric cancer (NAOGC)	Yes	100%
Paediatric Asthma	Yes	100%
Pulmonary Hypertension (Pulmonary Hypertension Audit)	Yes	100%
Rheumatoid and Early Inflammatory Arthritis	Yes	100%
Sentinel Stroke National Audit Programme (SSNAP)	Yes	100%
UK Cystic Fibrosis Registry	Yes	100%
Vital signs in Children (care in emergency departments)	Yes	100%
VTE risk in lower limb immobilisation (care in emergency departments)	Yes	100%

Corporate and Local Clinical Audits

A total of 75 clinical audit projects were completed by Clinical Audit Staff and a further 186 clinician led audit projects were registered during 2016/17. 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:

Re-audit of Patient Handover Forms

Action	Co-ordinator	Action to be Completed By
In order to ensure all transferring wards fully complete a Trust Handover Form prior to transferring a patient the following will be undertaken:- • Communications to be issued to all divisions regarding the completion of Handover Forms and also discussed at each divisions Governance meeting. • Discussion at the Quality Nurse Study Day. • An audit via the CEF process.	Quality Nurse Facilitator / ACNs	May 2017
In order to ensure that all staff are aware of the correct manner to fully complete relevant aspects of the Handover Form a poster will be devised for display in each ward.	Quality Nurse Facilitator / ACNs	May 2017
In order to ensure a Modified Early Warning Score (MEWS) is included on the Handover Form for each patient; education regarding the importance of this will be cascaded to each transferring clinical area.	Quality Nurse Facilitator / ACNs	May 2017
In order to ensure that family members have been informed of the transfer on the Handover Form for each patient; education regarding the importance of this will be cascaded to all clinical areas.	Quality Nurse Facilitator / ACNs	May 2017

Each ward area will be made fully aware of the requirements to sign, date and time each Handover Form and will be monitored via CEF process and included in CEF Action Plan.	Quality Nurse Facilitator / ACNs	May 2017
In order to ensure the Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) status is included on the Handover Form for each patient; education regarding the importance of this will be cascaded to each transferring clinical area and monitored via CEF process and included in CEF Action Plan.	Quality Nurse Facilitator / ACNs	May 2017

5.4 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. 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. 3,421 patients receiving NHS services provided or sub-contracted by UHNM in 2016/2017 were recruited during that period to participate in research approved by a research ethics committee. Of these, 3,270 were recruited into National Institute for Health Research (NIHR) portfolio studies while 151 were recruited into non-NIHR portfolio studies

UHNM in top 20% of NHS Trusts for patient recruitment in 2016/17

UHNM is currently ranked 43 out of 246 Trusts for patient recruitment and 31 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. University Hospitals of North Midlands opened 138 new clinical research studies (117 NIHR portfolio studies and 21 non NIHR portfolio studies) during 2016/17. 144 NIHR portfolio studies have actively recruited research participants in 2016/17. There were 99.27 whole time equivalent funded clinical staff participating in and supporting Research approved by the Research Ethics Committee at UHNM during 2016/17. These staff participated in research covering 31 medical and surgical specialties out of 45. As of 1st March 2017 297 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. An Innovation Advisory Group has been established to oversee development and implementation of our Commercialisation Strategy which sits alongside the Research Strategy. The following on-going projects are worth noting:

(i) COPD-Single Point of Care monitoring project - Respiratory Medicine
(ii) Radiotherapy Patient Phone/Tablet App—Imaging Department
(iii) Fresh Hair – Oncology project

In addition, UHNM is a founding member of the Medical Devices Alliance (MDA) which aims to support the medical device and pharmaceutical sector in the development and evaluation of novel medical devices and pharmaceutical agents for the benefit of patients.

On the academic front the following is worth noting:

(i)The total grant income for this financial year was £1,399,457.
(ii) The total value of grants submitted this financial year was £4.1M against a target of £8.1M
(iii) UHNM was ranked 64th in NIHR Research Capability Funding ranking table for 2016/2017 out of 240 in the league table.
(iv) The academic team is increasingly engaging with new clinical, nursing and support staff, with 20 new researchers working with the team to develop grants during 2016/2017. In addition the team continues to work with external NHS trusts, higher education institutions and companies to develop innovative grant applications.

2016/17 has been a good year for research at UHNM and we aim to build on this during 2017/18.

5.5 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 continue to take the following actions to support and maintain 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 due for review in 2017 and will include RTT data monitoring and management
- A programme of Data Quality Workshops is planned, in conjunction with ICT PAS training later this year
- The Team are working closely with the strategic teams to validate data to ensure accurate, robust data is achieved following the PAS migration in January 2017

5.6 NHS Number & General Medical Practice Code Validity

University Hospitals of North Midlands 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. The Trust reported all indicators, with the exception of Pathway indicators, as "green" (equal to or above the national average) in 2015/16 and has maintained these results.

The percentage of records in the published data which included the patient's valid **NHS number** was:

- 99.6% for admitted patient care; national target is 99.3%
- 99.8% for outpatient care; national target is 99.5%
- 97.8% for accident & emergency care; national target is 96.8%

All of these results are higher than the national average.

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

- 100% for admitted patient care; national target is 99.9%
- 100% for outpatient care; national target is 99.8%
- 100% for accident & emergency care; national target is 99.0%

All of these results are higher than the national average.

5.7 Clinical Coding Accuracy Rate

The annual internal Information Governance clinical coding audit took place during 2016/17, achieving an overall rating of level 2 in all areas of the audit and level 3 in 3 of the 4 areas audited. All recommendations from the 2015/16 audit have been actioned.

The Trust were not subject to an external Payments by Results (PbR) audit in 2016/17.

The internal Staff Audit Programme has been updated for 2017/18. The Trust's Clinical Coding auditor achieved the national audit qualification in 2015 and carried out this year's Information Governance audit, supported by the Trust's Trainee Auditor

U-codes (no associated income due to missing information) have remained low throughout 2016/17, reporting less than 2% at most monthly submissions.

5.8 Information Governance Toolkit Attainment Levels

The attainment levels assessed within the Information Governance Toolkit (IGT) provide an overall measure of the quality of data systems, standards, and processes within an organisation. Forty five standards are assessed; the Trust must gain level 2 or above for each standard in order to achieve a "satisfactory" status.

The Trust's overall IGT score for 2016/17 is 71%. The number of requirements at level 2 or above is 45 out of 45.

An internal audit of the IGT during 2016/17 looked at 8 standards. At the time the audit was carried out, the auditors agreed with scores submitted for 5 out of 8 standards. A total of 6 recommendations were made; 4 "medium" and 2 "low". As part of the recommendations, the IG training requirement will continue to be reviewed. The Trust has an action plan for this requirement, which was accepted by NHS Digital during 2015/16 and which was reviewed by the internal auditors. A review of all Trust contracts was also a recommendation following the internal audit. This has been under review, and a full audit will be incorporated as a requirement for the implementation of the General Data Protection Regulation (GDPR) prior to May 2018.

A comparison of IGT scores for previous years is shown below:

	Information governance toolkit score	Grading Colour	Number of requirements				
			Level 0	Level 1	Level 2	Level 3	n/a
2016/17	71%	Green	0	0	38	7	0
2015/16	87%	Green	0	0	17	28	0
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

Although the overall IGT score is lower this year than previous years, the IG team have reviewed the evidence in the IGT to ensure it is up to date and relevant. This is in line with a recommendation made by internal audit, where it was agreed the Trust would review all level 2 evidence to ensure robustness.

Information Governance progress continues to be monitored at the Trust Information Governance Steering Group, chaired by the Trust Caldicott Guardian and Senior Information Risk Owner (SIRO)

Part B: Review of Quality Performance

6. Quality Priorities 2016/17

In 2016/17, in partnership with our stakeholders we identified 4 specific priorities to focus on:

Priority 1: **To improve further the safety of our patients**

Priority 2: **To improve the experience of our staff**

Priority 3: **To improve the experience and engagement with patients**

Priority 4: **To ensure appropriate, timely and equitable access to all hospital sites and ensure safe and timely discharge**

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

Priority 1:
To improve further the safety of our patients

Quality, safety and patient experience remains our number 1 priority and is described within our Patient Care Improvement Strategy. Our strategy confirms our relentless commitment to the elimination of error, to systematic promotion of safety, embracing wholeheartedly learning from our mistakes and those of others, changing our clinical services to improve the outcomes for patients and the delivery of excellent clinical results.

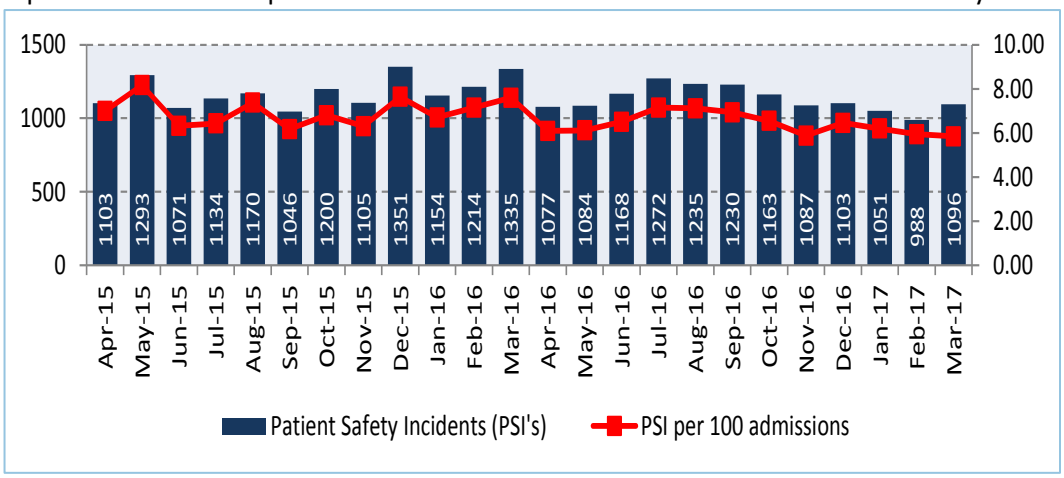
As an organization we stated that we would improve safety of our patients by

- **Reducing avoidable harm by a further 10%** - will continually strive to reduce harm from errors and promote reliability to consistently deliver good quality care to patients
- **Improving patients outcomes** - aim to be in top 10% of NHS organization by 2018 for mortality and patient outcomes
- **Introducing a formal accreditation process through a Care Excellence Framework**

Performance against this priority and its aims has been monitored during 2016/17 using a range of key indicators. The following section provides a summary of the performance for these indicators and what these results mean for our patients.

Patient Safety Incidents

We continue to aim to reduce harm to our patients. A key indicator of this is the number of patient safety incidents* reported and the rate per 100 admissions. The chart below illustrates the monthly totals for these indicators.



15% reduction in reported Patient Safety Incidents from 2014/15 to 2016/17

During 2016/17, UHNM has seen a reduction in both the total number and the rate of patient safety incidents compared to 2015/16 and 2014/15. This means that whilst UHNM has seen increased activity, the safety of our patients has continued to improve with less patients experiencing harm whilst receiving care at UHNM.

** Includes Patient Safety Incidents that are reported to NRLS*

Never Events

UHNM has introduced strong systems to allow for the reporting of adverse incidents to ensure lessons are learnt whenever possible. During 2016/17, we have reported 3 Never Events. The following table shows a description of the 3 Never Events together with primary root causes and key recommendations to prevent recurrence

3 reported Never Events during 2016/17

Never Event	Actions to prevent recurrence
Retained foreign object post operation	Communication sent out to all staff to complete and sign the theatre register Trial of draft scrub handover checklist in Theatre 25 and been included in C07 Policy Reviewed Policy CO7 to include scrub handover checklist Further observational Audit of WHO, C07 POLICY compliance, care plan completion, register/swab book completion during clinical hours.
Oral medication administered via IV route	Alert to be shared to all wards regarding the use of purple syringe (and to procure connectors for NG/PEG tube). Enteral feeding assessment and teaching session will be included in the Overseas Nurses educational programme and competency assessed. All RNs to ensure that they have seen the ENFIT video on the intranet
NG Tube misplaced in the respiratory tract	All intubated patients to use size 12 FG tube inserted for NG drugs and feeding not a size 8 FG as is current practice. NG tube placement is checked by direct vision with an flexible fibre optic scope by an appropriately trained practitioner At least 2 out of 3 of the following checks should be made as in this group of patients many are on proton pump inhibitors which can affect gastric content acidity therefore rendering a false negative of the pH strip indicator. i. When the pH testing of aspirate positive for acidic content would count as one check. ii. CXR interpretation (independently) by two practitioners who have received training. iii. Direct vision via endoscope. If pH testing is positive for acidic content and CXR is verified for position checks direct vision endoscope not required. If pH testing inadequate or unobtainable then CXR and direct vision check with endoscope should be performed.

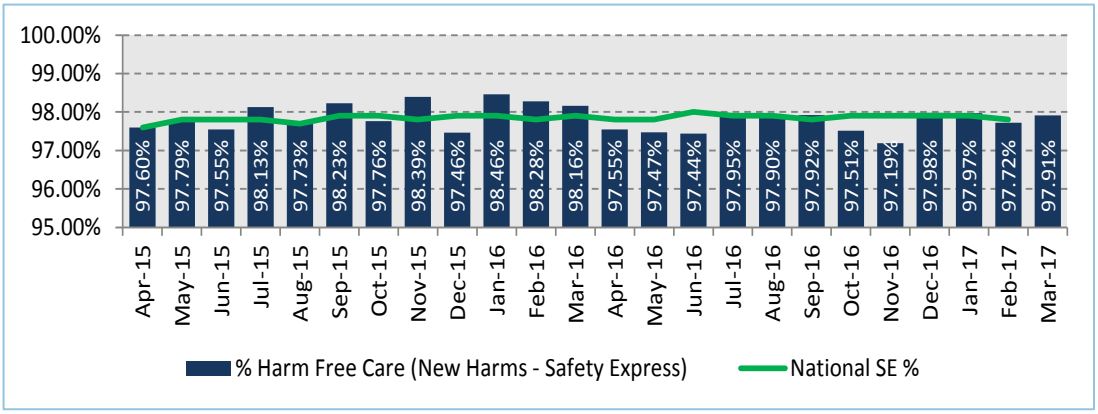
Hospital Acquired Pressure Ulcers

Over 1000 days since last Hospital Acquired Grade 4 Pressure Ulcer

We are proud that we have seen a reduction in grade 3 ulcers and no Grade 4 Hospital Acquired Pressure Ulcers.

Harm Free Care (New Harms)

The national target for Harm Free Care (New Harms) is 95% and UHNM have continually exceeded this target and during 2016/17 the final result is 97.71% which is similar to the national average for the Safety Thermometer (refer to chart below).



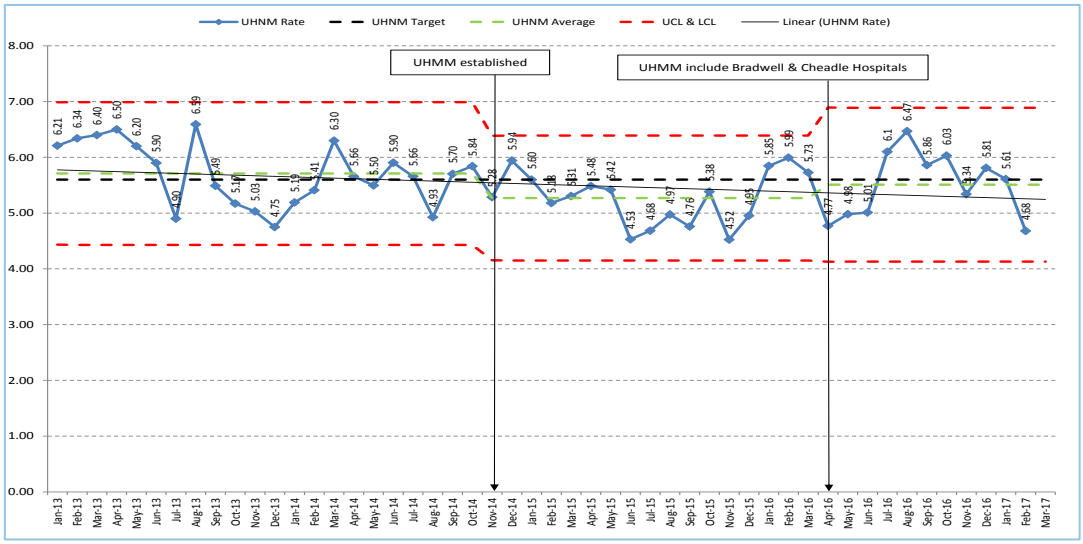
Exceeding the 95% National Target

Patient Falls

During 2016/17 there were 2787 patient falls reported compared to 2450 in 2015/16 and 2712 in 2014/15. However, 2016/17 has seen the inclusion of Bradwell and Cheadle Hospitals which will have contributed to the increase in the total number of patient falls reported. What is important to note is that the Trust also reviews the rate of patient falls per 1000 bed days which allows for comparisons taking into account changes in activity. During 2016/17 the falls rate is 5.32 compared to 5.19 in 2015/16, 5.54 in 2014/15 and 5.59 in 2013/14. The longer term trend is showing a reduction in patient falls.

Long term reductions in rate of Patient Falls per 1000 bed days

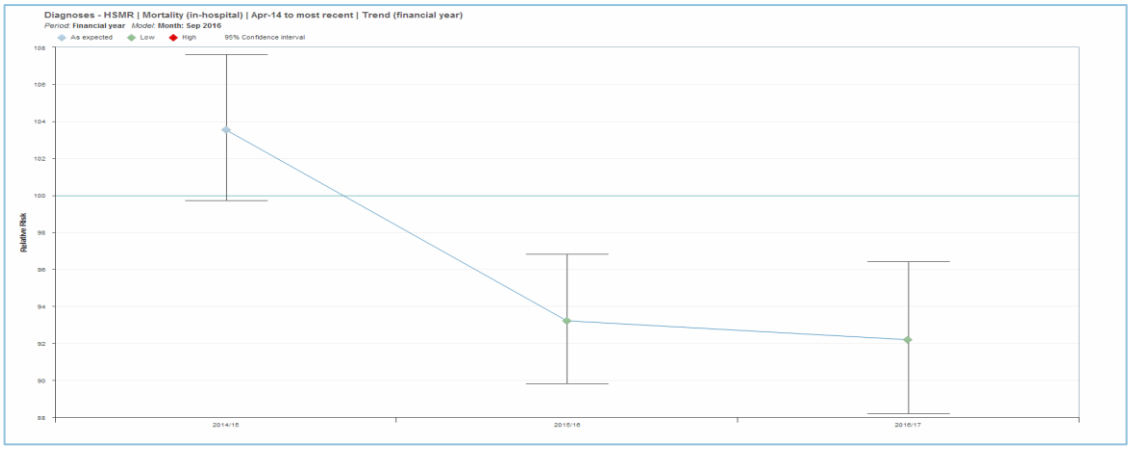
Reductions in harm to patients as result of falls



Whilst there has been an increase in total falls and rate during 2016/17 compared to 2015/16, the level of harm reported for these incidents has decreased with 0.23 falls per 1000 bed days resulting in moderate harm or above compared to 0.25 in 2015/16 and 0.29 in 2014/15. This is positive in the reduction of harm to our patients as a result of proactively managing patients, identifying risks and taking actions to minimize the risk, and impact, of any falls.

Mortality

Our mortality rate places us in the best 25% of the NHS Acute Trust Providers. We have seen a year on year reduction in our mortality rate with current HSMR for 2016/17 (April 2016 – December 2016) reported at 92.51. This means that fewer people died than would be expected whilst under our care.



Mortality reducing year on year for UHNM and in top 25% of Acute Trusts for 2016/17

To calculate mortality we use a system called Hospital Standardised Mortality ratio (HSMR). HSMR is a system which compares a hospital's actual number of deaths with their predicted number of deaths. The prediction calculation takes account of factors such as the age and sex of patients, their diagnosis, whether the admission was planned or an emergency. If the Trust has a HSMR of 100, this means that the number of patients who died is exactly as predicted. If the HSMR is above 100 this means that more people died than would be expected, a HSMR below 100 means that fewer than expected died.

The Standardised Hospital Level Mortality Indicator (SHMI) is an additional measure of mortality developed by the Department of Health, like HSMR this measure compares actual number of deaths with our predicted number of deaths.

Like HSMR the prediction takes into account factors such as age and sex of patients and their diagnosis. The current SHMI value for the Trust is 0.98. This is a rolling 12 month measure.

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

Which measure is best?
The measures are both useful in their own right and tell us something useful about our hospital. We will be using both of them in order to understand where we can improve.

Mortality Reviews

Over 1650 patient deaths (71% of all in hospital deaths) have been reviewed during April – December 2016

During 2016/17, we introduced an online Mortality Review Proforma to allow in hospital deaths to be electronically reported following review of the patient death. During April 2016 – December 2016, the Trust have received 1659 completed online proformas, accounting for 71% of all the hospital deaths. Each one of these deaths is assessed to classify the level of care the patient received.

From these reviews 0.24% were classified as receiving care below acceptable standards. These cases were reviewed in further detail and discussed at Trust Mortality & Morbidity Meetings to share learning and improvements.

Hospital Acquired Infections

The Trust continues to strive to reduce the number of hospital associated infections. 2 of the key infection associated indicators that are used are Methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium Difficile (C Diff). During 2016/17, we have seen reductions in like for like numbers compared to 2015/16 and continue to see longer term improvements in reducing these infections associated with treatment received in UHNM.

Indicator	2016/17 Target	2015/16	2016/17	Change
To reduce C Difficile infections	82	90	85	↓
To reduce MRSA infections	0	4	1	↓

Priority 2:
To improve the experience of our staff

NHS Staff Survey and Improvement Plans

As part of the NHS Annual Staff Survey, staff are specifically asked for their responses to whether they have experienced bullying, harassment or abuse and whether the Trust is seen as offering equal opportunities for career progression. The following summarises the Trust's scores for these 2 questions and the actions that the Trust has subsequently put in place to address the issues raised and improve staff experience.

Staff experience of harassment, bullying or abuse from other staff in the last 12 months

In 2015/16 the Trust implemented the recommendations of the "Freedom to speak up" review and has since been working with managers and staff across the trust to tackle bullying and harassment.

The Trust has also implemented a "Leading with compassion" philosophy to create an environment centred on people quality and impact including:

- Greater promotion of Trust Values and behaviours
- Implementation of a Staff Engagement strategy to ensure that engagement activity is measurable and impactful

However, although there was no change in the number of staff saying they had experienced harassment, bullying of abuse from other staff in the previous 12 months (28%), the numbers willing to report their most recent experience improved from 39% to 44%.

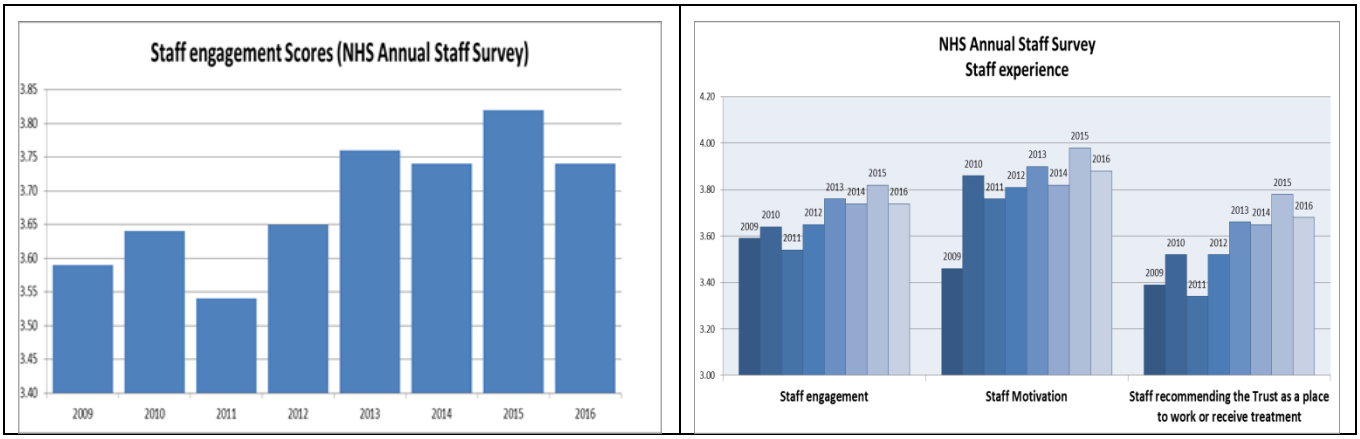
Staff perceptions of equal opportunities for career progression or promotion

The results of the 2016 Staff Survey were that 84% of respondents said they believed the Trust provides equal opportunities for career progression or promotion (87% in 2015)

A new appraisal process and documentation was implemented in 2015/16, which includes a consistent approach to talent identification and management. As at 28th February 2017, 90.27% of staff had received an appraisal in the preceding 12 months against our target of 95%. Additionally, training to improve the quality of appraisal conversations was delivered to both appraisers and appraisees

The Trust also introduced a programme of coaching and mentoring in 2015/16

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.



Year-end Outcomes

Compared to this Trust's 2015 results, there were four statistically significant changes in staff perceptions:

1. A drop in the staff engagement score combined with a decreases in staff motivation, perceptions of team working and ability to contribute to improvements at work, also resulted in a reduction in the percentage of staff willing to recommend the Trust as a place to work
2. Staff reported a decrease in their perception of recognition and value of staff by managers and the organisation.
3. Fewer staff said there was effective use of patient/service user feedback
4. In answering the staff survey, 78% of staff said they'd had an appraisal in the preceding 12 months, compared to the average 90% appraisal rate collected internally. The Trust needs to understand the reasons for the divergence between these two measures. Staff did report an improvement in the quality of appraisals.

2016/17 Next Steps

1. Focus groups are being arranged with staff in each Division to feedback the local results of the NHS Staff Survey and to establish what matters to them
2. Trust-wide staff focus groups are being arranged during April 2017 to seek views on what we can do differently
3. Divisions will be accountable for the key actions to address the issues raised in the surveys via the Trust's performance management processes.

Priority 3:
To improve the experience and engagement with patients

University Hospitals of North Midlands places the quality of patient and carer experience at the heart of everything we do. We are always striving to exceed expectations, with the belief that patient experiences can always be improved on. We recognise that to achieve our Trust values we need to deliver an organisational culture centred on patient involvement, engagement and experience and that putting the people who use our services at the centre of decision making will improve the quality of services we deliver.

Members of the Board including Non-Executive Directors and Shadow Governors actively participate in Quality Walkabouts each month and are involved in working with staff to enable improvements where the need is identified.

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

- Hospital User Group
- Clinical Quality Review Group
- Healthwatch
- Overview and Scrutiny Committee
- Quality review visits of the patient pathway which are Director led with Clinical Commissioning Group and GP involvement
- Complaint Peer Review Workshops
- Patient Information Ratification Workshops
- PLACE inspections

Annual Inpatient Survey

The Survey was conducted by Picker Institute on a sample of patients, aged 16 or over who had at least an overnight stay in University Hospitals of North Midlands during July 2016. All in-patients with the exception of maternity were included. Questionnaires were sent to 1250 patients – 496 responded, a response rate of 41%. The average response for organisations using Picker was 41%.

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 Trusts nationally.

In 2017 report there were no areas where UHNM scored in the highest 20% of all Trusts. However, there were 2 areas, Emergency Department and Operations & Procedures, where UHNM was worse than most other Trusts. The Trust's in-year surveys continue to monitor progress during the year.

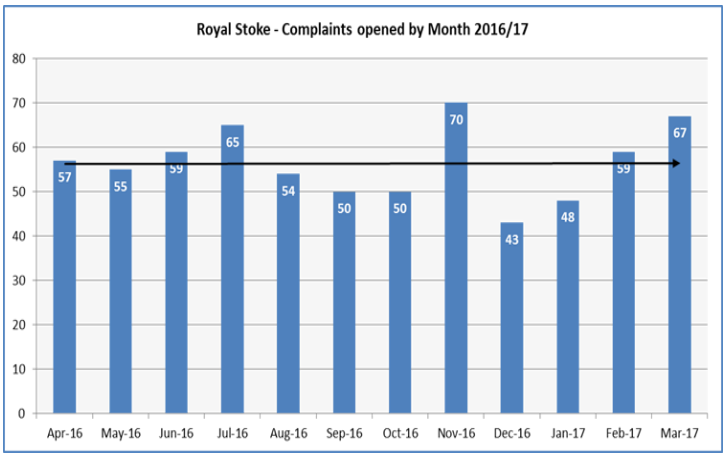
The way we communicate with our patients continues to have a significant effect on their overall experience of our Trust. We know we need to improve the way we share information to support patients to feel more involved in decisions that affect their care and treatment.
Improvement initiatives include:

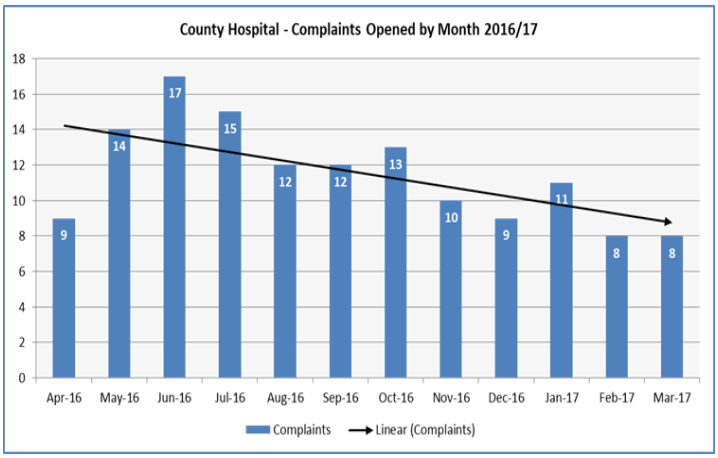
- "It's OK to ask" campaign: to encourage patients to ask the questions about their care and treatment that matter to them.
- "Top 20 wards" introduced to encourage staff to gain patient feedback about their experience of the Trust
- Redesign of patient information leaflets to promote patient awareness.
- Measurement of effectiveness of initiatives with in-month surveys and the Clinical Excellence Framework
- Introduction of revised discharge leaflet and bedside name boards with space to include estimated discharge date.
- Triangulation of quality and safety data through an internally designed Quality Management System data base to identify themes.
- Various staff and patient focus groups including "In your Shoes" and a medication focus group to inform change through identification of what good looks like to our patients
- Trust roll out of an "on the day, for the day" electronic tablet meal ordering system.
- Production of a Food and Hydration strategy which pays close attention to the end quality of food and drink served so that everyone received meals they enjoy.
- There is a firm focus on patient experience at Trust induction.
- Purple Bow initiative rolled out to all areas to provide additional support for relatives of end of life patients.
- Proactive recruitment of volunteers to assist with the improvement of service delivery and the patient experience.

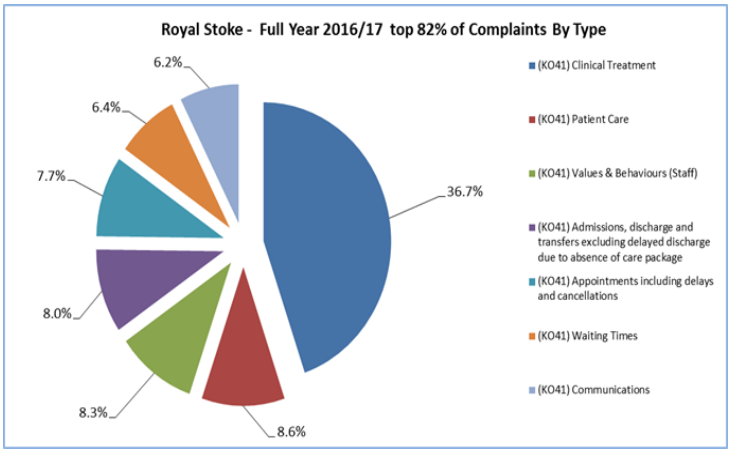
Complaints
The total number of complaints opened at Royal Stoke University Hospital during 2016/17 is 685 which is increase is a increase of 3.01% over the same period in 2015/16 when the Trust saw 664 complaints opened.
The total number of complaints opened at County Hospital was 136 in 2016/17, which is a 36% reduction from 2015/16 with 213 complaints received.

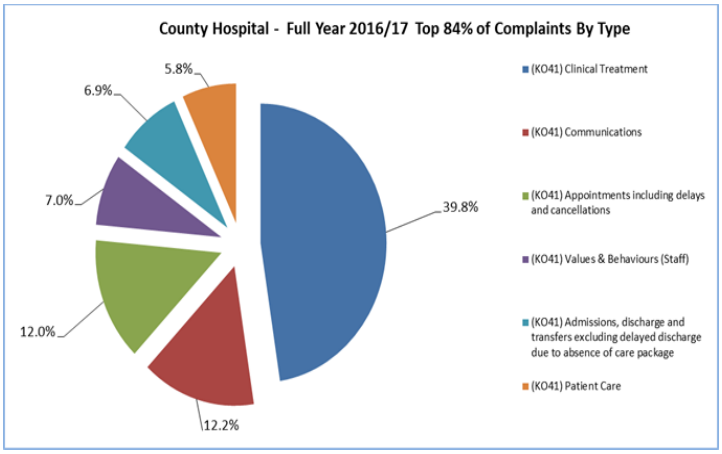
During 2016/17, the Complaints Team have achieved the following:

- Complaints are now categorised to assist in analysing their trends and themes.
- Complaints processes have been aligned across UHNM sites so working practices are consistent
- On-going review of the current process to facilitate an improvement in the timeliness of responses from receipt of complaint to final response
- Improved consistency and quality of responses
- Average of 66.9 days during 2016/17 for complaints to be closed
- At year end there has been a reduction in the number of 'come back' complaints. There were 138 'Comebacks' during 2016/17
- Development of a Trust-wide Peer Review Programme which provides consistency of approach to reviewing complaints across both hospital sites and forms an integral part of the Trust's governance for evidencing the learning from complaints through a robust peer review programme.


Royal Stoke - Complaints opened by Month 2016/17
80
70
60
50
40
30
20
10
0
57
55
59
65
54
50
50
70
43
48
59
67
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17


County Hospital - Complaints Opened by Month 2016/17
18
16
14
12
10
8
6
4
2
0
9
14
17
15
12
12
13
10
9
11
8
8
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17
Complaints
Linear (Complaints)


Royal Stoke - Full Year 2016/17 top 82% of Complaints By Type
6.2%
6.4%
7.7%
8.0%
8.3%
8.6%
36.7%
(KO41) Clinical Treatment
(KO41) Patient Care
(KO41) Values & Behaviours (Staff)
(KO41) Admissions, discharge and transfers excluding delayed discharge due to absence of care package
(KO41) Appointments including delays and cancellations
(KO41) Waiting Times
(KO41) Communications


County Hospital - Full Year 2016/17 Top 84% of Complaints By Type
5.8%
6.9%
7.0%
12.0%
12.2%
39.8%
(KO41) Clinical Treatment
(KO41) Communications
(KO41) Appointments including delays and cancellations
(KO41) Values & Behaviours (Staff)
(KO41) Admissions, discharge and transfers excluding delayed discharge due to absence of care package
(KO41) Patient Care

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.

- The dental team have written a leaflet to support their verbal communication for patients who require braces.
- Oncology secretaries have reviewed their office procedures to ensure that staff are picking up and responding to messages in a timely manner. Telephones are diverted to their colleagues to support and cover during any leave so that patients are always able to contact the department.
- A more robust system has been implemented to prevent any patient being missed when they have been referred for imaging/tests. The waiting list is monitored and acted upon by the Orthopaedic secretarial staff
- Child Health have introduced follow up emails with telephone calls when clinics have to be cancelled at short notice and Outpatient staff will leave short messages with parents when they cannot get in touch with them to let them know about a cancelled appointment at short notice
- Child Health have introduced follow up emails with telephone calls when clinics have to be cancelled at short notice and Outpatient staff will leave short messages with parents when they cannot get in touch with them to let them know about a cancelled appointment at short notice
- Ambulance crews have been given additional training and guidelines to ensure they close ambulance doors between collecting patients so those already in the ambulance will not be left in the cold.
- A patient missed his oncology appointment as no one booked his transport from another Trust site. As a result, staff have been made aware that they must always transfer accurate information to the following week's handover sheet, that clear documentation is made in nursing notes regarding ambulance bookings, and that all ambulance bookings are checked with the Ward Clerk at 09:00 on the day of any patient's appointment to ascertain that the booking is secured

Priority 4:
To ensure appropriate, timely and equitable access to all hospital sites and ensure safe and timely discharge

During the past 12 months we have started various initiatives and plans that are targeted at improving patient pathways and ensuring that patients received appropriate, timely and equitable access and ensure safe and timely discharge.

We have achieved this by working with other health and social care providers to improve patient flow throughout the health economy to try and reduce delays within the Emergency Department.

D2A initiative has been launched across the whole health economy which has seen an integrated model of working developed. Patients are now referred whilst an inpatient and then supported externally for further care requirements. We have also started to launch the utilisation of voluntary sector workers who can support patients at home on discharge with domiciliary support such as *Help the Aged* and the *Red Cross*.

We have implemented **Red2Green** and the **Safer care** bundle which identifies patients within the hospital that require intervention to expedite there discharge. We have appointed a senior nurse team to roll out the bundle and have seen a vast improvement in the amount of patients being discharged before 10 a.m. and an increase in the discharge lounge utilisation.

Improved utilization of the Discharge Lounges at Royal Stoke and County Hospital

#Red2Green
& SAFER - Caring for ALL our patients

The Trust have not had a 12hr Emergency Department trolley wait since early January and we continue to improve on the national 4hr A&E waiting target. We have relocated FEAU closer to the ED to support the flow of patients and have introduced a Frailty front door service which is seeing frail older patients and providing wrap around support to turn patients around from ED and discharge them back home.

We have appointed an ILO (Intra hospital Liaison officer) into the Emergency Department who is a paramedic and signposts ambulance crews to services other than Emergency Department i.e. Surgical Assessment Unit, Early Pregnancy Assessment Unit and is the conduit personnel to push flow away from the Emergency Department.

To help manage the patient flow and capacity within the Trust to reduce the number of patients who are assessed as Medically Fit For Discharge we have introduced STAR Units, that are cohorted wards for patients that are medically fit for discharge. These wards have an enhanced nursing assistant and therapy technician presence to support the rehabilitation of patients. Patients on these units are encouraged to wear clothes sit at a table and encouraged to walk for meals etc.

Greater utilization of the County Hospital site have seen developments of pathways at both sites continue, the escalation capacity for medicine has been reduced with the trajectory of full closure by the end of May. Elective

Surgery (Bariatric and Trauma & Orthopeadics) has been significantly increased at County Hospital providing more acute capacity at the Royal Stoke University Hospital Site. These developments will continue during 2017/18

The following table provides as summary of the key national targets and standards that UHNM is set and current 2016/17 performance compared to 2015/16.

National Target and Minimum Standards	Indicator	2016/17 Target	2015/16	2016/17	Change
	Mixed sex accommodation breaches (number of patients affected)	0	0	0	→
Access to A&E	A&E: Total time in A&E - 95% target	95%	78.40%	78.26%	↑
	A&E: No waits from DTA to admission (trolley waits) over 12 hours	0 >12 hours	103	590	↑
	Ambulance handover delays of >30 minutes	0	1180	2158	↑
	Ambulance handover delays of >60 minutes	0	15	129	↑
Access to Treatment	Referral to treatment wait - incomplete pathways	92%	90.5%	80.91%	↓
	Zero tolerance to RTT waits of more than 52 weeks	0	53	360	↑
	Diagnostic Waits within 6 weeks from referral	99%%	99.11%	99.53%	↑
Access to Cancer Services	Cancer: two week wait from GP referral to first seen	93%	93.8%	93.1%	↓
	Cancer: two week wait from GP referral to first seen - breast symptoms	93%	97.8%	92.0%	↓
	Cancer: 31 Day diagnostic to first treatment	96%	95.9%	95.1%	↓
	Cancer: 31 day second or subsequent treatment - anti cancer	98%	100.0%	98.1%	↓
	Cancer: 31 day second or subsequent treatment - surgery	94%	92.6% *	94.2%	↑
	Cancer: 31 day second or subsequent treatment - radiotherapy	94%	96.6% *	96.8%	↑
	Cancer: 62 Day - Urgent GP referral to treatment	85%	68.6% *	71.0%	↑
	Cancer: 62 Day - Urgent GP referral to treatment - Screening	90%	61.5% *	81.8%	↑
	Cancer: 62 Day - Urgent GP referral to treatment - Consultant Upgrade	93%	94.2% *	93.6%	
	Cancelled Operations - breaches of the 28 Day standard	0	44 *	147	↑
	Cancelled Operations - urgent operations cancelled for a 2nd time	0	0	0	→

Part C: Statements from our key stakeholders

Healthwatch Quality Account Statement UHNM 2016 - 2017

The draft Quality Account was presented to and considered by Healthwatch Stoke-on-Trent on 9th May 2017 and, following the presentation from UHNM and responses to the questions raised, Healthwatch Stoke-on-Trent offers the following comments.

Attendees were pleased that the presentation was conducted in an informal manner, allowing attendees to ask questions and receive answers throughout. We are pleased to note that, although there was an increase in the number of falls last year, the level of harm has decreased and that similarly there was a 14% reduction in hospital acquired DVT. From the nineteen objectives set for last year, five were not achieved and while not perfect it doe represent an improvement in performance over previous years.

We are pleased to have been invited and to have actively participated in the review of services undertaken during the year across the Trust, whereby we spoke to patients in the Acute Hospital as well as at Bradwell Community Hospital and fed-back anonymised evidence back to the review team.

Of the four priorities set for 2017-2018, we believe that the first two (to reduce avoidable harm and to improve staff engagement and empowerment) are essential to the success of the hospital. They should be basic considerations and implemented throughout every aspect of care. The third priority (to improve access to and discharge from services within UHNM with better communication to patients) is fundamental and we look forward to observing the improvements over the coming year.

We would wish to see a reduction in the waiting times at Accident and Emergency, but understand that this is unlikely to be resolved in the short term. However, patient safety and dignity and respect must be observed always, no matter how long the wait.

In conclusion, Healthwatch Stoke-on-Trent will continue to support the Trust as a critical friend and would like to offer an independent review service during the forthcoming year to review these priorities.

Healthwatch Stoke-on-Trent,

May 2017.

Stoke-on-Trent Clinical Commissioning Group

North Staffordshire Clinical Commissioning Group

Stafford and Surrounds Clinical Commissioning Group

Statement for University Hospitals 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.

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 the 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 CCGs are looking forward in 2017/18 to working with the Trust and other local health economy partners to take forward the Quality Improvement agenda.

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 2016/17

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

- The CCGs have received regular positive quarterly update reports on the implementation of the action plan agreed in response to the CQC Hospital Inspection (April 2016).
- The establishment of the Quality Academy as part of the Trust's commitment to the "Sign up to Safety" campaign is welcomed, as is the open invitation to commissioners to participate in the ongoing development and implementation of the Care Excellence Framework (CEF). This is a good example of how the Trust and Commissioners continue to develop their relationship and work together to support quality improvement and patient safety.
- The Trust provides an open invite to commissioners who regularly participate in the CEF visits at both Royal Stoke and County Site. The Trust was invited to the CCGs Quality Committee in February 2017 to discuss a presentation on the CEF which was informative and extremely well received, also in February the Trust showcased their quality improvement work at the CCGs lunch and learn quality session which included their current initiatives ("its ok to ask" Patient Deconditioning and Discharge to Assess).
- The CCGs have an open invitation and regularly attend a number of the Trusts internal quality assurance/improvement meetings for e.g. Falls Steering Group, Tissue Viability panel, Quality & Safety Forum Strategic Sepsis group meeting.
- The CCGs acknowledge the hard work undertaken by Trust staff to deliver the CQUIN schemes. Throughout the year they have provided reports detailing the successes and the substantial improvements made for patients. As part of the delivery of the national Health and Wellbeing CQUIN the Trust was recognised as one of the highest performing Trust in the country for flu vaccination of frontline staff.

However, 2016/17 has not been without its challenges and these will remain key areas of focus in 2017/18:

- Delivery of the NHS Constitutional targets has proved particularly challenging; specifically A&E and Cancer wait time standards. The CCG's Quality Committee and Governing Body/Board have discussed concerns about the impact that failing to achieve these targets has on patients. Information has also been shared with health economy stakeholders at the Quality Surveillance Group. The CCGs and Trust, through Board to Board meetings, have discussed ways to resolve these issues, through working as a collaborative system.
- Commissioners have and will continue to work collaboratively with the Trust to ensure quality, safety and performance.
- Although the 2016/17 objectives for some avoidable healthcare associated infections has been exceeded, the Trust has a robust Infection Prevention and Control Team with well - established systems and processes in place. Also, a reduction on the 2015/16 outturn has been achieved. The team actively engages with both the CCGs and Local Health Economy partners in implementing the work plan to reduce avoidable health care associated infections.
- The Trust has reported three Never Events in 2016 whilst this is disappointing the clinical teams involved have undertaken robust investigations which have resulted in substantial learning and change to existing systems and processes.
- It is good to see the Trusts Mortality rate places them in the best 25% of the NHS acute Trust providers.

Priorities for 2017/18

Commissioners were pleased to attend and contribute to the development of Trust's Quality priorities for 2017/18.

Commissioners are particularly pleased that the Trust recognises the need to work with partners within the Sustainability and Transformation Plan (STPs) networks.

Commissioners have agreed 2017/19 national CQUIN schemes which will further support the Trust to improve their overall rating.

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

Tracey Shewan
Director of Nursing & Quality
North Staffordshire and Stoke-on-Trent CCGs

Heather Johnstone
Chief Nurse and Executive Director of Quality and Safety
Stafford and Surrounds CCG

Marcus Warnes
Accountable Officer
North Staffordshire and Stoke on Trent CCGs

Paul Simpson
Accountable Officer (Interim)
Stafford and Surrounds CCG

City of
Stoke-on-Trent

Quality Account – Adults and Neighbourhoods Overview and Scrutiny Committee

We would like to thank the University Hospital for North Midlands (UHNM) for the opportunity to comment on the draft Quality Account 2016/17 and for the invitation to the Stakeholder workshop in April 2017 to contribute to the discussions around development of the priorities for 2017/18. We also offer our appreciation to Jamie Maxwell and Debra Meehan for their presentation of the draft Quality Account to the committee on 22 May 2017.

General Comments

The Quality Account is well presented, with a good level of detail and demonstrates clearly the presence within the Account of the required contents as set out in the guidance to NHS Trusts. However, a contents page would have proved useful. Information omitted from the draft considered by the committee, was verbally reported at the meeting and amended copies of the draft Quality Account circulated later that day.

Statement on Quality

The committee would have found details of which CQUINs were achieved/not achieved along with the associated income gained or lost as a result useful and also where performance targets against objectives had been partially achieved, specific percentages would also have been useful to assess the level of progress against the target.

Review of Quality Performance – Priorities 2016/17

The reduction in Grade 3 ulcers and nil incidents of Grade 4 Hospital Acquired Pressure Ulcers; the 15% reduction in reported Patient safety Incidents during 2016/17; the continued effort to exceed the 95% target for Harm Free Care (New Harm); the continued reduction in the number of hospital associated infections and the year on year reduction in the mortality rate were welcomed; however it was disappointing that the Trust had reported three never events and that the number of patient falls had increased during 2016/17. However, we were informed that statistics showed the longer term trend showed a reduction in falls and we noted that the level of harm reported from falls had decreased in the fourth quarter.

We were concerned that the staff engagement score had dropped, along with a decrease in staff motivation, the ability to contribute to improvements at work and the reduction in the percentage of staff willing to recommend the Trust as a place to work.

It was disappointing to note that in the Annual Inpatient Survey, the Trust did not score in the top 20% of Trusts for any areas during 2016 and were ‘worse than most other Trusts’ in relation to ‘operations and procedures’. Further details of this measure would have been helpful.

We were particularly concerned at the lack of improvement to meet the key national targets and standards that UHNM is set, with several areas significantly off target and performance worse than 2015/16.

Priorities for Improvement 2017/18

The committee supports the priorities for 2017/18 and considers them as a fair reflection of the views expressed at the Stakeholder event. The continuation of the reduction of avoidable harm, improved staff engagement and improved access to and discharge from UHNM services, with better communication to patients, as priorities, are particularly welcomed.

Yours sincerely

Councillor Joan Bell
Chair of the Adults and Neigbourhoods Overview and Scrutiny Committee.

Healthwatch Staffordshire Response to University Hospitals of North Midlands NHS Trust Quality Account 2016/17

Introduction

Healthwatch Staffordshire was pleased to have been invited to comment on the Quality Accounts of the Trust and welcomes the detailed and comprehensive report.

Healthwatch Staffordshire has been working closely with the Trust on ensuring strong patient engagement and working as a partner within the Sustainability and Transformation Plan. We are pleased the Trust has started to take this forward by identifying the changes needed to design a healthcare system focussing on prevention as well as treatment and care, whilst improving finances.

Within the report there is significant comment about improvements in communication and engagement within the Trust and recognition of the need to improve communications with patients and families. It is pleasing to note this is already underway with the introduction of the 'It's ok to Ask' Campaign. Engagement with staff was also highlighted as a continuing improvement although inroads have been made with the Lead with Compassion events.

The report contains a thorough explanation of its performance against objectives.

There is strong evidence to strive for improvement within the report by use of the Care Excellence Framework providing an internal accreditation system. Information is effectively used to identify areas of improvement and areas of good practice. The supporting bespoke IT system allows for more rigorous collection of specific target data considered to be locally important.

The Trust seems to be involved in a very high number of national clinical audits, corporate and divisional audits and local audits and we acknowledge the level of resource this must involve. The evidence presented within the report includes the results and actions to be taken.

It is pleasing to note that the Trust is actively engaging and promoting capitalisation on innovation and intellectual property opportunities and additionally recognises the currently untapped wealth of staff knowledge.

The priorities for 2017/18 are clearly set out, although key headlines under each priority would have been informative perhaps with the provision of summary points highlighting important themes. It is positive to note that the better utilisation of County Hospital is a priority as this may instil confidence in the future of services available.

Conclusion

Healthwatch Staffordshire looks forward to having the opportunity to review the 2017/18 Quality Account next year and particularly to be able to assess how the quality initiatives have impacted on the Trust's staff and the residents of Staffordshire.

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 2017 ("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 2017 subject to limited assurance consist of the following indicators:

- rate of Clostridium Difficile infections
- percentage of patient safety incidents resulting in severe harm or death.

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 the Department of Health 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 2016 to 30 June 2017;
- papers relating to quality reported to the Board over the period April 2016 to 30 June 2017;
- feedback from Commissioners dated 24/05/2017;
- feedback from Local Healthwatch organisations dated 24/05/2017 and 01/06/2017;
- feedback from Overview and Scrutiny Committee dated 25/05/2017;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated 09/05/2017;
- the latest national patient survey dated 31/05/2017;
- the latest national staff survey dated 07/03/2017;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 26/05/2017; and
- the annual governance statement dated 31/05/2017.

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;
- limited testing, on a selective basis, of the data used to calculate the indicators tested 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.

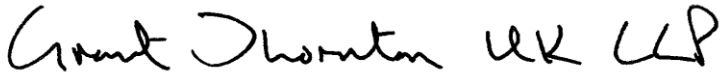
The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our limited 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 2017:

- 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.



Grant Thornton UK LLP
The Colmore Building
20 Colmore Circus
BIRMINGHAM
West Midlands
B4 6AT

30 June 2017