

choose

South Tyneside **NHS**  
NHS Foundation Trust

# South Tyneside NHS Foundation Trust

“Choose High Quality Care”

## Our Quality Report 2015/16



## **Contents**

### **1. Statement from the Chief Executive**

### **2. Priorities for improvement and Statements of Assurance From the Board**

#### **2.1 Progress made since publication of the 2014-15 Quality Report**

#### **2.2 Our Priorities for 2016-17**

#### **2.3 Statements of Assurance from the Board**

#### **2.4 Clinical Audit and Research**

#### **2.5 Commissioning for Quality and Innovation (CQUIN) Payment Framework**

#### **2.6 Information on Care Quality Commission (CQC) Registration**

#### **2.7 Customer services**

#### **2.8 Information on Data Quality**

#### **2.9 Information Governance Assessment Report**

#### **2.10 Information on Clinical Coding**

#### **2.11 Reporting Against Core Quality Indicators**

### **3. An Overview of the Quality of Care**

#### **3.1 Quality of Care Data**

#### **3.2 Key National Priorities 2015-16**

### **Annex 1. Feedback on our 2015-16 Quality Report**

### **Annex 2. Statement of Directors' responsibilities in respect of the Quality Report**

### **Glossary of Terms**

## 1: Statement from the Chief Executive

### QUALITY REPORT

#### Part 1 – Chief Executive's Statement

2015/16 was a year of great challenge for the NHS nationally, and for South Tyneside NHS Foundation Trust locally. Emergency demand and financial pressures combined to create significant challenges for providers of health services across the NHS. Throughout this time our Trust maintained a clear focus on the quality of the essential services and support we provide to our patients, their carer's, and their families.

We received our first of the new style comprehensive Care Quality Commission (CQC) inspections in May 2015. This was a wide ranging inspection of the vast majority of hospital and community health services that we provide. The inspection team identified a number of areas for improvement and provided an overall assessment of 'Requires Improvement' for our Trust. Since that inspection our Board and our clinical teams have been focussed on quickly addressing those areas for improvement and this focus will continue going forward into 2016/17. Within the overall assessment, the CQC also judged that the quality of the care and compassion that we offer to patients across our hospital and community services was 'outstanding'; I believe this is a great reflection of the dedication and compassion of staff across our organisation, and provides a fantastic basis on which to deliver further improvements across our Trust.

Our control of hospital acquired infection has continued to be excellent with no cases of MRSA throughout the last 12 months and only 6 cases of Clostridium Difficile. Performance for both of these areas is amongst the best in the country and also an improvement on our excellent performance in the previous year. Emergency demand facing the NHS across the country has been exceptional this year and our Trust was no exception to this. Consequently our A&E performance, like much of the NHS, was below the expected 95% target, particularly over the very challenging winter period. Since then we have worked hard with partners in South Tyneside, to put in place actions to further integrate aspects of our health and care system to help reduce avoidable emergency admissions, and help to reduce unnecessary delays in discharging patients back to their homes with the right support. These actions will help us to improve our A&E performance over the coming year. Our cancer performance and our elective waiting time performance for the year continued to be very good, providing excellent access to these important elective and urgent services.

This year has also seen building work commence on Haven Court, our new state of the art Integrated Care Services Hub, which will be a centre of excellence and support for elderly residents of South Tyneside, particularly those with dementia. Haven Court will bring together services from South Tyneside Council, Mental Health services, Community Health services, Primary Care and our voluntary sector to provide exceptional integrated care and support for some of our vulnerable elderly

residents. A significant focus of our work over the last 12 months has been in preparing for this excellent new service which we will open in the summer of 2016.

We have also put in place the basis for a strategic alliance with City Hospitals Sunderland NHS Foundation Trust which will enable the two Trusts to work more closely together in delivering some of our clinical services in order that we can collectively improve outcomes and secure the future sustainability of quality health services across South Tyneside and Sunderland. This partnership will be developed in 2016/17 and will be an important part of our plans for quality, performance, and financial improvement.

Looking ahead to 2016/17, there are clearly unprecedented challenges facing the NHS. However with the passion for care and compassion that I see every day in staff across our Trust, I am confident that we will continue to deliver exceptional levels of support and care to our patients and those who use our services.

To the best of my knowledge, the information in the Quality report and Account is accurate.

**Steve Williamson**

**Chief Executive**

## **2: Priorities for Improvement and Statements of Assurance from the Board**

Foundation Trusts are required to publish quality accounts each year, as set out in National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Accounts) Amendment Regulations 2012. The quality report must be included as part of the Trust's annual report. In addition the report must be prepared in accordance with annual reporting guidance provided by Monitor and the Department of Health. Much of the text in the report is therefore both prescribed and mandatory.

In our 2015-16 Quality Report we explained the areas where we would focus attention on quality improvements during 2016-17. Part 2 of this report highlights our performance against the indicators we selected and sets out our priorities for 2017-18. We will also provide statements of assurance from our Board of Directors and commentary from a range of stakeholders.

## 2.1 Progress Made Since Publication of the 2014/15 Quality Report

In our last Quality Report we identified four key priority areas that we intended to develop during 2015/16. Our progress since then is described in this section.

### Our Patient Safety Priorities for 2015-16

<b>Priority 1</b>	<b>Clinical Effectiveness: To develop and publish a three year Safety Improvement Plan (SIP) as part of a 5-year Quality Strategy</b>
-------------------	---

#### Rationale for Inclusion:

The Trust has 'Signed Up To Safety', a national campaign to reduce avoidable harm by half and save 6000 lives over the next three years. Each participating organisation is required to publish a Safety Improvement Plan

#### Target 2015/16:

Publish Safety Improvement Plan by June 2015 and 2020 Quality Strategy by December 2015 and deliver Year 1 objectives by March 2016.

#### Our Progress:

We published our Safety Improvement Plan in June 2015 with the following objectives:

1. Roll out use of the Medication Safety Thermometer and report through a Dashboard approach – Completed October 2015
2. Lead the regional Pressure Ulcer Collaborative, funded by the North East and North Cumbria Academic Health Science Network, aiming to achieve 50% reduction in unavoidable pressure ulcers by June 2016 – Progressing to time
3. Review how we learn lessons from incidents, complaints and harms and establish a Patient Participation Panel to share and embed learning – Completed March 2016.

Our Quality Strategy will now be published until June 2016.

**Priority 2** **Clinical Effectiveness: To create and roll out quality Improvement training that will equip front-line teams to utilise improvement methods in their everyday practice**

**Rationale for Inclusion:**

Building capability and capacity to undertake continuous quality improvement (CQI) activities is a national priority (Berwick Report, 2013)

**Target 2015/16:**

Design and test a quality improvement training programme between October 2015 and March 2016.

**Our Progress:**

Between September 2015 and March 2016 we tested a programme aimed at enabling team leaders, specialist nurses and ward managers to develop skills in continuous quality improvement and the development of a caring culture in their areas. This has been positively evaluated and will be rolled out during 2016/17.

**Priority 3** **Patient Experience: To further develop our culture of learning from experience**

**Rationale for Inclusion:**

New regulations such as the Duty of Candour further emphasise the importance of open and honest reporting, learning lessons and demonstrating accountability in assurance around actions.

**Target 2015/16:**

To fully implement Duty of Candour requirements, put into place a Patient and Public Involvement Panel and demonstrate confidence in our approach to system-wide learning and improvement.

**Our Progress:**

We have implemented Duty of Candour regulations through ensuring training has been provided to all newly appointed staff at induction, also as a training programme for current staff. We have embedded the Duty of Candour policy and monitor compliance through monthly reporting to a sub-committee of the Board of Directors. Compliance is improving and we will continue to develop our approach to learning lessons during 2016/17.

#### Priority 4

**Patient Safety:** To provide assurance to the Board and patients that we are continually focused on demonstrating safe staffing levels

through reporting 'Safer Nursing Care' analysis, which sets out nursing numbers and skill mix compared with set versus actual budget spend and patient dependency/acuity.

#### Rationale for Inclusion:

Safe Staffing is a National Quality Board, NHS England and CQC priority. There is an increasing evidence-base that demonstrates the link between the number, skills and mix of staff and the quality of care patients receive.

#### Target 2015/16:

We will implement NICE Guidance for Safe Staffing in hospitals and participate in the development of guidance for nursing in the community.

#### Our Progress:

NHS England has unexpectedly not mandated the use of NICE Safe Staffing guidance, focusing now on the national Lord Carter of Cole programme, one element of which has produced nurse staffing indicators around 'Care Hours per Patient Day' (CHPPD). It is anticipated that Trusts will be required to report CHPPD monthly, from a point in time when National Quality Board guidance is issued during 2016.

The Trust has followed NQB guidance by reporting nurse staffing numbers and skill mix to the Board of Directors on a monthly basis throughout 2015/16 and further developed this



## 2.2 Our Priorities for 2016-17

The following list of priorities for improvement for 2016/17 has been developed following wide consultation. Key areas are identified by our patients and their carers through surveys, questionnaires and complaints. To gain the contribution of the wider public we discuss priorities with local Healthwatch organisations, and the three local authority health oversight committees, and particularly with the public members of our Council of Governors. Staff engagement in developing priorities continues to come through the staff side representatives, but increasingly we benefit from staff responses in Choose Safer Care Sub-Committee and through quality improvement activities.

In South Tyneside NHS Foundation Trust we recognise that it is absolutely right to focus on the importance of having the right organisational culture to deliver high quality, compassionate care; engaging all staff in a patient centred culture and being open and honest with our patients and their families.

### Priority 1

**To deliver the CQC Quality Improvement plan of actions by March 2017, and facilitate every service to be working at a level that would merit a rating of good or outstanding by March 2018.**

### Rationale for Inclusion:

One of our top organisational priorities is to deliver the CQC Improvement plan, a post inspection programme of 52 actions (23 of which are required regulatory actions) by March 2017.

### Target 2016-17:

To deliver all 52 actions by March 2017

### Baseline:

In April 2016, 50% of the required actions has been completed

**Priority 2**

To finalise and publish (in June 2016) the five year Quality Strategy, and objectives for year two of the ‘Sign up to Safety’ improvement programme.

**Rationale for Inclusion:**

Building on the work from 2015/16, we will continue to follow the ‘Sign Up To Safety’ campaign to reduce avoidable harm by half and save 6000 lives over the next three years.

**Target 2016-17:**

Publish the Year 2 Safety Improvement Plan and the 2020 Quality Strategy by June 2016 and deliver Year 1 objectives by March 2017.

**Baseline:**

Our baseline is the safety and quality targets achieved in the 201/16 year:

- Reducing by 50% the number of avoidable pressure ulcers
- Medicines Safety Dashboard across every clinical team
- Evidence of embedding learning from experience

Our objectives for 2016/17 will build on the above.

**Priority 3**

To commence delivery (in September 2016) of the ‘Safety, Quality, Experience’ (SQE) programme that will provide teams with a training and quality improvement curriculum that will develop workforce capability in the application of improvement methods.

**Rationale for Inclusion:**

Building capability and capacity to undertake continuous quality improvement (CQI) activities is a national priority (Berwick Report, 2013)

**Target 2016-17:**

We will train a minimum of ten frontline teams in quality improvement methods through providing access to the SQE programme between September 2016 and March 2017.

**Baseline:**

We are working from a baseline of a pilot programme during 2015/16 involving 30 practitioners.

**Priority 4**

**To implement (from July 2016) a revised Integrated Governance Framework that aligns with the redesign of operational structures and the Trust transformation programme.**

**Rationale for Inclusion:**

One of the CQC improvement actions is around strengthening our clinical governance to include ensuring there is a robust process for learning from incidents and embedding the learning organisation-wide.

**Target 2016-17:**

In line with a revised Operation's and Professional Practice structure due in place from July 2016, we will implement and evaluate the governance framework.

**Baseline:**

The corporate and operational governance model that we are currently using is the baseline, but has been under review and subject to change.

## NHS Staff Survey Results

In 2015, the thirteenth annual national survey of NHS staff was undertaken, involving 297 organisations in England and over 741,000 staff being invited to participate. We have been asked to provide information in this Quality Report on 2 of the questions that were put to our staff:

- Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months?

On this key finding the Trust scored 23% which was better than the national performance for all trusts (24%).

- Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion?

On this key finding, the Trust scored 86% equal to the national performance for all trusts.

## Duty of Candour

The Duty of Candour (“the Duty”) process begins with the recognition that a patient has suffered moderate harm (including any prolonged psychological harm for 28 days or longer), severe harm or has died as a result of a patient safety incident whilst in our care. In order to ensure that we comply with the process we have implemented a monitoring system that:

- Identifies when the Duty should be implemented
- Identifies who is responsible for applying the Duty in each case (the “responsible person”)
- Provides guidance and support to the responsible person to ensure the procedure is followed correctly
- Ensures that the responsible person fully understands their role and responsibilities
- Provides tools and resources for recording and reporting candid discussions
- Monitors and audits each case to ensure that all aspects of the process are adhered to including the correct filing of all related documentation
  - Reports performance quarterly to the Choose Safer Care Committee

The latest audit results show that whilst the process is completed in the majority of cases, it is not always completed within the 10 day deadline. Work is on-going to identify the reasons for such delays or failure to comply with and actions taken accordingly.

## Care Quality Commission Inspection

During May 2015 the Care Quality Commission undertook a comprehensive inspection of South Tyneside NHS Foundation Trust, which covered our acute hospital services in South Tyneside, and our community services across South Tyneside, Sunderland and Gateshead. Overall, the Trust was rated “Requires Improvement” with the ratings for each service area against the 5 key areas shown on the next page. Full details of the inspection report can be found on the CQC website using the following link:

[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAD4436.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAD4436.pdf)

Following publication of the inspection report, a comprehensive action plan was agreed with the CQC, and as of 31<sup>st</sup> March 2016, our performance against that action plan shown below.

The report contained 23 “Must Do’s”, 20 “Should Do’s” and 9 “Recommendations”. The status as of 13<sup>th</sup> April 2016 is:

	Complete	Progressing On Time	Risk of Not Delivering On Time
Must Do’s	13	9	1
Should Do’s	10	9	1
Recommendations	5	4	

## Care Quality Commission Inspection May 2015

	Hospital Urgent and emergency services	Community health services for adults	Hospital Medical Care	Maternity and Gynaecology	Community health services for children	Hospital services for children and young people	Hospital end of life care	Community end of life care	Surgery	Outpatients and diagnostic imaging	Critical Care	Community dental services	Overall
Safe	Requires Improvement	Good	Requires Improvement	Good	Good	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement	Good	Requires Improvement
Effective	Good	Good	Requires Improvement	Good	Good	Requires Improvement	Good	Good	Good	Not rated	Requires Improvement	Good	Requires Improvement
Caring	Good	Good	Good	Good	Outstanding	Good	Outstanding	Outstanding	Good	Good	Good	Good	Outstanding
Responsive	Requires Improvement	Good	Requires Improvement	Good	Good	Good	Good	Good	Requires Improvement	Good	Requires Improvement	Good	Requires Improvement
Well-led	Requires Improvement	Good	Requires Improvement	Requires Improvement	Good	Requires Improvement	Good	Good	Inadequate	Good	Requires Improvement	Outstanding	Requires Improvement
Overall	Requires Improvement	Good	Requires Improvement	Good	Good	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement	Good	Requires Improvement

## 2.3 Statements of Assurance from the Board

During 2015-16 South Tyneside NHS Foundation Trust provided and sub-contracted 130 relevant health services. The South Tyneside NHS Foundation Trust has reviewed all the data available to it on the quality of care 130 of these relevant health services.

The income generated by the relevant health services reviewed in 2015-16 represents 100 per cent of the total income generated from the provision of relevant health services by South Tyneside NHS Foundation Trust for 2015-16.

The safety, effectiveness and patient experience of all of our clinical services is reviewed on an on-going basis through a process of Board of Director and Executive Board oversight. Performance against national and local contractual targets is reported regularly to the Board of Directors. Patient safety and patient experience reports are also scrutinised at the Choose Safer Care Subcommittee which is a Board delegated committee chaired by a Non-Executive Director.

## 2.4 Clinical Audit and Research

### Clinical Audit

Participation in audits and clinical research programmes helps us to review our performance and standards across a wide range of areas. We participate in national and local audits and implement a range of developments and changes as a result.

This Clinical Audit Quality Account covers the period from 1<sup>st</sup> April 2015 to 29<sup>th</sup> February 2016.

During 2015/16 35 national clinical audits and 7 national confidential enquiries covered relevant health services that South Tyneside NHS Foundation Trust provides.

During 2015/16 South Tyneside NHS Foundation Trust participated in 94% (n=31) national clinical audits and 100% (n=7) national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to take part in.

Of the 35 national clinical audits that the Trust was eligible to take part in, participation was not applicable to 2 audits for the following reasons:

- National Non-Invasive Ventilation Audit (BTS) was postponed by BTS
- National Audit of Intermediate Care

The national clinical audits and national confidential enquiries that South Tyneside NHS Foundation Trust was eligible to participate in during 2015/16 are as follows: See table below.

The national clinical audits and national confidential enquiries that South Tyneside NHS Foundation Trust participated in during 2015/16 are as follows: See table below.

The national clinical audits and national confidential enquiries that South Tyneside NHS Foundation Trust participated in and for which data collection was completed during 2015/16 are listed in the table below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of 48 national clinical audits were reviewed by the Clinical Audit Committee and South Tyneside NHS Foundation Trust intends to take the following actions to improve the quality of health care provided:

The reports of 50 local clinical audits were reviewed by the Clinical Audit Committee and South Tyneside NHS Foundation Trust intends to take the following actions to improve the quality of health care provided:

- Ensuring the lead clinician produces an action plan
- The action plan is signed off by the appropriate strategic group or committee
- Progress is monitored through the appropriate committee.

Due to the much varied submission/reporting deadlines for on-going/continuous national audits, the figures for such audits have been based upon the number of cases actually submitted out of the number of identified cases from 1<sup>st</sup> April 2015 to 29<sup>th</sup> February 2016.



## National Clinical Audits and Confidential Enquiries for inclusion in Quality Accounts Report 2015/2016

	Eligible	Participated	% submitted to audit
<b>Acute Care</b>			
Adult critical care (ICNARC CMP)	Yes	Yes	Unable to ascertain
CONFIDENTIAL ENQUIRY (NCEPOD) Acute Pancreatitis	Yes	Yes	<b>100%</b>
CONFIDENTIAL ENQUIRY (NCEPOD) Gastrointestinal Haemorrhage Study	Yes	Yes	<b>80%</b>
CONFIDENTIAL ENQUIRY (NCEPOD) Sepsis Study	Yes	Yes	<b>100%</b>
National Emergency Laparotomy Audit (NELA)	Yes	Yes	<b>98%</b>
National Joint Registry (NJR)	Yes	Yes	Data collection on-going
National Non-Invasive Ventilation Audit (BTS) Note: Audit postponed by BTS. Awaiting revised timelines	Yes	No	<b>N/A</b>
Trauma (TARN)	Yes	Yes	<b>66%</b> Data collection on-going
Procedural Sedation in Adults	Yes	Yes	<b>100%</b>
<b>Blood and Transplant</b>			
National Comparative Audit of Blood Transfusion: Medical Use of Blood	Yes	Yes	<b>100%</b>
Audit of patient blood management in scheduled surgery	Yes	Yes	<b>100%</b>
<b>Cancer</b>			
Bowel Cancer - National Bowel Cancer Audit Programme (NBOCAP)	Yes	Yes	<b>100%</b>

	Eligible	Participated	% submitted to audit
Lung Cancer - National Lung Cancer Audit (NLCA)	Yes	Yes	<b>100%</b>
Oesophago-gastric cancer (NAOGC)	Yes	Yes	Unable to ascertain
<b>Heart</b>			
Acute coronary syndrome or acute myocardial infarction (MINAP)	Yes	Yes	<b>82%</b>
Adult Cardiac Surgery (ACS)	No	N/A	<b>N/A</b>
Cardiac arrest (NCAA)	Yes	Yes	<b>100%</b>
Cardiac arrhythmia (Cardiac Rhythm Management Audit) HRM	Yes	Yes	<b>100%</b>
Congenital Heart Disease – Paediatric Cardiac Surgery (CHD)	No	N/A	<b>N/A</b>
Coronary Angioplasty	No	N/A	<b>N/A</b>
Heart Failure (HF)	Yes	Yes	<b>100%</b>
Pulmonary Hypertension	No	N/A	<b>N/A</b>
Vascular Surgery Registry – VSGBI Vascular Surgery Database (NVD)	No	N/A	<b>N/A</b>
<b>Long Term Conditions</b>			
Chronic Kidney Disease in primary care	No	N/A	<b>N/A</b>
Pulmonary Rehabilitation Audit	Yes	Yes	Unable to ascertain
COPD audit - Secondary Care Snapshot	Yes	Yes	<b>93%</b>
Diabetes - Paediatric (NPDA)	Yes	Yes	<b>100%</b>
National Diabetic Inpatient Audit (NaDIA) Note: Not collecting data 2015/2016. Provisional date to commence data collection September 2016	Yes	Yes	
National Pregnancy in Diabetes Audit (NPID)	Yes	Yes	<b>100%</b>
National Diabetes Footcare Audit	Yes	Yes	<b>91%</b>

	Eligible	Participated	% submitted to audit
Inflammatory Bowel Disease Programme: Biologics Audit	Yes	Yes	<b>100%</b>
Adult Asthma Audit Note: Not collecting data 2015/2016. Provisional date to commence data collection September 2016	Yes	Yes	
Renal Replacement Therapy	No	N/A	<b>N/A</b>
Rheumatoid and early inflammatory arthritis	No	N/A	<b>N/A</b>
<b>Mental Health</b>			
NATIONAL CONFIDENTIAL INQUIRY Suicide and homicide in people with mental illness (NCISH)	Yes	Yes	<b>100%</b>
Prescribing Observatory for Mental Health (OMH-UK)	No	N/A	<b>N/A</b>

	Eligible	Participated	% submitted to audit
<b>Older People</b>			
Sentinel Stroke National Audit Programme (SSNAP) SSNAP Acute Organisational Audit	Yes	Yes	<b>100%</b>
Falls and Fragility Fractures Audit Programme: National Hip Fracture Database	Yes	Yes	<b>100%</b>
Falls and Fragility Fractures Audit Programme: Inpatient Falls	Yes	Yes	<b>100%</b>
Falls and Fragility Fractures Audit Programme: Fracture Liaison Service Facilities Audit	Yes	Yes	Unable to ascertain
Older People: Care in Emergency Departments (College of Emergency Medicine)	Yes	Yes	Unable to ascertain
<b>Other</b>			
Elective Surgery (National PROMS programme) – Hernia	Yes	Yes	Data handled by external agency
Elective Surgery (National PROMS programme) – Hips	Yes	Yes	Data handled by external agency
Elective Surgery (National PROMS programme) – Knees	Yes	Yes	Data handled by external agency
Elective Surgery (National PROMS programme) – Varicose Veins	No	N/A	<b>N/A</b>
National Audit of Intermediate Care	Yes	No	<b>N/A</b>
National Ophthalmology Audit	No	N/A	<b>N/A</b>
<b>Women's &amp; Children's Health</b>			
Child Health Programme (CHR-UK)	Yes	Yes	Data handled by external agency
Perinatal Mortality Surveillance Report (MBRRACE-UK)	Yes	Yes	Unable to ascertain

	Eligible	Participated	% submitted to audit
Perinatal Confidential Enquiry (MBRRACE-UK)	Yes	Yes	100%
Confidential Enquiry into Maternal Death (MBRRACE-UK)	Yes	Yes	100%
Neonatal intensive and special care (NNAP)	Yes	Yes	100%
Vital signs in children	Yes	Yes	96%
Paediatric Intensive Care (PICANet)	No	N/A	N/A

## 2.4 RESEARCH

South Tyneside NHS Foundation Trust recognises the numerous benefits of Research to the organisation and more importantly for our patients. According to a consumer poll conducted in 2013 commissioned by the National Institute for Health Research (NIHR), 87% of people would prefer to be treated in a hospital that does clinical research. Being a research active Trust demonstrates a commitment to high quality patient care and embeds a culture of quality and innovation across the organisation.

South Tyneside NHS Foundation Trust is committed to the promotion and conduct of research. As a partner organisation of the North East and North Cumbria Local Clinical Research Network (NENC CRN) South Tyneside NHS Foundation Trust was awarded approximately £475K to support and deliver NIHR Portfolio studies.

Research is underway in a number of clinical specialities, 905 patients have been recruited to 32 NIHR Portfolio studies. The Trust had a target to recruit to 4 industry trials in 2015/16 and have exceeded this target recruiting to 5 industry trials recruiting a total of 52\* patients to industry trials.

The table below outlines our recruitment by study to portfolio studies (recruitment data from the NIHR open data platform as at 20<sup>th</sup> March 2016).

Topic/ Specialty Group	Study Title	Total Number of Patients Recruited 2015/16
<b>Mental Health</b>	SIPs Jr RCT	57
<b>Gastroenterology</b>	Adenoma Trial	437
	A Feasibility Study of Patient Navigation in Bowel Screening	153
	Scope Me – PREM Development	48
	Advanced Endoscopic Imaging Strategies for Colitis Surveillance	9
	PANTS	8
	A randomised controlled trial of eicosapentaenoic acid (EPA) and/or aspirin for colorectal adenoma (or polyp) prevention during colonoscopic surveillance in the NHS Bowel Cancer Screening Programme: The seAFood (Systematic Evaluation of Aspirin and Fish Oil) polyp prevention trial	1
<b>Cancer</b>	Lungcast	2
	MARS 2	2
	Stampede	1
<b>Cardiovascular</b>	GLORIA - AF: Global Registry on Long-Term Oral Anti-thrombotic Treatment In Patients with Atrial Fibrillation (Phase II/III – EU/EEA Member States)	41
	AFGEN – long term registry of atrial fibrillation patients	12
	Paradigm Follow Up Study	2
<b>Dermatology</b>	Pressure 2	10
<b>Diabetes</b>	ADDRESS 2	2
	TrialNet	1
<b>Health Services Research</b>	Modelling BSL IAPT and standard IAPT accessed by deaf people	3
	Early Evaluation of the Integrated Care and Support Pioneers	1
<b>Injuries and Emergencies</b>	Tranexamic Acid for the Treatment of Gastrointestinal Haemorrhage: An International Randomised, Double Blind Placebo Controlled Trial	9

Topic/ Specialty Group	Study Title	Total Number of Patients Recruited 2015/16
Primary Care	PCRN2761 COPD	2
Reproductive Health	Effect of folic acid supplementation in pregnancy on preeclampsia -Folic Acid Clinical Trial (FACT) A randomized, double-blind, placebo-controlled, Phase III, international multi-centre study of 4.0 mg of Folic Acid supplementation in pregnancy for the prevention of preeclampsia	19
	Supporting Parents Through Stillbirth	18
	Creative Interventions for Post Natal Depression	12
	DAPPA	9
	Neurodevelopment of babies born to mothers born to mothers with epilepsy	8
Respiratory	A randomised, double-blind placebo controlled trial of the effectiveness of low dose oral theophylline as an adjunct to inhaled corticosteroids in preventing exacerbations of chronic obstructive pulmonary disease (TWICS)	20
	A multicentre non-blinded randomised controlled trial to assess the impact of Regular Early SPEcialist symptom Control Treatment on quality of life in malignant Mesothelioma “ - RESPECT-Meso”	5
	CCRN2593	5
	CCRN3069	3
	Admission and discharge care bundles for COPD	1
	RESP3821 (Asthma)	1
Stroke	Extras	3

The number of patient receiving relevant health services provided or subcontracted by South Tyneside NHS Foundation Trust in 2015/16 that were recruited during that period to participate in research approved by a research ethics committee 905.



## **Research Performance Metrics**

In the 2011 'Plan for Growth' the Government outlined the need for a dramatic and sustained improvement in the performance of providers of NHS Services in initiating and delivering clinical research and outlined two benchmarks against which all NHS providers would be measured

### **Research Management and Governance (approval targets)**

The Research & Development Team have approved 25 portfolio studies in 2015/16 consistently achieving the 15 day approval target.

### **Performance in Initiating Clinical Trials**

The performance in initiating clinical trials benchmark monitors 70 days from receipt of a valid research application to recruitment of the first participant in the trial. This data has to be submitted to the NIHR on a quarterly basis. The data outlined in the table below outlines our performance in the first three quarters of 2015/16.

Name of Trial	Date of Receipt of Valid Research Application	Date of NHS Permission	First Patient Recruited?	Date of First Patient Recruited	Duration between VRA and NHS Permission	Duration between NHS Permission and First Patient	Duration between VRA and First Patient	Benchmark Met
DYNAGITO - A randomised, double blind, active controlled parallel group study to evaluate the effect of 52 weeks of once daily treatment of orally inhaled tiotropium + olodaterol fixed dose combination compared with tiotropium on Chronic Obstructive Pulmonary Disease (COPD_ exacerbation in patients with severe to very sever COPD	16/02/2015	18/02/2015	yes	19/03/2015	2	29	31	yes
	Comments:							
FOCUS4 - Molecular selection of therapy in colorectal cancer: a molecularly stratified randomised controlled trials programme	19/02/2015	03/03/2015	yes	23/09/2015	12	204	216	no
	Comments: Two patients consented to registration but failed to attend							
MARS 2 - A study to determine if it is feasible to recruit into a randomised trial comparing (extended) plurectomy decortication versus no plurectomy decortication in the multimodality management of patients with malignant pleural mesothelioma	11/06/2015	11/06/2015	yes	26/10/2015	0	137	137	no
	Comments: Patients required to travel to Sheffield for surgery prior to chemo at STFT. One patient approached but decided against taking part. Two patients now recruited.							
A multicenter study to evaluate safety and tolerability in patients with chronic heart failure and reduced ejections fraction from PARADIGM-HF receiving open label LCZ696	25/08/2015	25/08/2015	yes	21/09/2015	0	27	27	Yes
	Comments: Recruitment target achieved							

Name of Trial	Date of Receipt of Valid Research Application	Date of NHS Permission	First Patient Recruited?	Date of First Patient Recruited	Duration between VRA and NHS Permission	Duration between NHS Permission and First Patient	Duration between VRA and First Patient	Benchmark Met
LIBERTY ASTHMA QUEST - A randomised, double blind, placebo-controlled, parallel group study to evaluate the efficacy and safety of dupilumab in patients with persistent asthma	16/09/2015	30/09/2015	yes	04/01/2016	14	96	110	
Comments: SIV 30/9/15. Green light not given till 21/10/15 due to issues with sponsor accepting GCP and delay in fridge delivery. Patient consented on 28/10/2015 however later failed screening								
ADD-Apirin - A phase 111 double-blind placebo-controlled randomised trial assessing the effects of aspirin on disease recurrence and survival after primary therapy in common on metastatic solid tumours	13/10/2015	21/10/2015	no		8			
Comments: Study delays due to local pathology issues. (Path Lab provided by NHS South of Tyne and Wear Pathology Services)								
GORD - A multicenter randomised double blind two arm parallel group place-bo controlled study to assess the effect of Sodium Alginate Chewable Tablets on symptoms of gastro-oesophageal reflux disease	27/11/2015	29/12/2015	Yes	04/02/16	32			
Comments: Green light from sponsor not given until 20/01/2016								

## Performance in Delivering Industry Trials

The performance in delivering clinical trials benchmark measures recruitment of the target number of patients within the agreed time (recruitment to time and target) for all industry studies. South Tyneside recruited to 6 industry studies, 5 of which were new industry studies. All trials are still actively recruiting so it is not yet possible to say if time and target was achieved. The data outlined in the table below outlines our performance in the first three quarters of 2015/16

Name of Trial	Target number of patients available	Target Number of patients	Date Agreed to recruit target number of patients available	Date Agreed to recruit target number of patients	Trial Status	Target met within the agreed time	Comments
CRYSTAL - A prospective, multi-centre, 12-week, randomised open-label study to evaluate the efficacy and safety of glycopyrronium (50 mg od) or indacaterol and glycopyrronium bromide fixed-dose combination (110/50 mg od) regarding symptoms and health status in patients with moderate chronic obstructive pulmonary disease (COPD) switching from treatment with any standard COPD programme	Yes	8	Yes	10/12/2015	closed in follow up		Target achieved
ORBIT 3 - A multi-centre, randomised, double-blind, placebo-controlled study to evaluate the safety and efficacy of Pulmaquin® in the management of chronic lung infections with pseudomonas aeruginosa in subjects with non-cystic fibrosis bronchiectasis, including 28 day open-label extension and pharmacokinetic sub-study	Yes	3	Yes	31/05/2015	closed follow up complete	yes	Target achieved
DYNAGITO - A randomised, double blind, active controlled parallel group study to evaluate the effect of 52 weeks of once daily treatment of orally inhaled tiotropium + olodaterol fixed dose combination compared with tiotropium on Chronic Obstructive Pulmonary Disease (COPD) exacerbation in patients with severe to very severe COPD	Yes	7	Yes	28/02/2016	Open	Yes	Target achieved

Name of Trial	Target number of patients available	Target Number of patients	Date Agreed to recruit target number of patients available	Date Agreed to recruit target number of patients	Trial Status	Target met within the agreed time	Comments
A multicenter study to evaluate safety and tolerability in patients with chronic heart failure and reduced ejections fraction from PARADIGM-HF receiving open label LCZ696	Yes	2	Yes	27/01/2016	Open	yes	Target achieved
LIBERTY ASTHMA QUEST - A randomised double blind, placebo-controlled, parallel group study to evaluate the efficacy and safety of dupilumab in patients with persistent asthma	Yes	3	Yes	30/06/2016	Open		2 patients randomised to date
GORD - A multicenter randomised double blind two arm parallel group place-bo controlled study to assess the effect of Sodium Alginate Chewable Tablets on symptoms of gastro-oesophageal reflux disease	Yes	4		30/11/2016	Open		2 patients randomised to date

## 2.5 Commissioning for Quality and Innovation (CQUIN) Payment Framework

A proportion of South Tyneside NHS Foundation Trust's income in 2015-16 was conditional upon achieving quality improvement and innovation goals agreed between South Tyneside NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) Payment Framework.

Further details of the agreed goals for 2015-16 and for the following 12 month period are available at: [foi@stft.nhs.uk](mailto:foi@stft.nhs.uk)

The monetary total for the amount of income in 2015-16 conditional upon achieving quality improvement and innovation goals is £XX. The monetary total for the associated payment in 2014/15 was £3,486,317.

Final reconciliation does not occur until after preparation of this report, however the indicative position shows that for the full year we will have achieved over 90% for the scheme.

## Indicative Achievement of the Nationally Mandated CQUINs

No	Goal	Indicator	Status
1	<b>Acute Kidney Injury</b>	This focused on AKI diagnosis and treatment in hospital and the plan of care to monitor kidney function after discharge	<b>Partial</b>
2a	<b>Sepsis Screening</b>	This focused on the screening of a specified group of adult and child patients in emergency departments and other units that directly admit emergencies	<b>Full</b>
2b	<b>Sepsis Antibiotic Administration</b>	To rapidly initiate intravenous antibiotics, within 1 hour of presentation, for those patients who have suspected severe sepsis, Red Flag Sepsis or septic shock	<b>Partial</b>
3a	<b>Dementia &amp; Delirium(FAIRI)</b>	Aimed to improve care for patients with dementia or delirium during episodes of emergency unplanned care	<b>Full</b>
3b	<b>Staff Training</b>	Ensures that appropriate dementia training is available to staff through a locally determined training programme	<b>Full</b>
3c	<b>Supporting Carers</b>	Ensures carers of people with dementia and delirium feel adequately supported	<b>Full</b>
4	<b>Reducing the Proportion of Avoidable Emergency Admissions</b>	Ensures that patients with ambulatory care sensitive conditions and similar conditions that do not normally require admission to a hospital bed receive highly responsive urgent care services outside of hospital.	<b>Partial</b>

## Indicative Achievement of the Locally Agreed CQUINs

No	Goal	Indicator	Status
5	<b>HbA1C and Lipid Levels</b>	To check Hb1AC and lipid levels in diabetic patients admitted with a diagnosis of diabetes to hospital or seen in A&E, if these tests have not been done in the past 3 months as part of diabetic review.	<b>Full</b>
6	<b>End of Life Care</b>	Actions to be taken to ensure excellence in End of Life care during the withdrawal of the Liverpool Care Pathway	<b>Full</b>
7	<b>Learning Disability Coding, Flagging and Care pathways</b>	Early flagging of patients in health care settings to support the implementation of learning disability care pathways	<b>Full</b>
8	<b>High Impact Interventions / Actions</b>	Development and implementation of jointly agreed projects or service developments to meet the requirements of the relevant 'High Impact Actions' as identified by NHS England	<b>Full</b>
9	<b>Integrated Community Teams</b>	To support the CCG ambition of better joined up care delivered via integrated community teams	<b>Full</b>

No	Goal	Indicator	Status
10	<b>Increased number of conditions that have access to an ambulatory care pathway</b>	To support the CCG ambition of reducing emergency admissions by 15% over 5 years by identifying and implementing (where appropriate) opportunities for increasing the number of conditions managed through ambulatory care pathways.	<b>Full</b>
11	<b>Enhancing quality of life for people with long term conditions – Telehealth</b>	To support improved quality of life by the rollout of Telehealth technology	<b>Partial</b>
12	<b>Enhancing quality of life for people with long term conditions - COPD</b>	To support the CCG ambition of showing a marked improvement over 5 years in the quality of life for patients with LTCs	<b>Partial</b>
13	<b>Improving Pulmonary Rehabilitation Access for Patients With COPD</b>	To support the CCG ambition of a 3.2% improvement in 2014/15 in the years lost due to premature death by improving care for patients with COPD	<b>Full</b>
14	<b>Community IM&amp;T Integration</b>	To implement EMIS Community Web and Mobile working for nursing teams in Sunderland	<b>Full</b>

No	Goal	Indicator	Status
15	<b>Continuing Healthcare</b>	Supporting the achievement of the 28 day pathway is vital as delays in providing outcomes to claimants causes distress and potential financial hardship to them.	<b>Full</b>
16	<b>Smoking at Time of Delivery</b>	To support the CCG and South Tyneside Council initiatives to reduce the impact of smoking on the population	<b>Full</b>
17	<b>Health Visiting</b>	To support the transfer of commissioning responsibility to local authorities from NHS England	<b>Full</b>
18	<b>Retinal Screening</b>	Improving the experience for patients with a Learning Disability	<b>Full</b>
18	<b>Delayed Discharge from Intensive Care</b>	To reduce the delays in patient transfer to hospital general wards once they are medically fit	<b>Full</b>
20	<b>Community Pulmonary Rehabilitation</b>	Improving access to the Gateshead service	<b>Full</b>
21	<b>St Benedicts</b>	Improving patient experience for Durham patients in St Benedicts Hospice	<b>Full</b>



## 2.6 Information on Care Quality Commission (CQC) Registration

South Tyneside NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registration in full, with no conditions. The Care Quality Commission has not taken any enforcement action against South Tyneside NHS Foundation Trust during 2015-16.

Activities that the trust is registered to carry out:

- Accommodation for persons who require nursing or personal care
- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Nursing care
- Personal care
- Surgical procedures
- Termination of pregnancies
- Treatment of disease, disorder or injury

The South Tyneside NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2015-16.

- Comprehensive inspection of all services in May 2015. This inspection included all acute and community services, and the Trust was rated “requires improvement” overall.

South Tyneside NHS Foundation trust intends to take the following action to address the conclusions or requirements reported by CQC:

- A comprehensive action plan was developed as part of the Quality Summit following publication of the inspection report

South Tyneside NHS Foundation trust has made the following progress by 31<sup>st</sup> March 2016 in taking such action:

- The action plan is now in place.

Further information about our registration status can be found at [www.cqc.org.uk](http://www.cqc.org.uk)

## 2.7 Customer Services

In 2015-16 a total of 190 people raised formal complaints with us as indicated below:

	2015-16	2014-15	2013-14	2012-13	2011-12	2010-11	2009-10
Q1	42	52	60	71	64	72	70
Q2	55	65	73	71	57	55	77
Q3	51	35	42	68	55	60	60
Q4	42	58	46	71	71	48	70
Total	190	210	221	281	247	235	277

During 2015-16 a total of 8 complainants referred their complaints to the Parliamentary and Health Services Ombudsman.

To date, 8 reviews have been concluded by the Ombudsman, 4 with no case to answer and 3 with actions for the Trust to take forward. 1 complaint was withdrawn by the complainant.

## 2.8 Information on Data Quality

Good quality information underpins sound decision making at every level in the NHS and contributes to the improvement of health care.

South Tyneside NHS Foundation Trust submitted records during 2015/16 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data (from months April 2015 to January 2016):

- which included the patient's valid NHS number was:
  - 99.7% for admitted patient care;
  - 99.9% for outpatient care and
  - 98.7% for accident and emergency care
  
- Which included the patient's valid General Medical Practice Code Valid General Practitioner Registration Code was:
  - 99.3% for admitted patient care;
  - 100% for outpatient care and
  - 100% for accident and emergency care

## 2.9 Information Governance Assessment Report

South Tyneside NHS Foundation Trust Information Governance Assessment Report overall score for 2015/16 was 78% and was graded green.

To facilitate our commitment to the better sharing of patient information, we will continue with two programmes of work which will run for a further two years. These programmes are developed in collaboration with our commissioners, and in partnership with South Tyneside Council and will:

- Deploy a new Electronic Patient Record (EPR) into community healthcare, based on EMIS Web and including mobile working for staff such that Community and GP data will be shared, and the quality of data captured will be driven up capture occurs at point of treatment. Several services have already moved over to EMIS (community nursing and MSK in Sunderland), with a further group to transition during 2016-17 including Podiatry, Child Health Records, Speech and Language Therapy, Occupational Therapy.
- Deliver application integration across Health and Social Care in South Tyneside to facilitate integrated ways of working with Council staff, as well as other HealthCare organisations such as Northumberland Tyne and Wear NHS Foundation Trust. We are leading on the development of the Health and Social Care Integration Engine, which will link the major systems across providers.

In addition the Trust has continued to invest in delivering its Information Technology Strategy, continuing to extend the use of electronic whiteboards and electronic discharge solution.

In progressing actions against the data quality plan we particularly expect to see further progress from:

- Extending the digital referral and reporting system to cover new services currently requested on paper. This will have both an increase in the quality of service delivery and in the quality of data gathered and recorded. We have already developed this system to cover referrals in social care, district nursing and cardiology.
- The Trust will invest in mobile technology for community nursing services, which in conjunction with the community electronic patient record will allow patient care to be recorded at time of the event even in the patient's home. We have started the trial of mobile devices in Sunderland and have procurements in place to roll out the technology to a wider group of staff.

## 2.10 Information on Clinical Coding

South Tyneside NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2015/16 by the Audit Commission.

Audits conducted during 2015/16 have been undertaken in accordance with the HSCIC Clinical Classifications Service Clinical Coding Audit Methodology 2015/16 Version 9.0. During the reporting period the error rates reported in the latest audit report for that period for diagnoses and treatments coding (clinical coding) were:

- Primary Diagnoses Incorrect  
9.50%
- Secondary Diagnoses Incorrect            9.10%
- Primary Procedures Incorrect            3.52%
- Secondary Procedures Incorrect        8.18%

All episodes within the audit sample were identified from:

- General Medicine specialty;
- General Surgery specialty;
- Gynaecology specialty; and
- Trauma and Orthopaedics specialty

The results of the coding audits should not be extrapolated further than the actual sample audited.

South Tyneside NHS Foundation Trust will be taking the following actions to improve data quality. We have developed an action plan on the basis of the recommendations made in the audit report. Our plan supports continuous improvement in

the accuracy of our coding. We have begun work to improve the coding of patients in the St Benedict's Hospice in Sunderland; this has been identified as a contributory factor to our "SHMI" mortality rate, and we will mirror the assurance processes that are used in the coding within the acute hospital.

## 2.11 Reporting Against Core Quality Indicators

This section of the Quality Report covers our performance against a core set of mandated indicators, using a standardised format that includes our performance alongside the performance of other trusts or the NHS nationally.

### The value and banding of the Summary Hospital-level Mortality Indicator (SHMI) for the Trust

Period	Dec14 – Nov15	Oct14 – Sep15	Jul14 – Jun15	Apr14 – Mar15	Jan14 – Dec14
STFT Value	114.7	114.0	114.8	117.7	117.5
STFT without Hospice	99.1		99.9		
STFT Band (Target “2”)	1	1	1	1	1
Highest National	NA	117.7	120.9	121.0	124.3
Lowest National	NA	65.2	66.1	67.0	65.5
Data Source	<a href="https://indicators.ic.nhs.uk/webview/">https://indicators.ic.nhs.uk/webview/</a>				

SHMI is a ratio of the observed number of deaths to the expected number of deaths for a provider. The observed number of deaths is the total number of patient admissions to the hospital which resulted in a death either in hospital or within 30 days post discharge from the hospital.

South Tyneside NHS Foundation Trust considers that this data is as described for the following reasons. The table above demonstrates our SHMI values and bandings over several reporting periods. We have identified that the SHMI value for STFT is affected by the management of St Benedict’s Hospice in Sunderland. If the data concerning those hospice patients was removed from the SHMI calculation, the most recent data suggests that the Trust SHMI value is ‘99.9’. The deterioration to a band 1 (“higher than expected”) has been discussed with commissioners and NHS England, and can again be linked to St Benedict’s, specifically the increase in the number of beds in a newly built facility, and the reduction in admissions to the acute hospital.

South Tyneside NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by continuing to develop our mortality review processes. Our Mortality Review Group is responsible for scrutinising mortality and the work of individual departmental mortality measures. Patient deaths are reviewed to identify any concerns or areas where care could be improved in the future. The Mortality Review Group also regularly audits the main mortality types included with the SHMI calculation. These

audits provide assurance and form the basis for further investigations during the year by consultants in each area.

**The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust**

	Oct13 – Sep14	Jul13 – Jun14	Apr13 – Mar14	Jan12 – Dec12
<b>STFT Value</b>		<b>26.1</b>	<b>27.4</b>	<b>26.6</b>
<b>Highest National</b>		<b>49</b>	<b>48.5</b>	<b>46.9</b>
<b>Lowest National</b>		<b>0.0</b>	<b>0.0</b>	<b>1.3</b>
<b>Data Source</b>	<ul style="list-style-type: none"> <li>• CHKS</li> <li>• <a href="https://indicators.ic.nhs.uk/webview/">https://indicators.ic.nhs.uk/webview/</a></li> </ul>			

South Tyneside NHS Foundation Trust considers that this data is as described for the following reasons. **Some acute Trusts including ours provide specialist palliative care inpatient services within designated wards, or within the community. This potentially affects the SHMI value and means that it may be difficult to compare one Trust with another.**

The South Tyneside NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its service, by

**Our Mortality Review Group is responsible for scrutinising mortality and the work of individual departmental mortality measures. Patient deaths are reviewed by the group to identify any concerns or areas where care could be improved in the future.**

**Our mortality data and SHMI rating is affected by the fact that our trust provides specialist palliative care to the people of Sunderland and the surrounding areas at St Benedict’s Hospice.**

## Patient Reported Outcome Measures (PROMS) - % of Patients Reporting Improvements

	Value = EQ-5D	2015/16 (Apr – Sep Provisional)	2014/15
Varicose Vein Surgery	Trust Score:	N/A	N/A
	National Average:	39.6	52.1
Hip Replacement Surgery	Trust Score:	80.0*	90.9
	National Average:	89.7	89.6
Knee Replacement Surgery	Trust Score:	100*	63.2
	National Average:	82.8	81.0
Groin Hernia Surgery	Trust Score:	61.3	45.0
	National Average:	51.1	50.7
Data Source	HSCIC: <a href="http://www.hscic.gov.uk/proms">http://www.hscic.gov.uk/proms</a>		

South Tyneside NHS Foundation Trust considers that this data is as described for the following reasons. Varicose vein procedures is not a routine operation at STFT and none were carried out during this reporting period.

\*The performance for Knee Replacement Surgery and Hip Replacement Surgery in 2015/16 is based on a low number of patient responses and therefore should be interpreted with caution.

South Tyneside NHS Foundation Trust intends to take the following actions to improve PROMs performance, and so the quality of its services, by continuing to look specifically at the actual health gains from a pre-operative to post-operative position. We will continue to encourage patients to complete the PROMS survey to ensure we receive valid data.

**The percentage of patients readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust**

		2015/16	2014/15	2013/14
Age 0 to 15	Readmission Rate	5.7%	5.8%	5.8%
	Peer Readmission Rate	10.8%	8.3%	8.4%
Age 16+	Readmission Rate	5.7%	5.5%	5.7%
	Peer Readmission Rate	7.0%	6.9%	7.0%
Data Source	In the absence of data from the Health & Social Care Information Centre, data from CHKS has been used			

South Tyneside NHS Foundation Trust considers that this data is as described for the following reasons. In order to demonstrate our performance for 28 day readmissions against the national context, we have provided a comparison with data extracted from the CHKS database. CHKS is a healthcare intelligence provider with whom a large number of Trusts are registered nationally. The peer group shown in the table above includes all registered CHKS Trusts.

South Tyneside NHS Foundation Trust has taken the following actions to improve this readmission rate, and so the quality of its services, by showing that the data has been provided for the last two reporting periods and demonstrates that our Trust compares favourably with the peer group readmission rates in both age groups.

We continue to work with partner organisations in improving the resilience of the systems across South Tyneside to reduce readmissions to hospital. A number of new projects were implemented over the winter period, including enhancing rehabilitation services. We continue to develop Haven Court (the Integrated Care Hub) which will open in 2016-17 and offer further options that should reduce readmissions.

Measure	Responsiveness to Patient Need
<b>Survey of Adult Inpatients 2015 versus 2014</b>	
The South Tyneside NHS Foundation Trust considers that this data is as described for the following reasons. <b>XXXX</b>	
The South Tyneside NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by <b>XXXXX</b>	
Data Source	<a href="http://www.cqc.org.uk/provider/RE9/survey/3">http://www.cqc.org.uk/provider/RE9/survey/3</a>



The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends

	2015**		2014*		2013*	
	% Agree	% Strongly Agree	% Agree	% Strongly Agree	% Agree	% Strongly Agree
<b>Trust</b>	<b>44</b>	<b>17</b>	<b>46</b>	<b>17</b>	<b>47</b>	<b>17</b>
<b>National Average</b>	<b>48</b>	<b>20</b>	<b>47</b>	<b>20</b>	<b>47</b>	<b>20</b>
<b>National Highest</b>	<b>54</b>	<b>46</b>	<b>58</b>	<b>44</b>	<b>58</b>	<b>47</b>
<b>National Lowest</b>	<b>37</b>	<b>8</b>	<b>32</b>	<b>6</b>	<b>33</b>	<b>7</b>
<b>Data Source</b>	<a href="http://www.nhsstaffsurveys.com/">http://www.nhsstaffsurveys.com/</a> Note: *Acute Trusts **Combined Acute and Community Trusts					

The South Tyneside NHS Foundation Trust considers that this data is as described for the following reasons. The 2015 results are consistent with earlier years, however the satisfaction rate when these questions are asked through the national surveys is always lower than the locally organised quarterly surveys, which average 70% satisfaction (though response rates are low).

The South Tyneside NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by refreshing the Board of Directors approved targeted action plan.

## Friends and Family Test - Patient

		Feb 2016		Jan 2016		Dec 2015	
		% Response Rate	% Recommended	% Response Rate	% Recommended	% Response Rate	% Recommended
A&E	Trust	6	92	13	83	5.4	88
	National	13.3	85	12.9	86	12.7	87
Community	Trust		98		98		99
	National		95		95		95
Inpatient	Trust	29.0	93	27.5	95	27.8	96
	National	24.1	95	23.5	95	22.6	95
Maternity	Trust		89		93		97
	National		95		96		95
Outpatient	Trust		96		95		98
	National		92		92		92
Data Source		<a href="https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/">https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/</a>					

The South Tyneside NHS Foundation Trust considers that this data is as described for the following reasons. From April 2015, the national CQUIN targets for Friends and Family Test have been relaxed with a shift of emphasis from response rate targets and financial rewards to broader use of the question and expectations of service improvement as a result. The Trust's Carer and Patient Involvement Team have revised their process in order to accommodate this whilst building on the good will and success of the previous process.

The South Tyneside NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by the Carer and Patient Involvement making progress on identifying and mapping indicators of patient feedback across the Trust. This triangulation will provide a more holistic picture of patient experience resulting in a single approach by clinical services to take action and make improvement.

**The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism**

	2015/16				2014/15
	Q1	Q2	Q3	Q4	
<b>Trust Score</b>	<b>97.1%</b>	<b>96.4%</b>	<b>95.6%</b>	<b>96.5%</b>	<b>97.6%</b>
<b>National Average</b>	<b>96.0%</b>	<b>95.9%</b>	<b>95.5%</b>	<b>N/A</b>	<b>96%</b>
<b>Data Source</b>	<a href="https://www.england.nhs.uk/statistics/statistical-work-areas/vte/vte-risk-assessment-2015-16/">https://www.england.nhs.uk/statistics/statistical-work-areas/vte/vte-risk-assessment-2015-16/</a>				

South Tyneside NHS Foundation Trust considers that this data is as described for the following reasons. All Trusts are required to report the proportion of documented VTE risk assessments being conducted as a percentage of all admitted patients. The national target requires that at least 90% of all admitted patients should receive a VTE risk assessment. In 2015-16 we exceeded the national average.

The South Tyneside NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by continuing to monitor performance as part of our quality dashboard at the Choose Safer Care Committee.

**The rate per 100,000 bed days of cases of C. Difficile infection reported within the Trust amongst patients aged 2 or over**

Value	2015/16	2014/15	2013/14
<b>Trust Score</b>	<b>6.2</b>	<b>7.8</b>	<b>12.2</b>
<b>National Average</b>	<b>Not Available</b>	<b>15.1</b>	<b>14.7</b>
<b>Highest National</b>	<b>Not Available</b>	<b>62.2</b>	<b>37.1</b>
<b>Lowest National</b>	<b>Not Available</b>	<b>0</b>	<b>0</b>
<b>Data Source</b>	<a href="https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data">https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data</a>		

South Tyneside NHS Foundation Trust considers that this data is as described for the following reasons. In 2015/16 we had 7 cases of *Clostridium Difficile* infection against a target of 8. To set this in context, the rate of infection reported at South Tyneside NHS Foundation Trust compares extremely favourably with the national average. The data

demonstrates that we have consistently reported below the national average of reported cases whilst also ranking amongst the most effective healthcare providers for this indicator.

The South Tyneside NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by Our Infection Prevention and Control Team will continue to work alongside our hospital and community teams to provide and monitor good practice in order to achieve the targets set in all local patches. We will continue to be a proactive partner in the local infection control network alongside commissioners.

### The number, and where available, rate of patient safety incidents reported within the Trust

Period	Oct 15 - Mar 16 Number (Rate / 1,000 Bed Days)	Apr 15 - Sep 15 Number (Rate / 1,000 Bed Days)	Oct 14 – Mar 15 Number (Rate / 1,000 Bed Days)	Apr 14 – Sep 14 Number (Rate / 1,000 Bed Days)
Trust	1,846 (Not Available)*	1,891 (Not Available)*	2,271 (39.2)	2,253 (38.52)
National Average	Not Available	Not Available	4539 (37.1)	4,196 (35.9)
National Highest	Not Available	Not Available	12,784 (82.2)	12,020 (74.96)
National Lowest	Not Available	Not Available	443 (3.6)	35 (0.24)
Data Source	<a href="http://www.nrls.npsa.nhs.uk/resources">http://www.nrls.npsa.nhs.uk/resources</a> n.b. Reported against Acute non-specialist hospitals			

### The number and percentage of such patient safety incidents that resulted in severe harm or death

Period	Oct 15 - Mar 16 Number (%)	Apr 15 - Sep 15 Number (%)	Oct 14 – Mar 15 Number (%)	Apr 14 – Sep 14 Number (%)
Trust	5 (0.2%)	4 (0.2%)	10 (0.2%)	10 (0.4%)
National Average	Not Available	Not Available	11.3 (0.3%)	10.18 (0.6%)
National Highest	Not Available	Not Available	128 (5.2%)	74 (74.3%)

<b>National Lowest</b>	<b>Not Available</b>	<b>Not Available</b>	<b>0 (0%)</b>	<b>0 (0%)</b>
<b>Data Source</b>	<a href="http://www.nrls.npsa.nhs.uk/resources">http://www.nrls.npsa.nhs.uk/resources</a> n.b. Reported against Acute non-specialist hospitals			

South Tyneside NHS Foundation Trust considers that this data is as described for the following reasons. The Trust actively promotes a culture in which the reporting of incidents, errors and near misses is encouraged and used as a mechanism towards improving the safety of our patients. We have robust internal review processes including Medical Director leadership of the Clinical Incident Review Group, and we work closely with commissioners on reviewing performance in the bi-monthly Quality Review Group.

The South Tyneside NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by the Board of Directors agreeing a new Quality Strategy in May 2016, and completing the “Getting to Good” improvement actions required as a result of the CQC Inspection in May 2015.

### 3 An Overview of the Quality of Care

The data set below is included in our monthly performance report to the Trust Board. The indicators have been selected by our board and key stakeholders on the basis that any non-compliance would adversely affect patient safety, clinical effectiveness and patient experience. Many of these indicators are also either operational standards, or national or local quality requirements of the NHS Standard Contract. Part three contains performance against national key priorities that have not already been reported in part two.

#### 3.1 Quality of Care Data

Patient Safety Indicator 1	Data Source	Data Standard	Average 2013-14	Average 2014-15	Average 2015-16	National Contract Target
Fractured Neck of Femur- Patients Operated on Within 36 Hours of Admission	Internal Integrated Performance Dashboard	NHS Standard Contract	75.6%	78.1%	74.5%	75%
	National Data	National Hip Fracture Database	Average 71.7%	Average 72.1%	N/A	

**Reason For Selection:**

This is a quality requirement within the NHS Standard Contract. Fracture neck of femur (NOF) is associated with significant morbidity and an estimated one-year mortality of 30%.

Patient Safety Indicator 2	Data Source	Data Standard	Average 2013-14	Average 2014-15	Average 2015-16	National Contract Target
Ambulance Handover Time in A&E (% recorded using handover screens)	Internal Integrated Performance Dashboard	NHS Standard Contract	76%	70.1%	64.0%	90%

**Reason For Selection:**

Handover start time is defined as the time of arrival of the ambulance at the accident and emergency department, with the end time defined as the time of handover of the patient to the care of accident and emergency staff. The performance of the Trust has been validated by the commissioners, and it is recognised that the number of non-NEAS ambulances used to transport patients to our A&E department affects the maximum possible performance. We continue to work with commissioners to understand where performance can be improved.

Patient Safety Indicator 3	Data Source	Data Standard	Average 2013-14	Average 2014-15	Average 2015-16	Target
Staff Turnover Stability of Turnover Relating to Staff with >1 year of Service.	Internal Workforce Performance Dashboard	Local HR Strategy	90.3%	89.8%	90.0%	90%

**Reason For Selection:**

There is a nationally accepted and growing body of evidence that patient outcomes are linked to whether or not organisations have the right people, with the right skills, in the right place at the right time. Staff turnover has a direct impact on staffing levels.

'Turnover' includes statistics on joiners to and leavers from the Trust within a specific time period based on headcount. There has again been a significant number of staff leave the Trust under TUPE legislation following the loss of contracts to other providers.

Clinical Effectiveness Indicator 1	Data Source	Data Standard	Average 2013-14	Average 2014-15	Average 2015-16	Target
Breastfeeding Initiation	Internal Integrated Performance Dashboard		55.4%	50.7%	50.4%	>56.8%
	NHS England Statistical Work Areas - Maternity & Breastfeeding	Average	74.0%	74.3%	73.8% (Q1)	

**Reason For Selection:**

This is a local quality requirement within the NHS Standard Contract. Breastfeeding has many health benefits for both the mother and infant. To reduce infant mortality and ill health, WHO recommends that mothers first provide breast milk to their infants within one hour of birth – referred to as “early initiation of breastfeeding”. We continue to work with mothers in both Maternity services and Health Visiting to improve initiation and maintenance of breast feeding rates. South Tyneside Council have continued the funding of a Public Health Midwife into 2015/16 and this will again contribute to identifying opportunities to improve practice.



Clinical Effectiveness Indicator 2	Data Source	Data Standard	Average 2013-14	Average 2014-15	Average 2015-16	National contract Target
Improving Access to Psychological Therapies – Moving to Recovery	Internal Integrated Performance Dashboard	<a href="http://www.hscic.gov.uk/iapt">http://www.hscic.gov.uk/iapt</a>	52%	54.6%	53.3%	50%
	National Data				45.7% (Q1 – Q3)	

**Reason For Selection:**

Improving Access to Psychological Therapies (IAPT) is an NHS programme rolling out services across England offering interventions for treating people with depression and anxiety disorders. Performance in both of our services - Gateshead and South Tyneside - has exceeded national targets in 2015/16 and seen both recognised nationally. Targets for waiting times and access numbers has also exceeded their respective national targets.

Clinical Effectiveness Indicator 3	Data Source	Data Standard	Average 2013-14	Average 2014-15	Average 2015-16	National Contract Target
Proportion of Patients Who Spend More than 90% of Their In-patient Stay on a Stroke Unit	Internal Integrated Performance Dashboard	National Stroke Strategy	85%	69%	71.1%	80%
	Strokeaudit.org	National Average			84.0% (Q1 – Q3)	

**Reason For Selection:**

In the UK, the National Sentinel Stroke Audits have documented changes in secondary care provision over the last 10 years, with increasing numbers of patients being treated in stroke units, more evidence-based practice, and reduced mortality and length of hospital stay. In addition to other measures, Trusts are assessed by the proportion of stroke patients who spend more than 90% of their in-patient stay on a stroke unit. Performance was particularly affected by pressures on bed availability across the wider hospital. This restricted the ability to ensure stroke patients moved directly to the unit from A&E.

Patient Experience Indicator 1	Data Source	Data Standard	Total 2013-14	Total 2014-15	Total 2015-16	Target
Cancellation of Elective Operations	Internal Integrated Performance Dashboard	National Standard	81	196	68	0
	NHS England Statistical Work Area – Cancelled Elective Operations	Average		123	102	

**Reason For Selection:**

Cancelled operations are distressing and inconvenient for patients. Understanding the reasons for cancellations and then tackling them appropriately, improves the throughput of patients along the patient pathway. Performance in quarter 3 was affected by emergency admission pressures on beds; this restricted the number of beds available for elective operations. We will continue to work to improve our winter resilience, in partnership with all other stakeholders in the urgent care pathways, and to improve our emergency planning for winter.

Patient Experience Indicator 2	Data Source	Data Standard	Total 2013-14	Total 2014-15	Total 2015-16	Target
Percentage of Women who have Seen a Midwife by 12 Weeks and 6 Days of Pregnancy	Internal Integrated Performance Dashboard /	National Standard	90.1%	90.7%	91.2%	90%
	<a href="https://indicators.ic.nhs.uk/webview/">https://indicators.ic.nhs.uk/webview/</a>	Average	94.2%	N/A	N/A	

**Reason for Selection:**

This is a local quality requirement within the NHS Standard contract. All women should access maternity services for a full health and social care assessment of needs, risks and choices by 12 weeks and 6 days of their pregnancy to give them the full benefit of personalised maternity care and improve outcomes and experience for mother and baby. Reducing the percentage of women who access maternity services late through targeted outreach work for vulnerable and socially excluded groups will provide a focus on reducing the health inequalities these groups face whilst also guaranteeing choice to all pregnant women.

Patient Experience Indicator 3	Data Source	Data Standard	Average 2013-14	Average 2014-15	Average 2015-16	Target
Choose and Book Slot Utilisation Issues	Internal Integrated Performance Dashboard / Choose and Book National System and Reports	Choose and Book Best Practice Guidance	5.2%	13.7%	6.6% (Apr – Dec)	<4%

**Reason for Selection:**

This is a quality requirement within the NHS Standard Contract with a target of < 4%. Patients should always be able to book an appointment at their chosen provider using the Choose and Book system when the service is a directly bookable service. In order to support this the Trust has a target to ensure sufficient appointment slots available on choose & book at least 96% of the time. Performance is measured through data collection relating to slot utilisation issues against a 4% or less target. The Choose & Book national system was re-launched in 2015-16, with system issues restricting availability of data.

### 3.2 Key National Priorities 2015/16

The Risk Assessment Framework from Monitor includes key national targets and thresholds for achievement. The Trust's performance in 2015-16 against those not covered elsewhere in this Quality Report is shown below.

Risk Assessment Framework Indicator	Target	Actual 2015/16
A&E: maximum waiting time of 4 hours from arrival to admission/discharge/transfer	95%	93.4%
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	96.5%
Cancer:62-day wait for first treatment from NHS Cancer Screening service referral	90%	Not Applicable
Cancer: 62-day wait for treatment from urgent GP referral	85%	85.6%
Cancer:31-day wait for second or subsequent treatment, comprising surgery	94%	99.6%
Cancer:31-day wait for second or subsequent treatment, comprising anti-cancer drug treatments	98%	99.6%
Cancer:31-day wait for second or subsequent treatment, comprising radiotherapy	94%	Not Applicable
Cancer:31-day wait from diagnosis to first treatment	96%	100%
Cancer: two week wait from referral to date first seen - all urgent cancer referrals (cancer suspected)	93%	97%
Cancer: two week wait from referral to date first seen – for symptomatic breast patients (cancer not initially suspected)	93%	Not Applicable
Improving access to psychological therapies (IAPT): People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	75%	71.8%
Improving access to psychological therapies (IAPT): People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	95%	99.3%
Certification against compliance with requirements regarding access to health care for people with a learning disability	N/A	Compliant
Data completeness: community services – referral to treatment information	50%	60.8%
Data completeness: community services – referral information	50%	75.9%
Data completeness: community services – treatment activity information	50%	65.0%

## ***Annex 1: Statements from commissioners, local Healthwatch organisations and Oversight and Scrutiny Committees***

Where 50% or more of the relevant health services that the NHS foundation trust directly provides or sub-contracts during the reporting period are provided under contracts, agreements or arrangements with NHS England, the trust must provide a draft copy of its quality accounts/report to NHS England for comment prior to publication

Where this is not the case, a copy must be provided to the clinical commissioning group (CCG) which has responsibility for the largest number of people to whom the trust has provided relevant health services during the reporting period for comment prior to publication and should include any comments made in its published report.

NHS foundation trusts must also send draft copies of their quality accounts/report to their local Healthwatch organisation and oversight and scrutiny committee for comment prior to publication.

The commissioners have a legal obligation to review and comment, while local Healthwatch organisations and OSCs are offered the opportunity on a voluntary basis.

South Tyneside NHS Foundation Trust made copies of its draft quality account report available to South Tyneside CCG (as lead commissioner for local CCGs), and to the OSCs and Healthwatch organisations in South Tyneside, Sunderland and Gateshead.

### ***Feedback on Our 2015/16 Quality Report***

**Statement from the Commissioners: South Tyneside Clinical Commissioning Group, Sunderland Clinical Commissioning Group and Gateshead Clinical Commissioning Group.**

**Response from Healthwatch South Tyneside**

**Response from South Tyneside Council Oversight & Scrutiny Committee**

**Response from Sunderland City Council Oversight & Scrutiny Committee**

**Response from Governors**

## ***Annex 2: Statement of directors responsibilities for the quality report***

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

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

- the content of the Quality Report meets the requirements set out in the NHS Foundation trust Annual Reporting Manual 2015/16 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2015 to May 2016
  - papers relating to Quality reported to the the board over the period April 2015 to May 2016
  - feedback from commissioners dated XX/05/2016
  - feedback from governors dated XX/05/2016
  - feedback from local Healthwatch organisations dated XX/05/2016
  - Feedback from Overview and Scrutiny Committee dated XX/05/2016
  - The trusts complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated XX/06/2016
  - The 2015 national patient survey XX/05/2015
  - The 2015 national staff survey XX/04/2016
  - The Head of Internal Audit's annual opinion over the trust's control environment dated XX/05/2015
  - CQC Intelligent Monitoring Report dated XX/XX/2015
  - The Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
  - The performance information reported in the Quality Report is reliable and accurate
  - There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, 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 report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and

- The Quality report has been prepared in accordance with Monitor’s annual reporting guidance (which incorporates the Quality Accounts regulations) (published at at [www.monitor.gov.uk/annualreportingmanual](http://www.monitor.gov.uk/annualreportingmanual)) as well as the standards to support data quality for the preparation of the Quality Report (available at [www.monitor.gov.uk/annualreportingmanual](http://www.monitor.gov.uk/annualreportingmanual)).

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

By order of the board

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

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

# Glossary of Terms

## **Board of Directors**

A board of directors is a body of elected or appointed members who jointly oversee the activities of an organisation.

## **Care Quality Commission (CQC)**

The CQC is the independent regulator of all health and adult social care in England. The primary role of the CQC is to ensure that hospitals, care homes and care services are meeting national standards.

## **Commissioning for Quality and Innovation (CQUIN)**

The CQUIN framework is an incentive scheme which enables commissioners to reward excellence by linking a proportion of English healthcare provider's income to achievement of local quality improvement goals.

## **Commissioners / Clinical Commissioning Groups (CCGs)**

Clinical Commissioning Groups (CCGs) in each local area are made up of doctors, nurses and other professionals coming together to use their knowledge of local health needs to commission the best available services for patients. They have the freedom to innovate and commission services for their local community from any service provider which meets NHS standards and costs – these could be NHS hospitals, social enterprises, voluntary organisations or private sector providers.

## **Clinical Audit**

Clinical audit is a process that aims to improve patient care and outcomes through systematic review of care against agreed standards implementation of identified improvements.

## **Clostridium Difficile (C.Diff)**

Clostridium Difficile is a species of Gram-positive bacteria that occurs naturally in the gut. Approximately two-thirds of children and 3% of adults test positive for C Diff. The bacteria are harmless in healthy people but can cause severe diarrhoea and other intestinal disease when competing bacteria in the gut flora have been wiped out by antibiotics.

## **Datix**

Datix is an electronic risk management software system which allows incident forms to be completed electronically by all staff. The use of this technology allows greater transparency and trend analysis in addition to improving access to the reporting system

## **Department of Health (DH)**

The Department of Health is a department of the UK government with responsibility for government policy in England on health, social care and the NHS.

## **Foundation Trust (FT)**



A Foundation Trust is a type of NHS organisation which have a significant amount of managerial and financial freedom when compared to NHS hospital trusts. Although still part of the wider NHS, they have greater level of autonomy in setting strategic goals. Similar to the concept of 'co-operatives' local people, patients and staff can become members and governors and hold the Trust to account.

### **Healthcare- acquired infection (HCAI)**

This is an infection that occurs as a result of the healthcare that a person receives.

### **Meticillin- Resistant Staphylococcus Aureus (MRSA)**

MRSA is a bacterium which has developed resistance to a range of antibiotics including penicillin. MRSA is therefore responsible for several difficult to treat infections in humans. MRSA is often associated with clinical care as patients with invasive devices such as central lines, open wounds and reduced immunity are more at risk of infection than the general public.

### **Monitor**

Monitor is the independent regulator of NHS Foundation Trusts. It is independent of central government and directly accountable to parliament.

### **National Institute for Health and Care Excellence (NICE)**

Previously known as the National Institute for Health and Clinical Excellence, following the Health and Social Care Act 2012, NICE was renamed the National Institute for Health and Care Excellence on 1 April 2013 and changed from a special health authority to a non-departmental public body. The primary role if NICE is to provide guidance and quality standards. NICE makes recommendations to the NHS on clinical treatments and medicines and also makes recommendations to the NHS, local authorities and other organisations involved in healthcare on how to improve people's health and prevent illness.

### **National Patient Survey**

The NHS patient survey programme systematically gathers the views of patients about the care they have recently received because listening to patients' views is essential to providing a patient-centred health service.

### **National Patient Safety Agency (NPSA)**

The National Patient Safety Agency is an arm's length body of the Department of Health which promotes improved, safe patient care by informing, supporting and influencing the health sector.

### **Overview and Scrutiny Committee**

Overview and Scrutiny Committees are local authority bodies with statutory roles and powers to review local health services. They help to plan services and implement change to make the NHS more responsive to local communities.

### **Pressure Ulcers / Pressure Sores**

Pressure ulcers are also known bed sores. They occur when the skin and underlying tissue becomes damaged as a result of reduced mobility combined with pressure applied to soft tissue so that blood flow to the soft tissue is completely or partially obstructed. Most commonly pressure ulcers occur to the sacrum, coccyx, heels or the hips, but other sites such as the elbows, knees, ankles or the back of the cranium can also be affected.

### **Risk Assessment**

This is a methodology used to protect patients and staff from harm. It is a systematic examination of what could cause harm to allow us to weigh up if we have taken enough precautions or should do more to prevent harm.

### **Root Cause Analysis (RCA)**

RCA is a method used to solve problems by attempting to identify and correct the root causes of events, as opposed to simply addressing their symptoms. RCA is generally used in a learning culture to drive continuous improvement. By focusing correction on root causes, problem recurrence can be prevented. Following RCA we share learning with staff across the hospital to inform our practice and help prevent further reoccurrence.

### **Safety Thermometer**

The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. The tool provides a quick and simple method for surveying patient harms and analysing results so that we can measure and monitor local improvement and harm free care over time.

### **Venous Thromboembolism (VTE)**

---

A venous thrombosis is a blood clot (thrombus) that forms within a vein. *Thrombosis* is a term for a blood clot occurring inside a blood vessel. A typical venous thrombosis is deep vein thrombosis (DVT), which can break off (or embolise), and become a life-threatening pulmonary embolism (PE).