

Quality Account

2023/2024



Delivering Exceptional Care with Exceptional People

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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 2023/2024. As we review the last 12 months and consider our priorities for the year ahead, we reflect on the impact the continuing challenges and developments have had on our hospitals, our staff and our patients.

The Trust's Board of Directors have reviewed our previous quality data, led consultations across our clinical and non-clinical teams, and remain committed to driving continual improvement using our Improving Together methodology. Our priority for 2024/25 is to provide high quality, safe care for all patients, and to learn from our errors. When we fall short of our high standards, we review our processes with our patient safety partners, improvement teams and clinicians to make these work better. We are committed to driving improvement and a culture of excellence throughout the organisation. Despite the complex operational challenges and the high demand for our services the Trust has faced during 2023/24, we have sought to deliver care in accordance with the quality priorities set out last year. We have continued to work with our teams, and at regional and national level, with clinical audit, patient safety improvement programmes and statutory organisations, to drive quality improvement.

Our staff have continued to adapt and show resilience under extreme pressure and acted with compassion and professionalism. That care and compassion was acknowledged with an 'Outstanding' rating in the care domain during our most recent Care Quality Commission (CQC) inspection.

This report aims to provide an open and honest account of where we have moved forward since the pandemic, and where we still have further improvements to make.

We provide our services across two main sites in Stafford and Stoke-on-Trent at our County Hospital and Royal Stoke University Hospital. We also have our dedicated Staffordshire Children's hospital which is based at our Royal Stoke site.



Providing care in state-of-the-art facilities, we offer a full range of general hospital and specialised services for approximately 3 million people. We employ around 12,000 members of staff and we have 1536 inpatient beds across our two sites.

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 around 14,000 patients attending each month across both of our sites. Many emergency patients are brought to us from a wide area by both helicopter and ambulance, because of our **Major Trauma Centre status**, as we are the specialist centre for the North Midlands and North Wales.

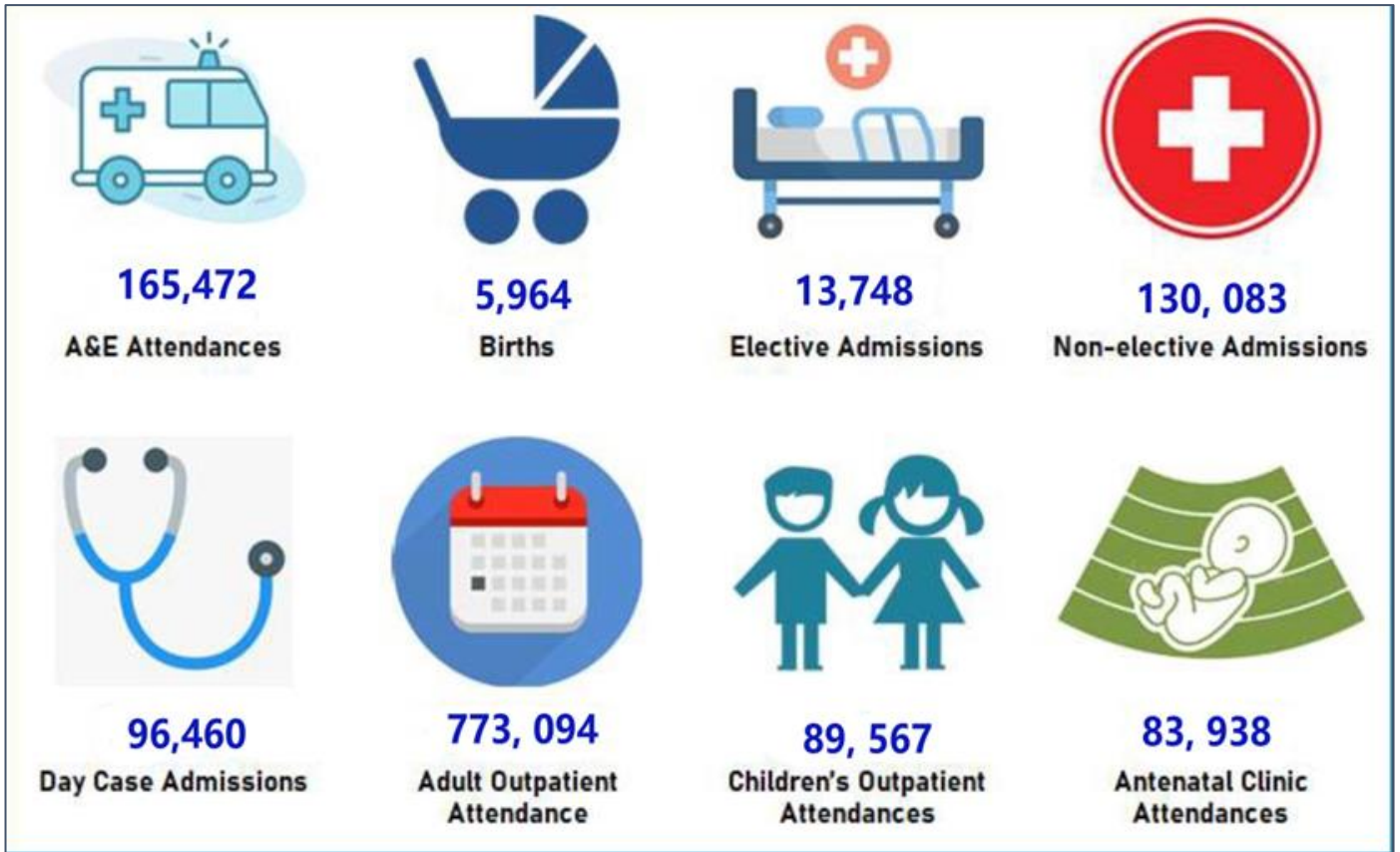
As a University Teaching Hospital, we work very closely with our partners at both Keele and Staffordshire Universities, and we are particularly proud of our **Medical School**, which has an excellent reputation. We also have strong links and relationships with our local schools and colleges. As a major teaching Trust, we also hold a large portfolio of commercial research.

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

We play a key role within the **Staffordshire and Stoke-on-Trent Integrated Care System (ICS)**, which has partnership working at its very core, as we work closely together to transform the way health care is delivered for the benefit of our population. This includes leadership and participation in partnership boards which bring together health, social care, independent and voluntary sector organisations across Stoke on Trent and Staffordshire.

We look to **involve our service users** in everything we do, from providing feedback about the services we provide, to helping us to deliver against our priorities. This work is coordinated by our dedicated Patient Experience Team.

2023/2024 Headline Activity Data



2. Statement on quality

The period covered by this Quality Account is from 1 April 2023 through to 31 March 2024.

The last twelve months highlighted the commitment of our organisation to continually improve patient experience and clinical outcomes and we are extremely proud of the way our staff have again delivered exceptional care. Throughout the year we faced unprecedented challenges including the lingering effects of the Covid pandemic, industrial action, and ever-increasing demands on our services. Despite this, our team demonstrated resilience and professionalism as they focused on the welfare of our patients and the delivery of the highest standards of care possible. We can be justifiably proud of them.

As in previous years, during 2023/4 we focused on a number of key areas including Patient Safety and Clinical Effectiveness. During the year we made huge progress on improving key clinical processes, we invested heavily in both staff and technology, and we introduced new monitoring programmes that helped to safeguard patients from harm whilst in hospital. We have focused on recruitment and retention activities and seen some great improvements over the last year. We also enhanced our feedback mechanisms from patients and built upon their suggestions. We similarly invested in better understanding staff wellbeing and how that can improve morale and culture and ultimately improve patient care. Importantly, we continued the expansion of our Continuous Improvement Methodology and engaged greater numbers of staff in developing new and innovative ways to influence improved patient outcomes, and patient and/or staff experience.

We recognise that, on a national scale, waiting lists for treatment have grown and we have plans to deal with those backlogs in our Trust, and to eliminate them in the coming year. Our strategic priorities reflect the need to enhance both the experience that patients have in our hospitals and the outcomes that they deserve. We are working closely with our partners in Stoke and Staffordshire including Community Services, Mental Health, Local Authorities, and the Voluntary sector to ensure that patients experience a seamless and joined-up approach as they move between services. It is our collective aim to work collaboratively in addressing individual patient needs.

Our staff and patients alike have just come through another very difficult twelve months, but we have shown that we have the ability to deal with the pressures faced. Our thanks go to every member of staff for their personal contributions and to our patients for their support. We look forward to the coming year and to the delivery of the ambitious plans we have to enhance our services.

We have prioritised the following key areas that we will focus on:

Safeguarding

The Safeguarding agenda at UHNM comprises of a large portfolio of work inclusive of Adult and Child Safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards, Domestic Abuse, PREVENT counter terrorism, people in a position of trust. We are invested in providing services to meet the needs of our local vulnerable patient population in Stoke and Staffordshire and support out-of-area patients working with Local Authorities, Police, and specialist services. The team works with system partners to safeguard the unborn, children and adults. THINK FAMILY is embedded in policy and practice to safeguard all patients at risk of, or experiencing abuse. This year we have provided strategic direction for the development, implementation, and monitoring of the Safeguarding agenda across the Trust in line with our Trust policies.

We ensure Safeguarding training throughout our Trust is in line with the Training Needs Analysis (intercollegiate document) and we have been monitoring progress across our divisions and Trust compliance, reporting our

performance to commissioners. We have continued to advise the Trust Quality and Safety Oversight Group on Trust priorities regarding our safeguarding agenda.

UHNM remains an active member of the Staffordshire and Stoke Safeguarding Partnership Board and the Children's Board/Partnership, along with other partners across the local area. Safeguarding Working Groups are held quarterly, and this is a forum to provide key updates of work from the safeguarding team and divisions. Also, this has been pivotal for divisions to highlight any areas for escalation, and to provide assurance relating to agenda. We remain committed to focusing on the strategic priorities as outlined by both Adult and Child Safeguarding Boards/Partnership to provide assurances regarding the implementation and monitoring of the safeguarding assurance framework which identifies all areas of work for the extensive portfolio and priorities for the next financial year for safeguarding at UHNM.

Vulnerable patients

Our Vulnerable Patient agenda covers Mental Health, Learning Disability, Autism, Dementia, and Child and Adolescent Mental Health Services (CAMHS). This year we have planned our approach to the nationally required Oliver McGowan Training. We have employed a teacher, and expert patients are supporting us in delivering this important training.

This year we planned and delivered an exercise of 'walking in our shoes'. We wanted to understand the experience of our hospitals through the lens of patients who have a range of physical, mental health and learning difficulties when navigating our Trust for appointments, this led to some wonderful insight. As a result of this learning, we were able to take number of actions to support our patients which included:

- Using industrial sized stickers on shiny floors to support our dementia patients who reported shiny floors feeling scary and/or like walking on water.
- Changing white toilet seats to black toilet seats to support our patients with visual concerns.
- Using clear face masks for patients with hearing difficulties
- Providing extra translating equipment which supports British sign language.

We are invested and driven to continue to work hard within our Vulnerable Patients agenda. We are working hard on improving the needs of our local population with learning disability, autism and downs syndrome, Mental Health and Dementia. We have recently recruited a person who identifies as having a learning disability diagnosis and lived experience. This will be a full-time role to support UHNM in ensuring we capture continuous learning and improvements for our vulnerable patients. We have developed a new assurance framework for the vulnerable patient agenda which identifies the priorities and risks for the next financial year.

Tissue Viability & Continence

Ensuring that our patients receive care that enables them to maintain their skin integrity and continence is a priority for us. Our specialist team are dedicated to ensuring that we have the right equipment, competent staff who have the knowledge and skills to deliver this care at the bedside according to need and continual review. We are learning from care that does not meet our high standards and strive to reduce issues that have resulted in lapses of our care at ward level.

Skin integrity is an area of care that we are particularly challenged in, many of our frail, older patients have increasingly complex medical conditions which contribute to these concerns. However, we aim to provide a specialist service to support the wards and departments in delivering personalised care to each of our patients in this regard.

The Tissue Viability Team provide specialist input to Ward Teams for assessment and management of a range of complex wounds including pressure ulcers, surgical incisions, lower limb ulceration, and trauma injuries. The Team also provides an advisory service for Continence and have developed the "Maintaining Continence Function" ambition. In collaboration with the Quality & Safety Team, the Tissue Viability Team facilitate learning

from hospital acquired harm incidents and deliver a programme of education to Ward and Department Teams across the Trust.

The Lead Nurse for the Tissue Viability & Continence Service also works closely with the Procurement Team to ensure that our patients have access to appropriate dressings, pressure relieving devices and products to maintain continence function.

During 2023/2024 we have maintained the number of pressure ulcers developed under the care of UHNM, within expected limits. The team have delivered a range of education including an introduction to pressure ulcer prevention and continence management, assessment & management of pressure ulcers, wound care workshops and lower limb champion training. The team have developed a Skin Health Booklet for use across all clinical areas.

We will continue to strive to reduce the number of pressure ulcers developed whilst our patients are at UHNM and ensure that staff have the required knowledge and skills to deliver evidence-based care and comply with National Initiatives. We have just funded two harm-free care ambassadors who will support teams in continuous learning around prevention and treatment of pressure ulcers.

Falls & Mobility

Promoting mobility and preventing falls remain a key focus of our dedicated Quality and Safety team.

To align to national PSIRF processes the Trust has introduced a bespoke falls toolkit incorporating a comprehensive after-action review. For areas where multiple toolkits are completed, and reoccurring themes are identified, the Quality and Safety team have established assurance panels where support is offered, and learning is shared to reduce the number of actions identified. The Quality and Safety team continue to complete weekly audits across the Trust and offer education sessions specific to areas, for example the Emergency portals, care of the older adult and maternity.

Promoting mobility and prevention of deconditioning

In Q1 2023, UHNM Activity and Mobility Programme joined with Johns Hopkins Medicine in the United States of America and began work to introduce their activity and mobility programme to UHNM. This work has seen the development of an electronic patient record, using Johns Hopkins tools. This enables staff to document patient ability to complete activities of daily living and movement activities each day. Software built into the system generates a mobility goal based on the patient's ability. Education and training have been delivered to teams on the 8 wards in phase 1 of the project to ensure they understand the importance of movement and supporting people to keep at their functional best whilst in hospital. Staff are supporting patients to achieve their goal at least twice a day with the highest level of mobility they complete being recorded within the electronic record. Further emphasis is being given to movement by including goal achievement discussion in ward rounds to ensure the whole multidisciplinary team can acknowledge and highlight patients that may need extra support to achieve their mobility goal and prevent deconditioning and harm associated with loss of function.

Diversional Therapy

The Diversional Therapist role has been pivotal in providing an environment for our patients whereby activities are at hand to promote patient independence, enhance their mobility and to encourage and assist their recovery. Activities are tailored on patient requirements and support delivery of our Safer Mobility Ambition. This role advocates the 'sit up, get dressed, keep moving' campaign with the overall aim to improve patient experience, maintain patient ability, promote independence, and support a reduction in inpatient falls/ falls with harm within Older Adults.

Frailty

Supported by Getting It Right First Time (GIRFT) recommendations, we are using our Improving Together methodology to ensure frailty services across UHNM address and acknowledge the issues of inappropriately admitting older individuals living with frailty. The work we are currently completing acknowledges the harm that can occur due to prolonged hospital stays, potentially leading to a decline in mobility, functional deterioration, and an elevated risk of unavoidable harm. We know that even in cases where acute hospital care is deemed necessary, extended length of stays (48 hours or more) contribute to increased risks such as deconditioning, falls, and preventable harm, especially when acute care is no longer required. Our vision is to ensure patients aged 75 and over with frailty receive the right care at the right place by providing timely access to initiatives to enhance the well-being of the patient and spend the least amount of time in hospital as possible.

- To deliver effective and timely frailty assessment and services which ensure that all clinically appropriate patients aged 75 and over are discharged from the ED/Acute Portals to their usual place of residence. This is to support a reduction in the conversion rates (rate of patients that attend the Emergency Departments that are subsequently admitted to the hospital) to 60% by October 2024 and 55% March 2025.
- To ensure clinical care for frail patients is responsive and appropriate, so that patients who are admitted do not experience extended length of stays. The impact of change will be monitored through the proportion of frail patients aged 75 and over with a length of stay greater than 48 hours.
- Establish pro-active early supported discharge planning to ensure that patients aged 75 and over with frailty are discharged to their usual place of residence as soon as they are medically fit for discharge and with a comprehensive plan to meet any continuing care needs. The impact of change will be monitored through performance against the percentage of Medically Fit For Discharge (MFFD) patients with a delayed discharge.

Medications

We have encouraged and undertaken work to ensure our medicine errors are captured and that staff are supported across all divisions in raising any medicine concerns or highlighting any learning. Promoting this adherence supports us in preventing errors and ensuring an open reporting culture. This is vital to ensure continuous learning and development within medicines management throughout our divisions. We feel passionate about continuing to learn from when we make mistakes and review our systems and processes to ensure that these are as effective and supportive as possible to support our staff in providing effective and timely medications. This enables us to thematically review and understand if harm has occurred and where lessons need to be quickly identified, disseminated and learning monitored, thus ensuring a reduction in potential harm for our patients.

Nutrition & Hydration

There is clear evidence that what we eat, and drink affects our health and wellbeing. Food provided at the Royal Stoke and County Hospitals must contribute to the health of our patients, visitors, and staff. As both a healthcare provider, and as an employer, we have a responsibility to support our staff, and those who use our services including visitors, to maintain a healthy lifestyle by offering appropriate food choices.

Good nutrition, optimal hydration and positive mealtime experiences are of vital importance for those recovering from illness and those at risk of malnutrition. Malnutrition and dehydration pose significant risk especially for older people and contribute to delayed recovery, development of co-morbidities, hospital acquired functional decline (deconditioning), increased risk of falls, risk to skin integrity and increased length of stay.

During 2023/2024, a new standard patient menu was introduced at Royal Stoke, using a new supplier called *Apetito*, and the menu has received positive feedback in patient experience surveys.

An updated Nutrition Bundle and Nutrition Care plan has been introduced into adult inpatient areas; audit data shows that the use of these has increased. The dietetics team has trained over 2000 staff members within UHNM on identifying malnutrition and using nutrition care plans to support optimal nutrition in hospital. A gap analysis of compliance with National Hospital food standards has been completed and work commenced on the maturity matrix against NHSE guidance.

Emergency Care

Urgent elective and cancer services continued to be delivered and improvement plans are in place.

Urgent & Emergency Care GIRFT Review was completed in November 2023 and identified 5 key recommendations and implementation information for both RSUH and County Hospital which are continuing to be implemented.

The Trust's Non-Elective Improvement Plan has been established with the aim that all patients receive the right care in the right place at the right time and no patient unnecessarily stays in the Emergency Department for over 8 hours.

Virtual appointments for both elective and emergency care have been introduced to help improve accessibility to appropriate and prompt care and services.

We are working with Acute Care at Home (AC@H) Virtual Ward for patients to discharge from our Emergency Department and Wards and to avoid further hospital admissions.

The Emergency Department has a 12-month trajectory to achieve the 4 hours non admitted standard of 78% by March 2025 (76% target for 2023/24 and we achieved 70.2% at the end of year).

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

- 11% reduction in total patient falls per 1000 bed days and 19% reduction in falls resulting in any harm to patients per 1000 bed days in 2023/24 compared to 2022/23.
- Category 3 Hospital Acquired pressure ulcers with 'lapses in care' in 2023/24 were the same as the 2022/23 totals.
- Continued improvement in Sepsis Screening and IV antibiotics for inpatients, Emergency portals and Children
- Continuing to compare well against our national peers and remaining within expected ranges for both the Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital-level Mortality Indicator (SHMI).
- Continue to exceed national Venous Thrombembolism (VTE) risk assessment compliance of over 95%.
- Introduced new national Patient Safety Incident Response Framework and approach to respond to incidents.
- 12% reduction in number Serious Incidents reported (prior to adoption of PSIRF in December 2023) compared to same period in 2022/23.
- Continued to exceed the national Friends and Family Test recommendation benchmark of 95% for Inpatients and Maternity Services
- Appointed four Patient Safety Partners as part of the Patient Safety Incident Review Framework (PSIRF) implementation.

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

- Improving ED waiting times to ensure that as a minimum 78% of patients are seen, treated, admitted, or discharged within 4 hours of arrival, by March 2025
- Improving our cancer performance for 28-day Faster Diagnosis Standard, 62-day referral to treatment standard and 31-day decision to treat to treatment standard
- Significantly reduce ambulance Handover delays
- Continued improvement in Sepsis screening compliance and pathway
- To further reduce harm from falls

- To improve recording of Timely Observations using Vitalpac electronic system
- To reduce Hospital Acquired pressure ulcers and deep tissue injuries with lapses in care.
- To reduce the number of C Difficile cases

Whilst we have had another challenging year, with high demand for our services and complex operational pressures, our staff have continued to work tirelessly to deliver safe, compassionate, and high-quality care to as many patients as possible.

Although there have been ongoing challenges this year for all of us it is also one that has made us very proud to be Chairman and Chief Executive of UHNM. Undoubtedly there will be further challenges ahead for us throughout 2023/24 and beyond but given we have seen what our UHNM teams can do we are confident that together we will continue to rise and meet these challenges. 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



2.2 Our strategic objectives

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


“Delivering Exceptional Care with Exceptional People”

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

Our vision is underpinned by six key strategic priorities:

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


Our Values and Promises



Values & Promises

Co-created by our colleagues, patients and carers

We love our values




Together

We are a team first and foremost, one large, diverse, and growing team.

We will learn from each other, support each other, take time to share best practice and celebrate our successes.

We will be kind and considerate, help each other to achieve our goals and support colleagues to make positive changes.

We will work collaboratively to provide the very best care and services.




Compassion

We are compassionate and inclusive. We will take time to listen, understand and respond to the needs of our people.

We value the importance of Being Kind and supportive, respecting and valuing individual difference by creating a sense of belonging in our teams.

We are respectful and will role model our Being Kind behaviour expectations, to ensure people feel valued, supported and cared for.

We are friendly and will be welcoming and approachable, make eye contact, introduce ourselves and say **#hello** my name is...




Safe

We look after ourselves and each other, as our wellbeing is important to deliver safe quality services.

We will speak up whenever we have a concern or see or experience behaviour(s) that does not meet our shared values.

We will undertake the relevant and necessary training to support us to undertake our roles and keep us safe.

We will not tolerate any form of harassment, discrimination, bullying or violence.



Improving

We will provide equal access to opportunities to learn and develop, supporting all our people to reach their potential.

We will welcome and listen to people's views and ideas, using feedback to help shape and develop our services.

We will enable our people and teams to drive forward improvements together and provide them with tools to do so.

We will continue to make positive changes to ensure our organisation is a great place to work and receive care.

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



Priorities for improvement

3.1 Our quality priorities and objectives for 2024/25

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.



Quality Improvement



This has been the third year for the roll-out of our organisation wide quality improvement (QI) programme ‘Improving Together’ and we have seen some fantastic progress being made.

The programme has progressed on plan and our QI Academy have continued to provide our wards and departments with training, skills, tools, and support. Just short of 5000 colleagues have received some level of Improving Together training, which is delivered through different approaches, including a 5 month change programme for frontline teams and a 2-day bootcamp for managers. An online offering is also available and has been refined during the year as this is the most accessed form of training to underpin the more detailed sessions. At the beginning of April, the Quality Improvement Academy was accredited by the Lean Competency System Organisation which is affiliated with the University of Cardiff. This means that staff completing several of our training programmes will now be eligible for a transferable, nationally recognized qualification.

“ I really enjoyed Bootcamp. It gave me lots of ideas about how I can introduce the tools into my day to day work and I've made some really positive improvements as a result. ”

Jason Duffon
Corporate Governance
Support Manager

We use a dedicated Business Intelligence (BI) dashboard to measure the progress we are making with the programme and have provided regular reports on this to our Transformation and People Committee.

The impact of our training has been measured by the adoption of tools by teams who have been trained and during 2023/24 we saw a 15% improvement when compared to the previous year. Importantly, this was sustained through the winter months, which are the most challenging for us. We have set a target to increase adoption of tools by a further 15% for 2024/25. What has become clear in our data is that where these tools are used the performance of the teams improves. Some of the best examples of this are the improvement in the timeliness of induction of labour by our maternity team and the achievement of the 28-day faster diagnosis standard by our surgical teams, both of which resulted in regional and national recognition.



To complement the work we have done within the clinical divisions to embed this approach, we have successfully extended this to several Executive Oversight Groups. Non-elective and planned care boards have now established the format of their meetings and the way they seek improvement to align to this methodology. In addition, the Executive Research and Innovation Oversight Group will also take this format over the next year.



Over the next 12 months, the application of a continuous improvement methodology as the way we work at UHNM will be embedded in our employees' life cycle. From first exploring our website to understand the organization, to inclusion in job descriptions, forming part of the discussion in personal development reviews to signposting to the appropriate training.



We share the successes of our teams through monthly Spotlights on success ([Improving Together spotlight - Team of the month | University Hospitals of North Midlands NHS Trust](#)) and quarterly production of podcasts ([Stream Improving Together | Listen to Improving Together Podcast playlist online for free on SoundCloud](#)) of our conversations with UHNM's Exceptional People. In addition, we share news and updates regularly through a number of social media platforms.

Working together, learning together, Improving Together



Improving Together is our long-term cultural improvement programme designed to move us to a culture where everyone feels empowered to make small changes in their day-to-day work that result in improved care for our patients and work experience for our colleagues.

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

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

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



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

More recently CeNREE has extended its portfolio of internal and external fellowship opportunities to provide staff of all professions with access to professional development tailored to organisational needs and encourage and energise staff to then consider and pursue more advanced opportunities. The infrastructure created by CeNREE is focused on the talent management of our Nurses, Midwives and Allied Health Professionals (NMAHPs), developing a culture of professional curiosity and advanced knowledge and skills.

In their second year CeNREE:

- Have provided support to over 120 NMAHPs
- Is hosting two NIHR Senior Research Leaders
- Is supporting four prestigious NIHR PCAF fellowships, one NIHR DCAF fellowship, one Cystic Fibrosis Trust fellowship, one North Staffs Medical Institute grant and one West Midlands Clinical Research Network Personal Development grant which have been awarded since CeNREE's launch
- Have hosted two successful symposia
- Have hosted an internship programme for a PhD student
- Is a member of CNO Research Transformation Leaders Network and the CoDH Clinical Academic Roles Implementation Network (CARIN) through the CeNREE Lead providing a voice at a national level
- Have hosted two NHS England Clinical Leadership Fellows
- Have supported eight staff to graduate from the first cohort of the Chief Nurse Fellow Programme, two of which have secured promotions and one of which is working on a national project
- Cohort 2 of the fellowship programme sees 29 fellows join the programme and the opportunity to become a fellow has been extended to pharmacy technicians, pharmacists, and clinical scientists
- Have appointed 12 Research Ambassadors to signpost staff to CeNREE support and encourage evidence-based practice

Delivering our Quality Strategy in 2023/2024

Taking account of the views of our people, our patients, their carers and relatives and our healthcare partners, we have developed our Quality Strategy which sets our priorities for our patients, which align with the NHS Long Term Plan, our obligations under the Health and Social Care Act (2012) and the expectations of our regulators.



Priorities for Our Patients



To develop consistently positive practice environments recognising our staff are safety critical



To deliver consistently safe and reliable care



To prevent avoidable delay in patient assessment, treatment and discharge



To ensure that our patients have access to services that meets their needs and delivers positive outcomes and experiences

Prioritising our quality improvement areas

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

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

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

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.

Our overall goal for 2024/25 is:

To enable our staff to provide compassionate, outstanding care, by listening to our patients and preventing hospital associated harm.

Aims

To reduce patient harm, learn from experience and incidents and improve clinical effectiveness and outcomes for our patients.

How will we do this:

- To reduce our patient waiting lists and backlogs (Cancer 28-day Faster Diagnosis Standard, 62-day referral to treatment standard and 31-day decision to treat to treatment standard and waiting list reductions) and maintain patient safety.
- To reduce ambulance handover delays of more than 60 minutes in conjunction with our partner providers and improve patient flow
- To continue to reduce avoidable harm
- To benchmark against national best practice and assess our outcomes and effectiveness
- Improve how we share learning
- Embed and refine UHNM Patient Safety Incident Response Plan (PSIRP) and approach to incident reviews and responses
- To promote mobility and improve management and prevention of deconditioning whilst in hospital with continued implementation of the Johns Hopkins project
- Improve sepsis treatment and recognition of deteriorating patients
- Evaluate and introduce new technologies and techniques for treating patients
- Increase the visibility of research and the capability of staff to lead research and provide evidence-based practice
- Continued delivery of the Improving Together Programme
- Participate in national and local clinical audit and effectiveness programmes and further develop our local clinical effectiveness structures
- To utilise Getting It Right First Time (GIRFT) information and service reviews to focus service improvements

We will measure this through:

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

To improve patient experience

How will we do this:

- Improve sharing of learning from patient feedback and involve patients in learning and improvement with a particular focus on “seldom heard’ patient groups.
- To utilise Patient Safety Partners to support and enhance the patients’ voices in learning from incidents and improving services.
- Ensure that all research is aligned with Trust strategic priorities and includes outcomes that will benefit our patients.
- Formalise patient engagement and coproduction in research, patient safety programmes and improvement initiatives.

We will measure this through:

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

To further develop employee Wellbeing and Experience

How will we do this:

- Delivery of our People Strategy and its four domains
- Continue to embed the NHS People Promise (People Promise Exemplar Programme)
- ‘We will look after our people’ and ‘Create a sense of belonging’ our Drivers (using QI methodology to measure improvements) to create a great place to work
- Foster a culture of kindness and respect to ensure UHNM is a great place to work for everyone (embed Being Kind Compact, our organisational Values, compassionate and inclusive leadership)
- Support the implementation of the Sexual Safety in Healthcare Charter and commit to deliver the 10 key actions
- Single system wide Occupational Health Collaborative Contract (Optima Health), bringing together the four NHS system partners, to deliver enhanced health and wellbeing services for all our colleagues in Staffordshire and Stoke on Trent
- Support colleagues in the access of formal and informal support services such as Staff Support & Counseling and the system Staff Psychological Hub
- Deliver Critical Incident Stress Management training to support UHNM colleagues
- Co-create wellbeing initiatives in line with Trust and national requirements and have a continued to focus on People Promise element 4 ‘We are safe and healthy’
- Support our Carers (Carers Passport)
- Ensuring that staff are working within COVID-19 secure environments
- Supporting staff and services in providing care in ‘new ways’
- Promoting mental health wellbeing and support; new Women’s Network, Men’s Health Group
- Empower our Staff Networks to drive forward positive change, raise awareness and work with us to continue to improve employee experience
- Delivering the Improving Together programme; and
- Provide staff with research, professional and academic development opportunities through CeNREE.

We will measure this through:

- The national NHS staff survey results
- Pulse Checks
- Quarterly Staff Voice survey results
- Our key people metrics which include staff engagement, vacancy and turnover rates, sickness absence rates, appraisal rates and statutory and mandatory training compliance rates
- Freedom to Speak Up report and number of referrals made

Commissioning for Quality and Innovation (CQUIN) Indicators for 2023/24

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

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

The same approach was adopted for 2023-2024.

ICB scheme- In 2023/2024, there were eight clinical priority areas highlighted for adoption in Acute Trusts. Four were the same areas highlighted in 2022/2023 and four were new CQUINS. Comprehensive instructions concerning the specific indicators were contained within the Indicator Specification document. The CQUIN financial incentive (1.25% as a proportion of the fixed element of payment) was only earnable on the five most important indicators for each contract, as agreed by commissioners.

UHNM again agreed an Intelligent Fixed Payment Contract with local commissioners and so there was no incentive CQUIN funding or need to negotiate the five most important indicators.

Although UHNM was not required, from a contract perspective to adopt all eight CQUINS, there was a quarterly reporting requirement for all schemes and the Trust were keen to make improvements in patient care. In conjunction with the clinical teams, the Clinical Audit Department undertook quarterly audits to demonstrate progress and provide assurance against the below schemes.

The identified schemes for acute Trusts are as follows:

- CQUIN01: Flu vaccinations for frontline healthcare workers (Continued from 2022/2023)
- CQUIN02: Supporting patients to drink, eat and mobilise (DrEaMing) after surgery (Continued from 2022/2023)
- CQUIN03: Compliance with timed diagnostic pathways for cancer services (New CQUIN)
- CQUIN04: Prompt switching of Intravenous to oral antibiotic (New CQUIN)
- CQUIN05: Identification and response to frailty in emergency departments (New CQUIN)
- CQUIN06: Timely communication of changes to medicines to community pharmacists via the discharge medicines service (Continued from 2022/2023)
- CQUIN07: Recording of and response to NEWS2 score for unplanned critical care admissions (Continued from 2022/2023)
- CQUIN12: Assessment and documentation of pressure ulcer risk (New CQUIN)

Specialised Services (PSS) scheme – UHNM were required to adopt three PSS schemes as detailed below, which were selected by the Specialised Commissioners. 100% CQUIN funding was again included in the contract up front. However, there was potential for claw-back if the schemes were not successful, unlike the schemes above.

The set of clinical priority areas highlighted for adoption by Specialised Commissioners were as follows:

- CQUIN08: Achievement of revascularisation standards for lower limb ischaemia (Continued from 2022/2023)
- CQUIN10: Treatment of non-small cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway (New CQUIN)
- CQUIN11: Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery (Continued from 2022/2023)

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

2024/2025 schemes have been proposed by NHSEI and are optional for Trust's to adopt.

4. Patient stories

I come from a long line of farmers. Our farm, with over 200 sheep, has been in our family for over 100 years and it's been ours since 1984. As you can imagine, it's hard work.

In August 2022, I saw Mr. Lim, Consultant Orthopaedic Surgeon, who agreed I needed 2 hip replacements due to severe arthritis. By this time, I was walking with 2 crutches and my family were helping on the farm because I was struggling. I had the first hip replacement in July 2023. For this one, I was admitted to Royal Stoke on the Monday and had my surgery. I stayed in hospital until the Thursday.

For my next surgery, I had a telephone call from Mr Lim who asked if I would like it as a "day job"... I told him "you just say the word". I went to Stoke for my pre-assessment the following day, 10th October 2023. Mr. Lim told me to be at County for 7am the following Monday, 16th October 2023. I was to be the first patient to undergo this procedure as a day case.

On 16th Oct, I got up at 5am and had a shower then went to County hospital EOU. When I got there, the staff made me have another shower, which confused me but wasn't really an issue.

I went to theatre at 10am and was out by 11:30. At 1pm, the physios made me walk a few steps. They said they'd be back later in the afternoon and that I needed to walk about 20 steps. Once I could do that, I was discharged later that day!

I definitely recovered better being at home sooner with the second surgery- the worst thing was getting used to sleeping on my back, which I managed with a pillow between my legs. I had a few check-up telephone calls and regular physio at Leek moorlands. The only thing that could be better is not having had my follow-up appointment cancelled twice.

The surgeries have changed my life. I hadn't been able to get in the bath for 2 years. If it wasn't for the surgery, I would have had to have given up the farm. I am now

fully independent apart from occasionally needing help putting on my socks.

My husband is currently in Critical Care Pod 6 and I just want to thank all the staff on this pod, and I mean everyone, for their support to myself and our children. They have been amazing and continue to support us daily. Obviously, I want to thank them for their hard work caring for my husband, keeping him comfortable and taking care of all his needs currently. Without this specialised area it would be extremely difficult.

I would also like to thank all the staff on SSCU because they have also supported our family during this emotional time. Our son works as a Nurse on SSCU, and his colleagues have been amazing.

I also work for the NHS and it's equally important to praise staff for their dedication and commitment to their work and continued supportive nature to families. PALS is not all about complaining. We need to take time to thank those who are helpful, supportive, and dedicated to continually deliver quality care to all.

Thank you again everyone involved we couldn't do this without you.

Our son has had two recent admissions to Ward 128. My husband and I have felt the need to share our recent experiences.

Matthew has complex medical needs and additionally has learning challenges. The whole staff on this ward have been nothing short of amazing. They have treated him with kindness and compassion and maintained his dignity at all times. The whole ethos of this ward is brilliant. It has provided a reassuring environment for us his parents. So many staff have gone the extra mile to make him feel safe, comfortable and secure during his stay. You should be so proud of this team and we cannot thank them enough

5. Statement of Assurances

5.1 Review of services Care Quality Commission

The Trust last received a rated inspection on 24 and 25 August 2021 and the inspection followed the new regime for inspection. The final report was published on 21 December 2021. The overall rating for the Trust stayed the same. The CQC rated UHNM overall as **'Requires Improvement'**.

The CQC rated the reviewed services as follows:

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

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

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

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

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

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

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

Section 29A Warning Notices

Following the inspection in 2021, the CQC served a Warning Notice under Section 29A of the Health and Social Care Act 2008. This warning notice served to notify the Trust that the CQC had formed the view that the quality of health care provided in relation to medical staffing in urgent and emergency care at the Royal Stoke University Hospital and the risk

management of patients with mental health needs medicine at County Hospital required significant improvement. UHNM submitted a comprehensive response to the CQC, within the required timescale.

On Tuesday 4th October 2022, the CQC conducted an unannounced visit to UHNM to review immediate actions taken. Although the CQC were satisfied that the Trust had made significant improvements in relation to medical staffing in urgent and emergency care at the Royal Stoke University Hospital they still had concerns about the assessment, recording and mitigation of risks associated with acute mental health concerns in medicine at County Hospital and subsequently issued a Section 29A Warning Notice under the Health and Social Care Act 2008. The Trust was required to provide evidence of significant improvement in relation to the Section 29A warning notice by 26th January 2023. Following the submission of evidence to demonstrate that we have met the Section 29a warning notice, we are awaiting a response from the CQC.

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

The CQC also conducted a focused visit to Maternity Services on 7th March 2023. Concerns were raised in two areas:

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

This resulted in the issue of a Section 29A Warning Notice under the Health and Social Care Act 2008, on 28th March 2023. The Trust has provided the CQC evidence of significant improvement in relation to the Section 29A warning notice and at the current time are awaiting the CQC to revisit Maternity Services.

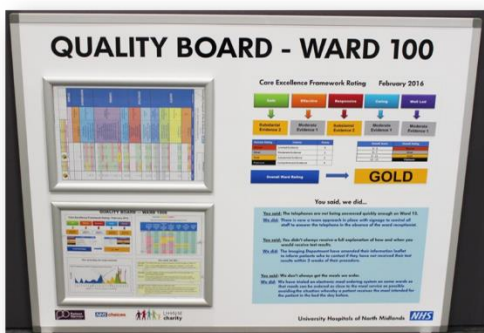
Section 31 Notices

As noted in previously published Quality Accounts, on 19th June 2019 the Care Quality Commission served notice to us under Section 31 of the Health and Social Care Act 2008 following an unannounced inspection at Royal Stoke between 5th and 28th June 2019. Following detailed actions and regular reporting to the CQC with assurances on the actions being implemented we were thrilled that the Section 31 conditions were removed in July 2023.

Recent Inspection of Emergency Department, Royal Stoke University Hospital

On 14th and 26th March 2024, The CQC undertook an unrated inspection of the Emergency Department, Royal Stoke University Hospital, with a particular focus on corridor care. No immediate concerns were raised and at the current time, UHNM is awaiting the report.

Care Excellence Framework



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

- Safety
- Effectiveness
- Responsive
- Caring
- Well-led

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



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

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

A review of the process was completed during 2023. Following consultation with staff groups, changes have been made to the CEF tool kits which include:

- The addition of anonymous staff comments collection boxes.
- Opportunity for ward/department manager feedback
- Local sharing of reports for checking for factual accuracy before they are shared with wider divisional and executive teams in line with CQC process.
- Development of an award criteria to enable robust allocation of awards that are driven by quantitative as well as qualitative achievements.
- Allocation of MUST do actions and given any immediate positive feedback at the time of the visit.
- Appointment of a Senior Nursing Assistant to support areas with action plan assurance and engage staff in sharing successes and identifying improvements.
- Overall Bronze areas meet monthly with the Deputy Chief Nurse, Lead Nurse Quality and Safety and Matron Quality and Safety alongside a patient leader to discuss what support is needed to no longer be a bronze ward. The meeting is supported by subject area experts such as Patient Experience, Pharmacy, Dietetics, Estates and facilities and People Directorate.
- All overall Bronze areas will be revisited after 6 months of the published report for assurance.
- Wards achieving 2 consecutive bronze awards will have intense support offered by the Quality and Safety team and will have a nominated point of contact.
- We have joined the Nursing and Midwifery Excellence Group—UK (NAME-UK) where each organisation can share their best practice/toolkits and ideas for further assurance.

PLACE Inspection

UHNM completed its PLACE inspections in Autumn 2023. UHNM achieved above the national average for all of the domains and was within the top 6% nationally for its cleaning scores. The PLACE scores achieved in 2023 for UHNM and its sites Royal Stoke and County Hospitals demonstrate that the hospital environment for patients from a non-clinical perspective at UHNM continues to provide a positive experience for our patients. Good environments and services that respond to the needs of our patients really do matter and thanks go to all staff for their continued hard work and commitment in this area.

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

The table below outlines the site scores for Royal Stoke University Hospital and County Hospital plus the overall UHNM Trust organisation score alongside the national average for 2023.

Site Name	CLEANING Score %	FOOD Score %	Organisation Food %	Ward Food %	PRIVACY, DIGNITY & WELLBEING Score %	CONDITION & MAINTENANCE Score %	DEMENTIA Score %	DISABILITY Score %
THE ROYAL STOKE UNIVERSITY HOSPITAL	99.98%	95.34%	93.40%	95.86%	91.47%	99.89%	89.52%	92.72%
THE COUNTY HOSPITAL	100%	95.97%	94.10%	97.22%	93.24%	99.56%	92.15%	92.35%
UHNM TRUST SCORE	99.98%	95.43%	93.50%	96.04%	91.71%	99.85%	89.88%	92.67%
NATIONAL AVERAGE	98.10%	90.86%	N/A	N/A	87.49%	95.91%	82.54%	84.25%

Patient Representative Comments

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

County Hospital:

"I was really impressed with the overall standard of cleanliness within the hospital".

"Staff were generally very helpful and friendly. This was particularly so on Renal Unit and Elective Orthopaedic".

"Compassion, enthusiasm of the staff really stood out in the majority of areas, very clean hospital, well done".

Royal Stoke Hospital:

"The general cleanliness was of a high level throughout new and old building estate".

"Overall, the standards of cleanliness, care, maintenance of the environment were very good".

“No improvements needed. Exceeded my expectations. Older building are well maintained, signage was excellent”.

“All in all aspects of the environment lend themselves to excellent patient experience”.

“All staff were extremely friendly and took pride in their area with a willingness to accompany the assessment team”.



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 monitoring 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 2023/24 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: Alcohol-Related Liver Disease (Update)	Yes	Action Planning
NCEPOD: Testicular Torsion	Yes	Completed
NCEPOD: Endometriosis	Yes	Awaiting Report
NCEPOD: Juvenile Idiopathic Arthritis	Yes*	Awaiting Report
NCEPOD: End of Life	Yes	Awaiting Report
NCEPOD: Rehabilitation following critical illness	Yes	Data collection

* UHNM provided data and completed data where possible, as this condition is treated at another organisation

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

5.3 National Clinical Audits

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

National Clinical Audit	UHNM Registered	% of cases Submitted
Adult Respiratory Support Audit	Yes	100%
BAUS Nephrostomy Audit	Yes	100%
Breast and Cosmetic Implant Registry	Yes	100%
Case Mix Programme - Intensive Care National Audit and Research Centre (ICNARC)	Yes	100%
Cleft Registry and Audit Network (CRANE) continuous data collection	Yes	100%#
Elective Surgery (National PROMs Programme)	Yes	100%
Emergency Medicine QIP: Care of Older People	Yes	100%
Emergency Medicine QIP: Mental Health (Self Harm)	Yes	100%
Epilepsy 12 – National Clinical Audit of Seizures and Epilepsies for Children and Young People	Yes	100%
Falls and Fragility Fracture Audit Programme: National Audit of Inpatient Falls	Yes	100%
Falls and Fragility Fracture Audit Programme: National Hip Fracture Database	Yes	100%
Falls and Fragility Fracture Audit Programme: The Fracture Liaison Service Audit	Yes	100%
Improving Quality in Crohn's and Colitis (IQICC)	Yes	100%
Learning from Lives and Deaths in People with a Learning Disability and Autistic People (LeDeR)	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE – UK Collaborative)	Yes	100%
National Adult Diabetes Audit: National Diabetes Footcare Audit	Yes	100%
National Adult Diabetes Audit: National Diabetes Inpatient Safety Audit	Yes	100%
National Adult Diabetes Audit: National Pregnancy in Diabetes Audit	Yes	100%
National Adult Diabetes Audit: National Diabetes Core Audit	Yes	100%
National Asthma and COPD Audit Programme: COPD Secondary Care	Yes	100%
National Asthma and COPD Audit Programme: Adult Asthma Secondary Care	Yes	100%
National Asthma and COPD Audit Programme: Children and Young People's Asthma Secondary Care	Yes	100%
National Audit of Cardiac Rehabilitation	Yes	100%
National Audit of Care at the End of Life (NACEL)	Yes	100%
National Audit of Dementia	Yes	100%
National Cancer Audit Collaborating Centre: National Audit of Metastatic Breast Cancer	Yes	100%
National Cancer Audit Collaborating Centre: National Audit of Primary Breast Cancer	Yes	100%
National Cardiac Arrest Audit *	No	N/A *

National Cardiac Audit Programme: National Adult Cardiac Surgery Audit	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 Cardiac Audit Programme: National Audit of Cardiac Rhythm Management Devices and Ablation	Yes	100%
National Cardiac Audit Programme: Myocardial Ischaemia National Audit Project (MINAP)	Yes	100%
National Cardiac Audit Programme: National Audit of Percutaneous Coronary Interventions	Yes	100%
National Cardiac Audit Programme: National Audit of Mitral Valve Leaflet Repairs (MVLRL)	Yes	100%
National Cardiac Audit Programme: The UK Transcatheter Aortic Valve Implantation (TAVI) Registry	Yes	100%
National Child Mortality Database (NCMD)	Yes	100%
National Comparative Audit of Blood Transfusion: 2023 Audit of Blood Transfusions against NICE Quality Standard 138	Yes	100%
National Comparative Audit of Blood Transfusion: 2023 Bedside Transfusion Audit	Yes	100%
National Emergency Laparotomy Audit (NELA)	Yes	100%
National Gastro-Intestinal Audit Programme (GICAP): National Bowel Cancer Audit (NBOCA)	Yes	100%
National Gastro-Intestinal Audit Programme (GICAP): National Oesophago-gastric Cancer (NOGCA)	Yes	100%
National Joint Registry	Yes	100%
National Lung Cancer Audit (NLCA)	Yes	100%
National Maternity and Perinatal Audit (NMPA)	Yes	100%
National Neonatal Audit Programme	Yes	100%
National Ophthalmology Audit Database: National Cataract Audit **	No	- **
National Paediatric Diabetes Audit (NPDA)	Yes	100%
National Prostate Cancer Audit	Yes	100%
National Vascular Registry	Yes	100%
Paediatric Intensive Care Audit Network (PICANet)	Yes	100%
Perinatal Mortality Review Tool (PMRT)	Yes	100%
Perioperative Quality Improvement Programme	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%
The Trauma Audit and Research Network (TARN)	Yes	100%
UK Cystic Fibrosis Registry	Yes	100%
UK Renal Registry Chronic Kidney Disease Audit	Yes	100%
UK Renal Registry National Acute Kidney Injury Audit	Yes	100%

UHNM only provide demographic data to the Cleft Registry, further patient care is provided at specialist centres.

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

** University Hospitals of North Midlands NHS Trust is currently not signed up to this national audit as the Ophthalmology Team do not have access to the electronic system required to participate. A funding review is currently in progress.

Corporate and local clinical audits

A total of 109 clinical audit projects were completed by clinical audit staff and a further 551 clinician led audit projects were registered during 2023/24. 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:

Audit of the Treatment of Pulmonary Embolisms

Action	Co-Ordinator	Status of Action
In order to streamline the process of referring Pulmonary Embolism patients for a Respiratory Follow Up (3 and 6 months) on discharge; a referral form to the Pulmonary Embolism Multidisciplinary Team will be developed and added to iPortal.	Consultant in Respiratory Medicine	In progress
In order to improve the management of patients presenting with Pulmonary Embolism, the following actions will be undertaken:		
Severity predication (sPESI) rules will be incorporated into the iPortal PE MDT Referral Form. Training and increased awareness of the importance of the use of sPESI will also be provided.	Consultant in Respiratory Medicine	In progress
Training and increased awareness will be provided in the use and documentation of the Well's Risk Stratification Tool and Severity Prediction rules (sPESI).	Consultant in Respiratory Medicine	In progress
Training sessions will be provided to increase the awareness of the importance of comprehensively completing VTE Assessments and Reassessments (where appropriate).	Consultant in Respiratory Medicine	In progress
UHNM Medical Guidelines will be updated in line with NICE 2020 / ESC 2019 Guidelines.	Consultant in Respiratory Medicine	In progress
Echocardiography will be requested after review in the Respiratory Clinic (exceptions are high risk patients like unprovoked PE, massive PE esp. if not thrombolysed, sub massive PE in which echocardiography can be requested at discharging physician's discretion)	Consultant in Respiratory Medicine	In progress
A re-audit will be undertaken to monitor the above actions and to ensure improvements in practice.	Clinical Audit Team	April 2025

5.4 Clinical Effectiveness

A Clinical Effectiveness Strategy has been drafted with an accompanying delivery plan detailing the different steps to be taken to enable UHNM to provide patients with the best possible clinical outcomes for their individual circumstances.

The strategic aims are:

- **We will do the right thing for patients by ensuring decisions about health care are based on the best available, current, valid, and reliable evidence.**
- **We will work in the right way by ensuring information is up to date, accurate and properly analysed and reviewed by people with the appropriate skills and competence to understand its significance.**
- **We will ensure patients have the right outcome through a robust mechanism of continuous improvement, assurance, and evaluation.**

A **Clinical Effectiveness Framework** will be developed and rolled out across the Divisions / Directorates. The document will provide a comprehensive framework **to support Divisions in meeting and exceeding expectations regarding the function of Clinical Effectiveness**. The document will empower the Divisions to take ownership of their Clinical Effectiveness priorities, providing them with the necessary guidance and resources to optimise their management practices, drive improvement and deliver maximum health gain for every patient based on their clinical circumstance.

Requirements around the following will be included:

- Divisional Meetings – Governance Packs, terms of reference, attendance
- Provision of a Clinical Effectiveness Champion within each Division
- Reporting
- Risk management.

Other key workstreams underway:

- Provision of a Divisional Scorecard to highlight areas for improvement based on the Divisional Delivery Plans
- Meetings and Presentations with Clinical Governance Lead and Audit meetings
- Obtaining reports for all National Audits published over the last year - ensuring action plans are developed and shared within the Divisions.
- Review all outstanding NICE guidance - meet with Leads to implement.
- Relaunch of the WHO Surgical Safety Checklist
- Obtaining GIRFT reports - ensuring action plans are developed and shared within the Divisions.
- Identifying 8 – 10 Model Hospital priorities per Division to focus and action.
- Develop and implement Divisional Clinical Audit Programmes to provide assurance against clinical effectiveness priorities.

5.5 Participation in clinical research

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

As a centre of clinical and research excellence we participate in clinical trials from across the healthcare sector including novel interventions, new drugs, and device innovations. These cutting-edge developments are translated into our day-to-day clinical practice.

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

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

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

During 2023/24 more we saw a record number of patients taking part in our clinical research trials with more than 2000 patients taking part, across both of our hospital sites. In total, 2035 patients agreed to take part in one of 262 studies.

This represents a **25% increase** on figures from the previous year, with **41 new research studies** also being opened.

We also support commercial research, and during 2023/24 **we ranked in the top three trusts regionally** with 127 patients taking part in commercial research.

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.

5.6 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 2023/24. The corporate Data Quality Team has continued to provide assurance throughout the last year to support the improvement of data quality and the provision of excellent services to patients and other customers.

- The Data Quality Team continued to support UHNM staff, answering and resolving thousands of queries. The DQ User Support Process has been expanded to provide additional support, training, and assurance of user understanding.
- The Data Quality Team provided specialist knowledge to various validation projects to support the national targets for Waiting Lists including the Elective Improvement Programme, amongst others.
- Support for IT projects was also continued with testing, validation and systems expertise provided by the team.
- A new group was established to review and approve the content of RTT and Data Quality training materials and guidance documents for accuracy before implementation.
- The divisional data quality groups are well established, with representation from all directorates in attendance. These groups fulfil an important role in the 'Data Quality Assurance Framework'.
- The action plan supporting the Data Quality Strategy continues to be monitored and updated.
- The terms of reference for the Data Quality Assurance Group have been ratified for 24/25 ensuring they address data quality obligations to the Data Security and Protection Assurance Framework.
- The calendar of business for the Data Quality Assurance Group has been approved to ensure all necessary documents and actions are completed for assurance purposes.

2023/24 has been another productive year for the data quality team and we aim to build on this throughout 2024/25, supporting the strategic aims of the Trust.

5.7 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) included in the latest published data. This is a single source of comprehensive data which enables a range of reporting and analysis in the UK. The figures below are for the period April 2023 to February 2024. 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 99.7%.
- 100% for outpatient care; national performance is 99.8%.
- 100% for Maternity care; national performance is 99.8%.

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

- 100% for admitted patient care; national performance is 99.8%.
- 100% for outpatient care; national performance is 99.5%.
- 100% for Maternity care; national performance is 97.4%.

Additional benchmarking is carried out using the NHSE Data Quality Maturity Index (DQMI) dashboard. Throughout 2023/24 UHNM has consistently reported above the national average on all Inpatient, Outpatient and Maternity metrics. These are reported to the Data Quality Assurance Group and the Trust's Executive Business Intelligence Group for assurance purposes.

5.8 Clinical coding accuracy rate

The annual internal Data Security and Protection Toolkit (DSPT) clinical coding audit took place during 2023/24, achieving an overall **'mandatory'** rating in all areas of the audit: primary & secondary diagnoses and procedures. All recommendations from the 2022/23 audit have been actioned. The Trust's clinical coding auditors carried out this year's audit.

The internal Staff Audit Programme continued throughout 2022/23 for all coding staff. The audit process has been expanded to include a robust assurance process for the completion of recommendations.

The Trust has a qualified Clinical Coding Trainer who carried out a review of the two-year training programme for trainee coders in 2023, including feedback from previous Trainees. The Trainer provides all mandatory national training, ensuring all coders are compliant with training requirements. All clinical coders have access to online training modules to enhance their knowledge and skill sets.

5.9 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 Trust submitted its final assessment for the period July 2022 to June 2023 declaring all standards had been achieved except for one. An improvement plan was developed and approved by NHS England and the Trust has been awarded a rating of 'standards not fully met (plan agreed)' pending completion of the improvement plan (scheduled for June 2024). The internal audit review confirmed the overall risk assurance across all 10 National Data Guardian standards as Substantial and a High confidence level of the independent assessor in the veracity of the self-assessment.

To support the Trust with its assessment for July 2023 to June 2024 an internal audit is scheduled for May 2024; the findings of which will be reported to the Executive Digital and Data, Security & Protection (DSP) Group. Areas for improvement will be monitored via an improvement plan with monthly reporting to the Executive Digital and DSP Group. As in previous years, if the Trust does not achieve all standards by the June submission, the Trust's rating will be classified as 'Standards not fully met (plan agreed)'. An improvement plan will be submitted to NHS England for their approval. The Executive Digital and DSP Group will continue to seek assurance on the Trust's DSP toolkit position, thereby providing assurance to the Trust Board via the Strategy and Transformation Committee.



5.10 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 based on their impact on patient outcomes.

These are:

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

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

In response to UHNM's consistent compliance with the standards, an assurance framework was developed which moved away from large scale audits to an overview of performance supported by a more focused review process. A further revision of guidance in February 2022 simplified the expectations around the Board Assurance Framework and gave additional examples of evidence that can be used to support this. Our existing framework is fully aligned to the new guidance.

A programme of occasional clinical audit has been designed to monitor compliance, delegations of authority under Standard 8, and evidence of appropriate staffing levels, focusing on the following areas of practice:

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



Part B: Review of quality performance

6. Quality priorities 2023/24

In 2023/24, in partnership with our stakeholders we identified three specific priorities to focus on:

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

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

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



Quality Performance

Key Performance Indicator	Target	2023/24 Performance	2022/23 Performance
Patient Falls (per 1000 bed days)	5.6	5.3	5.9
Patient Falls with harm (per 1000 bed days)	1.5	1.8	1.91
Medication Errors (per 1000 bed days)	6.0	6.7	5.2
Never Events	0	6	4
Duty of Candour (verbal / formal notification)	100%	96.0%	92.9%
Duty of Candour (written within 10 days)	100%	80.2%	55.9%
Pressure Ulcers (category 2 hospital acquired with lapses in care)	96	91	69
Pressure Ulcers (category 3 hospital acquired with lapses in care)	48	12	12
Pressure Ulcers (category 4 hospital acquired with lapses in care)	0	0	0
Friends and Family Test (% A&E recommendations)	85%	70.2%	62.9%
Friends and Family Test (% inpatient recommendations)	95%	95.5%	97.3%
Friends and Family Test (% maternity recommendations)	95%	91.1%	90.2%
Written Complaints (rate per 10,000 spells)	35	27.82	22.57
Hospital Standardised Mortality Ratio (HSMR) (rolling 12 month)	100	95.03 (01/23 – 12/23)	97.27 (01/22 – 12/22)
Standardised Hospital Mortality Indicator (SHMI) (rolling 12 months)	100	98.50 (01/23 – 12/23)	104 (11/21 – 10/22)
VTE Risk Assessment Compliance	95%	95.2%	99.0%
Reported C-Difficile	96	180	144
Avoidable MRSA Bacteraemia Cases	0	3	1
Inpatient Sepsis Screening Compliance	90%	95.1%	89.7%
Inpatient IV Antibiotics (given within 1 hour)	90%	98.6%	93.4%
Children Sepsis Screening Compliance	90%	89.7%	89.7%
Children IV Antibiotics (given within 1 hour)	90%	100%	66.7%
Emergency Portals Sepsis Screening Compliance	90%	82.3%	81.8%
Emergency Portals IV Antibiotics (given within 1 hour)	90%	75.8%	63.9%
Maternity Sepsis Screening	90%	71.1%	80.6%
Maternity IV Antibiotics (given within 1 hour)	90%	85.5%	83.9%



Priority 1: To reduce patient harm and improve clinical effectiveness and outcomes for our patients

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

We said we would aim to achieve this by:

- Reducing our patient waiting lists and backlogs and maintain patient safety.
- Reducing ambulance handover delays in conjunction with our partner providers
- Reducing avoidable harm
- Benchmarking against national best practice and assess our outcomes and effectiveness.
- Improving how we share learning.
- Introducing new national PSIRF programme and approaches
- Improving sepsis treatment and recognition of deteriorating patients.
- Evaluating and introducing new technologies and techniques for treating patients.
- Increasing the visibility of research and the capability of staff to lead research and provide evidence-based practice; and
- Continuing the delivery of the Improving Together Programme.

Performance against this priority and its aims has been monitored during 2023/24 using a range of key indicators which are reported monthly through the Trust and Divisional Quality & Safety Reports. The following section provides a summary of the performance for these indicators and what these results mean for our patients.

Patient Safety Incidents

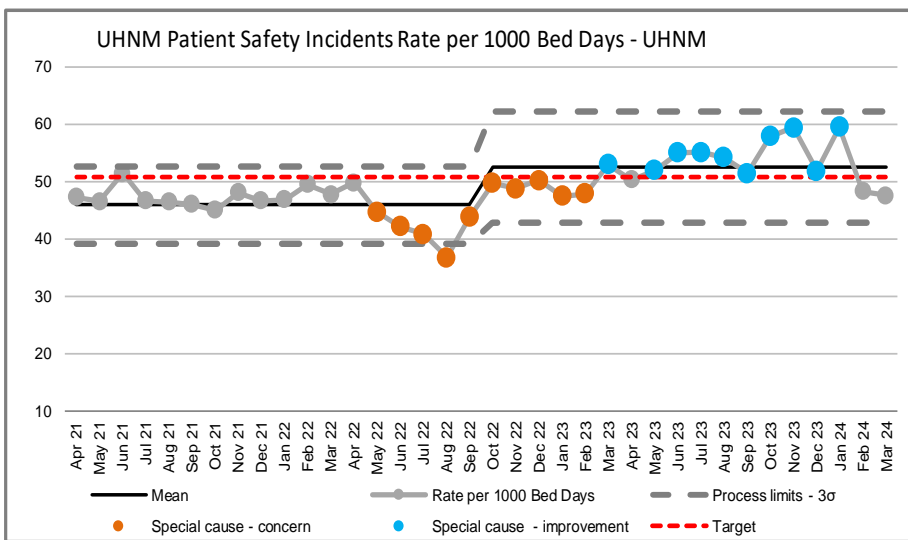
We continue to focus on aiming to reduce harm to our patients and a key indicator of this is the number of patient safety incidents* reported and the rate per 1,000 bed days and the number and rate of patient safety incidents with moderate harm or above.

Reporting, reviewing, and identifying learning from our reported incidents allows us to improve our services and care provided to our patients. Therefore, during 2023/2024, we have continued to positively encourage and promote the increased reporting of patient safety incidents and near misses and we have seen the total number of reported patient safety incidents increase compared to 2022/2023. The total number of reported incidents has increased by 19.7% with 26,158 incidents and near misses during 2023/2024.

As well as the total numbers we also assess the rate of reported incidents per 1000 bed days as this allows us to compare and make allowances for changes in activity throughout the year. The rate of patient incidents has also increased from 2022/2023 average rate of 46.2 to 53.5 during 2023/2024.

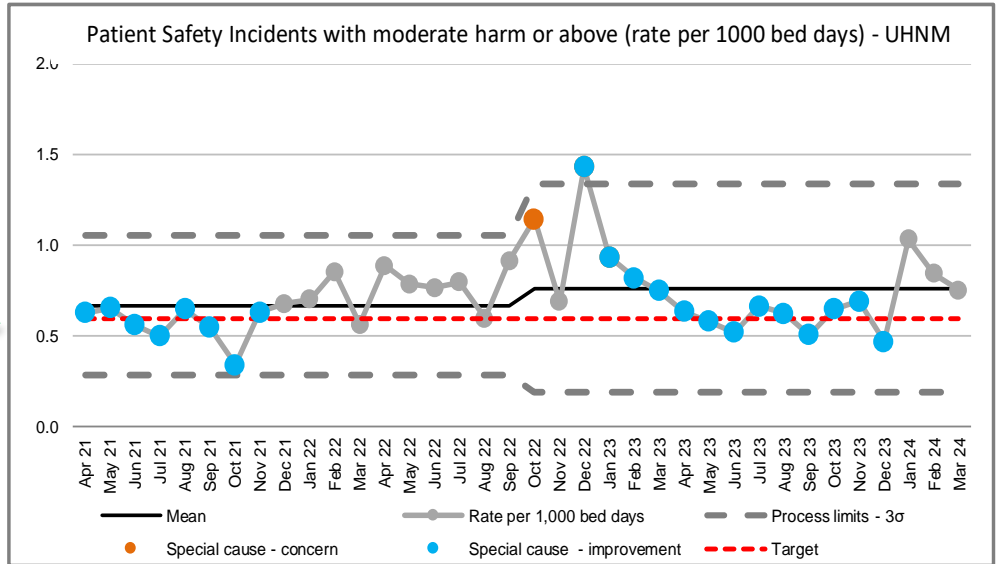
It is important to note that whilst we have seen increases in the overall total of patient safety incidents during 2023/2024 there has been a reduction in the rate of patient safety incidents resulting in moderate harm or above. This is positive trend for increased open reporting but lower levels of patient harm.

The increase in reported incidents is due to improved reporting and more incidents with low or no harm and near misses being reported. This in turn allows for reviews of these incidents and identification of learning before a patient suffers more serious harm. In addition, the reduction in harm is due to improved treatment and care provided to the patients that mitigate and reduce the risk of patient harm whilst in our care.



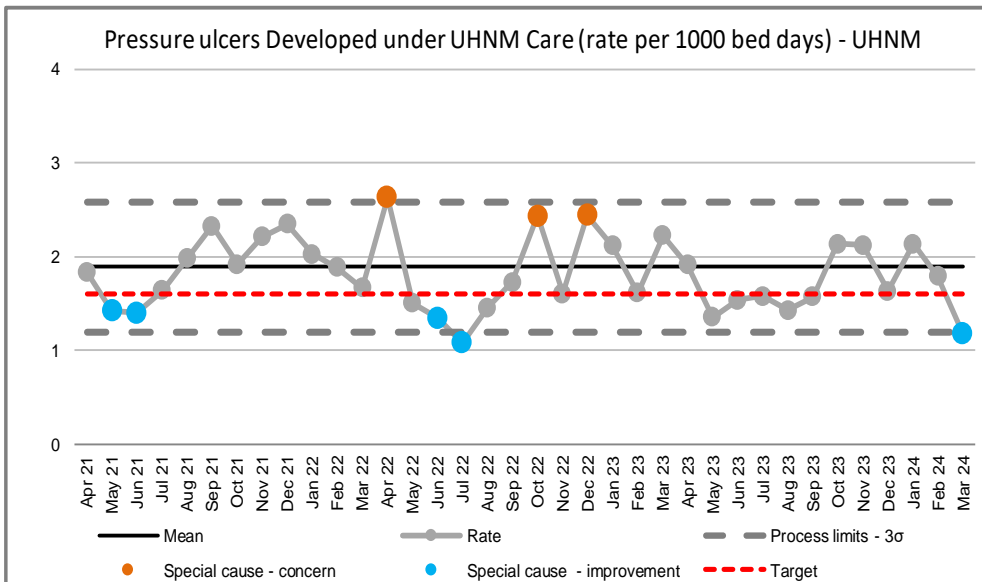
15.8% increase in the average rate of reported patient safety incidents from 2022/2023 to 2023/2024

Rate of reported patient safety incidents with moderate harm or above per 1,000 bed days in 2023/2024 has decreased from 0.9 to 0.66.



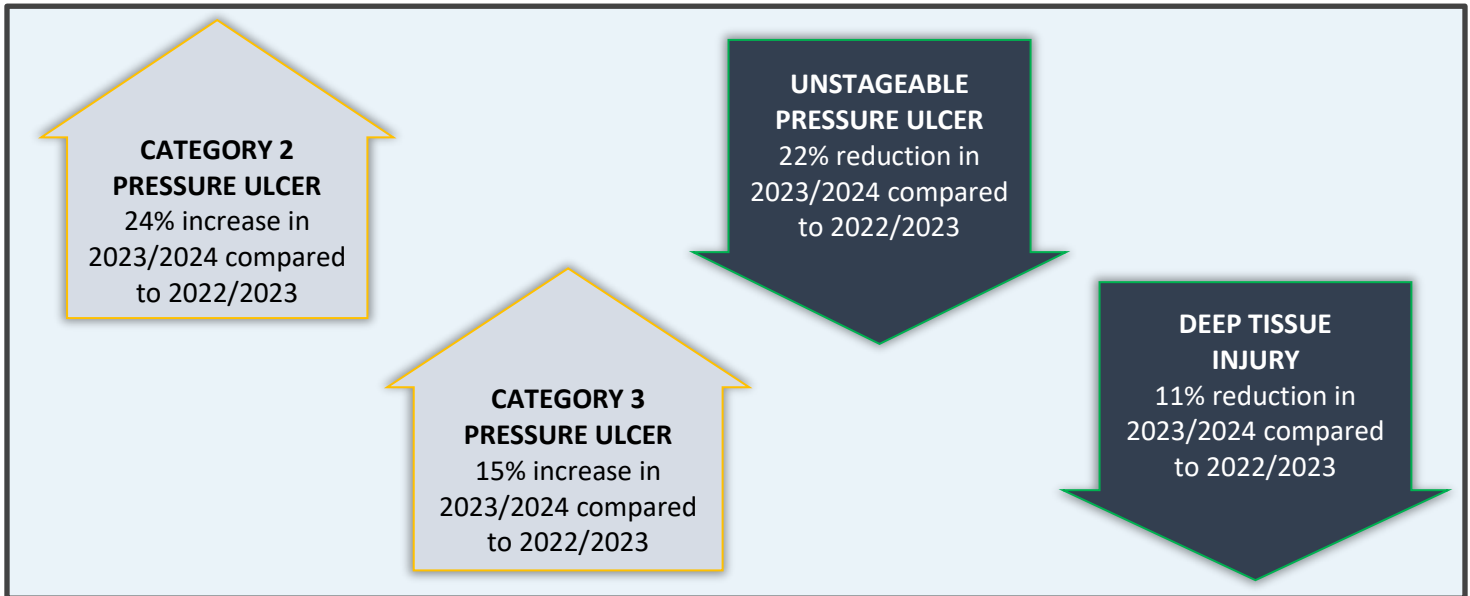
Pressure ulcers developed under UHNM Care

We have seen a decrease in pressure ulcers developed whilst under the care of UHNM. During 2023/2024 there were 830 reported pressure ulcers developed at UHNM compared to 875 in 2022/2023. This equates to 5% reduction in both the total number and rate per 1000 bed days for identified pressure ulcers.



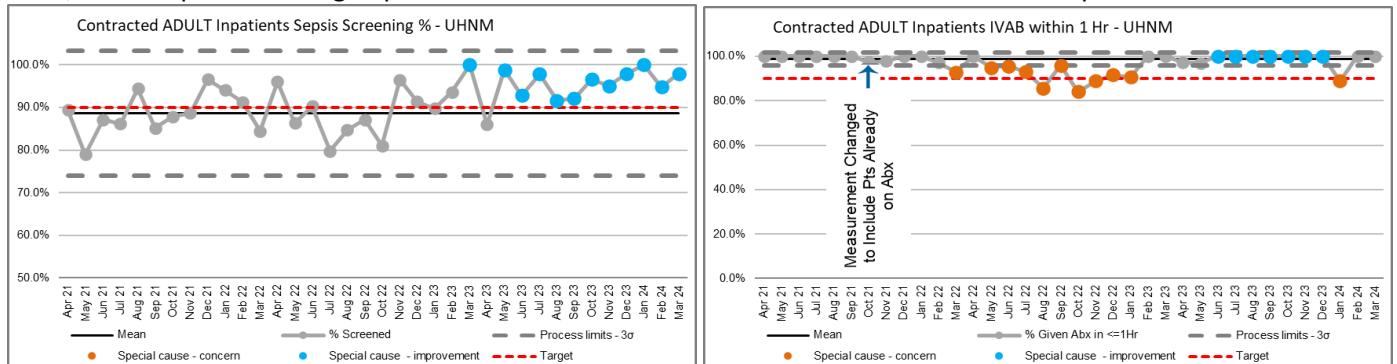
5% decrease in rate of reported pressure ulcers developed whilst under care of UHNM.

During 2023/2024 there have been changes in the number of pressure ulcers reported compared to 2022/2023



Sepsis recognition and treatment

Inpatient areas have seen improvements in sepsis screening and Intravenous Antibiotics (IVAB) in one hour during 2023/2024. Sepsis screening improved from 88.9% to 95.1%. The IVAB in one hour has improved from 92.5% to 98.9%.



Emergency Portals have seen improvement in screening and IVAB in one hour during 2023/2024. Sepsis screening increased from 82.1% to 82.5% and the IVAB in one hour from 63.9% to 75.5%.

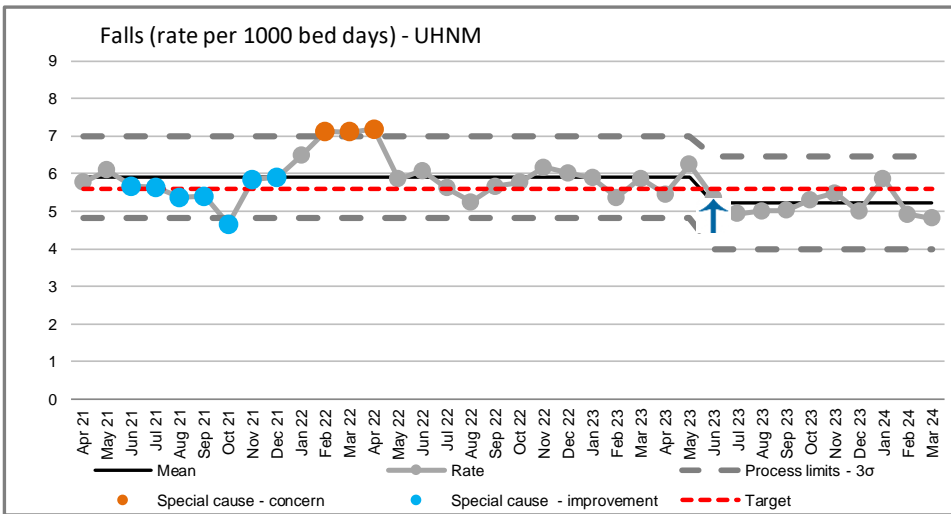
Actions and Next Steps

- The Sepsis team continued to work collaboratively with the ED Quality nurses, sepsis champions, senior team, and Sepsis ED lead to improve sepsis screening and IVAB compliance.
- Continued regular visits and sepsis audits in emergency portals particularly in ED RSUH
- Regular meeting with ED RSUH senior team continues to review current process and ensure robust actions in place, including specific training for ED nursing assistants, nursing, and medical staff.
- The sepsis team continue to raise awareness of the importance of sepsis screening and IVAB compliance by being involved in HCA induction and qualified nurse’s preceptorship programmes.

Patient falls

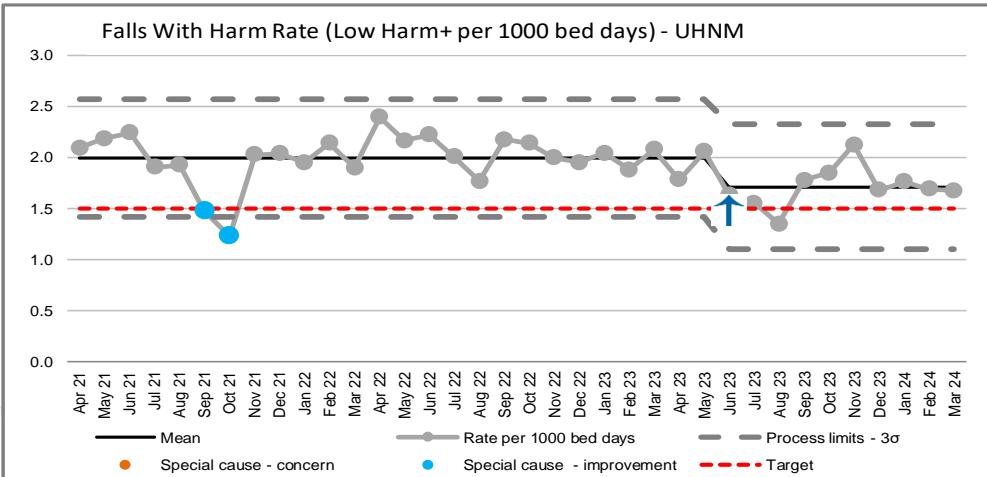
Patient falls continue to be the largest category of patient related incidents within our organisation, however, during 2023/2024 we have started to see improvements in reducing the numbers of patients falling with a 7% reduction in total falls with 2585 this year compared to 2780 in 2022/2023. Not only has there been a reduction in total numbers but the rate of falls per 1000 bed days has also reduced from 5.9 to 5.3. This continues the steady improvement in reducing patient related fall across our organization with 2020/2021 rate noted as 6.2. These reductions are improving the experience and outcomes for our patients.

UHNM continues to use 5.6 falls per 1,000 bed days as an internal benchmark for improvement. However, this is likely to be changed in 2024/2025 with the Trust consistently seeing rates below this.



The 2022/2023 mean Falls rate has reduced in 2023/2024 to 5.3 from 5.9.

19% decrease rate of harm to patients as result of falls per 1,000 bed days in 2023/2024 with 1.7 compared to 2.1 in 2022/2023.



Linked to the overall reductions in falls, it is important to note that there has been an even larger reduction in the rate of patient falls that have resulted in harm. The average rate of patient falls with harm during 2023/2024 was 1.7 falls per 1000 bed days. This compares to 2.1 in 2022/2023. As noted previously, these reductions are evidence that the actions being taken by our Falls Prevention team and the staff on the wards and departments are having positive impacts on our patients.

Patient Safety Incident Response Framework and Incident reviews

From Quarter 4, we introduced the Patient Safety Incident Response Framework (PSIRF) which replaces the Serious Incident Framework. The national PSIRF approach is to review incidents based on system reviews and focus learning on improvement and not just focus on incidents based on the level of harm.

To support PSIRF we published our Patient Safety Incident Response Plan which outlines our approach and focus for patient safety incidents during 2023/24 and 2024/25.

Never events

We review all incidents and during 2023/24 have undertaken reviews for incidents reported under the NHS Serious Incident Framework and Never Events list. We undertook Root Cause Analyses of these serious incidents and Never Events to identify and focus learning.

**There were 6 reported
Never Events during
2023/2024.**

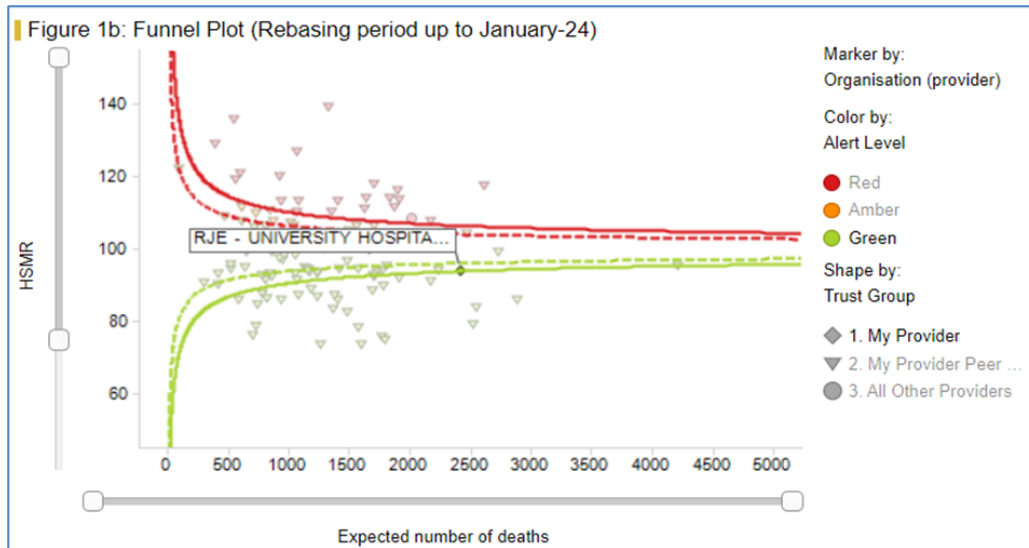
During 2023/24, we reported six never events compared to four reported in 2022/23.

Reference No.	Never Event category
2023/9207	Wrong site surgery (April 2023)
2023/22173	Retained foreign object post procedure (November 2023)
2024/2408	Wrong site surgery (January 2024)
2024/1527	Retained foreign object post procedure (January 2024)
2024/1537	Wrong site surgery (February 2024)
2024/2024	Wrong site surgery (March 2024)

As part of the reviews of the incidents we have adopted PSIRF approach to review the individual incidents and also thematic approach to the wrong site surgery incidents to establish any common themes and learning to help try and prevent similar incidents reoccurring in the future

Mortality

The Trust's mortality rate with the current 12 month rolling Hospital Standardised Mortality Ratio (HSMR) score (February 2023 – January 2024) is 93.92. This means that UHNM's number of in hospital deaths is lower than the expected range based on the type of patients that have been treated. This compares to 95.89 for February 2022 to January 2023.



UHNM continues to compare well against peers during 2023/24 and is better than expected based on standardised case mix.

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

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

Like HSMR the prediction takes into account factors such as age and gender of patients and their diagnosis. The current SHMI value for the Trust is 98.50 (as expected). This is a rolling 12-month measure and covers the period January 2023 – December 2023. The value for January 2022 to December 2022 was 107.18.

Why are the two measures different?

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

Learning from deaths - mortality reviews

Of 3,447 inpatient deaths during 2023/24 (Apr 23 to Mar 24) 2,410 have been reviewed and scored A to E (70%).

The Overall number of patients with a review scored A to E submitted during 2023/24 is 3,487

During 2023/2024, 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 Assurance Report presented at the Trust’s Quality Governance Committee and reported to the Trust Board.

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 and

also use the more detailed review proforma based on the Royal College of Physicians Structured Joint Review form as required following review of these deaths and in line with agreed review categories.

The Trust has completed 2,410 online proformas accounting for 70% of hospital deaths recorded during 2023/24. 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 2023/24 is 3,487.

It should be noted that the mortality reviews are currently ongoing, and these figures relate to deaths in 2023/2024 that have also had completed reviews submitted by 29th April 2024. 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 2023/2024, the reviews will be completed in 2024/2025.

	2023/24 Total		Q1		Q2		Q3		Q4 ¹	
Total number of deaths in reporting period	3447		793		789		949		916	
Total number of deaths in reporting period reviewed (% of total deaths)	2410	70%	637	80%	648	82%	738	78%	387	42%
Total number of reviewed deaths with suboptimal care identified – NCEPOD grade E (% of reviews)	1	0%	0	-	0	-	1	0.1%	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 aspects of all of the above

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

¹ As at time of updating the list of inpatient deaths ran up to March 2024 deaths

The following provides a summary of issues identified during the Structured Judgment Review process that could be improved for SJRs submitted during 2023/2024:

- Importance of ordering and following up on investigative tests and reviewing results in timely way to facilitate diagnosis and decision making.
- Importance of timely clinical reviews and adherence to monitoring guidelines
- Issues with patient flow affecting patient care (especially in the Emergency Department)
- Inappropriate patient transfers
- Importance of communication with families around DNAR and End of Life Care; including timely discussion of these with the patient when it is recognised that they are approaching end of life, timely uploading of these into medical records and ensuring relatives are given time to make decisions and establishing ceilings of care for patients.
- Importance of completing key documentation in timely and accurate way, including updating and signing of care records, medication charts and scoring tools, fluid balance charts, cause of death and discharge summaries, RESPECT and DNAR documentation, falls proformas, nutritional assessments, learning disability hospital passports and treatment plans, ward clerking.
- Importance of timely monitoring and review of patients' manner and for escalation to senior clinicians for review where appropriate especially re fluid balance, hypoglycemia and during dialysis.
- Medication issues including accuracy of prescriptions, timeliness of administration (and discontinuation) and review of medication (especially antibiotics and anticoagulants); timeliness of prescribing; ensuring decisions around medication are fully documented in notes.

Hospital associated 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 2023/2024, the Trust has seen increase in like for like numbers compared to 2022/2023 for Clostridium Difficile.

Indicator	2023/24 Target	2021/22	2022/23	2023/24
To reduce C Difficile infections	101	112	144	180
To reduce MRSA infections (Trust apportioned)	0	2	1	4

Actions and Next Steps

- Ribotyping of samples continues where periods of increased incidence are identified
- C Diff Nurse role fully embedded with the role being 50% focussed on patient reviews and 50% staff training.
- Bi-weekly C Diff multidisciplinary team meetings continue to take place.
- Themes are reviewed on a monthly basis and learnings shared across the Trust as well being presented at IPCC and the ICB.



Priority 2: To further develop staff wellbeing and experience

We said we would do this by:

- Delivering our commitments as set out in the People Strategy 2022-2025.
- Supporting the Trust's wellbeing programme and activities that focus on staff wellbeing and empowerment including Being Kind compact.
- Ensuring that staff are working within COVID-19 secure environments and are provided with the support which meets their needs.
- Supporting staff and services in providing care in 'new ways' following COVID-19.
- Promoting mental health wellbeing and support.
- Delivering the Improving Together Programme; and
- Provide staff with research, professional and academic development opportunities through CeNREE.

Performance against this priority and its aims has been monitored during 2023/24. The following section provides a summary of the performance for these indicators and what these results mean for our patients.

Freedom to Speak Up 2023/2024



During 2023/2024 we revised our Speaking Up Policy in line with the national policy and we took time as a Board to self-reflect on our Speaking Up arrangements and identify plans to develop our service further.

In line with our People Strategy and our communication and engagement plan we have continued to promote our speaking up service across the organisation.

In October 2023 we participated in National Freedom to Speak Up Month where we organised a series of events and encouraged staff to wear green each Wednesday to raise awareness through social media.

Professor Andrew Hassell is our designated Non-Executive Director Lead for Speaking Up and we have four 'Associate Guardian's' to support the Lead Guardian.

Each quarter we provided our Transformation and People Committee with a comprehensive, confidential report on the work undertaken by the service in line with national and local priorities. The report also provides a breakdown of the types of concerns we have received as well as comparisons with data available from the National Guardian's Office (NGO).

215
Concerns
during
2023/2024

Throughout the year we have seen an increase in the concerns being raised with our service (compared with 169 in 2022/23), which we see as a positive reflection of the healthy speaking up culture we are building.

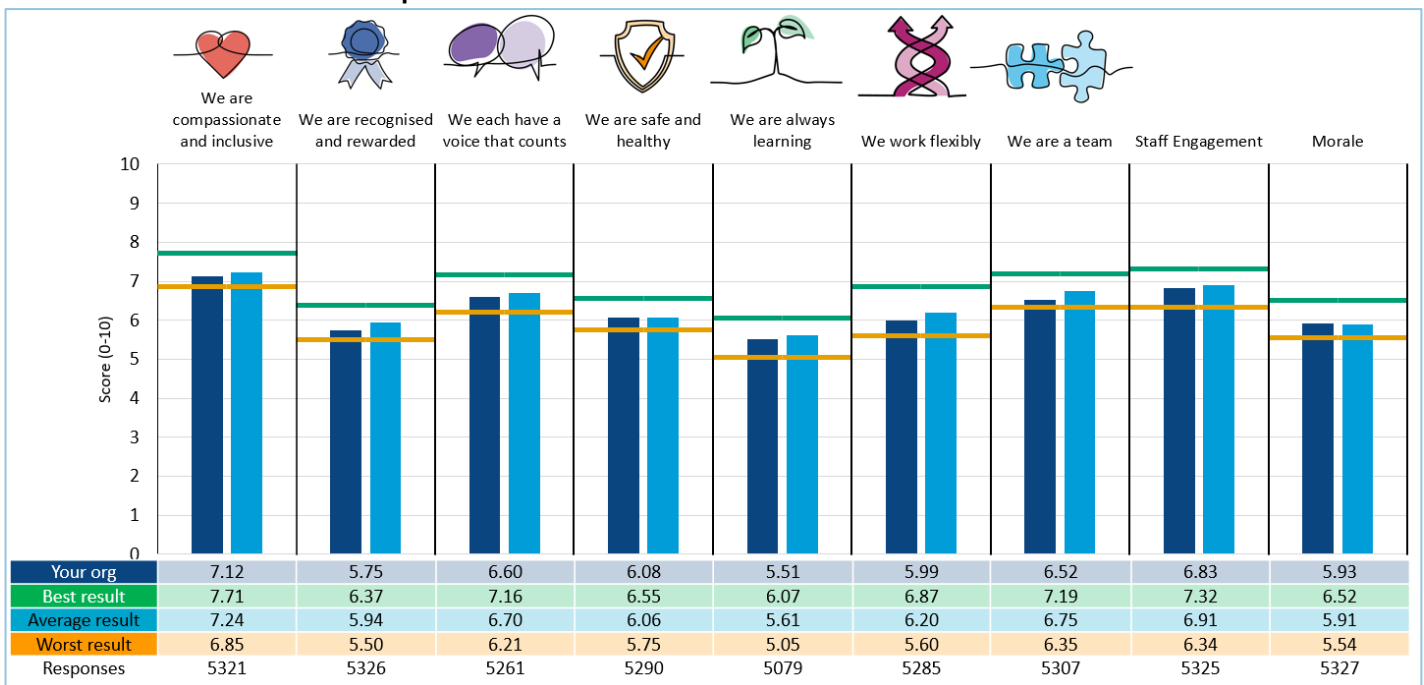
2023 National NHS Staff Survey

The national staff survey measures staff engagement and morale as well as mapping the whole result set against the 7 national people promises. This year we invited 11,895 substantive staff and 1,659 bank workers to participate in the national staff survey. Considerable efforts were made corporately and divisionally to encourage all staff members to complete the staff survey in 2023 and we achieved a response rate of 45% (which is in line with the benchmark group).

The overall Staff Engagement score for the organisation is 6.8 (improving from 6.6 in 2022) and the score for Morale is 5.92 (improving from 5.5 in 2022).

Whilst 2022 was a low year for the staff survey results, we can see improvements from the 2021 results across all the people promises and the results show that the movement is statistically significant.

Chart: National Benchmark Comparison

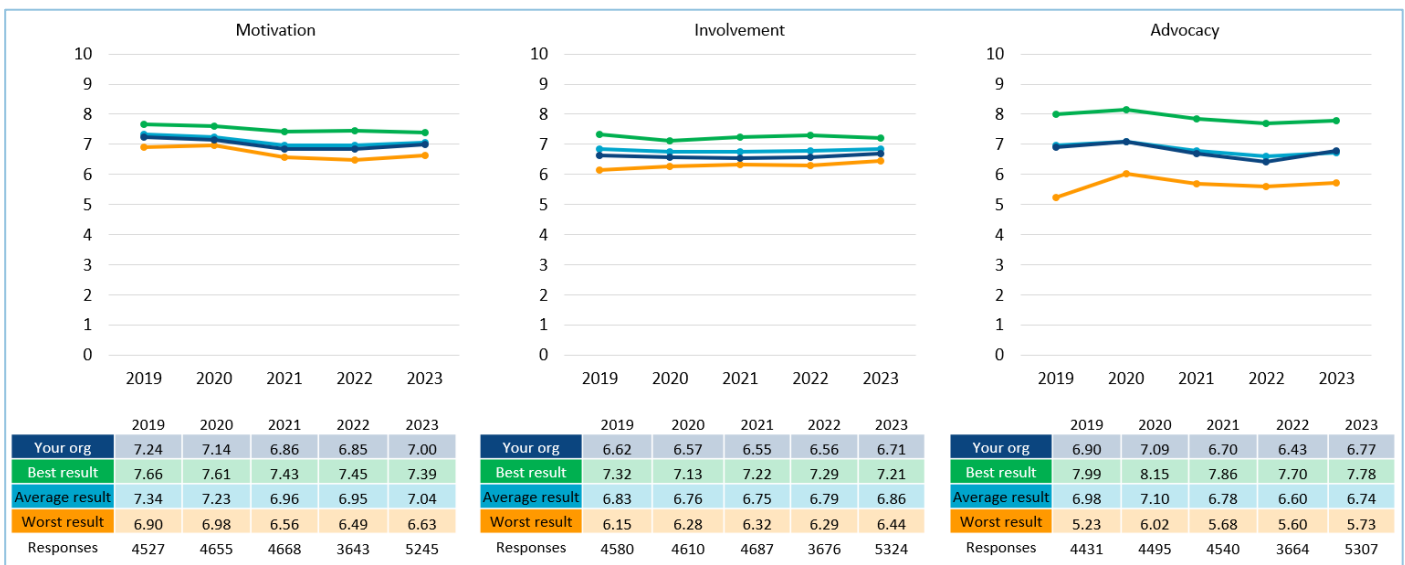


The key successes to celebrate:

- Response rates have improved, showing significantly more staff are engaged with the survey and the action the Trust is taking.
- The Trust has made significant improvements in Staff Engagement and Morale scores as well as 5 of the 7 People Promises and we must continue to build on these improvements.
- When comparing the UHNM results from 2022 to 2023 of the 107 question areas, we have improved in 73 questions, remained static on 33 questions, and declined on only 1 question.
- 14 question scores are ahead of the sector benchmark, including staff recommending the organisation as a place for friends and family to receive care.
- The change from 2022 to 2023 staff survey scores for UHNM has shown a statistically significant change.
- Bank staff scores are broadly in line with substantive scores. Bank staff are engaged and enjoy working with their colleagues but score questions about line management and being involved in changes lower than substantive staff.

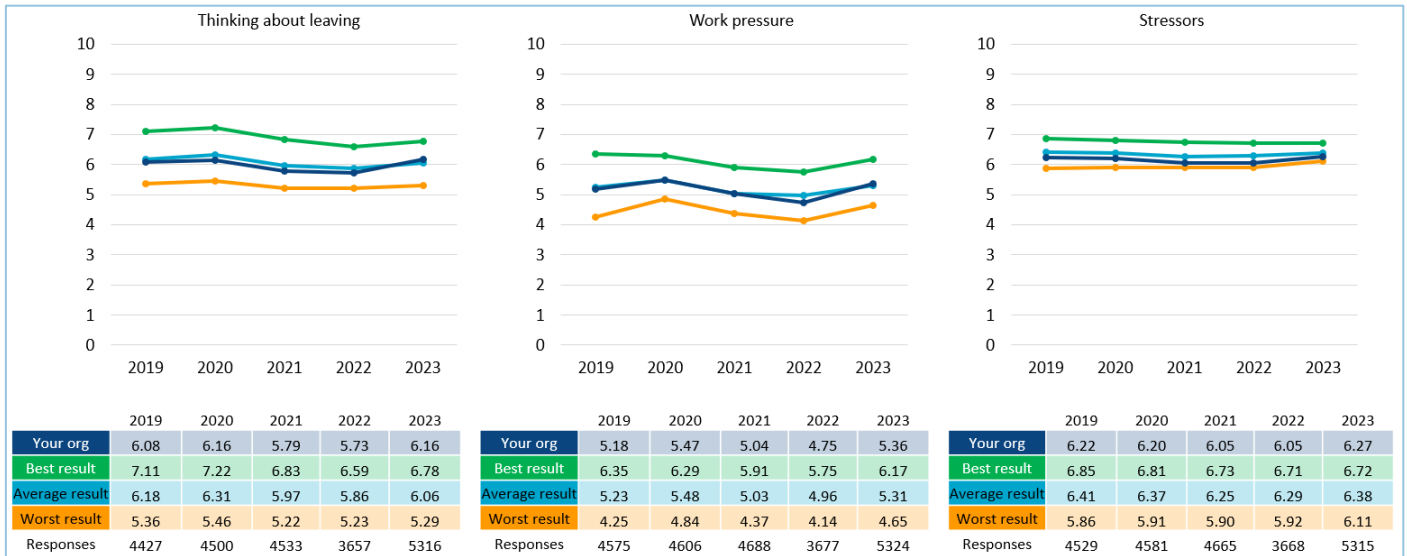
Staff Engagement

The staff engagement score increased from 6.6 to 6.8 and is now just below the score for the benchmark group at 6.9. UHNM made progress within each of the 3 sub-scores, most significantly with “advocacy” and “motivation” which are now on par with the benchmark group. Within the advocacy sub-score there is a question about whether colleagues would be happy with the standard of care if a friend/relative needed treatment and UHNM scored significantly higher than average on this.



Staff Morale

The benchmark group results increased by 0.2 whilst the Trust’s score increased by 0.4 bringing it up to 5.93 which is equivalent to the Acute Trust average. UHNM has less staff than average who are considering leaving, and scores for “work pressure” questions have improved. Scores around work stressors have improved but continue to have the biggest negative impact on morale. These include unrealistic time pressures and lack of encouragement from immediate manager.



Areas of focus for 2024

We will concentrate on the following areas of focus:

- Continue to build on our work from 2022 aligned to our culture improvement programme to understand how we can continue to foster a culture of kindness and respect, strengthening communication around the compassion strand of the Trust values (People Promise 1: We are compassionate and inclusive)
- Providing a safe and healthy work climate, identifying actions to address workload pressures and improve wellbeing, as well as reducing violence and aggression, harassment, bullying or abuse in the workplace (by colleagues and service users). (People Promise 4: We are safe and healthy)
- Continue to improve the opportunities for staff to share ideas for improvements to processes and systems. Gain commitment from leaders to respond to these proposals constructively and empower staff to implement changes through the Improving Together programmes. (People Promise 5: We are always learning)
- We will build on the work that started in 2022 by reviewing flexible working policies and encourage managers to have open conversation with employees about flexible working patterns and promote a healthy work life balance. (People Promise 6: We work flexibly)

A review of the workforce race equality indicators demonstrates an improvement in the experience of our colleagues from other ethnic groups in 2 of the 4 questions, but this is still not showing improvement at the rate we would aim to see and is not yet line with our peer average. There is clear improvement and working with our staff networks we will continue to focus our equality, diversity and inclusion programme using the data from the staff survey to help direct the work.

A review of the workforce disability equality indicators demonstrates an improvement in 7 of the 9 questions but this is still not showing improvement at the rate we would aim to see and is not yet line with our peer average. There is clear improvement and working with our staff networks we will continue to focus our equality, diversity and inclusion programme using the data from the staff survey to help direct the work.

The national staff survey data doesn't sit in isolation and must be seen in the context the wider people metrics.

We have seen a clear progress during 2023 on our vacancy and turnover rates which will have a significant impact on our staff survey results if our people feel that there is sufficient resource to undertake their roles.

Through our divisional leaders, we will encourage teams to discuss the results and share their understanding of the issues. Divisions are producing a refreshed driver report (A3) using the insight from the staff survey to inform their key areas of focus. These will be reported at the monthly divisional performance reviews.

We have been successful in securing funding from NHS England for a People Promise Manager and have submitted a High-Level Action Plan to improve employee experience and retention. We are part of a national cohort that is focusing on flexible working.

During 2024 we will be undertaking a Trust wide engagement campaign to inform the next People Strategy (2025-2028) and the staff survey results and our engagement work will be key to shaping this.

We will identify ways to measure impact of our actions and share regular updates with all staff on the progress we are making throughout the year.

In conclusion, we are pleased overall with our progress (scoring significantly better than last year) yet acknowledge that we have still further to go in comparison to peer average and will continue to focus on embedding the people promise across our organisation through key programmes of activity and engagement. Through our collective work at a corporate and a divisional level we aim to improve beyond the average and ensure that UHNM is a great place to work for everyone.





Priority 3: To improve patient experience

We said we would do this by:

- Improving the sharing of learning from patient feedback and involving patients in learning and improvement with a particular focus on “seldom heard” patient groups.
- Developing the role of Patient Safety Partners and PSIRF implementation
- Ensuring that all research is aligned with Trust strategic priorities and includes outcomes that will benefit our patients.
- Formalising patient engagement and coproduction in research, patient safety programmes and improvement initiatives.



Performance against this priority and its aims has been monitored during 2023/24. The following section provides a summary of the performance for these indicators and what these results mean for our patients.

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

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

- Hospital User Group (HUG) – has continued their monthly meetings, using a mixture of face to face and virtual meetings to maximise attendance. We are continuing to actively seek more diverse representation from “seldom heard” groups and have representatives from young people, people with disabilities and include representatives from our LGBTQ+ community.
- Raising the profile of our Patient Leaders to increase involvement in projects across the Trust including CEF audits, obtaining feedback around specific initiatives and working with the Quality and Safety team to support improvements.
- The recruitment of four Patient Safety Partners to support with PSIRF and individual projects, ensuring the voice of the patient is at the front and centre of our improvement work.
- Healthwatch – our close relationship with Healthwatch has been further strengthened through regular meetings alongside their membership of the HUG. Healthwatch has been invaluable for collecting and sharing feedback from our patients and they continue to work with us undertaking their Enter & View visits.
- Maternity and Neonatal Voices partnership
- Patient Information Ratification Group has continued to meet monthly to ensure a robust process for the production of literacy appropriate Trust patient information leaflets.

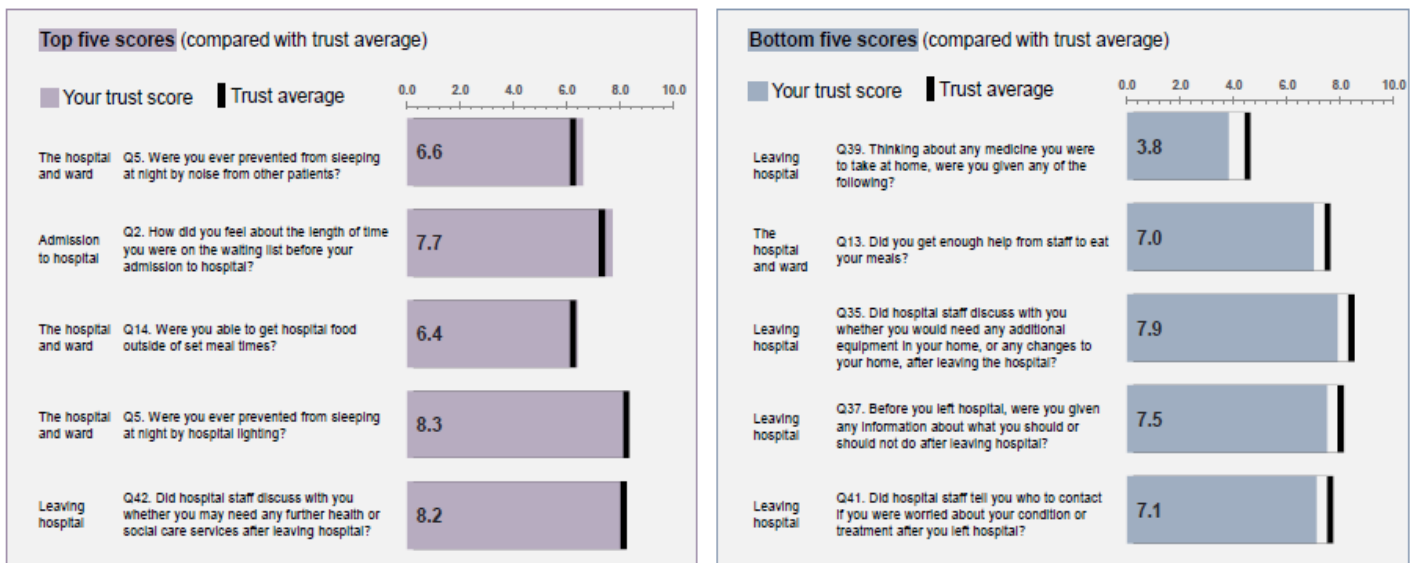
- Assist, dDeaflinks and Language Line have continued to provide interpretation services. The Trust has successfully launched the on demand “interpreter on wheels”, providing access to over 200 languages, 24 hours a day. There are now 15 machines across the Trust with more to come.
- UHNM membership of the CCG Community and Engagement Group to provide consistent messaging to the general public and seldom heard groups throughout Staffordshire.
- The launch of the new Trust Carer’s strategy to demonstrate our commitment to working in partnership with carer’s.
- 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 2022 Inpatient Survey results were published by the CQC in September 2023. 1,250 patients who were in hospital in November 2022 were invited to participate in the survey and the Trust had a 36% response rate. The Trust did not score better than expected in comparison to all other trusts in any questions and scored about the same as expected in 44 questions. There was 1 question where we performed worse than expected compared to all other trusts:

“Thinking about any medication you were to take at home, were you given any of the following: an explanation of the purpose of the medication; an explanation of how to take the medication; an explanation of side effects; written information”.

UHNM top and bottom five scores compared with trust average.



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

Improvement initiatives include:

- Involving our Patient Leaders more robustly in our CEF process, including at Bronze panels to ensure appropriate challenge and that the patient voice is represented.
- The implementation of End-of-Life Volunteers to work alongside the Palliative Care team to offer support and companionship to patients and family in the last days of life.
- A redesign of the Trusts Patient Property Leaflet and the launch of new Property Boxes to make support with keeping patient's property safe.
- Working with our Spiritual, Pastoral and Religious Care (SPaRC) team to ensure wider inclusivity in our Patient Representatives.
- The implementation of the "Interpreter on Wheels" software to provide accessible interpretation services 24 hours a day, 7 days a week.
- A review of the "Accessible Communication Alerts" with a view to expanding these in-line with feedback from our d/Deaf community.
- A relaunch of the inpatient Friends & Family questionnaires to incorporate specific areas of improvement identified in the National Inpatient Survey results to ensure real-time feedback is obtained and meaningful improvements can be made.
- Triangulation of quality and safety data to identify themes; allocation of specific "harms" to each of the Patient Safety Partners to support with improvements and ensure the patients have a voice.
- Supporting "Project Search" with placements in the Patient Experience Team
- Continuing to provide Health literacy training across the Trust and more widely.
- Expansion of our Patient Experience Group with new membership and a more structured approach for accountability and sharing of Patient Experience initiatives and improvements as a result of feedback, FFT and CQC National surveys.

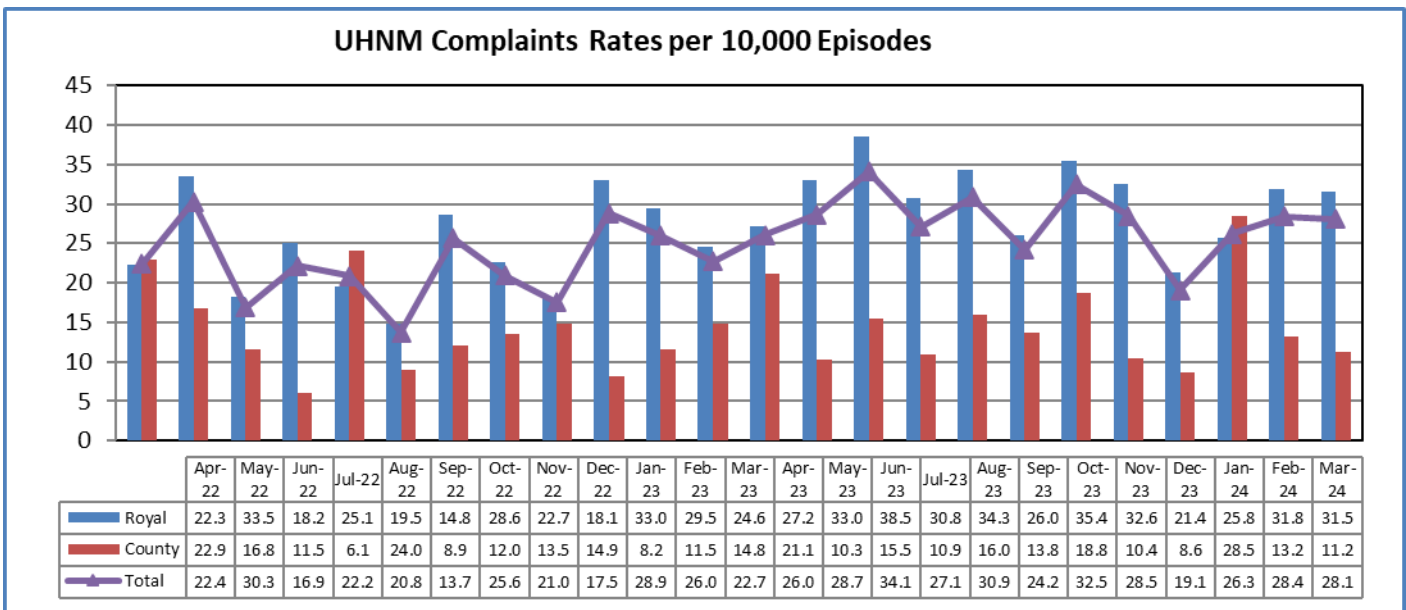
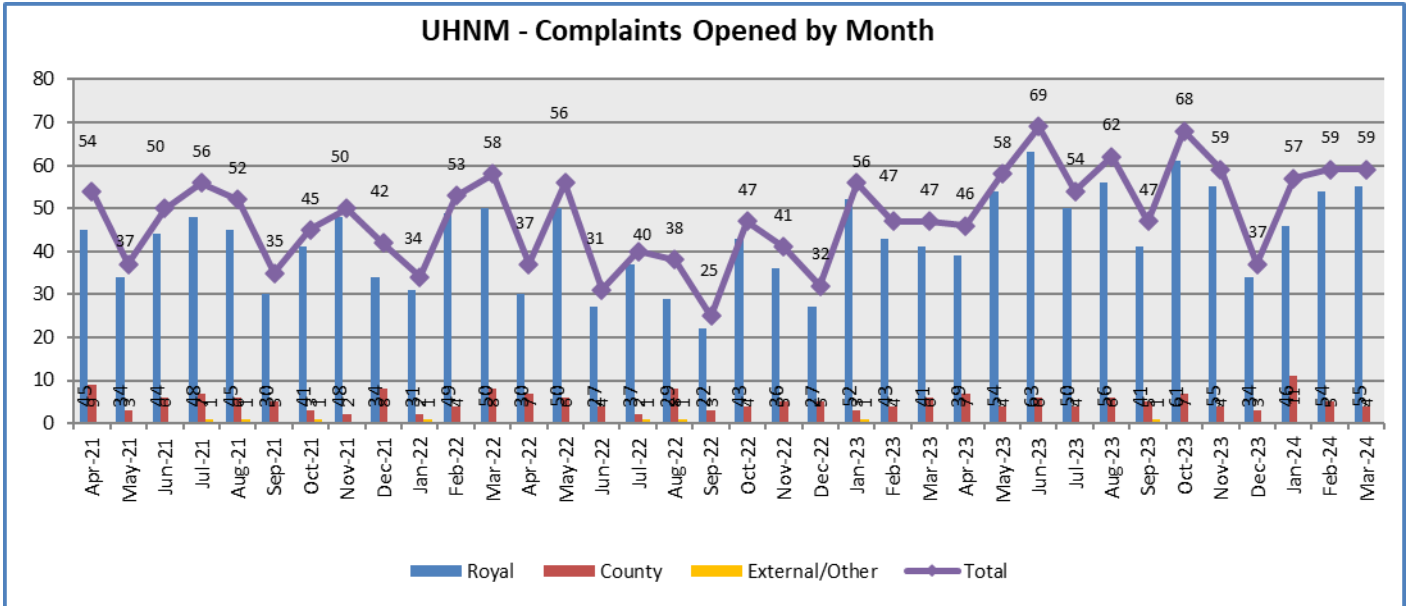
Complaints

The total number of complaints opened at Royal Stoke University Hospital during 2023/24 is 440 which is 29% lower than the pre COVID-19 three-year average of 616.

The total number of complaints opened at County Hospital 58 in 2023/24, which is 48% lower than the pre-COVID 3-year average of 112.

During 2023/24, the Complaints Team has achieved the following:

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



Patient Priorities

As part of UHNM Quality Strategy 2022-2025, five patient priority areas were identified from patient feedback as focus for improvement.

Timely medications

- The Parkinson's Team have been working together to ensure the best patient experience by ensuring the teams caring for them both in the hospital and in the community have a good understanding of the importance of medications in Parkinson's.
- Resource boxes have been provided on several wards across the Trust, alongside specific training regarding the contents to support with medication administration.
- Training sessions provided via Teams for trauma regarding Parkinson's including importance of medication and mobility.
- The Trust webpage for Neurosciences is currently under development to provide wider access to information and resources.
- Training has been provided to students at Keele University on Parkinson's symptoms, treatment and management, alongside further training for local hospices and the Acute Community Care Team.
- The use of 'Get it on Time' stickers within the Trust for prescription charts and above the beds for all patients with Parkinson's has been implemented and promoted. admitted to hospital.
- The Trust's Carer's strategy has been completed to support with ensuring staff listen to the voice of the carer around the support of vulnerable patients, including critical medications. New health passports have been launched across the ICB.
- Alongside over 100 acute Trusts, for 2024/2025, UHNM is working in collaboration with Parkinson's UK and has pledged to improve the delivery of time-critical medication for patients with Parkinson's disease.



Oncology- improving the patient experience

- Work has commenced on the new cancer centre and is planned to be completed by Autumn 2024. Patients with lived experience have supported with the design and development of this new facility to ensure a holistic approach to care.
- Significant work around waiting times and scheduling on the Chemotherapy Units has been undertaken to improve this.
- Friends & Family Test survey feedback has significantly increased for Royal Stoke cancer services. Work will continue with Chemotherapy Unit at County to improve their response rates.

Maternity- the Voice of the Patient

- Midwife advocates in place for patients wishing to raise concerns/speak to someone. This service is widely advertised in all areas in the Maternity Units.
- Patient Experience Team and Maternity Teams have been collaboratively working with Maternity & Neonatal Voices Partnership to gain specific feedback regarding induction of labour and other areas.
- Friends & Family Test survey via text messaging was launched to increase the volume of surveys and therefore the patient voice.
- Patient Experience Team providing regular workshop sessions with Maternity staff regarding themes, trends, outcomes of complaints/PALS.

- Following the CQC visit to Maternity in March 2023, there has been a focus on enhancing the Maternity Assessment Unit waiting area and reducing the waits for Induction of Labour.

Shared Decision Making

- Patient Experience Team continue to deliver health literacy training to ensure staff are communicating with our patients in a way they understand to allow them to make informed choices.
- Clinic letters are now written directly to patients and with copies to GP's. There was collaborative work with our Hospital User Group to support communication with this new initiative.
- New "interpreter on wheels" trial was very successful in supporting successful and improved communication with patients who have support needs. There are now 15 machines in use across the Trust.
- Carer's strategy completed to support with staff hearing the voice of the carer around the support of vulnerable patients. New health passports launched across the ICB.
- UHNM participated in the Commissioning for Quality & Innovation (CQUIN) financial incentive scheme adopted by specialised commissioners to achieve high quality shared decision-making conversations in specific specialised pathways to support recovery. The Trust focused on the Cardiothoracic service to seek patient feedback on their involvement in shared decision making.

Pain Relief

- This has been identified as an on-going issue in the Emergency Department and from feedback from Maternity. Results from the most recent CQC survey correlate with this and will be an area for focused improvement in 2024/2025.

Part C: Statements from our key stakeholders



Staffordshire & Stoke-on-Trent Integrated Care Board (ICB) are pleased to comment on this Quality Account 2023/2024.

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

The ICB acknowledge that the Trust have had a difficult year with complex operational challenges and the high demand for services along with the added pressure of staff industrial action. The ICB would like to echo the Trust Boards thanks and appreciation of the staff's commitment and dedication working to improve the way services are delivered.

The ICB would like to recognise the Trust's commitment to making progress improving the following quality and safety priorities during 2023/24:

- The improvement work in Maternity services since the CQC visited in March 2023 and issued a Section 29A Warning Notice. The recognition of the improvements by the Chief Nurse at NHS England Midlands Region during a visit in March 2024. The Chief Nurse spoke highly about the midwifery team she met, commenting on their positivity and the work they were doing to deliver outstanding services.
- Continued to exceed the national Friends and Family Test recommendation benchmark of 95% for Inpatients and Maternity Services.
- Transition to the new Patient Safety Incident Response Framework (PSIRF) with all patient safety incidents now reported via the Learning from Patient Safety Events (LFPSE) system. Along with appointment of Patient Safety Partners as part of Patient Safety Incident Review Framework (PSIRF) implementation.
- A 12% reduction in number Serious Incidents reported (prior to adoption of PSIRF in December 2023) compared to same period in 2022/23.
- 11% reduction in total patient falls per 1000 bed days and 15% reduction in falls resulting in any harm to patients per 1000 bed days in 2023/24 compared to 2022/23.
- Continuing to compare well against national peers and remaining with expected ranges for both HSMR and SHMI mortality indicators.

However, 2023/24 has continued to be a challenging time with a continued high demand for both urgent care and elective services. We look forward to continuing collaborative working with the Trust and other system partners to see further quality improvements in the following areas over the coming year:

- Improving Emergency Department waiting times to ensure that as a minimum 78% of patients are seen, treated, admitted, or discharged within 4 hours of arrival, by March 2025 and significantly reduce ambulance hand over delays.
- Improving cancer performance for 28, 31 and 62-days treatment standards
- Continued improvement in Sepsis screening compliance and pathway particular within the Emergency Department.
- To reduce the number of Clostridium difficile cases.

Priorities for 2024/25

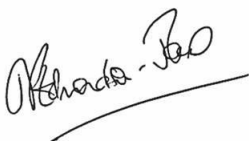
The Integrated Care System will continue to support and collaborate in respect of the Trust's Quality priorities for 2024/25 and have recognised the following areas as requiring further focused work to ensure that required standards are consistently achieved:

- To reduce patient harm, learn from experience and incidents and improve clinical effectiveness and outcomes for patients by continuing to work to reduce patient waiting lists. To reduce ambulance handover delays and improve patient flow through the Emergency Department.
- To Improve sharing of learning from patient feedback and involve patients in learning and improvement with a particular focus on "seldom heard" patient groups and to utilise Patient Safety Partners to support and enhance the patients' voices in learning from incidents and improving services.
- To further develop staff wellbeing and experience by supporting the Trusts wellbeing programme and activities that focus on staff wellbeing and empowerment including Being Kind compact.
- To continue ongoing work to ensure CQC improvement notices are addressed and where appropriate closed down, supporting a move towards achieving an improved overall CQC rating in the future.

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



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



Dr Paul Edmondson-Jones MBE, (GMC Number
2549042)
Chief Medical Officer & Deputy Chief Executive
NHS Staffordshire and Stoke-on-Trent ICB



City of
Stoke-on-Trent

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

No formal statement or comment has been provided following submission of UHNM’s Quality Account for review and comment.



Quality Account – Staffordshire County Council Overview and Scrutiny Committee

No formal statement or comment has been provided following submission of UHNM’s Quality Account for review and comment.



Statement regarding the UHNM Quality Account 2023/2024

The report provides a clear overview of the trust's activities and how they plan to use tools to make improvements. It's good to see that they acknowledge the need for better communication from a patient's perspective and are engaging outside groups and services to gather patient feedback. It's unfortunate that patients are sometimes hesitant to speak up due to concerns about how it might impact their care. More can be done across the whole ICS to collectively address this. However, it all seems to be moving in the right direction. We welcome a decrease in patient falls and lower than average mortality rates in the hospital. Further, it is reassuring that the well-being of staff is being promoted and that a flexible working policy is being implemented.

Baz Tameez

Healthwatch Staffordshire Manager



Healthwatch Stoke-on-Trent (HWSOT) is grateful to the University Hospitals of North Midlands NHS Trust (UHNM) for affording HWSOT the annual opportunity to respond to the Quality Account.

It is good to see thanks and acknowledgment being given to everyone working within the University Hospitals of North Midlands, as the Quality Account states without them the progress shown in the report would not be achieved.

Healthwatch Stoke-on-Trent (HWSOT) acknowledges the work detailed under Safeguarding, Vulnerable Patients, Tissue Viability & Continence, Falls & Mobility, Medications, Nutrition & Hydration and Emergency Care.

HWSOT looks forward to further updates on the work planned with Vulnerable Patients, seeking to further reduce the number of pressure ulcers developed whilst our patients are at University Hospitals of North Midlands (UHNM), ongoing work to reduce harm from falls, improvements gained through learning from medication mistakes, to see sustained performance in nutrition & hydration and further reductions within emergency care to address waiting times and the knock on effect this has to people.

Likewise, HWSOT looks forward to understanding the impact of the remaining areas identified for improvement in the joint Chief Executive and Chairperson statement.

Healthwatch Stoke-on-Trent notes that use of the continuous improvement methodology and looks forward to hearing about ongoing successes from this initiative. HWSOT also looks forward to hearing about the responses from the Care Quality Commission on the various Section 29A Warning Notices and if any further actions are required.

We note the Quality Performance report on page 39 of the Quality Account and again look forward to seeing evidence of improvement against the areas that UHNM strives to meet in particular those that have seen performance fall for areas the year prior that itself was not meeting the set target, this is of concern for areas like Maternity Sepsis Screening, Patient Falls, Reported C-Difficile and Medication Errors. We acknowledge the excellent performance for other areas like Children IV Antibiotics at 100% plus other areas that exceed target Inpatient Sepsis Screening Compliance and Inpatient IV Antibiotics. We need to say that we hope the 'Never Events' significantly reduce this coming year if not to see a nil response in next year's quality account.

Healthwatch Stoke-on-Trent welcome the three priorities of:

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

We stand ready to continue to support in sharing the voice of people using the University Hospitals of North Midlands services through peoples storied and experience plus using our Enter and View rights for clinics and wards.

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