

# Quality Account

2020 / 2021



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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 2020/21. As we review the last 12 months and consider our priorities for the year ahead, we reflect on the impact the COVID-19 pandemic has had on our hospitals, our staff and our patients. This will be long lasting and will require a fundamental shift in how we provide care.

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

Our staff have adapted and shown resilience under extreme pressure and acted with compassion and professionalism and it is hoped this report serves as an open and honest account of where we have moved forward both as a result of and despite the pandemic and where we still have further improvements to make.

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

University Hospitals of North Midlands NHS Trust was formed in November 2014 following the integration of University Hospital of North Staffordshire NHS Trust and Mid Staffordshire NHS Foundation Trust. We have two hospitals, Royal Stoke University Hospital and County Hospital, and we are very proud of both.

We are a large, modern Trust in Staffordshire, providing services in state of the art facilities. We provide a full range of general hospital services for approximately 900,000 people locally in Staffordshire, South Cheshire and Shropshire. We employ around 11,000 members of staff and we provide specialised services for a population of three

million, including neighbouring counties and North Wales.

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

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

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

surgery, complex orthopaedic surgery and laparoscopic surgery.

### Royal Stoke University Hospital



### The County Hospital (Stafford)



We are a key player in the Staffordshire Sustainability and Transformation Partnership (STP) and take an active part in the planning and discussions. The health economy plan remains focused on minimising admissions to and discharging as soon as possible from the major acute site at Royal Stoke University's Hospital (RSUH), with as much care as possible being delivered in community settings or at County Hospital (CH).

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

## 2. Statement on Quality

We are proud to say that University Hospital of North Midlands NHS Trust continues to show commitment of our staff to improve the quality, safety and experience of patients in our care. We will continue to achieve this by our staff understanding their role and empowering and equipping them towards delivering excellence every day resulting in improved patient outcomes, staff morale, productivity and efficiency.

COVID-19 has clearly dominated 2020/2021, however, throughout the year we also continued to transform the way we deliver services and we have been overwhelmed with the professionalism, flexibility and positive attitudes from our staff. Our staff are most definitely our greatest asset and have served our Trust and more so our patients, exceptionally well during extraordinary times. Therefore, caring for staff wellbeing remained our number one priority during this time and I know staff managed to take part in some of the extensive wellbeing packages on offer since the start of the Pandemic, whether that be free car parking, new rest pods and cabins, 24 hour counselling and psychological support and a wellbeing day to name but a few.

Whilst we have progressed and transformed during 2020/2021 we sadly had to delay the roll out of our Quality Improvement Programme for the Trust, although we did successfully recruit to the Quality Academy. We are wholly committed to restarting this programme in 2021/2022 and have the resources in place to support and sustain this. We are personally excited by this as we introduce a program that develops, rewards, values and empowers our staff to be the best they can be.

Despite the obvious challenges, 2020/21 was also a year of significant achievements for UHNM; many of which are highlighted within this report. In October 2020 the Trust exited Financial Special Measures, a regime that the Trust had been in since 2017. This was as a result of tireless efforts in identifying and delivering efficiencies whilst maintaining quality.

During 2020/2021 much of our elective and planned care reduced significantly meaning that many of our patients were waiting far longer than we would wish although we went to considerable lengths to continue to provide surgery and treatments to our sickest and most vulnerable patients and were particularly successful in continuing to deliver care for our cancer patients. The challenges for our COVID-19 wards and our Critical Care Unit were as never seen before and at one stage we increased our critical care capacity by over 200%! This allowed us to support our own population and that of other struggling regions such as London. The challenges of urgent care diminished in volume but increased in complexity as we developed pathways and routes through our hospital that segregated COVID-19 positive and non COVID-19 positive patients; with blue, purple and green wards and zones.

Whilst addressing the complexities as outlined above we continued to transform urgent care for our patients and during February/March 2021 we started to see the fruits of our Urgent Care Improvement Programme which saw patients consistently spending less time in our Emergency Department and receiving care much more quickly.

Going forward into 2021/2022 one of our most significant challenges will be to address the capacity and demand mismatch that we have as a result of loss of productivity due to infection Prevention requirements, donning and doffing of additional Personal Protective Equipment and social distancing. This is against a backdrop of significantly increased waits for elective and planned work. We are all keen to resume such activity and are committed to working with our partners to ensure we maximise our collective resource to reduce those waits as quickly and safely as possible.

We are grateful to our partners within the system and beyond, for the support that they gave us to secure the capacity we needed to allow us to effectively respond to the constant surges of patients with COVID-19. We are particularly grateful to Stoke City Council for providing volunteers to support our staff in Critical Care and to North Staffordshire Combined NHS Trust for providing the much needed psychological support for our staff.

Our workforce is our greatest asset as without them, we would not be able to provide the care we do for our patients and it would be remiss not to acknowledge the tremendous sacrifice our staff have made. Our staff came to work day in and day out in the face of an unknown and highly infectious disease. Many of us lost friends, family and colleagues. Going forward we will continue to reflect and remember the ultimate sacrifice that some of our staff made to support their colleagues and to serve our patients

We recognise that our patients expect and deserve the highest standards of care from the services we provide and this is why we continually strive to set challenging targets and place quality at the heart of everything we do, ensuring we absolutely put the interests of our patients ahead of individual or organisational ambition. Listening to the community we serve remains a priority. Through engaging with our local and wider population we can understand better and respond to their concerns and needs. We believe that by doing this we are promoting a contribution from our patients and the public to the success of the Trust and therefore achieving our ambition together.

We made strong progress against many of the quality and safety priorities identified in last year's account, including:

- 87% and 63% reduction respectively in Category 2 and Category 3 Hospital Acquired Pressure Ulcers with 'lapses in care' in 2020/21 compared to 2019/20 totals
- Continued improvement in sepsis Intravenous Antibiotics (IVAB) in 1 hour results for 2020/21
- Exceeding the 95% National Target for Harm Free Care (New Harms) throughout 2020/21
- Reduction in total patient falls during 2020/21 compared to 2019/20
- UHNM continues to compare well against peers during 2020/21 and remains within expected ranges for both HSMR and SHMI mortality indicators

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

- Emergency Department 4 hour target performance
- Continued improvement in Sepsis screening compliance and pathway
- To reduce harm from falls
- To reduce Category 4 Hospital acquired pressure ulcers

It has been an incredibly challenging year for all of us but it is also one that has made us very proud to be Chairman and Chief Executive of UHNM. Undoubtedly there will be further challenges ahead for us throughout 2021/22 and beyond but given we have seen what our UHNM family can do in extremis we are more than ever more confident that together, we will come through and we look forward to seeing how the 'new NHS' evolves. We hope you enjoy reading this Quality Account.

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

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

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

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

**David Wakefield**  
Chairman

**Tracy Bullock**  
Chief Executive Officer

## 2.2 Strategic Objectives

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

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

## Our Strategic Objectives





Our Vision is underpinned by 5 key Strategic Objectives (SO):

SO1		Provide safe, effective, caring and responsive services
SO2		Achieve NHS constitutional patient access standards
SO3		Achieve excellence in employment, education, development and research
SO4		Lead strategic change within Staffordshire and beyond
SO5		Ensure efficient use of resources

## Our Values

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



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

Our full 2025 Vision is available via our website: [www.uhnm.nhs.uk](http://www.uhnm.nhs.uk).



# Priorities for Improvement

## 3.1 Our Quality Priorities and Objectives for 2021/22

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.

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



### Improving Together

During the early months 2020/21, we began our new exciting quality improvement journey with the introduction of our Improving Together programme. Improving Together will help us become a world-class centre of clinical and academic achievement where staff work together to deliver high standards of care – delivering exceptional care with exceptional people. Due to the need to focus activities in the Trust on the COVID-19 second wave response, this programme was paused until March 2021. The implementation is moving ahead and will be a focus for the next few years.

The Improving Together programme has a number of components:

- The establishment of a Quality Improvement Academy team to build greater capacity and support for all of our staff to use established quality improvement methodologies and lead in local and organizational quality improvement projects and sustain the culture change into the future

- Developing our Executive Team as ‘Lean’ leaders with behaviours and skills that will cascade through the organisation, supporting all staff to lead quality improvement at whatever level and role they perform
- Introduction of a Strategic Deployment Framework – which focuses improvement activity on key priorities identified from the data on Trust performance
- Introduction of an Operational Improvement System – a new set of skills, routines and behaviours which enables all staff to contribute to small changes each day that will improve the care we provide to our patients in line with the Trust’s identified priorities – the whole being greater than the sum of its parts
- A structured and prioritised approach to ‘Step-Change’ quality improvement projects, to deliver a consistent, focused and evidence based approach to improvement work across the Trust and into the wider system

## Shared Governance

Shared Governance is a leadership model used to empower and develop frontline staff. This model encourages clinical staff to innovate and take ownership of the quality of care that they provide, identifying them as the experts in their area. Shared Governance is new to UHNM and we are excited to be able to implement this across our hospitals to support staff development and high quality patient care. The model works through voluntary participation of staff to join a Council that meets on a monthly basis, with the support of the Chief Nurse and other partners across the hospital. The aims of Shared Governance are:

- To improve patient experience and outcomes
- To improve staff satisfaction
- Increase the moral of the team
- Develop the right leaders for our future NHS
- A culture of safety; challenging poor practice and innovating for improvements
- Working in partnership with patient representatives to ensure high quality service innovation
- Improve recruitment and retention
- Create strong inter professional relationships for improved patient outcomes



## Prioritising our quality improvement areas

We have continued our focus on quality aligned to our Strategic Objectives and 2025Vision.

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

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

## Our Overall Goal for 2021/22 is:

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

### Aims

To continue to improve safe care and treatment to patients

How will we do this:

- Improve sepsis treatment and recognition of deteriorating patients
- To evaluate and reduce long waiters following the COVID-19 pandemic
- To support the Recovery & Restoration Plan across the health economy
- Ensure that services follow appropriate infection prevention guidance and continue to be COVID secure
- Aim to reduce harm from patient falls and hospital acquired pressure damage by further 10% from 2019/2020 baseline
- Evaluate and introduce new technologies and techniques for treating patients.
- Improve the number of reported medication errors
- Delivering the Improving Together Programme

Measure this through:

- Quality Performance Report
- Harm Free Care
- Serious Incidents analysis
- Legal claims
- Mortality reviews and outcomes
- Clinical Audits
- Wards Performance Boards as part of Delivering Exceptional Care

To improve staff engagement and well being following COVID-19 pandemic

How will we do this:

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

Measure this through:

- Staff survey
- Pulse Check
- Chief Executive Briefings
- Freedom to Speak up report

## To improve patient experience

### How will we do this:

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

### Measure this through:

- Inpatient and Outpatient survey
- Complaints & PALS themes
- Patient Stories

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## 3.2 How we have performed against Quality KPIs during 2020/21

Quality Indicator	Previous Period		Current Period	
The value of the Summary Hospital level Mortality Indicator (SHMI)	March 2019 – February 2020 0.98 (Band 2)		January 2020 – December 2020 1.03 (Band 2)	
The percentage of deaths with palliative care coded at either diagnosis and/or specialty level	-%		2.3%	
Patient Reported Outcome Measures scores* (National Average)	Participation Rate 2018/19	Adjusted Health Gain 2018/19	Participation Rate 2019/20	Adjusted Health Gain 2019/20
☑ Groin hernia surgery	-	-	-	-
☑ Varicose Vein Surgery	-	-	-	-
☑ Hip Replacement Primary Surgery	57.7% (66.4%)	0.447 (0.465)	57.2% (65.5%)	0.436 (0.453)
☑ Knee Replacement Primary Surgery	66.3% (73.7%)	0.327 (0.338)	54.1% (63.5%)	0.334 (0.334)
*EQ-5D scores finalised data release				
Percentage of patients aged	No new data publication available from NHS Digital portal		No new data publication available from NHS Digital portal	
☑ 0 to 15; and				
☑ 16 and over				
Readmitted to a hospital which forms part of the Trust within 28 days of being discharged from hospital				
The Trust's responsiveness to the personal needs of its patients	2019/20 Survey 66.0 (England average 67.1)		2020/21 Survey TBC TBC	
Percentage of staff employed by the Trust who would recommend the trust as a provider of care to their friends and family (Agree / Strongly Agree)	2019 74% (England Average Acute Trusts 71%)		2020 76% (England Average Acute Trusts 73%)	
Percentage of patients who were admitted to hospital and who were risk assessed for Venous Thromboembolism (Acute Trusts) (National Average)	2019/20 Q1 93.79% (95.56%) Q2 93.99% (95.47%) Q3 93.29% (95.33%) Q4 TBC % (TBC%)		2020/21 No new data publication available from NHS Digital portal	
The rate per 100,000 bed days of Clostridium Difficile infection reported within the Trust amongst patients aged two or over <sup>1</sup> (Trust apportioned)	2018/19 29.1 (England Average 22.1)		2019/20 39.8 (England Average 29.7)	
The number and rate of patient safety incidents reported within the trust - Acute trusts (non specialist)	6332 (Oct 2018 – March 2019) 27.3 per 1000 bed days		9368 (Oct 2019 – March 2020) 40.2 per 1000 bed days	
The number and rate of such patient safety incidents that resulted in severe harm or death— acute (non specialist)	28 (Oct 2018 – March 2019) 0.12		22 (Oct 2018 – March 2019) 0.1	

<sup>1</sup> All NHS Trusts are required to report the data published via NHS Digital's national Quality Account portal. There is a difference in the Clostridium Difficile rates reported via NHS Digital portal and the rates reported in Trust's Integrated Performance Report because of a difference between the Public Health England figures and the NHS Digital's figures. This difference is due to different methodologies used by these national databases for calculating bed day rates. The Integrated Performance Report data uses the data from Public Health England.

## Commissioning for Quality and Innovation (CQUIN) Indicators for 2020/21

During 2020/21, due to the national NHS response to the COVID-19 pandemic the funding for all acute Trusts changed to a block payment which included funding for CQUINs.

As a result of this there were no national or local CQUINs which were required to be agreed or to be achieved during 2020/21. Therefore UHNM were automatically paid for CQUINs at 100% even though there were no indicators set to be achieved.

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## 4. Patient Story

*I am writing to express thanks and gratitude on behalf of my wife and I. On 8th April 2020 our baby daughter, Mya Lily, was born in the delivery suite of Royal Stoke hospital. After having a couple of trips to the Maternity Birthing Centre we were finally admitted in the early morning of 8th April 2020 and were treated with professionalism, great care and utmost compassion by the whole team. In particular, we wish to mention the care and support of Annabel Norman who delivered Mya at 09:35am.*

*We feel that Annabel is a credit to the department, her friendly nature, calm attitude, encouragement, motivation and general support was invaluable. One minute making a cup of tea, the next suturing a tear after delivery. Her ability to inform us, calm us as well as progress the labour was astounding.*

*At a time that must be incredibly difficult for all NHS workers, and their families we wanted to express how thankful and impressed we were with our experience, from the phone calls we made to the Maternity Birthing Centre from home to the moment we walked out of the maternity building with Mya, the whole team went above and beyond the expectations of two first time parents”.*

*Just a few words to thank all staff who supported us and my mum up until she sadly passed away. It was an enormous comfort to us all that we were able to use the face time service to see and talk to mum. I can't imagine how she would have felt without them as she said on several occasions that she felt abandoned. We realise that the current situation dictates these strange times we are living in but without your valuable service it would have been even more distressing. Our thanks to you all again, With kind regards*

*I have just had contact with the NHS services following a routine blood test. The blood test indicated the need for further investigation into my prostate readings. The blood results were reported to my GP on Friday morning and I was seen and examined that afternoon.*

*The hospital contacted me to arrange a triage telephone call and as a result arranged an MRI scan.*

*Following this I received a telephone report on the outcome. The whole process took less than a fortnight.*

*Every member of staff I either spoke to or met was wonderful and treated me as though I was a family member. I cannot express my admiration and thanks to all the people I encountered.*

*Their professionalism and dedication was exemplary. Please pass on my thanks to all concerned.*

*This is my NHS and I am proud of it.*

*My last admission was again to Critical Care on the 7th July 2020. I hold staff at the hospital in complete admiration for the way they have managed the Coronavirus crisis. I was not admitted due to Coronavirus but I was very impressed as to how A&E Resus & Ward 222 organised themselves. Not once did I feel unsafe whilst there. I was then transferred to Pod 4 where the staff were outstanding. I truly hope the Board of Directors know what an amazing team of doctors & nurses they have there. They are amazing people. I cannot praise them highly enough. They kept me going through a very dark period in which I really wasn't sure I would live. To maintain that standard of care I find hard to comprehend. To be there for patients who are frightened & alone because they cannot receive visitors takes an ability rare to most people. When I asked nurses how they coped with the COVID-19 patients & weren't they afraid of contracting the disease? They all said it was their job & it wasn't something they thought about & the majority said that what had affected them the most that they couldn't give dying patients a hug, offer sympathy & comfort to frightened people who knew or believed they were dying. These are remarkable people.*

## 5. Statement of Assurances

### 5.1 Review of Services

#### Care Quality Commission

The Trust was last inspected in June 2019; the inspection followed the new regime for inspection. The CQC inspected 5 services provided at the Royal site. This included:

- Urgent and Emergency Care at Royal Stoke University Hospital and County Hospital
- Medical Care
- Outpatients at Royal Stoke University Hospital and County Hospital
- Children's Services
- Maternity Services at Royal Stoke University Hospital and County Hospital

The final report was published on 14th February 2020. The overall rating for the Trust stayed the same. The CQC rated UHNM as **requires improvement** because:

- The CQC had concerns regarding the care and treatment of patients in the Emergency Department at Royal Stoke Hospital
- They also raised concerns in relation to the care and treatment of patients with mental health needs and patients who lacked mental capacity to make decisions
- Governance systems although embedded were over complicated and unreliable. The CQC acknowledged that the newly appointed CEO was undertaking extensive work to improve these systems
- In rating the Trust, the CQC took into account the current ratings of services not inspected this time
- Immediate actions have been taken to address the issues identified with regard to the care of patients with mental health needs
- Improvements to the triage system and process were implemented immediately and the Board subsequently agreed significant investment for nurse staffing

The inspection did not include surgical care or critical care and therefore the ratings awarded to these core services in 2017 remain the same. The CQC rated UHNM's Critical Care as an Outstanding Service.

#### Section 31 Notices

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

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

Following an application by the Trust to remove the conditions, the CQC wrote to the Trust on 24th September 2020 confirming that they were removing the conditions in relation to the Mental Health Act code of practice but confirmed that they refuse to remove the conditions relating to the Emergency department because:

- We had not yet achieved 95% compliance with assessing patients within 15 minutes of arrival in emergency department at Royal Stoke University Hospital.



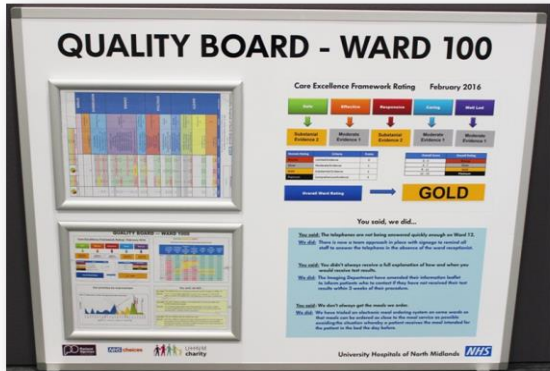
- Audits undertaken did not provide the CQC with full assurance of the systems in place to ensure that patients are assessed within 15 minutes of attending the department by suitably qualified and trained staff in line with national guidance.
- CQC were not assured that the action you are currently taking is enough to assure the inspectors that the system is implemented and effective.

In response to the letter received, the weekly report has been amended and enhanced in order to provide the CQC with additional assurance.

The table below shows the rating by the 5 key domains and compares results to the 2017 inspections:

Domain	October 17 Ratings	June 2019 Ratings	
<b>Are services safe?</b>	Requires Improvement	Requires Improvement	●
<b>Are services effective?</b>	Good	Requires Improvement	●
<b>Are services caring?</b>	Outstanding	Good	●
<b>Are services responsive?</b>	Requires Improvement	Requires Improvement	●
<b>Are services well led?</b>	Good	Requires Improvement	●
<b>Overall</b>	Requires Improvement	Requires Improvement	●

## Care Excellence Framework



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

- Safety
- Effectiveness
- Responsive
- Caring
- Well led



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

The framework provides an award system for each domain and an overall award for the ward/department based on evidence. The awards range through bronze, silver, gold and platinum and are displayed in each clinical area. The clinical area is supported to develop and deliver a bespoke improvement plan and spread good practice.

Areas with a bronze award are supported to make improvements by the Quality and Safety team and areas rated platinum are encouraged to share their good practices via the CEF Steering Group.

During the past 12 months as a result of the COVID19 pandemic planned CEF reviews were suspended. During the COVID-19 pandemic, safety reviews were conducted to provide assurance about the standards of care delivered to our patients. The programme has recommenced in April 2021 and will be reported in the Quality Account 2021/22.



## PLACE Inspection

It was agreed that UHNM would undertake the PLACE-Lite desk top review, in accordance with National guidance as a result of the on-site visual inspection process being unable to be undertaken due to Covid19. The PLACE-Lite desk top exercise reviewed existing sources of data from formal Trust audits/surveys in the absence of an on-site visual inspection. This paper provides the results of the review which concluded that the PLACE scores achieved in 2019 are likely to have remained broadly similar should a PLACE inspection have occurred in 2020.

### Adapted process during the COVID-19 Pandemic

A Working Group was established to undertake the PLACE Lite Desktop review and this consisted of members of the Estates, Facilities and PFI Divisional Team, including the EFP Matron, Contract Performance Manager, Head of Governance & Compliance, Deputy Head of Governance & Compliance. They completed the data gathering and validation exercise from the broad range of data from the four audits/surveys over the twelve month period.

It became apparent that not all of the wards inspected during PLACE 2019 were inspected during 2020 via one of the above audit/survey mechanisms. This is because Environmental Audits and Clinical Excellence Framework (CEF) audits were unable to proceed with their routine programme of audits due to COVID 19 restrictions.

The month of September 2020 was chosen regarding the data sources for the patient satisfaction and meal time observation audits, reflecting the time of the year that PLACE is normally undertaken. Environmental audit dates were randomly chosen for 2020 when inspections had been able to proceed and at least one of the above sources of data was available for each of the areas included within the last PLACE inspection. This was used to give an indication of whether the last PLACE scores achieved would likely have been upheld.

### Findings of PLACE Lite Desktop Review

#### Environmental Audits

All areas bar one achieved a score of 90% or above (pass) and a significant number (17 areas) achieved 98% or above (excellent). The only exception to this was County Ultrasound where 86.6% was achieved for the estates domain as a result of problems identified with floor seal repairs at an audit undertaken on 25<sup>th</sup> November 2020. The area was re-audited on 24<sup>th</sup> February 2021 and four of the five issues had been resolved with the remaining repair planned to be undertaken shortly.

#### Patient Satisfaction Surveys

A good level of patient satisfaction was indicated with overall scores of 79% being achieved for the Royal Stoke site and 78% for the County site.

#### Meal observation Audits

The majority of areas achieved 80% or above. The learning identified was that the Saffron system was not used in all areas to support the meal ordering process on the day of the audit. All areas have been reminded to utilise the Saffron system



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## 5.2 Participation in Clinical Audit

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

- National audit where specialities/Directorates are asked to be involved
- Corporate and Divisional audits
- Local audits which clinical teams and specialties determine and reflect their local priorities and interests

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

The National Clinical Audits and NCEPOD enquiries that the Trust participated in, and for which data collection was completed during 2020/21 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	Completed
Out of Hospital Cardiac Arrest	Yes	Trust was not included in national data collection
Dysphagia in People with Parkinson's	Yes	Awaiting report
Transition from Child Health to Adult Services	Yes	Pilot
Alcoholic Liver Disease	Yes	Data Collection
Epilepsy	Yes	Data Collection

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

### 5.3 National Clinical Audits

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

National Clinical Audit National Audit	UHNM Registered	% of cases Submitted
Antenatal and Newborn National Audit Protocol 2019 to 2022	Yes	100%
BAUS – Renal Colic	Yes	100%
BAUS – Female Stress Urinary Incontinence Audit	Yes	100%
BAUS – Cytoreductive Radical Nephrectomy Audit	Yes	100%
British Spine Registry	Yes	100%
Case Mix Programme (CMP)	Yes	100%
Cleft Registry and Audit Network (CRANE)	Yes	Postponed
Elective surgery (National PROMs Programme)	Yes	100%
Emergency Medicine – Fractured Neck of Femur	Yes	100%
Emergency Medicine – Pain in Children	Yes	100%
Emergency Medicine – Infection Control (topic changed due to covid)	Yes	100%
Falls and Fragility Fractures Audit Programme (FFFAP) – Audit of Inpatient Falls	Yes	100%
Falls and Fragility Fractures Audit Programme (FFFAP) – Hip Fracture Database	Yes	100%
Falls and Fragility Fracture Audit Programme (FFFAP) – Fracture Liaison Database	Yes	100%
Inflammatory Bowel Disease (IBD) Registry – Service Standards	Yes	100%*
Inflammatory Bowel Disease (IBD) Registry – Biological Therapies Audit	Yes	100%*
Learning Disabilities Mortality Review Programme (LeDeR)	Yes	100%
Mandatory Surveillance of HCAI	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	Yes	100%
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP)	Yes	100%
National Audit of Breast Cancer in Older People (NABCOP)	Yes	100%
National Audit of Cardiac Rehabilitation (NACR)	Yes	100%
National Audit of Care at End of Life (NACEL)	Yes	Postponed
National Audit of Dementia (Care in general hospitals)	Yes	Postponed
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Yes	100%
National Bariatric Surgery Registry (NBSR)	Yes	100%
National Cardiac Arrest Audit (NCAA)	No	0%
National Cardiac Audit Programme	Yes	100%

National Comparative Audit of Blood Transfusion Programme – 2020 Audit of the management of perioperative paediatric anaemia	Yes	Postponed
National Diabetes Audit - Adults	Yes	100%
National Emergency Laparotomy Audit (NELA)	Yes	100%
National Gastric-Intestinal Cancer Programme	Yes	100%
National Joint Registry (NJR)	Yes	100%
National Lung Cancer Audit (NLCA)	Yes	100%
National Maternity and Perinatal Audit (NMPA)	Yes	100%
National Neonatal Audit Programme - Neonatal and Special Care (NNAP)	Yes	100%
National Ophthalmology Audit	Yes	100%
National Paediatric Diabetes Audit (NPDA)	Yes	100%
National Prostate Cancer Audit	Yes	100%
National Vascular Registry	Yes	100%
Neurosurgical National Audit Programme	Yes	100%
NHS Provider interventions with suspected / confirmed carbapenemase producing gram negative colonisations / infections	Yes	Cancelled
Paediatric Intensive Care Audit Network (PICANet)	Yes	100%
Perioperative Quality Improvement Programme (PQIP)	Yes	100%
Sentinel Stroke National Audit Programme (SSNAP)	Yes	100%
Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Yes	100%
Society for Acute Medicine Benchmarking Audit (SAMBA)	Yes	100%
Surgical Site Infection Surveillance Service	Yes	100%
The Trauma Audit and Research Network (TARN)	Yes	100%
UK Cystic Fibrosis Registry	Yes	100%
UK Registry of Endocrine and Thyroid Surgery	Yes	100%
UK Renal Registry National Acute Kidney Injury Programme	Yes	100%

\* Only data up to end of quarter 3 was used for reporting due to COVID-19, as per the National Audit website

### Corporate and Local Clinical Audits

A total of 64 clinical audit projects were completed by Clinical Audit Staff and a further 595 clinician led audit projects were registered during 2020/21. These audits help us to ensure that we are using the most up to date practices and identify areas where we can make further improvements. An example of improvements made in response to the audit results is:

#### *Audit of the Baseline Characteristics of Hydroxycarbarnide Use in Sickle Cell Disease*

Action	Co-ordinator	Action to be complete by
To ensure that all relevant staff are aware of the results of the audit, the report was shared with: a) The Lead Consultants b) The Directorate Governance meeting	Audit Lead	Complete
To ensure that patients' Sickle Cell Diagnosis is communicated effectively in both primary and secondary care settings, the Hydroxycarbarnide status is recorded on all patient clinic letters	Audit Lead	Complete
To improve patient / carer knowledge about Hydroxycarbarnide a patient information leaflet has been developed in conjunction with the Trust Hospital User Group	Audit Lead	Complete
To improve the management and care of patients prescribed Hydroxycarbarnide a prescribing and monitoring protocol has been developed and is now in use.	Audit Lead	Complete
To determine if improvements in practice have taken place a re-audit will be undertaken as part of the 2021/22 Clinical Audit programme	Clinical Audit Department	March 2022



## 5.4 Participation in Clinical Research

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

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

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

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

### Strategic Aims

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

### Research and Innovation highlights from 2020/2021

- We recruited more than 6000 participants to COVID-19 research studies, this contributed to UHNM being the second highest recruiter for the West Midlands.
- We were on of the top 3 recruiting sites in the country for REMAP-CAP, this intensive care based study, looks at patients with Community Acquired Pneumonia and identifies the effect of a range of interventions to improve outcome.
- We have successfully opened and recruited 250 participants to the SIREN study, which looked at whether prior infection of SARS-CoV2 protects against future infection of the same virus.
- We continue to support home-grown research, this included setting up and opening the COVAC-IC study in less than 3 months. This study looks at the immune response to COVID-19 vaccines in immunocompromised patients with haematological disorders.
- We are sponsoring a medical device trial led by one of our UHNM Paediatric consultants in collaboration with an international company. The trial which will look at performance and adherence in children and young people whilst using asthma devices.
- We continued to support the management and evaluation of the £1.2m Innovate UK Heart Failure Test Bed which uses digital technology to improve early detection of deteriorating health in heart failure.
- A small grant of £14,000 was awarded by the North Staffordshire Medical Institute to a UHNM Dietician with support from the academic team. This pilot/feasibility study will look at whether using coloured crockery with older people improves their dietary intake.

- One of our cardiology consultants has been awarded a Clinical Research Network West Midlands Academic Research Scholarship. This will enable him to develop his research portfolio and strengthen links with Keele CTU.
- A Speech and Language therapist has been successfully awarded a Clinical Research Network West Midlands personal development award to support them to develop their research skills and portfolio.
- UHNM has acquired RED-CAP, which is a system that enables better data management and also enables virtual consenting of patients taking part in research.
- The COVID pandemic has helped the research department to explore different ways to run research trials; it has helped to streamline processes and facilitated the progress of remote consent and remote monitoring of studies.

## 5.5 Data Quality

The Data Quality Strategic Plans and Data Quality Assurance Group have been re-aligned during 2020/21 to fall under the auspices of the Executive Business Intelligence Group, led by the Chief Financial Officer. The corporate Data Quality team 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 DQ team continued to support UHNM staff, answering and resolving thousands of queries and helping to support teams undertaking unfamiliar roles in the Trust's response to the COVID-19 pandemic.
- Support for IT projects was also continued with testing, validation and systems expertise provided by the team.
- The DQ Strategy has been revised and the terms of reference for the DQ Assurance group has been updated to reflect DQ obligations to Data Security & Protection Assurance Framework.
- The Data Quality Assurance Indicator has been partially implemented for the Integrated Performance Report discussed at Trust Board level.

2020/21 has been another productive year for the data quality team and we aim to build on this throughout 2021/22, supporting the strategic aims of the Trust.

## 5.6 NHS Number & General Medical Practice Code Validity

University Hospitals of North Midlands NHS Trust submitted records to the Secondary Uses System (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. This is a single source of comprehensive data which enables a range of reporting an analysis in the UK. The figures below are for the period April 2020 to March 2021 which reflect a marginal improvement in NHS Number validation compared to last year.

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

- 99.8% for admitted patient care; national performance is 99.5%
- 99.9% for outpatient care; national performance is 99.7%
- 99.1% for accident & emergency care; national performance is 98.0%

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

- 100% for admitted patient care; national performance is 99.8%
- 100% for outpatient care; national performance is 99.7%
- 99.7% for accident & emergency care; national performance is 97.9%

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

## 5.7 Clinical Coding Accuracy Rate

The annual internal Data Security & Protection Toolkit (DSPT) clinical coding audit took place during 2020/21, achieving an overall 'mandatory' rating in all areas of the audit and 'advisory' in 1 of the 4 areas audited. Percentage accuracy has improved in three out of the four areas since last year. All recommendations from the 2019/20 audit have been actioned. The Trust's Clinical Coding auditors carried out this year's audit.

The Trust was not subject to an external Payment by Results (PbR) audit in 2020/21.

The internal Staff Audit Programme continues for all coding staff and has been updated for 2021/22.

The Trust has a qualified Clinical Coding Trainer who has established a 2 year training programme for trainee coders and in-house workshops for existing staff. In addition, they provide all mandatory national training, ensuring all coders are compliant with training requirements.

U-codes (no associated income due to missing information) have remained low throughout 2020/21, reporting a monthly average of 3.5%.

## 5.8 Data, Security & Protection (DSP) Toolkit Attainment Levels

This year is the third iteration of the new data security and protection toolkit (and the second since the COVID pandemic lockdown started) and it should be noted that it is still being refined. This is a self-assessment tool which the Trust must complete and it is usually submitted to NHS Digital on the 31<sup>st</sup> March every year.

However due to the ongoing COVID-19 pandemic, Trusts have been advised that it is not required to submit the DSP Toolkit until 30 June 2021. This extension includes the timeframe for completion of the mandatory Data Security & Protection training which was also been extended to 30<sup>th</sup> June 2021. The toolkit was revised to embrace the National Data Guardian's 10 data security standards. (The National Data Guardian. 2016 National Data Guardian for Health and Care Review of Data Security, Consent and Opt-Outs Crown Copyright) although the emphasis is more on Cyber Security measures rather than the traditional data protection requirements of previous toolkits. The toolkit submission for 2020/2021 requires all 40 assertions to be completed.

The Trust will be submitting its self-assessment, using the extension to ensure all 40 assertions have been addressed. An action plan is in place, incorporating feedback from the internal auditors, with the key focus on the percentage of staff successfully completing the level 1 data security awareness training. The Trust's Executive Data Security & Protection Group monitors progress and provides assurance to the Trust Board, via the Finance & Performance Committee. The Trust's submission has been rated by Internal Auditors as providing 'Significant Assurance with minor improvements' however, if the Trust does not achieve the training target, the Trust's rating will be classified as 'Standards not fully met (plan agreed).' An improvement plan will be submitted to NHS Digital for their approval, following which the Executive Data, Security & protection Group will monitor progress in line with agreed timescales for implementation

## 5.9 Seven Day Services

The seven day services programme is designed to ensure patients that are admitted as an emergency, receive high quality consistent care, whatever day they enter hospital. There were 10 clinical standards for seven day services in hospitals developed and four of the ten were identified as priorities on the basis of their potential to positively affect patient outcomes.

These are:

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

Achieving the 4 high priority clinical standards for 7 day working, remains a Critical Success Factor (CSF) under Strategic Objective 1: Provide safe, effective, caring and responsive services.

In response to UHNM's consistent compliance with the standards, an assurance framework was developed which moved away from large scale audits to a more focussed review process. The framework consists of a programme of specialty level audits which facilitate a process of continual monitoring and allows improvements to be driven and owned at a local level. The reporting structure is a quarterly progress update to the Trust Board giving the Board oversight of UHNM's level of compliance. Whilst the vast majority of audit activity was postponed during 2020/2021 due to the COVID-19 pandemic, case note reviews have now been completed for Paediatric Medicine and ENT and re-audits scheduled during 2021/2022. In addition, the review of Respiratory Medicine is now underway.

# Part B: Review of Quality Performance



## 6. Quality Priorities 2019/20



In 2020/21, in partnership with our stakeholders we identified 3 specific priorities to focus on:

**To continue to improve safe care and treatment to patients**

**To improve staff engagement and well being**

**To improve patient experience**

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

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

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

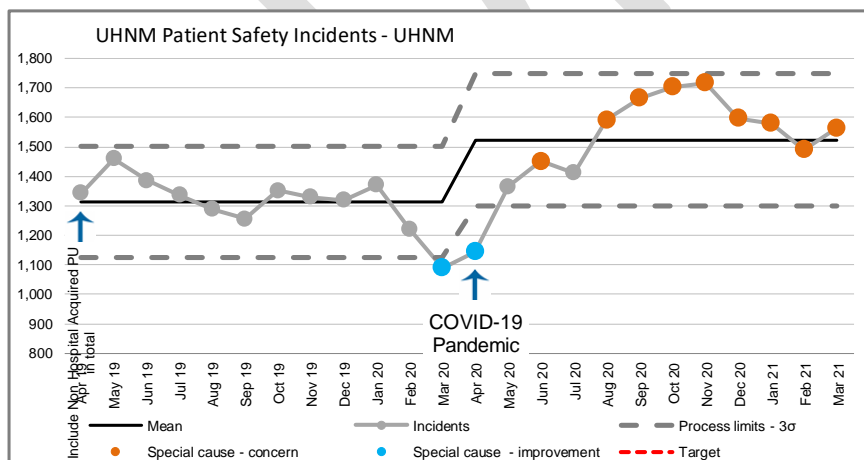
We said we would achieve this by

- Improve sepsis treatment and recognition of deteriorating patients
- To evaluate and reduce long waiters following the COVID-19 pandemic
- To support the Recovery & Restoration Plan across the health economy
- Ensure that services follow appropriate infection prevention guidance, are COVID secure and social distancing continues.
- Aim to reduce harm from patient falls and hospital acquired pressure damage by further 10%
- Evaluate and introduce new technologies and techniques for treating patients.
- Improve the number of reported medication errors and implementation of new ePMA system
- Delivering Exceptional Care

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

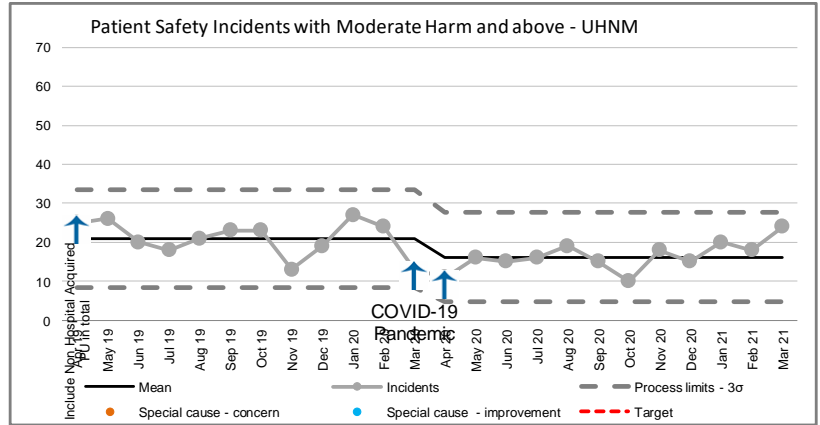
**Patient Safety Incidents**

We continue to aim to reduce harm to our patients. A key indicator of this is the number of patient safety incidents\* reported and the rate per 1000 bed days and the number and rate of patient safety incidents with moderate harm or above. The charts below illustrate the monthly totals for these indicators.

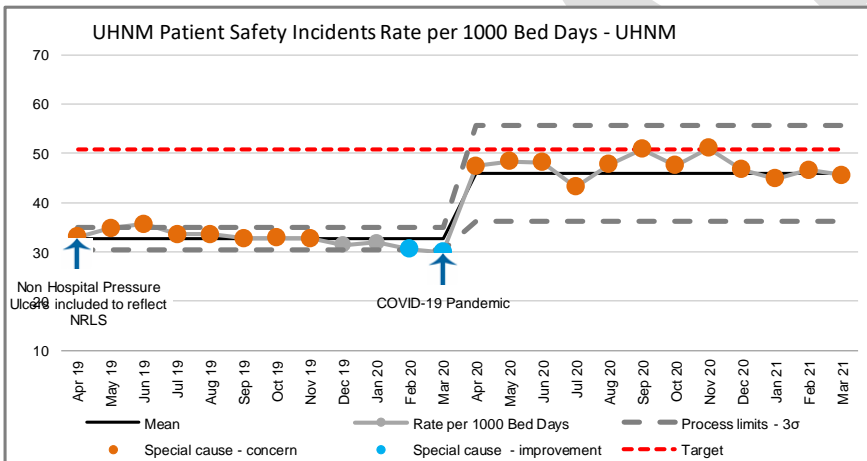


**16% increase in total reported Patient Safety Incidents from 2019/20 to 2020/2021. Increased reporting is an indication of an open and improved reporting culture**

**22% reduction in total reported Patient Safety Incidents with harm 2019/20 to 2020/2021**

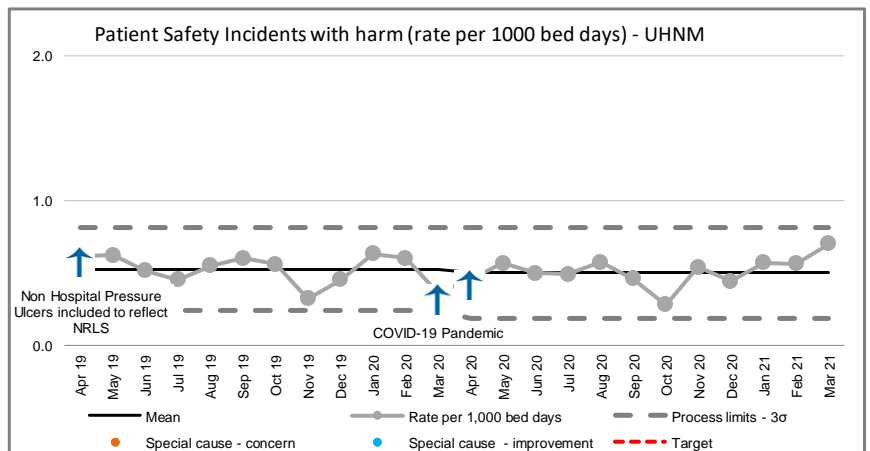


Total reported patient safety incidents have increased during 2020/21 compared to 2019/20 as the Trust has continued to promote positive reporting of adverse incidents. The rate of reported incidents has increased by a greater percentage than the total numbers. This is a result of the lower activity caused by the COVID-19 pandemic. However, there have been reducing numbers of patient safety incidents reported as resulting on moderate harm or above during 2020/21. This is important as the increased reporting of patient safety incidents are related to low or no harm. Reporting of low and no harm incidents is indicator of positive reporting culture and staff awareness of need and benefits of reporting incidents to see improvements and reductions in the level of harm.



**44% increase in rate of reported Patient Safety Incidents per 1000 bed days from 2019/20 to 2020/21**

**Rate of reported Patient Safety Incidents with moderate harm per 1000 bed days in 2020/21 has same mean rate (0.5) as 2019/20**



## Never Events

UHNM has introduced strong systems to allow for the reporting of adverse incidents to ensure lessons are learnt whenever possible. During 2020/21, we have reported 1 Never Event which compares to 6 reported in 2019/20. The following provides a summary of the reported Never Events together identified learning to prevent recurrence.

**1 reported Never Events  
during 2020/21**

### **2020/15667 Wrong intraocular lens implant**

Never Event Incident interdepartmental Workshops were held to map pathway critical failure points from TCI to post surgery (including: Theatres, Ophthalmology clinicians, Ophthalmology nursing team, Ward staff)

Human Factors Training undertaken across Ophthalmology, Theatres and Surgical Wards

WHO checklist has been amended to include 'Additional Device Placements' which is to take prosthesis number (lens strength for Ophthalmology purposes)

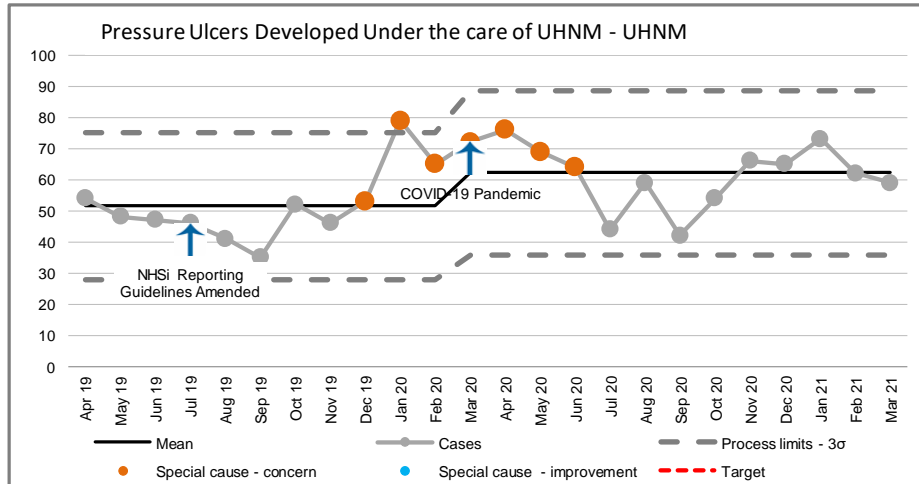
6 month Audit to completed once all actions are in place for assurance

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### Pressure Ulcers developed under UHNM Care

We have seen an increase in Pressure Ulcers developed whilst under the care of UHNM. During 2020/21 there were 733 reported pressure ulcers developed at UHNM compared to 638 in 2019/20. This equates to 14.9% rise in identified pressure ulcers.

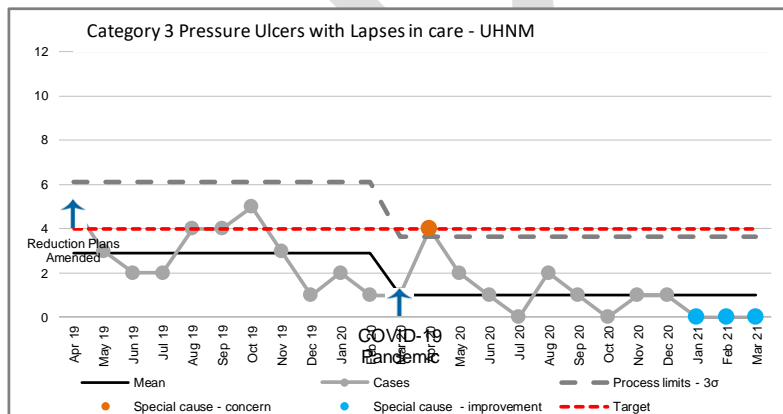
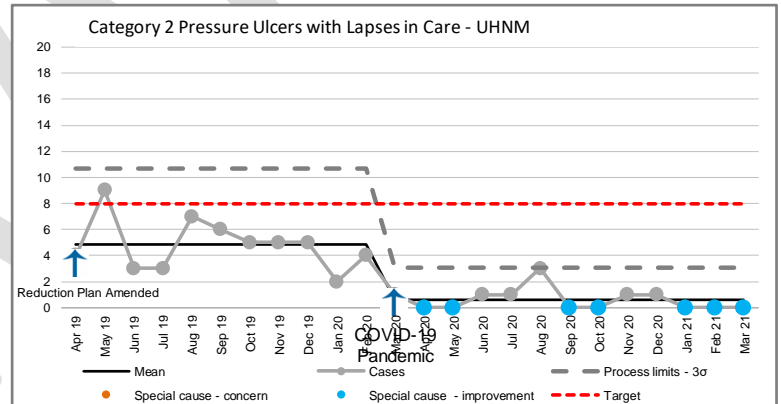


**14.9% increase in reported Pressure Ulcers Developed whilst under care of UHNM**

**2 Category 4 Hospital Acquired Pressure Ulcer with lapse in care identified during 2020/21**

However, there have been reductions in Categories of Pressure Ulcers which have had lapses in care identified during 2020/21, due to the high standard of care provided.

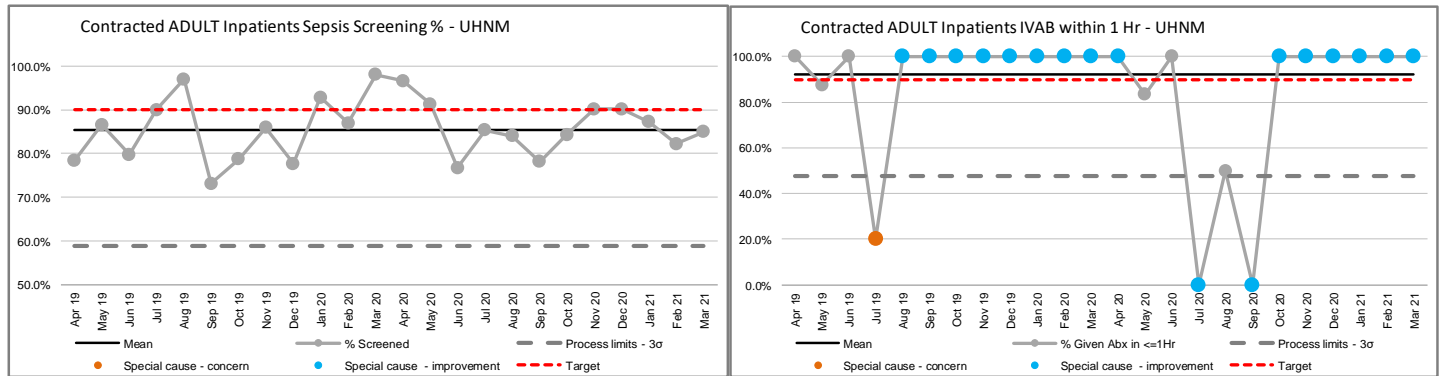
**87% reduction in Category 2 Pressure Ulcers with 'lapses in care' in 2020/21 compared to 2019/20**



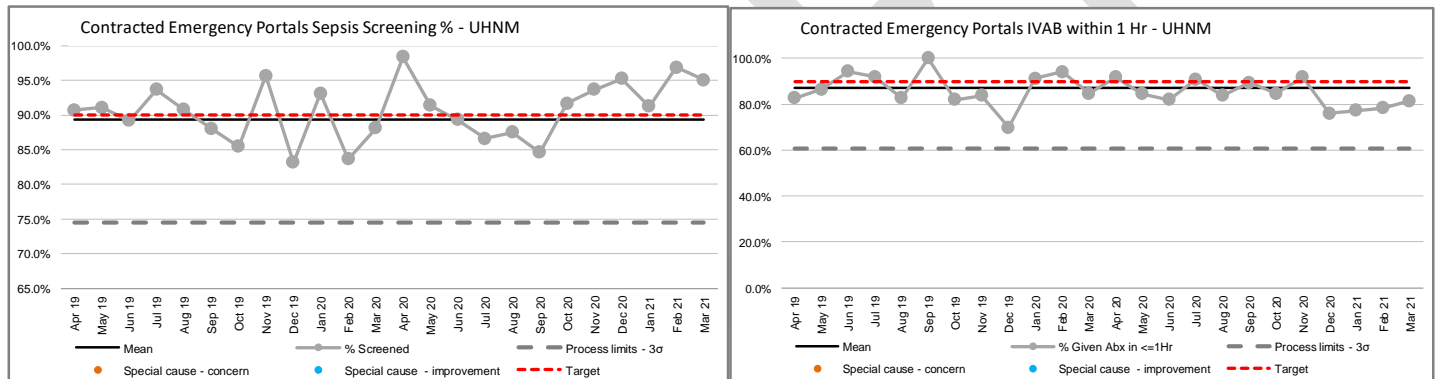
**63% reduction in Category 3 Pressure Ulcers with 'lapses in care' in 2020/21 compared to 2019/20**

### Sepsis Recognition and Treatment

Inpatient areas have seen improvements in both screening and Intravenous Antibiotics (IVAB) in 1 hour during 2020/21. Sepsis screening improved from 85.4% in 2019/20 to 85.9% in 2020/21. Likewise the IVAB in 1 hour has improved from 92.3% to 93.3%.



Emergency Portals have seen improvements in screening but reductions in IVAB in 1 hour during 2020/21. Sepsis screening increased from 89.4% in 2019/20 to 91.8% in 2020/21. However, the IVAB in 1 hour has reduced from 87% to 84.3%.

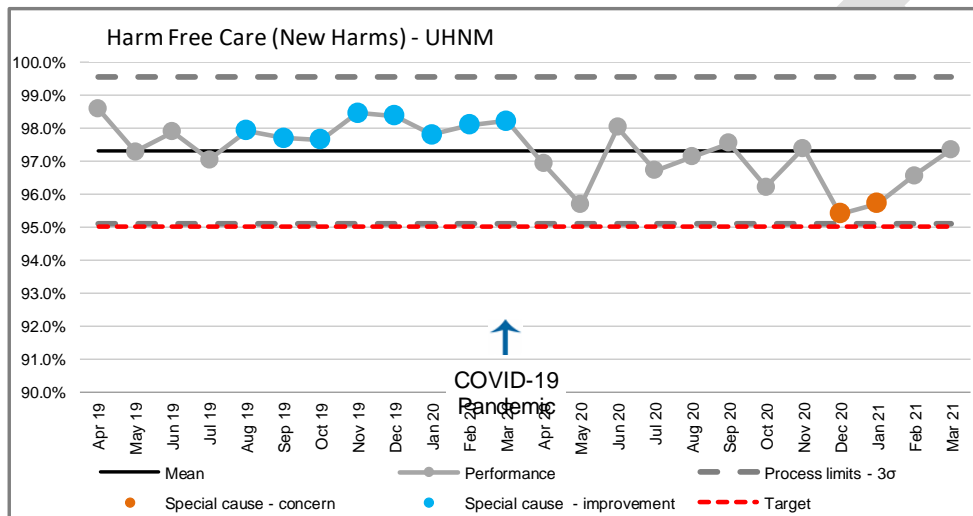


The UHNM Sepsis Team has continued to support and raise awareness to all levels of clinical/medical staff in emergency portals and in-patient areas at both sites to continue to embed the sepsis pathway and improve sepsis screening and antibiotic timeliness.

### Harm Free Care (New Harms)

The national target for Harm Free Care (New Harms) is 95% and UHNM have continually exceeded this target and during 2020/21 and the COVID-19 pandemic the final overall average rate is 96.7% (refer to chart below). The results are gathered during the monthly Safety Thermometer assessments where all UHNM Inpatients are reviewed on 1 day of the month to assess whether they have experienced harm from a fall, pressure ulcer, pulmonary embolism/deep vein thrombosis or catheter associated urinary tract infection during their current inpatient admission. These results are reported nationally on monthly basis.

The mean rate for 2020/21 has varied and there have been decreases compared to 2019/20 special causes but this year includes the extreme challenges of the COVID-19 pandemic and the Trust has continued to exceed the national target despite these challenges.



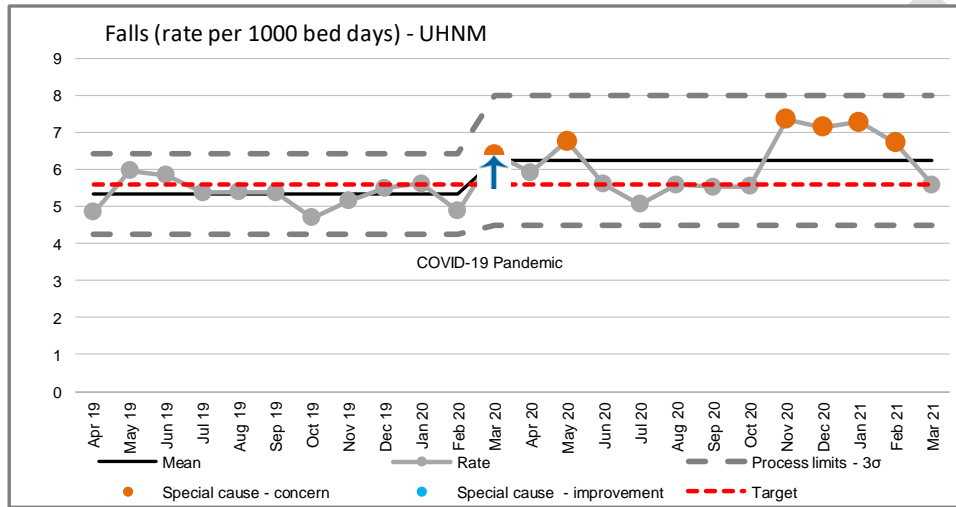
**Exceeding the 95% National Target for Harm Free Care (New Harms) throughout 2020/21**

**Average Rate 96.7**

### Patient Falls

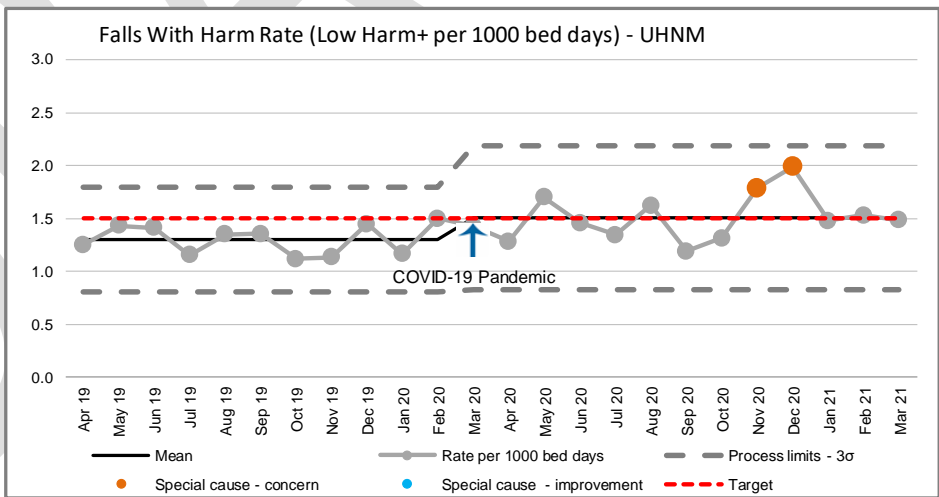
Patient Falls have reduced in total numbers in 2020/21 compared to 2019/20 with 2387 and 2603 respectively. This equates to 8.3% reduction. In order to be able to account for changes in activity the Trust uses the patient falls rate per 1000 bed days. During 2020/21 the overall rate was 6.2 compared to 5.4 in 2019/20. During COVID-19 pandemic there have continued to be challenges and there has been reductions in activity. The reductions in activity have resulted in increase in rate as the total numbers of falls has reduced.

The Royal College of Physicians national average for acute NHS Trusts from previous national audit report is 5.6 falls per 1000 bed days.



**14.8% increase in rate of reported patient falls in 2020/21 compared to 2019/20.**

**15% increase in rate of harm to patients as result of falls per 1000 bed days in 2020/21 with 1.5 compared to 1.3 in 2019/20**

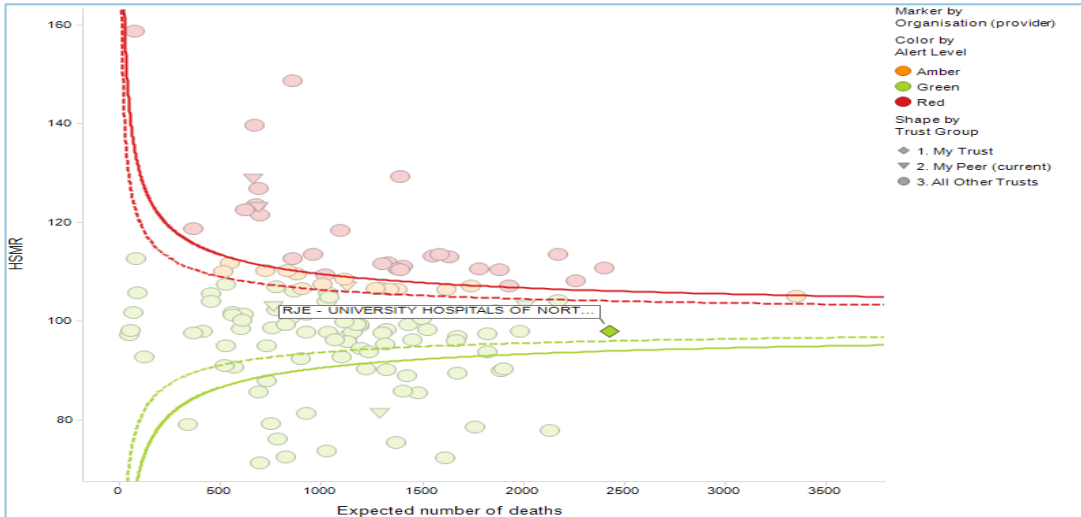


There have been increases in both the total numbers and rate of patient falls that have resulted in harm. This is important as the aim was to reduce harm from falls by 10% whilst encouraging incidents to be reported.

Total falls with harm have increased by 6%, with 669 in 2020/21 compared to 631 in 2019/20. This has also seen the rate of falls with harm increase by 15%.

## Mortality

Our mortality rate with current HSMR for 2020/21 (March 2020 – February 2021) is 97.87. This means that UHNM’s number of in hospital deaths is less than expected range based on the type of patients that have been treated. This compares to 92.68 for 2019/20.



**UHNM continues to compare well against peers during 2020/21 and is better than expected based on standardized casemix**

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

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

Like HSMR the prediction takes into account factors such as age and sex of patients and their diagnosis. The current SHMI value for the Trust is 1.03. This is a rolling 12 month measure and covers the period November 2019 – October 2020

### Why are the two measure different?

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

## Learning from Deaths Mortality Reviews

During 2020/21, we continued to use our online Mortality Review Proforma to allow in hospital deaths to be electronically reported following review of the patient death and included the outcomes of these reviews within Mortality Summary Report presented at the Trust's Quality Governance Committee and reported to the Trust Board.

Of 3997 inpatient deaths during 2020/21 2586 patients have been reviewed (65%)

Overall number of reviews submitted during 2020/21 is 3519

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

During April 2020 – March 2021, the Trust have completed 2586 online proformas for hospital deaths recorded during 2020/21 (65%). Each one of these deaths is assessed to classify the level of care the patient received. The overall number of mortality reviews submitted during 2020/21 is 3519. Completion of the reviews has been impacted by COVID-19 pandemic and during 2021/22 there will be further reviews undertaken of hospital onset COVID-19 related deaths.

It should be noted that the mortality reviews are currently ongoing and these figures relate to deaths in 2020/21 that have also had completed reviews submitted by 31<sup>st</sup> March 2021. There are deaths that are still being reviewed as part of the Trust's local Mortality & Morbidity Review meetings but whilst the deaths may have occurred in 2020/21 the review will be completed in 2021/22.

	2020/21 Total		Q1		Q2		Q3		Q4	
<b>Total Number of Deaths in reporting period</b>	3997		962		694		1252		1089	
<b>Total Number of Deaths in reporting period subject to review (% of total deaths)</b>	2586	65%	747	78%	574	83%	791	63%	474	44%
<b>Total Number of reviewed deaths with suboptimal care identified – NCEPOD grade E (% of reviews)</b>	1	0.04%	1	0.13%	0	0%	0	0%	0	0%

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

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

A summary of the learning identified from the completed mortality reviews is provided below 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.

The following provides summary of issues identified during the Structured Judgement Review process that could be improved.

- Main failure is that patient was not transferred as explicitly requested by neurology consultant. Since then a better system for escalating transfer of such cases has come into place
- Importance of recognising when patients are End of Life and a palliative approach is more appropriate
- Importance of optimal resuscitation to be discussed in departmental audit meeting
- Could be improved recognition and treatment of sepsis
- There could be an improvement of communication between different teams, including effective handovers and a time frame set to when patients should be reviewed
- Importance of clear documentation of agreed Do Not Attempt Cardio Pulmonary Resuscitation decisions to allow delivery of agreed care
- Importance of timely observations and checking of medication as prescribed
- Requirement for further training for ED staff Re ECG interpretation triage of chest pain
- Changes need to be made to ensure that inpatient records do not go missing - an important intervention will be the introduction of digital note making and electronic prescribing
- Notes need to be kept in better order, including clarity and legibility of documentation
- Need to check for the consultant report on scans reports as the consultant may need to have amended these from the original
- Importance of completing screening and assessment tools to identify medical needs
- Identified need for renal replacement training on the equipment set up and commencement to ensure timely set up of renal replacement therapy when patient requires it
- Identified need for better management of hypoglycaemia
- Need to avoid transferring acutely unwell patients to avoid negative impact of multiple ward moves on patients and their relatives
- Ensuring there is a more timely referral to ITU
- Need to consider ruptured AAA as a cause for low blood pressure in older patients
- In the case of sigmoid volvulus the abdomen should be checked on the day of a planned procedure to check whether this has resolved
- Need to ensure pre-operative tests are carried out
- Regular review of medications to ensure appropriate as patients' conditions change.

### Hospital Acquired Infections

The Trust continues to strive to reduce the number of avoidable hospital associated infections. Two of the key infection associated indicators that are used are Methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium Difficile (C Diff). During 2020/21, we have seen decreases in like for like numbers compared to 2019/20 for Clostridium Difficile.

Indicator	2020/21 Target	2019/20	2020/21
To reduce C Difficile infections	96	116	107
To reduce MRSA infections	0	0	0



## Priority 2: To improve staff engagement and well being

We said we would do this by:

- To support the introduction of the Trust’s Wellbeing Programme and activities that focus on staff wellbeing and empowerment
- Ensure that staff are working within COVID secure environments and support provided to staff
- Support staff and services in providing care in ‘new ways’ following COVID
- To introduce the Trust’s new Quality Improvement Methodology during 2020/21 and the cultural change programme
- Promote mental health wellbeing and support
- Delivering Exceptional Care

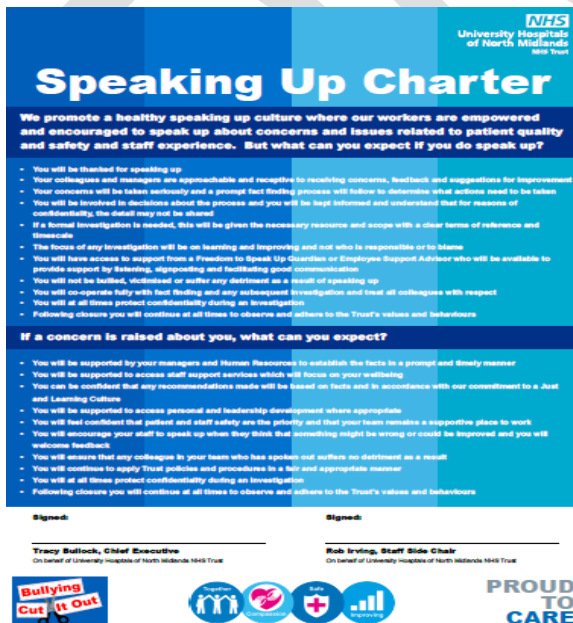
Performance against this priority and its aims has been monitored during 2019/20. The following section provides a summary of the performance for these indicators and what these results mean for our patients.

### Freedom to Speak Up

The Trust has continued to promote our speaking up routes and support available from our Freedom to Speak Up Guardians. There are regular reports provided to the Transformation and People Committee and Trust Board on speaking up themes raised and actions taken.

Actions taken in 2020/21:

- Launched our Speaking Up Charter – The Charter has been designed to demonstrate our commitment to supporting staff to speak up.



Tracy Bullock, Chief Executive pictured with Rob Irving, Chair of Staff Side and Ro Vaughan, Executive Lead for Speaking Up and Charlotte Lees, FTSU Guardian after signing the Charter in August 2020





- An audit of our speaking up arrangements by the Trusts Internal Auditors KPMG was undertaken during 2020. The Audit provided an assessment of 'significant assurance with minor improvement opportunities'
- Our Speaking Up Index score improved from 74% in 2019 to 75.5% in 2020.
- A new question was introduced to the 2020 NHS Staff Survey specifically relating to a speaking up culture:

Question	Average for Acute Trusts	UHNM 2020 Result
I feel safe to speak up about anything that concerns me in this organisation	65.0%	63.6%

- The other 2020 Staff Survey indicators relating to speaking up demonstrate that we have improved against all of the safety culture indicators, and the gap narrowed between UHNM and the average for acute trusts.

Question	Average for Acute Trusts	UHNM 2020 Result	UHNM 2019 Result	UHNM 2018 Result	UHNM 2017 Result
My organisation treats staff who are involved in an error, near miss or incident fairly	61.4%	58.7%	57.4%	55.9%	52.3%
My organisation encourages us to report errors, near misses or incidents	88.2%	86.2%	84.5%	82.4%	83.4%
If you were concerned about unsafe clinical practice, would you know how to report it?	94.6%	93.4%	92.7%	93.4%	93.3%
I would feel secure raising concerns about unsafe clinical practice	71.8%	69.8%	67.8%	65.6%	65.9%

- Other safety culture indicators in the Staff Survey not included in the Speaking Up Index:

Question	Average for Acute Trusts	UHNM 2020 Result	UHNM 2019 Result	UHNM 2018 Result	UHNM 2017 Result
I am confident that my organisation would address my concern	59.1%	56.7%	56.1%	52.7%	52.7%
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again	72.7%	73.1%	69.9%	67.6%	68.2%
We are given feedback about changes made in response to reported errors, near misses and incidents	61.9%	60.0%	58.9%	57.7%	53.9%

- During 2020-21 over 120 individuals raised issues through our speaking up routes
- Our Speaking Up Policy is reviewed annually and was updated during 2020,
- The Trust's intranet has a Speaking Up page on the Staff Room section, with guidance for workers and managers.
- The Raising Concerns and Workforce Equality Manager is the Trust Freedom To Speak Up (FTSU) Guardian, supported by Associate Guardian roles and a network of Employee Support Advisors who are representative of our workforce.
- The FTSU Guardians have ready access to senior leaders and others to enable rapid escalation of issues, maintaining confidentiality as appropriate.
- Promoted during 2020 safe speaking up channels available to those staff whose voices are not so often heard. During Speaking Up Month 2020 the Trust Freedom to Speak Up Guardians attended three system wide events for Black, Asian and Minority Ethnic, Disability and Long Term Conditions and LGBT+ staff network groups to

raise awareness of speaking up, the role of freedom to speak up guardians and employee support advisors and the safe channels available for staff to raise issues.

- Our Ethnic Diversity Staff Network Chair is also an Associate Freedom to Speak Up Guardian.
- The Trust has named Executive and Non-Executive Leads for speaking up
- The FTSU Guardian reports quarterly in person to the Transformation and People Committee, and through this to Trust Board.
- UHNM has outlined its vision and strategy for speaking up in its Speaking Up Plan
- The Trust Board had a board development session on Speaking Up delivered by NHS England & Improvement in January 2020 and speaking up training is part of our Gateway To Management programme for staff with line manager responsibility.
- Updated our Disciplinary Policy and Grievance Policies to include the Just and Learning framework and recommendations from National Guardian Office Case Reviews

**2020 NHS Staff Survey – The National Context and Trust Outcomes**

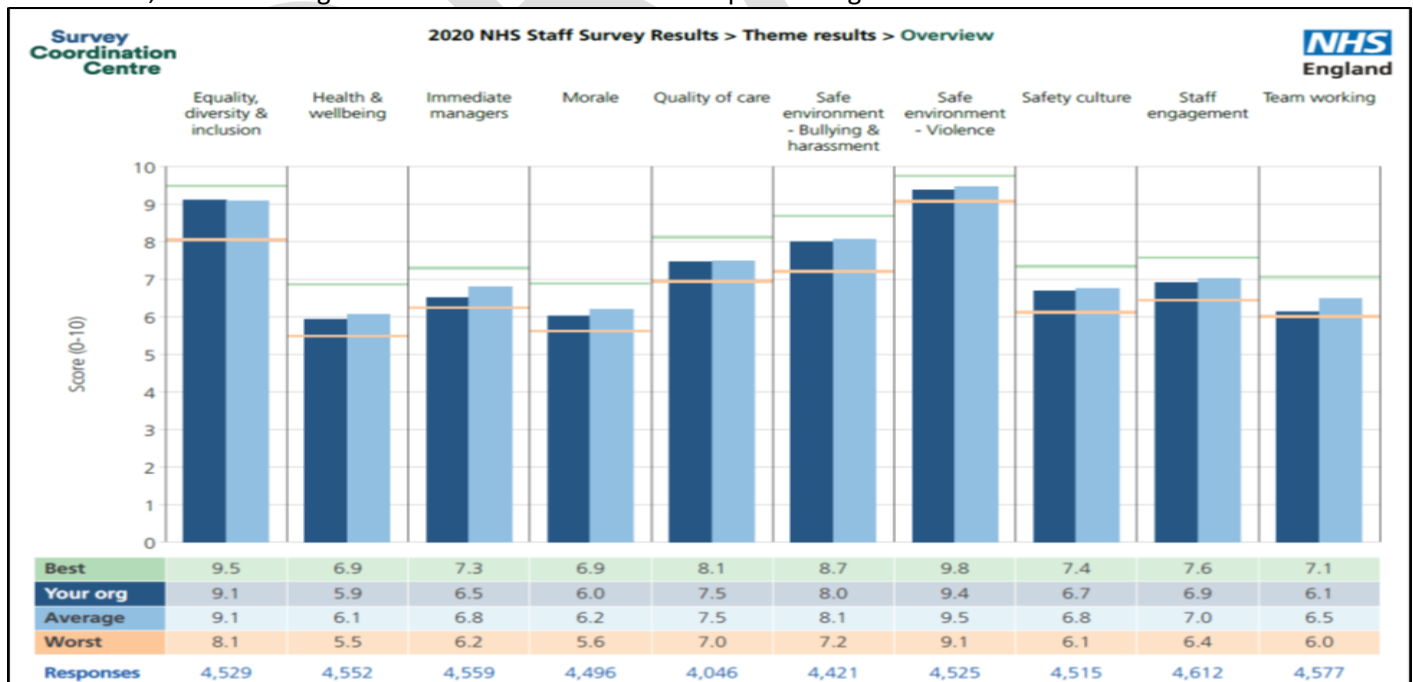
The 2019 NHS Annual Staff Survey was carried out between September and December 2020 and the Trust response rate was 44%. The national response rate was 45% and there were 128 organisations in the acute benchmarking group.

It should be noted that the published Staff Survey report is based on a sample population of 1250, regardless of the number of staff surveyed. Also, data in the national results is weighted to reflect the distribution of staff according to staff group.

There were two statistically significant improvements in the 2020 scores when compared to the previous year’s data.

- Health and Wellbeing
- Safe Environment – Bullying and Harassment

The following table presents an overview of the 10 themes, comparing this Trust’s results to the national average for acute trusts, and indicating the scores of the best and worst performing acute trusts.



The chart shows that the main themes where this Trust scores lower than national average are:

1. **Health and wellbeing** – all aspects of this theme improved. Positively, staff perceptions on opportunities for flexible working improved from 48.1% to 51.6% and the organisation taking positive action on health and wellbeing improved from 24.5% to 27.9%.  
Fewer staff said they had experienced Musculoskeletal problems (reduced from 27% to 26.4%) and fewer staff said they had come to work despite not feeling well enough (reduced from 59.1% to 49.4%)  
However, there was an increase in the percentage of staff saying they had felt unwell as a result of work related stress.
2. **Immediate Managers** –There was an improvement in staff saying their immediate manager took a positive interest in their health and safety (from 65.3% to 65.6%, but fewer staff said their immediate manager valued their work (reduced from 68.9% to 67.3%). Staff perceptions were also reduced as regards:
  - The support they get from their immediate manager (from 66.4% to 64.9%)
  - Their manager gives clear feedback (from 57.0% to 55.6%)
  - Their immediate manager asks for staff opinion before making decisions affecting their work (from 49.9% to 48.7%)
 Encouragingly, there has been a slight improvement in staff feeling that communication with senior management is effective and that senior managers act on staff feedback.
3. **Morale** – Staff say they have unrealistic time pressures, that they are not involved in decisions on changes affecting their work areas and that they do not receive the respect they deserve from colleagues at work. They have less choice in deciding how to do their work, relationships are strained and their immediate manager does not encourage them. This is of course in the context of the Trust operational pressures in managing the impact of the covid pandemic, where staff have worked in different environments, with different teams and under challenging conditions.  
Although the percentage of staff who said they are thinking of leaving reduced, the percentage who are looking for other jobs, and who would leave as soon as they got another job increased.
4. **Safe Environment – Violence** – There was a small increase in staff saying they experienced physical violence from patients, relatives or other members of the public (16.5% up to 16.6%). Experience of physical violence from other colleagues also increased from 1.4% to 1.7%. Both of these aspects are above the national average. Staff experience of violence at work from a manager reduced from 0.7% to 0.6%.
5. **Safety Culture** – Continuing the improvement seen on 2019, and reflecting the implementation of Just and Learning Culture, there were further improvements in every aspect of this theme:
  - The percentage of staff saying those involved in an error, near miss or incident are treated fairly improved from 57.4% to 58.7%
  - That the organisation takes action to ensure errors or incidents don't happen again improved from 69.9% to 73.1%
  - Staff saying they receive feedback staff in response to reported incidents improved from 58.9% to 60%
  - Staff feeling secure about raising unsafe clinical practice improved from 67.8% to 69.8
  - Staff confidence that the organisation would address their concerns increased from 56.1% to 56.7%, and
  - Staff saying the Trust acts on concerns raised improved from 71.4% to 72.8%
6. **Team Working** – Perhaps reflecting operational pressures over the last 12 months, fewer staff said their teams have shared objectives (down from 69.1% to 68.3%) and teams have been meeting less to discuss effectiveness (from 50.9% to 48.7%)
7. **Staff engagement** – At 6.9, the staff engagement score remains just below the acute trust average of 7.0. This is unchanged from the previous year.  
Staff morale was impacted in 2020, with fewer staff saying they looked forward to coming to work and staff saying they were less enthusiastic about their job. There was also a reduction in staff saying time passed quickly for them at work.

Staff also said they felt less able to contribute to improvements in 2020, which is probably a reflection of the operational changes implemented to manage the COVID-19 pandemic

### COVID-19 Questions

Staff were asked four classification questions relating to their experience during the COVID-19 pandemic:

- Have you worked on a COVID-19 specific ward or area at any time?
- Have you been redeployed due to the COVID-19 pandemic at any time?
- Have you been required to work remotely/from home due to the COVID-19 pandemic at any time?
- Have you been shielding?

Overall, there was little distinction between the results of those staff whose method of working has been impacted most by COVID-19 and the “All Staff results. The main areas of distinction are:

- Staff working on covid wards and those redeployed have greater concerns for their health and wellbeing
- Staff shielding for a household member report lower morale
- Staff required to work from home/remotely have reported a greater perception of bullying and harassment
- Staff working on covid wards have reported a greater instance of violence

### Next Steps

The improvement activities set out below follow on from the 2019 Staff Survey, when we set out our key areas of corporate focus planned for 2020/21. The overall vision is that we want to be a Trust that is seen positively by our staff in all aspects of staff engagement, with the goal of being above average as a Trust overall by the next survey (2021) and in the top 20% of Trusts by 2023



### Priority 3: To improve patient experience

We said we would do this by:

- Utilise patient and visitor feedback
- Seek wider engagement with 'harder to reach' patient groups
- Ensure patients are fully informed of COVID-19 requirements and Trust continues to provide the best possible communication with patients/relatives by working with other key stakeholders and groups
- To introduce the Trust's new Quality Improvement Methodology during 2020/21 and the cultural change programme
- Review patients experiences during COVID and identify positive changes to adapt service provisions
- Review the different ways that patient experience and views are gathered and acted upon within UHNM

Performance against this priority and its aims has been monitored during 2019/20. The following section provides a summary of the performance for these indicators and what these results mean for our patients

University Hospitals of North Midlands 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.

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

- Hospital User Group – has continued to meet virtually during the COVID 19 pandemic
- Clinical Quality Review Group
- Healthwatch – close relationship with Healthwatch maintained through membership of the HUG. Healthwatch have been invaluable for collecting and sharing feedback from our patients during the pandemic
- Overview and Scrutiny Committee
- Quality review visits of the patient pathway which are Director led with Clinical Commissioning Group and GP involvement
- Complaint Peer Review Workshops – on hold due to the pandemic
- Patient Information Leaflet Ratification Workshops – continued virtually throughout the pandemic.
- PLACE inspections
- Assist, dDeaflinks and Capita have continued to provide interpretation services throughout the pandemic. The majority of foreign language interpretation now takes place via video or telephone with good effect.
- Learning Disability Service User Group – has continued to meet virtually
- The Sustainable Transformation Programme has worked with UHNM, MPFT, CCG, WMAS and Derbyshire Trust to introduce "111First" to direct patients to the most appropriate service and admission into emergency portals as appropriate

- UHNM membership of the CCG Community & Engagement Group to provide consistent messaging to the general public and hard to reach groups throughout Staffordshire
- Working with MPFT, Combined Health and the CCG to agree a consistent approach and Peer review of local Equality Delivery System objectives

### Annual Inpatient Survey

The 2020 Inpatient Survey has been delayed as a result of COVID 19. Patients who were in hospital either November or December 2020 are currently being surveyed but no results yet.

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

Improvement initiatives include:

- “It’s OK to ask” campaign: to encourage patients to ask the questions about their care and treatment that matter to them. This campaign has been extended in the community to prepare patients for their GP Consultation and hospital visit and support Shared Decision Making. The Health Literacy training was put on hold but is now being rolled out to other areas in the Trust.
- Redesign of patient information leaflets to promote patient awareness and development of an electronic Patient Information library to support staff to have easy access to patient information leaflets
- Measurement of effectiveness of initiatives with patient surveys to inform the Clinical Excellence Framework audit programme
- Triangulation of quality and safety data through an internally designed Quality Management System data base to identify themes.
- Production of a Food and Hydration strategy which pays close attention to the end quality of food and drink served so that everyone received meals they enjoy.
- There continues to be a firm focus on patient experience at Trust induction on line only
- Purple Bow initiative established to provide additional support for relatives of end of life patients. RESPECT document introduced (palliative care will help if you need more info re this)
- Proactive recruitment of volunteers to assist with the improvement of service delivery and the patient experience.

### Complaints

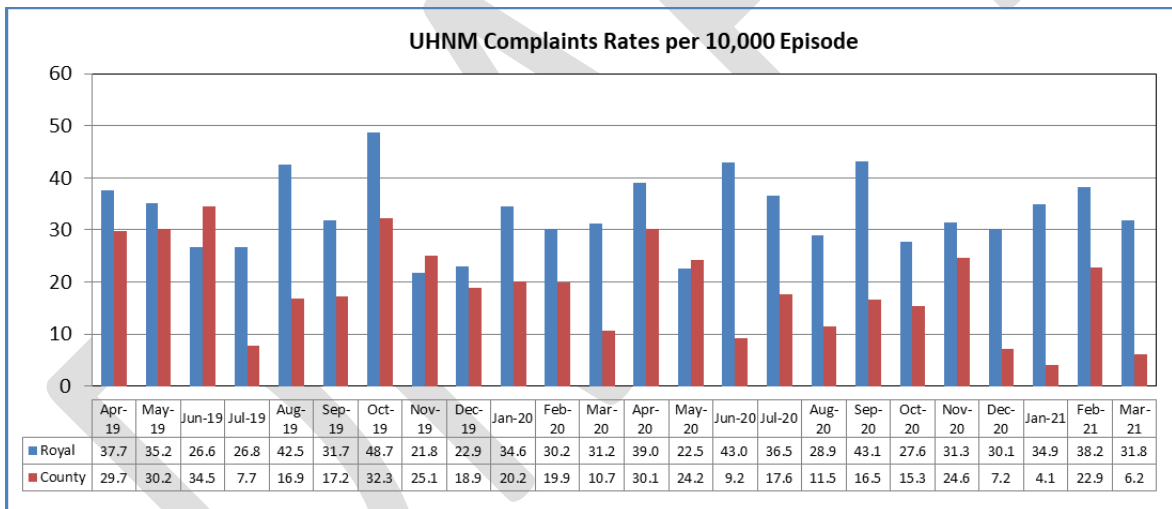
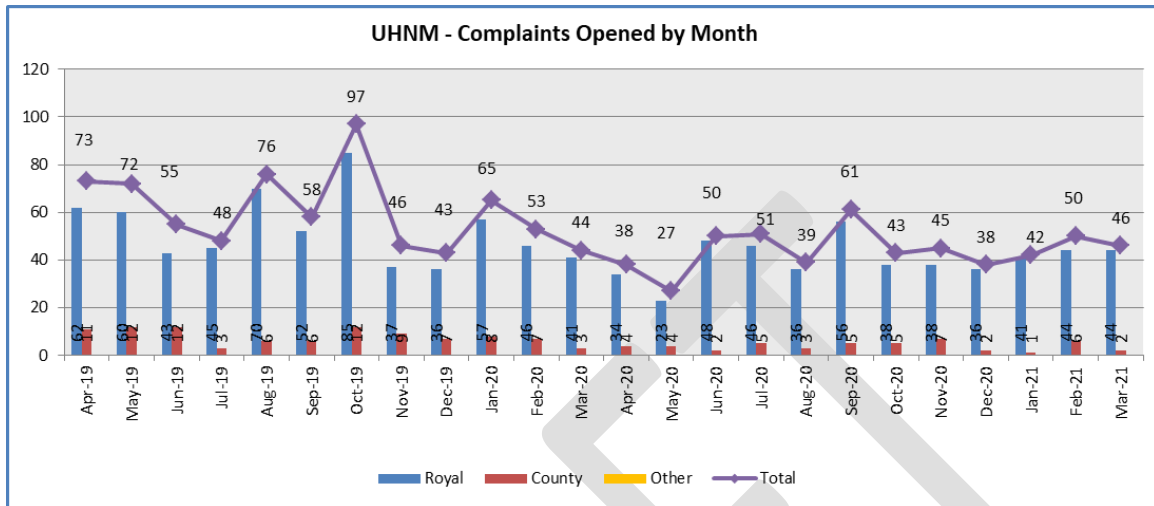
The total number of complaints opened at Royal Stoke University Hospital during 2020/21 is 484 which is 21% lower than the previous 3 year average of 616.

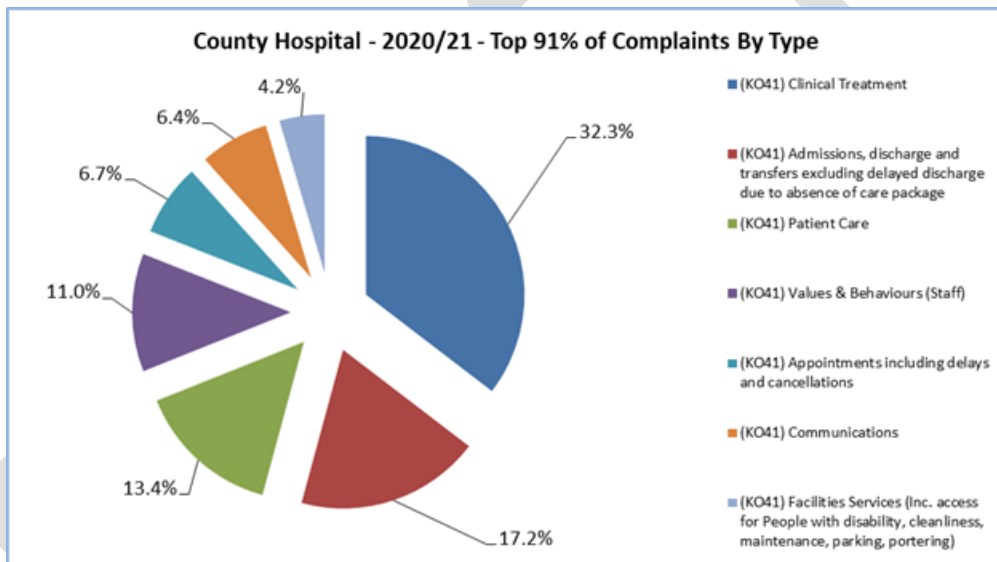
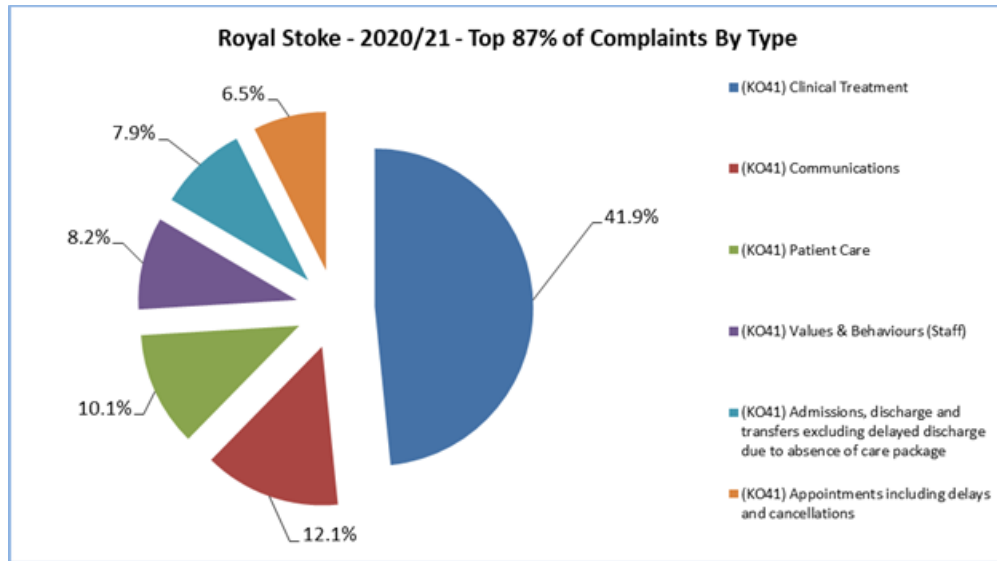
The total number of complaints opened at County Hospital was 46 in 2020/21, which is 59% lower than the previous 3 year average of 112.

During 2020/21, the Complaints Team have achieved the following:

- Complaints are categorised to assist in analysing their trends and themes.
- On-going review of the current process to facilitate an improvement in the timeliness of responses from receipt of complaint to final response
- A set of Golden rules has been agreed to improve consistency and quality of responses

- Complaints closed during 2020/21 had been open for an average of 83 days compared to the previous 3 year average of 50 days. During COVID-19 Pandemic holding letters were sent to every complainant explaining there would be delay in responding to concerns raised whilst the Trust were managing the pandemic.





### Learning from Complaints

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

**You said:** When you attended the ED with your daughter, your daughter’s temperature was taken but yours was not which raised a concern for you.

**We Did:** All A&E staff have been informed of the change in process, following a discussion with the Infection Prevention team. Now anyone accompanying a patient to A&E shall also have their temperature taken.

**You said:** Your relative was discharged inappropriately following an overdose. Family were not informed of her discharge and she was sent home unsupervised in a taxi.



**We did:** Ensured there are other phone numbers available for internal staff to contact families including a phone in each doctor's office. Call Centre team instructed that external callers should be directed to the AMU reception and staff phones.

**You said:** You are unhappy that your details had been shared without consent and was a breach of GDPR (36068)

**We did:** Stroke Pathway Document has been amended to add a section regarding consent for details to be passed to the Crewe Stroke Recovery Service which must be completed by the therapist responsible for the patient's discharge

**You said:** During your brother's inpatient stay, you highlighted to the nursing teams that he had learning disabilities and would require encouragement to comply with treatment, this did not happen.

**We did:** Discuss with staff that when a learning disability is disclosed that a referral is made to the Learning Disability Nurse and a 'This is Me' document completed.

**You said:** That communication with the ward when your wife had to re-attend post discharge was poor and led to unnecessary distress for your wife

**We Did:** The Obstetrics and Gynaecology Directorate have introduced an evening consultant ward round/ handover for the Junior Doctor's

**You said:** That an interpreter was not booked for your friend who was to be given bad news at their clinic appointment

**We did:** All administration staff will be reminded of the importance of ensuring that something is done when the dialogue box appears when booking an appointment and an interpreter needs to be booked.

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# Part C: Statements from our key stakeholders



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City of  
**Stoke-on-Trent**

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