University Hospital of North Staffordshire

NHS Trust

Caring With Knowledge, Value Through Quality

Quality Account

2012 - 2013

Contents

Introduction to UHNS

University Hospital of North Staffordshire NHS Trust provides a full range of general acute hospital services for approximately half a million people living in and around North Staffordshire. The Trust also provides specialised services for three million people in a wider area, including neighbouring counties and North Wales.

Our specialised services include cancer diagnosis and treatment, cardiothoracic surgery, neurosurgery, renal and dialysis services, neonatal intensive care and paediatric intensive care. We are also recognised for our particular expertise in trauma, respiratory conditions, spinal surgery, upper gastro-intestinal surgery, complex orthopaedic surgery, laparoscopic surgery and the management of liver conditions.

In 2012/2013 over 116,000 patients attended our Emergency Centre (A&E). Many emergency patients are brought to us from a wide area by both helicopter and land ambulance because of our Major Trauma Centre status. We continue to work towards foundation trust status, in particular building on our links with the public and developing our strategy with a view to becoming a Foundation Trust by 2014.

University Hospital is a large acute teaching hospital on the border of Stoke-on-Trent and Newcastle-under-Lyme in Staffordshire. We are one of the largest hospitals in the West Midlands and have one of the busiest emergency departments in the country. We have good transport links, being close to the M6 and A50, and lie centrally between Manchester to the North and Birmingham to the South.

Clinical services at the hospital are based at the City General site. The Trust's new hospital building is now fully operational and has 1,150 inpatient beds. Our Central Outpatients Department and Royal Infirmary sites are half a mile away from the City General. These no longer have clinical services and currently provide staff parking. See a full list of our services on Page 33.

Statement on Quality

The Quality of patient care remains the highest priority for University Hospital of North Staffordshire NHS Trust. It was our primary objective during 2012/13 and it remains our primary objective for 2013/14. This report therefore reaffirms our commitment. Our core vision continues to be a leading centre in health, driven by excellence in patient experience, research, teaching and education.

We recognise that our patients expect and deserve the highest standards of care from the services we provide and this is why we continually strive to improve quality, patient experience and safety – setting challenging targets and placing quality at the heart of everything we do, ensuring we place the interests of patients ahead of individual or organisational ambition.

In common with all NHS organisations, we have strengths as well as challenges in providing consistently high quality care for every patient. Key challenges that the Trust has faced during 2012/13 included the impact of the continuing national economic downturn and the need for all NHS organisations to review services and reassure patients in response to the second Francis Inquiry into the care delivered at Mid Staffordshire NHS Foundation Trust.

We have made major progress during 2012/13, including the last of the services being transferred into our new state of the art hospital, zero MRSA bacteraemia for over 12 months and a reduction of C.Difficile by 6%. We have also received very positive external reviews of the quality of our services. For example, in July the CQC made an unannounced visit to our hospital to observe how people were being care for, to review patient's records, to talk to staff, to review information from key stakeholders and to talk to people who use our services. We were found fully compliant with all the standards reviewed.

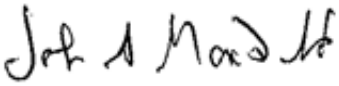
In October the elderly care service and the fractured neck of femur service were assessed against the Excellence in Practice Accreditation Standards by a number of external experts. The services achieved Gold Standard Accreditation. Our Quality Account also describes some of the challenges we faced. These challenges were reflected in conversations we had with our stakeholders and have guided our Quality priorities for the year ahead.

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

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

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

Jim Birrell
Chief Executive



John MacDonald
Chairman

Achieving our Ambition in 2012/13

Our ambition to be a leading centre in health, driven by excellence in patient experience, research, teaching and education has been recognised and rewarded through numerous awards. The Trust is proud of its achievements and takes every opportunity to celebrate and thank staff for their valuable contributions. These are some of the awards:

- **Nursing Times Awards 2011:** Cardiac Nursing category Heart Failure Team
- **National Health Service Journal's 2011 Awards:** Supplies and Procurement - 'Highly Commended'
- **Patient Safety Awards 2012:** Improving Medication Safety
- **UNICEF:** Maternity - 'Baby Friendly'
- **Lean Healthcare Academy Awards- Embracing Technology Award:** Pharmacy Robot
- **National Health Service Journal Awards — Highly Commended:** MRI Utilisation
- **Smile Award:** John Scholey/Orthodontics
- **Quality in Care Excellence in Oncology 2012 - Patient Experience Award:** Oncology Emergency Assessment Bay
- **The NHS Award for Inspiration - Shortlisted Finalist 2012:** Dr Duwarakan Satchithananda
- **Health Service Journal Awards 2012 - Shortlisted for Clinical Leader of the Year:** Dr Sanjeev Nayak
- **Health Service Journal Award 2012:** Shortlisted for Efficiency in Acute Service Redesign
- **Building Better Healthcare Awards 2012:** Shortlisted for Inpatient Facility Design

Maternity NHS Litigation Authority Assessment

The Clinical Negligence Scheme for Trusts (CNST) is managed by the NHS Litigation Authority (NHSLA). It is a voluntary scheme which NHS trusts can join that allows pooling of resources to handle claims. As a Trust we need to demonstrate to the NHSLA that we have robust systems and processes in place to deliver high quality care safely.

The maternity service was assessed against five standards each containing ten criteria giving a total of 50 criteria. The organisation scored as follows:

- Organisation: 10/10 Compliant
- Clinical Care: 9/10 Compliant
- High Risk Conditions: 10/10 Compliant
- Communication: 9/10 Compliant
- Postnatal & Newborn Care: 7/10 Compliant

OVERALL COMPLIANCE: 45/50 Compliant

This meant that we achieved level 2 status (there are three levels, with three being the highest).

Gold Standard for Elderly Care and Fractured Neck of Femur Services

We started our Excellence in Practice Accreditation Scheme (EPAS) journey of improvement within elderly care and fractured neck of femur services in March 2011. This scheme has never been applied to these services before and therefore UHNS is the first Elderly Care and Fracture Neck of Femur service nationally to achieve Excellence in Practice Accreditation. They were assessed against the six EPAS Standards, i.e.

- Working in organisations
- Collaborative Working
- User-focused care
- Continuous Quality Improvement
- Performance management
- Measuring efficiency and effectiveness.

Each of the standards were assessed against the EPAS score card in October 2012 by a number of external experts. The services were awarded a Gold Standard (see overleaf).

Score	Explanation	Level
0	No Evidence	
1-2	Minimal Evidence	**Bronze**
3	Some Evidence	**Silver**
4	Good Evidence	**Gold**
5	Comprehensive Evidence	**Platinum**

Patient Safety Awards 2013

The Trust has entered a number of innovations for the 2013 Patient Safety Awards and have been shortlisted in the following areas:

- Care of the Elderly within the Emergency Department
- Data File of Patients undergoing Mechanical Thrombectomy/Interventional Treatment for Hyper-acute Stroke
- Development of Interventional stroke service to reduce patient death and disability
- Development of Interventional Stroke pathway for treatment of hyperacute stroke patients
- Frail Elderly Assessment Unit

Feedback from our patients

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

"Thank you for making what could have been a very scary and unpleasant experience as wonderful as it was. I have felt respected and cared for and my baby has been treated as special and important. I honestly could not ask for more than what was offered by the kind, professional and excellent staff at every stage of this experience. Thank you".

"We would just like to say that we found the ward, all staff and the care and service given excellent".

"Having attended the University Hospital of North Staffordshire Pre AMS service, I was impressed with their comprehensive service; moreover, the time given to each clinical procedure ensuring that the patients best interests were served".

"The ward have been outstanding and the care and compassion shown by staff towards me was overwhelming..... Staff are compassionate and truly caring and very competent in what they do".

"Impressed with all the staff I came into contact with, their friendliness and willingness to help and inform was exemplary".

"The whole team in the oncology department...bring something to the table that is unique".

"All the staff are happy, they looked smart and they were very helpful. They made me feel great".

"The environment and the excellent toys makes it so much easier to bring children to the hospital. It can be a really stressful experience to keep bored children entertained if the clinics are running late".

"I was impressed with the professionalism of all members of staff".

"All staff were kind, considerate, friendly and caring at all times. The care I received was fantastic, I could not fault any member of staff on the ward. They ensured I was comfortable and spent time to answer questions I had regarding my illness and possible future recurrences".

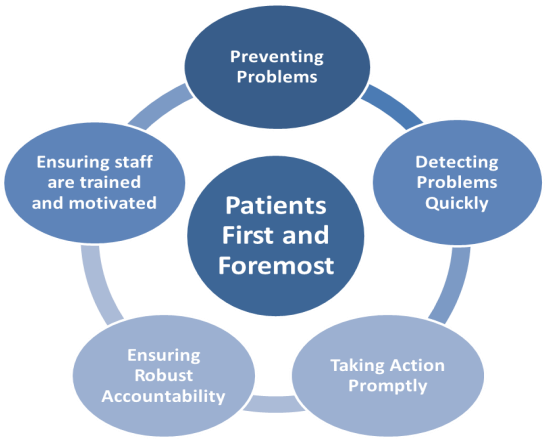
Priorities for Improvement and Statements of Assurance

Our Quality Priorities and Objectives for 2013/2014

Prioritising our quality improvement areas

In choosing our priorities for the coming year we started by reviewing our progress against last years and asked ourselves whether any of them should be carried over for further development. In the course of the review we used a range of information including our aims set out in our Quality Strategy, performance against our key quality and safety measures, information from national surveys and audits and risk issues raised by staff during the Executive Quality Walkabouts. We have taken the opportunity to consult with local stakeholders through facilitated workshops.

In selecting our priorities we have focused on the Governments recommendations in their report **"Patients First and Foremost"** following the outcome of the Francis Inquiry into the failings at Mid Staffordshire NHS Foundation Trust. The inquiry broke the issues down into the following themes.



These themes provided a useful framework for our discussions and has enabled us to connect our priorities to our response to the Francis Inquiry. At the same time, we are working with our local partners and the following is a joint statement which sets out our commitment to working together.

Sharing and Caring Together – Francis Inquiry

"In February 2013, Robert Francis published his report following the Public Inquiry into the failings at Mid Staffordshire. We are working with our partners across the local health and social care economy to ensure that wherever possible, we take a joined up approach to our response.

We have committed to holding regular meetings with our partners, so that we can talk about the progress we are making and learn from each other through sharing best practice. Partners will also take the opportunity to come together to share issues, risks and concerns and to collectively address these where appropriate to do so. We have specifically committed to work together to:

- Provide assurance to our Boards
- Identify areas of concern that we can address together
- Communicate with our stakeholders
- Share best practice

Within the report recommendations, partners recognise that they are accountable for implementation of the recommendations and will be open and transparent about plans and progress to achieve the following outcomes:

- A safe, committed and compassionate caring service
- Patient first
- Responsibility, enforcement and compliance with fundamental standards including

professional standards and those managed through contracts)
- Effective governance
- Effective handling of complaints
- Effective public involvement and engagement
- Effective scrutiny
- Effective delivery and monitoring of training
- An open and transparent culture
- A caring culture with specific focus on care of the elderly"

Stakeholder Workshops

In April and May we held a number of stakeholder workshops with our Shadow Governors, members of staff and our partners from the local council, Clinical Commissioning Groups and Healthwatch. The aim of the workshops was to agree our priority quality objectives for 2013/14 with a focus on improving the patient experience. The workshops were attended by almost 50 stakeholders and were extremely informative. As a result of these sessions we have committed to focus on the following priorities during 2013/14:

- **Priority 1:** To improve staff experience and patient experiences.
- **Priority 2:** To improve information communication with patients/carers and external health and social care partners.
- **Priority 3:** To ensure that local service changes improve, quality, safety and access for all.

What our Stakeholders said about the events:

"I think the event was really useful and it gave everyone the opportunity to contribute to identifying the Trusts priorities"

"The opportunity for Healthwatch Staffordshire to be involved with other stakeholders in shaping priorities for the Quality Account has been much appreciated. The style of workshop enabled everyone to contribute their ideas. The session was run in an open, inclusive manner. Voting on suggestions from this session and other meetings gave us a good feel for the issues that are important to local people."

"The event was an excellent opportunity for the scrutiny committee to help set priorities. My and experiences were listened to and used to develop the key themes for next year."

Members of our Shadow Governors considering the priorities

Healthwatch members debating the issues

Healthwatch, our commissioners and members of the Overview and Scrutiny Committee consider the priorities

The were other areas where the stakeholders considered that our attention was required, which the Trust will also progress, these include:

- Access to the hospital services by people with mental health needs, learning disabilities and substance misuse problems and the attitude of staff to these groups
- Performance against A&E targets and the experience of patients
- Delays in outpatient appointments
- The experience of patients attending outpatient appointments and visitors to wards (including signage, long distances to walk and car parking)
- Cancelled urgent operations
- A coordinated approach with community health and social care services to reduce A&E attendances, unnecessary admissions and readmissions and to improve discharges
- Planning for the impact of changes at Mid Staffs NHS Foundation Trust

Priority 1: Improve staff and patient experience

We want to ensure that we provide our patients with compassionate care at the highest clinical standards. Evidence suggests that there is an important link between staff wellbeing and the quality and safety of care delivered. NHS trusts that prioritise staff health and wellbeing perform better and have improved patient satisfaction. Engaging and involving patients and staff in improving their experience is vital if changes are to be delivered and sustained.

Current status

The national inpatient survey was conducted on a sample of patients admitted for more than 24 hours into adult services between June and August 2012. Patients said that we need to improve written information about what they should or should not do after leaving hospital and information about their medication to take home.

	How the score compares with other Trusts
The Emergency/A&E Department (answered by emergency patients only)	⟺
Waiting list and planned admissions (answered by those referred to hospital)	⟺
Waiting to get to a bed on a ward	⟺
The hospital and ward	⟺
Doctors	⟺
Nurses	⟺
Care and treatment	⟺
Operations and procedures (answered by patients who had an operation or procedure)	⟺
Leaving hospital	↓
Overall views and experiences	⟺

Whilst the national inpatient survey provides us with extremely important information about the views of our patients we also rely on other methods of seeking their views on the care they receive at the hospital, for example, patient stories and patient focus groups.

With regards to the national staff survey, the Trust's top five ranking scores related to:

- The percentage of staff reporting errors, near misses or incidents witnessed in the last month (UHNS is in the highest 20% of acute Trusts).
- Percentage of staff experiencing discrimination at work in the last 12 months (UHNS remains at "better than average").
- Percentage of staff having equality and diversity training in the last 12 months (UNHS has improved from "average" in 2011 to "better than average").
- Percentage of staff believing the Trust provides equal opportunities for career progression or promotion (UHNS remains at "better than average").
- Percentage of staff working extra hours (UHNS remains at "better than average").

However, the Trust scored below average for the percentage of staff saying that care of patients and service users was their organisations top priority, knowing how to report concerns and feeling safe to do so. In 2011 the Trust Board recommended that the staff engagement score from the survey is used as an indicator of the direction of travel regarding the quality of care being delivered to patients. The staff engagement score has improved from 3.49 in 2011 to 3.65 in 2012.

How will we do it? We will:

- Involve staff and patients in the evaluation of a Patient and Family Centred approach to care in partnership with the Kings Fund.
- Listen to and act on what staff and patients tell us through staff and patient stories/diaries, listening into action events and patient focus groups.
- Strengthen the Patient Council and develop further patient involvement in quality improvement work.
- Work with the Healthwatch organisations to understand better and respond to the diverse religious and cultural needs of our population.

- Deliver an organisational development strategy, which aims to create a patient focused culture of care and compassion.
- Develop further and deliver a programme to embed compassion into practice through our Proud to Care framework.
- Roll out further the Friends and Family Test to patients and staff. We will ensure that at least 15% of our inpatients and patients admitted through A&E are asked the question.
- Review and improve our systems and processes for responding to complaints

Measuring Performance

- We will publicise the evaluation of the Patient and Family Centred approach to care.
- CQUIN monitoring the Trusts performance against the national Friends and Family test for both patient and staff.
- Annual national patient and staff surveys.
- CQUIN monitoring improvements following ward observations.
- CQUIN monitoring improvements following staff and carer diaries.
- Patient surveys regarding complaints handling.

For further information, please contact Trish Rowson, Associate Chief Nurse on 01782 75472 (patient experience) or Ro Vaughan, Head of Human Resources (staff experience)

Priority 2: Improve information and communication with patients/carers and external health and social care partners.

The Trust recognises that patients and their relatives and carers need to receive timely and clear information in order to understand their condition and treatment and on which to make informed decisions about the options of care available to them.

Communication and information between hospital departments and professional teams is also vital to ensure that care is expedited and well co-ordinated. Timely information and communication with our primary care health and social care colleagues is essential to ensure the continuity of care between the community, the hospital and back into the community.

Current status

We have recently launched Facebook and Twitter and we are currently redeveloping our Website. Building on comments from patients attending our outpatient clinics, we are reviewing and redeveloping our outpatient letters to include details of the appointment, useful information about the hospital and its policies and a map of the site.

The Trust has recently established a dedicated email account for GPs to submit any concerns regarding the treatment or service received from UHNS. The email account allows for GPs to contact the Trust direct and allows the Trust to investigate and review the issues raised and provide feedback to the GPs via the GP newsletter and the GP Communication Group. The purpose is to formally collate and follow up on 'soft intelligence' that may not have previously been reported and to feed this back to the GPs on lessons learned and actions taken.

We recognise however, that we still need to improve further. As highlighted in the results of the inpatient survey on Page 8, our patients are telling us that we need to improve written information about what they should or should not do after leaving hospital and information about their medication to take home. We are also aware from our primary care colleagues that information sharing between organisations can be improved further.

How will we do it? We will:

- Ensure that all new patient information is presented in a format which is easily understood by involving patients/carers in the approval process.
- Amend the discharge letter for medications to include a web address for electronic medication information.
- Improve information given to patients about their medication by developing "Frequently Asked Questions" sheets.
- Pilot a pharmacy helpline in one medical ward and one surgical ward.
- Review our approach to comfort rounding to ensure they build in time to answer patients

concerns real time.
- Embed and evaluate the use of the discharge letter.

Measuring Performance

- Annual national patient survey
- Monitor complaint trends regarding information and communication
- Patient Focus Groups regarding information and communication
- Monitor the GP e mail account

For further information, please contact Jamie Maxwell, Head of Quality, Safety & Compliance on 01782 676479 or Trish Rowson, Associate Chief Nurse - Quality and Safety on 01782 675472.

Priority 3: Ensure that local service changes improve quality, safety and access for all.

The national and local health service is a constantly changing environment in terms of changing national policy, recommendations following inquiries into care, such as the Francis Report, and the changing needs of the communities we serve. Like all other healthcare providers, UHNS needs to be able to respond to these changes whilst still delivering high quality safe care.

Current status

Over the last 12 months the Trust completed the transfer into the new state of the art hospital and developed new clinical practices to deliver high quality, safe care in the new environment. We reported zero MRSA bacteraemia for over 12 months and have reduced C Difficile by 6%. We have also received very positive external reviews of the quality of our services, for example an unannounced visit from the CQC found us fully compliant with all the outcomes standards reviewed.

We have focused on improving services for some of our most vulnerable patients and in October we achieved the Excellence in Practice Accreditation Award within our Elderly Care and Fractured Neck of Femur Services from Teesside University. However we are not complacent and we will strive to improve further.

How will we do it? We will:

- Work with local healthcare commissioners and providers to understand potential future service changes
- Review our ability to deliver safe and timely care to a larger population
- Engage with our local population to understand better their concerns and needs
- Review our existing care pathways to ensure we are delivering the most efficient and effective services and develop new pathways where required.
- Work with local stakeholders to ensure care is delivered in the most appropriate care setting.

Measuring Performance

Our performance in improving quality, safety and access to all will be measured using our quality and safety indicators, including:

- Mortality rates
- Hospital acquired infections
- Blood Clots
- Pressure Ulcers
- Falls.
- Catheter associated urinary tract infections.
- Inpatient and outpatient waiting times

For further information, please contact Jamie Maxwell, Head of Quality, Safety & Compliance on 01782 676479 or Trish Rowson, Associate Chief Nurse: Quality and Safety on 01782 675472.

National Quality Indicators for 2013/14

The National Quality Indicators in the NHS Outcomes Framework are grouped around five domains, which set out the high-level national outcomes that the NHS should be aiming to improve. The five domains are listed opposite and the Trust's performance against the identified indicators for the last two reporting periods are provided below.

Domain 1	Preventing people from dying prematurely;
Domain 2	Enhancing quality of life for people with long-term conditions;
Domain 3	Helping people to recover from episodes of ill health or following injury;
Domain 4	Ensuring that people have a positive experience of care; and
Domain 5	Treating and caring for people in a safe environment; and protecting them from avoidable harm.

Quality Indicator	2011/12		2012/13	
The value of the Summary Hospital level Mortality Indicator (SHMI)	1.05 (July 2011 –June 2012)		1.03 (October 2011—September 2012)	
The percentage of deaths with palliative care coded at either diagnosis and/or speciality level (see note overleaf)	21.75% (July 2011—June 2012)		27.93% (October 2011—September 2012)	
Patient Reported Outcome Measures scores April 2011- March 2013 *(National Average)*	**Participation Rate (2010/11)**	**Ave. Health Gain (2010/11)**	**Participation Rate (2011/12)**	**Average Health Gain (2011/12)**
• Groin hernia surgery	9.8% *(55.7%)*	0.026 *(0.085)*	41.2% *(60.6%)*	0.098 *(0.087)*
• Varicose Vein Surgery	7.5% *(47.7%)*	* *(0.225)*	13.5% *(48.9%)*	* *(0.094)*
• Hip Replacement Surgery	117.8% *(78.8%)*	0.379 *(0.405*	111.8% *(82.3%)*	0.372 *(0.416)*
• Knee Replacement Surgery	114.8% *(83.8%)*	0.261 *(0.299)*	112.8% *(89.3%)*	0.283 *(0.302)*
Percentage of patients aged • 0 to 14; and • 15 and over Readmitted to a hospital which forms part of the Trust within 28 days of being discharged from hospital	3.1% 7.7%		2.9% 8.6%	
The Trust's responsiveness to the personal needs of its patients	**68.9 (2011)**		**64.6 (2012)**	
Percentage of staff employed by the Trust who would recommend the trust as a provider of care to their friends and family	64% (2011) (National average 62%)		60% (2012) (National average 60%)	
Percentage of patients who were admitted to hospital and who were risk assessed for Venous Thromboembolism	July - September 2012 98.4%		October - December 2012 99.0%	
The rate per 100,000 bed days of Clostridium Difficile infection reported within the trust amongst patients aged two or over	19.5 (2011/12)		19.01 (2012/13)	
The number and rate of patient safety incidents reported within the trust (see note overleaf)	3,219 (Oct 2011 - Mar 2012) 4.62 per 100 admissions		3,978 (Apr 2012 - Sept 2012) 5.69 per 100 admissions	
The number and percentage of such patient safety incidents that resulted in severe harm or death	24 0.8%		41 1.1%	

Palliative Care Coding

Within the last reporting period (October 2011—September 2012) UHNS has recorded an increase in the percentage of patients with palliative care coded at either diagnosis and/or specialty level compared to July 2011—June 2012. This indicator gives a measure of the percentage of deaths where the patient received palliative care.

The actual SHMI calculation does not make any adjustments for palliative care, unlike the Hospital Standardised Mortality Ratio. This indicator presents a crude percentage rate of deaths that are coded with receiving palliative care.

UHNS had 1.36% of patients admitted for care however, during admission or post discharge prior to the patients' death palliative care was provided. This indicator demonstrates that there has been a slight increase in the percentage of patients receiving palliative care post admission for their conditions

Patient safety Incidents

During 2012/13 there has been continued improved reporting of patient safety incidents within UHNS which has demonstrated an increase in total numbers and rate of incidents per 100 admissions, when compared to 2011/12.

It should be noted that improved levels of reporting are a positive indicator of an effective safety and quality culture as staff and patients feel able to report incidents to ensure that learning is shared and actions taken to improve quality.

Commissioning for Quality and Innovation (CQUIN) Indicators for 2013/14

CQUINs is a payment framework which allows commissioners to agree payments to hospitals based on agreed improvements. Through discussion with our commissioners we have agreed a number of improvement goals for 2013/14 which reflects areas of improvement, within the regions and nationally. Our performance against the CQUINs can be seen on P.22.

A CQUIN Lead has been identified for the monitoring and development of each CQUIN goal with assurance given to the Contract Quality Group which monitors CQUIN performance. We shall report our performance directly to our commissioners on a quarterly basis in line with contract requirements and to the public via our 'Performance and Quality Report' which is presented to Trust Board.

Main Contract CQUINs

- **Patient Experience** – Friends & Family; Phased Expansion to other clinical areas to obtain patient feedback.
- **Patient Experience** – Friends & Family; Increase the Response Rate from patients on experience.
- **Patient Experience** – Improved Performance on the Staff Friends & Family Test from the staff annual survey.
- **Patient Experience** – Real Time Ward Observations
- **Patient Experience** – Real Time Patient and Carer Diaries to understand patient experience.
- **Safety Thermometer** – Data Collection of pressure ulcers, falls & urinary tract infection in patients with a catheter.
- **Safety Thermometer** – Reduction in patients recorded as having a grade 2-4 pressure ulcer.
- **Dementia** – Find, Assess, investigate & Refer patients over 75 years following emergency admission to hospital using the dementia case finding question.

- **Dementia** – Identify Clinical Leadership and develop a planned training programme to staff.
- **Dementia** – Audit to identify that appropriate support is given to Carers of People with Dementia
- **VTE Risk Assessment** – to reduce avoidable death, disability & chronic ill health from venous thromboembolism (VTE) (blood clot)
- **VTE Root Cause Analysis** carried out on confirmed cases of pulmonary embolism or VTE
- **Right Place First Time** – support the management and flow of patients to encourage a positive patient experience.
- **Effective & Safe Discharge** – Develop systems to minimise patient delays on discharge
- **Criteria Led Discharge** – Identify and develop a nurse led discharge programme
- **Heart Failure Bundle** – Ensure patients receive complete a heart failure bundle to improve their understanding of the disease and self-management.

Specialised CQUINs

- **Patient Experience** – Friends & Family; Phased Expansion to other clinical areas to obtain patient feedback.
- **Patient Experience** – Friends & Family; Increase the Response Rate from patients on experience.
- **Patient Experience** – Improved Performance on the Staff Friends & Family Test from the staff annual survey.
- **Safety Thermometer** – Data Collection of pressure ulcers, falls & urinary tract infection in patients with a catheter.
- **Safety Thermometer** – Reduction in patients suffering a category 2-4 pressure ulcer.
- **Dementia** – Find, Assess, investigate & Refer patients over 75 years following emergency admission to hospital using the dementia case finding question.
- **Dementia** – Identify Clinical Leadership and develop a planned training programme to staff.
- **Dementia** – Audit to identify that appropriate support is given to Carers of People with Dementia
- **VTE Risk Assessment** – to reduce avoidable death, disability & chronic ill health from venous thromboembolism (VTE)
- **VTE Root Cause Analysis** carried out on confirmed cases of pulmonary embolism or VTE
- **Clinical Dashboards** – collection of clinical date for specialised surgery specialties.
- **Cardiac Surgery** – Patients to have procedure within 7 days of decision to accept for surgery.
- **Renal Transplant** – Increase use of Renal Patient View (RPV) online system.
- **Renal Dialysis** - Increase use of Renal Patient View (RPV) online system.
- **Radiotherapy** – Improving the proportion of radical intensity modulated radiotherapy with level 2 imaging (IGRT)
- **Specialised Cancer** – Access to and impact of clinical nurse specialist support on patient experience
- **Adult Neurosurgery Services** – To ensure optimal outcomes and reduce number of new shunts requiring revisions within 30 days of insertion due to infection.
- **Haemophilia 1** – Implement a joint health assessment in severe and moderate Haemophilia A & B
- **Haemophilia 2** – Increase the use of Haemtrack monitoring to encourage patients to manage their own treatment using electronic systems.
- **Major Trauma** – Improving outcomes of major trauma orthopaedic injuries
- **Neonatal 1** – Timely administration of total parenteral nutrition (TPN) in preterm infants
- **Neonatal 2** – Timely simple discharge for infants with defined criteria.
- **Neonatal 3** – Increase in Retinopathy of Prematurity (ROP) screening

Statement of Assurances

Review of services

During 2012/13 the UHNS provided and/or sub contracted 35 NHS Services. As part of a programme of Clinical Quality Review, the Trust and commissioners reviewed all the data available to us on the quality of care in seven of these NHS services. The services reviewed are as follows:

- Neurology
- Emergency Medicine
- Paediatrics
- Pharmacy
- Diagnostic Services
- Maternity
- Neurosurgery

These services where chosen for review as part of an annual rolling programme.

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 audits
- Local audits which clinical teams and specialties determine and reflect their local priorities and interests

As part of the Clinical Audit Policy any clinical audit carried out within the Trust should be registered with the Trust's Clinical Audit Team. The Team has a database in place which monitors progress. During 2012 / 2013 46 national clinical audits and 4 national confidential enquiries covered NHS services that the Trust provides. During that period we participated in 93.4% of national clinical audits and 100% of national confidential enquiries. The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2012/13 alongside the number of cases submitted.

A process is in place to ensure that leads are identified for all relevant national audits and confidential enquires. The lead will be responsible for ensuring full participation in the audit. The reports of 38 (100%) national clinical audits were reviewed by the trust in 2012/2013 and local action plans were developed and implemented.

National confidential enquiries

National Confidential Enquiry	Participation	% Cases submitted
NCEPOD Bariatric Surgery	Yes	100%
NCEPOD Time to Intervene	Yes	100%
NCEPOD Alcoholic Liver Disease	Yes	100%
NCEPOD Sub – arachnoid Haemorrhage	Yes	53%

National Audits

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

Dementia

The audit highlighted the importance of early diagnosis of dementia. As such, a six item cognitive impairment test was implemented across the Trust which was supported by a comprehensive education programme and communication.

National clinical audits

National Audit	UHNS Registered	Percentage of Cases Submitted
Acute Myocardial Infarction and other ACS	Yes	100%
Adult Asthma	Yes	100%
Adult Community Acquired Pneumonia	Yes	Data collection to be completed in May 2013
Adult Critical Care	Yes	On-going data submission on quarterly basis
Bowel Cancer	Yes	100%
CABG and valvular surgery (Adult cardiac surgery audit)	Yes	100%
Cardiac Arrhythmia	Yes	No minimum specified
Childhood Epilepsy	Yes	100%
Chronic Obstructive Pulmonary Disease	Yes	100%
Comparative Audit of Blood Transfusion	Yes	100%
Congenital Heart Disease	Yes	Data collection to be completed in May 2013
Coronary angioplasty	Yes	100%
Dementia		
Diabetes – adult	Yes	100%
Diabetes - paediatric	Yes	No minimum specified
Emergency Laparotomy	Yes	100%
Emergency Use of Oxygen	Yes	100%
Falls and Bone Health	Yes	100%
Fever in Children	Yes	100%
Fractured Neck of Femur	Yes	100%
Head and Neck Cancer	Yes	100%
Heart Failure	Yes	100%
Heavy Menstrual Bleeding	Yes	100%
Hip fracture (National Hip Fracture Database)	Yes	100%
Hip, knee and ankle replacement (National Joint Registry)	Yes	On-going data submission on quarterly basis
Inflammatory Bowel Disease	Yes	Data collection to begin in March 2013
Lung Cancer	Yes	100%
National Audit of Dementia	Yes	100%
National Care of the Dying	Yes	100%
Neonatal Intensive Care and Special Care	Yes	100%
Non-Invasive Ventilation – Adults	Yes	Data collection to be completed in May 2013
Oesophago-gastro Cancer	Yes	100%
Paediatric Asthma	Yes	100%
Paediatric Intensive Care	Yes	100%
Paediatric Pneumonia	Yes	100%
Pain Management	Yes	100%
Peripheral vascular surgery	Yes	100%
Potential Donor Audit	Yes	100%
Pulmonary Hypertension	Yes	100%
Renal Colic	Yes	100%
Renal Registry	Yes	100%
Severe Trauma	Yes	100%
Stroke National Audit Promotion	Yes	100%
National Cardiac Arrest	No	Not applicable
Bronchiectasis	No	Not applicable
National Health Promotions	No	Not applicable

In addition, to ensure that all relevant information regarding the patient condition/care requirements were disseminated to GP practices, the cognitive test results have been incorporated into e-discharge letters thus ensuring continuity of care across the health economy. Furthermore, to improve the documentation relating to the identification and management of dementia, a combined dementia pathway, flowchart and prescribing checklist have been developed, implemented into practice and monitored via the newly initiated grand round.

National Care of the Dying

Staff knowledge around the use of documentation in relation to the Liverpool Care Pathway and staff understanding of the care process has been improved through the implementation of mandatory end of life training for all clinicians across the Trust. The effectiveness of the training material was monitored via a trust wide clinical audit which established on-going compliance with Trust policy in relation to the provision of information, communication and patient assessment. Patient experience has been further enhanced with the maintenance of the current specialist are seven day face to face service.

Emergency Oxygen Use

The implementation of a Trust policy around the prescription of oxygen has ensured that oxygen is prescribed appropriately and in accordance with national guidance from the British Thoracic Society. Compliance has been further enhanced following the development of the new prescription chart which now incorporates a specific section for the prescription of oxygen.

A proposal has been put forward to identify Oxygen Link Nurses on each ward to support on going education and improve compliance with the policy in relation to the safe prescription, administration and monitoring of oxygen.

Corporate and Local Clinical Audits

A total of 69 clinical audit projects were completed by clinical audit staff and a further 115 clinician led audit projects were registered during 2012/2013. These audits help us to ensure that we are using the most up to date practices and identify areas where we can make further improvements. Examples of improvements made in response to the audit results are:

Audit of Nutritional Assessments & Care Plans

The Malnutrition Universal Screening Tool (MUST) was initiated into practice in order to increase the number of patients who receive an appropriate and timely nutritional assessment which was supported by a comprehensive e-learning package. Full compliance of obtaining and recording the weight of all patients on admission has been addressed by the provision of a training package around the estimation of weight where patients are unable to sit or stand on scales.

The initiation of Sunday as 'Weigh Day' across the Trust and the replacement of scales identified unfit for purpose will also help to improve adherence to the Trust Nutritional Policy. Furthermore, a Standard Operating Procedure around the recording of fluid intake/output has been produced to improve accurate documentation around fluid balance.

Audit of Continence Care

A dedicated Continence Care Nurse has been recruited to provide on-going support and training for the management of patients with a catheter or identified as incontinent. The nurse

is also responsible for improving the quality and completion of relevant documentation. To support the above and ensure further positive outcomes for this group of patients, a Standard Operating Procedure has been developed and incorporated, together with the catheter care charts into the E-Coli toolkit. Furthermore, a change to the stationary supplier has enabled easy and timely access to the care documentation.

Audit of Medicines Management at UHNS

A new prescription chart has been developed and rolled out across the Trust in order to improve the quality of documentation relating to the prescription of medicines. In order to support this process, a comprehensive training package has been developed to ensure the timely and accurate completion of the new chart. In addition the Medicines Management Policy has been updated and re-issued, and a rolling programme of medicine management audits is on-going.

Care Quality Commission (CQC)

The Care Quality Commission (CQC) is the organisation which regulates and inspects health and social care providers in England. All NHS hospitals are required to be registered with the CQC in order to provide services and are required to maintain specified 'essential standards' in order to retain registration. As a service provider we need to ensure that we meet the essential standards of quality and safety and demonstrate improvement.

The Trust registered our new address with the Care Quality Commission in January 2013 and our current registration status is 'registered without conditions'. The Care Quality Commission has not taken enforcement action against the Trust during 2012/13.

The Trust was included in a themed targeted inspection programme in March 2012 as a provider of regulated service, Terminations of Pregnancy. The focus was on Outcome 21 – Records, and we were assessed as compliant and no concerns were identified. Additionally, the Trust received an unannounced visit by CQC in July 2012 and we were inspected over two days against our compliance with;

- Outcome 1: Respecting and involving people who use services
- Outcome 4: Care and welfare of people who use services
- Outcome 5: Meeting nutritional needs
- Outcome 6: Cooperating with other providers
- Outcome 7: Safeguarding people who use services from abuse
- Outcome 10: Safety and suitability of premises
- Outcome 13: Staffing
- Outcome 14: Supporting workers
- Outcome 16: Assessing and monitoring the quality of service provision

During the inspection the CQC observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services. We were assessed as compliant against all outcomes and no concerns were identified.

For full information on services we are regulated to provide and further information about the University Hospital of North Staffordshire's compliance with Care Quality Commission standards please go to the following website http://www.cqc.org.uk/directory/rjehq

Data Quality

Good Data Quality supports the planning and provision of excellent patient care and supporting services. The strategic aims of the Trust rely on

the management of information to a sufficient standard to support the planning, decision making and the provision of excellent services to patients and other customers. The Trust will continue:

- A programme of regular data quality audits
- Monitoring a number of data quality key performance indicators through the corporate Data Quality Group and regular updates are provided for assurance to the Executive Committee of the Trust
- Supporting and communicating the delivery of the Data Quality Strategy via a Delivery Plan that has adopted an assurance framework to assist with feedback to Trust Board
- To embed data quality standards throughout the Trust via Divisional and Directorate structures and supported by action plans which are reviewed regularly
- A programme of Data Quality Workshops, incorporating mandatory Information Governance training, will continue throughout 2013/14
- To review and improve the monitoring and reporting of data quality using the Trust's new data warehouse.

NHS Number and General Medical Practice Code Validity

University Hospital of North Staffordshire NHS Trust submitted records to the Secondary Uses System (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. This is a single source of comprehensive data which enables a range of reporting an analysis in the UK. The percentage of records in the published data which included the patient's valid NHS number was:

- 99.8% for admitted patient care; national target is 99.1%
- 99.9% for outpatient care; national target is 99.3%
- 98.9% for accident & emergency care; national target is 94.9%

All of these results are higher than the national average and have increased since last year. Valid General Medical Practice Code was:

- 100% for admitted patient care; national target is 99.9%
- 100% for outpatient care; national target is 99.9%
- 100% for accident & emergency care; national target is 99.7%

All of these results are higher than the national average.

Clinical Coding Error Rate

The Trust was subject to the Payment by Results clinical coding audit during 2012/13 by the Audit Commission/Information Centre and a draft report has been provided for comment. The final report is currently awaited. The Trust was also subject to the annual internal Information Governance clinical coding audit during 2012/13, achieving level 2 in all areas of the audit.

Participation in Clinical Research

The number of patients receiving NHS services provided or sub-contracted by UHNS in 2012/2013 that were recruited during that period to participate in research approved by a research ethics committee was 3304. Of these, 3164 were recruited into National Institute for Health Research (NIHR) portfolio studies while 140 were recruited into non-NIHR portfolio studies.

- UHNS is currently ranked 40th out of 405 Trusts for patient recruitment and 36th based on number of studies open in the NIHR/ Guardian research league table.
- Participation in clinical research demonstrates UHNS'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 possible 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 UHNS.
- University Hospital of North Staffordshire was involved in conducting 181 clinical research studies (124 NIHR portfolio studies and 57 non NIHR portfolio studies) in 20 medical and surgical specialties during 2012/13.
- There were 40 whole time equivalent clinical staff participating in and supporting research approved by the Research Ethics Committee at the University Hospital of North Staffordshire NHS Trust during 2012/13. These staff participated in research covering 20 medical and surgical specialties.
- Three Research for Patient Benefit Grants were awarded to University Hospital of North Staffordshire during 2012/13.
- In recent times around 250 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 Hospital of North Staffordshire NHS Trust commitment to testing and offering the latest medical treatments and techniques.

Information Governance Toolkit Attainment Levels

The Information Governance (IG) Toolkit provides an overall measure of the quality of data systems, standards and processes. The score achieved is therefore indicative of how well guidance and good practice has been followed.

The Trust has continued to prioritise work in this area. The Trust score for 2012/13 was 73% (compared with 68% in 2011/12). The Trust achieved level 2 in four out of the 6 domains which gave an overall grade of not satisfactory (based on the requirement to achieve level 2 or above in all domains).

The main focus this year has been to improve the level of staff IG Awareness, through delivery of training and the use of the Trust intranet; and to improve the requirements under the Registration Authority. In 2013 / 14 work will continue with an expectation to change from a red to green rating in the toolkit, and this will be monitored at the Trust Information Governance Steering Group.

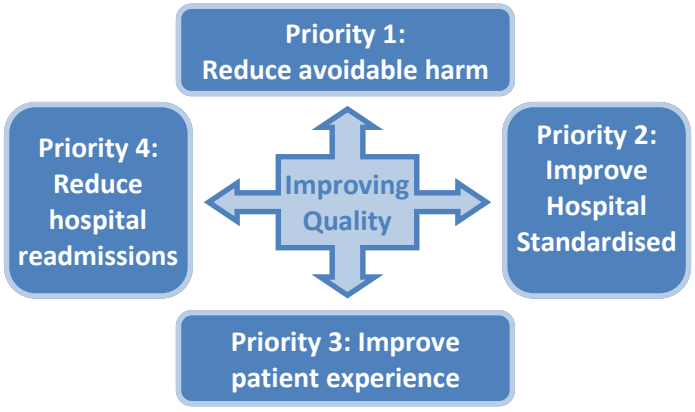
Review of Quality Performance

Our Quality Priorities and Objectives

In 2011/12, in partnership with our stakeholders, we identified three specific domains to focus on:

- **Safe Care** - Patients will experience reductions in harm year on year and we will seek to eliminate all avoidable deaths and avoidable harm events. Patient safety will be our highest priority.
- **Patient Centred** - Patients and families will experience the highest levels of care, attention and involvement and UHNS will be their healthcare provider of choice. Patient experience will be in the top quartile of all NHS hospitals.
- **Clinically Excellent** - Patient s will receive best-practice, evidence based care and achieve the best health outcomes.

Within these domains we identified four specific priorities, as shown below.



A Patient Story: Margaret, 74, was under the care of the Clinical Haematology team. She had recently lost both her husband and daughter to cancer. Margaret's daughter underwent chemotherapy treatment and the memories of her daughters experience remains painful. Margaret was becoming increasingly anaemic and more symptomatic, she was feeling exhausted and breathless and finding it difficult to cope both physically and emotionally.

She agreed to a blood transfusion to relieve her physical symptoms, but felt unable to attend for her transfusion in the haematology day case area as this was where her daughter was treated. She felt unable to even look at the Cancer Centre on passing and felt that she would not be able come through the doors because it would bring back the sad memories of her daughter. As this was Margaret's first transfusion she was not a candidate for the community transfusion service, and whilst we explored all avenues to transfuse Margaret in another location, this was not possible. The nature of Margaret's transfusion meant it had to be administered through specialised equipment at the hospital.

Margaret reluctantly agreed to attend the day case ward, on which her daughter had been nursed. Because of the sad memories, Margaret did not feel able to ask a family member to attend with her for her treatment and so attended alone. In order to support Margaret we arranged for her to be met at the entrance of the cancer centre by a member of staff to help her overcome her anxiety of entering the building. The same member of staff cared for Margaret and provided her treatment throughout her day case stay.

The member of staff chosen was someone who had not cared for Margaret's family members. Margaret's dedicated nurse talked about the treatment and gave Margaret opportunity to ask questions, as well as providing reassurance. Matron also spent some time talking to Margaret to ensure her needs had been met. The prime aim of Margaret's dedicated nurse was to deliver the treatment safely and with compassion but also to ensure it was delivered efficiently to reduce the time Margaret needed to stay at the hospital.

Whilst delivering the treatment, the nurse spoke to Margaret about her personal interests and home life to help her relax. Following her treatment Margaret asked to speak with the Matron again, she praised the team on her care and thanked all the staff involved. Margaret was accompanied out of the building to a waiting family member who was to take her home. So, on this occasion we were unable to change the care environment for our patient, but we did ensure that Margaret was not left alone and we gave her all the physical and emotional support required during this very sad situation.

Performance against Objectives

Performance Against Key Performance

Indicator	Target for the Year	Achieved for the Year
To reduce C Difficile infections	78	65
To reduce MRSA infections	5	0
Time spent on a stroke ward	80%	84.40%
Mixed sex accommodation breaches (number of patients affected)	0	0
A&E: Total time in A&E - 95% target	<= 4 hours	89.9%
A&E: Total time in A&E - 95th percentile	<= 4 hours	6h 17m
A&E: Time to treatment decision - median	<= 60 min	70 min
A&E: Unplanned re-attendance rate	<= 5%	5.8%
A&E: Left without being seen	<=5%	3.4%
Referral to treatment wait - admitted patients	90%	93.2%
Referral to treatment wait - non-admitted patients	95%	97.8%
Referral to treatment wait - incomplete pathways	92%	94.7%
Cancer 2 week waits aggregate measure	93%	97.9%
Two week wait from referral to first seen	93%	97.8%
Cancer: two week wait symptomatic breast	93%	98.8%
All cancers: 31 day wait from diagnosis to treatment	96%	99.0%
31 day wait for second treatment - anti cancer	98%	99.6%
31 day wait for second treatment - surgery	94%	97.9%
31 day wait for second treatment - radiotherapy	94%	98.3%
Cancer 62 day wait aggregate measure	86%	91.6%
All cancer: 62 day wait for first treatment	85%	87.6%
Emergency readmissions - 30 days	5.38%	5.77%
Acute bed capacity	1185	1170

Performance against Commissioning for Quality and Innovation (CQUIN) Indicators

Indicator	Target for the Year	Achieved for the Year
Specialised CQUINs 2012-2013		
Implementation of Clinical Dashboards for specialised services	To Achieve	Achieved
Cardiac Surgery Inpatient waits within 7 days	80%	98.4%
Increasing use of home renal dialysis	To Achieve	Part Achieved
Neonatal Improved timely TPN administration	To Achieve	Achieved
PIC – To minimise the number of patients undergoing unplanned extubation	To Achieve	Achieved
Main Contract CQUINs 2012-2013		
VTE Prevention	96%	98.2%
Patient Experience – National	67%	66%
Patient Experience – Regional	To Achieve	Achieved
Patient Experience – Friends & Family Test	To Achieve	Part Achieved
Dementia Screening	To Achieve	Achieved
Dementia Risk Assessment	To Achieve	Achieved
Dementia Referral for specialist diagnosis	To Achieve	Achieved
Safety Thermometer – Data Collection	To Achieve	Achieved
Safety Thermometer – VTE Prophylaxis	99%	99.2%
Discharge Summary	80%	84.6%
Discharge Planning	To Achieve	Achieved
Discharge Effectiveness	To Achieve	Achieved
Alcohol Advice	To Achieve	Part Achieved
COPD Bundle	To Achieve	Achieved
Heart Failure Bundle	To Achieve	Achieved
Antimicrobial Stewardship – improvement in baseline assessment	27 points	38 points

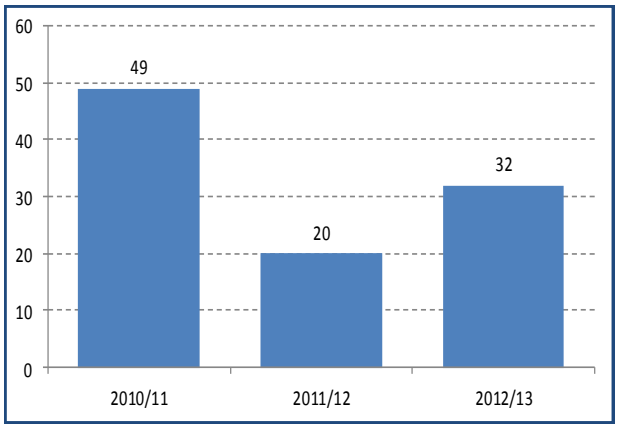
Priority 1: Reduce Avoidable Harm

The Trust has emphasised its commitment to reducing avoidable harm and measures this using the Safety Thermometer. On one day every month the Trust assesses every patient to determine harm relating to:

- Pressure Ulcers
- Catheter Associated Urinary Tract Infections (CAUTIs)
- Falls
- Venous Thromboembolisms (VTE)

Hospital Acquired Pressure Ulcers

Pressure ulcers are a key indicator of the quality of nursing care and are closely linked to good hydration and nutrition. By analysing the reasons for pressure ulcers developing we have identified an increasing number of sores developing in more unusual places. For example, the nose, chin and mouth, caused by vital clinical equipment such as oxygen masks, neck braces and breathing tubes. Last year the Trust committed to eliminating hospital acquired grade 2, 3 and 4 pressure ulcers, through raising staff awareness regarding prevention and learning through root cause analysis when pressure ulcers develop. Whilst, the Trust has reported zero grade 4 pressure ulcers during 2012/13, there has been an increase in grade 3 pressure ulcers.



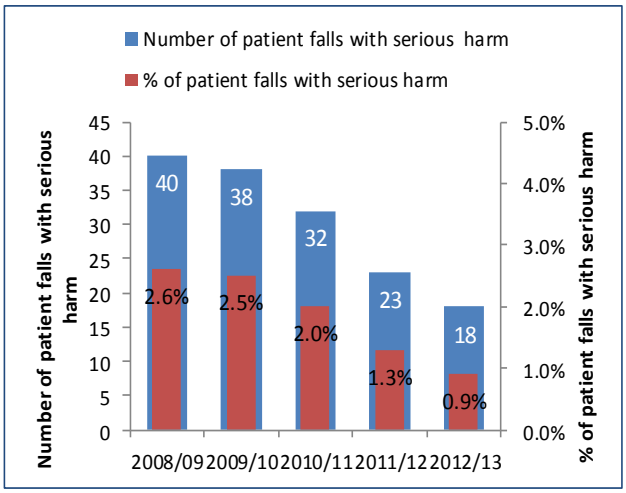
Hospital acquired pressure ulcers grade 3 and 4

This is as a result of improved reporting which is a positive indicator of an effective safety and quality culture, indicating that staff feel able to report incidents to ensure that learning is shared and actions taken. Over the last 12 months we have developed:

- A Pressure Ulcer Prevention Toolkit.
- A Pocket Prompt which guides staff on the appropriate assessment of pressure ulcers
- An information manual regarding best practice relating to nutrition, continence, pressure relieving products, assessment tools and dressings.
- An integrated skin care plan and comfort round tool.
- A Yellow wrist band to identify patients at high risk of pressure damage.
- A yellow star on blue background magnet at the bedhead to further identify high risk patients.

Reducing Patient falls

In 2011/12 the Trust expressed an ambition to achieve a 30% reduction in serious injury to patients following a fall.



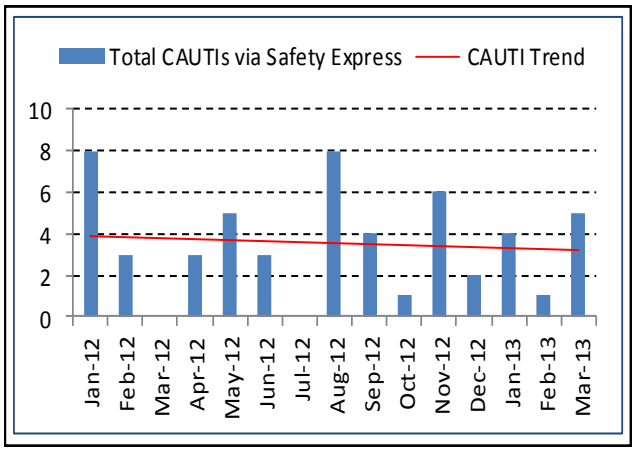
The Trust commitment to this is demonstrated through the appointment of a Falls Improvement Co-ordinator. Over the last 12 months we have:

- Identified Falls Clinical Champions
- Developed and delivered Falls Prevention Training for clinical staff
- Developed an information leaflet for patients and relatives giving advice about avoiding falls
- Introduced a process to understand the cause of falls resulting in serious harm
- Completed a trial on the use of chair sensors.

Catheter Associated UTIs

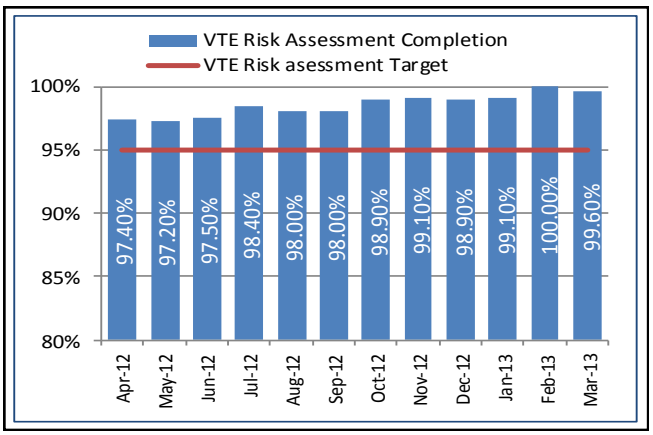
As part of the Safety Thermometer, Catheter Associated Urinary Tract Infections are

monitored. Since the full roll out of the Safety Thermometer across all wards in January 2012, there is a decreasing trend of CAUTIs.



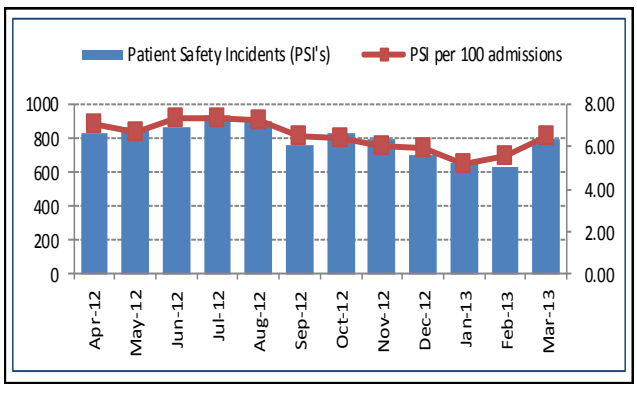
Venous Thromboembolism

Proactive assessment, prevention and management of blood clots is vital in avoiding harm to patients. The graph indicates that the Trust consistently exceeded the target for completing assessments for this harm.



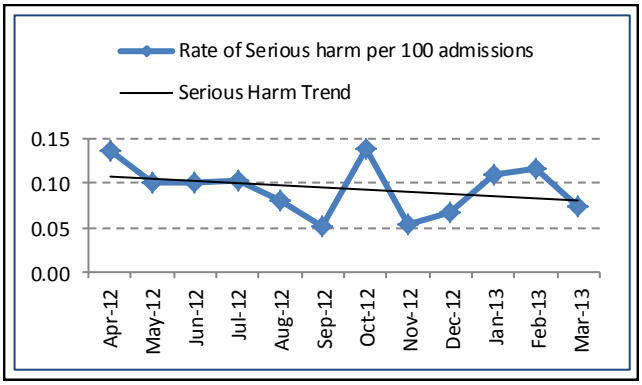
Patient Safety Incidents and Never Events

To ensure the Trust is monitoring the level of harm the numbers and rate of patient safety incidents are reviewed and the level harm associated with these incidents. During 2012/13 there has been a reduction in both the rate of Patient Safety Incidents and the rate of serious harm.



The Trust continues to meet with commissioners the joint Serious Incident Review Group to ensure that lessons are learned and actions taken following serious incidents. These are reported to the Clinical Quality Review Meeting, to all Board Members and formally at the Quality Assurance Committee. Never Events are a collection of serious incidents which have been nationally identified as those which should never happen.

The Trust reported two never events for 2012/13. As a result of these two incidents, which did not result in serious harm for the patients, the Trust has implemented a new standard operating procedure which standardises the identification of spinal levels prior to surgery. The Trust has also implemented the new West Midlands Perinatal Institute documentation within maternity services which has a clear procedure for the management of swabs within maternity delivery rooms. These new procedures are based on the good practice adopted in the already implemented WHO Safer Surgery Checklist. Both new procedures will be monitored to ensure successful implementation.

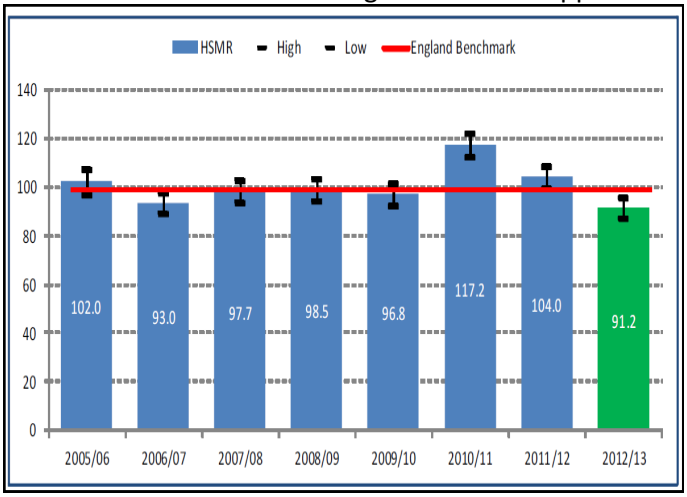


Priority 2: Improve Hospital Standardised Mortality Ratio (HSMR)

- HSMR for 2012/13 has improved compared to 2011/12. The current figure for 2012/13 is 91.3* compared to 93.7 in the 2011/12 Quality Account.
- The most current published Summary Hospital-level Mortality Indicator (SHMI) for September 2011 to October 2012 is 1.03 (Band 2—within expected ranges). This compares to the published figure in 2011/12 Quality Account of 1.04.
- The Mortality Review Group monitors and reviews actions taken in relation to HSMR and other mortality indicators.
- Formal reviews of any mortality outlier alerts are

received and data analysed prior to formal responses to the Care Quality Commission. During 2012/13, we received 1 mortality outlier alert relating to Septicaemia (except in labour).

*Dr Foster annual rebasing has not been applied



What mortality measures are there?

- HSMR – Hospital Standardised Mortality Ratio
- SHMI – Summary Hospital-level Mortality Index

What is the difference?

- HSMR: In hospital deaths only from 56 diagnoses that account for 86% of all hospital deaths
- SHMI: All patient deaths in and out of hospital linked to last hospital patient treated

How is mortality calculated?

- Routinely collected hospital data
- Expected deaths calculated from risk ratings for:
  - ◊ Procedures
  - ◊ Diagnoses
  - ◊ Age
  - ◊ Sex
  - ◊ Type of admission
  - ◊ Deprivation
  - ◊ Comorbidities
- HSMR = (actual number of deaths / expected number of deaths) x 100

How should Mortality ratios be interpreted?

- Below 100 = fewer deaths than expected
- Above 100 = more deaths than expected

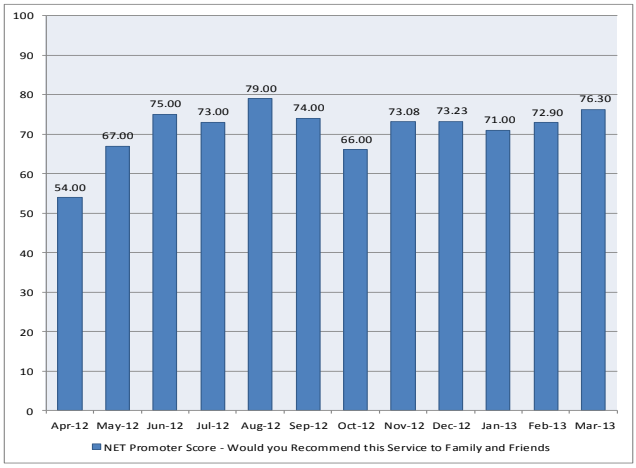
Priority 3: Improving the Patient Experience

The Patient Survey 2012 was conducted on a sample of patients, aged 16+, who had stayed at least one night between June and August. The table shows how we compare with other trusts.

	Score out of 10	How the score compares with other Trusts
The Emergency/A&E Department (answered by emergency patients only)	8.6	About the same
Waiting list and planned admissions (answered by those referred to hospital)	9.1	About the same
Waiting to get to a bed on a ward	8.1	About the same
The hospital and ward	8.3	About the same
Doctors	8.5	About the same
Nurses	8.4	About the same
Care and treatment	7.7	About the same
Operations and procedures (answered by patients who had an operation or procedure)	8.2	About the same
Leaving hospital	6.6	Worse
Overall views and experiences	5.0	About the same

The Patient Revolution

The Friends and Family Test was introduced by acute trusts across NHS Midlands and East cluster region in April 2012 as part of the launch of the Patient Revolution. The Patient Revolution is one of five ambitions being rolled out by the NHS Midlands and East cluster. There are three core elements to this concept, customer services culture, community and citizen participation and clinical and patient experience. Every month the Trust asked 10% of inpatients the question "Would you recommend this service to your friends or family". The graph shows that since June 2012 the Trust has consistently exceeded the target score of 70.



Focus Groups

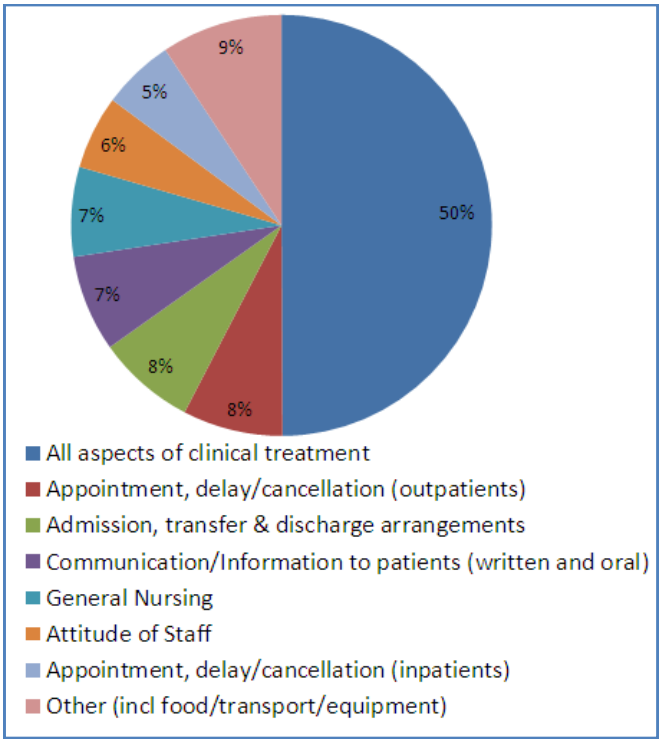
The Trust has facilitated a series of focus groups concentrating on how we can improve patient safety, access to our services, information and support in shared decisions about care, patient experience particularly privacy and dignity and how we can improve our handling of complaints. The notes from the focus groups were collated and other responses received added to points raised and these were then shared with local community groups.

A number of focus group members have gone on to be more heavily engaged with the UHNS by joining groups and audit programmes. We have a programme of focus groups throughout the next 12 months and we aim to facilitate at least one every month to ensure we are continuously gather feedback vital to the services we provide.

Complaints

There have been 744 formal complaints in 2012/13 compared with 646 in 2011/12. Over the last 12 months the UHNS has been working closely with the Patient Association in ensuring we are investigating complaints according to recognised best practice. This included having complaints peer reviewed and complainants being asked to complete a satisfaction survey regarding the complaint process. It highlighted where we can make improvements to benefit complainants and the teams carrying out investigations.

Themes and trends are monitored quarterly whilst the complaints process is monitored monthly. The common themes for complaints relate to clinical treatment, information and communication and outpatient appointments (see graph opposite).



Learning From Complaints

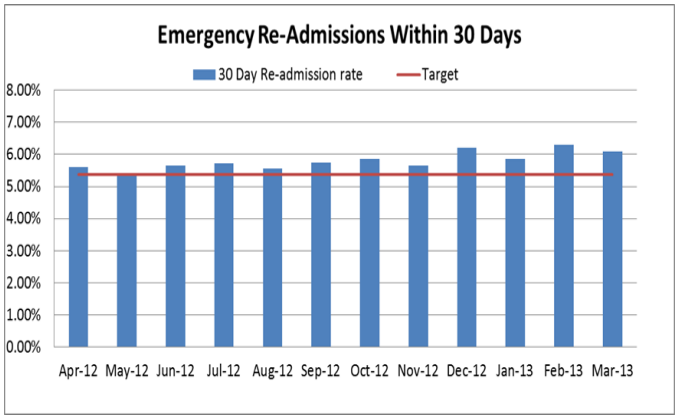
One of the most important aspects of the complaints process for the Trust is to learn lessons and make changes to enhance the experience for our patients, carers and relatives. While many changes may appear minor, it is often the 'little things' which can make the difference between a good and a poor experience for our patients along with a shift in culture to one where the attention to detail does matter.

For example in response to complaints received by the Emergency Department we have held an Elderly People Awareness Day which included nursing staff wearing a specially designed suit to enable them to understand how difficult it can be for older people to change into nightclothes/ fasten buttons/get onto trolleys etc.) This also helped with understanding of how to communicate effectively with elderly patients.

Priority 4: Reduce hospital emergency readmissions

Across the NHS there are many patients who are discharged from hospital only to be readmitted very quickly. In some cases the readmission is unrelated to the previous admission but there are a number of cases where the readmission is for the same condition. The reasons behind readmissions are highly complex and what is clear is that there is no single cause but a mix of factors including availability of community services, changes in clinical practice and coordination between services. Avoidable readmissions are not in the interests of patients or the hospital and therefore the Trust made this a priority last year.

The readmissions graph shows the monthly performance for 2012/13 and the Trust target rate of 5.38% for last year. Whilst there was only one month where the target was met, the average readmission rate for 2012/13 was 5.77%. Whilst the yearly performance was worse than the target the Trust aims to continue to reduce the emergency readmission rate in 2013/14.



Whilst Trust performance for the year is slightly above the target, some specialties have made improvements to pathways to reduce the emergency readmission rate. A number of improvements have been made to the heart failure pathway over the last two years which has seen the number of readmissions reduce by 40% compared to 2010/11. The Cardiology and Heart Attack Centre team has focused on improving patient education and information and integration in to community care.

The cardiac rehabilitation clinic has been extended with more patients now seen in this clinic and the waiting times have reduced.

A roving Cardiac Nurse Assessment Team has been put in place to review patients in the Trusts emergency portals to ensure they are transferred to the right environment, in a timely manner, to support the patient's needs. In recognition of these improvements the clinical team has won a number of awards including: Nursing Times 2011 Cardiac Nursing Team of the Year, Health Service Journal Award 2012 for Secondary Care Redesign. In addition, the team were shortlisted for the Health Service Journal Efficiency Award for Acute.

The Surgical Division has undertaken a number of emergency re-admissions audits across specialties including General Surgery and Urology. These audits have identified key work streams to improve the re-admission rate including improvements to clinical pathways and improved access to community services and reviews of the emergency pathway following a surgical admission, with the aim of creating an emergency outpatient clinic for rapid access for patients. Actions from the audits will be taken forward in 2013/14 through the Trust Unscheduled Care Improvement Programme (UCIP).

The Trust is continuing to focus on reducing the emergency readmission rate in 2013/14, and this will be progressed and monitored through (UCIP).

Statements from our key Stakeholders

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

What Adults and Neighbourhoods Overview and Scrutiny Committee

The Adult and Neighbourhoods Overview and Scrutiny (O&S) Committee considered the Quality Accounts using the knowledge we have of the provider and the information gained during 2012/13. The general layout, length and design of the report is good and the level of detail and health jargon was appropriate for the reader. The committee were pleased with UHNS during the year and the outcome of the CQC inspection.

The committee were encouraged by the work undertaken around reducing the number of pressure ulcers. It was felt that a better explanation of the reasons for the increase would be useful e.g. equipment causing ulcers which may not have been registered previously. Also the reasons for the importance of pressure ulcers being monitored could be expanded so the reader fully understands the link between ulcers and good medical care, hydration and nutrition.

It was felt that a simple explanation of the mortality rates and the difference between the two measures (SHMI and HSMR) may be useful to the public. Information on the Mortality review group and the learning from case reviews would also provide reassurance.

Under priority 3: Improving the patient Experience, work around complaints is explained. The committee feel that information around the key areas of complaints would be useful and what is being done to address the problem areas would be useful.

The committee supported the priorities for 2013/14 which were outlined to them at the meeting.

Healthwatch

Healthwatch Staffordshire is pleased to comment on the Quality Account for 2012-13 and is grateful to the University Hospital of North Staffordshire for the opportunity for our representatives to contribute to the development of priorities through the stakeholder workshops.

Healthwatch recognises the difficult balance between meeting the needs of the guidance and producing a user-friendly Quality Account. Whilst the relative brevity of the report is welcomed some additional information may be beneficial. For example, an introduction with some context to the Trust such as remit and geographical coverage could include the list of services currently at the end of the report. We hope that you will produce a user-friendly summary.

We are pleased to note that the comments made by us as the LINk last year have been acted upon with the inclusion of the glossary, patient quotations and experiences and photographs.

There is much to commend in this Quality Account. The inclusion of patient quotations early on in the document illustrates the importance of patient feedback. It is good to see the recognition afforded to staff through the various rewards detailed in the report. Details of the contribution to a wide range of national clinical audits, confidential enquiries and patient involvement in clinical research are most comprehensive and demonstrate a commitment to quality. Examples

of local improvement initiatives implemented as a result enhance the document and provide confidence about the Trust as a learning organisation. The positive outcome of external reviews and inspections is also welcomed.

The report back on 2012-13 priorities is well-laid out. The table under section 3.3 makes it easy to assess the overall good performance by providing achievements against targets and using the Red, Amber & Green ratings. Similarly good explanations of measures provided under the second priority (HSMR) are really helpful. By contrast the table under section 2.6 is much less meaningful. The public will find it difficult to understand previous performance nor is there an indication of future aspirations.

It is pleasing to note the many developments set out under the report back against the priorities set for 2012-13 and that a significant proportion of the targets set have been achieved or exceeded. Under Improving the Patient Experience we would like to see some examples of improvements brought about as a result of the focus groups and complaints. The achievements are especially noteworthy given the enormous changes brought about by the move to the new hospital.

Healthwatch Staffordshire had originally been invited to a meeting where the draft Quality Account was to be presented but this was changed into a stakeholder workshop on priority setting. In future years we would welcome the opportunity to have the whole account presented and to discuss it in more detail.

The workshops to engage stakeholders in the development of priorities for 2013-14 were well run and enabled all present to get a good feel for the issues that are important to local people. However, this inclusive approach has resulted in a new set of priorities for 2013-14 which are much less specific and measurable than those for 2012-13. Perhaps the element of compromise has diluted the aspirations too far. Healthwatch does support these priorities but the scale and breadth of activity to implement them will require much more detail than is provided so far. For example, the list of measures under the priority to ensure improvement in quality, safety and access includes no measures on access and the descriptions of action under the first priority to improve communication makes no mention of social care partners.

Healthwatch Staffordshire supports the need to incorporate into the plans for 2013-14 any outstanding issues against the general performance and the Quality Account priorities for 2012-13. We also request that attention be paid to the detail of discussions at the stakeholder events; to information shared by our members and to the concerns shared with us by the public. These include:

- Access to the hospital services by people with mental health needs, learning disabilities and substance misuse problems and the attitude staff to these groups
- Performance against A&E targets and the experience of patients
- Delays in outpatient appointments
- The experience of patients attending outpatient appointments and visitors to wards (including signage, long distances to walk and car parking)
- Cancelled urgent operations
- A coordinated approach with community health and social care services to reduce A&E attendances, unnecessary admissions and readmissions and to improve discharges
- Planning for the impact of changes at Mid Staffs General Hospitals

Healthwatch Staffordshire looks forward to working with the University Hospital to support the implementation of the priorities for 2013-14 with particular reference to the work to improve patient experience.

Staffordshire Overview and Scrutiny Committee

We are directed to consider whether a Trust's Quality Account is representative and gives comprehensive coverage of their services and whether we believe that there are significant omissions of issues of concern.

There are some sections of information that the Trust must include and some sections where they

can choose what to include, which is expected to be locally determined and produced through engagement with stakeholders.

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

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

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

Statement of Quality. We are pleased that the account articulates the vision, values, achievements and goals and contains a summary of the quality of services provided or subcontracted together with a statement of the Board affirming to their knowledge the information contained in the document is accurate. The directors' responsibilities are explained and a list of services is present, the CEO and Chair are joint signatories.

Priorities for Improvement Statements of Assurance. The rational applied in determining the Quality Priorities and Objectives is explained and the influence of the Francis Inquiry is clearly articulated and embedded into the process. It is clear that the Quality Account (draft) that the finite document will not be available until the planned Stakeholder Event of 7th May 2013 for this reason we cannot comment further.

Review of services are outlined in the document with nine specific areas, it would be helpful if the rational employed when determining these particular services could be explained. We note the participation in the National Clinical Audits and the subsequent local action plans arising. The participation in clinical research is clearly detailed

Written statements by other bodies and information to readers on how they can provide feedback on QA and make suggestions for content for future reports is not contained within the document.

We note the three identified domains for the review of Quality Performance and the four identified priorities, An explanation of who had involved in determining these would be useful.

Additional comment from Councillor Patricia Rowlands – Chair Stafford Borough Council Health Scrutiny Committee

"I acknowledge receipt of the Quality Account, but on this occasion I wish to decline to make a comment on the basis of the relatively short timescale in which to make an informed response and the lack of in-house resources to advise on the analysis of healthcare organisational accounts which are both technical and appear to be written for healthcare professionals"

Stoke-on-Trent CCG and North Staffordshire CCG

Stoke-on-Trent CCG and North Staffordshire CCG are making this joint statement as the nominated commissioners for the University Hospital of Staffordshire NHS Trust. The Commissioners were pleased to attend and contribute to the Quality Account Stakeholder Workshop and comment on the Quality Account for 2013/14.

As part of the contract monitoring process, North Staffordshire CCG and Stoke-on-Trent CCG meet with the Trust on a monthly basis to monitor and seek assurance on the quality of services provided. 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 2012/13

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

- No 'Eliminating Mixed Sex Accommodation' breaches have been reported which is a significant improvement on the previous year.
- Commissioners are pleased that mortality rates are decreasing and the Dr Foster Hospital

Guide 2012 noted that the Trust has a generally positive mortality profile.

- The Trust achieved the infection prevention and control targets for the number of Clostridium Difficile cases and MRSA cases.
- The Trust has consistently achieved in excess of the national (90%) and local (95%) targets for completing blood clots (VTE) risk assessments with a sustained performance of 98% since June 2012.
- The Trust achieved 89% of the CQUIN outcome measures. The Trust partially achieved the Alcohol Assessment and Friends & Family Test CQUINs and failed the nationally mandated patient experience personal needs CQUIN which is related to five questions within the National Inpatient Survey.
- The Trust achieved Level 2 when assessed by the NHS Litigation Authority against the Maternity Standards; achieving 45/50.

However:

- The Commissioners note that the Trust is undertaking further reviews regarding the Deaths After Surgery Indicator which identified the Trust as a negative outlier.
- It is disappointing that the Trust reported two Never Events, wrong site surgery and retained foreign object, as the Trust hadn't reported any in the previous year.
- Whilst the Trust did not achieve the NHS Midlands & East ambition to 'eliminate avoidable grade 2, 3 and 4 pressure ulcers by December 2012', the Trust has not reported a grade 4 pressure ulcer since 25th May 2011. Commissioners support the current focus working towards elimination of avoidable pressure ulcers and will continue to monitor progress.
- Whilst the Trust has failed to achieve the 4 hour target in A&E, the Trust has worked with Commissioners to evidence that there has been no increase in patient harm and has routinely monitored complaints, patient feedback and incidents. Further, the CCG has been assured that the outpatient follow up appointment backlog has been clinically validated and there is not a clinical risk to patients. In both of these areas Commissioners have worked with the Trust to identify and work towards solutions and undertaken quality assurance visits.

Priorities for 2013/14

The Commissioners welcome the specific priorities for 2013/14 which the Trust has highlighted in this report; in particular the focus on improving discharge information including medicines. We are pleased to see that the Trust intends to listen to and act upon information received from both patients and staff to embed compassion into practice and that the priorities are aligned to the CQUN framework which Commissioners have worked closely with the Trust to agree quality improvements for 2013/14. Commissioners also support the continued effort to reduce hospital avoidable admissions in 2013/14 as this quality priority was not achieved in 2012/13.

The response to the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry will form a key part of our assurance in 2013/14. The Trust is actively working alongside commissioners and other providers in the health economy to ensure that plans developed by Trusts across the health economy align and that learning is shared.

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

Glossary of Terms Used

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

List of services

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

Summary of Changes as a result of feedback

- Inclusion of an introduction giving context to the Trust, including remit and geographical coverage.
- Explanation of mortality.
- Explanation of Patient safety Incidents.
- Explanation of Palliative Care coding.
- Chart identifying the themes of complaints received.
- More pictures included throughout the report.
- Summary of Never Event outcomes.
- Inclusion of waiting times as a measure of access.
- Inclusion of other areas for improvement identified at the stakeholder events.
- Inclusion of rational for reviewing the seven specified services.
- Inclusion of the link between pressure ulcers and good hydration and nutrition. Including an explanation of reason for pressure ulcers developing in unusual places.

Independent Auditors Limited Assurance Report to the Directors of University Hospital of North Staffordshire NHS Trust on the Annual Quality Account

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