

1. Introduction from the Chairman & Chief Executive

Welcome to Nottingham University Hospitals NHS Trust's fourth Quality Account. It is designed to be read alongside our Annual Report to be published in September 2013. Our Quality Account focuses on quality and safety standards and our Annual Report the full spectrum of the Trust's performance and achievements, including our finances, in 2012/13.

Our Quality Account priorities have been informed by the views of our patients and their carers, of members staff, and of partner organisations. We engaged patients in the Account's development to ensure it is meaningful and accessible. We include details of a performance over a number of years, and how we compare with similar hospitals.

We can point to some improvements in the safety of our services and the experience of our patients in 2012/13. The outcomes for some patients were better than in previous years. But the Account also gives attention to those areas in which we made insufficient progress, detailing the reasons for underachievement and the work underway to deliver improvements.

When the Care Quality Commission (CQC) inspected us in autumn 2011 they had moderate concerns about the consistency of aspects of our care, notably record keeping and security, assessment and documentation of mental capacity and consent, and some aspects of privacy, dignity and nutrition. We have applied great energy into improving our care in these domains. The CQC reported very considerable improvement at re-inspection in September 2012, when we met all but one of the CQC essential standards (minor concerns remain about recordkeeping relating to the completeness of records in some areas).

To improve consistency of safety and experience for our patients we launched 'Caring Around the Clock' in 2012. This programme, our version of 'hourly rounding', is now established in all wards and is already making a difference (as you will read later in the Account). We had far fewer avoidable pressure ulcers and deaths from severe sepsis in 2012/13 than in previous years. We consistently assessed over 95% of patients for risk of blood clots. We improved nutrition and hydration for patients [see pages XX more information on each of these areas and extensive safety programme].

In early 2012 patients, the staff and Trust Board were understandably concerned about the high number of cancelled operations. We committed to reducing the number of cancelled operations, and we have done so. We now publish 'on-the-day' and 'prior-to-the-day' cancellations to present a full picture. We believe we are the first trust in England to do so. The Trust Board reviews cancellations at each meeting [see page XX for full details].

The publication of the Francis Report in February 2013 was significant for the NHS, and for NUH. At the heart of the Francis recommendations is the duty to promote and defend the humanity of patient care against an over-emphasis on the timeliness of its delivery and organisational self-interest. Organisational culture and behavioural standards are critical. Our long-standing values and behaviours programme, 'We are Here for You', was further embedded in the our hospitals in 2012/13. By the end of 2013 we will have trained 14,000 staff in our values.

The Board fully appreciate that we must be ever more attentive to the views of patients and staff, who have first-hand experience of receiving and providing care. In the last year we have strengthened patient input into service improvements and changes one of the ways we are doing this is through 'Better for You', our established quality improvement program (launched in 2009). Each project involves patients and staff in developing and implementing ideas for improvement. In 2012/13 we started 75 new projects and completed 100. You can read more about how 'Better for You' is improving patient and staff experience on page XX and in the 'Better for You' 2012 Annual Report available on our website.

Another immensely powerful way in which our Board seeks to understand patients and staff views is via the '15 steps challenge'. These are ward or department visits which encourage Board members and senior managers to walk in the shoes of patients (and staff) to experience our hospitals through their eyes and ears. In 2012 NUH became the first hospital to introduce 15 steps across all its wards.

We are also giving careful thought to existing methods systems and processes for quality assurance in light of the Francis Report and its recommendations. In April 2012 we introduced the new 'friends and family test', asking patients if they would recommend our hospitals. Used as part of our repertoire of patient experience measures the test is enriching the feedback we receive from patients on the quality of care.

We have faced challenges in a number of areas in the last year. We have not achieved the 10% reduction target falls we set ourselves. But we have reduced falls causing serious harm (such as hip fractures) by 40%. Our trust wide 'Stop Falls' campaign continues to highlight to staff the main reasons that patients fall (poor footwear, poor vision, confusion, multiple drugs, and continence) as part of our preventative work. We are determined to improve in this area [read more on page XXX]

Despite a huge effort by colleagues across the Trust, and significant investment to increase resources (beds and staffing), we did not achieve the 4-hour access standard. This means that patients are not getting the timely care they deserve. We did better the target in March 2013, the first time since XXX. Much work is underway not only to improve performance but to sustain it month-on-month through 2013/14. We are working closely with primary and social care colleagues to improve emergency patient care and access to services in Nottingham city and county.

Our 2013/14 priorities are

- Better communication (with patients, between staff, to other agencies)
- Continued focus on staff attitude (values)
- Improved patient environment
- Fewer cancelled operations
- Reducing harm from falls & infection

- Achieve relevant quality targets:
 - MRSA, C diff, inpatient falls, VTE, sepsis, pressure ulcers
 - Vulnerable adults at risk of harm, including dementia patients and their carers

- Achieve NHSLA risk management standards by December 2013
- Develop a new Trust quality reporting framework which links to the new national quality dashboard
- Respond to the recommendations of the Francis Report

Our Quality Account has three sections. Section 3 looks back over 2012/13 and summarises our performance against the priorities we set ourselves. In Section 4 we set out our priorities for 2013/14, and describe (1) why we have chosen them and (2) how we will deliver and measure the improvement. Section 5 includes detailed information on the safety and experience of patients in the range of services we provided through 2012/13. It then sets out who has helped us determine the priorities and content of our 2012/13 Quality Account (in line with current legislation and national requirements).

Our Account includes statements from our community colleagues at NHS Nottingham City & NHS Nottinghamshire County, as well as Healthwatch and the local Joint Health Scrutiny Committee, and details of changes we have made as a result of their feedback.

On behalf of the Trust Board we would like to take this opportunity to thank our patients, carers, members, stakeholder groups and partners for helping us continue our journey of continuous improvement. Our patients continue to be safer and more confident in our care.

We wish to thank our 14,000-strong workforce and our volunteers who have demonstrated such commitment to NUH and to improving patient care, doing their best every day to ensure our patients feel cared for, safe and confident in their treatment.

2. Declaration of Accuracy

I confirm, on behalf of all Executive Directors at NUH, that to the best of my knowledge the information presented in our Quality Account is accurate.

Peter Homa, Chief Executive

3. Looking back to 2011/12: Quality Review

3.1 A summary of our achievements

We have made good progress against the priorities and key performance targets we set ourselves for 2012/13 (as described in our 2011/12 Quality Account). Some of our key achievements include:

Performance

Improving clinical outcomes

HSMR

Our Hospital Standardised Mortality Ratio (HSMR) is in line with expected for 2012/13 (99.9 from April-December 2012).

DN: to update year end

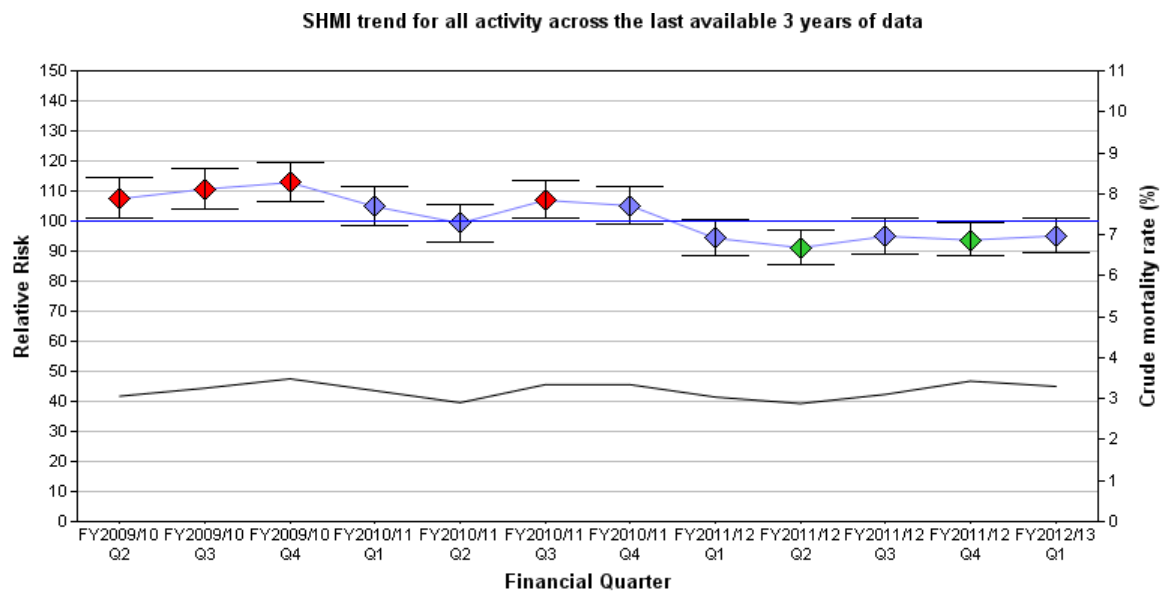
Standardised Hospital Mortality Index

Our latest Standardised Hospital Mortality Index (SHMI) of 94 (July 2011 to June 12) is within the expected range (there is not an excess of deaths). This will continue to be monitored by the Trust Board and Clinical Effectiveness Committee. The SHMI provides an important independent confirmation for our patients and community that the care provided by our many thousands of staff is safe and of a high standard.

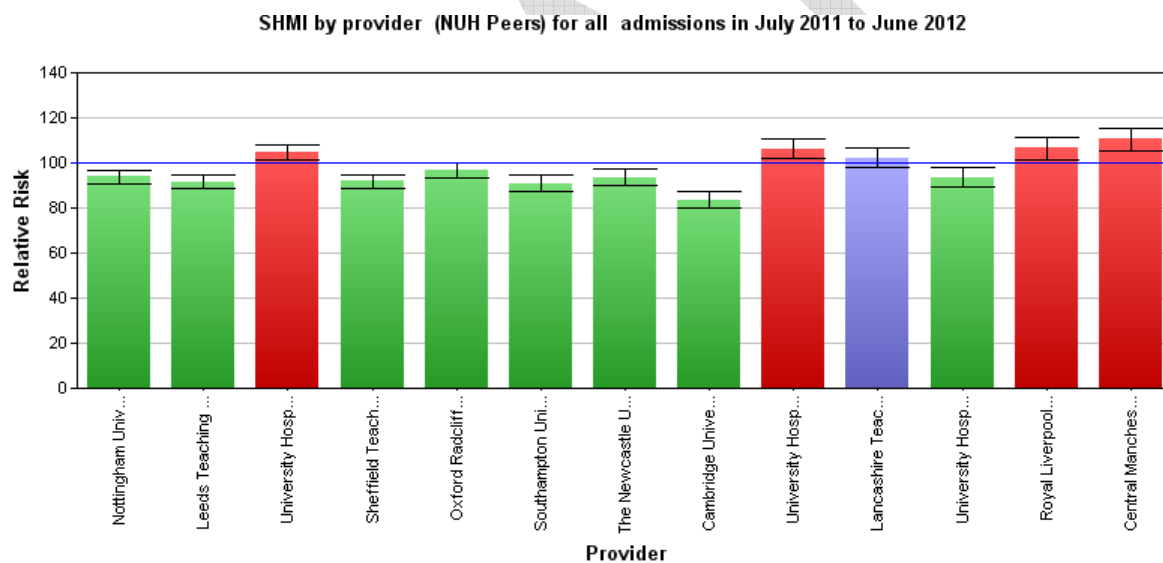
NUH considers this data (calculated and provided by an external agency) is an authentic description of our Mortality rate, though we are seeking to improve the quality of the data still further to allow greater analysis of variation in standardised mortality rates across our services.

NUH has a programme of patient safety improvements to reduce morbidity and mortality rates. Several important elements of the programme (notable improved recognise and rescue, improved sepsis care, falls reduction and improve medication safety are described later in this QA.

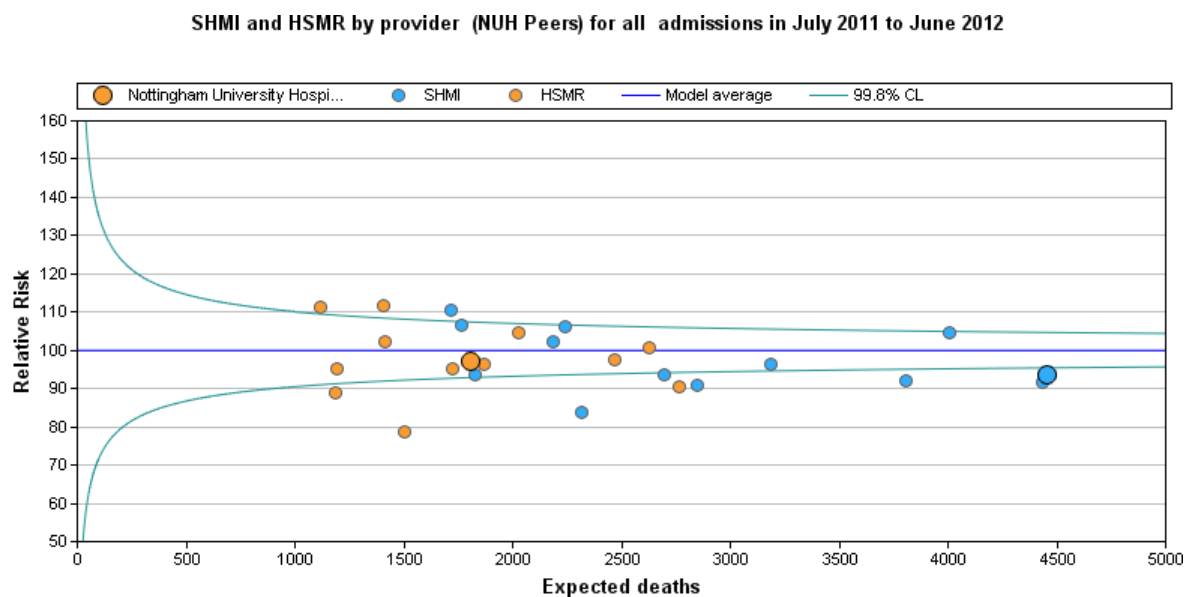
DN: to update year end



SHMI against peers (latest data available)



SHMI & HSMR against peers (latest data available)



Percentage of admitted patients whose treatment included palliative care

1.03% admitted patients' treatment included palliative care for the period July 2011-June 2012. **DN: to update year end**

This indicator gives a measure of the proportion of deaths coded under palliative care for each hospital (ie the deaths were considered as expected). If this proportion is inappropriately high, the SHMI will be inappropriately low.

July 2011-June 2012 6.56% of NUH admitted patients deaths included in the SHMI calculation included palliative care code(s).

DN: to update year end

Table of trend

Benchmarking data.

Patient Reported Outcome Measures (PROMS)

PROMS assess the quality of care delivered to NHS patients from a patients' perspective. Currently covering four clinical procedures (below), PROMs calculate the health gains after surgical treatment using pre-and post-operative surveys.

The four procedures are:

- hip replacements
- knee replacements
- hernia
- varicose veins

DN: ADD NUH DATA FOR PROMS - FROM JH FOR 11/12 AND 12/13

Improving patient experience

- 'Caring around the Clock' (our unique approach to hourly rounding) is an example of how we work to provide compassionate nursing care. We extended 'Caring around the Clock' to all wards by the end of March 2013. It is helping us better-anticipate patients' needs, and patients report that they are reassured by the greater visibility of nurses on our wards
- More patients are recommending our hospital to their family and friends (our 'Friends and Family' test scores improved month-on-month in 2012/13)
- Our Trust Board receives patient stories every month in its public meeting. Executives take part in 'In Your Shoes' sessions with patients, which involve 1-2-1 conversations with patients about their experience in our care, and in patient safety conversations with ward staff.

Improving staff experience

- Our 2012 staff survey showed NUH is among the best 20% of trusts in the country for the second consecutive year for job satisfaction, staff motivation and colleagues feeling empowered to make improvements for the benefit of patients.
- In 2012 we launched our Productive Training programme, which includes a new system to enable easier scheduling, booking and access to mandatory training for staff to courses that are related to roles (see page XX for more information)

Improving patient safety

- In 2012 we introduced the 'Safety Thermometer' - monthly audits on our adult wards of the prevalence of pressure ulcers, falls, urinary infections, treatment for new VTE, and catheter-associated urinary tract infections
- Over 95% of our adult patients are assessed on admission for their risks of developing a blood clot (VTE). This exceeds the national standard.

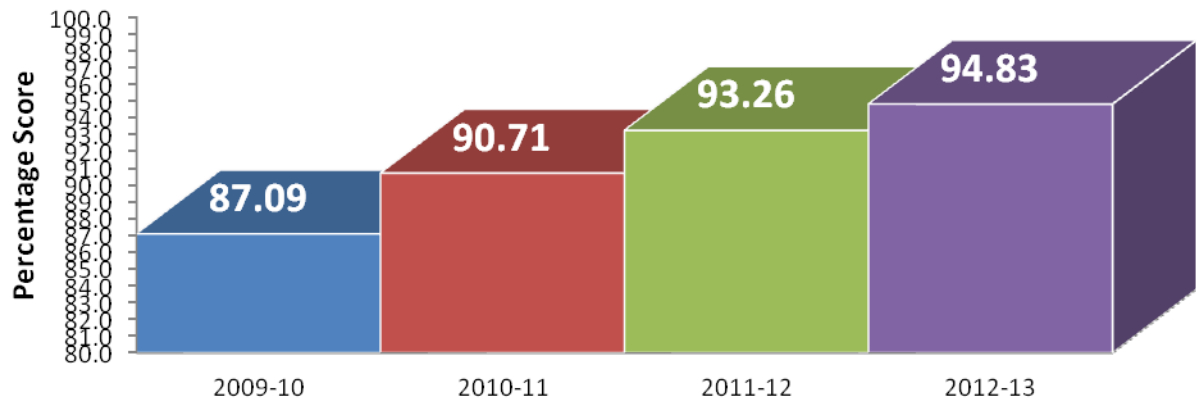
DN: Need to agree data QA statement and insert trend data (JH)

- Each month we share with our patients and staff how we are doing against our quality and safety priorities.

Delivering environmental improvements

- Our Patient Environment Action team (PEAT) assessment scores are improving year-on-year. In 2012 we scored 'excellent' or 'good' for environment, food and privacy and dignity at QMC and City Hospital
- Our '15 step challenge' ward visits include a focus on the cleanliness of our environment.
- Our monthly cleaning audits covering all areas of NUH (ward areas and public areas) undertaken by cleaning services and clinical teams show a year-on-year improvement.

NUH Environmental Cleanliness Outcomes April 2009 - present



Standards and assurance

PATIENT QUOTE:

You hear a lot of bad press regarding hospitals but I couldn't have asked for anything better than the treatment I received on Berman and Newell (Stroke) Wards, from the doctors down to the cleaners and all in between. I was treated with dignity and respect. Everyone worked so hard to enable me to return home. The food was excellent, and for the patients who couldn't feed themselves there was always someone to feed them. So a very big 'Thank You' to all at the Nottingham City Hospital.

How we did against our priorities for 2012/13

In this section we compare what we actually did in 2012/13 with what we set out to achieve (as described in our 2011/12 Quality Account).

Priority 1. Improve outcomes of treatment for patients

- **Reduction in avoidable deaths from severe sepsis, fewer than five MRSA bacteraemias and fewer than 133 cases of Clostridium difficile**

In 2012/13 we had 5 cases of MRSA bacteraemia (our target was fewer than 5).

We have is a robust and strengthened action plan to prevent MRSA bacteraemia infections. This includes assessment and management of MRSA-positive patients, and roll-out of a new patient cleansing product to eradicate MRSA from the skin.

Add peer review data (as last year's report)

In 2012/13 we recorded 138 cases of Clostridium difficile (vs 133 target maximum). The rate per 100,000 bed days of cases of C diff infection during this period was **XXXXX**. This rate is not significantly changed from 2011/12 and is in the range experienced by our peer hospitals. The majority of cases remain clinically mild or moderately severe and unlinked (sporadic). NUH commissioned an external review in November 2012, which concluded no significant problem with our management and practices in relation to this infection. Recommendations from the review have been incorporated into our Clostridium difficile improvement plans.

DN: Need to agree data QA statement and insert trend data (JH)

Add peer review data (as last year's report)

- **10% reduction in number of patient falls**

We did not achieve this target (we had **XXXX** falls Vs **XXXX** maximum standard). We have, however, seen a 40% reduction in the number of falls resulting in serious patient harm.

DN: ADD YEAR ON YEAR DATA CHART

Key actions:

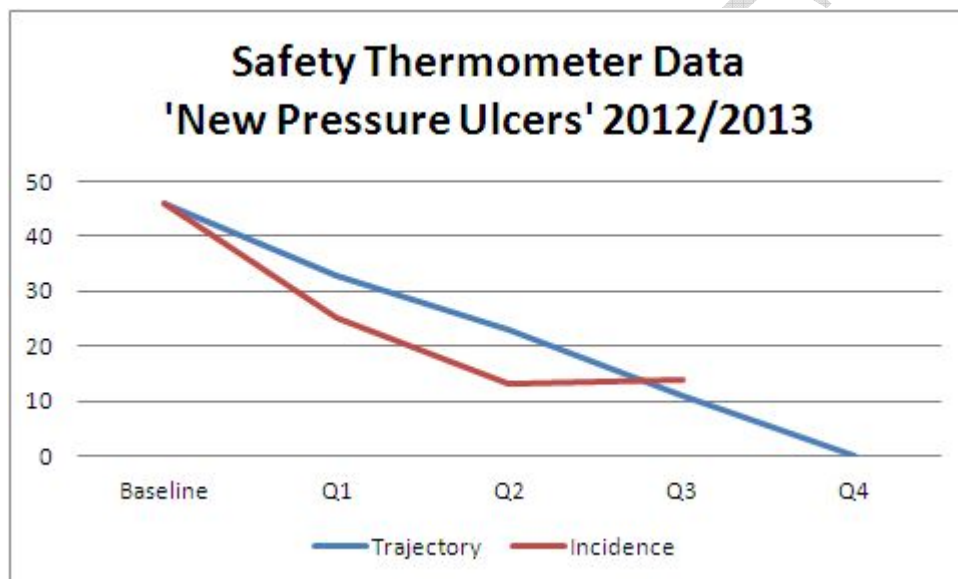
- Our staff-focused Trust-wide 'Stop falls: act now' campaign rolled-out across the Trust in 2012/13. This programme focuses on the main reasons that patients fall, which include poor footwear, poor vision, confusion, multiple drugs and toileting needs.
- We recruited over 60 falls champions in 2012/13 to work with each ward area to highlight best practice and support staff with risk assessments
- Launched a revised falls prevention toolkit in January 2013 across every inpatient ward, which includes best practice examples for staff
- Purchased 40 low beds for high risk patients
- Developed a Special Falls Team in Acute Medicine (where many of our older people are cared for) to provide extra support to wards where patients are identified as high risk

- **Eliminate avoidable stage 2, 3 and 4 pressure ulcers**

We significantly reduced, but did not eliminate, pressure ulcers. We count pressure sores in two ways – (1) using the Safety Thermometer (ie: data collected on a single day of the month across all Trusts showing a 'moment in time' picture [point prevalence) and (2) incidence (the proportion of patients who develop a pressure ulcer when in our care).

Our prevalence has improved in the last year – reducing from 2.8% to 1.1% (16 patients had a pressure ulcer on the day of the survey in Feb '13 compared to 45 patients in March 2012).

DN: AGREE DESCRIPTION WITH JL



DN: TO ADD YEAR END DATA

DN: TO ADD CHART SHOWING COMPARATIVE PERFORMANCE VS PEERS

- **Fewer avoidable emergency readmissions caused by suboptimal NUH care or discharge than in 2011/12**

DN: Awaiting performance update from Jim H

DN: Need to agree data QA statement and insert trend data (JH)

Through this year we have been working to better understand and record the reasons for readmission (and to agree those which are avoidable). We commenced work in early 2013 targeting alcohol-related readmissions and readmissions caused by poor communication with patients (and their carers)m, and several specialities have local readmission reduction schemes.

Age (years)	Readmission rate (%) (2012/13 to Feb 12)
4-14	3.3
15+	6.6
All (4+)	6.4

Priority 2. Improve our patients' experience

- Significantly reduce the likelihood that a patient's planned operation will be cancelled compared to 2011/12

We achieved this target, sustaining our progress throughout 2012/13 in reducing 'on the day' and 'prior to the day' cancellations. Our total cancellation rate October to December 2012 was 2.76% compared to 10% January-March 2012.

DN: add year end data

Section **XX** for full details.

- **Significantly reduce unnecessary waits in a patient's journey, notably for discharge arrangements (including medications) to be completed**

The national Emergency Care Intensive Support team described (winter 2012) that we needed to give closer attention to improving the quality and timeliness of discharge processes.

Key actions:

- Our 5 daily actions encourage early use of the Discharge Lounge (pre-noon), focus on timely availability of take home medication ('TTO's), and morning Safety and Flow Board rounds on every ward attended by senior decision makers.
- Opened a new Discharge Lounge at QMC, following refurbishment.
- Focus on predicted discharge date for every patient, where appropriate linked to patient pathway(s).
- New discharge information for patients and carers to better involve patients in their discharge planning.
- New standardised discharge leaflet for patients in use across NUH from early 2013.

- Through our 'home for lunch' campaign, we are better involving patients and their carers in their discharge from our care.

- **Improve the quality of communication with patients and their families**

We achieved the Information Standard quality kite mark in 2011, and maintained it in 2012. The review team reported progress since 2011

- Our Readers Panel, made up of patients, carers and members, who check our patient information to ensure it is easy to read recruited more than 30 new members
- The Readers' Panel audited 20 leaflets to ensure they were meeting the standards set out by the Information Standard
- We developed an online library for accessing patient information via the NUH website

- **Increase the proportion of patients who feel listened to and involved in their care**

We consider that we met this objective. We introduced new e-discharge information which includes essential VTE and medication details.

We introduced consent and capacity cards to inform staff and raise awareness and understanding in recognising when a vulnerable patient may not be able to make informed decisions and how to ensure we are always acting in a patient's best interests.

PATIENT COMMENT:

The whole staff team were exemplary in their care and approach. I felt confident that I understood what would happen, when and how, what the outcomes could be and the choices available. I was seen in clinic and the team organised a comprehensive range of health checks. When I went for the pre-operative assessment visit all the staff were careful to explain the procedure and to check I understood, giving me time to ask any questions or voice any concerns. Their quiet confidence and professionalism reassured me that I was in good hands.

The staff were caring in a way that protected patient dignity and delivered best health care practice. It felt very much a team of health carers and I was treated very positively by everyone including the trip to and from theatre, at theatre, being served drinks and meals and generally being looked after pre and post surgery.

Little things mean a lot and the fact that I knew at what time I would next be checked was very reassuring and gave me time to ask any questions or request help or advice; as did being asked by what name I would prefer to be called and then always being spoken to

kindly and directly. As result I was able to go home the same evening with the knowledge that I could contact staff if I had any concerns or further symptoms.

- **Measure a 10 percentage point increase in proportion of patients who would recommend our services to their friends and family**

We have exceeded this objective. In April 2012 we started asking our patients: "how likely is it that you would recommend this service to a friend or family?" using a scale from "extremely likely" to "not at all likely". We asked approximately 1,000 in-patients (10%) each month around the time of their discharge. In January 2013, we piloted the friends and family test in our Emergency Department. The score gives most weight to the highest positive and negative scores.

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	YTD
NUH	50.1	55	59	64	60	64	61	64	66	63	61

DN: add year-end data

We are reporting the FFT results (obtained by standard trust-wide methodology) at ward and directorate level in the organization, and to the Board. The friends and family test will be asked in all NHS acute hospitals of all inpatients using what is hoped will be a standardized methodology from April 2013. The standardised methodology may allow cautious comparisons between organizations (to date the FTT has not been designed for that purpose). From that date we will also ask a follow up question to help us focus on necessary changes and improvements.

- **We will roll-out individualised information prescriptions to all patients receiving cancer care in our hospitals, and evaluate whether these can be used for patients with other long-term conditions.**

We have introduced individualised information prescriptions for all cancer patients.

- **We will update our infection control leaflets for the public, and roll-out bedside information to all wards.**

We are working with our patients and members to update our safety information (work commenced January 2013). We have new bedside information folders on all inpatient wards.

We launched a new Trust website in Summer 2012, with direct access to patient safety information and latest performance against our key safety and quality standards

Priority 3. Align research and clinical service priorities and build capacity for future research

- **Increase research income by 10% compared with 2011/12**

We have achieved this target. The national Institute for Health Research (NIHR) Biomedical Research Units attracted £8.7million external funding

DN: add actual figures at year end

- **Enrol 20% more patients in clinical trials compared with 2011/12**

We did not meet this target. 8,874 patients were recruited in 293 NIHR adopted studies, ranking eleventh in the NIHR 'league' table. In addition, 1,644 patients were recruited to 157 commercial studies.

DN: add actual figures at year end and express as % of the target

- **20% increase in samples in the Biobank**

We achieved this target. The Nottingham Health Science Biobank (NHSB) collected more than 15,000 biosamples and attracted £420,000 external funding.

Other achievements:

- 14 new NIHR research grants were awarded to NUH (total value £7.8million)
- Established a comprehensive and innovative range of research support services based in the NIHR-funded Nottingham Health Science Partners (NHSP) Centre at QMC, bringing together all the research design and support services in Nottingham
- Established a successful and sustainable infrastructure for nursing & midwifery research and innovation that informs and directs improvements in the quality of patient care
- Published 943 peer reviewed manuscripts from 1,073 active research projects.

See appendix 1 for an 'at a glance' summary of NUH performance against all 2012/13 objectives.

Services in 2012/13 (check where this needs to go in report)

This section contains the information relevant to the quality of NHS services provided or subcontracted by the provider during the reporting period which is prescribed for the purposes of section (8) or (3) of the 2009 Act by paragraph (2).

Priorities for Improvement & Board Statements of Assurance

Looking forward: how we have prioritised our 2013/14 quality improvement priorities

Public Involvement & Consultation for our Quality Account

Every year NUH sets out its priorities for improvement for the forthcoming 12 months. Central to this work is listening to our patients and their carers, understanding what matters most to them, and establishing the areas to which they wish us to give greatest attention. The publication of the Francis Report reinforces the importance of listening to the 'patient voice'. We start from a position of strength. We know that listening to our patients and acting on their feedback brings improvements. This year we have developed our priorities for 2013/14 following a range of consultation exercises with our patients (including patient groups), members, staff and the public, to ensure we focus our efforts in the right places over the coming year. We describe this activity in this section.

We have consulted our patients, carers and the public on what our priorities should be through our Directorate Patient (and Carer) Groups, a 'quality priorities' event for members, and online and postal surveys. Through Community in Unity, a partnership involving all local NHS organisations, we have sought the views of patients with learning disabilities, young patients, visually-impaired patients and patients from minority ethnic groups.

- 19 members attended our 'quality priorities' focus group – which was attended by Trust Board members and clinical leaders. We shared our draft annual plan for 13/14 and asked our members which three areas from our draft objectives they felt would make the greatest improvement on their experience as a patient or carer.
- In addition, 26 members contributed to our electronic survey asking for views on our draft objectives
- 80 patients responded to our online survey which asked patients and carers for their views on what our quality and safety priorities should be in 13/14. This survey included detailed narrative feedback, adding depth to our wider feedback from patients.
- **DN: Add attendance details for the Community in Unity events**

Following our four-month consultation process, we now have a rich source of information which tells us what is important to our local population. This information has been considered alongside the feedback we receive from our patients, their carers and their families via other routes. These include feedback from our patient surveys, net promoter score, nursing dashboard, 4Cs (compliments, complaints, comments and concerns) and online feedback via websites such as NHS Choices and Patient Opinion as well as social media sites.

In addition to this important direction from our patients, our priorities are also influenced by national, regional and local priorities, standards and reports, including the Francis Report.

In summary patients most wanted to see information on the following 12 areas in our Quality Account

- Privacy and dignity
- How caring and compassionate we are
- Cleanliness of our wards and clinics
- Waiting times, for example for cancer treatment, in the emergency department or for surgery
- Cancelled operations
- Complaints, comments, compliments and concerns
- How we compare to other hospitals
- Whether our patients would recommend this hospital to their families and friends
- How involved our patients felt in their care
- Incidents and how we learn from our mistakes
- Patient safety - including hospital acquired thrombosis, hospital-acquired infections, inpatient falls and bed sores (pressure ulcers)
- What the Care Quality Commission say about how we are doing

DN: JH designing charts so we can better present this consultation data by theme

Thematic analysis of patients, public members and staff views on 2013/14 priorities (from all sources)

Patient experience

- Recognising patient expertise in management of long-term conditions
- The importance of first impressions
- Keeping patients informed when it comes to the outputs from patient complaints and feedback
- Continuing to reinforce 'values and behaviours' amongst staff
- Making patients feel like an individual
- Increasing care and compassion
- Complaints – ensuring people can complain without fear of 'retribution', and informing patients what happens to complaints after their investigation and the main themes from complaints?

Nursing care

- ensuring patients receive help with feeding & patients get the right meal
- monitor that our vulnerable patients have eaten (and receive the right nutrition and hydration)
- Knowing How long patients have to wait and who has the responsibility for answering call bells on our wards
- Information about pressure ulcers and blood clots

Medics

- Clinical outcomes (Trust level and individual surgeon level)
- Details of ongoing medical training for Doctors post qualification

Carers

- Information about the experience of carers & support given to carers

Organisation

- Details of how we decide nursing ratios on wards– including the ratio of qualified staff to patients
- Use of agency staff
- Improving continuity of care
- Improving staff morale and engagement

Discharge

- Reducing discharge delays
- Improving communication between the hospital and GPs, hospitals and community nursing

Communication

- Thinking about common courtesies- values and behaviours
- Checking the right information is sent out (is request needed and are we sending to correct address/right patient)
- Improve communication between different staff disciplines

Environment

- First impressions are important – some wards look ‘tired’
- Improve disabled car parking provision
- Take action to tackle smoking outside the hospital
- Lifts at QMC often broken
- Improve signage (internal)
- Expand ‘meeters and greeters’ to all entrances of the City Hospital so patients and relatives are welcomed on arrival
- Parking at queens

Patient safety

- Cleanliness and hospital-acquired infections
- Mortality (death) rates for NUH
- Hand washing compliance
- How many incidents are reported with regard to patient safety

We have distilled these priorities into 5 ‘action areas’:

- Better communication at all levels (between staff; patients & professionals; & NUH and other agencies)
- Continued focus on values, staff attitudes & listening to patients
- Improved patient environment
- Fewer cancelled operations
- Reducing harm from falls & infection

Review of services

Care Quality Commission inspections during 2012/13

The Care Quality Commission inspected QMC and Nottingham City Hospital in September 2012 against essential standards of quality and safety. This was an unannounced inspection and led to compliance being confirmed against all but one of the standards (record keeping, where CQC considered the noncompliance had minor impact on patients).

Ten essential standards (out of a total of 16) were assessed. Inspectors observed patient care, interviewed patients, visitors and staff, checked patient records and spoke to partner organisations.

Inspected standards (2012)

Respecting and involving people who use services
Consent to care and treatment
Care and welfare of people who use services
Meeting nutritional needs
Co-operating with other providers
Safeguarding people who use services from abuse
Safety and suitability of premises
Supporting staff
Assessing and monitoring the quality of service provision
Records

The CQC found that:

- Patients felt safe and knew who to speak to if they had any concerns
- The Trust had taken steps to ensure that the care environment was suitably designed and adequately maintained, in particular had invested in new and additional bathroom facilities on a number of wards
- Patient confidentiality was respected
- Patient privacy and dignity was respected

- Staff obtained consent before carrying out treatment and provided explanations to patients about their care and treatment
- Staff were respectful in their interactions with patients and each other
- Care plans for patients catered for their individual needs
- There had been improvements in discharge planning
- Staff were attentive to patients' nutritional needs and gave support and encouragement to patients who had been assessed as being 'at risk' in relation to nutrition and weight loss.

The Commission also undertook a themed dignity and nutrition (DANI) inspection at the City Hospital in August 2012. The Trust was compliant. See page XX.

The Trust is working to address the area of concern raised by the Commission and to maintain compliance with all 16 essential standards of quality and safety.

Review of Clinical Strategies

Participation in Clinical Audits 2012/13

The Department of Health describes 50 national clinical audits which Trusts should consider in their 2012/13 Quality Account. NUH participated in 45 of the national clinical audits (in 5 cases the trust was not eligible / appropriate to participate).

The national clinical audits and national confidential enquiries that NUH participated in during 2012/13 are listed in the table below. The table shows the percent of cases submitted of the eligible patients (where this is known with reasonable confidence).

National Audit	Participation	Number of cases eligible/ requested for submission	% of cases submitted (or no cases)
National Lung Cancer Data Audit (LUCADA)	Yes		
National Sentinel Audit of Stroke	Yes		
College of Emergency Medicine : Renal colic	Yes		
National Audit of Paediatric Fever	Yes		
NCEPOD	Yes	See below section	See below section
TARN (Severe Trauma)	Yes		
Adult community acquired pneumonia (British Thoracic Society)	Yes		

National Review of Asthma Deaths (NRAD)	Yes		
National Audit of Dementia (NAD)	Yes	40	37 / 92.5%
British Thoracic Society: emergency use of oxygen	Yes	Snapshot	
British Thoracic Society: adult asthma	Yes		
National comparative audit of blood transfusion: Bedside Transfusion	Yes		
National comparative audit of blood transfusion: Medical use of blood	Yes	All patients receiving transfusion on a medical ward during a defined period of time	
National Bowel (Colorectal) Cancer Audit (NBOCAP)	Yes		
National Inflammatory Bowel Disease: Ulcerative colitis and Crohn's disease	Yes		
Adult Cardiac surgery: CCAD SCTS (CABG & Valvular surgery)	Yes	-	
Heart Failure (BSHF)	Yes		
Myocardial Ischemia National Audit Project (MINAP) (includes ambulance outcomes)	Yes		
Congenital Heart Disease	Yes		
BCIS Angioplasty Audit - NICOR	Yes		
Diabetes Audit (NDA)	Yes	-	
Carotid interventions (Carotid Intervention Audit)	Yes		
Renal Registry: renal replacement therapy	Yes		
Renal transplantation (NHSBT UK Transplant Registry) - NUH data submission to ODT database at NHSBT	Yes		
Peripheral vascular surgery National Vascular Database; (VSGBI) - Dialysis Patients -	Yes		
NHS Blood and Transplant Registry potential donor audit	Yes		
National Cardiac Arrest Audit (NCAA)	Yes		
Paediatric Intensive Care: PICA Net	Yes		
Childhood Epilepsy	Yes		
Neonatal intensive and special care (NNAP)	Yes		
Maternal, Infant and newborn programme (MBRRACE-UK)	Yes		
British Thoracic Society: paediatric asthma	Yes		
DAHNO	Yes		

National Hip Fracture Database	Yes	-	
National Joint Registry (NJR) Hip and Knee replacements	Yes	-	
*Patient Reported Outcome Measures (PROMS): Knee replacement, Hip replacement, Hernia	Yes		
Adult Intensive Care: Case Mix Programme. ICNARC	Yes	-	
National Pain Database Audit: chronic pain services	Yes		
Bronchiectasis (British Thoracic Society)	Yes		
Non invasive ventilation (NIV) - adults (British Thoracic Society)	Yes		
Parkinson's UK: National Parkinson's Audit	Yes		
Diabetes (RCPH National Paediatric Diabetes Audit)	Yes		
British Thoracic Society: paediatric pneumonia	Yes		
Cardiac Rhythm Management Audit	Yes		
Oesophago - gastric cancer audit	Yes		

* One overall audit but three elements and monitored separately

DN: this table to be simplified

Participation in national confidential enquiries/inquiries 2012/13

During 2012/13 we participated in all relevant enquiries undertaken by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) and by the Maternal, Infant and newborn programme (MBRRACE-UK).

The national confidential enquiries in which NUH participated, and for which data collection was completed during 2012/13 are listed below, alongside the number of cases submitted to each enquiry/inquiry as a percentage of the number of registered cases required by the terms of that enquiry/inquiry.

Title of Study	Return Rate ('coverage') (% eligible cases submitted by NUH)
Alcoholic Liver Disease Study	100
Bariatric Surgery	100
Maternal & perinatal mortality surveillance	100
Child Death Data Collection	100
Head injury in children	Study on going

In 2012/13 there were no NUH patients eligible for the National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH). NUH Clinical Effectiveness Committee has a Consultant Liaison Psychiatrist as a member. He advises the Trust on how to improve our care of patients with mental health needs in line with best practice reports (including National Institute for Clinical Excellence guidance).

Response to national clinical audits and national confidential enquiries/inquiries 2012/13

The Trust's Clinical Effectiveness Committee, a sub-committee of the Quality Assurance Committee, receives reports and updates from across the Trust against relevant national audits and improvement plans.

The reports of **42** national clinical audits were reviewed by NUH during 2012/13. We also reviewed **123** local clinical audits in 2012/13. Examples of actions that have been taken or are underway to improve the quality of healthcare provided after audits are shown below :

- The Acute Medicine Directorate audited the appropriateness of prescribing in an acutely ill population of elderly patients (as determined by STOPP/START criteria). As a result of this audit the following interventions were put in place; teaching sessions at the beginning of doctor rotations, daily drug chart checks on ward rounds and thorough completion of documentation when drugs have been stopped/started. This activity has resulted in better prescribing awareness amongst junior members of the healthcare of older people team.
- The Digestive Diseases and Thoracics directorate undertook a medical records audit in general surgery. Whilst overall it was found that notes, on the whole were completed well, there were a couple of aspects which needed to be improved such as location of ward and up to 40% of documentation was loose. As a result the staff received updates on NHSLA audit capture requirements and guidelines on case note completion were disseminated and reinforced.
- As a result of the introduction of BHIVA Guidelines being introduced in July 2012 an audit was carried out on the mode of delivery in HIV positive pregnant women under joint obstetrics/GU care. It was found that this group of women had high caesarean section rate (47% versus 20%), and high rate of artificial rupture of membranes (30% versus 20%). The audit emphasised the need for individualised care plans as 22% of women did not have a plan at delivery. The multi-disciplinary team have recognised the benefit in developing care plans and are now following the new guidelines.
- A patient survey audit was carried out at the Nottingham Motor Neurone Disease Care and Research Centre. The overall results were very positive and showed that the team are achieving high standards of care with no patients being 'not satisfied'. There were still areas which needed improvement and these have resulted in the following action being put into place; an introduction letter providing clear instructions on how to find the clinic, and not labelling the clinic as MND clinic as

some patients attending would not have received diagnosis at the point of invite. The patient survey will be re-audited next year.

- An audit was undertaken into the management of hyperglycaemia in people with acute coronary syndromes (ACS). In October 2011 the National Institute for Health and Clinical Excellence (NICE) published a clinical guideline for the management of hyperglycaemia in people with ACS and the audit was done to assess the extent to which hyperglycaemia is recognised and appropriately managed for patients admitted with ACS. As a result of the audit local guidelines are being developed in line with the NICE guidance to help improve patient outcomes and these will be disseminated to the cardiology ward and acute medical units and be re-audited next year.

Research at NUH

During 2012/13 NUH maintained excellence in research in a changing and challenging environment. Our distinguished portfolio expanded to include a new Arthritis Research UK Centre of Excellence for Sports Injury and Osteoarthritis. NUH will be leading a consortium of research partners including the Universities of Nottingham, Oxford, Southampton, Bristol and University College London. The NIHR Biomedical Research Units in Digestive Diseases and Hearing continue delivering high impact translational research.

The liver group has designed and piloted a novel community pathway to improve the detection and assessment of liver disease. The pathway translates previous research into biomarkers of liver fibrosis into clinical care. The local pilot is a partnership between the Department of Health, NIHR NDDC BRU, NUH, University of Nottingham, the Nottingham Health Sciences Biobank, CLAHRC-NDL and Clinical Commissioning Groups.

The Nottingham BRU in Hearing has worked with several research partners (including the University of Nottingham's School of Clinical Sciences Biomaterials-related Infection Group and its School of Pharmacy) to develop a revolutionary controlled-release antibiotic pellet, which can be implanted in the middle ear during surgery to fit grommets. The pellets slowly release antibiotics reducing the risk of infection and repeat grommet operations. By reducing infections and the need for reoperation this could greatly improve the lives of thousands of children who have glue ear and save significant costs to the NHS. The research team responsible for developing the biodegradable pellet won the ENTEx short papers prize, as well as prizes at the Ear Nose and Throat (ENT)UK annual meeting and Otorhinolaryngologic Research Society Meeting.

Our close partnership with the local CLAHRC has led to more nursing and therapies staff being involved in research and practice improvement. XXX staff from professional groups including nursing and physiotherapy have been supported to study full time for a masters in XX and this opportunity continues to be available for successful applicants from trust staff

We are working closely with the University of Nottingham in developing a harmonised strategy aimed at increasing patient and staff participation in research while maximising impact.

NUH is committed to making research easier and faster. Over XXX patients were recruited in 293 NIHR adopted studies, making NUH the sixth most research active University Hospital. A comprehensive and sustainable research infrastructure of more than 160 staff has been established to improve patient access to clinical research.

The Trust now participates in 157 commercial studies supported by a team of dedicated research nurses. Commercial clinical research is important to the NHS as it provides patients with access to innovative medicines and services before they become routinely available. In addition, it provides development opportunities for clinical staff, raises service standards, and provides savings for the service.

We developed an effective service to support staff in the identification, protection and exploitation of Intellectual Property (IP) arising from research. This will ensure that innovations and IP in the NUH research portfolio are identified early and exploited to improved patient outcomes and experience in NUH and beyond. We identified nineteen different innovative projects with the potential to significantly improve clinical service and are working to developing and testing prototypes for some of these ideas.

We made significant steps in developing and implementing an infrastructure for public involvement in research. The NUH Research Advisory Group consists of patients and carers who get involved in NUH led research as lay reviewers for specific research studies and research related activities. A total of 118 patients, carers and members of the public have joined the NUH Research Advisory Group and have been and are currently engaged in multiple and varied research-related activities, including the development of websites with information about NUH research, supporting and promoting research through different channels such as patient forums, videos of patient stories and television interviews.

The Nottingham Health Sciences Biobank (NHSB) has grown within a year from a small collection of 1,000 samples to over 15,000 samples now stored and categorised. The NHSB will work in tandem with the ORCHID system which is a system for the transformation of anonymised clinical data gathered during routine patient visits to create a research database which fully captures and aligns Trust clinical activity with research. This comprehensive system of tissue and data will provide a powerful and innovative translational research platform.

Participation in clinical research 2012/13

Over XX patients receiving NHS services provided or sub-contracted by NUH in 2012/13 were recruited to participate in research approved by a research ethics committee (NUH hosts XX studies). This makes NUH the XX most active of 397 trusts in the country by number of studies. Our involvement in research has resulted in XX publications. The XX of our clinical staff who have substantial dedicated time for research, champion this activity across the Trust.

We do however recognise that 2012/13 recruitment did not achieve the improvements seen in previous years. We have undertaken a review of our research processes, and implemented changes to regain our very strong earlier performance.

2012/13 Goals agreed with Commissioners

CQUIN framework 2012/13

A proportion of the income which NUH received over the last year was dependent on reaching the goals we set with our commissioners. These goals are known as CQUIN's – (Commissioning for Quality Improvement and Innovation payment framework).

These goals were agreed between NUH and persons and bodies with whom we entered a contract, agreement or arrangement to provide services. We had a total of 4 national, 8 local and 7 specialised CQUINs agreed for 2012/13 with a total value of £8,864,674 (2.5% of trust income).

Our performance against our CQUIN objectives 2012/13

National CQUIN indicators 12/13 – total value £6,271,921

1. NHS Safety thermometer –monthly prevalence audits on all inpatient wards are undertaken to measure the prevalence of incidents in four high priority areas of patient safety: pressure ulcers, falls in care, urinary infection (in patients with a urinary catheters) and treatment for new VTE and catheter-associated urinary tract infections. For further information see section XX.

Achieved – we audit all of our in patients on a set day each month across the Trust
On average this equates to 1,400 patients in NUH monthly. 92% of our patients received harm free care – DN: awaiting year-end data

2. Patient experience – to improve responsiveness to personal needs (measured by five key questions in the National Inpatient Survey)

We achieved this standard

3. Dementia care – to ensure that all patients aged 75 and over admitted as an emergency are screened, risk assessed and if appropriate referred for specialist diagnosis

We did not meet this standard. An electronic screening tool has been developed which doctors will use to risk-assess patients over 75, and to inform the patient's GPs if they are identified as being at risk of having dementia, so that further investigations or treatment or support can be organised. This tool has been launched and is being rolled out across the Trust, but the target will not be achieved in the required time-frame.

4. Improved assessment and treatment of patients at risk of VTE (venous thromboembolic events) – target of 95% compliance with VTE risk assessment and 99% compliance with prophylaxis treatment

We exceeded both VTE standards.

Regional CQUIN Indicators 2012/13 – add how much income is attached

Local CQUIN Indicators (commissioners) 2012/13: add contract value in £

1. Improvements in patient experience – use of the Net Promoter score to produce real-time monitoring of patient experience by identifying (monthly) the number of patients who would recommend NUH to family and friends. We aimed to increase the score from the baseline by 10 points by March 2013.

We have met this target. The friends and family test, completed monthly, increased from 50% to 66% between April 2012 and 2013.

DN: awaiting year end data

2. Smoking cessation to improve the health of the population by ensuring that 90% of patients who smoke are identified and provided with brief intervention advice and 50% are referred to local stop smoking services

DN: awaiting year end data

3. Theatre safety – implant a cultural safety survey into theatres and a programme of work based on the findings

We have achieved this standard. Please refer to page XX.

4. Increase in proportion of all patients admitted to critical care receiving the Surviving Sepsis Resuscitation Bundle in intensive care

Standard met. We have increased the number of patients from a baseline of 28% at the start of the year to 58% **need end of year**. We set a target of more than 50% of patients identified as having severe sepsis receiving their antibiotics within 1 hour and are now consistently reaching 70% each month. Our target of more than 30% of patients with severe sepsis receiving the early treatment care Bundle has also been exceeded with more than 60% of patients having this delivered Since November 2012 *all* severe sepsis cases in our critical care units have been audited (30-35 cases/month).

5. Improve ambulance turnaround time: reduction in time to initial assessment – 95% of ambulance clinical handovers will be completed in 15 minutes

We met this standard. We continue to work with our partners at East Midlands Ambulance Service to improve our performance in this area.

6. Reduction in medication administration errors for antibiotics and thromboprophylaxis

We met this standard. See page XX.

7. Reducing harm from deterioration in adults – to better understand the reason for and prevention of cardiac arrest by implementing a root cause analysis tool and comparison with other hospitals by joining the National Cardiac Arrest Audit

We have met this standard.

8. Reduction in the difference in length of stay for patients with and without diabetes and a reduction in diabetic medication errors. Carry out in-depth audit to identify issues and implement action plan for improvement

This is a 2 year CQUIN until March 2014. We have reduced the length of stay from 4.21 days for patients with diabetes, 7.3 days for patient with diabetes in quarter 1 to 6.78days and 4.21days respectively. Need year end data to put in improvement figures for 12-13
We have met the requirement to carry out an in-depth audit and developed an action plan. We will re-audit this in September of 2013

Specialised CQUIN Indicators 2012/13: total value £2,480,109

1. To implement the routine use of specialised services clinical dashboards in the following areas: radiotherapy, Cystic Fibrosis & paediatric neurosurgery

Achieved.

2. To maximise the choice of dialysis modality and location available for patients by increasing access for patients to home therapies

Achieved.

3. Increased access to Intensity Modulated Radiotherapy Therapy (IMRT) supported by the cancer network

Achieved.

4. Intravenous chemotherapy performance status recorded and monitored with appropriate action taken for oncology patients receiving intravenous chemotherapy

Achieved.

5. To increase compliance with treatment/ improved patient outcomes for patients with Hepatitis C

Achieved.

6. Reduction of catheter related coagulase negative staphylococcus blood stream infections in low birth weight babies (less than 1500 grams)

Partly achieved in quarter 3. Our quarter 3 position was 15.96%. Year end performance of below 15% is required to meet standard (to confirm Q4 performance in April)

7. To minimise the number of children in paediatric intensive care who have unplanned extubations

Achieved.

DN: ADD YEAR END DATA

CQUIN Delivery: Assurance

There are regular CQUIN performance meetings with commissioners, where evidence to support the compliance and subsequent payment is scrutinised. The directorate performance meetings are also used internally to monitor performance against the CQUINS on a monthly basis. The Trust's Quality Assurance Committee receives quarterly assurance reports on the achievement of CQUINS.

CQUIN Goals agreed with commissioners for 2013/14 - Total value (to add when finalised)

General CQUINS - Total Value (to add when finalised)

National Indicators

DN: to expand on the CQUINS below once finalised)

1. Improving patient experience - Friends and family test
2. NHS Safety Thermometer (improve data collection in relation to falls, VTE, pressure ulcers and catheter-related infections)
3. Dementia – improving patient experience and safety

Local Indicators

DN: to expand on the CQUINS below once finalised)

1. Theatre safety – reducing the incidence of never events through improvement in the safety culture of theatres
2. Improving patients' perceptions of 'feeling safe' in hospital
3. Reducing length of stay for diabetic patients and insulin medication errors
4. Improving the application of the resuscitation sepsis care bundle for patients with a diagnosis of sepsis
5. Improve timeliness of GPs receiving x-ray results
6. Reducing harm in patients at risk of deterioration (cardiac arrest)
7. Reducing ambulance handovers – no waits over 45 minutes

Specialised CQUIN Indicators 2013/14

DN: awaiting final CQUIN standards for 13/14 from Rachel Eddie – to be agreed w/c 11 March

What others say about NUH

The Dr Foster Good Hospital Guide is an independent assessment of standards of care and clinical outcomes. The 2012 Guide was published in November 2012 and is available from www.drfoosterhealth.co.uk

The guide included 13 measures of efficiency for every trust. NUH performed particularly well on:

Procedures of Limited Clinical Effectiveness – are treatments known to be of clinical ineffectiveness in many circumstances or those which are not cost-effective. The definition is expanded to include treatments with high opportunity costs, and where funding could result in a lack of treatment of more significant conditions for others or treatment of conditions where not funding treatment will not result in a significantly adverse effect on the patient's physical or mental health. This is a reflection of the Trust's commitment to ensuring best practice is followed to ensure that treatments for patients are based on robust research.

First to Follow-up Ratio

Month	New:Follow Up
Apr-12	1.89
May-12	1.82
Jun-12	1.84
Jul-12	1.84
Aug-12	1.80
Sep-12	1.85
Oct-12	1.78
Nov-	1.84

12	
Dec-	
12	1.77
Jan-13	1.90
Feb-	
13	1.91
Mar-	
13	1.91 Part month

NUH performed less well compared to peer trusts in a number of areas, including day case rates and length of stay for orthopaedic surgery, though this may reflect the impact on the local NHS treatment centre on NUH case-mix.

DN: table to be redrawn

Day case rates

We were disappointed that Dr Foster chose to ignore the impact of the Nottingham Treatment Centre at QMC, where our surgeons also operate. Far from being a 'poor performer' our 'true' day case rate for the last 12 months was 91%, slightly better than the national average of 90%.

Dr Foster describes our day case rates for planned gallbladder keyhole surgery as lower than expected, but has ignored the impact of the operations performed at the Nottingham Treatment Centre where our surgeons do much of this work. Our overall day case rate for this procedure (59%) puts us in the top quarter of similar hospitals. NUH admits higher-risk patients for this operation (rather than day cases) to maximize safety and outcomes. NUH's priority is ensuring patients receive their procedures in the most appropriate setting (as an inpatient, day case, whether at the Treatment Centre or NUH dependent on their individual risk to optimise their outcome and recovery.

Length of stay (orthopaedic)

A slightly longer stay in hospital after planned hip and knee operations does not necessarily equate to poor care quality. Our readmission rates are lower than similar hospitals. Our revision rates for knee replacements are in line with the national average. We monitor outcomes after these operations most carefully and are confident that in the long run our patients receive safe, effective and lasting joints.

Case Study: SCOPES (Systematic Care for Older People in Elective Surgery)

Prolonged hospital length of stay and adverse post operative outcomes are more common in older than younger people following elective surgery. Often these patients are denied access to effective elective procedures on the grounds that surgery would be too risky in view of health risk factors. Many of these health factors, particularly heart disease and reduced functional capacity can be modified and managed through multi professional, multi – dimensional Comprehensive Geriatric Assessment (CGA). This will

involve identifying appropriate care needs a package of support prior to an older person arriving in hospital for an operation. It will also result in the patient returning home sooner. The Better for You SCOPES (systematic care for older people in elective surgery) project has focused on older patients in need of cardiac and hip and knee operations. The SCOPES initiative relies on the cooperation and close working partnership between the hospital, community care providers, GPs and the local city and county councils.

Prior to arriving at hospital for surgery, patients are given time to discuss all issues in relation to their surgery that will impact on daily life. Appropriate support is secured from local agencies to support patients and their families in a number of ways. This may involve respite care being organised for a patient's husband or wife who would otherwise be left alone; equipment needs are addressed prior to surgery to prevent falls, fatigue or respiratory issues which lead to emergency readmissions; meals will be sourced from a local provider to ensure a patient is fed properly when they return home, for example.

Introducing a more comprehensive approach to providing better care for older or frail patients not only improves patient outcomes but may save costs by reducing hospital readmissions and the associated additional costs of longer-term nursing home care. The SCOPES trial has reduced the average length of stay in hospital by 2.1 days for patients receiving hip operations and 2.35 days for knee operations.

NHS Litigation Authority Risk Management Assessment

We have continued to strengthen our systems and processes in order to achieve compliance with the NHSLA national standards.

Named NHSLA champions in each of our directorates co-ordinate activities and provide support and expertise.

Robust monitoring tools have been developed to assess the quality of our health records. Clinical staff will visit wards and check adherence to Trust policy in 'real time' by reviewing live case notes of patients who are in hospital at the time. These visits will provide educational opportunities and support for the ward teams and timely challenge where shortfalls are identified.

We continue to embed Productive Training across the organisation; with the aim of ensuring that our staff receive the right training at the right time and are therefore equipped to deliver safe effective care to our patients.

In response to feedback from our NHSLA assessor we have streamlined our template to make our policies more user-friendly; with maximum word counts, the use of flowcharts instead of text and executive summary highlighting the key points of the document.

4C's (complaints, concerns, comments and compliments)

For the fourth consecutive year the Trust has utilised the 4C's approach. Quarterly reports demonstrating examples of learning are received by the Trust's Quality Assurance Committee.

Compliments

	2009/10	2010/11	2011/12	2012/13
Total number of compliments	10,552	6,560	5,925	TBC year end

Complaints

In 2012/13 the Trust received (TBC) complaints, which represents (TBC) of the total number of patients treated. DN: add commentary when year end data confirmed

	2009/10	2010/11	2011/12	2012/13
Total number of complaints	649	737	876	TBC
Number of complainants approaching Ombudsman	87	67	51	TBC
Ombudsman referrals upheld against the Trust	0	2 fully (both 2009/10 investigations)	2 fully (both 2009/10 investigations)	TBC 1 fully (2010/11 referral), 1 partial (2011/12 referral)

	Top themes in 2009/2010	Top themes in 2010/2011	Top themes in 2011/2012	Top themes in 2012/2013
1	Standards of Care (Medical)	Standards of Care (Medical)	Standards of Care (Medical)	TBC
2	Standards of Care (Nursing & Midwifery)	Standards of Care (Nursing & Midwifery)	Standards of Care (Nursing & Midwifery)	
3	Manner & Attitude	Manner & Attitude	Manner & Attitude	
4	Communication	Complications	Complications	
5	Complications	Communication	Communication Patient Safety	

Examples of learning from complaints

Story 1

A patient who had been under the care of the Eye Clinic for almost 30 years required a cataract operation. She attended pre-operative assessment one week before her planned surgery date. As she had been wearing contact lens she was informed that her eye assessment could not be completed because the measurements may not be accurate. This was the first time she was aware that contact lens should not be worn for the 2 weeks leading up to the pre-operative assessment. Her operation was therefore delayed for 2 weeks.

Learning

The medical notes of patients who wear contact lenses wearers are now 'flagged' by doctors in Eye Clinic so that this information is available to waiting list coordinators.

A statement has been inserted into the Trust Cataract Patient Pre-operation Assessment and Operation Leaflet informing patients of the requirement not to wear contact lens for 2 weeks before the pre-operative assessment.

A poster has been displayed in Eye Clinic informing patient to tell their doctor and nurses if they wear contact lenses.

Waiting list co-ordinators are aware that if patients telephones to change their appointment that they need to enquire if they wear contact lenses.

Story 2

A patient wrote to share their experience as an inpatient. The patient said they had received excellent surgical care, including from the Emergency Department (ED), where 'a first class service' was provided and during the post operative care, including that from the physiotherapists who 'could not have been any better'.

However, the patient expressed concern about their discharge, in that they had a long delay in receiving the discharge medication. After discharge the patient had concern that the medication had been prescribed was not at the correct dose, causing unexpected side effects.

Learning

The Pharmacy Better for you team have reinforced the medicines code with prescribers

The electronic to take out computer system (eTTO) has made "amendments to dose field" a compulsory field for prescribers

Pharmacy Better for you has developed Pharmacy cluster working to provide improved continuity, which has improved pharmacists awareness of newly prescribed medications so that they can advise the patient about their medication and possible side effects

Computers on wheels (COWs) allow eTTO counselling on discharge from the pharmacist to take place at the bedside.

Pharmacy staff will audit the number of patients counselled on medications as part of work linking with the Royal Pharmaceutical Society

Patient information is available on the Trust intranet and taking control of your medicines information is printed out for patients

Improved Trust awareness about timeliness of writing the prescription and accuracy of the prescription, supported by the Horizon patient system

Weekly Capacity meetings include Pharmacies performance regarding dispensing times

Pharmacists have been made aware that when this feedback was received they should have checked the details and contacted the patient promptly to allay their immediate concerns regarding the medication dose and that there would not be any long term effects

Story 3

A patient who underwent complex spinal surgery found all of the staff helpful and understanding with the exception of one nurse. The patient's spouse stayed at the hospital the first night after surgery. During the night the patient needed to go to the toilet. The nurse did not offer assistance to the patient to get out of bed. The patient could not pass urine and was therefore was catheterised by the nurse. The patient felt uncomfortable due to poor communication.

The following night the same nurse offered no assistance to help the patient move in bed. After lowering the bed rest, the nurse left the call bell out of reach of the patient.

Learning

A professional reflective session with the nurse around Values and Behaviours

Launch of 'Caring around the Clock' to ensure each and every patient's individual needs are reviewed every hour

Improvements have been made to the provision of pre-operative information, to ensure the patient and family understand the benefits and importance of independent mobility and the risk of urine retention post-operatively

CASE STUDY 1: Working with the Patients' Association to improve complaints handling

In April 2012 the Trust engaged in two Patient Association complaint projects.

1. Complainant Benchmarking Survey

Complainants are given the opportunity to complete a survey about the complaint handling. These are returned directly to the Patient Association for data collation. NUH was one of 10 Trusts taking part in this project.

Initial findings are that the Trust has benchmarked well against the other participating organisations. The Trust's strongest areas included helpfulness of staff when concerns were raised, explanation about what action would be taken to prevent the same thing happening again, complainant feeling they had been told the truth, timeliness of complaint handling and the complainant feeling they had been kept up-to-date during the complaint process.

2. Peer Reviews of Complaints

In July 2012 the Trust submitted five anonymised complaint files for Peer Review. The Peer Review process is a paper based review using a predetermined scorecard by a team of reviews selected from clinicians, magistrates, complaints managers and lay members.

The individual scores for each of the complaint files ranged from excellent to poor. The key area where improvement was identified related to the quality of complaint investigation process and documentation. As a result a new complaint investigation record has since been introduced to support the recording of investigation actions and decision making.

Additionally in October 2012 an in-house Peer Review session was held for Matrons with an attendance of 19 Matrons and 1 Clinical Lead. This has improved awareness of the need to undertake a robust investigation supported by good documentation.

QUOTE FROM PETER HOMA:

"Taking part in this survey will help us to look more closely at our complaints services through the eyes of complainants. The independence of the peer review panel will also ensure we maintain a high quality of investigation and resolution."

CASE STUDY 2: Hear to care - working with the Patient Association

We were excited to begin the 'Hear to care' project in January 2013. The overall aim of the project is to develop new approaches involve and listen to seldom/unheard voices so that all patients and carers can genuinely influence the way in which we deliver care.

The project builds on the care and compassion agenda and develops a way for staff at all levels to better understand the concept of co-production ,shared decision making and how people who are seldom heard can be fully involved in their care and in the design, delivery and monitoring of services

We will report on our progress with the 'Hear to Care' project in our 13/14 Quality Account.

Online patient feedback: Patient Opinion

- 2010/11= 48 comments (29 positive vs. 19 negative) vs. 8 responses
- 2011/12 = 42 comments (18 positive vs. 24 negative) vs. 22 responses
- 2012/13 = 51 comments (32 positive vs. 19 negative) vs. 50 responses

NHS Choices comments vs. Responses

- 2010 – 2011 = 32 comments (18 positive vs. 14 negative) vs. 25 responses
- 2011 – 2012 = 25 comments (16 positive vs. 9 negative) vs. 13 responses
- 2012 – 2013 = 28 comments (15 positive vs. 13 negative) vs. 24 responses

Twitter feedback

In 2012/13, NUH had 517 mentions on Twitter, of which 15 were complaints. Most of the complaints were regarding smoking.

DN: YEAR END DATA REQUIRED FOR TWITTER, 4Cs & ONLINE FEEDBACK. DATA TO BE INCLUDED AS CHARTS

Patient surveys

The Trust measures patient experience and satisfaction in a variety of ways including local and national surveys, complaints and compliments, online patient feedback and the Net Promoter Score (friends and family test).

Emergency Department survey

The Emergency Department Survey results were published in November 2012. 850 of our patients were sent questionnaires of which 225 (28%) responded.

The survey covers the emergency patient pathway, including waiting times, care and treatment, pain and environment and facilities.

We improved in one area compared to the 2008 survey. We did better in the question 'on your arrival, was the receptionist courteous?' We performed well compared to other trusts in areas relating to privacy and dignity when discussing condition with receptionist on arrival and waiting less than four hours for tests to be carried out.

We had lower scores for waiting times (compared to the national average), availability of printed information about condition and treatment before leaving the department, patients not being fully told about danger signals to look out for before leaving hospital, patients not finding a place to sit when waiting, feeling threatened by other patients and doctors and nurses appearing not to work well together.

Electronic inpatient survey (local survey)

Over XXXXXXXX (DN: awaiting year end data) patients responded to the electronic inpatient survey providing a wealth of information about their experience between 1 April 2012 and 31 March 2013. The survey shows that the Trust has made improvements across a number of areas of patient experience particularly around XXXX and will continue to focus on delivering improvements especially around XXXXXX (to add year end)

Question	Answer	2012/13	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13
How likely is it that you would recommend the hospital to friends and family?	Promoter Passive Detractor		3448 1539 468	3549 1247 329	3417 1286 264	TBC
Were you ever bothered by noise at night from staff?	Yes No		217 704	858 2387	674 1965	TBC
During your stay were you asked to give your views on the quality of care?	Yes No		110 36	2347 670	2004 496	TBC
Were you involved as much as you wanted to be in decisions about your care and treatment?	Yes, definitely Yes, to some extent No		2084 679 103	2465 695 89	2110 507 58	TBC

Did you find someone on the hospital staff to talk to about your worries and fears	Yes definitely, Yes, to some extent No Had no worries		1806 623 125 307	2048 650 98 448	1759 432 69 412	TBC
Were you given enough privacy when discussing your condition or treatment	Yes, always Yes, sometimes No		711 177 35	2706 488 59	2301 317 59	TBC
Did a member of staff tell you about medication side effects to watch for when you went home?	Yes, completely Yes, to some extent I did not need an explanation No		876 319 209 158	1876 569 523 260	1689 349 385 217	TBC
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital	Yes No Don't know /cant remember		1742 200 145	2730 245 250	2288 177 157	TBC

Listening to patients

(1) Walking in patients' shoes – the 15 steps challenge

NUH is the first trust in the country to introduce the 15 Steps Challenge across all of its hospital wards at City and QMC.

The 15 Steps Challenge takes its name from a comment that a mother made in an NHS patients' consultation workshop. She said: "I can tell what kind of care my daughter is going to get within 15 steps of walking on to a ward."

Developed by the NHS Institute for Innovation and Improvement the challenge asks staff to visit wards and clinical areas and see them through the eyes of a patient or visitor.

NUH decided to roll out the challenge to all wards on the same day at QMC and City Hospital across three shifts.

The NHS Institute said: "NUH holds the unique and trailblazing position of being the only Trust in the country to have done the 15 steps challenge across every ward, on two campuses and across three shifts, in 12 hours."

The challenge walkabout teams included a Board member or senior trust leader, a matron, a ward sister and a patient or public volunteer. On the day, 14 Foundation Trust volunteer members took part. Although the wards were made aware of the challenge they were not told when they would be visited so that the team had a true picture of care on the wards.

The walkabouts highlighted areas of best practise such as developing “who’s who” boards so that patients can identify ward staff more easily and clearer information for patients and relatives about what to expect during their stay. Some wards already do these things well and the challenge gave them the opportunity to share their ideas.

The Challenge also helps staff to gain an understanding how patients feel about the care they receive and how high levels of confidence can be built. It can also help trusts to understand and identify the key components of high quality care that are important to patients and carers from their first contact with a ward and the impression it can make.

Suzanne Hawkins, ward manager Berman1 ward, explained how she welcomed the walkabout on her ward and the opportunity to visit other clinical areas in the Trust.

Suzanne said: “It was good to see how others perceive the ward. When you work somewhere every day you don’t see it as others see it. The feedback was very positive and we welcomed suggestions such as perhaps providing a who’s who board of the team on the ward.

“What I found particularly useful was the chance to visit other areas of the Trust. I’ve worked at City for the past 12 years and never at the QMC, so it gave me an opportunity to see other wards that I’d only heard about.

“Being somewhere unfamiliar meant I was able to look at a ward with fresh eyes and really learn how others see us. I also visited the wards in the evening during busy times such as handover, so it really gave me an opportunity to experience the ward as a visitor, not a nurse.”

Visit our website at www.nuh.nhs.uk for a video showing the 15 Steps Challenge in action.

(2) Reducing noise at night (add artwork)

We do not perform as well as other hospitals for patients being disturbed by noise at night. We measure this indicator monthly using the electronic handheld devices used on our wards to seek feedback. The results for 2012/13 are shown below:

Target: For 2012/13 weighted score of 79.0

	No ₁₀₀	Yes	Total	% Yes	Weighted Score
Apr-12	331	109	440	24.8%	75.2
May-12	245	74	319	23.2%	76.8
Jun-12	128	34	162	21.0%	79.0
Jul-12	765	277	1042	26.6%	73.4
Aug-12	823	308	1131	27.2%	72.8
Sep-12	799	273	1072	25.5%	74.5
Oct-12	719	274	993	27.6%	72.4
Nov-12	701	217	918	23.6%	76.4
Dec-12	545	183	728	25.1%	74.9
Jan-13	783	246	1029	23.9%	76.1
YTD	5839	1995	7834	25.5%	74.5

DN: add year end data

In 2012 we started a pilot on three wards at City Hospital and QMC to reduce noise at night on our wards. This is known as the SSSH (Silent Hospitals Support Healing) project and aims to reduce noise at night by simple interventions.

The wards are using questionnaires to measure patient perceptions of noise which is helping to identify the key contributors to noise at night. These included:

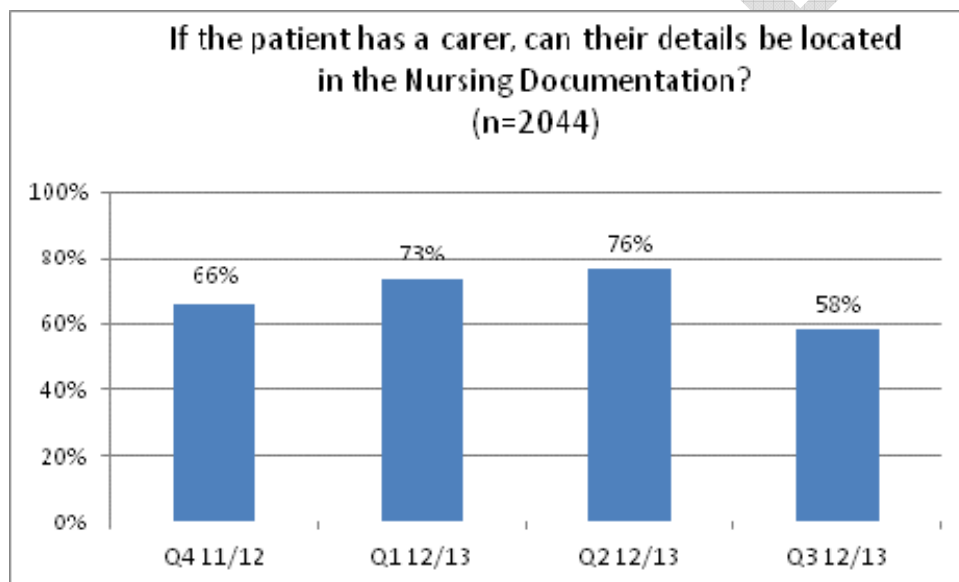
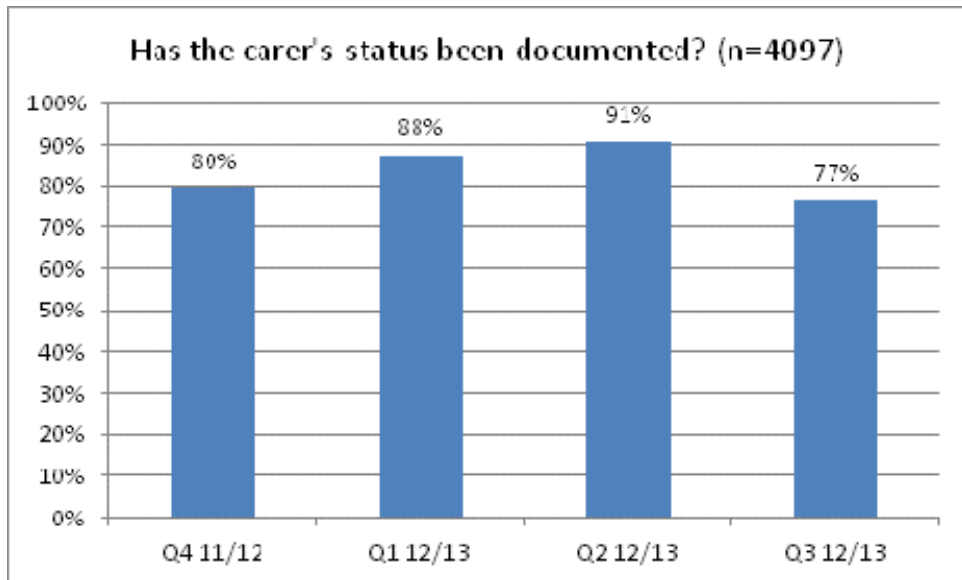
- Noise from external sources such as alarms, buzzers, telephones
- Noise from other patients
- Noise from staff
- Noise from patient movement to and from wards.

From early 2013, we began testing the interventions likely to have maximum impact based on patient feedback. This includes providing patients with soft ear plugs and eye pads for use at night, providing a warm drink before settling, turning off lights by 11pm, reminding staff to lower their voices and using a large poster at the entrance to the ward as a reminder to everyone that low noise levels aids our patients' rest and recovery. Caring around the Clock has already reduced buzzer noise on wards. We will roll-out this approach to all inpatient wards from April 2013.

Supporting carers

Much work has been completed in 2012/13 to better involve carers, where appropriate, in the patient pathway by using and respecting their knowledge and information. Care plans (including any discharge or transfer documentation) should include documented evidence which refers directly to carer consultation and engagement as appropriate.

A Trust-wide identification of carers' audit is undertaken quarterly by the Health Audit department.



Improvements include:

- Updated Carers Policy launched April 2012
- New Carers' cards were launched and distributed to all wards and departments
- Carers awareness stand at QMC in June 2012 visited by patients, visitors and staff
- Carers Federation: 2 drop in sessions providing information and support for patients, carers and visitors in February and March 2013
- A new 'About Me' document was launched on all wards to improve involvement of Carers of patients with dementia

QUOTE FROM CARER:

“It is good to see how the Trust has worked with Carers at all levels to improve the Carer experience and those they care for The introduction of Caring for Carers cards is proving to be a useful way of providing information and signposting carers to further support and help within the community”

Data collection and management at NUH

At NUH we generate a significant amount of data from various audits and quality measures. The complexity of this data can sometimes result in challenges in relation to accessibility and understanding. We will make the following improvements in 13/14.

1. Ward to Board review of information, analysis and reporting

Early 2013, we commenced a Trust-wide information review. This review aims to review the information, analysis and reporting needs for all levels of staff from the ward to the Board. It will investigate what people need in order to support their decision making process. The review will ensure that information requirements required at clinical, operational level, corporate level, sub-board level (e.g. Quality Assurance Committee) and Board level are fully captured and ensure suitable information is provided to support each level to discharge its responsibilities. This needs to ensure the right people, get the right information at the right time and in the right format and that staff have early warning of issues before they escalate, through lead indicators or prediction. As part of this we will ensure that we have the right people and tools required to deliver the information requirements.

2. National quality dashboard

A national quality dashboard has been developed by the National Quality Team to generate a better understanding than ever before about the state of quality in NHS Trusts. The dashboard will monitor acute trust performance on quality against six domains:

1. Preventing premature deaths
2. Quality of life for people with long terms conditions
3. Helping people to recover
4. Positive experience of care
5. Timely care
6. Safe environment

Within each of these domains are a series of measures. By using the dashboard it will enable the Trust to identify areas that it may be underperforming and monitor performance against peers. This will ensure that the quality of care is improved. The dashboard is due to launch in XXX and will be available to the public showing real time data For a range of quality and safety measures, including mortality rates, timeliness of emergency care, emergency readmissions rates, staff sickness, nurses to bed, doctor to patient ratios, never events, incidents and infection rates.

Validation exercise – falls & Safety Thermometer data

As part of a validation exercise of our falls data, it was established in February 2013 that the methodology used to identify the number of falls was resulting in some double counting (where if a patient fell this counted as one fall and if the same patient sustained an injury from the fall this counted as second fall). This has been resolved. Overall, fewer falls actually occurred in 11/12 and 12/13 than previously reported (296 fewer in 11/12 and 218 fewer in 12/13).

DN: Add patient safety thermometer data explanation

Validity checks of our Harm free Care scores measured using the Safety Thermometer tool (see page XX) revealed discrepancies with our figures. The cause was be double counting on some ward areas. These figures have since been revalidated and the Safety Thermometer national database updated accordingly.

These falls and Safety Thermometer data checks illustrate the importance of scrutinising our results for quality assurance.

NHS Number and General Medical Practice Code Validity

Month 8 Inclusion Date (April to November 2012)

NHS Numbers:

Admitted Patient Care	99.6%
Outpatients	99.7%
A&E	98.2%

Valid General Medical Practice Code:

Admitted Patient Care	100%
Outpatients	100%
A&E	100%

Information Governance Toolkit attainment levels

Information Governance Toolkit Performance	2011/12	2012/13*
Information Governance Management	66%	73%
Confidentiality and Data Protection Assurance	66%	74%
Information Security Assurance	80%	93%
Clinical Information Assurance	80%	86%
Secondary Use Assurance	79%	83%

Corporate Information Assurance	66%	77%
Overall percentage	74%	83%
Overall assessment	Not satisfactory	Not satisfactory

* Predicted outcome at 31 March 2013.

In 2012/13 we expect to achieve a satisfactory assessment for 44 out of 45 IG Toolkit requirements.

Progress of IG training has seen the percentage of staff that have completed IG training increase from 69% at 31 March 2012 to 78% at 31 January 2013. This is a similar level to that reported by peer hospital, but it does fall short of our target of 95%.

DN: to update figures after 31 March 2013

Clinical coding error rate

Clinical coding translates the medical terminology written by clinicians to describe a patient's diagnosis and treatment into standard, recognised codes. The accuracy of this coding is a fundamental indicator of the accuracy of the patient records. NUH was subject to the Payment by Results clinical coding audit in September 2012 by the Audit Commission who looked at both admitted patient care (APC) and outpatient care.

The APC error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) overall were:

- Primary Diagnoses Incorrect – 11.7% (88.3 correct)
- Secondary Diagnoses Incorrect – 8.2% (91.8% correct)
- Primary Procedures Incorrect – 0% (100% correct)
- Secondary Procedures Incorrect – 4.9% (95.1% correct)
- HRG errors – 0% (100% correct)

The sample size was 120 Full Consultant Episodes covering HRGs AA22Z Non-Transient Stroke or Cerebrovascular Accident, Nervous system infections or Encephalopathy and AA23Z - Haemorrhagic Cerebrovascular Disorders from quarter 1 2012/13.

The performance of the Trust, measured against the number of spells with an incorrect payment would place the Trust in the best performing 25 per cent of Trusts compared to last year's national performance.

Outpatient data of 150 attendances in diagnostic imaging from quarter 1 2012/13 was also audited at the Trust covering activity in Allied Health Professional Episodes and Midwife Episodes. The audit covered the Trust's coding of outpatient procedures and the accuracy of other data items that affect the price commissioners pay for an outpatient attendance without a procedure. These other data items are: treatment function code,

first/ follow up flag, age, and whether the attendance met the criteria of a PbR outpatient attendance. All data items had an error rate of 0% except the error rate of HRG change which was 6.7%.

Review of 2012/13 Quality Performance

A selection of quality indicators

The table below sets out NUH performance against a range of quality measures. This describes satisfactory performance for most of the measures, but also areas where we appreciate we have to improve.

Quality Measure [% unless shown]	2009/10	2010/11	2011/12	2012/13	Target 13/14	NUH Peers Average 12/13
Patients waiting less than 62 days from urgent referral to treatment for all cancers	81.8	86.8	84.9	>85		
Patients waiting < 31 days from diagnosis to first treatment for all cancers	97	97	96.5	>96		
Patients waiting < 31 days for subsequent treatments for all cancers – Surgery	96	95	94.9	>94		
Patients waiting < 31 days for subsequent treatments for all cancers - Drug treatment (%)	98	99	99.7	>98		
Patients waiting < 2 months from referral to treatment for all cancers - referrals from national screening programmes	94	91	91.5	>90		
Patients waiting < 2 weeks from urgent GP referral to date first seen for all urgent suspected cancer referrals	94	94	94.8	>93		
Patients waiting < 18 weeks from referral to admitted treatment	93	93	91	>90		
Patients waiting < 18 weeks from referral to non-admitted treatment	98	98	98.7	>95		
Patients waiting longer than 4 hours from arrival to admission, transfer, discharge	97	97	93.9	>95		
Breaches of the 28 day readmission guarantee as % of cancelled operations	7.68	7.92	10.15	<5		

Bed Occupancy	87	86	83.4		
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* Data not available at time of publication

Cancelled operations

The cancellation of so many operations in the early part of 2012 caused significant distress to many of our patients and their families.

An external review, published in September 12, concluded that there was no single reason for the cancellations. Rather the increased pressure in our emergency followed by our elective pathways was caused by the unforeseen and complex interaction of inter-related organisational and service changes. The report supported our safety and quality reasons for making these changes to the configuration of services across our campuses. It also described that, notwithstanding the significant number of cancellations and the pressure experienced by our hospitals and staff, our clinical outcomes remained among the finest in the country.

The report described that we made changes to patient flow in a system which was already stressed. Although bed numbers remained the same at QMC in the run up to winter 2011/12, the types of bed changed. Fewer elective beds were readily available for emergency use when there were peaks in demand. The overall impact was that our system was less able to cope with extreme day-to-day variations in demand, and we took much longer to recover from very busy days, than in previous years. In the first weeks of January QMC became overfull with emergency patients and we had no reasonable alternative than to cancel planned many operations. The full report and related action plan are available on our website at www.nuh.nhs.uk.

NUH has made significant progress in reducing the number of cancelled operations during this year, both 'on the day' and 'prior to the day'. Our total cancellation rate October to December 2012 was 2.76% compared to 10% January-March 2012.

DN: Add year end performance data.....

Actions and improvements in 2012/13 included:

- Transfer of elective orthopaedics from QMC to City (completed Aug 12) to provide greater resilience for elective (planned) patient care
- Opened over 80 extra medical beds between September 2012 and January 2013
- Recruited 120 nurses to these new beds (Sept 12-March 13)
- Opening a 12-bed respiratory short stay treatment and observation unit at City Hospital (Nov 12)
- We reduced elective activity over the Christmas period in 2012 at QMC and City
- Increased critical care capacity by 4 beds
- We reduced our elective activity from December at QMC and City Hospital. This scaled back elective activity will continue at QMC to the end of Quarter 4 to create extra capacity and safe care for emergency patient during winter. Much of our elective activity at City Hospital is protected so that when we do see an increase in emergency demand at QMC, there is little disruption for our elective patients
- We are working with clinical colleagues to review the theatre scheduling process

- We have implemented a new escalation policy to ensure senior managerial and clinical input before any operation is cancelled
- The cause of all cancellations is investigated
- Additional theatre equipment is being purchased to reduce any delays in turnaround time (for equipment to go through the sterile process)
- We are working to create an ordering system which will ensure all equipment is prepared and in theatre the night before the operation to minimise disruption to theatre lists
- Work is underway to align our elective theatre timetable with our critical care availability
- Working closely with our health and social care partners across Nottinghamshire to ensure patients have ready access to a full range of care services

Our focus in 2013 is achieving the national standard month-on-month and continuing to reduce cancellations for all reasons. Further work is underway to understand how we can make this step change. We will do further work within NUH and continue to learn from better performing organisations in our peer group. One of our biggest reasons for cancellations is clinical priority. One of our next pieces of work will be to work at individual surgeon list level to analyse where we can reduce cancellations further across each specialty. Only by drilling down to this level of detail will we be able to take our performance to the next phase.

Performance (to update tables end of March '13)

Non-Clinical cancelled operations as a % of elective operations

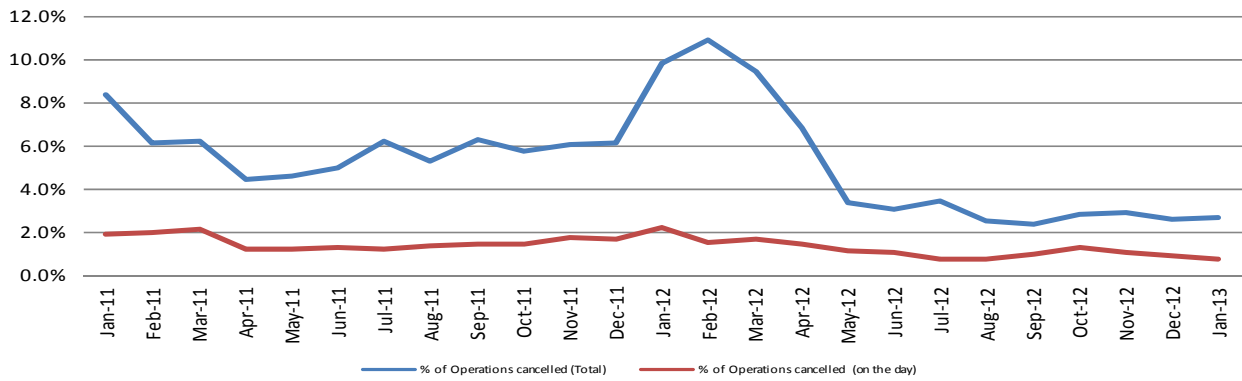
'On the day' non-clinical cancellations (elective)

Reason	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
Ward Bed Unavailable	123	65	54	48	9	6	15	1	5	24	11	8	7
ICU/HDU Bed Unavailable	14	11	32	23	24	7	12	9	5	10	18	10	5
Clinical Priority	14	19	22	17	44	35	20	29	18	35	29	15	12
Staffing	12	16	23	2	11	9	1	5	6	13	5	11	9
Theatre Time	10	3	9	7	11	10	8	7	10	7	6	4	8
Administrative Error	1	3	3	7	1	5	4	4	11	9	5	3	9
Equipment	5	5	5	5	3	2	10	2	11	9	4	3	6
Other	2	2	1							1		1	3
On the day Cancelled Operations	181	124	149	109	103	74	70	57	66	108	78	55	59
% of Operations cancelled (on the day)	2.37%	1.68%	1.85%	1.59%	1.22%	1.04%	0.87%	0.77%	0.95%	1.33%	1.03%	0.88%	0.78%
Cancelled twice for the same procedure	13	11	11	12	6	2	5	3	1	6	2	1	3
Cancelled 3 times for the same procedure	1	3	4	0	1	0	1	0	0	1	0	0	0
Cancelled 4 times or more for the same procedure	0	0	0	0	1	0	0	0	0	0	0	0	0

'Prior to the day' non-clinical cancelled operations (elective)

Reason	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
Ward Bed Unavailable					5	6	5	1	1		1	4	3
ICU/HDU Bed Unavailable							2		1	1		1	1
Clinical Priority					74	51	66	60	64	69	74	60	58
Staffing					60	35	69	28	21	40	58	33	48
Theatre Time					11	3	7	7	3	3		3	19
Administrative Error					4	6	7	10		7		3	4
Equipment					7	36	47	18	5		3		9
Other							4	1	1		1	2	3
Prior to the day Cancelled Operations	570	679	610	358	161	137	207	125	96	120	142	106	145
% of Operations cancelled (Prior to the day)	7.45%	9.21%	7.59%	5.21%	1.91%	1.93%	2.57%	1.68%	1.39%	1.48%	1.88%	1.69%	1.92%

**Total and On the Day Cancelled Operations
(as % of all operations)**



How we compare with our peers

Provider Description	Q1 2011/12	Q2 2011/12	Q3 2011/12	Q4 2011/12	Q1 2012/13	Q2 2012/13	Q3 2012/13	Past 7 Qu
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.4%	0.5%	1.0%	1.2%	1.3%	1.1%	1.3%	1.0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.4%	0.5%	0.6%	0.8%	0.4%	0.4%	0.7%	0.5%
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	0.4%	0.5%	0.7%	0.8%	0.9%	0.7%	0.6%	0.7%
LEEDS TEACHING HOSPITALS NHS TRUST	0.8%	0.8%	1.1%	1.1%	1.1%	0.8%	1.3%	1.0%
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	1.2%	1.3%	2.0%	2.0%	1.2%	0.8%	1.1%	1.4%
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST + TC Activity	1.0%	1.0%	1.5%	1.5%	1.0%	0.7%	0.8%	1.1%
OXFORD UNIVERSITY HOSPITALS NHS TRUST	0.7%	1.0%	1.1%	1.0%	Data not returned	Data not returned	Data not returned	1.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	0.4%	0.5%	0.5%	0.6%	0.6%	0.4%	0.7%	0.5%
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	0.8%	0.9%	1.0%	0.9%	0.9%	0.7%	1.1%	0.9%
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	0.3%	0.4%	0.3%	0.3%	0.3%	0.4%	0.3%	0.3%
UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	1.1%	0.9%	0.7%	0.8%	1.0%	0.6%	1.2%	0.9%
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	0.7%	1.1%	1.0%	1.3%	0.9%	1.1%	1.1%	1.0%
UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	1.0%	0.8%	0.8%	0.9%	1.3%	0.9%	1.1%	0.9%
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	1.4%	1.3%	1.5%	1.5%	1.2%	0.8%	1.3%	1.3%
Peer Average	0.8%	0.8%	1.0%	1.1%	0.9%	0.7%	1.0%	1.3%

DN: REDO TABLE

Emergency access standard

In 2012, we recorded a **XX** increase in ED attendances compared to 2011/12. We did not achieve the 12/13 national standard for emergency care for patients waiting less than four hours or less in our Emergency Department. Our challenge is to sustain our improved performance into 13/14. We remain committed to improving timeliness, safety and quality of emergency care.

DN: ADD MONTHLY PERFORMANCE CHART

Actions to bring improvements included:

- An external review by the Emergency Care Intensive Support Team identified that variation in practice across clinical teams was impacting on timely discharges
- Opening over 80 additional medical beds since Summer 2012, including a new observation and treatment unit (called the Lyn Jarrett Unit at QMC near our

Emergency Department. We have moved elective orthopaedics from QMC to City Hospital to increasingly separate our emergency and elective activity

- We introduced our 'five daily actions' campaign to improve early decision making and flow – this includes a focus on the early use of the Discharge lounge at QMC, timely TTOs, early safety and flow Board rounds, escalating and resolving internal and external waits and pulling from admissions areas. Performance against the five daily actions and length of stay is published weekly at ward and consultant level. Our new electronic bed management system, called Horizon, which was rolled out at QMC in 2012 and more recently at City Hospital is also helping to release beds earlier in the day by giving staff real time information about bed occupancy and patient activity
- Recruited **XX** extra nurses staff and **XX** medical staff to our Emergency Department
- We opened a new specialist respiratory ward at City Hospital, which helped ease the pressure on our Emergency Department during the busiest months of the year (see case study below).

Better for You Case study 2: Respiratory Assessment Unit

The project to create a new specialist respiratory ward at City Hospital was a good example of how the Better for You principles have been adopted across NUH.

The new Respiratory Assessment Unit (RAU) was a Respiratory led project but supported by BfY and with £1m transformational funding from City CCG.

The RAU on Berman 2, developed to help ease the pressure on the Emergency Department during the busiest months of the year, began receiving patients in November 2012.

Patients with long-term respiratory problems who need a hospital assessment are now navigated directly to the RAU and will be seen by a specialist without having to go through the QMC's emergency system. This means that patients can be treated quicker and more appropriately while freeing up capacity at QMC.

The benefits of having a specialist RAU were identified when patients with chronic conditions told us how frustrating it is for them to go through general admissions units when they know they need respiratory care. RAU patients are seen by a specialist team straight away thereby improving patient care and efficiency. Every winter the hospital sees a large rise in patients with COPD (Chronic Obstructive Pulmonary Disease) and this year most of the increase was directed through the RAU which reduced pressure on QMC.

Kate Aitken, who was recently admitted to the RAU, says of her treatment: "I felt very safe and confident in the care of specialist staff who were always there for me when I needed them. It was a very calm environment which is exactly what you need if you are struggling with respiratory difficulties. As staff were able to pre-empt what I needed I didn't have to ask for anything. The ward also offered more privacy and so it was like being treated at home. Because of this I got a good night's sleep."

Referral to treatment - 18 weeks

The NHS Constitution provides patients with a right to access services within maximum waiting times including the right to start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions. We did not meet this target for a number of specialties in the early part of 12/13 as we worked to clear a backlog of elective surgery caused by the increased demand for emergency services and the resulting high level of cancelled operations in Winter 11/12 as described on page XX. Additional capacity was provided to reduce this backlog in the spring of 2012 and the majority of specialties have achieved the target since August 2012. We do still have a small number of specialist areas, including spines and elective orthopaedics, where increased demand has led to some patients waiting longer than the national standard. However, we are working closely with our commissioners and other providers, both private and NHS, to offer patients a choice of provider to enable their treatment to take place earlier.

We report monthly on our performance against all of the national standards. This is available on our website at www.nuh.nhs.uk (integrated performance report).

Admitted

Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
86.63%	86.39%	84.55%	89.25%	91.66%	91.63%	93.30%	92.79%	93.57%

Non-Admitted

Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
98.83%	98.87%	98.74%	98.80%	98.48%	98.41%	98.26%	98.52%	98.58%

DN: add year end data

Quality Management Systems

Quality Strategy and Safety Programme

Our aim is to deliver excellent, caring, safe and thoughtful healthcare for patients in Nottinghamshire and the East Midlands. We aim to be the best acute teaching Trust in England by 2016. By 'best' we mean each of our services will be in the top three when compared to our peers. We want to achieve this in a way which is recognisable, measurable and meaningful to everybody in our community.

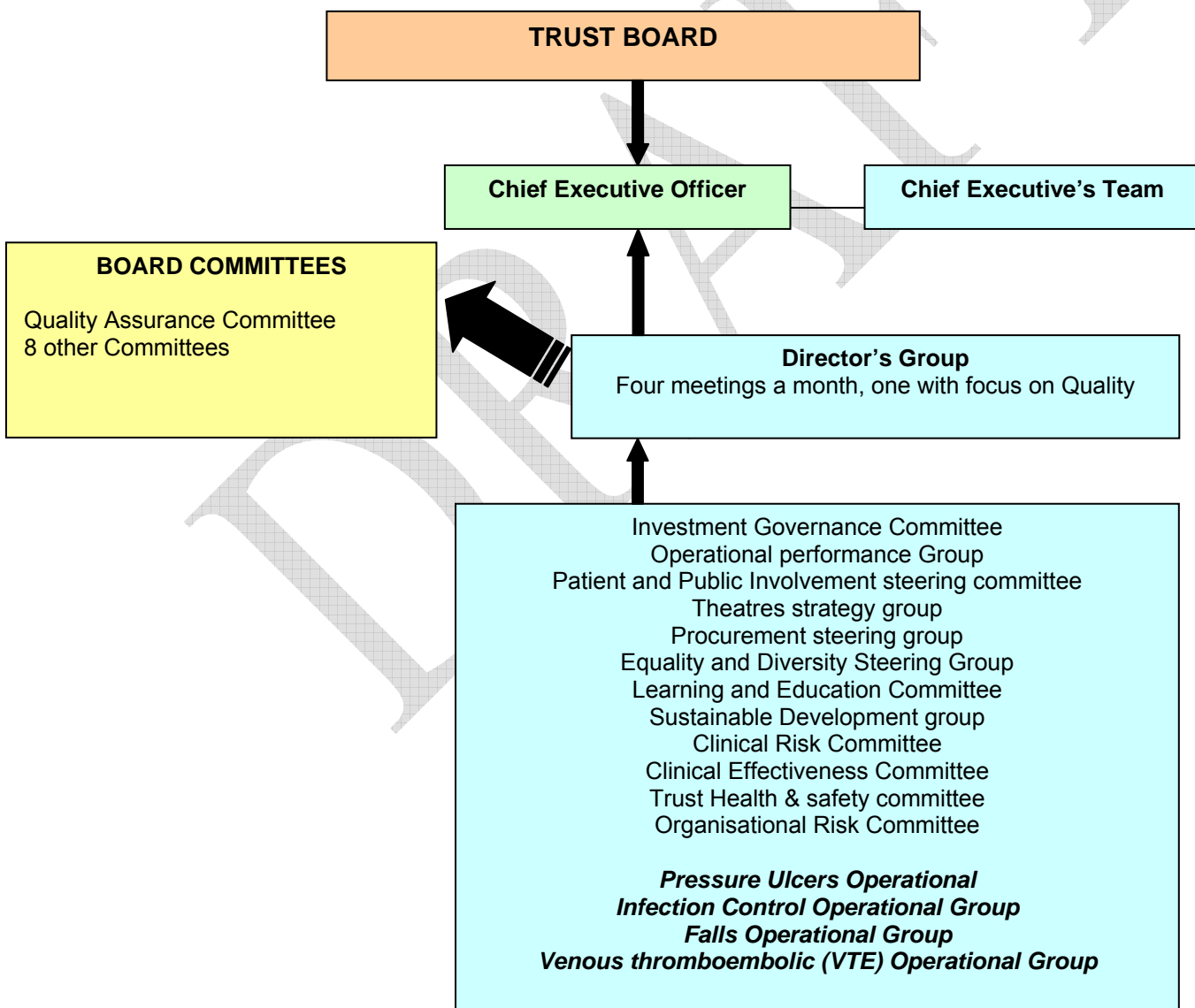
Being the best acute teaching Trust in England means our patients receive safe, person-centred and clinically excellent care, based on the best evidence.

We are committed to delivering a compassionate, caring, communicative & collaborative experience for our patients and their carers.

Our aim is that patients will have healthcare outcomes which achieve or exceed those described in the NHS Outcomes Framework and NICE quality standards.

Two committees meet regularly to ensure we are able to deliver our strategy. The Quality Assurance Committee (on behalf of the Trust Board) monitors, reviews and reports on the quality of services provided by the Trust in each of the domains above and on the quality of the Trust's risk management processes and arrangements.

In November 2012, the Quality Operational Group was superseded by the Directors' Group which focuses on the Quality agenda. The Directors' Group (Quality) meet monthly, with membership made up of Trust Board directors, advisors to the Board and the senior clinical leadership team of the Trust who are responsible for monitoring and driving performance and continuous and sustainable improvement in the quality of services provided by the Trust. They are responsible for leading the implementation of actions where improvements in performance to meet the agreed quality standard have been identified. Members are responsible for sharing local best practice in order to enable Trust-wide sharing, learning and adoption of best practice.



Crucial to our aims is the delivery of Harm Free Care through our comprehensive Trust-wide patient safety programme, which is made up of several workstreams. In this section of the Report we describe our work in 12/13 and summarise our areas of focus for the coming year.

Recognise and Rescue

Recognise and Rescue means where a patient may be at risk of deteriorating this is identified early and managed quickly.

NUH has a Recognise and Rescue of the Deteriorating Patient Committee to drive improvements in preventing deterioration. This area of care is nationally recognised as a high priority in keeping patients safe.

During 2012/13 the Committee's main objectives included:

1. Bringing together a number of groups under one umbrella to consider specific patient safety issues, share learning and work together to improve safety
2. Engaging key areas of the hospital (including Emergency Department, Acute Medicine, Critical Care, Obstetrics and Gynaecology and Paediatrics) to share their work and help other areas improve patient safety
3. Commencing data collection in all relevant areas for benchmarking so that we can see how we are doing compared to other hospitals and to identify future improvement work.

An overview of specific work undertaken by the groups that feed into the Recognise and Rescue Committee is described below.

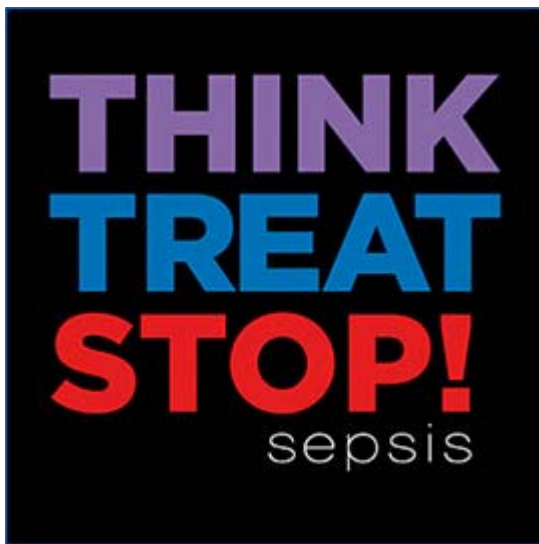
Improving patient safety for patients with severe sepsis

Every year in the United Kingdom approximately 160,000 people are affected by sepsis. Sepsis is the change in physiological state of a patient in response to infection and patients with sepsis can deteriorate rapidly. Mortality (deaths) in sepsis can be as high as 40%. It is important to recognise the signs of severe sepsis quickly. Rapid treatment, including timely administration of antibiotics, improves outcomes. We treated 400 patients with severe sepsis last year. We recorded fewer sepsis deaths at our hospitals in 12/13. This remains one of our key safety priorities (see CQUIN section).

Following a successful pilot on a number of our wards, we implemented a new tool to identify sepsis in adult areas in 2012. We have a lead Consultant for our sepsis campaign – Dr Mark Simmonds and in 2012 we employed a sepsis nurse to help educate staff around sepsis and to support our improvement work. We have introduced an audit system which includes feeding back to clinical teams learning points from the review of sepsis management. This enables our clinical teams to learn how to improve on the care they provide to patients with sepsis.

We complete daily identification of severe sepsis patients on critical care, with an in depth audit of their care around sepsis, prior to being admitted to the critical care department.

Following an initial pilot of sepsis boxes, which contain key parts of the necessary kit for sepsis treatment on two of our emergency admission wards (B3/D57 at QMC) we have rolled out the boxes to in all adult inpatient wards across NUH. This means staff have key advice and equipment readily available to enable rapid treatment of sepsis and deliver the timely interventions that are vital to early sepsis management.

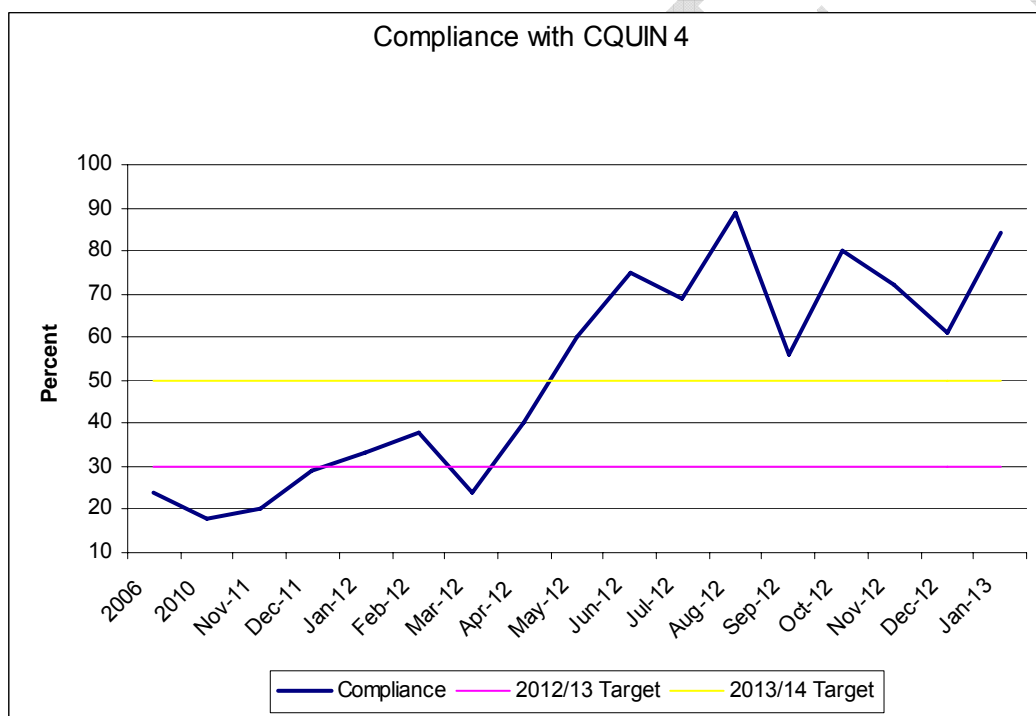
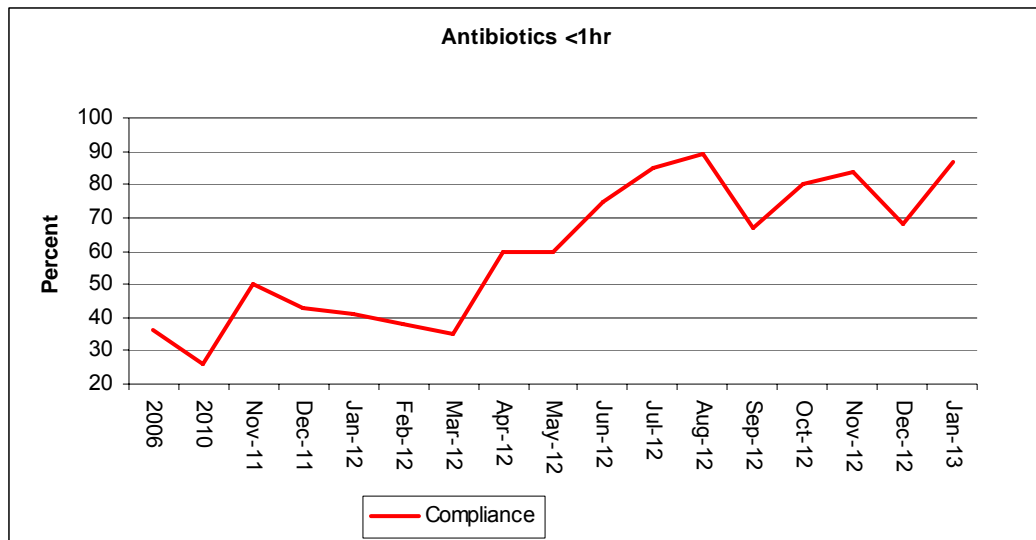


We launched our 'think, treat, stop sepsis' campaign in 2012 to raise awareness of sepsis as a medical emergency (like heart attacks and strokes). Our campaign has continued to raise awareness among medical colleagues that we can save loved ones by early identification of patients with sepsis. Taking blood cultures, checking a blood sample for lactate levels and starting intravenous fluid resuscitation should be completed within six hours of onset.

In 2012, members of the Trust's Sepsis Action Group led the Trust's support of World Sepsis Day.

As a result of these initiatives our patients are safer in our care. We achieved the following improvements in 12/13:

1. Antibiotics in <1 hour now consistently >70% each month (Vs XX in 11/12)
2. Compliance with 'early treatment care bundle' now consistently >60% (Vs XX in 11/12)



DN: update graph April 13

Our focus for 2013/14:

By April 2014, we aim to achieve 60% compliance with all of the six interventions. Known as the 'sepsis 6' This will require a continued improvement in our compliance with patients receiving antibiotics in <1hr.

Funding has been secured to develop an automated electronic feedback mechanism to increase learning about improving sepsis care and we aim to introduce this by XXXX

Acute kidney injury (AKI)

When the heart or the lungs begin to fail it is evident quickly, but when kidneys fail it may go unnoticed. During some illnesses when things start to go wrong, the blood flow to the kidney may be reduced. It may take hours before blood results showing kidney function change and days before it is evident on external examination and by then there may be some structural damage to the kidney, known as Acute Kidney Injury (AKI). Caught early, actions can be taken that may reverse any malfunction but once established these can be difficult to reverse.

AKI is associated with high rates of complications and long length of stays in hospital. Nationally, AKI is not detected early enough and management is often not as good as it could be. At NUH, we developed an AKI electronic alert system, which has been in place at QMC and City Hospital since 2011. It helps detect AKI, based on changes in blood results and automatically sends an alert message to the electronic system used to monitor patients results. This system links clinicians to the Trust's clinical guidelines for AKI which advise on early management and advises which patients should be referred to kidney specialists.

The AKI alert system has been recognized as valuable in improving detection rates and clinical outcomes. It has gained a national profile, has been published as a case study by NHS Kidney Care and used as the basis of developing similar alert systems at other NHS trusts around the UK.

The benefits of using this system have contributed to XXXX

Include how we have done in 12/13 with AKI

Resuscitation

Surprisingly there is little information available and shared on a national level on how to improve outcomes in patients who undergo cardio pulmonary resuscitation (CPR) after cardiac arrest. As a result, the NUH resuscitation department have begun reviewing cardiac arrests to understand the factors that could most influence on our success rates and aim to improve patient outcomes. We agreed with our Commissioners to review 80% of cardiac arrests in 12/13. We met this target (see CQUIN section).

The total number of cardiac arrests recorded at NUH each month for Quarter 3 of 2012/13 is outlined below.

DN: year end figures to follow

Month:	Total number of recorded adult cardiac arrests:	Number of RCA's undertaken	%
October	14	12	85%
November	16	13	81%
December	22	18	81%
Overall	52	43	81%

Totals			
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In 2013, NUH will launch a new 'app' available on mobile devices which will enable clinical colleagues to record their learning from cardiac arrests.

Early Warning Score (EWS)

We are committed to ensuring that when observations are outside normal parameters, or there are signs of physiological deterioration, staff take appropriate action to monitor the patient more closely and seek advice and support from other members of the multi disciplinary team, with the aim of reversing or preventing further deterioration and avoidable harm to the patient. Research shows that failure to rescue patients whose condition is rapidly deteriorating is an area of significant unintended harm in the healthcare environment.

Improving the care of the deteriorating patient (Adult & Child) has proved a challenge for us (as for most hospitals), despite several initiatives and educational programmes. "Failure to rescue" continues to feature in many of our High level (HLI) and Serious Untoward Incidents (SUI).

An audit in all adult wards of adherence to the EWS policy in July 2012 demonstrated :

1. 96% of patients audited had observations taken at least 12 hourly, compared to 32% in the EWS audit of 2010 (a significant improvement)
2. 90% of early warning scores were correctly scored and added up in the 2012 audit compared to 14% in the 2010 audit (a significant improvement)
3. 30% of audited cases had observations increased correctly based on the EWS score
4. 12% of audited cases had nursing escalation interventions completed if required
5. 31% of audited had medical escalation interventions completed if required

This confirmed that whilst we have made improvements with the introduction of the new charts (2010) in recording of observations, there is still poor and limited appropriate response to deteriorating patients by nursing and medical staff.

As a response to these results, a specific CQUIN to improving the care of the deteriorating patient has been developed to focus attention and resource on this issue.

Safer Surgery

In September 2012 we took part in the National Safer Surgery Week to highlight ways in which the 'Five Steps to Safer Surgery' toolkit is helping us to learn from good practice, incidents and near misses. It is important for us to focus on Safer Surgery to ensure we prevent 'Never Events' (wrong operations, or retained objects after surgery) and to make sure our patients receive the safest care. In 2012/13 there were five Never Events at NUH (though two had occurred in the year before), compared to seven in 2011/12. Our aim is to have no such events. All such events are considered by the Board.

At NUH, the Five Steps checklist involves the theatre teams being briefed before and after surgery, a 'sign-in' stage before anaesthesia, 'time out' moment before the actual surgery starts and a 'sign-out' before leaving theatre. Over the past year, these Five Steps have been embedded into our everyday practice – they complement the other aspects of best practice that make up high quality care in our theatres: well trained staff, resources, pre-operative assessment and planning.

We have built on the recommendations of an expert review of Never Events and serious incidents that had occurred in NUH theatres. In 2012/13 year we have worked to clarify how the Five Steps work in practice. Our second Surgical Safety Conference, supported by NUH charitable funds, provided over 500 staff with lectures and seminars from national and local experts in human factors and patient safety.

The World Health Organisation's Safer Surgical Checklist has now been embedded into practice in our theatres. In January 2012, we introduced mandatory pre-list briefings for all our surgical lists in addition to use of the safer surgical checklist for all patients. We support safer surgery week in September 2012.

Pre-list briefings bring the operating team together before surgery starts to discuss any potential patient safety issues that might arise.

Venous Thrombo Embolisms (VTE)

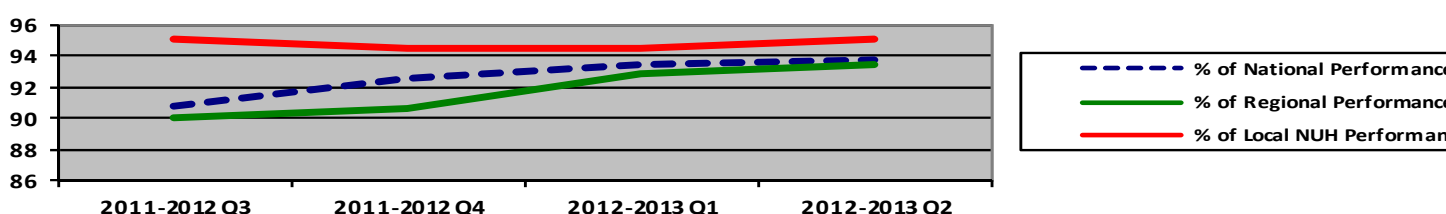
Blood clots in the leg (deep vein thrombosis/DVT) or the lungs (pulmonary embolism) can cause significant harm. They can also be life threatening.

As part of the national commitment to reduce avoidable VTE, in 2010 NUH established an electronic risk assessment tool to improve the timeliness of risk assessments. We monitor the performance at specialty level at our monthly VTE operations group, chaired by our Medical Director, where individual directorates are challenged about their performance if below the 95% target..

All clinical colleagues receive VTE education as part of their mandatory training programme. We have significantly improved our performance over the last 12 months. 95% of our patients have their risk of developing a blood clot assessed, and if needed, are given preventative drugs to reduce their risk of developing a clot within 24 hours of admission to our hospital

The information obtained (from Department of Health Transparency VTE data submissions and NUH Information Services reports) demonstrates that NUH is consistently performing above National and Regional CQUIN performance.

National/regional data for comparison



The Trust's Thrombosis Committee was runner-up in the Lifeblood VTE Awards 2012 in the Most Improved Trust: CQUIN Results 2011/12 category. The expert panel of judges felt that our Trust's submission demonstrated an exceptional level of leadership and innovation, and that our strategy's wider adoption throughout the NHS could lead to significant improvements in VTE prevention nationwide.

In 2013/14, we will strive to increase compliance further and exceed our targets. We are aiming to achieve exemplar status, which will give NUH national recognition for having a track record of excellence in VTE management and a resource for demonstration of best practice

Patient Safety Conversations

As part of our commitment to 'Board to ward' communications, NUH has proactively undertaken Board patient safety conversations since 2009. This programme of visits to clinical areas by Board members gives frontline staff the opportunity to share their experience of patient safety for their ward or department in an informal and open environment.

In 2012/13 we completed XX conversations. Since 2009, we have done XX.

The conversations have helped to reinforce a strong safety culture and continue to be a very effective way of connecting frontline staff and the senior leadership of the Trust. The conversations are invaluable as a way of creating shared learning and information with an increase in awareness of 'on the ground' issues. Feedback from staff is that they feel listened to and feel that rapid action is taken by senior colleagues where improvements are needed. Examples of themes which are raised include:

- Resolving estates issues where for example repairs or modernisation are required on wards
- Cross learning shared between ward teams and other areas of the organisation regarding patient safety and incidents

Other common safety concerns staff have raised have been fed back into our existing working groups such as falls and pressure ulcers. Staff report that they feel more able and supported to introduce local solutions to identified problems.

Kathryn Whittaker, Deputy Sister, Ward C52:

"It was nice for the Board to see the grass roots of the ward and for them to speak to the ward staff – they can see the ward warts and all. As a result of our Patient Safety Conversation, we have been able to turn our double side room into a dayroom for our patients. The room was entirely unsuitable for two patients, and as such we have been able to create a bright space for our patients to relax away from their bedside. We felt that we were truly listened to and that our concerns were fully taken on board. It's nice that they took the trouble to listen and feedback both the negatives and positives about our ward. It was great for staff morale to see the board really taking note of our feedback"

Shardin Chakraborty, Deputy Ward manager on Renal Dialysis at City

"It was great to feel that we were being taken seriously by our senior members of staff."

We care for dementia patients who need to be catheterised, and a common problem we face on the ward is dealing with dislodged Catheters, which can cause infection. As a result of our Patient Safety conversation, we have been provided with equipment which detects when the Catheter has been dislodged, allowing us to deal with any problems more quickly. This has vastly enabled us to improve patient care and reduce the risk of infection.

Peter Homa, Chief Executive

"We have an active programme to encourage our staff to raise concerns. From the Trust Board to each ward and department, we are committed to ensuring the fundamentals of patient care are consistently delivered to patients. At our regular patient safety walkabouts involving Trust Board members, we talk with front line staff and provide a forum in which staff can share concerns directly with senior colleagues."

Staff surveys results on Patient safety

We continue to foster a culture in which staff can talk openly about incidents, errors or harm to patients. Our 2012 national staff survey results (published February 2013) showed that NUH is better than average (compared to other acute trusts) when it comes to the percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month and is in the top 20% of highest performing trusts for (a) the percentage of staff reporting errors, near misses or incidents witnessed in the last month and (b) fairness and effectiveness of incident reporting. In addition, NUH remained better than average for the percentage of staff reporting good communication between senior managers and staff.

ADD CHARTS

For the second time, in 2012 the Trust ran an internal online staff survey, which complemented the national survey. It focused on issues highlighted as important by the Trust. Of the 1,166 respondents, 91% felt confident in reporting errors, near misses or incidents.

NUH Patient Safety Newsletter

In 2012/13 we continued to issue a monthly newsletter Trust-wide to communicate, from the Chief Executive, Medical Director and Director of Nursing key patient safety messages to staff. Bi-monthly we share learning from serious incidents and 'Never Events'.

Patient safety information leaflets & bedside folders

In 2012 we updated our patient safety information leaflets for staff and patients. The patient version now includes a patient/relatives check-list. The check-list is a list of

important things that should have happened in the first 24 hours of admission to hospital, such as “have we talked to you about falls and have we given you information about VTE prevention?”.

Early 2013, we involved patients and member of our readers’ panel in a further review of our safety leaflets so that we can assure ourselves we are continuously improving the quality of information we provide to patients.

In 2012, we launched a new bedside folder across our inpatient wards. Developed by and for patients, the new folders include the vital patient safety information for patients and their families.

Improving safety communication with Junior Doctors

In 2012, we developed a mobile ‘app’ for junior doctors in direct response to feedback from our doctors on how they wish us to communicate with them and keep them informed. We have piloted this new tool, which includes improved access to doctors for safety information, including clinical guidelines, patient safety alerts and educational materials. Usage and usefulness of the ‘app’ is due to be evaluated in April 2013.



National recognition for Hospital @ Night

Our Hospital @ Night (H@N) project was fully rolled out across City Hospital and QMC in 2012/13, improving out-of-hours care and patient safety.

H@N uses an intelligent IT system, called Nervecentre, to co-ordinate hospital care at night, weekends and bank holidays – which accounts for around 75% of hospital time. While there are fewer elective operations out-of-hours, other patients typically need the same level of care as during core hours, and emergency admissions still need to be managed.

A wireless communication system now connects the H@N coordinator to tablets and mobile phones held by junior doctors on the wards, which has improved accuracy and response times for dealing with emergency admissions out-of-hours; previously, notes

were handwritten on paper and passed from person to person, which left room for human error. Research has shown that multidisciplinary teams working in this way reduces mortality and improves clinical outcomes.

Implemented in conjunction with researchers from the University of Nottingham, H@N was winner of the Partnership category at our NUHonours Awards 2012 (staff awards), won a British Medical Journal (BMJ) Improving Health Award in May 2012 and was Highly Commended in the Health Service Journal Awards in November 2012.

Improving medicines safety

The Trust's Medicine Management Committee regularly reviews relevant policies on how the Trust procures, handles, stores, prescribes, dispenses, administers and monitors medication to ensure that this is done as safely as possible. The prescription chart has been redesigned. Antibiotics are now prescribed on a dedicated section of the chart to facilitate adherence to best practice.

The Drugs and Therapeutics Committee (DTC) ensures that drugs available for prescription within NUH are appropriately safe, efficacious and cost-effective. The DTC works closely with the Area Prescribing Committee when making decisions about drugs which are also prescribed from primary care.

Alongside this the Medicines Safety Group works to raise awareness around medicine safety, identifies medicines safety risks and implements actions to reduce medicine-related harm. Trust-wide medication incident data are reviewed quarterly to look for trends and develop actions. The group works closely with the Directorates, which regularly review their medicine-related incidents and analyse them for patterns and trends according to a structured algorithm. Fifteen reports were received during 2012. The number of incidents reported and investigated, and the detail of the reports demonstrate an improving safety culture with respect to medication safety within the Trust. They have also informed the workplan for 2013/2014 when NUH will focus on further improving medicines reconciliation, the safe use of insulin and reducing the number of omitted doses.

Health Foundation Safer Clinical Systems Project

The Safer Clinical Systems programme is a new, structured approach to improve patient safety. NUH was chosen by the Health Foundation as one of four hospitals nationally to test this new methodology in making prescribing safer. Systems thinking is used to build safe and reliable patient care through proactively identifying and managing risk (rather than just reacting to harm events), and ensuring feedback to create continuous learning, engagement and sustainable solutions. The work at NUH is focused on one of the busy acute admission wards where we have incorporated patient experience into the diagnostic phase of the programme to proactively identify risks in the patient pathway. As a result we are now concentrating on better communication across care interfaces, making sure patients receive their medicines more quickly and improving the culture around medication safety. We will be presenting our work at the 2013 International Forum on Quality and Safety in Healthcare <http://internationalforum.bmj.com/home> and at the 2013 Patient Safety Congress <http://www.patientsafetycongress.co.uk/>.

Working with other organisations on medicines safety

In addition to medication-related risks that have been identified from within the Trust, NUH also implements safety solutions in response to medicine-related alerts from other external organisations, including legacy alerts from the NPSA. During 2012 NUH successfully completed the NPSA Alert on 'Insulin Passport and the alert of 'Safer Spinal Part A' within the national timescale.

NUH representatives are part of the Regional Medicine Safety Pharmacists Network which discusses risks and is a forum for sharing good practice. During 2012 twenty-one medication risks identified in other Trusts within the region have been assessed and where necessary actioned at NUH.

Department of Health Never Events – medication related

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Ten of the Department of Health 'Never Events' concern medication. NUH has developed an assurance framework which is updated every quarter to allow regular review of the risks around medication Never Events. This framework has been adopted by other Trusts within the region to allow benchmarking of medication Never Events and shared learning to manage the risks. During 2012/13 NUH has declared one medication Never Event. A patient was administered a drug called Bortezomib subcutaneously instead of intravenously. The drug is licensed for administration by either route and the patient was not harmed. However because the drug was administered by a different route to that prescribed, this was declared a 'wrong route chemotherapy' Never Event. There has been a full investigation and action plan implemented.

Knowing how we are doing

To ensure that medicines management practices are safe and that changes are improvements, medication-related audits are included in the Trust audit plan. An audit of the potassium policy showed very good compliance. Towards the end of 2012 a Trust wide audit of omitted doses was completed. The results are being reviewed and an action plan will be developed and implemented during 2013.

We ask patients to tell us about concerns about their prescriptions or medicines. Many trusts have outsourced their outpatient dispensing function to community pharmacy chains but a new model has been established at NUH whereby the commercial benefits achievable from running an outpatient service as a separate company are retained for the benefit of NUH patients. Patients using this service are regularly surveyed and report high levels of satisfaction.

Continued learning and useful information

Teaching and further education on medicine-related topics are included in the induction and ongoing education for nurses, doctors and pharmacists. The newly formed medicines education group is working to make this more relevant and accessible and is creating a responsive multi-professional education plan. New online learning and assessment modules are being developed to provide the flexibility needed.

'Medicines Matters' are medicines safety bulletin produced for NUH staff. They communicate key medicines safety messages and learning points.

During the year 2012 our Medicines Information Unit answered 1,171 patient-centred enquiries for NUH and 92 patient centred enquiries for primary care/members.

The information for patients on what to do and where to turn to with queries about medication has been updated on their copy of the discharge letter.

Storage and Security of Medicines

This is regularly monitored for adherence to good practice standards. Electronic drug storage units have been installed in the emergency department and critical care area. These allow continuous stock control and ordering of medicines. Thumb print recognition allows an audit trail of all people who have accessed every compartment of the cabinet to support safer use of medicines.

Measuring our rate of harm events

Harm events are unintended events at least partly related to healthcare (and not just to underlying disease) that cause harm. Some examples include: pressure ulcers, blood clots, patient falls and hospital acquired infections.

The harm event rate is measured by looking at a random selection of patients notes each month who have recently been discharged.

Financial year	Number of harm events per 1,000 bed days	Target
2010/11	20.1	-
2011/12	19.3*	19.1 (5% reduction from 2010/11).
2012/13	DN: TBC in April '13	18.3 (5% reduction from 2011/12).

*Represents a 4% reduction compared to 2011/11. This equates to a reduction of approximately 389 harm events.

Safety Thermometer

Harm free care means the absence of pressure ulcers, harms from falls, catheter related urine infections and venous thromboembolic events for inpatients. The rate of Harm free care at NUH is calculated by counting the number of hospital inpatients in whom all of the following harms are absent

- A pressure ulcer of any category 2,3 or 4 acquired anywhere

- A fall which resulted in any degree of harm within the previous 72 hours in a care setting
- A new venous thromboembolism (VTE) of any type developed after admission VTE in this instance includes DVT, pulmonary embolism and other types of venous thromboembolism)

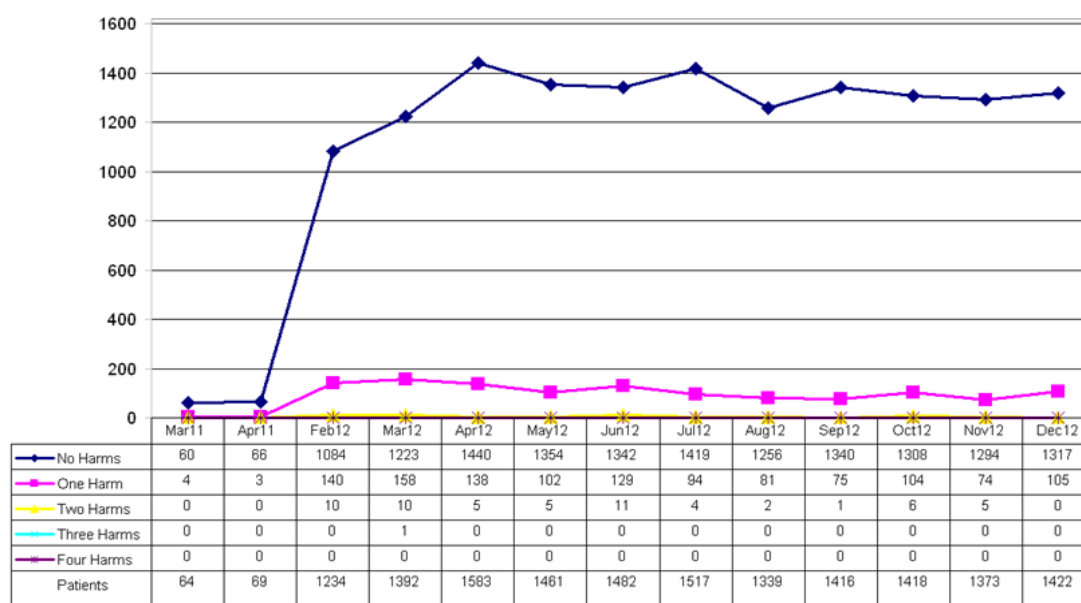
The NHS Safety Thermometer is a tool which has been designed to be used by frontline healthcare professionals to measure a snapshot of these harms once a month

The safety thermometer aims to support Trusts to deliver harm free care to at least 95% of all NHS patients by the end of 2013.

NUH has submitted data every month over the year April 2012- April 2013. 100 staff from across all clinical areas, governance, nursing development and other corporate departments collect the data on a pre-determined date each month from around 1,400 patients across 75 wards.

Over the year to date 93% of our patients received harm free care.

DN: Update table below – to reflect year end position



We now have 12 months of data from this tool and through our operational groups for falls, pressure ulcers and VTE will use this information to support and inform our aim to deliver harm free care to patients at NUH. Work with catheter associated urinary tract infections is being carried out by one of our infection control nurses, following her recent scholarship to the USA to identify best practice in reducing urinary tract infections.

NPSA Medication Alerts

The Trust is actively working to improve medication safety and our Consultant Led Medicines Safety Group continues to analyse medication incidents and make recommendations for improvement. We have implemented the NPSA 'Insulin Passport'

Alert this year and reduction of insulin errors and reduced length of stay for patients with diabetes are included in our CQUIN targets for 2013/14.

The Safer Spinal Part 'B' Alert has a completion date of April 2013. The Trust will not be able to meet this timeframe as suitable equipment will not be available from manufacturers. Our Task & Finish Group is assessing the risk associated with the delay and continuing to plan for implementation.

Incidents

Incident reporting is a key requirement in our quest to continuously improve patient safety. Our staff understand that if we learn when things go wrong, we can prevent harm to our future patients and we encourage an open and honest culture in this regard underpinned by a supportive and blame free culture. Our latest organisational patient safety incident report (September 2012) from the NHS Commissioning Board showed our rate of incident reporting was 8.6 per 100 admissions (increased from 7.3 in March 2012). NUH considers that this data is as described for the following reasons [insert reasons].

Trusts that report high levels of patient safety incidents suggest a stronger organisational culture of safety because they take incidents seriously. NUH is now in the top 25% of hospitals reporting the most incidents. We recorded 16 Serious Incidents in 2012/13. Five of these were defined as Never Events

Serious Incidents (SI) 2012/13	Never Event	Other SI	Total
Inadvertently retained foreign object following procedure	2		2
Wrong site surgery	2		2
Medication	1	3	4
Patient Falls		2	2
Information governance		1	1
Infection prevention & control		2	2
Intrauterine fetal death		1	1
Failure to follow up test results		1	1
Unexpected death following surgery		1	1
Total	5	11	16

Each serious incident is subject to robust investigation and careful monitoring of the associated action plan to put systems in place to reduce the risk of reoccurrence

In response to the cluster of Never Events in 2011/12, we commissioned a thematic review of these. All of the recommendations from that resulted from that review were implemented. We continue to work with clinical teams to reduce harm to our patients. At our staff training events, patient safety incidents are presented (anonymised) for discussion and learning shared. We continue to work towards improving the cascade of learning from these events to shop floor staff through our ward and department meetings

It is important that the learning and key messages are shared widely, not only in our hospital but externally with commissioners, patients, and the public as appropriate. In October 2012, NUH hosted the first meeting of the East Midlands Safety Collaborative. This is a regional shared learning event where senior clinicians and patient safety leads from the hospitals across the region come together with commissioners to exchange best practice, discuss implementation of new initiatives and present their patient safety programmes.

Quality Framework: Ward to Board

Caring around the Clock

Case Study: Caring around the clock (CATC)

In January 2012 the Prime Minister announced his desire to see 'hourly rounding' introduced at all NHS trusts. CATC is NUH's innovative interpretation of hourly rounding which was implemented during 12/13. It is one of the programmes of work underway which is helping us to meet the essential care needs of our patients consistently, every day.

Between 8am and 11pm, nurses check on the essential care needs of patients every hour between 8am and 11pm as a minimum (two hourly between 12 midnight and 8am). This includes checking what we call the 'Ps and Qs' – pain, position, personal care, prevention, plan of care, questions and supplies. Clocks by the patients bedside are used to indicate to patients when a nurse is due back to check on them, helping to increase confidence in our care, the visibility of nurses and ensure that patients feel involved i.

Louise Challans, Ward sister, Loxley Ward, City: "CATC has been a catalyst for so many positive changes on the ward. Quality and safety has improved. It has helped us to go back to basics. The single biggest difference for me as a ward manager is that I now have more contact with patients and their families, I'm more visible on the ward and can get and act on feedback from patients immediately."

Amanda Blackwell, Beeston Ward Manager, City: "We are anticipating care needs of patients more quickly because we're using time better, and are releasing more time to care. The reward and recognition boards make me feel proud of my staff. They do an excellent job and now get the recognition they deserve, every day."

Rhonda, Ward Manager, Ward E14 at QMC: "CATC is about changing the way we work. It is setting out how we do nursing at NUH and what patients can expect when in our care. All nurses are involved, including student nurses, helping us to train the future generation. Staff morale has improved."

PATIENT COMMENT

I visited my father in law on ward C51. I was feeling tired and anxious about my father in law's condition. My mother in law's comment during his last admission in October has stayed in my mind... the nurses are fantastic.

The chief nursing officer's reference to nurses focussing on care and compassion has also triggered many thoughts. I have spent 27 years in nursing and believe the greatest gift we give our patients is time .The nurses on C51 showed care and compassion that should make them proud.

Case study : Embedding Caring Around the Clock on Ward C4 at QMC.

One of the pilots in 2012 took place on ward C4 – a 28 bedded female Trauma & Orthopaedic ward.

Fundamental to embedding this change to a way of working was to break the cycle of old routine while encouraging staff to think and behave differently. This was achieved by continuously reinforcing positive messages about the initiative, and listening to feedback from staff.

Caring Around the Clock is now an integral part of the working day on C4. Feedback has been very positive from staff, patients and relatives. There have been no formal complaints from patients since Caring around the Clock was introduced on C4. Ward Sister 'leadership' rounds have also helped ensure that patients are receiving quality and safe care. A reward and recognition board has been set up for staff to incentivise good performance.

A C4 patient said: "The clock by the bed tells you when the nurses are coming next. As a patient you lose all track of time while lying in bed or sitting in a chair. Day and night blur into one. The clock reassures you that you are guaranteed some time with a nurse."

Accountability around the Clock

This project links with nurse handover at shift change and aims to increase the accountability of registered nurses for the care of their patients. It promotes this through Peer Accountability – encouraging staff to challenge each other and hold each other to account for the completeness of documentation and communication of care.

Linking well with Caring Around the Clock, it also provides an opportunity of checking the patient's bedside records. This promotes compliance with the record keeping standards, medication omissions are reduced and completion of the drug prescription chart is more thorough.

It clearly identifies the nurse that has looked after a patient at any specified time during their stay on a ward. This may be useful when following up on complaints, concerns, compliments and comments.

Results from early pilots in 12/13 show improvements in audits. We will roll-out Accountability around the Clock across all wards in 13/14.

Pressure ulcers

DN: Add final year end figures.

Key improvements:

- Improvements made to the documentation used to record our prevention of pressure ulcers. This is called the SsKIN Bundle (Surface, Skin assessment, Keep moving, Incontinence, Nutrition) and now covers all patients within the Trust. Whereas we used to have 'no risk' and 'high risk' category. This missed out a lot of patients who had no care plan to deal with pressure ulcers. We now have 'high', 'medium' and 'low' risk. Medium risk patients now have daily skin assessments
- High risk patients are have their position changed every two hours –crucial to the prevention of pressure ulcers
- We appointed two pressure ulcer champions in January 2013. The champions visit all patients with Stage 2 pressure ulcers, investigate the causes and identify common themes
- The tissue viability service was brought in-house in April 2012. Ward visits have since increased by 100%, with many more patients being seen by the team. As a result, more ward staff are educated and trained about pressure ulcers
- Every inpatient ward has a tissue viability link nurse. Over 100 nurses attended a training day in December 2012. The link nurses are expected to XX and have XX time protected to deliver this

Patient quote

"I'm pleased with the support I've had. Changing positions is always on my mind, but I know that the nurses are checking on this too. I get to spend some weekends at home with my husband, and so in the back of my mind I'm always thinking about not sitting down for too long."

Essence of Care

The Essence of Care benchmarks are a national tool which aims to support localised quality improvement, by providing a set of established benchmarks supporting front line care across all care settings at a local level.

We continue to score against the 12 national benchmarks identified as aspects of fundamental care that are of most importance to patients and carers. These include care environment, communication, bladder, bowel and continence care, prevention and management of pressure ulcers and pain, food, respect and dignity, record keeping, health and wellbeing and safety.

Our scores for all Essence of Care benchmarks have increased over the past year.

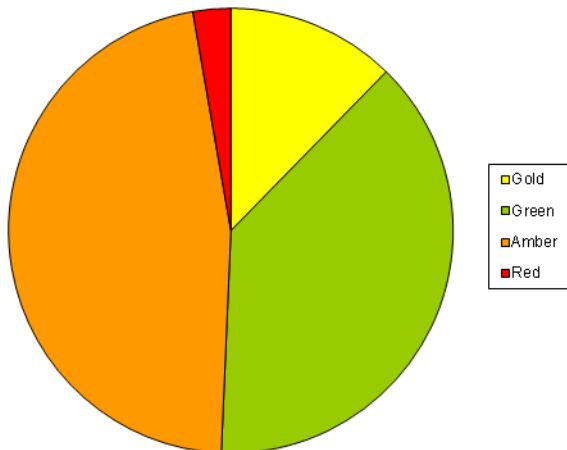
There have been increases in scores for all Essence of Care benchmarks over the past year.

The food and drink benchmark was scored to measure the impact of the focused work around the 'Mealtimes Matter' launch at the beginning of 2012. As a priority area for

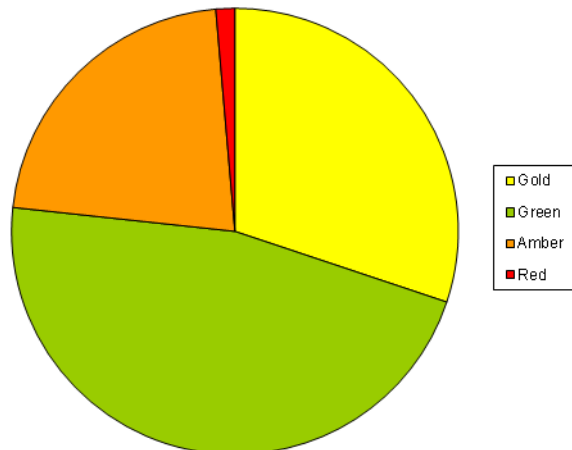
patient care and safety this benchmark was scored again in July - August 2012. Results showed significant improvements with 77% of areas scored green or gold in August compared to 51% in February.

The 'Mealtimes Matter' campaign has raised awareness of the importance of food and drink as an essential aspect of fundamental patient care. The Mealtimes Matter campaign means that we are protecting meal times for patients across the Trust, stopping non essential activity on wards to enable patients to eat uninterrupted and providing appropriate support from clinical staff and meal time volunteers.

Benchmark Scores Jan/Feb 2012

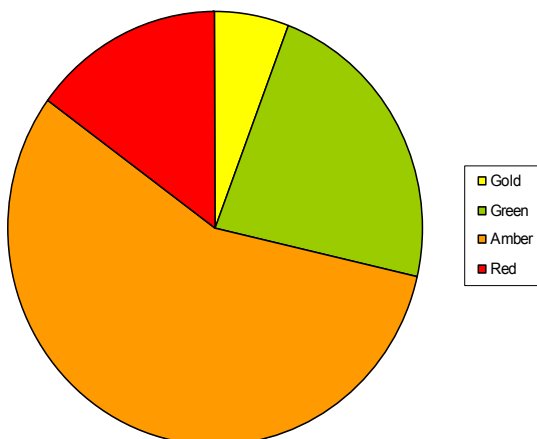


Benchmark Scores Jul / Aug 2012

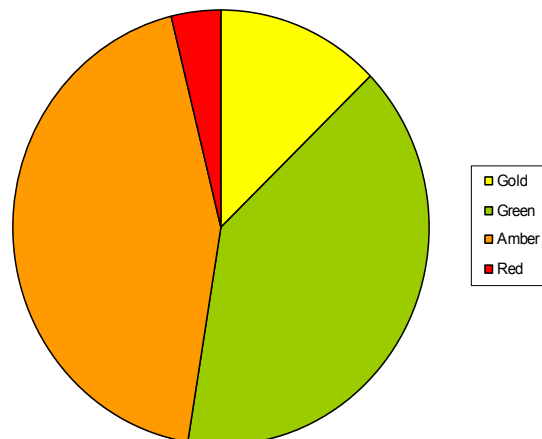


The Essence of Care benchmark for pressure ulcer prevention has also shown significant improvement with 52% areas scored green or gold compared to 29% in 2011. This triangulates positively with nursing dashboard data and reflects the improvement in clinical practice as a result of the work of the new tissue viability team and tissue viability link nurses in clinical areas.

Benchmark Scores Jan/Feb 2012



Benchmark Scores Jul / Aug 2012



Essence of care involves gathering patient feedback as an integral process of scoring and the development of the benchmark indicators. We aim to increase patient feedback

through further development of benchmark indicators over 2013 with even greater patient and carer involvement.

As the benchmarking process continues we have described amber as the 'new red' and areas which score amber 3 times in a row are expected to present progress against their action plan at the Essence of Care steering committee chaired by a non-executive director, where additional support can be sourced to move actions forward

Nursing Dashboard

The nursing and midwifery dashboard, introduced at NUH in 2011 has continued its development in 12/13. Metrics (scores against indicators) from 81 inpatient clinical areas are collected monthly (this equates to assessing approximately 650 patients per month). In September 2012, an external audit was undertaken to assess effectiveness of the dashboards' metrics. This provided significant assurance that the metrics are providing information about whether nursing staff are completing nursing documentation, in line with Trust policy and CQC requirements. Some areas for improvement were identified, including increasing the reliability of metrics and the process used to collect the information for the dashboard. We have since rotated the assessors to new areas, streamlined the documentation used by assessors and supported staff to directly influence improvements in their own areas.

To help ward staff to get a better understanding of patient experience in their areas of responsibility, the nursing dashboard results are increasingly being viewed alongside other important measures of experience, including the net promoter score, complaints and compliments, incidents, essence of care and patient outcomes.

Nursing & Midwifery Metrics for NUH

	July	August	September	October	November	December	January
NUH Overall Score (%)	86	88	89	88	88	83	86
NUH Scores by Directorate (%)							
▣ Acute Medicine	85	85	87	85	86	78	81
▣ Cancer & Associated Specialties	90	92	91	92	90	91	87
▣ Digestive Diseases and Thoracic	88	92	90	90	90	85	94
▣ Diabetic, Renal & Cardiovascular	85	88	89	88	89	86	86
▣ Family Health	86	87	90	89	85	82	83
▣ Head & Neck	95	94	96	87	N/A	84	84
▣ Musculoskeletal & Neurosciences	85	89	91	91	89	88	88
▣ Specialist Support	86	84	82	86	89	83	94
NUH Scores by Metric (%)							
▣ Bowel & Bladder	86	89	87	89	89	85	84
▣ Falls	83	85	86	86	87	81	82
▣ Infection Prevention & Control	94	96	94	95	95	91	93
▣ Medication Safety	93	95	95	94	93	92	94
▣ Nutrition	85	89	90	90	88	82	80
▣ Pain	88	89	91	90	90	82	91
▣ Patient Observations	79	80	82	81	80	75	79
▣ Pressure Ulcers	78	81	80	79	80	72	77
▣ Respect and Dignity	97	97	96	96	97	95	96
Patients Metric status:							
Occupied beds at time of visit:	1357	1268	1286	1298	1257	1320	1385
Metric sets Completed	665	632	620	621	615	637	673
Metric sets In Progress	14	4	6	9	6	1	6

Following feedback from ward sisters, a new intranet site was developed in 2012 at NUH to enable easier access to enter ward assurance measures as well as view results. Work is continuing throughout 2013-14 on how ward assurance measurements (including the N&M dashboard) can be made more robust, enabling nurses to better demonstrate their considerable impact on patient care and experience in an open, transparent and clearly understood way.

Improving nutrition and hydration

Good nutrition and hydration and enjoyable mealtimes can dramatically improve the health and well-being of all patients. Nutritional interventions in malnourished hospital patients can reduce complications, lengths of stay and mortality (NICE, 2006). Nutritional care, whether delivered through food, help with eating, modified diets, supplements or specialist tube feeding is of crucial importance.

CQC Dignity & Nutrition inspection 12/13

The CQC also visited four wards at Nottingham City Hospital in August 2012 to complete their annual Dignity and Nutrition inspection. They declared NUH compliant against all essential standards of care for nutrition and dignity.

Our Mealtimes Matter campaign

Launched in 2012, this campaign has remained a priority in 2013. The campaign was developed to – ensuring there are minimal interruptions at mealtimes (8-9am, 12-1pm and 5-6pm) unless clinically indicated.

It:

- Raises the importance of food and drink
- Promotes nutrition and hydration as everyone responsibility
- Ensure that patients have their mealtimes protected – free from unnecessary interruptions
- Encourages nurses at mealtimes, to focus their activity on mealtime care i.e. helping those who need help and monitor intakes etc
- Stops all non-urgent activity during mealtimes
- Encourages those staff who are not involved with helping at mealtimes to leave the ward
- Encourages and enables relatives/carers to participate in mealtime care where appropriate

A standard operating procedure - a set of expected standards - has been developed which details the activities that need to be performed at a meal time in order to provide excellent nutrition care.

Continued improvements in practices will be monitored through the food and drink benchmark and meal time observations by the nutrition link professionals. Each ward has a nutrition link professional, who are allocated 6 hours of protected time to devote to the nutritional aspects of care including staff education and audits. The link professionals have access to nutritional study days each year to ensure they are fully updated to be able to champion nutrition for our patients.

One of our practice development matrons, Tracey Warren, was nominated in February 2013 for a British Journal of Nursing Award for her work to improve patient nutrition and hydration. Tracey has worked on our Mealtimes Matter campaign to ensure patients have

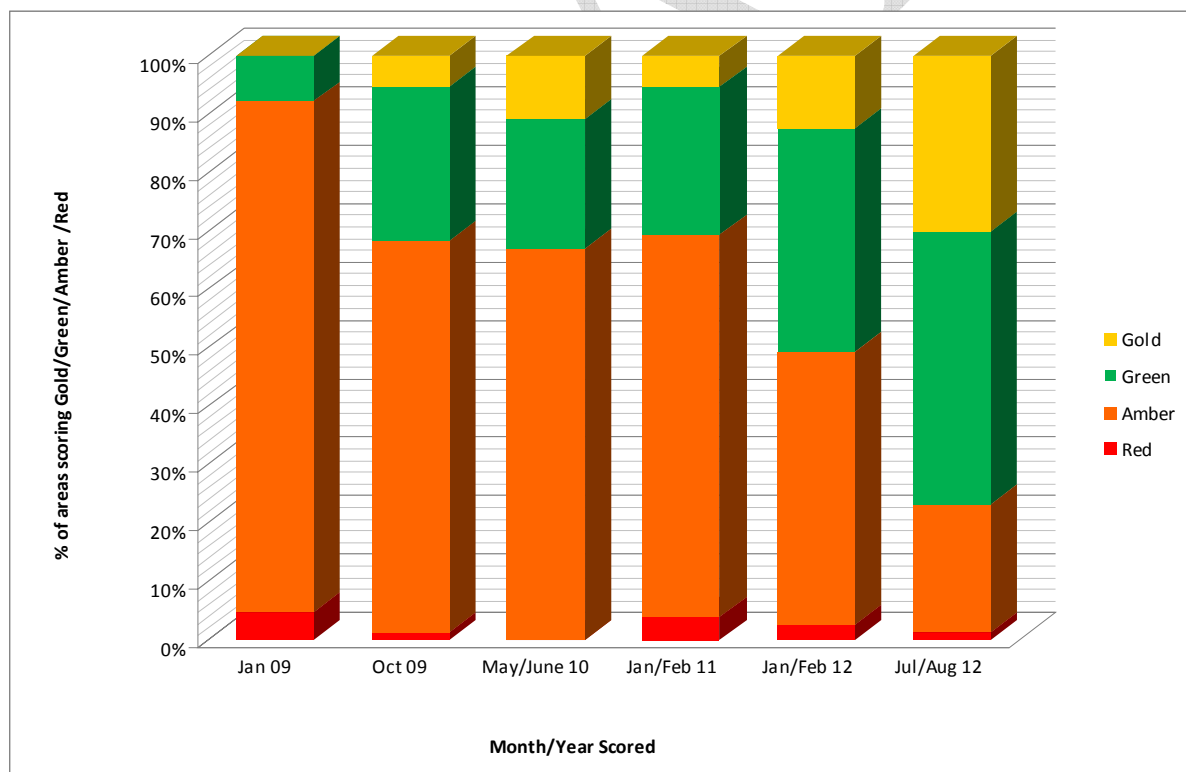
protected time to eat their food, supported by nurses, healthcare assistants and volunteers.

Our new superkitchen

Our new Central Production Kitchen at City Hospital was officially opened by Secretary of State for Health Jeremy Hunt in March 2013 as part of a national Department of Health conference to highlight best practice in hospital food. NUH has invested £1.5million in a new 'super kitchen' to provide more meals for patients and visitors across both of our hospitals. Not only will patients benefit, but the new kitchen will increase the way NUH works sustainably with farmers across the region.

Measuring our improvement

The Trust's Essence of Care Food and Drink Benchmark was scored throughout July/August 2012, as part of a rolling programme. Many of the indicators of best practice within this benchmark reflect the principles of Mealtimes Matter. Wards are assigned an overall Red/Amber/Green/Gold score which reflects the number of indicators of best practice achieved by the ward. Results from scoring in July/August 2012 demonstrate an improvement. Over 75% of areas are now scoring Gold/Green, compared the 50% in January/February 2012 and a third of areas in January/February 2011. (See chart below)



Comparison of Essence of Care Food and Drink Benchmark Results (2009-12)

The Nursing and Midwifery Dashboard, which reviews aspects of nutritional care on a monthly basis, tells the same story of progress. The overall nutrition metric result rose from 78% in January 2012 to 82% in October 2012.

Other improvements in 2012/13 include:

- Recruitment of 94 volunteer mealtime assistants (they are present on over 20 wards across NUH)
- Development of patient and staff information leaflets about why mealtimes matter
- Standard operating procedure for mealtimes launched across NUH
- Essence of Care food & drink benchmark results – published March 2013 show XXXXXX
- Revised and adapted documentation about enteral and parenteral nutrition is ensuring consistent practice across adult services on both campuses
- Additional funding has allowed dietetic support to be put in place for patients receiving renal transplants plus more regular support for patients attending renal dialysis outreach units including the new unit at Lings Bar
- Positive feedback for the community outreach team from interviews with adults and children who are tube fed in the community. Support from CLAHRC enabled one of the team to visit patients and cares at home to talk over their experience of the new way in which the team are working. Comments included: *“It’s really nice to talk outside the hospital environment, face to face, to have time to talk rather than rushing in the hospital. Someone comes into your home and sits opposite you at the table, talk more, explain how you are doing it at home, talk about problems at home instead of hospital where its a different world”*
- Supported nutrition & hydration week (March 18-25 2013) with Trust-wide activities to share good practice and learning

Safeguarding of vulnerable adults

A vulnerable adult is:

‘A person who is 18 years of age or over and who is, or may be, in need of community care (including primary and secondary health care) services, by reason of mental or other disability, age or illness and who is, or may be, unable to take care of him/herself, or unable to protect him/herself against significant harm or serious exploitation’.

All vulnerable adults have a right to protection from harm and awareness and activity in this area of safeguarding continues to grow at NUH and nationally. The number of safeguarding referrals made this year at NUH is significantly higher than the number made last year. We have ensured that no patient for whom a safeguarding investigation has been initiated is discharged until NUH has had assurance that they will be safe after discharge.

The most common reasons for concern (and alert) were neglect and financial abuse.

In addition to the above social care received 19 safeguarding alerts about care in NUH from other agencies. The most frequent referrer was care home staff. All these alerts required investigation by the Safeguarding and Consent Matron and in none of these cases was abuse substantiated. In the majority of these cases there were improvements that could be made and the most common reason for alerts to be made about NUH is around poor discharge planning and poor communication.

The Trust's Safeguarding Vulnerable Adults Committee is well-established, with the Medical Director as the executive lead. All staff working with adult patients have received basic awareness training about safeguarding vulnerable adults, and a higher level of training is provided for those staff with regular patient contact. NUH has 30 MCA champions who have undertaken Level 3 training and provide expertise to their directorates and advice to staff who are concerned about potential safeguarding issues.

The Trust's Safeguarding Vulnerable Adults Committee is well-established. Representatives from directorates join key clinical and social care personnel. The Committee's integrated approach reaffirms the Trust's commitment to safeguarding and strengthens its role as a multi-agency partner.

Important aspects of safeguarding including consent, mental capacity and safeguarding from abuse, were reviewed during the recent CQC unannounced inspection at City Hospital and QMC. Both were found to be compliant with these essential standards, demonstrating an improvement since the previous inspection in September 2011, when the CQC had had minor concerns about outcome 7 on both campuses and moderate concerns about outcome 2 at QMC.

In September 2012 the CQC commented:

"All staff demonstrated a good understanding of the MCA and how and when they would need to use this in their everyday practice to ensure patients' rights and choices were maintained. One member of staff said: "We are very focused on capacity due to the nature of people's diagnosis. We would document everything, whether people have given verbal or implied consent or whether we need to act in a person's best interest. This would be documented in a care plan." Another member of staff said, "We would carry out a first stage assessment if we had concerns and then a second stage if the person lacked the capacity to make decisions. We would discuss this with the relatives, the doctors and consultants. Best interest decision making is used well on this ward definitely."

"During our tour of the wards, we saw that safeguarding procedures and telephone numbers were clearly displayed on the noticeboards of each ward. Each care record contained safeguarding information as a further reminder for staff. Staff also carried safeguarding information on a credit card sized reminder card. All patients told us they felt safe and they knew who to speak to if they had any concerns."

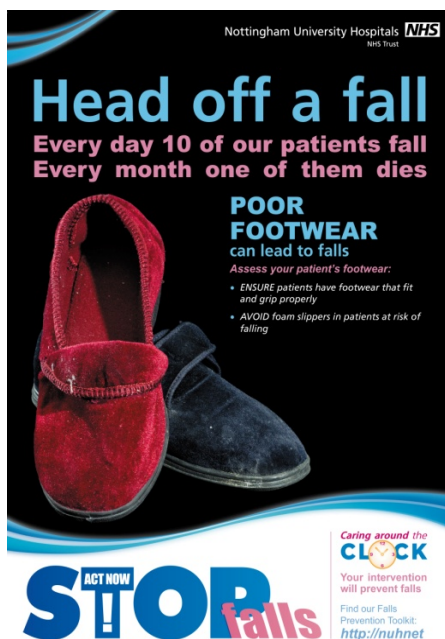
Legislation, which will go some way to bringing safeguarding adults onto the same statutory footing as safeguarding children and young people, is expected in 2013. The Trust will review its resources to support the work required to meet any new statutory requirements.

Reducing falls

Inpatient falls are a very important cause of harm at NUH. Each fall has a cost in terms of lost confidence, fear of further falls and physical injuries. All of these factors add to the length of time people spend in hospital and reduce the chances of these patients retaining their independence. Falls are not inevitable and can be prevented.

Our aim over 2012/13 was to reduce patient falls by 10% to fewer than 3,297 falls. Although we did not meet this target (we had XXXX falls), we have seen an XX% increase in our reporting of falls and also reduced falls causing serious harm (such as hip fractures, which were reduced by 40%).

In 2012 we launched our Stop Falls campaign to highlight the main reasons that patients fall: poor footwear, poor vision, confusion, multiple drugs and continence. More Falls Champions have been recruited this year (we now have 60), who have worked with each ward and clinical area to highlight best practice and to ensure that staff carry out a Falls Risk Assessment. A revised version of the Falls Prevention Toolkit was also launched in January 2013 for every ward, with clear examples of best practice to reduce falls in our hospitals, such as better footwear, reducing multiple medication and making sure patients are helped to and from the toilet.



One of our success stories is Ward B47 at QMC, which reduced falls by 18% in 2012/13 through increased vigilance and cohort nursing (which identifies patients at risk of falls who must be under constant supervision by nursing staff). Posters to clearly show 'cohort nursing' bays have also been rolled out across the Trust.

We are still behind our target of a 10% reduction in inpatient falls, which may be due to inconsistencies of the application of the Falls Prevention tool kit guidance. The falls committee are carrying out targeted work when a concern is identified.

The falls committee have been undertaking a number of falls environmental visits, checking that ward environments adhere to best practice in relation to falls prevention, which they will use to afford change. Recent focus groups with shop floor staff have identified key topics for action to improve consistency with best practice

CASE STUDY

Another of our success stories was Ward F21 at QMC. Falls on this gastro-medical ward used to be common and the culture among the staff was that the patients were 'natural fallers'. There was an acceptance that patient falls were part of everyday life. Led by Ward Sister Diane Grant, the ward decided to tackle the issue and set a target of no more than 16 falls a month.

The ward has now become totally falls aware. Every patient's fall risk is printed on their handover sheet used when nurse change shift. High-risk fallers are cared for in two central bays where they can be observed at all times. Up to 12 patients at any one time can be under the care of this form of 'cohort nursing'. One-to-one observation can also be provided. Patients at risk of falling are not put into side rooms.

Staff regard the risk assessment as vital. It is not just seen as paperwork – it allows nurses to quickly see who may be at risk of falling. The ward has also been 'decluttered' to remove obstacles that may cause patients to fall.

Diane Grant said: "The main thing is having 100% of ward staff on board and being focussed on the fact that a patient falls can be prevented – and that they should never fall more than once while in hospital.

Falls figures on Ward F21:

- In 2008/09 the ward recorded 249 falls = 21 per month
- In 2009/10 the ward recorded 197 falls = 16 per month
- In 2010/11 the ward recorded 167 falls = 14 per month
- In 2011/12 the ward recorded 146 falls = 12 per month
- In 2012/13 the ward recorded XX falls = XX per month

The team has now set itself a target of no more than 10 falls per month.

An extra 40 low beds, which reduce the level of harm if a patient falls out of bed have been provided for patients who are identified at risk of falls.

In 2012/13, we created Special Falls Team in Acute Medicine (where many of our more elderly patients are treated) to provide extra support to wards where patients are identified at high risk of falls.

This work will be developed further in 2013/14, with our aim to reduce falls by 10%.

Dementia

We know that the number of people with dementia is set to double in the next 20 years and so there is an urgent need for hospital staff to increase their knowledge and skills to care for people with dementia.

Our trust-wide dementia strategy ensures that all of our staff have training in dementia as part of their induction and ongoing mandatory training – in 2012/13 a total of xxxxx staff had this special training.

We recruited xx dementia champions in 2012/13 to give a total of xx who work across our wards – mostly those looking after our more elderly patients. Around xxx nurses and support workers received detailed dementia training and awareness in 12/13 (supported by the Alzheimer's Society) – again focused on our wards which have the most contact with elderly patients.

Working first-hand with researchers from the University of Nottingham on the award-winning Medical and Mental Health Unit has us a unique insight into the way we care for this growing group of patients in our hospitals.

We have also produced an 'About Me' document which collects vital information from carers and families to tell us about the patients likes and needs to help us to develop care plans centred around individual patients needs.

One of our nurses attended a Nightingale Scholarship to explore how the New York University NICHE programme (Nurses Improving Care for Healthsystem Elders) is equipping nurses to deliver high quality geriatric care and has brought back to NUH new ideas, such as the role of the healthcare of older people nurse consultant which have since been implemented at NUH..

The Medical and Mental Health Unit on ward B47 at QMC has also continued its work with the help of Nottinghamshire Healthcare Trust. The unit employs staff with mental health expertise and offers training to general nurses and therapists in caring for people with dementia. It has introduced a person-centred approach to care and new roles for staff – for example activity coordinators who help to reduce patients' distress and anxiety using organised activities such as games and painting.

Specialist geriatricians have also worked in our emergency admissions wards to ensure appropriate care of patients with dementia who come to hospital through different routes and care pathways.

In 2013/14 we will continue to put dementia in the spotlight, with more training, a Dementia Awareness Week and continuing to strengthen our links with the Alzheimer's Society. In June, around 750 of our nursing staff will attend a special 'dementia' theatre production and workshops at the University of Nottingham's Lakeside Arts Theatre which will explore themes of dementia. This builds on the arts engagement focus which began in 2012, using new ways to interact with dementia patients, such as music and arts.

Staff training update

Productive Training – a fresh approach to mandatory training

For Productive Training we have used a number of measures e.g. reducing time away from patients, increasing staff satisfaction with the quality of our training and releasing time for clinical managers to lead their people by removing administration tasks relating to booking and co-ordinating training. For each of these it is too early to say how big an impact the project has had and we expect outcomes to be available this time next year

The first implementation phase of Productive Training is complete, with a new system to enable easy scheduling, booking and access to courses that are related to role.

Leadership Development

An in-house staff survey undertaken in December 2011 identified leadership of our clinical and managerial leadership as an area for further development. In response, in 2012/13 we devised a variety of leadership development for key staff groups.

We have trained 485 senior nurses on the leadership elements of our Caring around the Clock programme. Our Directorate Management Teams (Clinical Leads, General Managers and Clinical Directors) have had the opportunity to focus developing their skills in leadership, business behaviours and commercial awareness ensuring they can lead their teams to focus on quality, safety and experience for our patients whilst also ensuring value for money across our services. This has been delivered through the Franklin Covey training, attended by over 160 senior managers in 12/13. Nearly 700 managers have been through our externally-accredited Building Essential Leadership programme since its launched in 2009/10.

Better for You (change management) training

312 members attended Better for You training in 12/13, as follows, as follows:

- Measurement for Improvement: 53
- Service Improvement: 47
- Leading Change: 59
- Problem Solving: 75
- Project Management: 54

Introduction to Better for You (new course): 24

Our Healthcare assistant skills academy

315 healthcare assistants (non registered staff) have attended our Skills Academy since its launch in 2012.

The Academy was developed to ensure that healthcare assistants (non registered nursing support staff) who provide direct patient care receive a consistent and high quality practical clinical skills induction and training before starting work in clinical practice at NUH. Healthcare assistants are essential members of the nursing team in wards and departments. Registered nurses and midwives always remain accountable for patient safety and quality of care and oversee the delegation of appropriate care tasks and duties to non registered nursing support staff in practice. This skills programme increases healthcare assistants' theoretical knowledge, understanding and practical skills and competency to underpin their daily work caring for patients and their families.

The focus of the academy is on essential nursing care. The programme was developed based around the essence of care benchmarks, a national framework developed by the department of health in partnership with patients, carers and other key stakeholders which identifies key areas of care that are important to patients, including privacy and dignity, food and drink, hygiene care, communication, values and behaviours, accountability and record keeping and end of life care, as well as the recording of the early warning system (EWS) section ****. The programme also includes training in care of patients with dementia in the acute hospital setting delivered by the Alzheimer's Society.

Quality

Management Systems

Our continuous improvement programme Better for You, is driven by our values and culture, led by our Deputy Chief Executive and Director of Nursing.

This improvement programme has rigorous governance arrangements which continuously evolve to ensure and underpin effective delivery of real aims and objectives which always reflect the needs of the patients, staff and the Trust. From our front-line staff to Executive Board, all members of staff are required to monitor and evaluate performance against real objectives, aims and outcomes valued by patients and staff.

Through Better for You, we have:

Improved clinical outcomes

- improved the timeliness of nurse assessments for patients arriving by ambulance
- improved patients' recovery after surgery, with fewer complications and readmissions
- reduced length of stay for frail and older patients by 2 days after hip & knee surgery

Improved patient/staff experience

- Created extra capacity and safer environment for our emergency patients with the opening of the new observation and treatment unit next to our Emergency Department (called the Lyn Jarrett Unit)
- involved over 2,500 staff in Better for You

- trained over 10,000 staff in our values and behaviours
- implemented 5,000 'Just Do It' ideas, improving patient and staff experience
- opened a new Oncology Daycase Unit benefiting hundreds of cancer patients
- increased job satisfaction for staff – NUH ranks among the best hospitals to work for in the country

Reduced waste and added value for money

- introduced 'five daily actions' to improve timeliness and safety of emergency patient care
- saved over £200,000 by improving efficiency in the Cath Lab and reducing 'additional' lists
- saved over £900,000 by standardising equipment in orthopaedics and spines
- saved over £30,000 by refitting old roll-cages and returning them to service within our hospitals
- Saved £100,000 by reducing length of stay for bronchiectasis (lung condition)

The Chief Executive's Team receives a monthly programme report, which describes progress against all projects covering four measures: timescales, patient benefits (quality and safety), staff benefits and financial benefits.

If any project is off-track against a measure, a detailed exception report explains the issue and corrective action required, and any support needed. A clear process is in place to escalate issues and secure support to address issues, remove barriers and enable progress to be made.

All projects have steering groups which are aligned with the operational management processes of the Trust and supported by Better for You team members. These groups ensure project delivery.

Robust project management, delivered through the Transformational Programme Management Office (TPMO), underpins these rigorous governance arrangements. The TPMO maintains a comprehensive risk database covering projects and the whole programme. This is regularly reviewed and updated. The TPMO also provides training in project management skills and offers project support and advice.

Quality, Innovation, Productivity and Prevention (QIPP)

Through the QIPP process we are working closely with colleagues in primary care to redesign services to ensure that patients are seen at the right time in the right place. This includes a review of Cardiology and Diabetes pathways in conjunction with local GPs, and a variety of schemes aimed at providing additional post-discharge support for patients to avoid unnecessary readmissions.

As part of our quality improvement initiatives this year we have been training our staff to provide patients who smoke with brief intervention advice and referral to stop smoking services to those patients who would like to be supported to stop smoking. To date we

have trained 373 staff who have evaluated the training sessions very positively. We plan to continue the training during 2012.

Productive Nottinghamshire

Productive Nottinghamshire is a collaboration between NHS organisations and local authorities across Nottinghamshire. It was set up in 2009 to deliver better quality and more cost-effective health and social care services. The principle behind Productive Notts, which NUH is fully committed to, is that significant and sustainable transformation can be delivered better by working together than any one organisation could achieve alone.

Through Productive Nottinghamshire, NUH and partners in primary care have developed The Community Programme to look at ways to improve and streamline care between our hospitals and wider agencies such as GPs and social care. The first area of focus is frail, older people – identified as a priority due to an ageing population, a more pressured economic climate and many opportunities for better, more seamless care between agencies. In February 2012, more than 120 health and social care staff met to discuss ways to deliver truly integrated, patient-centred care. Our aim is to create a shared vision that will transform the care experience of this vulnerable group and their carers.

The Community Programme

The Community Programme was funded by commissioners through the 2011/12 contract settlement with Nottingham University Hospitals NHS Trust (NUH).

They are charged with effecting transformational improvement in-service delivery, in partnership with other organisations. The first area to be focussed on is the care of the frail older person.

Work in 2012/13

The Community Programme started 2012 with a community-wide frail older person's event in February. The outcome from this event was the identification of 10 project areas that were developed into a business case, supported by the Transformational Fund. The Community Programme has started delivering these projects in 2012/13, with the main achievements being:

- Project leads appointed for the 10 projects
- Implementation of a systematic way of identifying frail older people when they are admitted to hospital, known as the ISAR score (Identification of Seniors at Risk)
- This tool then triggers Comprehensive Geriatric Assessment (CGA) of these patients, CGA is a multidimensional and usually interdisciplinary diagnostic process designed to determine a frail older person's medical conditions, mental health, functional capacity and social circumstances. The purpose is to plan and carry out a holistic plan for treatment, rehabilitation, support and long term follow.
- Launch of The Community Programme external website

- Implementation of Summary Care Record, meaning that the right staff can access relevant patient information more rapidly, without compromising on privacy
- The launch of the *My Home Life* Leadership Development Framework to provide on-going support to care home managers
- The implementation of the Clinical Quality Framework for frontline staff, which will provide a standardised framework for the quality of care delivered in care homes
- Established shared / joint working arrangements with the Local Authorities

Work in 2013/14

Leading on from a successful 2012/13, The Community Programme will be putting their focus into establishing the 10 agreed projects - most of which are still relatively new.

Of these 10 projects, two will launch in 2013/14, and are part of a joint working arrangement with the local authority to ensure that patients are enabled to stay safely in their own homes for longer.

There will also be a major push on information sharing systems that will ensure access to information is made available to the right people, with a specific focus on:

- Gaining access to the Clinical Record Viewer
- Working with Nottinghamshire Clinical Commissioning Groups to develop and trial a Risk Stratification tool with real-time data to identify patients that are most at risk
- Providing better access to data and shared records that community care workers have.

Workforce

In 2012/13, we committed to make improvements in four key areas of the 2012 national staff survey, compared to our 2011 results. A number of key priorities were identified to be the focus for action. As well as forming part of Directorate annual plans, these areas also featured as priorities in the Health and Wellbeing Strategy.

Area for Action	Staff Survey Key Indicator
<ul style="list-style-type: none"> • Appraisals – with a particular focus on supporting training needs identified in the Personal Development Plan 	Effective Team Working Percentage of staff receiving job relevant training, learning or development in last 12 months Percentage of staff feeling valued by their work colleagues
<ul style="list-style-type: none"> • Leadership Development 	Effective Team Working Percentage of staff receiving job relevant training, learning or development in last 12 months Percentage of staff feeling valued by their work colleagues
<ul style="list-style-type: none"> • Staff Engagement 	Effective Team Working

	Percentage of staff receiving job relevant training, learning or development in last 12 months Percentage of staff feeling valued by their work colleagues
• Harassment Bullying and Abuse	Effective Team Working Percentage of staff feeling valued by their work colleagues
• Health and Well Being	Effective Team Working Percentage of staff feeling valued by their work colleagues Staff reporting errors, near misses and incidents

In addition, with the support of our national staff survey contractor, Picker, we undertook an additional survey focused on staff engagement. This was in the form of an on line survey completed in July 2012. 4,066 staff returned a completed questionnaire. There were 9 questions around staff engagement which were scored independently and then these scores were used to create an overall staff engagement score for the Trust. NUH's overall engagement score was 73% which matched the average for all Acute Trusts who took part in the Picker survey.

NUH areas that are average	NUH areas above average	NUH areas below average
Recommend Trust as a place to work	Care of patients/service users is Trust's top priority	Happy with the standard of care provided at this Trust
Make suggestions to improve work of team/dept		Look forward to going to work
Frequent opportunities to show initiative in my role		Enthusiastic about job
Able to make improvements happen		Time passes quickly when working

Results from the 2012 NHS Staff Survey, published February 2013, show that NUH has made good progress in most of these areas.

NUH scored in the top 20 per cent of trusts nationally in the following areas

- Job satisfaction*
- Staff feeling able to contribute towards improvements at work*
- Motivation at work
- Staff recommending NUH as a place to work or receive treatment

A staff engagement survey report by Picker in September 2012 found that 70% of our staff would recommend our Trust as a place to work. This compares to 63.6% of our

4,600 staff who took in our internal online survey in 2012 who said they agreed or strongly agreed that if a friend or relative needed treatment they would recommend NUH.

DN: data qa statement and trend if poss

- Low numbers of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
- Low numbers of staff experiencing physical violence from staff in the last 12 months

(indicates an improvement compared to 2011 results)*

The survey did highlight a number of areas where we need to give greater attention. The number of staff reporting that they were working longer hours and suffering work-related stress increased compared to 2011. We are naturally concerned that our scores have worsened in this area. We will be working with managers, our health and wellbeing team and staffside colleagues to make improvements, demonstrating our commitment to work-life balance and maximising support available to colleagues inside and outside of work.

NUH scored below average compared to other trusts for the percentage of staff having equality and diversity training (fewer staff reported having such training compared to 2011). We are addressing this with our new corporate induction DVD, which will be available for all new starters and wider staff via our public website from April. Over the coming months, all directorates will have access to awareness sessions which will raise awareness of equality and diversity in the workplace.

CASE STUDY Staff 'just did it' in 2012. Awards celebrate small changes, big improvements

Staff were praised for coming up with ideas to improve efficiency and care throughout NUH.

Last year the Just Do It awards took place at QMC to recognise some of the ideas thought up and put in place by colleagues throughout the Trust.

The awards are a fundamental part of Better for You – empowering staff to generate ideas to improve experience, safety and efficiency.

A 'Just Do It' is an idea that makes things better for staff, patients or visitors – and one that NUH colleagues can 'just do'. The idea behind the scheme is to encourage staff who have an idea to try it out.

Among the Just Do It ideas featured in last year's awards were:

- Inpatient therapy staff were visiting patients' homes to take measurements. Securing a donation of hundreds of tape measures now allows the team to give tape measures to relatives to take their own measurements.
- A hands-free phone in Patient Escort saves time transferring calls and improves patient confidentiality as users can move their conversation to a more private area.
- Pillows and protective covers for the Children's Hospital used to be ordered separately and then assembled. Sourcing a new supplier has meant pillows are now delivered ready-covered and at lower cost, saving both time and money.
- Delays were often experienced when patients who came in for an operation were asked to provide a urine sample. Patients are now given a bottle at their pre-op appointment and asked to provide a sample on the morning of their operation and to bring it in with them. The new process saves time for staff and patients and reduces stress for patients.

The best ideas often come from staff working in the area since they are best placed to identify where these small changes can make big improvements. The Just Do Its give all staff the confidence and ability to make small improvements which add up to big benefits for everyone

Nurses to bed ratios

Our patients informed us that they wished to see information in our Report about nurse to patient ratios.

Evidence shows that nurse staffing levels and skill mix make a difference to patient outcomes, patient experience, quality, and the efficiency of care delivery. At NUH we use a 70/30% registered/ unregistered nurse skill mix.

Information from our electronic rostering tool, used to plan rotas, demonstrates that currently skill mix is 76/24%, including Critical Care and Specialist areas.

NUH uses the following tools to measure and monitor skill mix at its current level:

1.Association of UK University Hospitals (AUKUH) Tool. A nationally-recognised tool endorsed by both the Department of Health and NHS Institute for Improvement and Innovation which looks at the level of nursing dependency patients have in a given area to inform decision making on staffing requirements

2.e- Rostering software for 5,000 nursing staff.

The Trust has been using the AUKUH tool since 2008 and has now completed 12 data collection cycles in all adult wards. As maternity tools exist nationally (Birthrate plus) such wards are excluded from the data collection

Data is collected twice yearly in January and June, however in order to understand our winter pressures the Trust is currently collecting data for the months of January, February and March 2013. DN: update as data is available.

AUKUH supports and confirms decisions made about the levels of staffing required including wards that need either additional or less staff, measuring and planning seasonal peaks, planning new services, comparison of similar areas within directorates e.g. HCOP and of wards within different directorates.

NUH recognises that all tools used to support nursing skill mix decision making have: board level approval, involve staff and are transparent, uses established approaches which are applied consistently, links with other tools and is regularly reviewed

The Trust is proud of its commitment to ensuring that this skill mix remains at its current level and regularly reports to the Trust board.

Quality of the environment in which care is delivered (and access)

Patient Environment Action Team (PEAT)

Year	PEAT Criteria	City Hospital	QMC
2013	Environment	TBC	TBC
	Food	TBC	TBC
	Privacy & Dignity	TBC	TBC
2012	Environment	Good	Good
	Food	Excellent	Good
	Privacy & Dignity	Good	Good
2011	Environment	Good	Acceptable
	Food	Good	Good
	Privacy & Dignity	Good	Good
2010	Environment	Acceptable	Acceptable
	Food	Good	Good
	Privacy & Dignity	Good	Good
2009	Environment	Acceptable	Acceptable
	Food	Excellent	Good
	Privacy & Dignity	Acceptable	Good

Patient-Led Assessment of the Care Environment system

A new patient-led inspection programme, covering privacy and dignity, food and cleanliness/environment, replaces the Patient Environment Action Team (PEAT) inspections from April 2013. The inspections will remain annual, with an option for extra inspections where needed. The new Patient-Led Assessment of the Care Environment

(PLACE) system will have a robust monitoring mechanism that will show how hospitals are performing against the national standard and other hospitals.

Patients will have a defining voice in the inspections and will be involved in the validation of the results.

NUH was invited by the NHS Health and Social Care Information Centre to take part in the pilot for PLACE. This took place at City Hospital in October 2012 followed by a second pilot in November 2012. Feedback from the pilots has been submitted to the NHS Information Centre for consideration.

NUH will have its first PLACE assessment between February and May 2013.

Think Clean Days

Our programme of Think Clean Days and monthly Cleaning Service auditing under the National Cleaning Standards has continued throughout 12/13. We organised four Think Clean Days, each involving 6 areas on each Campus. Patients and staff from across the Trust, including Cleaning Services, Infection Control, Ward Managers and Estates and Facilities were involved in each visit. Audit scores and action plans for each directorate are shared and progress monitored by the Infection Control Operational Group at its fortnightly meetings. Action plans on audit scores below 90% are also reviewed on a monthly basis.

Monthly cleaning audits jointly undertaken by cleaning and clinical teams have shown a year on year improvement in cleanliness and environmental standards (see page XX).

Smoke-free 'kick the butt' campaign

We carried out our third week of action in 2012/13 to tackle patients and visitors who smoke on site outside our hospitals.

Kick the Butt Week was held from 15-19 October to raise awareness of our no smoking policy – and to offer stop smoking support. Working with Community Protection Officers, volunteers and staff wearing high visibility clothing politely asked people to stop smoking or, if they wished to continue, to do so off hospital property.

During the week, 21 on-the-spot fines were issued to both staff and the public for littering (mainly for the discard of cigarette butts). This builds on successful weeks of action in January and March 2012.

New Leaf and Nottingham City Smoke-free Homes were also on hand to promote ways to stop smoking. Nottingham City Council has committed to cleaning the council-owned areas near the subway at the QMC entrance on a weekly basis.

We need to improve our early intervention advice for patients who smoke, **check end of year data** and 2013-14 will see the evolution of our making Every second Count (MECC)

initiative which will expand our early intervention advice to include alcohol and lifestyle factors.

Improving access to our hospitals

In 2014, QMC will become the only hospital in the country linked to a tram network. As part of the Phase Two development of Nottingham Express Transit (NET) the QMC will be served by a new line linking Nottingham's railway station to a park and ride site near junction 25 of the M1.

In addition to the QMC, it will also connect some of Nottingham's other large employers including the University of Nottingham, Nottingham Science Park and the ng2 Business Park to major residential areas in Beeston and the Meadows.

Visitors coming to QMC from the west of Nottingham will be able to park near junction 25 of the M1, just off the A52 and, within 15 minutes of getting on board a tram, will arrive at the heart of QMC.

The ambitious project will see a new tram stop integrated into the link bridge which connects the QMC's South Block and the Nottingham Treatment Centre. A new bridge will be built over the A52, from which the tram will descend to ground level as it enters the University of Nottingham campus.

The tram line to the hospital will link into the newly redeveloped Nottingham Railway Station. The multi-million pound station project will see a new tram stop and interchange built above the existing platforms, and a refurbishment of the iconic station buildings. The green light has also been given to electrify the Midland Mainline making train journeys to and from Nottingham faster.

Aligning quality, our use of resources and our wider business strategy (Value for money)

DN: to provide further copy

NUH's estates and facilities management service is being market tested to ensure our services are 'fit for purpose' for the future and meet the needs of our patients and staff. This exercise will help ensure that we are providing services that are value for money, high quality and flexible and responsive. The potential contract value will range from £200m to over £500m spend over the next 5-10 years depending on the proposed length.

This exercise commenced in 2012 and any new service arrangements will be in place from early 2014. The tendering process got underway early 2013 and the preferred supplier will be identified in September 2013. An in-house team is leading an independent and separately-funded project to develop a proposal to continue to run Estates & Facilities Services.

We welcome feedback on our Quality Account

We welcome feedback on our Quality Account so that we can continue to make improvements to our publications year-on-year. You can feedback by email at nuhcommunications@nuh.nhs.uk, by phone (0115 9249924 ext 63562) or via our website at www.nuh.nhs.uk.

Copies of our full, summary and easy read versions of our 2012/13 Account are available on our website at www.nuh.nhs.uk. Hard copies of each of these versions, including large print and Braille copies, are available upon request by contacting 0115 9249924 ext 63262 or by emailing nuhcommunications@nuh.nhs.uk. If you would like our Quality Account in a different language or format please contact 0115 9249924 ext 63262 and we will arrange this.

NUH received commentaries in XX 2013 from Nottingham Cluster Primary Care Trust, Healthwatch and Nottingham City and Nottinghamshire County Joint Health Scrutiny Committee - see Appendix 1. Since receiving these commentaries and following a further review of the Quality Account by our Trust Board, we have strengthened our 2012/13 priorities with regard to patient experience. In particular, the explicit inclusions of a reduction in cancelled operations in priority 2. We have also now

APPENDIX 1

Performance against all 12/13 objectives

DN: to add updated chart

Review of 2012/13 annual objectives		
Strategic aim	KPI	Notes
Above all, ensure that patients would recommend our services to their friends and family	Casualty net promoter score for 10% of discharged patients	✓
	4PS improvement from 30.1 to 50.1	✓
	Meet all CQC requirements	✓
	Achieve NPS level 2	✓
Further improve outcome of treatment for patients	No 'Never events'	✓
	Lower than 3 4 day assessed MRSs	✓
	1.55 Clostridium difficile	✓
	10% reduction in severe falls	✓
	11% and avoidable stage 2, 3 and 4 pressure ulcers	✓
	13% reduction in avoidable emergency readmissions	✓
	Improvement in 4 key areas in the 2012 national staff survey compared with 2011 results	✓
Increase staff satisfaction in work so that patients value their efforts	Deliver a financial savings of 0.7% for improvement by delivering a CIP of 4.9%	✓
Work with commissioners to maintain the range and quality of our services, whilst reducing our costs base	Reduction savings, target saving of 14.4m	✓
	Pharmacy improvement including outpatients pharmacy and clinical trials, target saving of 12.7m	✓
	Length of stay reduction target saving of 11.6m	✓
	Home efficiency programme and optimising of elective activity, target saving of 12.4m	✓
	Improved efficiency in back office functions and support, target saving of 15.2m	✓
	Increase clinical income through growth in specialists and elective activity, target efficiency of 13.1m	✓
	Medical day savings through reduction in waiting for payments, PA reduction and banding payments, target saving of 11m	✓
	Reduction in staffing costs through workforce reduction saving 17.4m	✓
	Achieve at least level 5 overall Marmot financial risk saving (144)	✓
	Increase research income by 10% compared with 2011/12	✓
	Real 20% more savings in clinical trials compared with 2011/12	✓
Align research and clinical service priorities and build capacity for future research	20% increase in savings in the future	✓
Deliver the strategic developments required to support the 2016 vision	Achieve four stars Trust status	✓
	Increase clinical care capacity in line with plans agreed with commissioners	✓
	Improve emergency and elective pathways to achieve national performance targets annually:	
	4 hours access target	✓
	18 weeks A&E	✓
	Canceled procedures	✓
	Canceled waits of 51 and 62 days	✓

APPENDIX 2

Nottingham Cluster Primary Care Trust response to 2011/12 Quality Account for NUH

Nottinghamshire County LINKs response to the 2011/12 Quality Account for NUH.

Nottingham City and Nottinghamshire County Joint Health Scrutiny Committee Comment

APPENDIX 3

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE 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 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

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

- the Quality Accounts 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.

By order of the Board

NB: sign and date in any colour ink except black

.....Date.....Chairman

.....Date.....Chief Executive

APPENDIX 3

Independent auditor's limited assurance report to the Directors of Nottingham University Hospitals NHS Trust on the annual quality account

I am required by the Audit Commission to perform an independent assurance engagement in respect of Nottingham University Hospitals NHS Trust's Quality Account for the year ended 31 March 2012 ("the Quality Account") as part of my work under section 5(1)(e) of the Audit Commission Act 1998 (the Act). NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010 and the National Health Service (Quality Account) Amendment Regulations 2011 ("the Regulations"). I am required to consider whether the Quality Account includes the matters to be reported on as set out in the Regulations.

Respective responsibilities of Directors and auditors

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011)).

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

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

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

My responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that causes me to believe that the Quality Account is not consistent with the requirements set out in the Regulations.

I read the Quality Account and conclude whether it is consistent with the requirements of the Regulation and to consider the implications for my report if I become aware of any inconsistencies.

This report is made solely to the Board of Directors of [trust] in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010.

Assurance work performed

I conducted this limited assurance engagement under the terms of the Audit Commission Act 1998 and in accordance with the NHS Quality Accounts Auditor Guidance 2011/12 issued by the Audit Commission on 16 April 2012. My limited assurance procedures included:

- making enquiries of management;
- comparing the content of the Quality Account to the requirements of the Regulations.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

The scope of my assurance work did not include consideration of the accuracy of the reported indicators, the content of the quality account or the underlying data from which it is derived.

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used

for determining such information. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

Conclusion

Based on the results of my procedures, nothing has come to my attention that causes me to believe that the Quality Account for the year ended 31 March 2012 is not consistent with the requirements set out in the Regulations.

Ian Sadd

District Auditor

Whitwick Business Centre

Whitwick Business Park

Stenson Road

Coalville

Leicestershire

LE67 4JP

15 June 2012

Appendix 4

Glossary of Terms

Acute – describes a disease of rapid onset, severe symptoms and brief duration. The majority of hospital services provided by QMC and Nottingham City Hospital are for acute illnesses.

Audit Commission - an independent watchdog, driving economy, efficiency and effectiveness in local public services, including the National Health Service, to deliver better outcomes for everyone.

Better for You – NUH's continuous improvement programme. Launched in 2009, the programme is enabling NUH to deliver caring, safe and thoughtful care to patients. It is an opportunity, through acting on ideas from our staff and patients, to improve our systems and processes and make sure they help us deliver high quality, efficient patient care.

Biomedical Research Units (BRUs) - The National Institute for Health Research (NIHR) has established sixteen BRUs to undertake translational clinical research in priority areas of high disease burden and clinical need that are currently under-represented in the existing Biomedical Research Centres. Each NIHR Biomedical Research Unit is a partnership between an NHS Trust and a university, which will enable some of our best health researchers and clinicians to work together. Funding for the Biomedical Research Units commenced on 1 April 2008. Each Unit will receive £750k for the first year (to allow for start-up) and £1m per year for the following three years (£3.75m over four years). Awards will be made to the NHS partner, and can only be used to support the recurrent costs of patient focused research. Nottingham was the only city in the country to be awarded three BRUs for research into respiratory diseases, digestive diseases and hearing problems.

Board (of the Trust) – The Trust Board is accountable for setting the strategic direction of the Trust, monitoring performance against objectives, ensuring high standards of corporate governance and helping to promote links between the Trust and the community.

4Cs – refers to complaints, concerns, comments and compliments received by NUH.

CABG - coronary artery bypass graft (CABG) surgery. An operation in which a section of vein or artery is used to bypass a blockage in a coronary artery allowing enough blood to flow to deliver oxygen and nutrients to the heart muscles. CABG is performed to prevent heart attacks and to relieve chest pain.

Care Quality Commission (CQC) - is the independent regulator of health and social care in England. The CQC regulates care provided by the NHS, local authorities, private companies and voluntary organisations.

Centre for Maternal and Child Enquiries (CMACE) - independent charity dedicated to improving the health of mothers, babies and children. They carry out confidential enquiries and other related audit and research work across the UK.

Clinical audit – Clinical audit measures the quality of care and services against agreed standards and suggests or makes improvements where necessary.

Clinical coding – Clinical coding officers are responsible for assigning a code for every inpatient stay and day case visit (or 'episode'). The coding process enables patient information to be easily sorted for statistical analysis.

Clinical Commissioning Group (CCGs) – replaced Primary Care Trusts with effect from April 1 2013. These groups will comprise of GPs and other clinicians who will have a greater influence on how the NHS budget is spent. There will also be a new national NHS Commissioning Board to oversee the process.

Clinical Effectiveness Committee - provides assurance that all NUH clinical services and treatment programmes meet best-practice standards for assessing and maintaining their clinical effectiveness.

Clostridium difficile (C difficile) - A healthcare associated intestinal infection that mostly affects elderly patients with other underlying diseases.

Commissioners of services – These are organisations that buy services on behalf of people living in a defined geographical area. They may purchase services for the population as a whole, or for individuals who need specific care, treatment and support. Healthcare services are commissioned by the local authorities.

Commissioning for Quality & Innovation (CQUIN) - The CQUIN payment framework is a national framework for locally agreed quality improvement schemes. It makes a proportion of provider income conditional on the achievement of ambitious quality improvement goals and innovations agreed between Commissioner and Provider, with active clinical engagement. The CQUIN framework is intended to reward genuine ambition and stretch, encouraging a culture of continuous quality improvement in all providers.

In order to earn CQUIN money, providers of acute, ambulance, community, mental health & learning disability services using national contracts must agree a full CQUIN scheme with their commissioners. CQUIN schemes are required to include goals in the three domains of quality: safety, effectiveness and patient experience; and to reflect innovation.

Complaint – This is an expression of dissatisfaction that can relate to any aspect of a person's care, treatment or support. It can be expressed orally, through gestures or in writing.

Chronic Obstructive Pulmonary Disease (COPD) - a term used for a number of conditions; including chronic bronchitis and emphysema. COPD leads to damaged airways in the lungs, causing them to become narrower and making it harder for air to get in and out of the lungs.

Day surgery - surgery which can be performed in a single day, without the need to admit the patient for an overnight stay in hospital.

Department of Health – The Department of Health is the department of the UK government responsible for policies on health, social care and the NHS (in England only).

Discharge – The point at which a patient leaves hospital to return home; or is transferred to another service; or the provision of a service is formally concluded.

Dr Foster Good Hospital Guide – Dr Foster is an independent organisation dedicated to making information about the performance of hospitals and medical staff as accessible as possible.

Elective - elective care is planned. A patient will be aware of the required treatment and has been given a date to be admitted to hospital. Non-elective care is provided in critical or emergency situations when a medical professional deems specific treatments or hospital admission cannot be delayed for more than 24 hours.

Essence of Care - aims to support localised quality improvement on wards, by providing a set of established and refreshed benchmarks supporting front line care across care settings at a local level. It aims to improve the quality of fundamental aspects of nursing care.

Four hour standard – relates to the emergency access standard set by the Department of Health. The target states that at least 98% of patients attending Emergency Departments must be seen, treated, admitted or discharged within four hours.

Healthcare associated infection – This is an avoidable infection that occurs as a result of the healthcare that a person receives.

Hospital Episode Statistics (HES) – is the national data for England of the care provided by NHS hospitals and for the NHS hospital patients treated elsewhere. HES is the data source for a wide range of healthcare analysis for the NHS, government and many other individuals and organisations.

Hospital Standardised Mortality Ratio (HSMR) – is an indicator of healthcare quality that measures if the death rate at a hospital is higher or lower than you would expect. The HSMR compares the expected rate of death in a hospital with the actual rate of death. Factors such as age and severity of illness are taken into account.

Hourly rounding – nurses proactively visiting patients on an hourly basis, on top of their usual duties. The NUH interpretation of hourly rounding is known as Caring around the Clock.

Information Governance – is the way by which the NHS handles all information, in particular the personal and sensitive information of patients and employees. It allows organisations and individuals to ensure that personal information is dealt with legally, securely, efficiently and effectively in order to deliver the best possible care.

Intensive Care National Audit & Research Centre (ICNARC) - aim is to foster improvements in the organisation and practice of critical care (intensive and high dependency care) in the UK.

Intrapartum care – management and delivery of care to women in labour.

Joint Health Scrutiny Committee (known as Overview and Scrutiny Committees (OSCs)) - Since January 2003, every local authority with social services responsibilities have had the power to scrutinise local health services. OSCs take on the role of scrutiny of the NHS – not just major changes but the ongoing operation and planning of services. They bring democratic accountability into healthcare decisions and make the NHS more publicly accountable and responsive to local communities.

Length of stay – a term used to measure the duration of a single episode of hospitalisation.

Liverpool Care Pathway - an integrated care pathway that is used at the bedside to drive up sustained quality of the dying in the last hours and days of life.

Local Involvement Networks (LINKs) - are made up of individuals and community groups, such as faith groups and residents' associations, working together to improve health and social care services. In Nottingham there are two LINKs groups – one for Nottingham city and another for Nottinghamshire.

Myocardial Ischaemia National Audit Project (MINAP) - established in 1999, in response to the national service framework (NSF) for coronary heart disease, to examine the quality of management of heart attacks (myocardial infarction) in hospitals in England and Wales.

MRSA - methicillin-resistant *Staphylococcus aureus* – bacteria that can cause infection in a range of tissues such as wounds, ulcers, abscesses or bloodstream.

National Patient Survey - The NHS national patient survey programme was established as a result of the Government's commitment to ensuring that patients and the public have a real say in how NHS services are planned and developed. Getting feedback from patients and listening to their views and priorities is vital for improving services.

All NHS trusts in England are legally required to carry out local surveys asking patients their views on their recent health care experiences. One main purpose of these surveys is to provide organisations with detailed patient feedback on standards of service and care in order to help set priorities for delivering a better service for patients. There are inpatient and outpatient surveys.

National Institute for Clinical Excellence (NICE) – an independent organisation responsible for providing national guidance on promoting good health and treating ill health.

National Institute for Health Research (NIHR) – is the body responsible for creating a health research system in which the NHS supports outstanding individuals, working in world class facilities, conducting leading edge research focused on the needs of patients and the public.

National Patient Safety Agency (NPSA) – an arms-length body of the Department of Health that leads and contribute to improved, safe patient care by informing, supporting and influencing organisations and people working in the health sector.

NHS Blood & Transplant (NHSBT) – provides a reliable, efficient supply of blood, organs and associated services to the NHS.

NHS East Midlands - is the strategic health authority for the region providing leadership of the NHS across Derbyshire, Leicestershire and Rutland, Lincolnshire, Northamptonshire and Nottinghamshire. The role of NHS East Midlands is to relay and explain national policy, set direction and support and develop all NHS Trust bodies (Primary Care Trusts and NHS Trusts providing acute, mental health and ambulance services).

NHS Foundation Trust - NHS foundation trusts are a new type of NHS trust in England and have been created to devolve decision-making from central Government control to local organisations and communities so they are more responsive to the needs and wishes of their local people.

NHS Litigation Authority (NHSLA) – The NHSLA is a special health authority responsible for handling negligence claims made against NHS bodies. It also aims to raise safety standards and reduce the number of negligent or preventable incidents through its risk management programme. This incorporates organisational, clinical and health and safety risks. Most healthcare providers, including NUH, are assessed against their standards..

NHS Number - is the only National Unique Patient Identifier, used to help healthcare staff and service providers match you to your health records.

Overview and Scrutiny Committees (OSCs) – see Joint Health Scrutiny Committee.

Paediatric – medical care of children.

Patient – This is a person who receives health or social care through a regulated activity. Patients are defined as ‘service users’ in the Health and Social Care Act 2008.

Patient Environmental Action Team (PEAT) - an annual assessment of inpatient healthcare sites in England that have more than 10 beds.

It is a benchmarking tool to ensure improvements are made in the non-clinical aspects of patient care including environment, food, privacy and dignity.

The assessment results help to highlight areas for improvement and share best practice across healthcare organisations in England.

Perinatal – the period shortly before or after birth.

Peri-operative – the care that is given before, during and after surgery.

PCTs - succeeded primary care groups (PCGs) with responsibilities for improving the health of the community, developing primary and community health services and commissioning secondary care services. Whereas PCGs were sub-committees of the health authority, PCTs are freestanding bodies. Nottingham's PCTs took over functions from the PCGs, Nottingham Community Health NHS Trust, most of the functions of Nottingham Health Authority and some services from Nottingham Healthcare NHS Trust. The PCTs have the same boundaries as local authorities.

Picker Institute – This is a not-for-profit organisation that works with patients, professionals and policy makers to promote a patient-centred approach to care. The Institute uses surveys, focus groups and other methods to gain a greater understanding of patients' needs.

Providers – providers are the organisations that provide NHS services, for example, NHS trusts, and their private or voluntary sector equivalents.

Quality dashboards – a clinical dashboard is a toolset of visual displays developed to provide clinicians with the relevant and timely information they need to inform daily decisions that improve quality of patient care.

Quality, Innovation, Productivity & Prevention (QIPP) programme – is an opportunity to prepare the NHS to defend and promote high quality care in a tighter economic climate. QIPP focuses on the NHS working in different ways to ensure that the highest quality care is delivered. It encourages efficiency and focuses on a 'joined up' approach to delivering healthcare.

Pulmonary Hypertension – is a condition in which high blood pressure in the arteries of the lungs (the pulmonary arteries) is abnormally high.

Research – Clinical research and clinical trials are an everyday part of the NHS, and often conducted by medical professionals who also see patients. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients, or people in good health, or both.

Safeguarding – Safeguarding means putting measures in place to enable people to live free from harm, abuse and neglect. The measures protect their health, wellbeing and human rights. Children, and adults in vulnerable situations, need to be safeguarded.

Safer Surgery Checklist - a tool for the relevant clinical teams to improve the safety of surgery by reducing deaths and complications. In June 2008, World Health Organisation (see WHO) launched a second Global Patient Safety Challenge, 'Safe Surgery Saves

Lives', to reduce the number of surgical deaths across the world. The checklist is part of this initiative.

Secondary User Services (SUS) - single source of comprehensive data to enable a range of reporting and analysis.

Stroke Improvement National Audit Programme (SINAP) - a national audit is funded by the Department of Health and run by the Stroke Programme at the Royal College of Physicians (RCP). The aims of the audit are to:

- describe the pathway followed by patients with acute stroke (in the first three days) in hospital
- assess the quality of care provided to acute stroke patients during the first three days of care
- identify the major areas where services need to be improved for acute stroke patients

Smoking cessation - is the process of discontinuing the practice of inhaling a smoked substance.

Staff survey - the annual national survey of NHS staff in England is co-ordinated by the Care Quality Commission and provides the most reliable source of national and local data on how staff feel about working in the NHS. The principal aim of this survey is to gather information that will help individual NHS organisations to improve the working lives of their staff and so help to provide better care for patients.

Strategic Health Authority – see NHS East Midlands.

Think Glucose campaign - is a major programme from the NHS Institute, designed to improve the management of people with diabetes when they are admitted to hospital.

Venous thromboembolism (VTE) - a condition in which a blood clot (thrombus) forms in the vein.

Vascular Society of Great Britain and Ireland (VSGBI) - a registered charity founded to relieve sickness and to preserve, promote & protect the health of the public by advancing excellence & innovation in vascular health, through education, audit & research.

'We are here for you' – our values, known as 'we are here for you', developed after consultation with patients and staff, describe the NUH way of doing things.

World Health Organisation (WHO) - is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

Appendix 4

Peer Hospitals

Cambridge University Hospitals NHS Foundation Trust

Central Manchester University Hospitals NHS
Foundation Trust
Lancashire Teaching Hospitals NHS Foundation Trust
Leeds Teaching Hospitals NHS Trust
Oxford Radcliffe Hospitals NHS Trust
Royal Liverpool and Broadgreen University Hospitals
NHS Trust
Sheffield Teaching Hospitals NHS Foundation Trust
Southampton University Hospitals NHS Trust
The Newcastle Upon Tyne Hospitals NHS Foundation
Trust
University Hospital Birmingham NHS Foundation Trust
University Hospitals Bristol NHS Foundation Trust
University Hospitals Of Leicester NHS Trust

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