



We love our values



Quality Account

2021 / 2022



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Part A: Statement on quality



OVERVIEW

1. Introduction to UHNM

Welcome to the Quality Account for the University Hospitals of North Midlands NHS Trust (UHNM) for 2021/22. As we review the last 12 months and consider our priorities for the year ahead, we reflect on the continuing impact the COVID-19 pandemic has had on our hospitals, our staff and our patients.

During the last year we did everything we could to continue care for all of our patients, including transferring planned surgery and treatments to other providers and private hospitals less impacted by COVID-19; transforming our outpatient appointments into telephone and video consultations and introducing a family support service to help provide essential communication between families and patients while visiting restrictions were in place. Despite the challenges, we have made great progress in improving services for our patients and local communities, making every effort to keep our patients safe and delivering the best possible experience.

Our staff have continued to adapt and show resilience under extreme pressure and acted with compassion and professionalism. That care and compassion was acknowledged with an 'Outstanding' rating in the care domain during our most recent Care Quality Commission (CQC) inspection during 2021. This report aims to provide an open and honest account of where we have moved forward, both as a result of and despite the pandemic, and where we still have further improvements to make.

We are committed to providing safe, high quality care to our communities and we continue to focus on delivering quality improvement in all we do.

UHNM has two hospital sites, Royal Stoke University Hospital and County Hospital, and we are extremely proud of the services provided across both sites. We are a large, modern trust in Staffordshire, providing services in state-of-the-art facilities.

We provide a full range of general hospital services for approximately 900,000 people locally in Staffordshire, South Cheshire and Shropshire.

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

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

As a University Trust, we work very closely with our partners at Keele and Staffordshire Universities and we are particularly proud of our medical school which has an excellent reputation. We also have strong links with local schools and colleges. We hold a large portfolio of commercial research, which provides us with a source of income, and our research profile also enables us to attract and retain high quality staff.

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

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

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

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

We moved foundation training online and developed a virtual learning environment that was rolled out in July 2021. The Extended Reality Laboratory (Sim Suite) at County Hospital is being used more and more by the whole multi-disciplinary team. Funding was obtained to upgrade the technology infrastructure at the Post Graduate Medical Centre, County Hospital.

surgery, complex orthopaedic surgery and laparoscopic surgery.

Royal Stoke University Hospital



The County Hospital (Stafford)



Nursing and midwifery continues to maintain strong links with Keele and Staffordshire Universities supporting the development of registered nurses in addition to nursing associates and the provision of a wide range of post registration courses. In-house developments have seen the development of a *'Skills Escalator'* enabling our staff to undertake career progression through apprenticeships both at unregistered and registered levels as part of our *'Grow Our Own Strategy'*.

2. Statement on quality

We are proud to say that our teams here at UHNM continue to show their commitment to improve the quality, safety and experience of patients in our care. We will continue to support our staff to deliver excellence every day resulting in improved patient outcomes, patient experience and staff experience.

The period covered by this Quality Account is from 1 April 2021 through to 31 March. COVID-19 has continued to dominate 2021/22, as it did in 2020/21 and our Trust has experienced several surges and peaks in the number of patients with COVID-19. Alongside this, we have also managing high levels of staff absence due to isolation rules.

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

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

- Colleagues redeployed into unfamiliar clinical areas driven by their desire to support those clinical teams at the forefront of COVID-19;
- Urgent elective and cancer services continued to be delivered, supported by some additional capacity and facilities from the independent sector; and
- Outpatient appointments were delivered virtually – by telephone or video – enabling the Trust to keep people safe whilst continuing to deliver their essential care.

During the last 12 months we have moved from the response to COVID -19 into managing the disease. Our dedicated staff have continued to play a pivotal role in our operational reset and recovery of elective and planned care. It is widely acknowledged that waiting lists have grown as a consequence of COVID -19 and many patients are waiting far longer than we would ever want them to, but our teams are working hard to increase our theatre capacity and ensure that patients are able to access outpatient clinics.

Whilst the pandemic has absolutely dominated the year, there has been a considerable amount of other work happening and during the year we celebrated our CQC rating of 'Outstanding for Caring' following their inspection. This was a significant achievement and recognised the high quality care and compassion delivered by our staff during one of the most challenging periods the NHS has seen. As we look to the future we will focus efforts to improve further and achieve a rating of 'Outstanding' overall.

Our staff are our greatest asset. We have continued to provide packages of support and offers of wellbeing provision as well as develop our teams by rolling out our quality improvement programme – Improving Together. Our improvement programme aims to equip and support all staff and departments to lead change and drive continual improvement.

We are also grateful to our partners within the Staffordshire and Stoke-on-Trent system and beyond for their support throughout the year and look forward to working closer with them as part of the ICS as it is established.

Looking ahead to 2023/24 we will continue to address our biggest challenges around capacity and demand with focus on urgent and emergency care across both our sites and our recovery process so we can deliver safe quality care to those who need it the most.

We made good progress against our quality and safety priorities identified in last year's account, including:

- A 20% reduction in Category 3 hospital acquired pressure ulcers with 'lapses in care' in 2021/22 compared to 2020/21;
- Sepsis screening for inpatients and intravenous antibiotics (IVAB) in one hour have seen improvements during 2021/22;
- Exceeding the 95% national target for Harm Free Care (New Harms);
- A reduction in rate of reported patient falls in 2021/22 compared to 2020/21;
- Continuing to compare well against peers during 2021/22 and remaining within expected ranges for both HSMR and SHMI mortality indicators;
- An improvement in VTE risk assessment compliance with average 99.3% in 2021/22;
- A reduced rate of formal complaints received as we increased activity during 2021/22 from 2020/21; and
- Our Speaking Up Index score as part of Staff Survey has improved year on year.

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

- Emergency department four hour target performance;
- Continuing to improve in sepsis screening compliance and pathway;
- Reducing harm from falls; and
- Reducing hospital acquired Category 2 pressure ulcers and deep tissue injuries with lapses in care.

It has been an incredibly challenging year for all of us but it is also one that has made us very proud to be Chairman and Chief Executive of UHNM. Undoubtedly there will be further challenges ahead for us throughout 2022/23 and beyond but given we have seen what our UHNM teams can do in extremis we are confident that together, we will come through and we look forward to seeing how the 'new NHS' evolves. We hope you enjoy reading this Quality Account.

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

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

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

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



David Wakefield
Chairman



Tracy Bullock
Chief Executive Officer

2.2 Strategic objectives

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

To achieve the 2025 Vision we must respond to the changing requirements of the NHS as they emerge and operate in ever more challenging times. This means that we need to think further than the ‘here and now’ and continue to look beyond the boundaries of our organisation for inspiration. Our involvement in the ICS is crucial in enabling us to move towards our vision and to become a sustainable provider of healthcare services for generations to come.

Our strategic objectives




Our vision is underpinned by six key strategic priorities:

High Quality	Responsive	People	Improving & Innovating	System & Partners	Resources
 <p>Providing safe, effective and caring services</p>	 <p>Providing efficient and responsive services</p>	 <p>Empowering, developing and supporting for effective performance</p>	 <p>Achieving excellence in development and research</p>	 <p>Leading strategic change within Staffordshire and beyond</p>	 <p>Ensuring we get the most from the resources we have, including staff, assets and money</p>

Our Values

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



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

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

Priorities for improvement

3.1 Our quality priorities and objectives for 2022/23

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

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



Improving Together

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

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

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

During this year the first teams were trained in the new tools and routines associated with the Improving Together approach enabling continuous improvement to become part of the everyday work of the Trust. The first two waves of training have up-skilled 532 members of staff including the ward teams from wards 230, 202, 227, 109, 102 and AMU County, AMU Stoke, PACU and SAU and the divisional and directorate triumvirates. These teams have had five months of training and coaching in the new skills and are now embedding them into practice. In addition, a further 221 staff have received one off training in the new tools and routines, enabling them to support the teams on each wave.

Through new style conversations with the executive team, called 'Focus Negotiations', the divisional teams have been able to agree their priority areas for improvement and to focus their improvement energy on the issues that will have the biggest impact for our patients. The monthly meetings with the executive team discuss progress against these priorities and are now focused, rich discussions on addressing the problems the Trust faces.

The training and focus has led to improvements in many areas of practice, including individual wards reducing the number of falls or pressure ulcers in their areas; discharges happening earlier in the day; discharge letters being completed in a timely manner; and care for deteriorating patients being improved. In addition, through all the challenges of working in healthcare through the COVID-19 pandemic, staff have been able to identify things that are within their control to improve and are using their new tools to support their day to day work.

As we move into 2022/23, the Trust's 'Quality Improvement Academy' is expanding its scope and pace of roll out, by working collaboratively with the transformation team. Together they will deliver an integrated approach to continuous improvement at the County Hospital site, whilst continuing to train both frontline and corporate teams at Royal Stoke University Hospital.



Prioritising our quality improvement areas

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

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

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

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

Our plan has our Trust values firmly at its core. We continue to promote a compassionate culture through our values, which identify the attitude and behavioural expectations of our staff with inclusivity at the heart of our values. These values are threaded through the People Plan priorities for 2022/2023 particularly in response to the feedback we have received from our cultural review.

Our overall goal for 2022/23 is:

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

Aims

To continue to improve harm free care and treatment to patients

How will we do this:

- Improve sepsis treatment and recognition of deteriorating patients;
- To evaluate and reduce long waiters following the COVID-19 pandemic;
- To support the recovery and restoration plan across the health economy;
- Aim to continually reduce incidence of avoidable harm;
- Evaluate and introduce new technologies and techniques for treating patients;
- Improve the number of reported medication errors and associated training in medication safety; and
- Continued delivery of the Improving Together Programme.

We will measure this through:

- Quality Performance Report;
- Harm Free Care;
- Serious Incidents analysis;
- Legal claims;
- Mortality reviews and outcomes;
- Getting It Right First Time (GIRFT) reviews and analysis;
- Clinical audits; and
- 'Ward Performance Boards' as part of 'Delivering Exceptional Care'.

To improve staff engagement and wellbeing following COVID-19 pandemic

How will we do this:

- Supporting the introduction of the Trust's wellbeing programme and activities that focus on staff wellbeing and empowerment;
- Ensuring that staff are working within COVID-19 secure environments and are provided with the support which meets their needs;
- Supporting staff and services in providing care in 'new ways' following COVID-19;
- Promoting mental health wellbeing and support;
- Delivering the Improving Together Programme; and
- Introducing 'Shared Governance'.

We will measure this through:

- The nation NHS staff survey;
- Pulse Checks;
- Staff Voice;
- Chief Executive briefings; and

- Freedom to Speak up report.

To improve patient experience

How will we do this:

- Utilise patient and visitor feedback;
- Seek wider engagement with 'seldom heard' patient groups;
- Review patients' experiences during COVID-19 and identify positive changes to adapt service provisions;
- Develop and deliver a suite of patient priorities and increase opportunities to co-produce improvement initiatives with our patients and public; and
- Formalise patient engagement and coproduction in patient safety programmes and improvement initiatives.

We will measure this through:

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

3.2 How we have performed against quality key performance indicators KPIs during 2021/22

Quality Indicator	Previous Period		Current Period	
	January 2020 – December 2020		January 2021 – December 2021	
The value of the Summary Hospital level Mortality Indicator (SHMI)	1.03 (Band 2)		1.02 (Band2)	
The percentage of deaths with palliative care coded at either diagnosis and/or specialty level	2.3%		1.9%	
Patient Reported Outcome Measures scores* (National Average)	Participation Rate 2019/20	Adjusted Health Gain 2019/20	Participation Rate 2020/21	Adjusted Health Gain 2020/21
☑ Groin hernia surgery	-	-	-	-
☑ Varicose Vein Surgery	-	-	-	-
☑ Hip Replacement Primary Surgery	57.2% (65.5%)	0.436 (0.453)	- (66.5%)	0.830 (0.465)
☑ Knee Replacement Primary Surgery	54.1% (63.5%)	0.334 (0.334)	9.0% (66.5%)	0.431 (0.315)
*EQ-5D scores finalised data release				
Percentage of patients aged	2019/2020		2020/2021	
☑ 0 to 15; and	15.0%		15.2%	
☑ 16 and over	15.2%		15.7%	
Readmitted to a hospital which forms part of the Trust within 28 days of being discharged from hospital				
The Trust's responsiveness to the personal needs of its patients	2020/21 Survey TBC		2021/22 Survey TBC	
Percentage of staff employed by the Trust who would recommend the trust as a provider of care to their friends and family (Agree / Strongly Agree)	2020 76.2% (England Average Acute Trusts 74.3%)		2021 69.7% England Average Acute Trusts 66.9%)	
Percentage of patients who were admitted to hospital and who were risk assessed for Venous Thromboembolism (Acute Trusts) (National Average)	2019/20 Q1 93.79% (95.56%) Q2 93.99% (95.47%) Q3 93.29% (95.33%) Q4 TBC % (TBC%)		2020/21 TBC TBC TBC TBC	
The rate per 100,000 bed days of Clostridium Difficile infection reported within the Trust amongst patients aged two or over (Trust apportioned)	2019/20 39.8 (England Acute Trust Average 37.5)		2020/21 51.0 (England Acute Trust Average 45.6)	
The number and rate of patient safety incidents reported within the trust - Acute trusts (non specialist)	10023 (Apr – Sept 2019) 43.8 per 1000 bed days		9368 (Oct 2019 – Mar 2020) 40.2 per 1000 bed days	
The number and rate of such patient safety incidents that resulted in severe harm or death— acute (non specialist)	23 (Apr – Sept 2019) 0.1		22 (Oct 2019 – March 2020) 0.1	

* Results published by NHS Digital Quality Accounts data sets for mandatory indicators

Commissioning for Quality and Innovation (CQUIN) Indicators for 2021/22

During 2021/22, due to the national NHS response to the COVID-19 pandemic the funding for all acute trusts changed to a block payment which included funding for CQUINs.

As a result of this there were no national or local CQUINs which were required to be agreed or to be achieved during 2021/22. Therefore UHNM were automatically paid for CQUINs at 100% even though there were no indicators set to be achieved.

Specialised and Local Commissioners are planning to reinstate CQUIN schemes in 2022/2023.

4. Patient story

I recently had the misfortune of incurring a freakish and bizarre accident which resulted in my transfer via helicopter and my admission to UHNM for emergency operations and then transferred on to Ward 227 Acute Rehab Trauma Unit (ARTU). Having had a relatively healthy and injury-free life, my views on the NHS system were, at best, ok and adequate. That was until I was under the good auspices of the ARTU.

The compassion, dedication, cleanliness, professionalism and duty of care provided by all the staff I personally encountered (and witnessed as being administered to other patients) was far beyond my expectations. I was retained on ARTU for two full weeks while I recovered from major surgery and rehabilitated back to an acceptable state for discharge.

From the anaesthetists and surgeons, the daily doctors rounds with their cheerful and pleasant bed-side manner; the positive reassurances and encouragement from the physiotherapists; the unlimited and dedicated care from the nurses and the assistance from all the other staff has been second to none.

I could not sing the hospital staffs praises high enough and wish to convey my sincere thanks and deepest gratitude to for the care provided.

I write to express my gratitude to the team who ensured the safe delivery of my daughter, Poppy, at the Royal Stoke Maternity Unit. I went into labour and was admitted to the Royal Stoke Maternity Unit. Whilst there, I was under the care of the midwives Donna and Jade who, whilst not with me for long as their shift ended in the early morning, supported me, and my husband Alex through the difficult contractions with professionalism and good humour.

Lindsay, the midwife who took over my care and stayed with me until Poppy was born, was nothing short of a superstar. She monitored Poppy's heart rate

forensically, and made me feel completely at ease throughout. She was always calm, professional and I believe a wonderful testament to the Royal Stoke Maternity team.

Unbeknown to anyone at this stage, Poppy was 'face up' (I am sure there is a medical term for this but I am unsure of what it is!) and as such was proving difficult to 'push' out. Due to Lindsay's close monitoring of Poppy's heart rate, it became clear that Poppy was becoming distressed, and was experiencing bradycardia. Responding quickly and calmly, the emergency lever was pulled, and within seconds, a team of professionals entered the room. Each person in the room, despite the situation, introduced themselves warmly, which helped greatly as it became clear that we would be moving to theatre for a trial of forceps.

Each stage of the process, which resulted in an emergency c section, although fast-moving, was explained to me and my husband. Due to the clear communication between the consultants and other staff (I am sad to say that I have only the names Gigi and Mark, but there were many others) there was no doubt in my mind that I was receiving the very best care from the very best team, something which I am exceptionally grateful for.

Importantly, I felt such kindness and care from the team - almost as though I was a family member. This is something I will always remember. I feel that the professionals who were working that day are a testament to the very best that the NHS offers its patients, and I, my husband and our family are so grateful for each member of the team that day. I would be so grateful if you could pass on my sincere thanks.

5. Statement of assurances

5.1 Review of services

Care Quality Commission

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

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

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

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

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

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

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

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

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

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

The table below shows the rating by the five key domains and compares results to the 2019 inspections:

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

Section 29A Warning Notice

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

Section 31 Notices

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

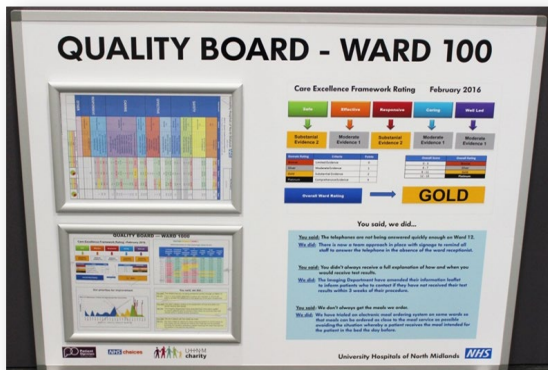
A weekly report was developed, which set out the specific detail of conditions imposed along with an Assurance Framework that detailed the immediate actions taken in response along with monitoring arrangements, ongoing assurance mechanisms and supporting evidence available.

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

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

In response to the letter received, the weekly report was amended and enhanced in order to provide the CQC with additional assurance. Since January 2022, the CQC have accommodated monthly reporting and a further application is being prepared by the Trust to remove the conditions relating to the Emergency Department at Royal Stoke University Hospital.

Care Excellence Framework



The Care Excellence Framework (CEF) is a unique, integrated tool of measurement, clinical observations, patient and staff interviews, benchmarking and improvement. It reflects CQC standards and provides assurance around the CQC domains of:

- Safety
- Effectiveness
- Responsive
- Caring
- Well led



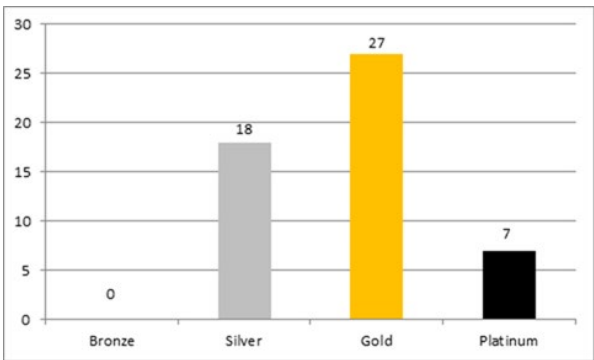
The CEF is delivered in a supportive style fostering a culture of learning, sharing and improving, and reward and recognition for achievement. Each domain consists of clinical observations, documentation reviews, patient interviews and feedback from staff forums.

The framework provides an award system for each domain and an overall award for the ward/department based on evidence. The awards range through bronze, silver, gold and platinum and are displayed in each clinical area. The clinical area is supported to develop and deliver a bespoke improvement plan and spread good practice. Areas with a bronze award are supported to make improvements by the Quality and Safety team and areas rated platinum are encouraged to share their good practices.

During 2020/21 the planned CEF reviews were suspended due to COVID-19 but safety reviews were conducted to provide assurance about the standards of care delivered to our patients. The planned CEF programme recommenced in April 2021, however visits were not completed in September/October which affected Q2/Q3. Since then visits have continued despite the challenges COVID-19 has continued to present.

Wards and departments from all divisions have been visited. Visits from Q4 are awaiting validation but below is a summary of published awards from 2021/2022.

Published CEF Awards 2021/2022



Ward 111 – Platinum CEF award July 2021



PLACE inspection

PLACE inspections in 2021 were cancelled nationally again due to the COVID-19 pandemic challenges within NHS premises. However, trusts were encouraged to complete a PLACE-Lite inspection where possible. Due to the COVID-19 challenges at UHNM at that time it was agreed that a PLACE-Lite inspection would be undertaken in Spring 2022 which, to date has not yet commenced. It is planned for this to be completed before the Autumn 2022 when PLACE inspections usually occur.



5.2 Participation in clinical audit

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

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

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

The national clinical audits and the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) enquiries that the Trust participated in, and for which data collection was completed during 2021/22 alongside the number of cases submitted are referred to in the tables below:

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

National confidential enquiries

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

NCEPOD Study	UHNM Registered	Status
NCEPOD: Transition from Child Health Services to Adult Care	Yes	Data Collection
NCEPOD: Community acquired pneumonia	Yes	Not due to begin until Spring 2022
NCEPOD: Crohns disease	Yes	Planning Data sent
NCEPOD: Epileptic seizures	Yes	Data Collection

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

5.3 National clinical audits

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

National Clinical Audit National Audit	UHNM Registered	% of cases Submitted
Case Mix Programme - Intensive Care National Audit and Research Centre (ICNARC)	Yes	100%
Chronic Kidney Disease Registry (Previously known as UK Renal Registry)	Yes	100%
Cleft Registry and Audit Network (CRANE) continuous data collection	Yes	100%
Elective Surgery (National PROMs Programme)	Yes	100%
Emergency Medicine QIP: Pain in Children (care in emergency departments)	Yes	100%
Emergency Medicine QIP: Severe Sepsis and Septic Shock (care in emergency departments)	Yes	100%
Falls and Fragility Fracture Audit Programme: National Audit of Inpatient Falls	Yes	100%
Falls and Fragility Fracture Audit Programme: National Hip Fracture Database	Yes	100%
Falls and Fragility Fracture Audit Programme: The Fracture Liaison Service Audit	Yes	100%
Inflammatory Bowel Disease Audit (IBD)	Yes	100%
Learning Disabilities Mortality Review Programme (LeDeR)	Yes	100%
MBRRACE-UK: Maternal Mortality Surveillance	Yes	100%
MBRRACE-UK: Perinatal Confidential Enquiries	Yes	100%
MBRRACE-UK: Perinatal Mortality Surveillance	Yes	100%
National Adult Diabetes Audit: National Diabetes Core Audit	Yes	100%
National Adult Diabetes Audit: National Pregnancy in Diabetes Audit	Yes	100%
National Adult Diabetes Audit: National Diabetes Footcare Audit	Yes	100%
National Adult Diabetes Audit: National Inpatient Diabetes Audit	Yes	100%
National Asthma and COPD Audit Programme: Adult Asthma Secondary Care	Yes	100%
National Asthma and COPD Audit Programme: COPD Secondary Care	Yes	100%
National Asthma and COPD Audit Programme: Paediatric Asthma	Yes	100%
National Audit of Breast Cancer in Older People (NABCOP)	Yes	100%
National Audit of Cardiac Rehabilitation	Yes	100%
National Audit of Cardiovascular Disease Prevention	Yes	100%
National Audit of Care at the End of Life (NACEL)	Yes	100%
National Audit of Dementia	Yes	100%
National Audit of Seizures and Epilepsy in Children and Young People	Yes	100%
National Cardiac Arrest Audit	No	N/A *

National Cardiac Audit Programme: Myocardial Ischaemia National Audit Project (MINAP)	Yes	100%
National Cardiac Audit Programme: National Adult Cardiac Surgery Audit	Yes	100%
National Cardiac Audit Programme: National Audit of Cardiac Rhythm Management Devices and Ablation	Yes	100%
National Cardiac Audit Programme: National Audit of Percutaneous Coronary Interventions	Yes	100%
National Cardiac Audit Programme: National Congenital Heart Disease Audit (NCHDA)	Yes	100%
National Cardiac Audit Programme: National Heart Failure Audit (NHFA)	Yes	100%
National Child Mortality Database (NCMD)	Yes	100%
National Comparative Audit of Blood Transfusion: Audit of Blood Transfusion Against NICE Guidelines	Yes	100%
National Comparative Audit of Blood Transfusion: Audit of the Perioperative Management of Anaemia in Children Undergoing Elective Surgery	Yes	100%
National Emergency Laparotomy Audit (NELA)	Yes	100%
National Gastro-Intestinal Cancer Audit Programme: Bowel Cancer Audit	Yes	100%
National Gastro-Intestinal Cancer Audit Programme: Oesophago-Gastric Cancer Audit	Yes	100%
National Joint Registry	Yes	100%
National Lung Cancer Audit (NLCA)	Yes	100%
National Maternity and Perinatal Audit (NMPA)	Yes	100%
National Neonatal Audit Programme	Yes	100%
National Paediatric Diabetes Audit (NPDA)	Yes	100%
National Perinatal Mortality Review	Yes	100%
National Prostate Cancer Audit	Yes	100%
National Vascular Registry	Yes	100%
Neurosurgical National Audit Programme	Yes	100%
Paediatric Intensive Care Audit Network (PICANet)	Yes	100%
Respiratory Audits: National Outpatient Management of Pulmonary Embolism	Yes	100%
Respiratory Audits: National Smoking Cessation 2021 Audit	Yes	100%
Sentinel Stroke National Audit Programme (SSNAP)	Yes	100%
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	Yes	100%
Society for Acute Medicine Benchmarking Audit	Yes	100%
Transurethral Resection and Single Instillation mitomycin C Evaluation in Bladder Cancer Treatment	Yes	100%
Trauma Audit and Research Network (TARN)	Yes	100%
UK Cystic Fibrosis Registry	Yes	100%

Urology Audits: Cytoreductive Radical Nephrectomy Audit	Yes	100%
Urology Audits: Management of the Lower Ureter in Nephroureterectomy Audit	Yes	100%

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

Corporate and local clinical audits

A total of 79 clinical audit projects were completed by clinical audit staff and a further 336 clinician led audit projects were registered during 2021/22. These audits help us to ensure that we are using the most up-to-date practice and identify areas where we can make further improvements. An example of improvements made in response to the audit results is:

Re-Audit of Inpatient Falls

Action	Co-ordinator	Status of Action
<i>In order to disseminate the results to the relevant teams and raise awareness of the improvements to be made:</i>		
The results were shared with all Falls Champions / Quality Nurses and Matrons	Audit Lead	Complete
The audit results were added to the Falls Champions training template and updates	Audit Lead	Complete
The findings were presented to the Falls Steering Group / Divisional Governance meetings/ Quality and Safety Oversight Group and the Associate Chief Nurse meeting	Audit Lead	Complete
An update was added to the Falls presentation at the Quality Governance Committee	Audit Lead	Complete
<i>In order to ensure lying and standing blood pressure is completed for all patients at risk of falling or over the age of 65 years:</i>		
The Care Excellence Framework will continue to monitor compliance. Areas of none compliance will be highlighted via the bespoke Ward action plan	Audit Lead	Ongoing
<i>In order to ensure each patient is assessed and subsequently managed due to their falls risk:</i>		
A review of all falls documentation was undertaken to ensure that it was relevant, fit for purpose and reflected national guidance	Audit Lead	Complete
Additional questions have been added to the monthly falls audit to provide on-going assurance around the full completion of all falls documentation	Audit Lead	Complete
<i>In order to ensure the falls proforma is completed in full:</i>		
A process for sharing outcome letters with Consultants following RCA panel for serious incidents has been introduced. It is anticipated that this will help to highlight areas for improvement in completion of post falls proforma and completion of actions	Audit Lead	Complete
Continue to work with the medical teams to ensure timely post fall reviews and acknowledgement of falls prevention actions in the blue section of the Post Falls Proforma.	Audit Lead	Ongoing

5.4 Participation in clinical research

UHNM participates in clinical trials across the healthcare sector from novel interventions and drugs to device innovations which aim to improve quality of life and outcomes for our patients. Research practitioners and midwives work alongside clinical teams and support services to identify and consent potential research participants, discussing trials with patients and providing care throughout the studies. During the pandemic UHNM has been contributing to the delivery of national Urgent Public Health Studies in response to COVID-19. The trials have provided important information on the epidemiology of the virus as well as potential treatment options for those affected by COVID-19

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

- is associated with better clinical outcomes;

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

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

Strategic Aims

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

Research and innovation highlights from 2021/2022

UHNM was part of the NIHR Annual Financial Review 2020/21. Five areas were reviewed; UHNM were given a final rating of Very Good in all areas, the highest rating for the review.

Focus Area	Self-Score	Final Rating	Comment
Financial Controls	Very Good	Very Good	Job planning policy is in place; use of specific cost centres for grants and job codes for projects and preparation of financial reports based on extract from the ledgers.
Financial Systems	Very Good	Very Good	Very Effective finance system (ABS) is used and has all the features of a good system.
Financial Management	Good	Very Good	Very good bid writing SOP and costing tool used by the academic development team; very good policy on subcontracting; SOP on subcontracting guides the process, in addition to collaboration agreements; the award close process is good.
Risk Management	Good	Very Good	Good audit report for 202, with no concerns.
Governance Arrangements	Good	Very Good	Good structure with SMT involvement in project oversight; very robust monitoring regime that is supported by monitoring SOPs; HR processes are well documented; a clear process for publication.

The Trust has successfully recruited over 2,000 participants to research studies over the past 12 months.

- We were on of the top three recruiting sites in the country for REMAP-CAP, this intensive care based study, looks at patients with Community Acquired Pneumonia and identifies the effect of a range of interventions to improve outcome.
- We have successfully opened and recruited 250 participants to the SIREN study, which looked at whether prior infection of SARS-CoV2 protects against future infection of the same virus.
- We have concluded successful recruitment to the COVAC-IC study. This study looks at the immune response to COVID-19 vaccines in immunocompromised patients with haematological disorders and the data currently being analysed.
- Awarded: Dr Fran Gilchrist Research for patient benefit grant application £259,446. ‘Comparison of Lower Airway Sampling Strategies In Children with Protracted Bacterial Bronchitis (CLASSIC PBB)’.
- COVAR-MS a UHNM sponsored trial developed by Dr Seema Kalra was funded by commercial partner Biogen Ltd. Recruitment has now started for the study; An observational study to evaluate immune response to COVID-19 vaccines, infections and immune treatments in people with multiple sclerosis.
- We are sponsoring a medical device trial led by one of our UHNM paediatric consultants in collaboration with an international company. The trial which will look at performance and adherence in children and young people whilst using asthma devices.
- We continued to support the management and evaluation of the £1.2m Innovate UK Heart Failure Test Bed which uses digital technology to improve early detection of deteriorating health in heart failure.
- A small grant of £14,000 was awarded by the North Staffordshire Medical Institute (NSMI) to a UHNM dietician with support from the academic team. This pilot/feasibility study will look at whether using coloured crockery with older people improves their dietary intake.
- The Trust has also been awarded funding for three other NSMI grants which are in the fields of pathology, radiography and pediatrics.
- UHNM has implemented the use of RED-CAP, which is a system that enables better data management and also enables virtual consenting of patients taking part in research.
- OPTIMA (optimal personalised treatment of early breast cancer using multi-parameter analysis): UHNM remains the top recruiter for this study.
- TUDCA- (Testing the safety and effect of tauroursodeoxycholic acid (TUDCA) on disease progression.): The final patient has been recruited into the TUDCA trial. This means that UHNM will be the second largest recruiter in the UK.
- REMAP CAP (Randomised, Embedded, Multi-Factorial, adaptive platform for community-acquired pneumonia): The Trust has recruited the 169th patient into the REMAP CAP trial in critical care; this put Royal Stoke as the second top recruiting site nationally.
- OPTIMAS – (OPTimal TIMing of Anticoagulation after acute ischaemic Stroke: a randomised controlled trial (OPTIMAS Trial): Four patients were recruited to the OPTIMAS trial in September putting us joint-second place for the month of September. A tremendous effort by the Stroke Team.
- A joint statistician has been appointed between the Trust and Staffordshire University. This will help strengthen the quality of the research that is conducted by UHNM as sponsor and help develop further projects.

5.5 Data quality

The Data Quality Strategic Plans and Data Quality Assurance Group continued to provide strategic and operational assurance to the Executive Business Intelligence Group, led by the Chief Financial Officer, throughout 2021/22. The corporate Data Quality Team has continued to provide assurance throughout the last year to support the improvement of data quality and the provision of excellent services to patients and other customers.

- The Data Quality Team continued to support UHNM staff, answering and resolving thousands of queries and helping to support teams undertaking unfamiliar roles in the Trust's response to the COVID-19 pandemic.
- Support for IT projects was also continued with testing, validation and systems expertise provided by the team.
- The divisional data quality groups have been re-established, with representation from all directorates in attendance. These groups fulfill an important role in the 'Data Quality Assurance Framework'.
- The action plan supporting the Data Quality Strategy has been developed and is continually monitored and updated.
- The terms of reference for the Data Quality Assurance Group have been updated to reflect data quality obligations to the Data Security and Protection Assurance Framework.
- The Data Quality Assurance Indicator has been partially implemented for the Integrated Performance Report discussed at Trust Board level.

2021/22 has been another productive year for the data quality team and we aim to build on this throughout 2022/23, supporting the strategic aims of the Trust.

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

UHNM submitted records to the Secondary Uses System (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. This is a single source of comprehensive data which enables a range of reporting an analysis in the UK. The figures below are for the period April 2021 to January 2022 which reflects a marginal improvement in NHS Number. The percentage of UHNM records in the published data which included the patient's valid **NHS number** was:

- 99.9% for admitted patient care; national performance is 99.6%
- 99.9% for outpatient care; national performance is 99.7%
- 99.2% for accident and emergency care; national performance is 95.4%

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

- 100% for admitted patient care; national performance is 99.7%
- 100% for outpatient care; national performance is 99.6%
- 100% for accident and emergency care; national performance is 98.8%

Trust performance for GMP code remains higher than the national average.

5.7 Clinical coding accuracy rate

The annual internal Data Security and Protection Toolkit (DSPT) clinical coding audit took place during 2021/22, achieving an overall 'mandatory' rating in all areas of the audit and 'advisory' in two of the four areas audited. Percentage accuracy has improved significantly in one of the four areas since last year (Primary Procedures). All recommendations from the 2020/21 audit have been actioned. The Trust's clinical coding auditors carried out this year's audit.

The internal Staff Audit Programme continues for all coding staff. The audit process has been revised and updated for 2022/23.

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

U-codes (no associated income due to missing information) have remained low throughout 2021/22, reporting a monthly average of 3.3%, a slight reduction from 2020/21.

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

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

The COVID-19 pandemic required a revision of the yearly submission dates from 31 March 2021 to 30 June 2021 in recognition of the pressures NHS trusts were facing. The Trust submitted its final assessment declaring all standards had been achieved except for one. An improvement plan was developed and approved by NHS Digital with confirmation all actions will be implemented by December 2021. The Trust's initial rating of 'standards not fully met (plan agreed)' was updated to 'standards fully met' in January 2022 following implementation of the action plan.

This year NHS Digital has confirmed the submission date will be 30 June 2022. To support the Trust with its assessment an internal audit review has been scheduled for May 2022, the findings of which will be reported to the newly formed Executive Digital and DSP Group. Areas for improvement will be monitored via an improvement plan with monthly reporting to the Executive Digital and DSP Group. As in previous years, if the Trust does not achieve all standards, the Trust's rating will be classified as 'Standards not fully met (plan agreed)' and an improvement plan will be submitted to NHS Digital, for their approval. The Executive Digital and DSP Group will continue to seek assurance on the Trust's DSP toolkit position, thereby providing assurance to the Trust Board, via the Performance and Finance Committee.

5.9 Seven day services

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

These are:

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

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

In response to UHNM's consistent compliance with the standards, an assurance framework was developed which moved away from large scale audits to an overview of performance supported by a more focused review process. A further revision of guidance in February 2022 simplified the expectations around the Board Assurance Framework and gave additional examples of evidence that can be used to support this. Our existing framework is fully aligned to the new guidance. We continue to undertake targeted specialty level audits supported by performance data, local delegations of authority under Standard 8, and evidence of appropriate staffing levels. UHNM continues to meet the four high priority standards; improvement work is focused around process and clinical record keeping and assurance of agreed local practice in respect of further demonstration of compliance with Standard 8.

Part B: Review of quality performance

6. Quality priorities 2020/21

In 2020/21, in partnership with our stakeholders we identified three specific priorities to focus on:

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

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





Priority 1: To continue to improve safe care and treatment to patients

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

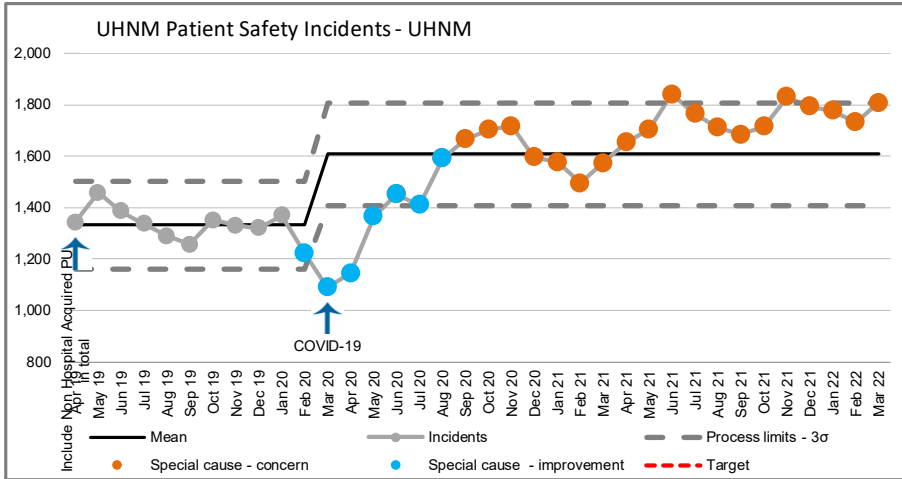
We said we would achieve this by:

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

Performance against this priority and its aims has been monitored during 2021/22 using a range of key indicators. The following section provides a summary of the performance for these indicators and what these results mean for our patients.

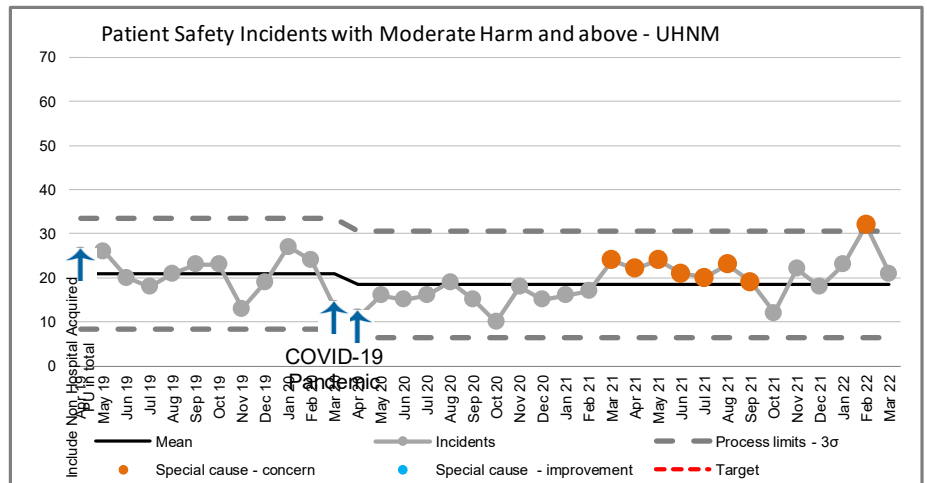
Patient safety incidents

We continue to aim to reduce harm to our patients. A key indicator of this is the number of patient safety incidents* reported and the rate per 1,000 bed days and the number and rate of patient safety incidents with moderate harm or above. The charts following illustrate the monthly totals for these indicators.



15% increase in total reported patient safety incidents from 2020/21 to 2021/2022. Increased reporting is an indication of an open and improved reporting culture.

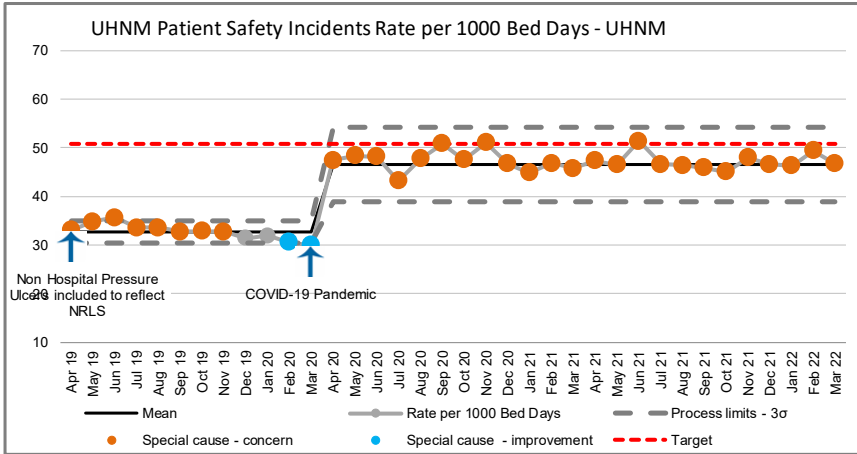
33.8% increase in total reported patient safety incidents with harm 2020/2021 to 2021/2022.



Total reported patient safety incidents have increased during 2021/2022 compared to 2020/2021 as the Trust has continued to promote positive reporting of adverse incidents. The rate of reported incidents has however remained relatively stable with a slight reduction in 2021/2022 with a rate of 47.2 patient safety incidents per 1,000 bed days compared to 47.4 in 2020/2021.

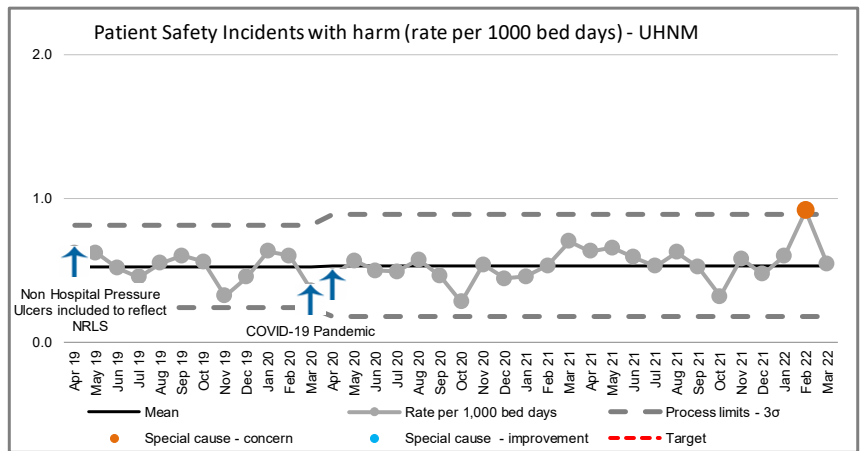
Whilst there have been increased numbers of patient safety incidents reported as resulting in moderate harm or above during 2021/2022, the rate of patient safety incidents resulting in moderate harm or above is the same in 2021/2022 as 2020/2021 at 0.5 incidents per 1,000 bed days. The increase in total numbers is partly explained by the increase in hospital activity during 2021/2022 compared to 2020/2021 as the Trust, and the country, moved out of the COVID-19 pandemic and more hospital services were reopened.

This is important as the increased reporting of patient safety incidents are related to low or no harm. Reporting of low and no harm incidents is indicator of positive reporting culture and staff awareness of need and benefits of reporting incidents to see improvements and reductions in the level of harm.



0.2% decrease in rate of reported patient safety incidents per 1,000 bed days from 2020/21 to 2021/22.

Rate of reported patient safety incidents with moderate harm per 1,000 bed days in 2021/22 has same mean rate (0.5) as 2020/21.



Never events

UHNM has introduced strong systems to allow for the reporting of adverse incidents to ensure lessons are learnt whenever possible. During 2021/22, we reported six never events which compares to one reported in 2020/21. The following provides a summary of the reported never events (month reported as never event on STEIS) together with any identified learning following the completion of the incident review to prevent recurrence.

There were six reported never event during 2021/22.

2021/25043 Retained foreign object post procedure (December 2021)

Identified that after initial checking that a small swab was unaccounted for following further checks within Theatres. X ray confirmed swab retained and consent obtained to remove retained swab via local anaesthetic.

- Trust policy C07 amended to ensure that an additional count is undertaken between the Scrub Practitioner and another Theatre Practitioner following completion of the procedure but prior to disposal of the remaining swabs/suture needles.
- All members of the multidisciplinary team have been made aware of the amendments to policy C07.
- Harm free care alert has been circulated to ensure learning from this incident is shared.
- New Theatre Induction training package being developed (April 2022) by Theatre Practice Development Team for new staff to raise awareness of relevant policies and standards.

2021/25872 Wrong site Surgery (December 2021)

The patient attended Central Treatment Suite and a punch biopsy on the right anterior nostril was performed which contravened what the patient was listed for on the operating list. Following the procedure the patient highlighted that the incorrect lesion had been removed.

- Where more than one lesion is present, clinical photography or use of the Consultant Connect App must be undertaken during the consultation which can then be used as reference with the patient on the day of the procedure during the consent process.
- The LocSSIP safety checklist has been amended to include an additional step whereby the patient is asked to confirm the surgical site marking prior to the procedure.
- A stop moment must occur prior to commencement of the procedure to ensure that consent, procedure, side and side are checked against the theatre list and verbally confirmed by the Operating Surgeon and patient (if procedure occurring under local anaesthetic).
- Observational audits to be undertaken to provide assurance that staff are adhering to the revised processes.

2022/1446 Retained foreign object post procedure (January 2022)

Following operation to stabilize spiral fracture to distal tibia and fibula, post operative x rays were undertaken to check fixation and incidental finding of the x ray noted that there was a radio opaque filament of thread evident. Clinical decision to leave the sterile material and no infection. Patient informed of the incident and plan to monitor wound for infection. The root cause for this incident is that the drill had contact with the swab during the procedure which caused the radiopaque thread to be retained within the surgical wound.

- Issue with retained thread and fraying swabs have been reported to the MHRA and awaiting feedback.

2022/5020 Incorrect Implant/Prosthesis (March 2022)

Following injury to right humerus, operative fixation undertaken and used reconstruction plate rather than intended LCP plate. Noted that plate had slight bend and treated conservatively. 6 weeks post procedure x ray confirmed break to bilateral aspect of the plate. Underwent further operation to repair the failed plate.

- Reconstruction plates have been removed from the operation sets and are now being stored separately.
- Learning alert issued to all relevant staff within Theatres and Trauma and Orthopaedic Directorate.

2022/5023 Wrong site surgery (March 2022)

Patient underwent excision for multiple mole biopsies. Patient later reported that incorrect lesion had been removed from shoulder/back area. Correct lesion removed at follow up appointment.

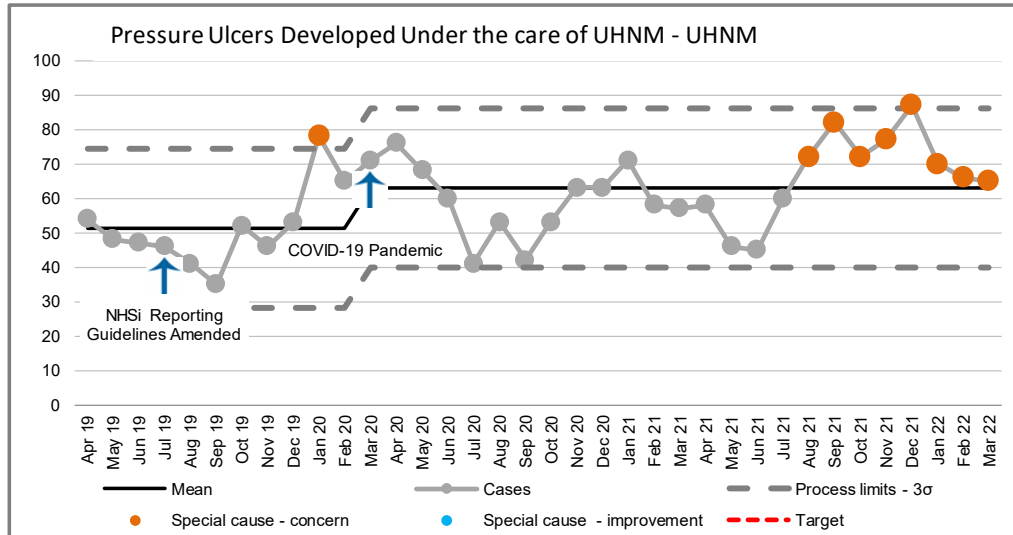
- All staff advised to look at clinical photographs (if available) prior to procedure being carried out.
- Laptop available in second minor op room so that patient is in the same room when clinical photographs are being viewed.
- Patient to point to area that is to be removed, mirrors to be used if this is on the back. Especially important if no photographs available. If any doubt on location, referring doctor to be consulted. If this is not possible, surgery to be rescheduled.

2022/5030 Wrong implant/prosthesis (March 2022)

A closed ante grade intramedullary nailing of left femur performed with no intra operative issues. After the procedure had been performed, it was identified that a different sized locking bolts used. Reviewed by the consultant surgeon and discussed with patient that no impact on outcome and patient was fully weight bearing and mobilising two days post surgery.

Pressure ulcers developed under UHNM Care

We have seen an increase in pressure ulcers developed whilst under the care of UHNM. During 2021/22 there were 800 reported pressure ulcers developed at UHNM compared to 705 in 2020/21. This equates to 13% rise in identified pressure ulcers.

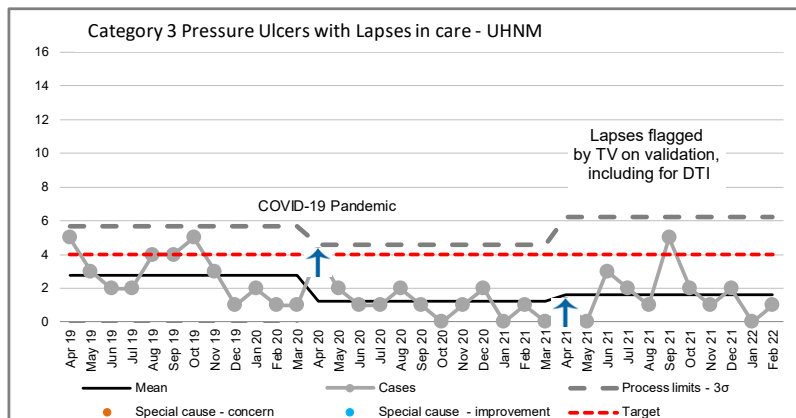
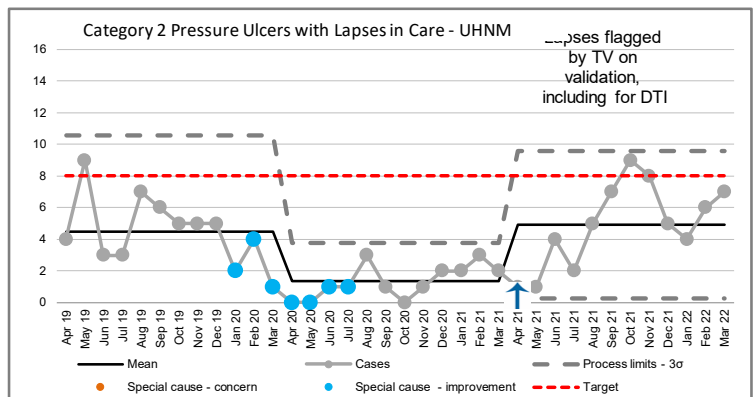


13% increase in reported pressure ulcers developed whilst under care of UHNM.

There were 0 Category 4 hospital acquired pressure ulcers with lapse in care identified during 2021/22.

However, there have been reductions in different categories of pressure ulcers which have had lapses in care identified during 2021/22. Whilst there have been increases in Category 2, there are reductions in Category 3 and Category 4.

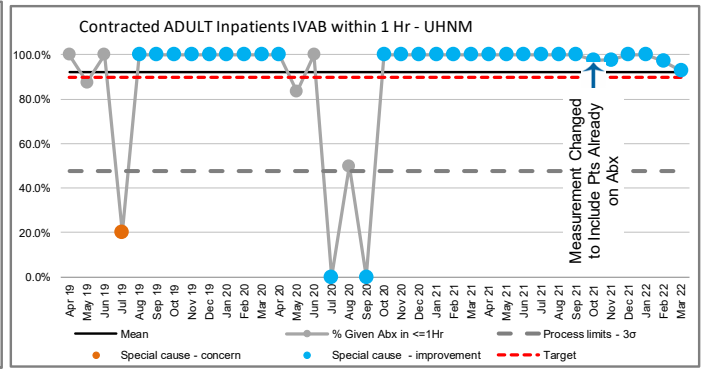
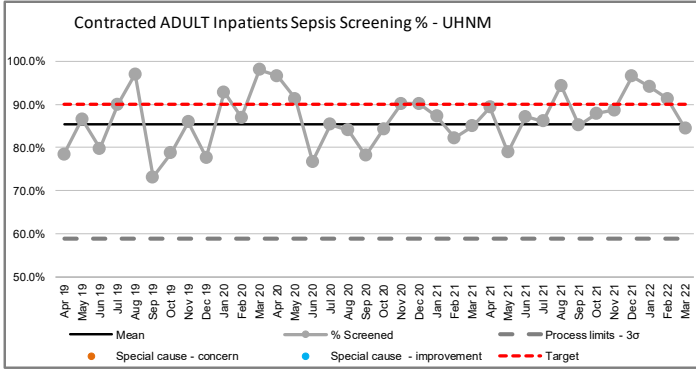
There were 59 Category 2 pressure ulcers with 'lapses in care' in 2021/22, compared to 16 in 2020/21.



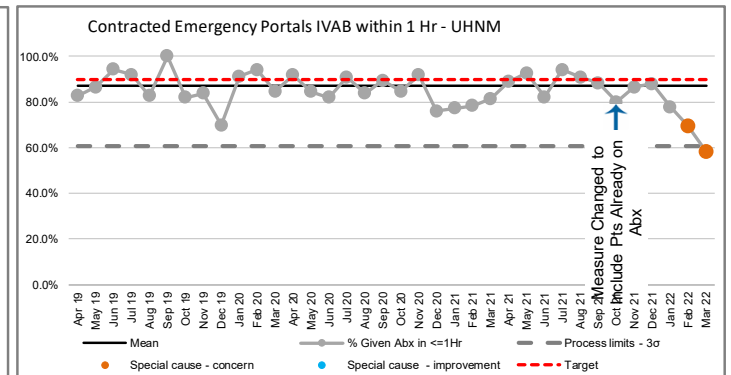
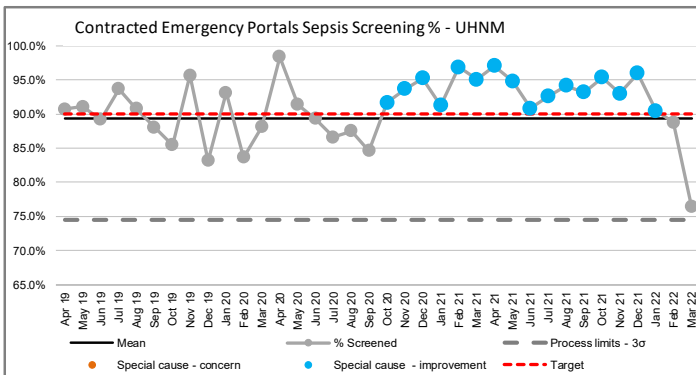
There was a further 20% reduction in Category 3 pressure ulcers with 'lapses in care' in 2021/22 compared to 2020/21, following 63% reduction in 2020/21 from 2019/20.

Sepsis recognition and treatment

Inpatient areas have seen improvements in both screening and Intravenous Antibiotics (IVAB) in one hour during 2021/22. Sepsis screening improved from 85.9% in 2020/21 to 87.85%. Likewise the IVAB in one hour has improved from 93.3% to 99.1% Speaking Up Index score has improved year on year.



Emergency Portals have seen improvements in screening but reductions in IVAB in one hour during 2020/21. Sepsis screening increased from 91.8% in 2020/21 to 92.35%. However, the IVAB in one hour has increased from 84.3% to 84.65%.

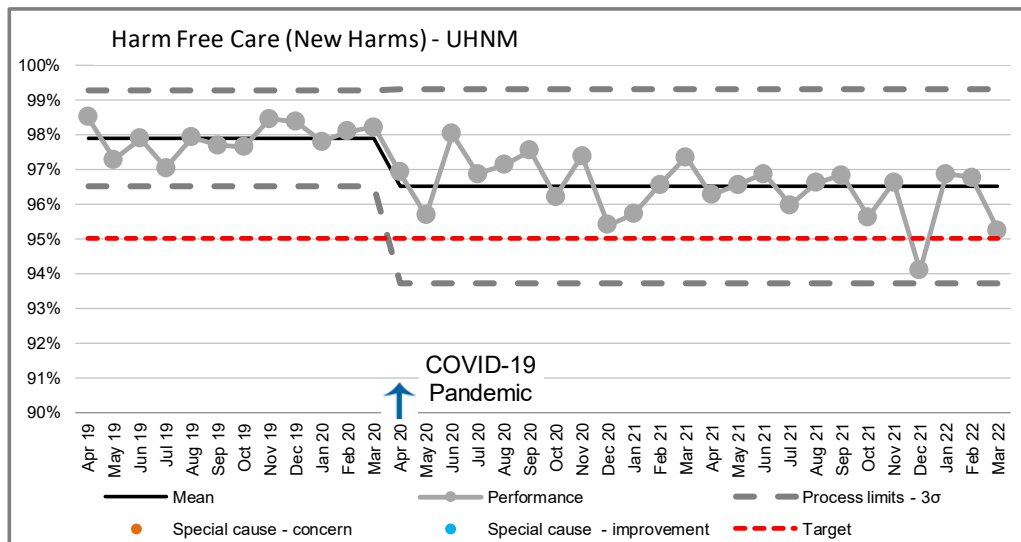


The UHNM Sepsis Team has continued to support and raise awareness to all levels of clinical/medical staff in emergency portals and in-patient areas at both sites to continue to embed the sepsis pathway and improve sepsis screening and antibiotic timeliness.

Harm free care (new harms)

The national target for harm free care (new harms) is 95% and UHNM has exceeded this target during 2021/22 with average rate of 96.2% (refer to chart following). The results are gathered during the monthly Safety Thermometer Assessments where all UHNM Inpatients are reviewed on one day of the month to assess whether they have experienced harm from a fall, pressure ulcer, pulmonary embolism/deep vein thrombosis or catheter associated urinary tract infection during their current inpatient admission. These results are reported nationally on monthly basis.

The mean rate for 2021/22 has varied and there have been decreases compared to 2020/21 (96.7%) but the Trust has continued to exceed the national target despite the continued challenges the organisation has faced during the second year of COVID-19 pandemic.



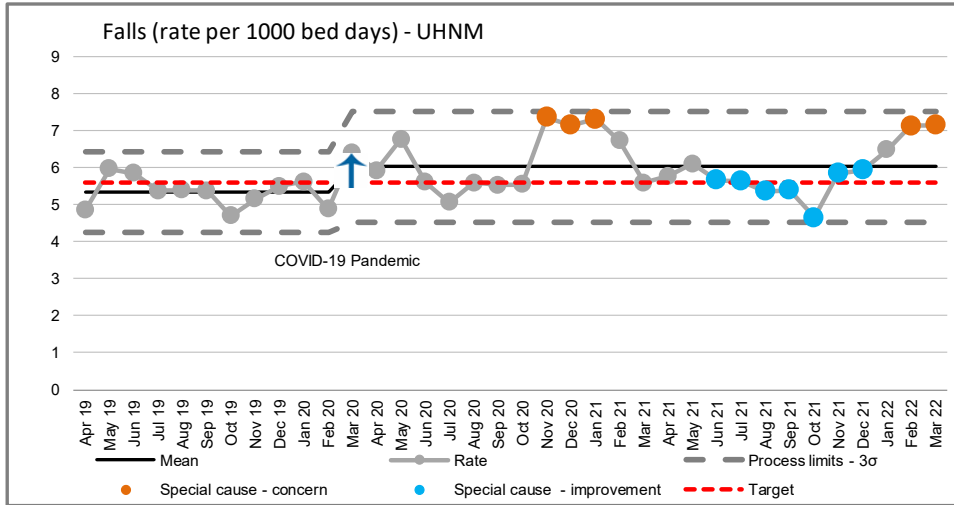
The Trust exceeded the 95% National Target for Harm Free Care (New Harms) throughout 2021/22.

Average rate 96.2%.

Patient falls

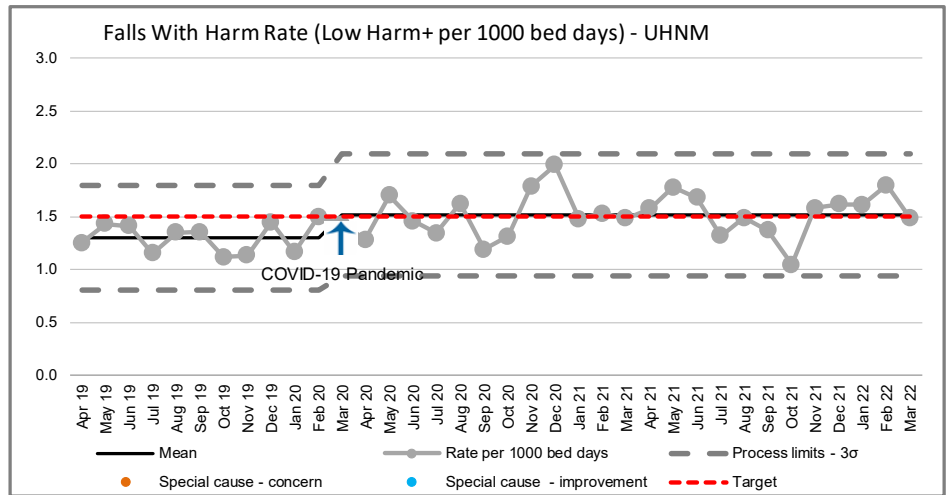
Patient falls have increased in total numbers in 2021/22 compared to 2020/21 with 2637 and 2388 respectively. This equates to 10.4% reduction. In order to be able to account for changes in activity the Trust uses the patient falls rate per 1,000 bed days. During 2021/22 the overall rate was 5.9 compared to 6.2 in 2020/21 and 5.4 in 2019/20. During COVID-19 pandemic there have continued to be challenges and during 2021/22 there has been increases in activity compared to 2020/21 but activity levels are below pre COVID-19 pandemic levels.

The Royal College of Physicians national average for acute NHS trusts from previous national audit report is 5.6 falls per 1,000 bed days.



4.8% decrease in rate of reported patient falls in 2021/22 compared to 2020/21.

0.6% increase in rate of harm to patients as result of falls per 1,000 bed days in 2021/22 with 1.53 compared to 1.52 in 202/21.

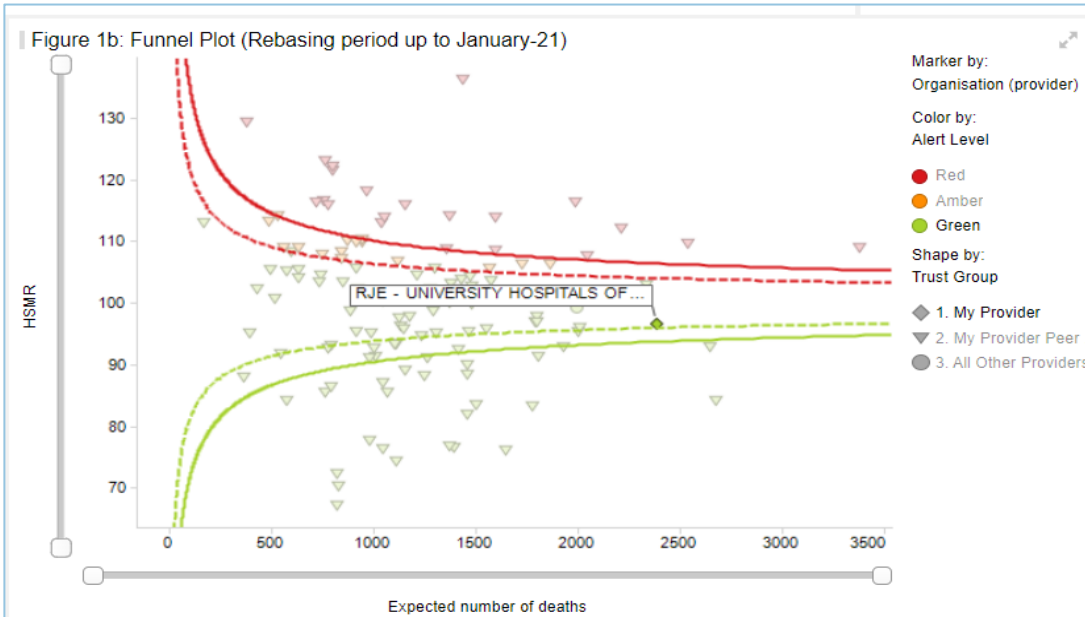


There have been increases in both the total numbers and rate of patient falls that have resulted in harm. This is important as the aim was to reduce harm from falls by 10% whilst encouraging incidents to be reported.

Total falls with harm have increased by 6%, with 680 in 2021/22 compared to 587 in 2020/21 and 631 in 2019/20. This has also seen the rate of falls with harm increase by 0.6%.

Mortality

The Trust’s mortality rate with the current 12 month rolling HSMR score (Feb 2021 – Jan 2022) is 96.60. This means that UHNM’s number of in hospital deaths is less than the expected range based on the type of patients that have been treated. This compares to 96.93 for 2020/21.



UHNM continues to compare well against peers during 2020/21 and is better than expected based on standardised case mix.

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

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

Like HSMR the prediction takes into account factors such as age and gender of patients and their diagnosis. The current SHMI value for the Trust is 1.03 (as expected). This is a rolling 12 month measure and covers the period January 2021 – December 2021. The value for 2020/21 was 1.07.

Why are the two measure different?

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

Learning from deaths - mortality reviews

During 2021/22, the Trust continued to use its online Mortality Review Proforma to allow in hospital deaths to be electronically reported following review of the patient death. The outcomes of these reviews were included within Mortality Summary Report presented at the Trust's Quality Governance Committee and reported to the Trust Board.

Of 3,444 inpatient deaths during 2021/22 (Apr 21 to Mar 22) 2115 patients have been reviewed (61%).

Overall number of reviews submitted during 2021/22 to date is 2,785.

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

During April 2021 – March 2022¹, the Trust has completed 2,115 online proformas for hospital deaths recorded during 2021/22 (61%). Each one of these deaths is assessed to classify the level of care the patient received (some reviews completed by the Nosocomial COVID-19 panel require the scoring to be confirmed by the parent specialty). The overall number of mortality reviews submitted during 2020/21 is 2,785. Completion of the reviews has been impacted by COVID-19 pandemic and during 2021/22 there will be further reviews undertaken of hospital onset COVID-19 related deaths.

It should be noted that the mortality reviews are currently ongoing and these figures relate to deaths in 2021/22 that have also had completed reviews submitted by 3 May 2022. There are deaths that are still being reviewed as part of the Trust's local Mortality and Morbidity Review Meetings but, whilst the deaths may have occurred in 2021/22, the reviews will be completed in 2022/23.

	2021/22 Total		Q1		Q2		Q3		Q4 ²	
Total number of deaths in reporting period	3444		682		870		987		905	
Total number of deaths in reporting period reviewed (% of total deaths)	2115	61%	548	80%	607	70%	600	61%	360	40%
Total number of reviewed deaths with suboptimal care identified – NCEPOD grade E (% of reviews)	0	0%	0	0%	0	0%	0	0%	0	0%

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

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

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

¹ As at 03/05/2022

² As at time of updating the list of inpatient deaths ran up to March 2022 deaths.

The following provides a summary of issues identified during the Structured Judgement Review process that could be improved (for SJRs submitted during 2021/22 where overall scores were for very poor, poor or adequate care and/or where problems in care identified):

- Delays in CT scans impacting patient care;
- Inappropriate patient transfers impacting on patient care;
- Importance of communication with families around DNAR and End of Life Care; including timely discussion of these with the patient when it is recognised that they are approaching end of life, timely uploading of these into medical records and ensuring relatives are given time to make decisions and establishing ceilings of care for patients;
- Importance of completing key documentation in timely and accurate way, including updating and signing of care records, medication charts and scoring tools, fluid balance charts, cause of death and discharge summaries;
- Importance of consulting senior colleagues if unsure regarding appropriate treatment of patient;
- Importance of timely monitoring and review of patients manner and for escalation to senior clinicians for review where appropriate especially re fluid balance, hypoglycemia and during dialysis;
- Medication issues including accuracy of prescription calculations (taking into account patient's weight), appropriate management of anticoagulation during chemotherapy, and consideration of switching to alternative routes of administration, timeliness of administration and review of medication (especially antibiotics and anticoagulants) and the timeliness of prescribing;
- Should always ensure full history is checked when clerking patients to inform care;
- Importance of access to imaging to inform care and timeliness of reviewing imaging reports;
- Timeliness of carrying out blood tests to inform care; and
- Timeliness of drain insertions.

Hospital acquired infections

The Trust continues to strive to reduce the number of avoidable hospital associated infections. Two of the key infection associated indicators that are used are Methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium Difficile (C Diff). During 2021/22, the Trust has seen slight increases in like for like numbers compared to 2020/21 for Clostridium Difficile.

Indicator	2020/21 Target	2020/21	2021/22
To reduce C Difficile infections	96	107	112
To reduce MRSA infections (Trust apportioned)	0	4	7



Priority 2:

To improve staff engagement and wellbeing following COVID-19 pandemic

We said we would do this by:

- To support the introduction of the Trust's Wellbeing Programme and activities that focus on staff wellbeing and empowerment;
- Ensure that staff are working within COVID-19 secure environments and support provided to staff;
- Support staff and services in providing care in 'new ways' following COVID-19;
- Promote mental health wellbeing and support;
- Delivering the Improving Together Programme; and
- The introduction of Shared Governance.

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

Freedom to Speak Up

The Trust has continued to promote its speaking up routes and support available from the Freedom to Speak Up Guardians. Our Lead Freedom to Speak Up Guardian provides quarterly reports to the Transformation and People Committee and Trust Board on speaking up themes raised and actions taken.

Actions taken in 2021/22:

- Introduced Speak Up and Listen Up training into our statutory and mandatory training programmes for all staff. The training was launched during October's 2021 Speak Up Month and is based on the resources released by the National Guardian's Office and Health Education England. The Speak Up, Listen Up training gives all staff and understanding of the importance of speaking up and how to speak up, whilst the listen up elements equip line managers with the skills to respond effectively when issues are raised to them and to create a speaking up culture in their teams.
- Completed the actions from the 2020 Internal Audit review into our speaking up arrangements undertaken by KPMG. The Audit had provided an assessment of 'significant assurance with minor improvement opportunities'.
- Launched a 'Staff Voice' feedback tool. The Staff Voice survey has been developed internally as a method of receiving more frequent feedback from staff than offered by the annual NHS national staff survey, and is an additional route for staff to voice their experiences in the organisation. The survey was launched on 1 June 2021, and runs for the first 10 days of each month. It is completely anonymous.
- Increased Freedom to Speak Up guardian resource, with the recruitment of a full time Guardian in February 2022.

Our Speaking Up Index score has improved year on year (although this indicator will not continue beyond 2021):

Year	UHNM Index Score
2021	76.8%
2020	75.5%
2019	74%

A new question was introduced to the 2020 NHS Staff Survey specifically relating to a speaking up culture. Our 2021 data shows a deteriorated position, however this is also reflected across the average for acute trusts which also fell by over 5 percentage points:

Question	Average for Acute Trusts	UHNM 2021 Result	UHNM 2020 Result
I feel safe to speak up about anything that concerns me in this organization	60.7%	58.5%	63.6%

An additional new question was introduced to the 2021 NHS Staff Survey to complement this question, being:

Question	Average for Acute Trusts	UHNM 2021 Result
If I spoke up about something that concerned me I am confident my organisation would address my concern	47.9%	45.7%

- During 2021/22 over 140 individuals raised issues through our speaking up routes, another year on year increase.
- The Trust's Speaking Up Policy is reviewed annually and was updated during 2021 to include a recommendation from an National Guardian's Office case review, to state that reporters of concerns are involved in the development of terms of reference for speaking up fact find investigations.
- The Speaking Up page on the Trust's Intranet was refreshed to highlight the routes available to raise issues quickly and constructively.
- Safe speaking up channels were promoted to those staff whose voices are not so often heard through engaging with our Staff Voice Networks and the Trust is monitoring the demographic details of speaking up contacts to ensure that they are representative of our workforce;
- The Trust's Lead Freedom to Speak Up Guardian, supported by two voluntary Freedom to Speak Up Guardian roles and a network of Employee Support Advisors who are representative of our workforce in terms of ethnicity and other protected characteristics.
- The Freedom to Speak Up Guardians have ready access to senior leaders and others to enable rapid escalation of issues, maintaining confidentiality as appropriate.
- The Trust has named executive and non-executive leads for speaking up.
- The Trust has enhanced its Disciplinary Policy to include the four Step Restorative Practice model, to complement the Just and Learning Culture approach.
- Learning from National Guardian's Office case reviews are implemented within the organisation.

2021 NHS Staff Survey – The National Context and Trust Outcomes

The 2021 NHS Staff Survey was carried out between September and December 2021 and the Trust response rate was 43% (44% in 2020).

The Annual NHS Staff Survey was open to all staff and 4,749 took part (4,699 in 2020). The national average for the benchmark group (acute and acute and community trusts) is 46%. It should be noted that the published Staff Survey report is based on a sample population of 1,250, regardless of the number of staff surveyed. Also, data in the national results is weighted to reflect the distribution of staff according to staff group.

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

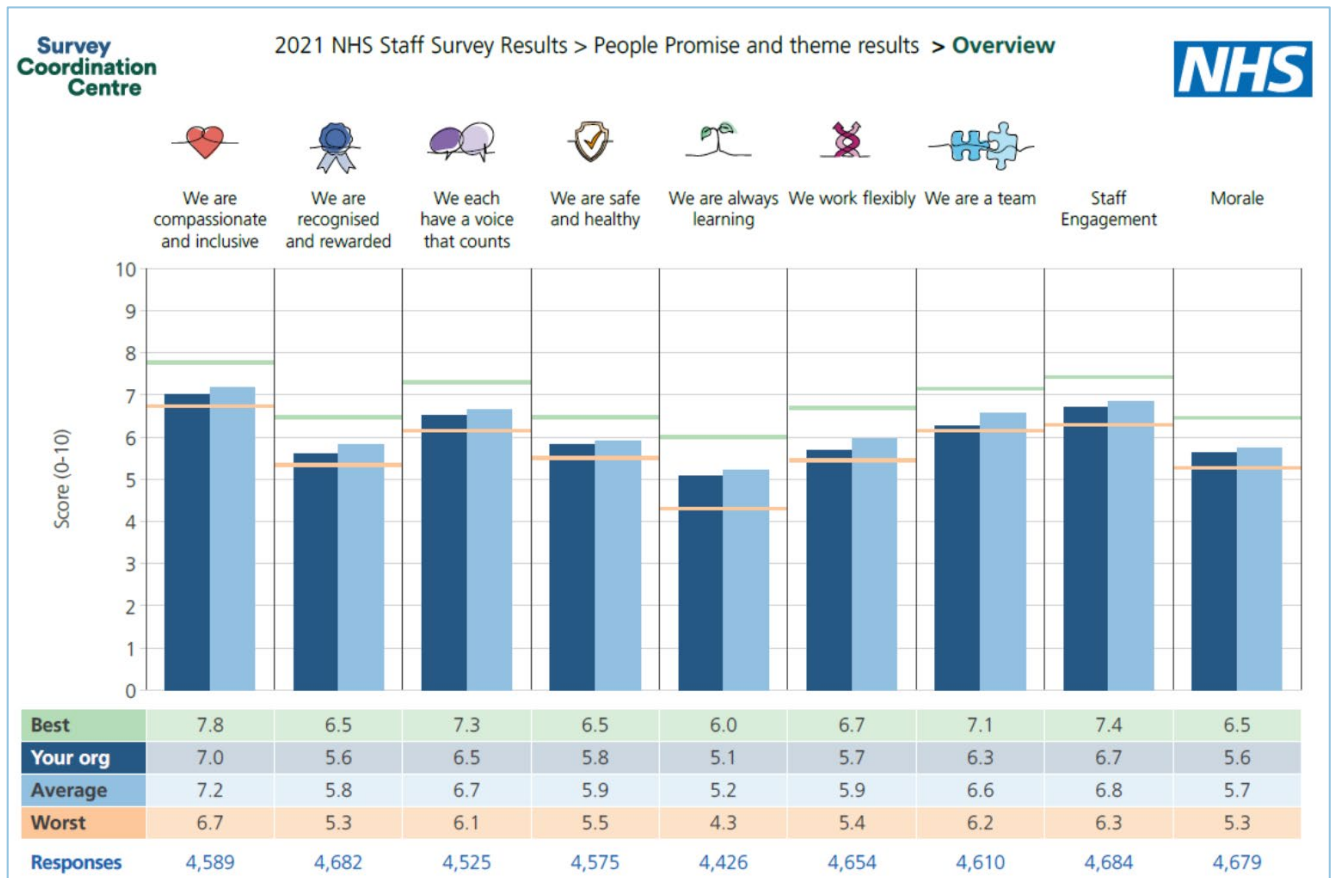
For 2021, the results of the NHS Staff Survey are now measured against seven People Promise elements and against the two themes ‘Staff Engagement’ and ‘Morale’ which have been reported in previous years. However, this does mean that historic trend data is not available for many of the questions asked in the Survey.

- Against the seven People Promise themes, this Trust scored lower than national average on each theme.
- At 6.7, the staff engagement score reduced slightly in line with an overall reduction in the benchmark group results. The Trust remains just below the acute trust average of 6.8 and this position is unchanged from the previous year.
- Staff morale also reduced in line with an overall reduction in the benchmark group results. At 5.6, the Trust’s score remains just below the acute trust average of 5.7 and this position is also unchanged from the previous year.

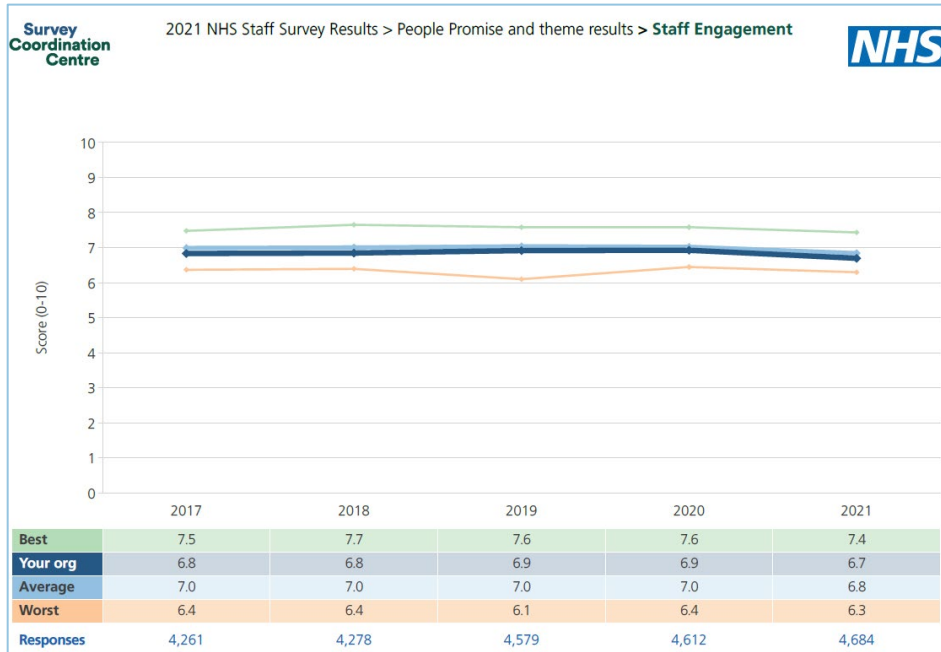
Although the results are below average, the trajectory has followed the benchmark group.

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

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



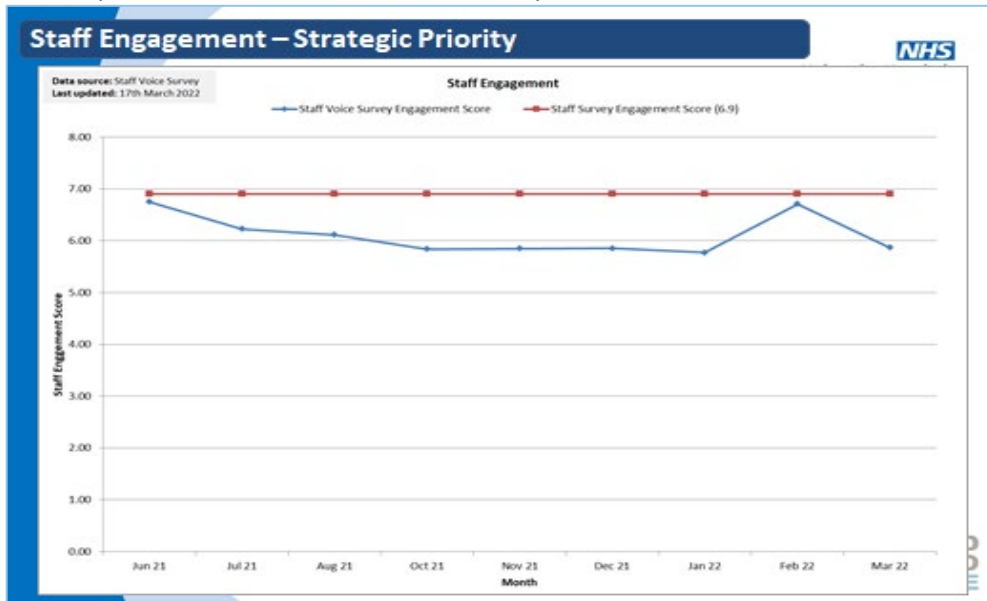
Staff engagement – At 6.7, the staff engagement score reduced slightly, as did the score for the benchmark group overall. The Trust continues to remain just below the acute trust average score.



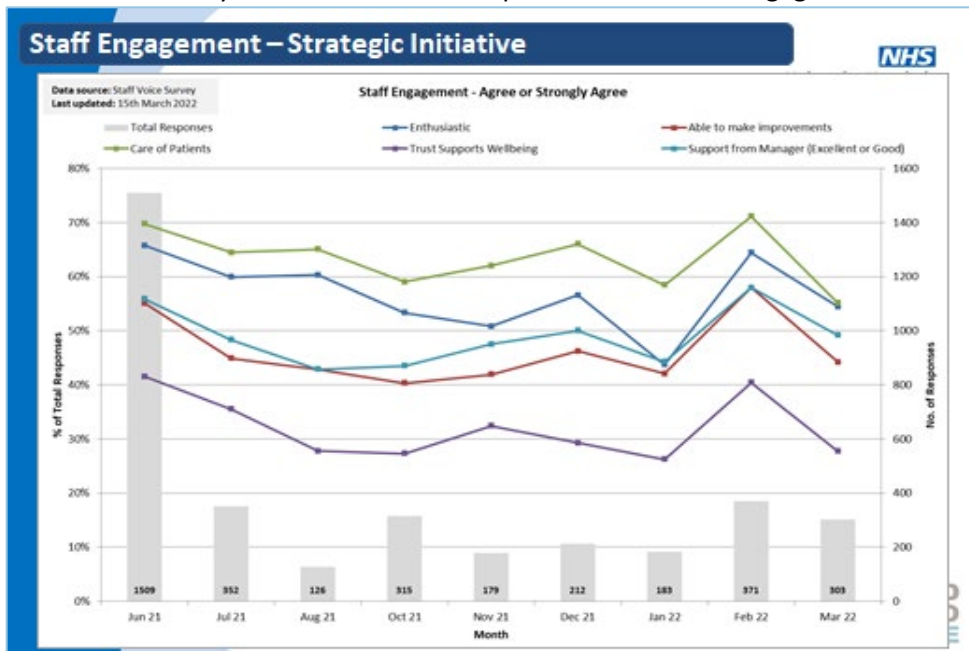
Staff morale – Overall, the benchmark group results reduced compared to 2020 and the Trust’s score also experienced a reduction in line with that trend. At 5.6, the Trust’s score remains just below the acute trust average of 5.7, as it did in 2020.



The local Staff Voice survey indicates there can be inconsistency in how staff feel:



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



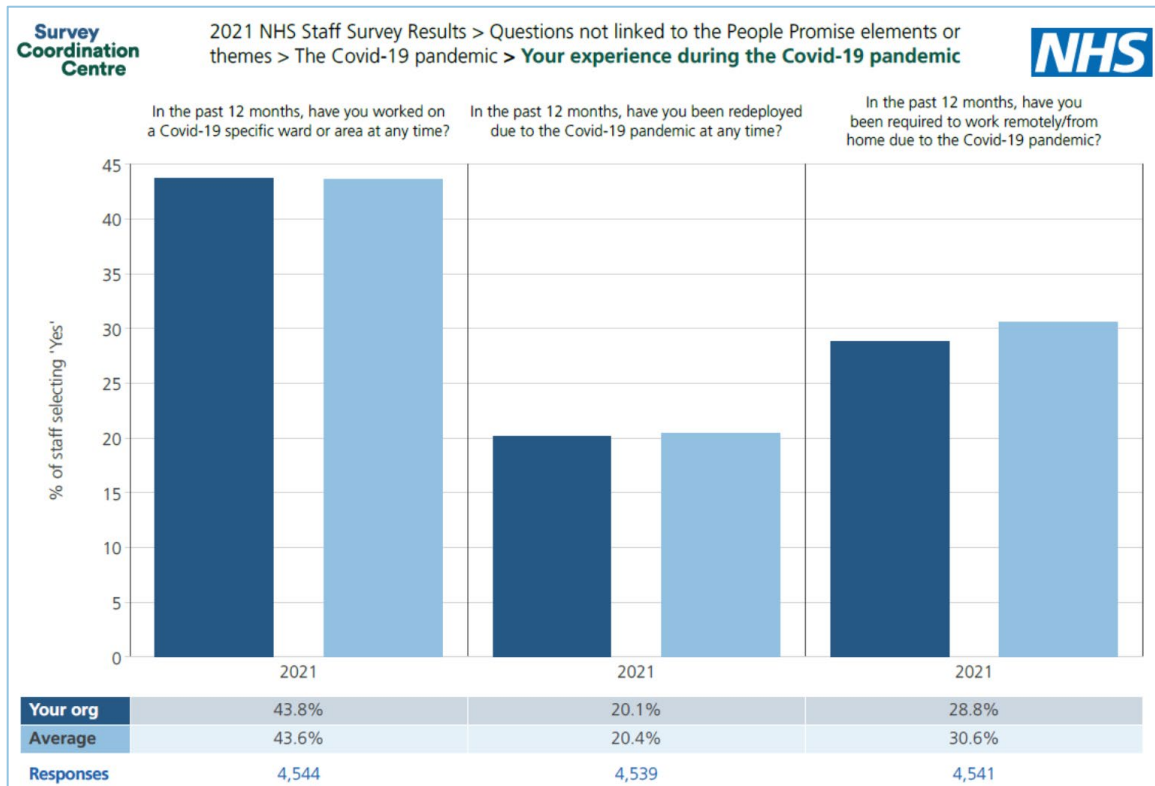
Adverse staff behaviours increase the risk to the Trust’s culture, values and aspirations, impacting on patient care, increasing staff disengagement and affecting performance as well as having an adverse effect on our ability to recruit and retain staff.

Staff experience during COVID-19

In the 2021 Staff Survey, staff were asked three questions relating to their experience during the COVID-19 pandemic:

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

There was little distinction between the Trust results and the average for the benchmark group, except that, when compared to the benchmark group, slightly fewer Trust staff said they had been required to work from home due to the pandemic.



Next Steps

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

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



Priority 3: To improve patient experience

We said we would do this by:

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

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

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

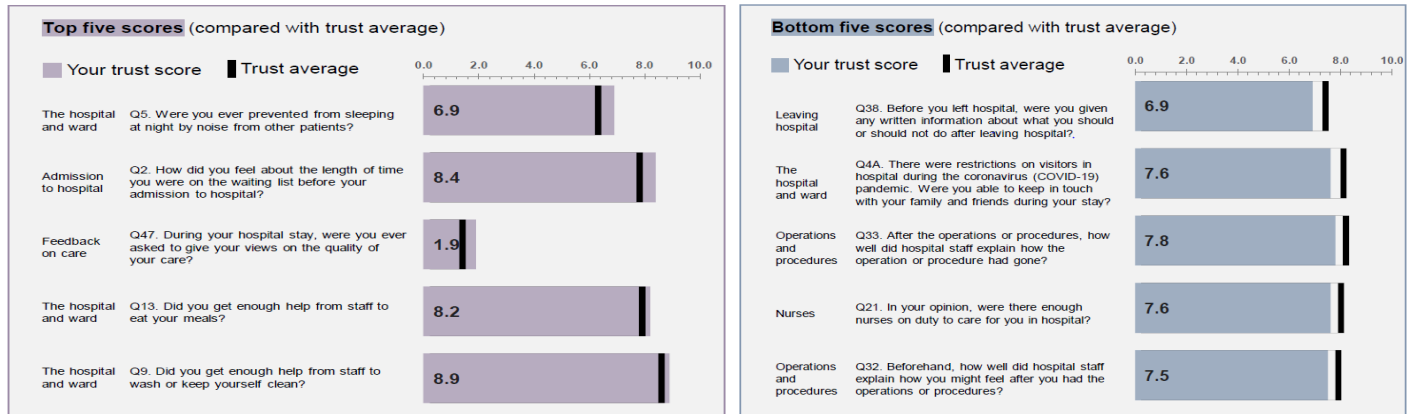
The Trust has worked in partnership with stakeholders on quality improvement activities including:

- Hospital User Group (HUG) – has continued their monthly virtual meetings during the COVID 19 pandemic;
- Raising the profile of our Patient Leaders to increase involvement in projects across the Trust;
- Healthwatch – our close relationship with Healthwatch is maintained through their membership of the HUG. Healthwatch has been invaluable for collecting and sharing feedback from our patients during the pandemic;
- Complaint Peer Review Workshops were on hold due to the pandemic;
- Patient Information Ratification Group has continued to meet virtually throughout the pandemic;
- Assist, dDeaflinks and Capita have continued to provide interpretation services throughout the pandemic. The majority of foreign language interpretation now takes place via video or telephone with good effect;
- Learning Disability Service User Group has continued to meet virtually;
- The Sustainable Transformation Programme has worked with UHNM, MPFT, CCG, WMAS and UHDB to introduce "111First" and "111First Kiosks" to direct patients to the most appropriate service and admission into emergency portals as appropriate;
- UHNM membership of the CCG Community and Engagement Group to provide consistent messaging to the general public and seldom heard groups throughout Staffordshire;
- Membership of the Carers Partnership Board to support delivery of the Stoke-on-Trent Carer's Strategy 2021-25 and the development of the UHNM Carer's strategy; and
- Working with MPFT, Combined Health and the CCG to agree a consistent approach and peer review of local Equality Delivery System objectives.

Annual Inpatient Survey

The 2020 Inpatient Survey results were published in October 2021. 1,250 patients who were in hospital in October and November 2020 were invited to participate in the survey and the Trust had a 42% response rate. The Trust scored better than expected in comparison to all other trusts in one question and about the same as expected in 44 questions. There were no questions where we performed worse than expected compared to all other trusts.

UHNM top and bottom five scores compared with trust average.



The way we communicate with our patients continues to have a significant effect on overall patient experience. The Trust is aware that it needs to improve the way it shares information to support patients to feel more involved in decisions that affect their care and treatment.

Improvement initiatives include:

- The re-launch of the “It’s OK to ask” campaign: to encourage patients to ask the questions about their care and treatment that matter to them. This campaign has been extended in the community to prepare patients for their GP consultation and hospital visit; to and support in Shared Decision Making;
- New on-line Communication Training has been developed and is available to all staff via the Trust’s e-learning platform;
- Health literacy training has been adapted and has now moved to online as an e-learning package, as well as bespoke training available to individual areas;
- Redesign of patient information leaflets has been completed to promote patient awareness and development of an electronic Patient Information library to support staff to have easy access to patient information leaflets;
- The development of electronic “Accessibility and Communication Alerts” which can be added to patient records to ensure staff are aware of patients with any communication support needs;
- Measurement of the effectiveness of initiatives with patient surveys to inform the Clinical Excellence Framework audit programme;
- Triangulation of quality and safety data to identify themes;
- Proactive recruitment of volunteers to assist with the improvement of service delivery and the patient experience; and
- The Trust is working towards NHS Rainbow Badge Accreditation to demonstrate our commitment to improving our LGBTQ+ inclusivity.

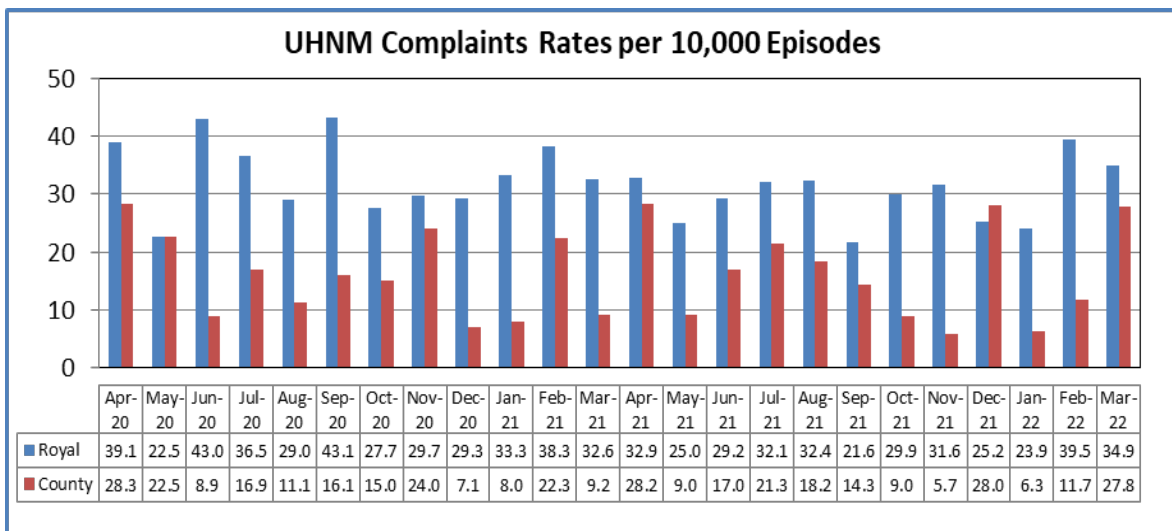
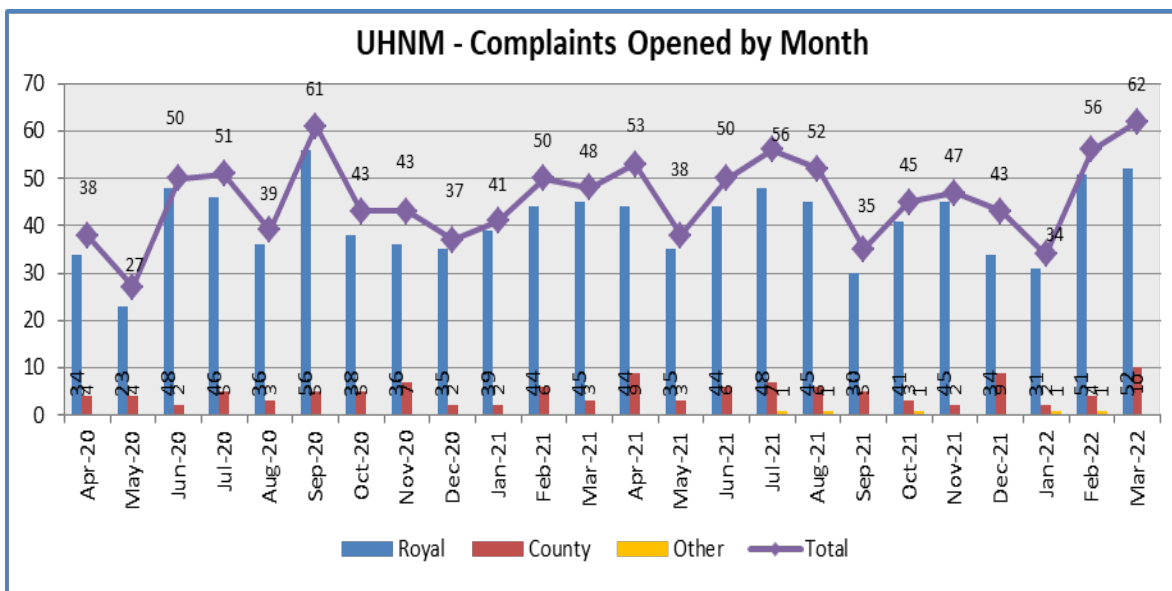
Complaints

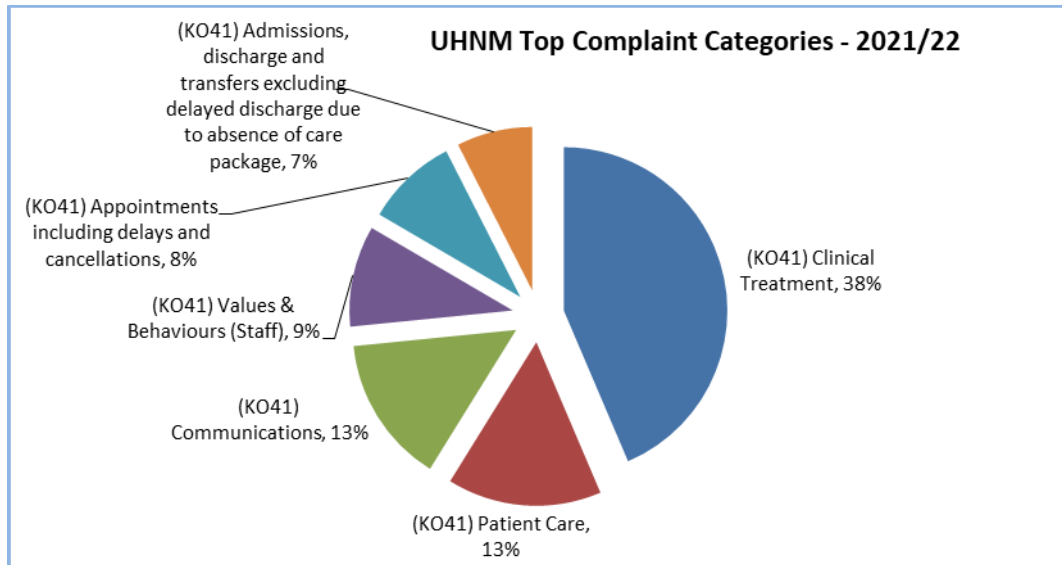
The total number of complaints opened at Royal Stoke University Hospital during 2021/22 is 500 which is 19% lower than the pre COVID-19 three year average of 616.

The total number of complaints opened at County Hospital 66 in 2021/22, which is 41% lower than the pre-COVID 3 year average of 112.

During 2021/22, the Complaints Team has achieved the following:

- Continued effective working with the PALS Team to resolve complaints informally where possible;
- On-going review of the current process to facilitate an improvement in the timeliness of responses from receipt of complaint to final response;
- A set of Golden rules has been agreed and implemented to improve consistency and quality of responses; and



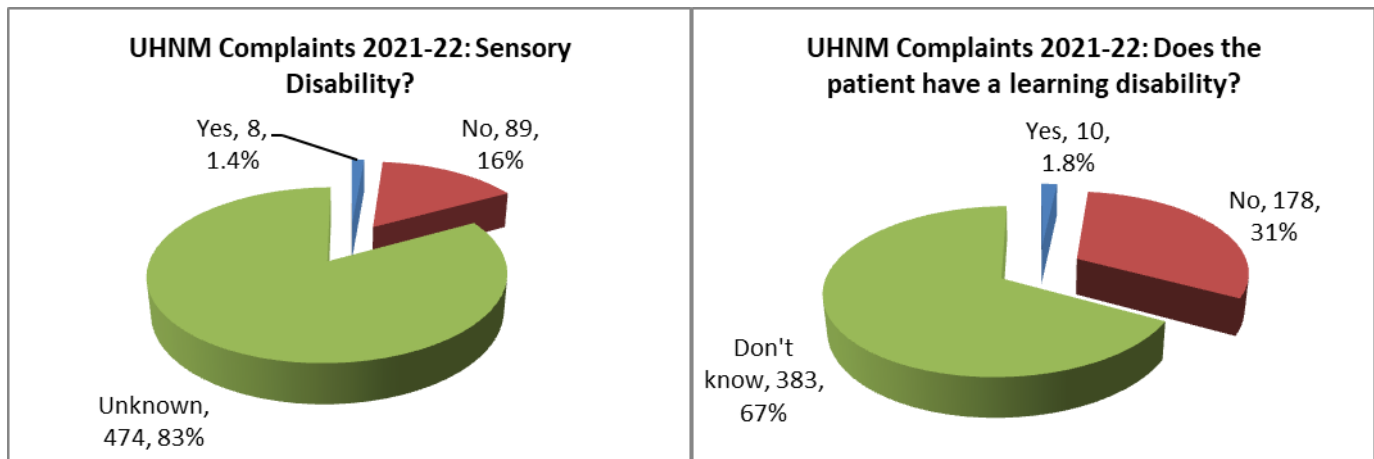


Ethnicity of complaint subject	No of complaints	% of complaints	% All patients discharged
White British	466	82%	85.1%
Not Stated	82	14%	5.8%
Any other White background	5	0.9%	1.8%
Any Other Mixed Background	4	0.7%	0.8%
Pakistani	3	0.5%	1.9%
Any other ethnic group	3	0.5%	0.9%
Any Other Asian Background	3	0.5%	0.7%
Indian	3	0.5%	0.6%
White Irish	1	0.2%	0.4%
Chinese	1	0.2%	0.1%
African	0	0%	0.4%
White & Asian	0	0%	0.3%
White & Black Caribbean	0	0%	0.3%
Any Other Black Background	0	0%	0.3%
White & Black African	0	0%	0.2%
Caribbean	0	0%	0.2%
Bangladeshi	0	0%	0.1%

Ethnicity of Complainant	No of complaints	% of complaints
White - British	317	56%
Not stated	243	43%
Other Asian	4	1%
Other mixed	3	1%
White - other white	2	0.4%
Pakistani	1	0.2%
Indian	1	0.2%

The tables above show complaints numbers according to ethnicity of the person/patient who was the subject of the complaints, and also by the ethnicity of the complainant, where recorded. The first table also shows ethnicity percentages for all inpatients discharged from UHNM in 2021-22, plus those discharged from the emergency department.

Only 4% in total of complaints opened in 2021-22 have been recorded as relating to a person whose ethnicity was not White – British. This compares to 9% of all patients discharged recorded as having an ethnicity other than White – British. Only 2% of complainants in total were recorded as having an ethnicity other than White – British. No single ethnic group appears to be over represented in these numbers. Those recorded as Pakistani may be under represented as they account for just 0.5% of complaints, but 1.9% of discharges.



The charts above show the numbers of complaints where the person/patient who was the subject of the complaint has been recorded as having a sensory or learning disability. As the majority are 'unknown/don't know', it is hard to draw firm conclusions from these numbers. For context, of inpatients discharged in 2021-22, 0.04% (81) were known to have a sensory disability, and 0.6% (1278) to have a learning disability. The degree of uncertainty in these numbers is unknown.

Learning from Complaints

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

You said: Patient has a large tumour on her oesophagus which has gone unnoticed/treated for 18 months and family feel that all the signs were missed.

We Did: The vetting process has changed and all 2 week wait UGI referrals. These are now sent straight to OGD, thus avoiding any delay

You said: Patient needed to start chemo tablets but when came to collect these at County Pharmacy they were not ready.

We Did: To contact pharmacy via generic email if immediate dispensing is required as the note in the chemotherapy prescribing system may not be seen as there is no prompt on the printed prescription that additional delivery instructions have been added. When informed via email or verbally if a pre-assessment is not required, dispensing will be expedited

You said: You were not happy that your personal information was read aloud whilst checking into the Pre-Ams clinic despite you protesting to the receptionist.

We Did: Reviewed and immediately amended the booking in process following this incident. Patient details are now checked by nursing assistants when the patient is in the clinic room. All reception staff are to complete in-house training in relation to data protection and patient confidentiality

You said: You did not understand what was being told to you at your Neurology appointment.

We Did: In future the Consultant will check whether what is being said is understood and if further clarification is required. An insight has also been gained from colleagues with regards to communication and has been informed that when he talks too quickly, what is being said is not always understood. He is now very conscious and delivers information in a slow and precise manner.

You said: You had an overdose of contrast dye when attending for a scan.

We Did: The Radiology Team will endeavour to improve communication between themselves and the referring clinical teams in complex cases. This will be achieved based on internal e-mail in the first instance and this could then be highlighted in MDT discussion. Direct telephone contact to the next available person would be made if there is no response from e-mail after 48 hours. The Radiology Department is starting to put in further comments after the MDT, which would help other staff directly or not directly involved in the MDT discussion.

You said: You were very unhappy with the lack of support you were offered following the loss of your baby.

We Did: The gap in service in regards to bereavement support for families who suffered the loss of their baby on the NICU following delivery has now been addressed. The Maternity Centre has now increased the hours that the Bereavement Midwives are available and extended the Maternity Bereavement services to include families from the NICU.

Part C: Statements from our key stakeholders



Healthwatch Staffordshire welcomes the UHNM Quality Account 2021/2022 and the opportunity to comment on the detailed and comprehensive report. We are pleased to see that as part of the 'improve together approach' staff in the wards have been upskilled to better manage patient care, especially around discharges in a timely manner.

Healthwatch wants NHS Trusts to hear patients' voices and use their feedback to improve services. We welcome the steps being taken to improve patient experience. Utilising patient and visitor feedback and seeking wider engagement with 'hard to reach' groups. Reviewing the different ways that patient experiences and views are gathered and acted upon within UHNM is pleasing to read. There is more emphasis on formalising patient engagement in patient safety programmes.

It is important that the close relationship between UHNM and Healthwatch Staffordshire continues to support the collection and sharing of patient feedback. It is rewarding to see that our positive working relationship is having a positive impact on learning on improving care.

Healthwatch Staffordshire welcomes UHNM having 'Speak Up' and 'Listen Up' training as mandatory training for all staff to create a speaking up culture in their teams. We would also like to acknowledge the 'Staff Voice' survey being run every month and being completely anonymous as a good indicator of UHNM's direction for supporting overall positive patient experience.

Baz Tameez

Healthwatch Staffordshire Manager



Statement regarding the UHNM Quality Account 2021/2022

Healthwatch Stoke-on-Trent acknowledges receipt of the UHNM Quality Account 2021/2022 and welcomes the opportunity to comment on it. We note the various performance reports against the baseline activity of preceding years and of the modest improvements in reducing specific areas of concern like pressure sores or falls and the efforts to improve sepsis recognition as a few examples. It must be said and is hard to articulate through the parameters of the Quality Account the sterling and diligent efforts all of the staff who work within the trust including the unseen army of people needed to keep the hospitals running from electricians/maintenance colleagues to administrative/reception colleagues to care/nursing colleagues to doctors/consultants and the governance of the trust, each and every one who without their input impacts on the safe and effective delivery of the trusts services day and day out who have continued to deliver such through many adverse times of late to quite simply say 'thank you' for your efforts and dogged determination to keep on delivering no matter what.

We note the emphasis in many areas of planned improvements the value the Trust is placing on inducing people and their experiences of services in those improvement pathways, this is an essential aspect of the improvement journey to ensure that services do indeed meet the needs of people so as to have a better all-round impact/outcome for people.

We further note the inspection ratings of the short notice-announced and inspection of two core services due to concerns about the quality and safety of services in Urgent and emergency care and Medicine, both at the Royal Stoke University Hospital plus the two focused inspections on the safety and quality of healthcare services of Medicine and Surgery at County Hospital. It is pleasing to see two areas of improvement in 'Are services caring?' and 'Are services well led?'. It was though concerning likewise to see the issuing of the Section 29A Warning Notice quality of health care provided in relation to medical staffing in urgent and emergency care at the Royal Stoke University Hospital and the risk management of patients with mental health needs medicine at County Hospital required significant improvement. Plus, the Section 31 Notices imposing specific conditions in relation to the Emergency Department at Royal Stoke and Medical Care (compliance with Mental Health Act Code of Practice) at Royal Stoke.

Healthwatch Stoke-on-Trent notes the efforts to address the areas of concern and of the Care Excellence Framework (CEF) and of the pausing and recommencement of the programme. Whilst we welcome the efforts being undertaken to improve services across the CQC domains of: Safety; Effectiveness; Responsive; Caring; and; Well led. We do welcome this but as a cautionary note that the wards and departments do receive support and resources to meet the criteria so that patient services do not suffer because of diluted efforts and does in fact produce better sustained outcomes.

Healthwatch Stoke-on-Trent stands ready to continue to work with and support the Trusts improvement plans and wider work to improve the health economy.

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



Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCGs) are pleased to comment on this Quality Account 2021/2022.

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

The CCG acknowledge that the Trust have had another year dominated by COVID-19, where the Trust have experienced increases in numbers of inpatients with COVID-19, particularly the latter part of the year combined with increased staff absence due to isolation rules. We echo the Trust's Boards thanks and appreciation to all the Trust's staff for their continued hard work, commitment, and innovation as they treat and care for patients during difficult times. and The CCGs would like to recognise the Trust's commitment to improving quality during an unprecedented time as demonstrated by the following achievements:

- Following the CQC inspection in August 2021 whilst the Trust retained an overall rating as 'Requires Improvement', the Caring domain improved from Good to Outstanding and Well Led improved from Requires Improvement to Good.
- Use of alternative ways to continue to see routine patients and enable them to receive treatment i.e., Outpatient appointments were delivered virtually – by telephone or video, utilisation of additional capacity from the Independent sector.
- Provide packages of support and offers of wellbeing provision to staff.
- UHNM continues to compare well against peers during 2021/22 and remains within expected ranges for both HSMR and SHMI mortality indicators

However, 2021/22 has been continued to be a challenging time for all due to the pandemic which has increased the existing challenges and we look forward to continued collaborative working with the Trust and other system partners to see further quality improvements in the following areas over the coming year:

- The restoration of timely elective and cancer care utilising new technology, creating additional capacity and other quality innovation programmes for example, patient initiated follow up (PIFU).
- The CCG's will continue to support the Trust with the harm review process as this improvement develops.
- A focus on Urgent and Emergency care performance. The CCG would welcome patients being seen and treated in a timely manner and based on clinical need. To support this the CCG will continue to support the system initiatives to improve ambulance handover times and patient flow.
- Continued focused work on Infection, prevention control to reduce the number of avoidable hospital acquired infections

- Continued improvement in Sepsis screening compliance and pathway utilisation, particularly administrating antibiotics within the 1-hour standard.
- A continued focus on recruitment and retention, staff health and well-being for clinical and non-clinical staff to support service delivery.

Priorities for 2022/23

The Integrated Care System will continue to support and collaborate in respect of the Trust's quality priorities for 2022/23 and have recognised the following areas as requiring further focused work to ensure that required standards are consistently achieved:

- To continue to improve harm free care and treatment to patients to provide safe, effective, and caring services and to improve patient experience. It is good to see listed in the 'How we will do this' section is 'Delivery of the Improving Together Programme' which includes urgent and emergency care, planned care and cancer due to the issues with performance in these area during 2021-22;
- The restoration of midwife led maternity services including the Freestanding Midwife Led Unit at County Hospital;
- To improve staff engagement and well-being following the COVID-19 pandemic; and
- Expansion and roll out of the 'Quality Improvement Academy'.

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



Heather Johnstone
Interim Chief Nursing & Therapies Officer
Staffordshire and Stoke on Trent CCGs



Marcus Warnes
Accountable Officer
Staffordshire and Stoke on Trent CCGs



City of
Stoke-on-Trent

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

The committee would like to respond to the Quality Account by submitting the following statement: -

The committee would like to thank Jamie Maxwell for his presentation of the draft University Hospitals of North Midlands NHS Trust's Quality Account 2021/22 to the committee on 12 May 2022 and for the opportunity to comment on the Account.

General Comment

The Quality Account is well presented, with a good level of detail for the reader, was easy to follow and demonstrates clearly the presence within the Account of the required contents as set out in the guidance to NHS Trusts.

Statement on Quality

The committee acknowledged that Covid-19 had continued to dominate 2021/22 and that there had been several surges and peaks in the number of patients treated with Covid-19, whilst also managing high levels of staff absence in line with isolation rules. The immense pressures during the last two years were also recognised and the committee agreed that staff had worked tirelessly and that you should be proud of your workforce.

Whilst acknowledging that urgent elective and cancer services had continued to be delivered during 2021/22, there was also some concern in relation to the increasing waiting lists and the need to reduce such.

Review of Quality Performance – Priorities 2021/22

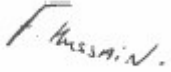
The 15% increase in total reported Patient Safety Incidents from 2020/21 to 2021/22 was noted, however, the Committee accepted that it may be an indication of an open and improved reporting culture. It was also accepted that there has been an increase in hospital activity during 2021/22 compared to the previous year, due to the Covid-19 pandemic and as more hospital services had re-opened. We noted that you had exceeded the 95% National Target for Harm Free Care throughout 2021/22, averaging 96.2%, which you should be congratulated on when working under such pressures.

In previous years we have discussed staff morale the number of staff who feel unsafe. We noted that the Trust's score for Staff Morale in 2021 experienced a reduction, in line with the benchmarking group trend. We acknowledged that the Enable programme and other important leadership activities had been stalled and the focus had been on supporting the operation delivery of services and patient care and staff wellbeing during such challenging times. Whilst you did not achieve the goal of being above average in terms of Staff Engagement by the 2021 Survey, it was pleasing to note your aspirations to be in the top 20% of Trusts by 2023 remains.

Priorities for Improvement 2022/23

The committee supports the priorities for 2022/23. The continuation to improve harm free care and treatment to patients, improve staff engagement and wellbeing following the COVID-19 pandemic and to improve the patient experience as priorities, are particularly welcomed. However, we are concerned about the long waiting lists resulting from the pandemic, staff absences and the impact on your ability to respond. Whilst the efforts of staff are not in

question, we are also concerned that they are stretch and from personal experiences suggest that on occasion, some of the basics such as the issuing of meals and medication are being delayed or missed, and ask that you look at such practices. Again, from personal experiences which were shared during the meeting, we feel that some members of staff may benefit from Equality and Diversity training.



Councillor Faisal Hussain
Councillor for Meir South Ward