Coventry City Council

Agenda

Health and Social Care Scrutiny Board (5)

Time and Date
2.30 pm on Wednesday, 19th June, 2013

Place
Committee Rooms 2 and 3, Council House, Earl Street, Coventry

Public Business

1. **Apologies and Substitutions**

2. **Declarations of Interest**

3. **Minutes**

   (a) To agree the minutes of the meeting of the Health, Social Care and Welfare Reform Scrutiny Board (5) held on 1st May, 2013 (Pages 5 - 10)

   (b) Matters Arising

2.35 p.m.

4. **Quality Accounts 2012/13** (Pages 11 - 14)

   Briefing Note of the Scrutiny Co-ordinator

   To consider the 2012/13 Quality Accounts for the following local provider NHS Trusts:

   (a) **University Hospital Coventry and Warwickshire (UHCW)** (Pages 15 - 126)

   Andy Hardy, Chief Executive of UHCW and Peter Short, Project Manager, Quality and Patient Safety have been invited to the meeting for the consideration of this item.

   (b) **Coventry and Warwickshire Partnership Trust** (Pages 127 - 180)

   Tracey Wrench, Director of Nursing, Sarah Bank, Assistant Director of Contracting, Performance and Information and Paul Masters, Assistant Director Governance have been invited to the meeting for the consideration of this item.

   (c) **West Midlands Ambulance Service** (Pages 181 - 228)

   Document submitted for information.

3.15 p.m.

5. **Communicable Disease Control and Outbreak Management**

Sue Price, NHS Commissioning Board Area Team and Richard Yeabsley, Head of Public Health have been invited to the meeting for the consideration of this item.

The officers will report at the meeting. The following briefing notes of the Director of Public Health are submitted for information:

(a) Health Resilience and Health Protection in Coventry - An Overview (Pages 229 - 230)

(b) Measles Briefing (Pages 231 - 232)

6. **Any other items of Public Business**

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

7. **Meeting Evaluation**

Private Business

Nil

Bev Messinger, Director of Customer and Workforce Services, Council House Coventry

Tuesday, 11 June 2013

Notes: 1) The person to contact about the agenda and documents for this meeting is Liz Knight, Governance Services, Council House, Coventry, telephone 7683 3073, alternatively information about this meeting can be obtained from the following web link: http://moderngov.coventry.gov.uk

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 1.30 p.m. on Wednesday, 19th June, 2013 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors M Ali, K Caan (By Invitation), J Clifford, C Fletcher, A Gingell (By Invitation), P Hetherton, J Mutton, H Noonan, H S Sehmi, D Spurgeon (Co-opted Member), S Thomas (Chair) and A Williams

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR it you would like this information in another format or language please contact us.

Liz Knight

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HEALTH, SOCIAL CARE AND WELFARE REFORM SCRUTINY BOARD (5)

1st May, 2013

Members Present:	Councillor Bigham Councillor Clifford Councillor Galliers Councillor Hammon Councillor Hetherton (Deputy Chair) Councillor Noonan Councillor B Singh Councillor Thomas Councillor Welsh (Chair)
Co-opted Member Present:	Mr D Spurgeon
Cabinet Member Present:	Councillor Lucas
Employees Present:	P. Barnett (Community Services Directorate) M. Godfrey (Community Services Directorate) L. Knight (Customer and Workforce Services Directorate) B. Walsh (Director of Community Services)
In attendance:	Dr A. Atta, Senior Clinician R. Fallon-Williams, Coventry and Warwickshire Partnership Trust J. Hancox, Coventry and Rugby CCG E. Peappell, Coventry and Rugby CCG J. Spencer, Coventry and Warwickshire Partnership Trust

78. **Declarations of Interests**

There were no declarations of interest.

79. **Minutes**

The minutes of the meeting held on 3rd April, 2013 were signed as a true record. There were no matters arising.

80. **Development of Mental Health Services in Coventry**

The Scrutiny Board received a presentation from Roisin Fallon-Williams and Josie Spencer, Coventry and Warwickshire Partnership Trust regarding the Trust's transformational change programme. Dr Asif Atta, Senior Clinician, also attended for the consideration of this item.

The presentation set out the background to the programme highlighting the Trust's clinical, enabling and marketing strategies; detailed the planning assumptions

and programme details; referred to the enabling work streams and the next two years headlines; and concluded with the showing of the 'Coming Home' dvd which gave patients' perspectives.

Programme details included:

- The development of an Improved Access for Patients System (IAfP) with a single point of entry into CWPT services - patients' needs would be assessed only once by a skilled professional and that they would receive timely access to the right care pathway.
- The creation of Community Resource Centres (CRCs) across Coventry and Warwickshire which would enable the streamlining of administrative services and management structures so reducing overheads and the Trust's estate.
- Establish four Integrated Practice Units (IPUs) creating high quality age-independent mental health services.
- Create two centres of excellence, Marston Green and Aspen Centre providing specialist services.
- Specialist nursing services aligned to GP clusters utilising the Community Services pathway
- For people with a mental health issue or learning disability requiring the rehabilitation services, receiving this within their local area.

The Board were informed that the major issues for the next two years were anticipated to deliver cost improvements in the region of £19m (saving of 4% a year).

The Board questioned the representatives on a number of issues and responses were provided. Matters raised included:

(i) A request from the Chair, Councillor Welsh, for information on how mental health services were provided.
(ii) What would happen to a patient and their family if their GP didn't provide a referral.
(iii) Access to patient notes and data protection issues.
(iv) Additional details and intentions about the reduction in floor space of the Trust's estate.
(v) The potential impact of the welfare reforms and the likely increase in the demand for services.
(vi) Clarification about the age independent mental health services
(vii) The use of Admiral nurses to support people with dementia
(viii) The reduction in staffing and the potential for losing experienced staff

The Board put forward a number of issues for consideration as future agenda items including:

- The amount of contact time spent with patients
- The implications of the welfare reforms and partnership working including working with the Council
- The transition between children and adult services
- Working in partnership with the hospital

- Regarding predicted outcomes, looking at progress from the outlook of staff, students and patients
- Monitoring the implementation of the Healthwatch Action Plan for the Caludon Centre
- The contract the drug and alcohol services.

RESOLVED that:

(i) A briefing note to be circulated to Board Members detailing how Mental Health Services are provided.

(ii) Consideration to be given in due course to the issues put forward by the Board for possible inclusion in the Work Programme for the new municipal year.

81. **Coventry and Warwickshire Partnership Trust – Foundation Trust Application**

The Scrutiny Board received a brief presentation from Roisin Fallon-Williams, Coventry and Warwickshire Partnership Trust providing an update on the latest position of the application for Foundation Trust status.

Over the previous year assessments had been completed including the Strategic Health Authority (May 2012), the Department of Health (September 2012) and the final stage, the Monitor Assessment had commenced in December, 2012. Appointments to the Council of Governors, which included Councillor Hetherton had also been confirmed. Potential authorisation was anticipated in June.

The Board questioned the representative on the implications of the Francis Report and whether this was likely to cause a delay to the authorisation to Foundation Trust status.

82. **Coventry Safeguarding Adults Board**

The Scrutiny Board noted a briefing note of the Deputy Chair, Councillor Hetherton concerning her observations on the work of the Coventry Safeguarding Adults Board (CSAB) over the past year, following her appointment as an observer representative to the Board. The CSAB was appointed to fulfil multi-agency responsibilities in relation to safeguarding adults from abuse and neglect.

The Board had a wide-ranging membership reflecting the various services involved in protecting vulnerable adults from harm. Much of the Board's work was conducted through a network of Committees and membership details were included in an appendix attached to the briefing note.

Councillor Hetherton had been impressed with the work of the CSAB, in particular the thoroughness with which issues were discussed and the multi-agency approaches agreed. Attendance at meetings had been consistently high and representatives from partner organisations had been senior executives reflecting the significance with which the CSAB was held in the city. Particular reference was made

to the consideration of Executive Summary of the Serious Case review into the death of Mrs C. Councillor Hetherton also had the opportunity to attend a national Safeguarding Seminar where Robert Francis QC gave a brief overview of the Mid Staffs Inquiry and responded to questions.

Councillor Hetherton was asked about the frequency of Board meetings.

83. **Report Back on the Work of the Welfare Reform Sub-Group**

The Scrutiny Board received a briefing note of the Scrutiny Co-ordinators informing of the outcomes of the work of the Welfare Reform Sub-Group.

The Sub-Group had met with, taken evidence from and been supported by a range of local partners including: Coventry Citizens Advice Bureau (CAB), Coventry Law Centre, Coventry Food Bank, Coventry's Women's Voices, the University of Warwick and Whitefriars as well as officers from the City Council. The Sub-group also hosted a seminar for all Elected Members on welfare reform to increase awareness of the changes and impacts.

The Board were informed that the role of the Sub-Group had been substantially one of seeking assurance that the necessary or possible steps were being put in place locally to support those affected by benefit changes, and to ensure the public were aware of the impact these changes would have on them. This was especially important as research demonstrated that when the cumulative impact of the recession and welfare reform were considered, it was mainly those most disadvantaged who would be hit hardest. Further many of the welfare reforms hit particular individuals or families repeatedly, particularly those with disabilities or who were carers.

The Sub-Group had covered a number of topics as follows: council tax benefit (now council tax support); 'bedroom tax'; discretionary housing payment fund; homefinder; benefit cap; changes to benefits for the disabled; crisis loans and community care grants (now community support grants); communications; Coventry Partnership; social care; children's services; universal credit; 'pop up shops'; Advice Services Review; Coventry Food Bank; equality Impact Assessments and Human Rights; and the impacts on the City Council. The Sub-Groups considerations and recommendations for the topics were detailed.

The briefing note set out the following areas for possible work in 2013-14: credit unions, DWP and community cohesion.

The Board questioned the officers on aspects of the Sub-Group's work on Welfare Reform and responses were provided. Matters raised included the potential to provide further 'pop up shops' which had already proved to be very useful to residents; requests to engage with the Asian community and to have greater involvement from third party organisations; and the involvement of Severn Trent.

RESOLVED that:

(i) The Welfare Reform Sub-Group be continued in 2013/14 in an appropriate form, building on the positive partnership activity which is taking place.

(ii) The Sub-Group is used to consider the impact of the programme of welfare reforms and how Council policies and those of third party organisations may, where appropriate, be amended to account for this.

(iii) That 'pop-up shops' and other partnership activities are positively considered as opportunities for the communication of welfare reform changes to target audiences.

(iv) That information on Welfare Reform is highlighted on the front page of the Council's website.

(v) Consideration be given as to how to communicate the welfare reform changes to the Asian community.

84. **Outstanding Issues**

The Board noted that all outstanding issues had been included in the work programme for the current year.

85. **Work Programme 2012/13**

The Board considered their work programme for the current municipal year.

RESOLVED that:

(i) The following be considered as potential items for the new municipal year:

Patient discharge from UHCW
Car parking and a second entrance at the hospital
Attendance at A and E
The financial position at the hospital.

(ii) Quality Accounts 2012/13 to be included as an agenda item for the first meeting in the new municipal year.

(iii) Consideration to be given to providing the Board with a better understanding of progress for items submitted to future meetings, possibly by the inclusion of indicators, facts, targets and results.

86. **Meeting Evaluation**

The Board evaluated the meeting. There was an acknowledgement that the presentation by the Coventry and Warwickshire Partnership Trust on the Transformational Change Programme had been very corporate but that detailed discussions on issues would take place at future meetings, subject to the consideration of the work programme for the new municipal year.

87. **Any Other Business**

The Chair placed on record his thanks to the Vice-Chair and Members for their hard work and contributions during the course of the year. Councillor Lucas, Cabinet Member (Health and Community Services) also thanked the Board for their recommendations submitted to her Cabinet Member meetings and to care and sensitivity given to their considerations of the reports concerning the Serious Case Review for Mrs C.

Note: The meeting closed at 4.35 p.m.

Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5) **Date: 19th June 2013.**

Subject
Quality Accounts 2012/13

1 Purpose of the Note

1.1 This Briefing Note is intended to introduce the Board to the 2012/13 Quality Accounts produced by local provider NHS trusts.

2 Recommendations

2.1 That the Board consider the Quality Accounts as supplied by local NHS provider trusts and provide a commentary to the trusts for inclusion in the final published documents.

3 Information/Background

What Are Quality Accounts?

3.1 The Department of Health introduced the requirement for NHS trusts to issue quality accounts in the Health Act (2009). Quality Accounts are annual reports to the public from providers of NHS healthcare services about the quality of services they provide. This publication mirrors providers' publication of their financial accounts.

3.2 The purpose of Quality Accounts is to encourage the boards and leaders of healthcare organisations to assess quality across all the healthcare services they provide, and encourage them to engage in the wider processes of continuous quality improvement. Providers are asked to consider three aspects of quality:

- Patient experience
- Safety
- Clinical Effectiveness

3.3 This both reinforces transparency and helps persuade patients and stakeholders that organisations are committed to quality and improvement. Quality Accounts therefore go above and beyond regulatory requirements, which focus on essential standards instead engaging with patients and stakeholders to ensure that the organisation is constantly seeking to improve and achieve higher standards of care.

What Are Quality Accounts Used For?

3.4 Quality Accounts are published on the NHS Choices website, as well as being available in hospitals and other locations to illustrate providers' commitment to quality.

3.5 They are used by the Care Quality Commission (CQC) to understand how providers are engaging with patients and stakeholders about quality and the need for improvement.

3.6 They can also be used by those monitoring or scrutinising providers to assess the risks of an organisation and monitor the services provided.

What is the Scrutiny Board's role?

3.7 This forms part of general efforts by the Department of Health to increase engagement and participation in the health service, and is seen as complementary to the existing role of 'overview and scrutiny committees' regarding the operation and planning of local NHS services.

3.8 The Department of Health sees the 'overview and scrutiny committees' role as building confidence in the accuracy of data and the conclusions drawn from it. Without some form of independent scrutiny, service users and members of the public may not trust in what they are reading.

3.9 The Board has the opportunity to provide a commentary on the local Trusts Quality Accounts which the Trusts are required to publish unedited and in full. The commentary is required to be no more than 1000 words long.

3.10 The Board is encouraged to consider the Quality Account and then use Member's local knowledge to provide comments on issues they are involved in locally. The Board can also comment on how well the Trust has engaged with stakeholders and members of the public.

3.11 The Guidance suggests the following things be considered:

- Does a provider's priority match those of the public
- Whether the provider has omitted any major issues; and
- Has the provider demonstrated they have involved patients and the public in the production of the Quality Account.
- Any comments on issues the Board is involved in locally.

3.12 As an example, the University Hospitals Coventry and Warwickshire Quality Account includes reference to additional work planned around more effective discharge arrangements. Were this not included it would be an issue the Board may seek to raise.

Trusts Providing a Quality Account to the Scrutiny Board

3.13
- University Hospitals Coventry and Warwickshire (UHCW) – Appendix A.
- Coventry and Warwickshire Partnership Trust (CWPT) – Appendix B.
- West Midlands Ambulance Service (WMAS) – Appendix C. Please note that the Board has not traditionally made an individual response to this Quality Account, and it is not proposed to do so this year, hence no officers from WMAS have been invited to the meeting.

3.14 The Board should note that at present primary care providers are not required to produce Quality Accounts, although this is something which has been discussed by the Department of Health. Were this to be the case then the requirement for commentaries from Health Scrutiny bodies would become more onerous.

Joint Working with Warwickshire County Council and Local Involvement Networks (LINks)

3.15 Last year the Board was invited to participate in some joint Quality Account Working Groups with colleagues in Warwickshire County Council and with both Coventry and Warwickshire's LINks. These Groups have met over the year with Members of the 2012/13 Board being involved in Quality Accounts produced by local Trusts:

- UHCW – Cllr Welsh
- CWPT – Cllr Hetherton
- WMAS – Cllr Clifford

These Groups have each prepared commentaries on the 2012/13 Quality Accounts and these will be fully utilised in the City Council draft commentaries.

3.16 Drafts of the prepared commentaries will be circulated in advance of the Scrutiny Board meeting.

Background information

Quality Accounts – a Guide for Overview and Scrutiny Committees, produced in April 2012, DH website accessed 10th June 2013.
https://www.gov.uk/government/publications/quality-accounts-mini-guides-for-quality-accounts-a-guide-for-local-involvement-networks-link-and-overview-and-scrutiny-committees-oscs

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10th June 2013.

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University Hospitals Coventry & Warwickshire

Quality Account 2012-2013

CONTENTS

Part One: A Welcome from our Chief Executive Officer

Welcome to University Hospitals Coventry & Warwickshire NHS Trust's (UHCW NHS Trust) fourth Annual Quality Account. I hope you find it useful in showing how we performed in 2012/13 and what our priorities are for the next 12 months.

Our mission is to 'Care, Achieve and Innovate' by:

- delivering safe, high quality and evidence based patient care
- developing excellence in research and education
- enhancing efficiency and promoting our high quality service locally and nationally.

The three priorities we focused on last year were chosen because we knew they would make a big difference to the experience of the majority of our patients:

- Patient Safety – Elimination of avoidable pressure ulcers
- Clinical Effectiveness - Effective discharge from hospital
- Patient & Staff Experience – Using real time patient feedback to effect change

During the last year we have made notable progress in reducing the incidence and severity of pressure ulcers with our Tissue Viability Team continuing to respond quickly to support assessment and treatment on the wards. We have also implemented changes that will promote timely and effective discharge processes. This is a complex task that involves every part of the Trust and also depends upon excellent co-operation with partner agencies. Listening to patient concerns has been crucial to how we improve our discharge arrangements. This is just one example of how we want to use feedback to improve our service and change the culture of the Trust. We are also taking this opportunity to report on progress against Quality Account priorities from 2009 to 2011:

- Management of Sepsis
- Nutritional Management
- Managing Patients with Dementia
- Infection Protection and Control

Our continuing effort to improve in all these areas is evidence of our commitment to change over time.

Our Patient Experience and Engagement Committee continues to discuss projects which enhance patients' experience and the environments in which people are treated and cared for. Trust Board members continue to play an active role in the Committee and minutes are shared with the Quality Governance Committee. Trust Board members also participate in a programme of Walkrounds to Wards and Departments whilst Patients have presented their own stories of care and treatment at Board Meetings.

As well as monitoring the opinions of our local community through social media and local media outlets, we also have a Patients Council, 9000 public members of the Foundation and a number of schools with which we communicate regularly as well as our local MPs, Healthwatch and Health and Overview and Scrutiny Committees.

We hope that visitors to the University Hospital in Coventry have also noticed an improvement in congestion, with more car parking spaces, more buses and efforts to keep traffic moving. We will continue to seek ways of improving access

The Account also includes feedback from the first year of using the *Family and Friends Test* designed to support our efforts to continuously improve care. All patients and visitors are encouraged to take part in the Trust *Impressions* survey which allows them to comment confidentially on all aspects of our services. The comments are shared with clinical staff and managers, encouraging them to respond whether the views are negative or positive. This year we plan to get the views of at least 15% of all our patients. Please contribute through the website, feedback forms or by taking part in an interview with our excellent volunteers.

In addition to all this work, during 2012/13 many Departments and staff have been nominated for various prestigious awards:

- The Maternity March campaign was awarded the AHCM Awards' *Best Internal Communications* and *Best Use of Digital Media* for their100 Days Free campaign and the UK Public Sector Communications Award for *Social Media Campaign of the Year.*
- Paediatric Orthopaedic Consultant Stephen Cooke was awarded *Trainer of the Year* by the British Orthopaedic Trainees Association.
- The *100 Days Free Campaign* was awarded at the Golden Hedgehog Award for Best Internal Communications Campaign.
- Caroline Hill and Amy Kelsey, Sisters on the Critical Care Unit at University Hospital in Coventry were shortlisted for their work in the *Emergency and Critical Care* category at the Nursing Times Awards 2012
- Neil Wilkes collected the Silver Award for *Best Newcomer* at the National Hospital Radio Awards
- Professor Siobhan Quenby was shortlisted for the Health Service Journal Awards 2012 in the *Best Clinical Leader* category
- Our use of patient diaries was shortlisted in the for the Nursing Times Awards 2012 *Best Emergency and Critical Care* category
- Our Research, Development and Innovation team was shortlisted for a national Pharmatimes award for 'Research Site of the Year'.
- The Maternity March campaign was shortlisted for *Best Social Media Campaign at* the CIPR PRide Awards 2012

This has been another year of changes and challenges for the Trust, and for the NHS as a whole. The implications of the *Francis Report* are likely to be substantial and we have already begun a review of practice as a result. Over the next year we shall continue to progress to becoming a Foundation Trust whilst we look forward to working closely with Healthwatch groups (replacing Links) and Coventry and Rugby Care Commissioning Group (CCG) who will be responsible for assessing the health needs of our local population and purchasing the appropriate services.

We are proud to play our part in improving the health and well-being of our local communities and look forward to strengthening the partnership between the public, our patients and the Trust.

I hereby state that to the best of my knowledge the information contained within the Quality Account is accurate.

Andrew Hardy
Chief Executive Officer
UHCW NHS Trust

Part Two: Introduction to Quality

2.1 Introduction to the Annual Quality Account

Current view of the Trust's position and status for quality

Our Vision as a provider of Health Care for our local population is to deliver the best care for our patients, achieve excellence in education and teaching and innovate through research and learning. Pursuing this vision is our main priority and is expressed as five key strategic objectives in our Organisational Strategy 2009-2015.

Vision **A national and international leader in healthcare**				
Mission **Care – Achieve - Innovate**				
Values **Ensuring the best possible patient experience** **Efficient delivery of high quality care** **Innovation through clinical leadership and research**				
Strategic Objectives				
To deliver excellent patient care and experience	**Deliver value for money**	**To be an employer of choice**	**To be a research-based healthcare organisation**	**To be a leading training and education centre**

Continuous improvement in patient safety and quality is essential for the achievement of our objectives. Patients and the public want and deserve to receive high quality healthcare. We believe that patient experience, safety and excellent outcomes are vital to improving quality at our Hospital. The Trust has developed a Quality Strategy that sets out the key principles, responsibilities and achievements it wants to see. Achievement is one of UHCW's core values and we are committed to delivering safe, effective and evidence-based care and achieving quality in everything we do. We hope that this Quality Account illustrates our commitment to providing high quality services and being an open and transparent organisation.

Once again we have included a glossary to explain the medical and technical terms that we use in the document. We have also produced two supplements in addition to the full Quality Account. These detail further information regarding our Clinical Audit and Effectiveness programme and the indicators agreed with our Commissioners as CQUINs. These can be found on our website at www.uhcw.nhs.uk

2.2 Overview of our 2012/13 Quality Priorities

2.2.1 Patient Safety: The Elimination of Avoidable Pressure Ulcers

Over the last year we have continued our campaign to eliminate avoidable pressure ulcers. Our progress is reflected in the reduction of pressure ulcers at all severity levels. The 100 days free campaign has been very successful in raising awareness and improving practice.

Pressure ulcers are recognised as having a detrimental effect on patient's health and well being. They serve as a measure for the general quality and safety of care that patients receive. The reduction and prevention of pressure ulcers is a key National quality indicator and the 2012/13 NHS Operating Framework identifies the incidence of newly acquired category 2, 3 and 4 pressure ulcers as a key improvement area across the NHS. The majority of pressure ulcers are avoidable and can be prevented when the correct systems and practices are put into place. In February 2012 the NHS Midlands and East SHA announced their ambition to eliminate avoidable grade 2, 3 and 4 pressure ulcers by December 2012.

The 100 Days Free from pressure ulcer initiative was launched on 7 March 2012. Each ward and department was given a target of 100 days without a pressure ulcer. They were made aware that this was a quality initiative which would reward them with high-quality patient safety and in addition, with recognition in the staff newsletter and personal letters of thanks from the Chief Nurse and certificates for wards to display. All clinical staff were targeted but particular emphasis was placed on nursing and therapy staff who have a direct role in assessing risk factors and repositioning patients.

We chose staff with an interest in pressure ulcer prevention on hospital wards to act as a link between the Tissue Viability Team and their colleagues. These members of staff (known as link workers) were trained by the Tissue Viability Team and were subsequently shown how to power train their peers.

Power Training is a brief 10 minute training provided at a time that suits the demands of the ward; it can be done for one member of staff or 100. The key message is FOCUS ON FIVE – A.S.K.I.N (Assess, Surface, Keep Moving, Incontinence and Nutrition); to date 1000 staff have received training via this method. . Practical methods for keeping skin healthy (such as 'Intentional Rounding) help contribute to a trust-wide reduction in the incidence of Pressure sores acquired in hospital.

The outcome is the same as they are given the same consistent message across the Trust but it can be delivered in a different style to suit the audience. Staff do not have to leave their clinical areas to receive their training.

Following Power Training, staff are randomly approached on the wards and departments and asked about the five key elements of pressure ulcer prevention. This is known as 'Check and Challenge'. Those with deficits in their knowledge are booked onto pressure ulcer prevention study days. The Check and Challenge tool helps the Tissue Viability Team and Modern Matrons identify gaps in knowledge and targets those most in need of further help.

In the Emergency Department and Admissions Unit a separate target was given to identify 100 pressure ulcers as they came into the Trust, achieved by early June 2012. This approach continues in the Emergency and Admissions Ward with proactive of screening patients for pressure ulcers.

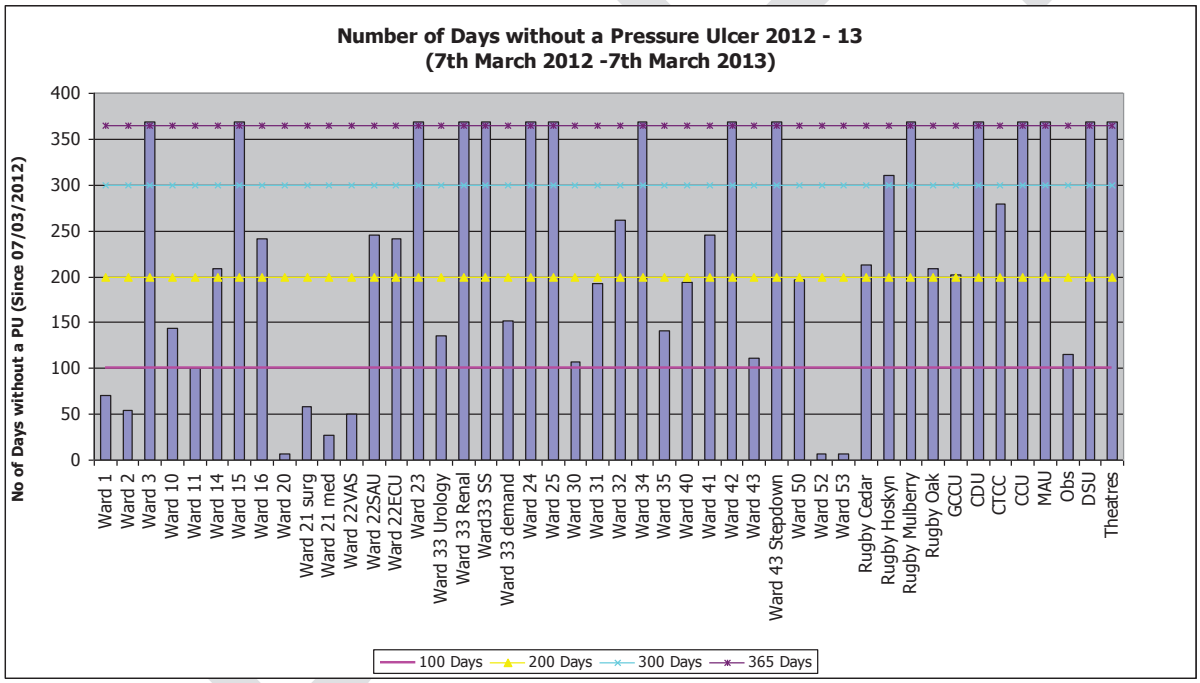
Wards and departments who remained free from hospital acquired pressure ulcers for 100 Days then achieve '100 Days Free' accreditation. This symbolises safety and quality and gives assurance that a ward has reached a high standard in pressure ulcer prevention.

Wards then submit updates on their progress on training and pressure ulcer free days which is corroborated by the Trusts Datix reporting system and the Tissue Viability Team who keep a constantly updated tracking system and graph. This information is then used, to publish league tables which show every ward and departments achievements.

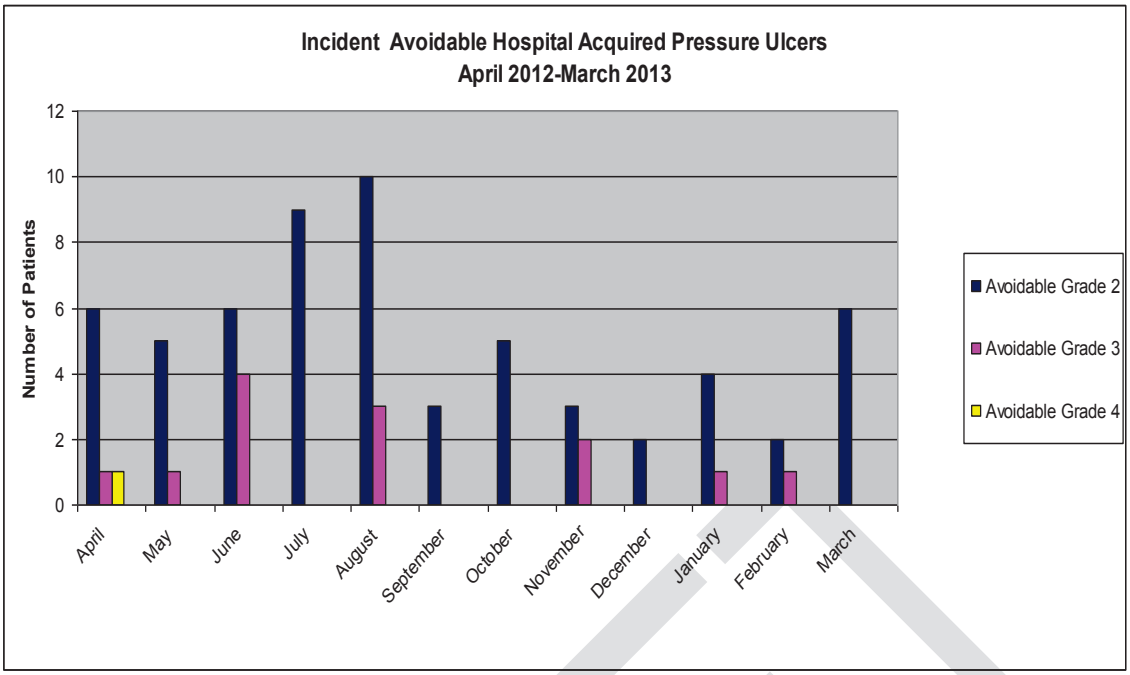
All Wards accredited with '100 Days free' received pin badges for their staff (funded entirely through sponsorship) and were presented with a certificate of accreditation from the Trust Board.

How we are doing

Thirteen Wards have achieved more than 350 Days Free from pressure ulcers (37 areas are now over 100 days free) and the Trust is maintaining momentum by publishing a league table of wards and departments on the Trust's intranet and updating senior nurses to their wards and departments performance. Grade 4 Pressure Ulcers are investigated using Root Cause Analysis, a method for identifying all the factors relevant to an event, and for determining what to do to prevent a recurrence.



Wards and Departments who do not achieve '100 Days Free' are not disqualified from the initiative but are given help to get back on track. Wards and departments are also offered extra support and guidance if required from the Tissue Viability Team.



The graph shows the continuing low number of Grade 3 and 4 Pressure Ulcers

The table below summarises the progress made in the campaign to eliminate pressure ulcers:

Identified area for improvement	**Action**	**Current position**
Implement a performance monitoring framework	Pressure Ulcers will be reported and monitored as part of as part of the Trusts performance monitoring	Framework in place; all staff provided with performance feedback
Use the NHS Safety Thermometer (see Glossary) to monitor the prevalence of pressure ulcers monthly	NHS Safety Thermometer used by all wards. Reporting of data in accordance with national CQUIN requirements	NHS Safety Thermometer results available monthly from all wards. Since April 2012 there have been 61 grade 2, 13 grade 3 and 0 grade 4 pressure ulcers
To deliver education and training to all groups of clinical staff	Pressure Ulcer awareness to be introduced into Trust induction Power talks and educational briefings to be delivered to staff in clinical practice	Newly qualified Nurses and new Healthcare support workers all receive training in Pressure Ulcer prevention The *FOCUS ON FIVE – A.S.K.I.N* (Assess, Surface, Keep Moving Incontinence and Nutrition) training is delivered within clinical areas; more than1000 staff have been trained using this method. There are sessions held for specific

Identified area for improvement	Action	Current position
		staff groups such as midwives, physiotherapists, and medical students Teaching sessions are used to raise awareness about pressure ulcer prevention amongst staff, with improved information available to patients and carers In addition there is a proactive group of link workers and specific study days have been organised for them with 50 attending in June, 50 in September, 100 in December and 45 in March
To raise awareness of elimination of pressure ulcers	Implementation of the '100 days free' campaign	A sustained reduction in avoidable Hospital acquired pressure ulcers has been recorded. The Tissue Viability Team offer a 'next working day' service when a possible pressure ulcer is suspected
To assess knowledge of staff in practice in relation to pressure ulcer prevention	Implementation of challenge and check tool	50% ward based staff have completed *check and challenge* during the 100 days free campaign 'Challenge and check' evaluates learning
Improve compliance with best practice in pressure ulcer prevention	Design and deliver an Intentional Rounding Tool and train staff in its use as part of the ASKIN care bundle	At least 95% wards now comply with pressure ulcer risk assessment; quarterly compliance monitoring is in place and reported to appropriate governance groups including in clinical areas
To review availability of equipment	Survey to be conducted regarding availability of Pressure redistribution cushions on bedside chairs. Analyse availability of demand for, and ease of obtaining, specialist equipment	Pressure redistribution Cushions available on all bedside chairs. Dynamic pressure relieving Mattresses are available when required. Solutions to deploying equipment out-of-hours is being investigated

2.2.2 Clinical Effectiveness: Increasing Effective Discharge

Our task is to ensure that all patients are discharged in a safe and timely way. To achieve this The Trust needs to have:

- A system that improves patient flow through UHCW
- Effective discharge processes without compromising high quality care
- A Reduction in the number and length of prolonged admissions
- Improving clinical outcomes as measured against our key performance indicators
- A risk assessment process that supports safe discharge and reduces the chance of early readmission
- A review process that sustains improvement and anticipates new challenges in collaboration with partner agencies.
- Communications with Patients, Carers, Health and Social Care Partners and GPs that foster a shared understanding of needs and delivers packages of care that enable people to leave hospital live as independently as practicable

The table shows the specific steps we have already taken to deliver that ambition:

Identified area of improvement	**action**	**outcome**
Create clinical leadership to improve discharge experience	Appointment of a Director of Patient Discharge to provide the required Trust wide clinical leadership	Director in post
	Appointment of a Lead Nurse for Discharge to support the Director of Patient Discharge.	Lead nurse in post
	Identification of "Clinical Champions" in all ward areas	Champions in place
Patients are not always discharged in a timely and appropriate way	Establishment of a Discharge Action Group to: • Review of current policies, procedures and guidelines relating to discharge	All disciplines should be clear how they contribute to effective discharge
	• Improve engagement with relatives and carers during the discharge planning process.	Feedback still demonstrates uneven levels of family and carer satisfaction with discharge process
	• Implementation of effective repatriation processes between UHCW and other referring hospitals.	Patients are not always discharged in a timely and appropriate way to other NHS facilities or to residential accommodation

Identified area of improvement	action	outcome
	• Development of governance processes regarding prolonged length of stay patients and delayed discharges.	
Improving the whole system response to meeting need appropriately	Undertake collaborative working with external agencies to review and improve supported discharge processes.	Slow reduction in numbers and length of prolonged hospital stay is anticipated
Ensuring every clinician, ward and department contributes to timely and appropriate discharge	Defining of measurable standards of care to support best practice and facilitate performance monitoring. Implementation of multidisciplinary working to support effective discharge planning. Implement daily 'Board Rounds' in all wards to support an increase in morning discharges Identifying and redesigning those internal pathways that contribute to delayed discharge. Design and implement a programme of clinical training to support the Board Round implementation	Care pathway with appropriate standards in place. All wards use the 'Discharge Dashboard' to provide feedback on discharge performance all wards have multi-disciplinary discharge meetings Not all wards yet have daily Board Rounds, including at weekends There are still delays for other services within UHCW Timely transfer within UHCW Programme in place and delivered to relevant staff

Despite efforts to improve the movement of patients through UHCW many challenges remain. Pressures in A+E, the provision of residential care and community-based packages of care all effect discharge. However the Trust will not allow these factors to mask the need to look at our own organisation and invest in the training and systems necessary to improve our own efficiency. This is why the Trust Board has decided to keep *Effective Discharge* as one of the three Quality Improvement Priorities for 2013/14.

2.2.3 Using patient feedback to effect change

How are we doing?

To learn more about satisfaction levels with our Services we have identified which elements of service our patients were and were not satisfied with during 2012/13. The patient experience indicators we have used for this are:

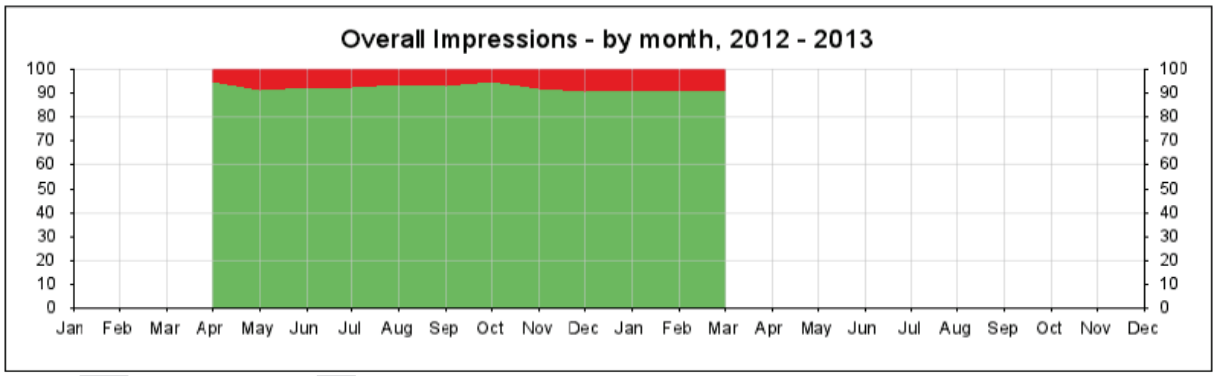
- Results of our Friends & Family Test 2012/13
- Results of our annual In-Patient Survey 2012/13
- Care Quality Commission's Benchmark Report on In-Patient Survey Results 2012/13
- Our 'Impressions' survey completed by Patients, Carers and Visitors
- Complaints analysis
- Patients' Council Feedback
- Feedback from Coventry LINKs, Warwickshire LINKs (now superceded by Healthwatch) and NHS Choices

In summary, the highest and lowest levels of satisfaction amongst our patients during 2012/13 were:

For patients taking the *Friends and Families* Test the **highest** scores were for: Cleanliness, Safeguarding the well-being of patients and Care and Treatment; the **lowest** were for Parking, Getting to/from Hospital and Food and Drink.

For patients offering *general feedback* the **highest** satisfaction rates were for Cleanliness, Safeguarding the well-being of patients and Our Staff; the **lowest** were for Parking, Getting to/from Hospital and Timeliness.

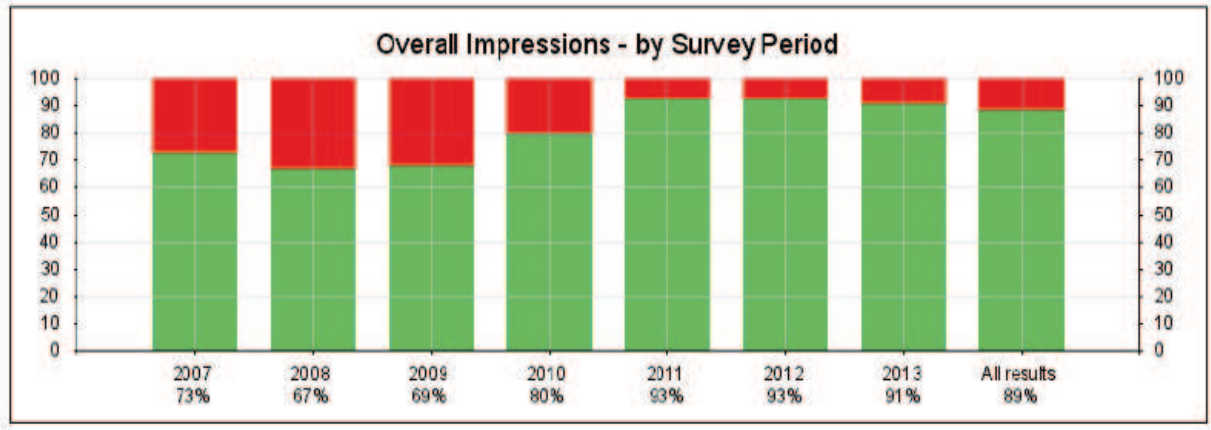
Overall patient satisfaction levels with the Trust have remained high:



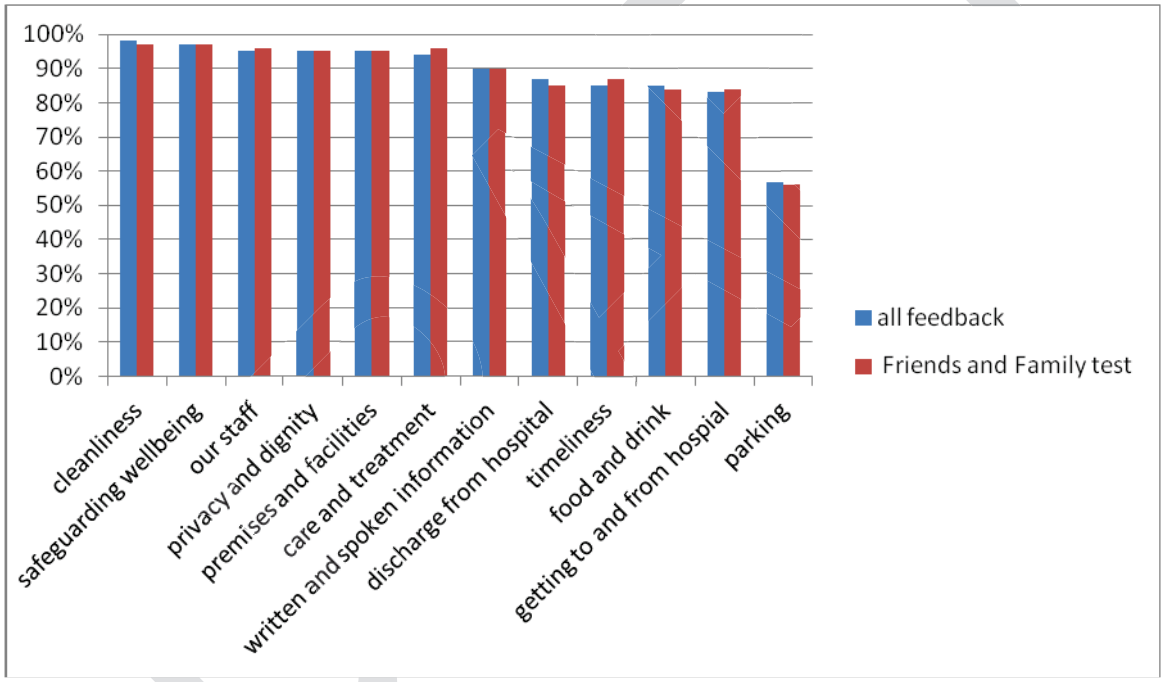
Trends of Patient, Carer, Visitor satisfaction levels with the Trust: April 2012 – March 2013

Patient, Carer and Visitor satisfaction levels with the Trust for the period from April 2012 – June 2012 was 93% (2192 respondents) and for January 2013 – March 2013, 91% (1346 respondents)

This reflects the sustained long-term improvement on satisfaction levels:



Trends of Patient, Carer, Visitor satisfaction levels with the Trust: 2007 – 2013 (as at May 2013)



1: Patient reported satisfaction levels 2012/13

These results leave no room for complacency. The National Patient Survey, conducted by the Care Quality Commission, shows the Trust scoring *worse* compared to most other Trusts in response to these five questions:

- Were you ever bothered by noise at night from hospital staff?
- Do you think the hospital staff did everything they could to help control your pain?
- Did the doctors or nurses give your family or someone close to you all the information they needed to care for you?
- Were letters to you written in a way that you could understand?

- Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?

Furthermore, our FFT performance (where the negative views are deducted from the positive to leave a 'Net Promoter' score) shows us failing in our target to improve from 44% to 54% over the year. By February 2013 we had slipped back to 47% from a peak of 54% in September and October 2012. There is no obvious explanation for these peaks and troughs, and next year the emphasis will move to increasing response rate.

How will we maintain improvement?

These are disappointing results, presenting the Trust with a challenge. In considering how best to improve patient experience in these areas we have decided to strengthen leadership in patient engagement and encourage more clinical participation in innovation. Using patient feedback will remain one of our quality improvement priorities for 2013/14.

2.3 Update of progress against priorities from earlier years

2.3.1 Preventing and Controlling Infection (from 2009/10)

We want our patients to be confident that they will come to no harm whilst in our care. We have created a continuing programme to identify infection risks and minimise harm. The Trust has to meet national and local targets for reducing infections and, with the support of the Infection Prevention and Control Team, we seek to learn from every occurrence. Here is a summary of the main challenges we face, and how we have responded.

MRSA (Methicillin-Resistant Staphylococcus Aureus): The Trust met our target of 2 for 2012/13; just two cases were reported. Root Cause Analysis is used to help us understand what happened and avoid a recurrence. Clinical Teams are involved in the follow-up and action plans are reviewed to ensure implementation. Since 2008 the number of cases has been falling, and our target for 2013/14 is zero.

	2008/09	2009/10	2010/11	2011/12	2012/13
Totals	17	8	4	2	2

MRSA Bacteraemias Reported by Year

MSSA (Methicillin-Sensitive Staphylococcus Aureus): There were 47 cases reported in 2012/13. No target was set, but this is comparable with 2011/2012 when our target was 50. The infection rate is carefully monitored and the RCAs are held for each occurrence.

Our IV (intravenous) specialist has played a pivotal role in reducing the number of bacteraemia associated with using cannulas. Further reductions are achievable through improved training and competency based assessment of medical staff who take bloods. However it is a concern to see cases of infections associated with line or cannulas and the Trust has decided to increase its investment in staff training and reviewing practice.

E Coli: UHCW reported 233 cases 2012/13 and 294 for 2012/13. The most common source of infection is the urinary tract but neither our own research nor an SHA project have been able to establish a causal link between Ecolab and Urinary Tract Infection. The figures have remained broadly the same since 2009/2010. The Department of Health uses this data which is a mandatory requirement to monitor antibiotic resistance, an issue of growing concern across the NHS.

Clostridium Difficile (C.diff): The management of the C.diff target has been challenging throughout the country. This year saw more stability locally with the testing process but it is unclear whether all Trusts are monitoring against the same criteria as the DH does not mandate which test to use. Since January the Trust has supported a C.diff ward round, composed of the Director for Infection Prevention and Control, a Gerontologist and a Doctor from microbiology.

Infection Prevention and Control have introduced a number of strategies to tackle the C.diff issue. It is our belief that we still have work to do and that we have not achieved our irreducible minimum. Data collection has informed our strategy and we have developed algorithms to assist staff in correct bowel management and understanding when to send specimens. This has been particularly successful and the RCN have adopted it nationally to teach student nurses good bowel management. Several trusts have contacted us and have

asked if they could adopt the algorithm. We have arranged a series of competitions and activities to raise awareness, generate enthusiasm and educate. These are also proving to be successful. One aim was to reduce the number of inappropriate samples being sent and this has reduced month on month.

The initiative started in mid January 2013 and this did seem to be having a dramatic effect until the week beginning 17th March At this time the Trust saw an increase in Norovirus cases with four wards shut. All samples of diarrhoea are tested for C diff. regardless of what is requested. This may account for a higher number of samples. However despite this increase, the number of positive cases was 5 which brought us back onto monthly trajectory.

Table below shows the number of Toxin positive results (76) for 2012/13. This still represents a 16% decrease in cases from the previous year.

Quarter	2008/09	2009/10	2010/11	2011/12	2012/13
1st Quarter	50	27	39	22	19
2nd Quarter	32	28	18	22	17
3rd Quarter	36	26	23	36	17
4th Quarter	29	35	24	10	23
Total	147	116	102	90	76

C.diff Toxin-positive results. Number of cases reported per Quarter

Cleaning: Management of the environment is an important factor in the management of C.diff and other infections. There have been many initiatives developed to improve our environment: Infection Control undertakes a weekly visit to all trust areas and whilst on the wards staff are encouraged to ask questions. Staff are therefore regularly reminded of the importance of a clean environment, and identified issues can be tackled immediately. If they are not resolved within 24 hours the Matron for the area is informed. A report is brought to our Operational Cleaning Meeting where trends are discussed and managed. *Bare below the elbows* and hand hygiene are also reviewed at the forum.

Infection Prevention and Control are working with the Chief Nurse, Director of Estates and 'soft services performance group' to develop an ongoing cleaning programme that targets high risk areas more frequently and at a higher level.

The Infection Prevention and Control Team undertook a total of 318 environmental audits over the year. The overall rate of compliance was 78% minimal compliance. External auditors have been invited into the Trust and we await their report.

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	2010/11	2011/12	2012/13
C diff compliance	92%	92%	94.%

MRSA screening compliance	77%	82.6%	79%
MRSA Screening elective.	81%	85%	89%
MRSA Screening emergency	62%	69%	71%

Infection Prevention and Control scores for environment 2011/2012

Compliance is monitored against a quick action guide; failures seem mainly due to medical staff not completing their part of the documentation. This is being addressed via the junior doctor's induction programme.

Surgical Site Infection (SSI) Surveillance; UHCW are participating in an audit of non coronary by-pass graft procedures. The initial data has been collected and we are completing the follow up work which involves post operative discharge surveillance. Over 70 patients have been included in the data.

Incidents and Outbreaks 2012/13: Norovirus has been particularly challenging at UHCW this year, as it was throughout the county, with national incidence increased by up to 80%. In 2012/13 we had a total of 60 wards or areas of wards that were either affected or closed for observation. This compares with 2011/2012 when we had 25 wards/areas closed for observation. Although affected areas were closed to visitors, the ability of staff to identify, report and contain outbreaks meant there was no overall closure to visitors. The Trust is participating in a national research project into Norovirus during the coming year.

Influenza also posed challenges for us. One high risk ward was closed for 10 days to contain the virus.

Water Quality

Legionella: There is a rolling programme of testing for the presence of Legionella in water samples throughout the Trust. No instances of hospital acquired Legionella have occurred since the new hospital was opened.

The water management group continues to meet. Issues during 2012/13 have been:

- *UHCW site*: a minor contamination of the water system was detected in the FM building. Corrective measures have been put in place and the incident is now closed.
- *Rugby St Cross:* progress continues to be made to eliminate the contamination which is the culmination of a number of factors including closing down services and changing the occupancy of buildings such that the usage of water is significantly below the deign parameters of the building design.
- *Stratford haemodialysis unit:* after a long period of difficulty requiring significant input from the Health and Safety Executive, progress has been made with water quality. The latest results of water testing show the system to be clean. In addition a long term plan has been produced which appears to be workable and all parties have signed up.

Infection Control Link Staff training: Infection Prevention and Control works closely with its link workers and we continue to hold two study days per year. In May we held an in house day which covers all aspects of basic care. This was called *The Strongest Link*. In November we held a very successful study day called *Joined up Thinking* which sought to explore the importance of working with external agencies and the PCT. Both study days evaluated extremely well.

2.3.2 Management of Sepsis (2010/11)

The Sepsis Pathway is designed to promote early identification and timely, effective, treatment of Sepsis, severe infections that require prompt treatment, often in critical care units.

The emergency department has completed an audit of their performance against the College of Emergency Medicine standards for treatment of sepsis. The results of this audit should be available from the CD of Emergency Medicine. Within intensive care medicine or ICNARC data set demonstrates standardised survival rates that are lower than the national case mix data set.

Area for improvement	**Action taken**	**Outcomes**
Make documentation accessible and user friendly	Easily visible sepsis management for health record Automatic prompt to consider sepsis on records system when MEWS score is 4 or above Trust is planning to enhance its 'early warning' systems for acutely unwell patients	Audit evidence shows improved compliance with antibiotic administration New system will improve identification of patients at risk
Effective delivery of pathology results for clinicians		Alert system for abnormal results in place.
Align documentation with that used in Major trauma centre	New documentation pilot introduced	New documentation in use
Re-design pathway to clarify clinical responsibility on transfer from Resuscitation Area	Sepsis pathway published	Clinical responsibility for Patient care is transferred according to the protocol in the Pathway

Effective response times when patients trigger parameters that suggest severe infections. (A MEWS score of 4 or above)	Explore feasibility 60 minute standard from decision to admit to admission to the general Critical Care Unit. (Score to Door) Use 'Run Charts' to identify further changes to pathway and improvements in practice	Sepsis pathway compliance ensures timely transfer to Intensive Care when indicated
Sustain best practice in avoiding, identifying and treating Sepsis	Sepsis champions in clinical areas Poster campaign to raise awareness On-line training tool for all staff available	Champions are in place Displayed in clinical areas Due to be implemented in 2013

2.3.4 Nutritional Management (2010/11)

Nutrition and hydration are always important issues for patients in hospital. But beyond concerns about the quality of food or the timing of meals there is an important clinical agenda. The right diet, offered at the right time in the right way can make all the difference in the speed and quality of recovery. So work continues to improve nutritional management standards across UHCW.

Patient meals

Dieticians have been working with ISS to optimise nutrition in a planned 7 day patient menu. This takes into account patient feedback, incorporating popular menu items and offering more choices at each meal. A smooth nutritious soup will be introduced as a post operative option and for those with a very small appetite. A main course soup adds further choice to the main menu. We are developing a pictorial menu to improve access to choice of meals for patients with communication difficulties including dementia and learning disabilities.

Screening of nutritional risk for all new outpatients at first appointment to identify those at risk

BAPEN (British Association for Parenteral and Enteral Nutrition) have approved our documentation for the use of 'MUST' (Malnutrition Universal Screening Tool) for adult in-patients. This has now been incorporated into the nursing risk documentation, replacing the

previous screening tool. Use of the tool is regularly audited. Outpatient malnutrition risk screening has not yet commenced, but a plan for this will be developed in 2013.

Using Mealtime Volunteers

A training programme for meal-time volunteers has been developed and commenced on both hospital sites with 19 volunteers regularly assisting at mealtimes. Recruitment of volunteers to assist at mealtimes is ongoing.

Improving participation in the Nutrition Steering Group

This group is now chaired by Dr Nikki Burch, Consultant Gastroenterologist and Lead for Clinical Nutrition. This multidisciplinary group meets monthly and is well attended by appropriate senior members of staff. The lead for Clinical Nutrition reports to the Patient Safety Group twice a year.

Reducing rates of catheter related sepsis in patients receiving Parenteral nutrition.

This is audited regularly and results discussed at Nutrition Steering Group. Service changes are being introduced to minimise rates of infection.

2.3.5 Managing Patients with Dementia (2010/11)

All through the western world we are seeing an increase in life expectancy; this has many benefits but also may mean that many people are living longer with more illness, disability and frailty. This will mean that more people will require more frequent use of health care. There has been a significant rise in the number of people in the UK with dementia, and it has been estimated that this number will grow to one million by 2020. People with dementia do not usually attend hospital because of their dementia but because of other medical problems. Effective treatment means treating the whole person, and our hospitals need to adapt their systems and environments to enhance care for people with dementia. Like all hospitals in the UK, UHCW is trying to provide better care to people with dementia and there is increasing demand and growing financial restraints. At UCHW we have tried to enhance the care in several ways. We set up a dementia care group which was responsible for a bid to the Kings Fund for money to enhance the healing environment which resulted in the development of the Forget-Me-Not Lounge, Memory Lane and Forget-Me-Not shrub mural. This has improved the environment in the gerontology ward (ward 40). As part of this our artist adviser designed a Forget-Me-Not symbol, which was trademarked and has become emblematic of the service and commitment to the care of people with dementia.

Training has been ongoing around dementia care in the Trust for over ten years. There is now a full time Lead Nurse for Dementia and a Lead Nurse for Older People. With the added incentive of a CQUIN target for dementia training, the Trust put together an awareness campaign where we successfully reached out to all areas of the hospital. This was successful in reaching 3000 plus members of staff. We used the opportunity to engage with other members from wider teams including hostesses, porters and receptionists. This

training raised the profile of care of people with dementia, and coincided with a Trust DVD which explored what we had done in the past and how care for those with dementia and frailty could be improved in the future. This DVD was taken as the basis of our standard dementia awareness training and added into the Induction Training programme for all new staff. The DVD was introduced by one of the lead nurses, with an outline of the *CORE* values: communication, orientation, reassurance and environment.

The Forget-Me-Not dementia campaign raises the profile of care for people with dementia and from this more and more people became interested in the range of training sessions we offer:

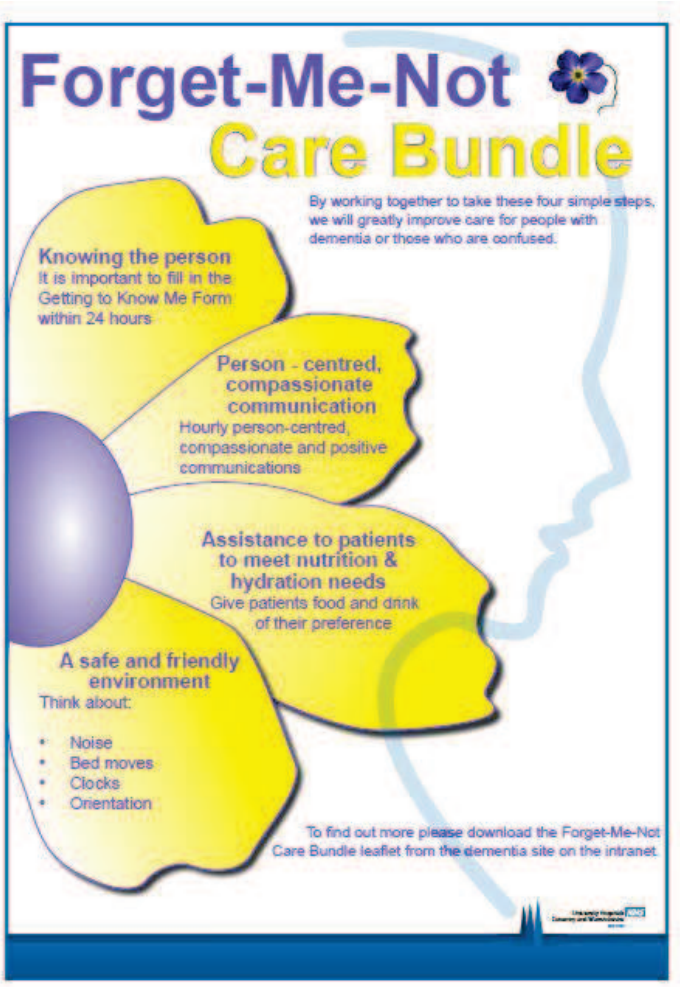
- Understanding Dementia
- Understanding Delirium
- Dealing with Challenging Behaviour and Intermediate Level Care of Patients with Dementia
- bespoke sessions as agreed

While the training figures were rising we were still incurring difficulties in some areas to get the very fundamental parts of our care improved: knowing the patient, knowing their baseline, knowing if they have a diagnosis and enhancing the hospital environment.

In early 2012 the CQUIN for Screening for Dementia was introduced, at first we had our reservations; was this the right place to diagnose? Would patients object to the questions? A team was formed to lead this CQUIN and we used a computer based tool to ask everyone 75 and over admitted to the hospital whether they had any memory problems over the last 6 months and if they said yes they were screened using a Cognitive Impairment Test, a tool that uses the answers to six questions to assess cognitive ability. There was a huge drive on training and many staff from the beginning were committed to this screening programme. We did have to persevere with some staff groups and reiterate that the screening had to be completed before clinical results could be accessed. We successfully achieved the CQUIN, and screened 90% and over of patients of 75 years and over for the past six months.

Although there were initial reservations, the enhancement to the service that the screening has achieved has been influential with helping with some of the fundamental issues. The CQUIN question gave the opportunity to ask about the person's baseline to determine if they had a known dementia diagnosis and if confused how new this was. This lead to staff being able to view the latest screening results for a patient; the GP could also view these results. The Trust has developed a database of who has been treated and has a known dementia, who has scored significantly on the 6cit and who has been excluded for delirium. This has also been useful in raising awareness around delirium and its detection and treatment. It has also given staff a better understanding of the pathway around dementia and delirium and a way of passing on the information to the GP's and to relatives and carers of these patients.

At this time the biggest challenge was getting the *Getting to Know Me* form completed; this is a simple form that has been used within the hospital for over twelve years but at times has proven difficult to staff to complete it and use it effectively. The Care Bundle was adopted and based on work completed in Wolverhampton's New Cross Hospital and Worcester University. This Care Bundle based on four elements which include; knowing the patient, communication, support with diet and fluids and environment. These four elements are very similar to the CORE values the Trust has already introduced but this was a regional initiative with a clear goal that these elements should be achieved and measured for the patient. The completion of the *Getting to Know Me* form has now become a fundamental building block for the care provided for patients with dementia and frailty. This bundle which has been slightly adapted and titled the "Forget-Me-Not Care Bundle" has now been introduced, starting in the Clinical Decisions Unit. Observations of care and interaction of staff with patients have been carried out as baselines and once the completion of the training has happened then audits and further observations of care will be undertaken.



There is still a lot of work to do around implementing this Care Bundle and influencing staff culture but our aim is to successfully embed this Care Bundle in the Clinical Decision Unit and then move on to other wards but to do this we need the Bundle to be sustainable. The other important ongoing work is to build better links with care homes and have more conversations with families around preplanning end-of–life care.

2.4 Statements from the Trust Board

2.4.1 Review of Services

During 2012/13 UHCW provided and/or sub contracted 67relevant health services*. UHCW has reviewed all the data available to them on the Quality of Care in 67 of these relevant health services. The income generated by the relevant health services reviewed in 2012/13 represents 82.9% per cent of the total income generated from the provision of relevant health services by UHCW for 2012/13.

**this number represents the number of services as detailed in the Trust's Acute Contract 2012/13*

The data reviewed should aim to cover the three dimensions of quality – patient safety, clinical effectiveness and patient experience – and indicate where the amount of data available for review has impeded this objective

2.4.2 Participation in Clinical Audits

During 2012/13 44 national clinical audits and 4 national confidential enquiries covered relevant health services that UHCW provides. During that period UHCW participated in 98% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that UHCW was eligible to participate in during 2012/13 are listed in the table below. The national clinical audits and national confidential enquiries that UHCW participated in, and for which data collection was completed during 2012/13 are listed below indicated with a green tick, 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 in column three. The Clinical Audit and Effectiveness supplement details those audits which UHCW were eligible to take part in but did not and the rationale for non-participation.

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Did UHCW participate in 2012/13?	Participation 2012/13
Women & Children		
Neonatal intensive and special care (NNAP)	✓	100%
Maternal infant and perinatal programme (MBRRACE-UK)	✓	100%
Paediatric pneumonia (British Thoracic Society)	✓	100%
Paediatric asthma (British Thoracic Society)	✓	100%
Childhood epilepsy (RCPH National Childhood Epilepsy Audit)	✓	Data collection underway

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Did UHCW participate in 2012/13?	Participation 2012/13
Child Health Programme (CHR-UK)	✓	100%
Paediatric fever (College of Emergency Medicine)	✓	100%
Acute Care		
Emergency use of oxygen (British Thoracic Society)	✓	100%
Adult community acquired pneumonia (British Thoracic Society)	✓	Data collection underway
Non invasive ventilation – adults (British Thoracic Society)	✓	Data collection underway
Adult critical care (ICNARC CMPD)	✓	100%
Renal Colic (College of Emergency Medicine)	✓	100%
National Joint Registry	✓	100%
Severe trauma (Trauma Audit & Research Network)	✓	96%
Long Term Conditions		
Diabetes (National Adult Diabetes Audit)	✓	St X 100% UH 64%*
Pain Database (National Pain Audit)	✓	38%*
Inflammatory Bowel Disease inc. Ulcerative colitis & Crohn's disease and paediatric IBD (UK IBD Audit)	✓	Data collection underway
Adult Asthma (British Thoracic Society)	✓	95%
Adult Bronchiectasis (British Thoracic Society)	✓	100%
National Review of Asthma Deaths (NRAD)	✓	100%
Diabetes (RCPH National Paediatric Diabetes Audit)	✓	TBC by RCPCH
Renal replacement therapy (Renal Registry)	✓	100%
Renal transplantation (NHSBT UK Transplant Registry)	✓	100%
Elective Procedures		
Elective surgery (National PROMs Programme)	✓	Data Collection underway
Cardiovascular Disease		

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Did UHCW participate in 2012/13?	Participation 2012/13
Acute Myocardial Infarction & other ACS (MINAP) (Data submitted up until the end of Q3 only)	✓	100%
Heart failure (Heart Failure Audit)	✓	100%
Cardiac arrhythmia (Cardiac Rhythm Management Audit)	✓	100%
Coronary angioplasty (NICOR Adult cardiac interventions audit)	✓	100%
Adult cardiac surgery audit (CABG and valvular surgery)	✓	100%
Congenital heart disease (CHD)	✓	100%
National Vascular Registry (CIA, peripheral vascular surgery/VSGBI Vascular Surgery Database, AAA, National Vascular Database)	✓	100%
National Cardiac Arrest Audit	✗	UHCW plans to participate during 2013/14
Cancer		
Lung cancer (National Lung Cancer Audit)	✓	100%
Bowel cancer (National Bowel Cancer Audit Programme)	✓	100%
Head & neck cancer (DAHNO)	✓	100%
Oesophago-gastric cancer (National O-G Cancer Audit)	✓	100%
Older People		
Carotid interventions	✓	92%
Fractured neck of femur	✓	100%
Hip fracture database (NHFD)	✓	100%
Parkinson's disease (National Parkinson's Audit)	✓	100%

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Did UHCW participate in 2012/13?	Participation 2012/13
Sentinel Stroke National Audit Programme (SSNAP)	✓	Data collection commenced
National dementia audit (NAD)	✓	100%
Blood Transfusion		
Potential donor audit (NHS Blood & Transplant)	✓	100%
National Comparative Audit of Blood Transfusion - blood sampling and labelling - use of Anti D - Management of patients in neuro critical care	✓	 100% Data collection not yet started Data collection underway
National Confidential Enquiries		
Alcohol Related Liver Disease	✓	100%
Subarachnoid haemorrhage	✓	89%
Bariatric Surgery	✓	No qualifying cases but UHCW completed organisational questionnaire
Cardiac Arrest Procedures	✓	100%

UHCW has investigated why participation was lower than expected in the audit that has been identified with an asterisk (*). Further information can be found in the Quality Account Clinical Audit and Effectiveness Supplement.

The reports of 20 national clinical audits were reviewed by UHCW in 2012/13 and UHCW intends to take the following actions to improve the quality of healthcare provided:

- Share clinical audit outcomes with relevant clinical areas
- Undertake follow-up audits to measure progress
- Provide training and support where required to improve care standards or compliance with best practice.
-

The reports of 85 local clinical audits were reviewed by UHCW in 2012/13 and UHCW intends to take the following actions to improve the quality of healthcare provided:

- Share clinical audit outcomes with relevant clinical areas

- Undertake follow-up audits to measure progress
- Provide training and support where required to improve care standards or compliance with best practice.

A summary of some of the key actions we have taken to improve the quality of healthcare is provided in the Clinical Audit and Effectiveness Supplement on our website at www.uhcw.nhs.uk or as a printed version on request.

For more information on National or Local Clinical Audit please contact the Quality and Effectiveness Department on 02476 968282

2.4.3 Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by UHCW in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 5007.

Research is an integral component of providing world-leading excellence in clinical care. It enables UHCW NHS Trust to lead innovation and development which enables us to provide the highest quality patient care. It ensures that we are a leader rather than a follower in healthcare provision and allows us to attract and maintain highly skilled and motivated staff. We are committed to establishing our Trust as an internationally recognised centre of excellence through supporting our staff, working in world class facilities and conducting leading edge research focused on the needs of our patients.

We are one of the leading research centres within the West Midlands, with a proven track record of delivering high quality research. We have developed our research base in recent years, moving from being almost research inactive to very research active. Since 2008, we have recruited more patients into National Institute of Health Research portfolio trials than any other NHS Trust in the West Midlands. Our ambitious commercial strategy has resulted in a growth in income from commercial research from £319k to £1.15million within five years. We have actively developed our external collaboration thereby attracting significant research income (£0.36million in 2008/09 to £6.8million 2012/13). This year, our Research, Development and Innovation team was shortlisted for a national Pharmatimes award for 'Research Site of the Year'.

With over 300 ongoing research projects led by staff across a wide range of specialities, our patients are given many opportunities to take part in research. Over 5,000 of our patients were recruited into research studies during 2012/13; a significant increase from 3,103 patients in 2011/12.

Patient involvement and representation is demonstrated throughout our research infrastructure and we have a nominated Trust lead for research engagement. Open Days, work experience opportunities and multi-media communications enable us to engage with people inside and outside of the Trust.

Our current major research themes are metabolic and cardiovascular medicine, reproductive health, musculoskeletal and orthopaedics and cancer. These are complemented by additional areas of clinical research activity (for example stroke and respiratory medicine). Research activity continues to increase. There are over 50 research nurses, midwives and allied health professionals assisting with research projects and increasing numbers of staff are undertaking research, higher degrees and PhDs. The Trust provides free research training for all staff. This increasing level of participation in clinical research demonstrates

UHCW NHS Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

In the last three years, **over 500** publications have resulted from our involvement in research, helping to improve patient outcomes and experience across the NHS.

The Trust's mission, Care – Achieve – Innovate, is explicit in that we will deliver the best care for our patients, achieve excellence in education and teaching and innovate through research and learning. As such, we have a clear strategy to develop research and innovation. The key areas for delivery are to 'instil and embed a culture of research and innovation' and 'grow investment in, and revenue from, research and innovation'. By delivering on our research and innovation strategy, we also contribute to the delivery of the other Trust strategic priorities. Our Innovation section shows some of the ways that research can be used to create immediate benefits in patient care.

For a list of all the publication Titles please contact Library and Knowledge Services on 02476 968827; you can follow UHCW research on Twitter: https://twitter.com/UHCW_RDandI

2.4.4 Goals agreed with Commissioners (CQUIN)

A proportion of UHCW's income in 2012/13 was conditional on achieving quality improvement and innovation goals agreed between UHCW and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals and performance for 2012/13 and for the following twelve month period are available online in the CQUIN Supplement at www.uhcw.nhs.uk

2.4.5 Care Quality Commission

UHCW is required to register with the Care Quality Commission and its current registration status is Registered (without any compliance conditions) and licensed to provide services.

The Care Quality Commission has not taken enforcement action against UHCW during 2012/13.

UHCW has not participated in any special reviews or investigations by the Care quality Commission during the reporting period.

The CQC completed an unannounced inspection at Rugby St Cross on 26th June 2012 around elderly and orthopaedic care pathways. The team of inspectors completed observational and process reviews, along with staff and patient interviews. The CQC were very positive about their findings and did not place any actions on the trust.

A further unannounced inspection was completed on 7th January 2013, at University Hospital, around patient treatment and transfers from short stay areas. Again, the report was very positive and the CQC did not apply any compliance or enforcement actions, therefore the Trust's registration status was again unaffected.

The CQC also completed a monitoring review around the Mental Health Act on 11th February 2013. This was not a compliance inspection and the purpose was to review Trust processes in place. A number of improvement actions have been put in place as a result of the visit.

In September 2012, Imperial College, London, informed the CQC regarding a mortality outlier for "craniotomy for trauma". UHCW completed an internal review which CQC

considered before declaring that they wished to take no further action. CQC reported that they had 'reviewed the information [UCHW] provided and do not feel that we need to undertake additional enquiries at this time'.

In February 2013, the CQC also notified the Trust of a maternity outlier alert for elective caesarean section, following a review of maternity indicators, as UHCW was found to be high. UHCW completed an internal review, the results of which have been notified to the CQC.

UHCW therefore maintained its registration throughout 2012/13 without any compliance conditions being imposed by the CQC.

2.4.6 Data Quality

Data quality is encompassed within many requirements of the Information Governance Toolkit of which the Trust is meeting the required attainment levels. The data quality team provide regular training to users who collect and record patient data which supports patient care and data submissions.

External data quality reports are reviewed and appropriate actions are taken to address areas of concern. In addition, internal data quality reports and performance dashboards are in place to provide the Trust with an overall view of the quality of data also highlighting areas for improvement.

UHCW submitted records during 2012/ 2013 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:

that included the patient's valid NHS number was:

- 99.4% for admitted patient care
- 99.7% for outpatient care
- 97.8% for accident and emergency care

that included the patient's valid General Medical Practice Code was:

- 100%for admitted patient care
- 100% for outpatient care
- 100% for accident and emergency care

2.4.7 Information Governance Toolkit

UHCW score for 2012/13 for Information Governance Assessment Report overall score for 2012/13 was 74% and was graded 'red'.

The Trust exceeded its target of 73% achieving level 2 or above in 44 of the 45 requirements. The exception was a requirement that all staff, including new starters, locum, temporary, student and contract staff members had completed at least once the mandatory Information Governance training using the Toolkit.

2.4.8 Clinical Coding Error Rate

UHCW was not subject to the Payment by results clinical coding audit during the reporting period by the Audit Commission. UHCW commissioned an external audit of 200 case records in January 2013 and the error rates for diagnoses and treatment coding (clinical coding) were:

- Primary Diagnoses incorrect 4%
- Secondary Diagnosis incorrect 4.13%
- Primary Procedures incorrect 2.13%
- Secondary procedures incorrect 3.47%

By speciality the results were:

Cardiothoracic

Primary diagnosis	100.00%	Primary procedure	100.00%
Secondary diagnosis	98.50%	Secondary procedure	99.10%

Gastroenterology

Primary diagnosis	97.50%	Primary procedure	100.00%
Secondary diagnosis	96.00%	Secondary procedure	100.00%

Gynaecology

Primary diagnosis	92.5%	Primary procedure	96.90%
Secondary diagnosis	92.00%	Secondary procedure	92.00%

Respiratory medicine

Primary diagnosis	95.00%	Primary procedure	92.30%
Secondary diagnosis	93.80%	Secondary procedure	90.00%

Orthopaedic procedures at BMI Hospital

Primary diagnosis	95.00%	Primary procedure	97.5%
Secondary diagnosis	96.6%	Secondary procedure	98.80%

Specific issues for action were identified by the auditor and UHCW will be taking the following actions to improve data quality:

Areas of improvement:

- Contacting the responsible consultant at the time of death for coding verification has proved rewarding. Many consultants have engaged with this process and confirmation of coding accuracy has been obtained for well over 50% of deaths over the past 3 months
- The clinical coders have continued to build relationships with clinicians in their designated areas. Some new coding sign off meetings have been initiated
- Chronic conditions have been removed from the Clinical Record Sheet as planned, mainly in order to ease the process of producing the sheet, but are still available when an e-discharge is created.

Unresolved issues:

- The clarity and availability of information to coders remains uneven
- The need to improve the consistency of recording between case notes and other documentation

Future actions:

- The pilot scheme to verify coding at the time of death will continue, although there may be resource implications in the longer term.
- Coders will continue to develop relationships and communication networks with interested clinicians whilst seeking to engage those who seem less so.

The Trust attained the maximum score of 3 points on the Information Governance Toolkit for both quality of coding and training and development of staff. One point was lost in relation to communication and clinician involvement in the coding process because of discrepancies between the case records and the e-discharge summary. The Coding Manager is working with the Clinical Directors in an effort to ensure that the information available for clinical coding purposes is consistent across all sources.

2.4.9 Performance against NHS Outcomes Framework 2012/13

This year we are fully reporting our performance against the NHS National Outcomes framework. There are five domains – areas of performance for which there are agreed national indicators. This means we can compare our performance year by year but also by comparing ourselves with other providers of NHS services. The Trust provides information to the *Health and Social Care Information Centre* which, in turn, provides us with a comparison against other Trusts. By publishing these figures, you can compare our performance with the best, the worst and the average performing Trusts in the NHS.

The Five Domains are:

1: Preventing People from dying prematurely
2: Enhancing quality of life for people with long-term conditions
3: Helping people to recover from episodes of ill health or following injury
4: Ensuring that people have a positive experience of care
5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Indicator	**April 2011-March 2012**	**July 2011 – June 2012**	**Oct2011-Sept 2012**	**National Average**	**Lowest and Highest reported Trust**
a) the value and banding of the summary hospital-level mortality indicator ("SHMI") for the trust for the reporting period; (*Domains 1 and 2*)	1.0739 (Band 2)	1.0338 (Band 2)	1.03 (Band 2)	1.00	0.6849 (Band 3) To 1.2107 (Band 1)
b) the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period. (*Domains 1 and 2*)	15.7%	15.6%	14.6%	19.2%	0.2% - 43.3%

The Trust considers that this data is as described for the following reasons:

- UHCW uses the Dr Foster suite of tools to look at whole Trust and speciality level mortality data.
- UHCW uses the Dr Foster Alert system to monitor specific diagnoses and procedure mortality.
- As well as updates to Quality Governance Group mortality data is reported to our Patient Safety Committee and Mortality Review Committee

The Trust has taken the following actions to improve this score and so the quality of its services, by prompt and regular provision of performance data to each clinical speciality. Mortality data updates are reported to the Quality Governance Group, Patient Safety Committee and Mortality Review Committee, supporting a Trust-wide understanding of the data. Speciality level data is shared at local Quality Improvement meetings.

Indicator Patient reported outcome measures scores (PROMS)	**2011/2012**	**April - Dec 2012**	**National Average**	**Lowest and Highest Reported Trust**
i. Groin Hernia surgery	0.076	*	0.090	0.017 - 0.153
ii. Varicose Vein surgery	*	*	0.089	0.027 - 0.138
iii. Hip replacement surgery	0.422	0.447	0.429	0.328 – 0.500
iv. Knee Replacement surgery	0.297	0.328	0.321	0.201 – 0.408

**Indicates that the information is not yet available on the HSCIC portal*

The UHCW Trust considers that this data is as described for the following reasons: Patients are asked to complete a feedback form post-operatively, following the nationally agreed protocol.

The Trust intends to take the following actions to improve this score, and so the quality of its services, by sharing feedback with appropriate clinical areas and comparing outcomes with qualitative data from the *Patient Impressions* survey.

Indicator	**2011/12**			**2012/13**		
	UHCW	**NHS England Average**	**lowest and highest reported Trust**	**UHCW**	**NHS England Average**	**lowest and highest reported Trust**
the percentage of patients aged 0 to 14 readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of	8.36%	10.15%	0.00% To 25.80%	7.4%	*	*

the trust during the reporting period (*Domain 3*)						
the percentage of patients aged 15 or over 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 during the reporting period(*Domain 3*)	12.28%	11.42%	0.00% To 17.33%	11.3%	*	*

**Indicates that the information is not yet available on the HSCIC portal*

The UHCW Trust considers that this data is as described for the following reasons: the consistency and accuracy of the data collection has been evaluated by internal and external audit and is monitored by the Performance Management Office.

The Trust intends to take the following actions to improve this percentage and so the quality of its services, by continuing its implementation of the Effective Discharge action plan.

Indicator	**2010**	**2011**	**2012**	**National Average 2012**	**Lowest and Highest Reported Trust**
The trust's responsiveness to the personal needs of its patients during the reporting period.(*Domain 4*)	74.5%	74.1%	74%	63%	35 – 94%
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. (*Domain 4*)	*	64%	68.196%	63%	35 – 94%

**Indicates that the information is not available on the HSCIC portal*

The Trust considers that this data is as described for the following reasons: Data is collected as part of a national survey managed by the Care Quality Commission.

The Trust intends to take the following actions to improve this percentage, and so the quality of its services, by implementing the *Using Patient Feedback* Action Plan (Part 4.3)

Indicator		**2011/2012**				**2012/13**		
		Q1	**Q2**	**Q3**	**Q4**	**Q 1**	**Q 2**	**Q3**
The percentage of		91.5%	91.7%	93.3%	94.1%	93.0%	93.0%	93.4%

patients who were admitted to hospital and who were risk assessed for Venous Thromboembolism (VTE) during the reporting period (*Domain 5*)	UHCW							
	National Average	84.1%	88.2%	90.7%	92.5%	93.4%	93.8%	94.1%
	Trust with highest Score	100%	100%	100%	100%	100%	100%	100%
	Trust with lowest score	Nil return	20.4%	32.4%	69.8%	80.8%	80.9%	84.6%

The Trust considers that this data is as described for the following reasons: The data is monitored by the Performance Management Office and subject to data quality audit

The Trust intends to take the following actions to improve this percentage, and so the quality of its services: continuing to monitor compliance and identify gaps.

Indicator	**2009-2010**	**2010-2011**	**2011-2012**	**National Average**	**Lowest to Highest Reported Trust**
The rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period. (*Domain 5*)	31.9	27.8	24.1	21.8	0.00 - 51.60

The Trust considers that this data is as described for the following reasons: Reporting of data on C.diff infection is mandatory; data quality is monitored through Infection control and subject to audit and CQUIN reporting to commissioners

The Trust intends to take the following actions to improve this percentage, and so the quality of its services, by continuing to implement its Infection Control and Prevention Strategy

	Oct 2011 – March 2012	**April 2012 – Sept 2012**	**National Average April– Sept 2012**	**Lowest and Highest reported Trust April– Sept 2012**
The Number of Patient safety Incidents reported within the Trust within the Reporting Period	5294	4869	4926	1767 - 10455
Rate of Patient Safety Incidents reported within the Trust within the	7.8	7.19	7.034	2.77 - 12.12

reporting period				
The number of such incidents that resulted in severe harm or death	11	14	n/a	n/a
Percentage of such patient safety incidents that resulted in severe harm or death	0.2%	0.3%	n/a	n/a

The Trust considers that this data is as described for the following reasons: data quality is managed by the Performance Management Office, supported by low threshold reporting requirements and has been subject to external audit.

The Trust intends to take the following actions to improve this percentage, and so the quality of its services, by reviewing all such incidents using Root Cause Analysis and implement Action Plans to change practice where indicated

Part Three: Overview of Organisational Quality

3.1 Why quality matters

Our ambition is to provide world class healthcare for the people of Coventry and Warwickshire, becoming a national centre of excellence for research and education, to deliver the outstanding, innovative services expected by our communities and stakeholders.

Clearly having and publishing evidence that shows we can offer the best possible patient experience is critical to our success, as well as giving us information to quickly identify areas that need improvement.

The lessons from the review into Mid Staffordshire NHS Foundation Trust have underlined the vital link between patient and public engagement, patient experience and quality and the risks when the two are not linked. We are determined that at our Trust these two factors are intrinsically linked, using a combination of patient survey information, patient and staff stories, direct feedback via our patients, Foundation Trust members, Patients Council and our shadow Youth Council, alongside information from Complaints and our Patient Advice and Liaison Service. These organisational changes are important but will only make a significant difference if accompanied by cultural change which places improving the patient experience at the centre of everything we do.

Next steps

For the last year we have been asking people who use our service a simple question:

"***How likely is it that you would recommend these services to a friend or family?"***

Alongside the patient surveys we are learning how to use this feedback to reflect on practice and make changes to improve the experience of coming to hospital. We are grateful to those who give their time to return the surveys and we hope many more will do so in future. We try to make it as easy as possible to offer feedback – from direct interviews and questionnaires sent to recently discharged patients to web-based opportunities.

We are now reflecting, with patients and partner agencies, on how we can re-align our quality management to help us learn and change where necessary. We will look at all aspects of structure, communication and co-operation to deliver cultural change across UHCW.

In the last year we have continued our relationship with the Coventry LINk, having Quarterly meetings and, from April 2012, these meeting have included Warwickshire LINk. We now welcome the emergence of the Healthwatch groups and will look to strengthen our relationship with them. We shall continue to involve our Patients' Council in key areas of work, building on recent activities such as mystery shopping, job shadowing clinical teams and conducting cleanliness audits. We will have a programme of events during the year for our Youth Council members, which will include sessions on our services, their expectations and what we might do to improve our services for young people.

How we monitor and report on progress

Leadership starts with listening and learning. The Trust Board regularly hears a 'patient's story' illustrating how service users experience care at UHCW. Some stories may be more positive than others, but there is always much to be learned. It represents how the Trust are committed to hearing and learning from patient experience at every level of the organisation.

We will continue to use our Impressions survey to give us more detailed information on patients' specific experiences and feedback from this and the Friends and Family question will be available at ward and specialty level. We will continue to publish our Impressions results on our web-site and will include our Friends and Family question results as these become available during the year.

Complaints continue to be used as a key source of information on patient experience. All our formal complaints responses are read and signed by our Chief Executive Officer. We also monitor digital media sources of feedback including web postings, Facebook and twitter content, an area of feedback that we see as continuing to expand. Maternity services have made good use of twitter – and other social media - as part of their campaigns, and we anticipate other services learning from their initiative.

Our Trust Board members carry out Patient Safety Walkrounds, talking directly to staff, patients and carers about their experiences and how we can improve. These suggestions are then taken up directly with those staff that can act on the feedback and make appropriate improvements. As we move towards Foundation Trust status we look forward to involving our FT members in all aspects of this work.

Changing how we use feedback from our *Impressions* feedback is also developing. The redesign, now completed, will allow us to

- send respondents' comments directly to staff email boxes on a daily basis
- use action logs to keep track of any actions implemented as a result of feedback
- view reports for clinical areas of responsibility at the click of a button

It has been agreed that Modern Matrons and Ward Managers be the first groups of staff to be given access to Impressions using this new method – Executive Directors, Associate Directors of Nursing/Clinical Directors/Leads and Group Managers will follow throughout the next few months. Training on the new system will be held for Modern Matrons and Ward Managers during June & July.

Wherever we find our patients are suffering a poor experience, we work with front-line staff to put things right. Action plans are overseen by our Patient Engagement and Experience Group, helping to ensure that learning in one area is made available to the whole organisation.

Moving to Foundation Trust status will continue to help us reflect on Patient engagement as a primary method of improving quality. Becoming a member is a good way of ensuring that your voice is heard, but also of keeping up to date with a range of Trust initiatives and achievements. Medicine for Members events have increased involvement and strengthened the relationship with the Youth Council, broadening the range of feedback we receive from Young People. The Board has also adopted an 'Awareness and Visibility' programme building on the commitment already made to 'Walkrounds' whilst the Chief Executive speaks directly with staff, members, the Oversight and Scrutiny Committee and local Healthwatch groups.

Engaging with community organisations facilitates feedback and comment: attending meetings of Coventry Older People's Partnership Board, Coventry Carers Forum, Voluntary Action Coventry's Health and Social Care Forum and the Physical and Sensory Impairment Forum offers us a rich account of how we are perceived and experienced by our community.

3.2 We Care

3.2.1 Patient Safety: Incident Management

We are very proud of our process for managing incidents from the very minor, mostly "no-harm" incidents that we manage in-house to the more complex serious incidents that we are required to share with our commissioners.

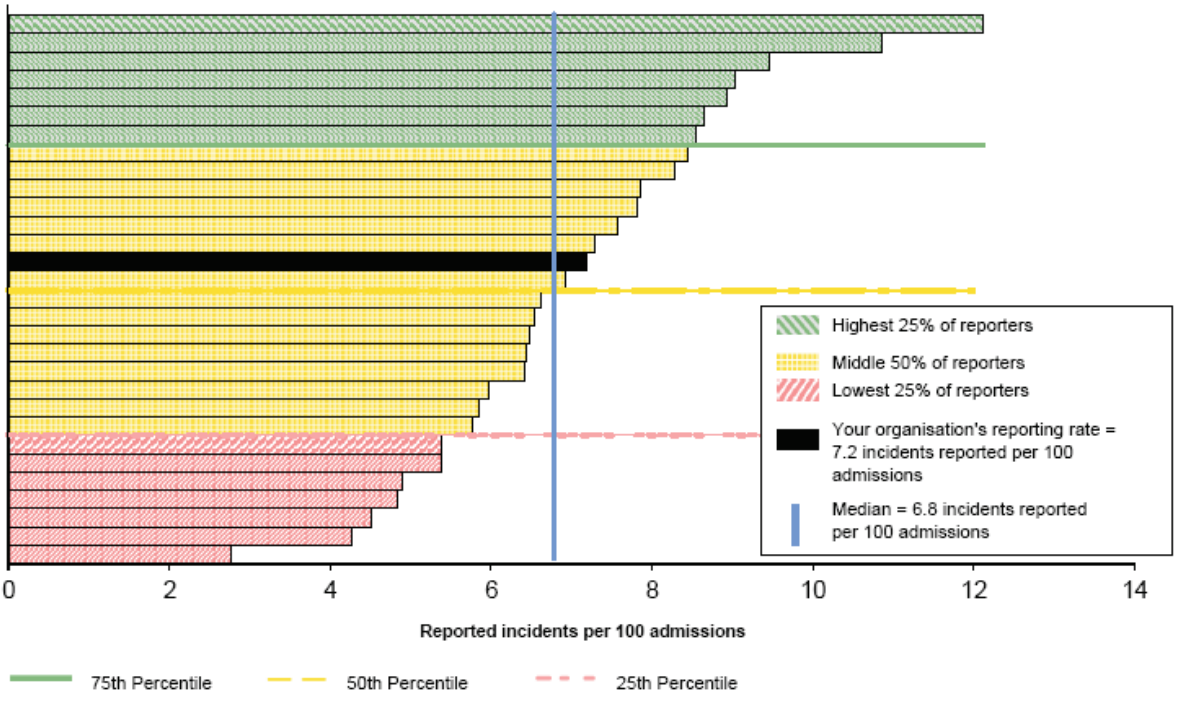
All of our staff can report incidents knowing that they will be supported throughout the process of investigation and we encourage them to contribute to the resulting recommendations and action plans. By creating an open, learning culture in the organisation staff are able to report when things go wrong and we can learn and share improvements both internally and externally.

We use an online incident reporting system (Datix) which facilitates early detection of trends and alerts the central Quality & Patient Safety Team to any serious incidents. This allows us to escalate issues and investigate them swiftly.

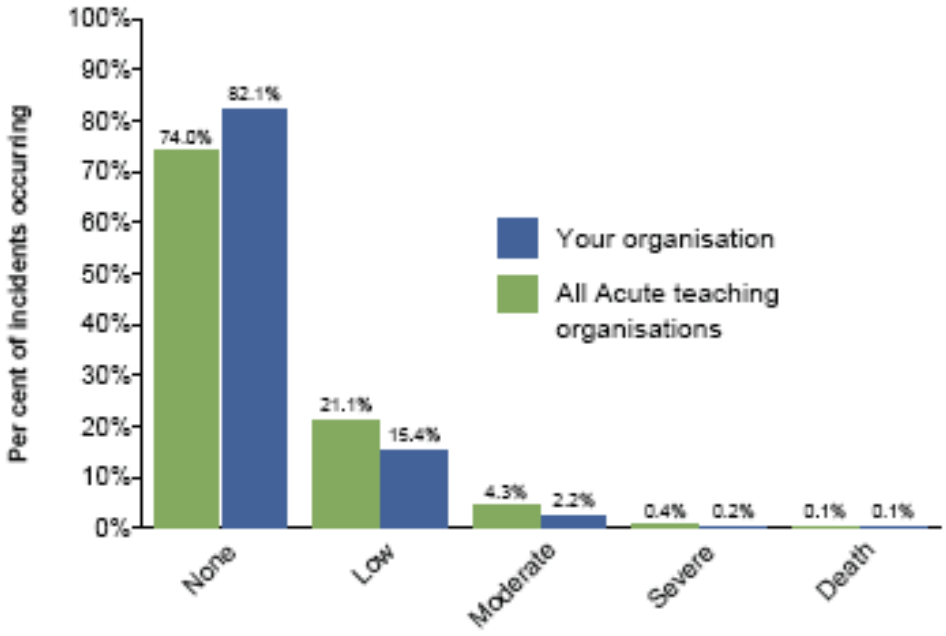
Overall incident reporting continues to show an upward trend towards the *10% of all admissions* rate which is quoted as the average for hospitals in England.

In our peer group of acute teaching hospitals a recent National Patient Safety Agency (NPSA) report shows UHCW as being in the middle 50% in terms of our reporting rate (see below), which indicates an open safety culture that supports improvement. The black Line represents UHCW.

Figure 1: Comparative reporting rate, per 100 admissions, for 30 Acute teaching organisations.



The vast majority of reports are "no harm" incidents as indicated below



3.2.2 Serious Incidents Requiring Investigation (SIRIs)

We reported a total of 152 SIRIs in 2012/13. Some specific types of incident are automatically reported as SIRIs; examples of these are Infection Control incidents (e.g. MRSA bacteraemia, C Difficile associated deaths and infection outbreaks such as Norovirus), 'never' events, pressure ulcers and certain Maternity-related incidents. These account for the majority of SIRIs reported (91/152 = 60%).

Each SIRI is reviewed and monitored by our weekly Significant Incident Group (chaired by the Director of Governance), which ensures that investigations are thorough, that the process conforms to the National Patient Safety Agency standards and that actions are completed by their agreed deadlines.

As a result of SIRIs we have implemented many measures, some examples of which are listed below:

- Falls (motion detector) alarms purchased for high risk patients to alert staff when a patient has got up from a bed or chair
- Introduction of an electronic clinical results acknowledgement system
- Reviewed access to all areas of the Trust to improve security
- Compliance with WHO surgical safety checklist for all patients
- Multidisciplinary falls steering group set up to lead on reducing the number and severity of patient falls

3.2.3 Never Events

During 2012/13 we have experienced four 'never' events. This is a cause of great concern and regret. To prevent a recurrence each has been subject to a detailed investigation to identify what happened, why, and the changes required.

We had 1 *wrong site surgical* error. This incident occurred during surgery due to human error and was corrected at the time.

We had two *retained foreign object post-operation* errors. Both cases were surgically complicated involving more than one surgical specialty and despite the World Health Organisation's surgical safety checklist being implemented in each case, the errors occurred. The Trust continues to review its Theatre processes and has invited a Human Factors consultant to work with the Theatre teams to help identify any further actions, especially where multiple teams are involved, that will minimise the risk to patients.

The fourth 'never' event involved the insertion of a prosthesis which was subsequently discovered to be an incorrect size. This error was also corrected on the same day

3.2.4 Trust Board Patient Safety Walkrounds

Walkrounds demonstrate top level commitment to patient safety, establish lines of communication about patient safety between employees, executives and managers, provide opportunities for senior executives to learn about patient safety and promote a culture of openness.

Chief Officers and Non-Executive Directors are scheduled to visit staff in their own wards and departments, agreeing to support and assist the staff with issues that they cannot move forward alone.

Staff are aware of the dates for their visits and therefore have an opportunity to raise specific issues or problems as well as being able to showcase examples of good practice to the Executives.

Walkrounds occur each month across the organisation on both sites and any actions agreed are logged and monitored by the Quality & Patient Safety Team. The scheme has been further developed to incorporate informal and unannounced visits to departments and wards. For Instance, a visit to Dermatology Outpatients identified long boring waits as an issue in waiting areas. Part of the solution was a proposal to install wifi and this service is now available.

3.2.5 NHSLA Risk Management Standards

The Trust achieved level 1 against the NHSLA Risk Management Standards for Acute Trusts in September 2012. UHCW Maternity services also achieved level 1 against the Clinical Negligence Scheme for Trusts' Maternity Clinical Risk Management Standards in November 2012.

The NHSLA is undertaking a major review of the assessment process and therefore the Trust will be unable to request further assessments until 2014/15. In the meantime, as well as audits, we are utilising a "spot-check" system based on the 2012/13 standards with a view to maintaining momentum and achieving level 2 at the earliest opportunity. The Modern Matrons and the Quality & Patient Safety Team make inspection-style visits to wards and departments checking whether policies and procedures are being complied with. Any non-compliance is then addressed.

3.2.6 Claims

The Trust as at 5th April 2013 had reported 87 clinical negligence claims to the National Health Service Litigation Agency (NHSLA). In 2012/13 the NHSLA, on behalf of the Trust, settled 54 claims. Further details on the Trust's claims history can be obtained via the NHSLA's website www.nhsla.com. We can confirm that the Trust's clinical negligence claims history is within the national average for Acute Trusts providing a maternity service.

The Trust is committed to minimising the opportunity for human error in medicine and with this aim has committed substantial resources in implementing its clinical governance framework. Clinical adverse events are actively reported and as appropriate investigated; with action plans implemented seeking to avoid similar incidents again.

3.2.7 Complaints

During 2012/13 we received 483 formal complaints. We had 23 complaints considered by the Parliamentary and Health Service Ombudsman. In most cases the complaint was closed with no further action or we were asked to try again to resolve the complaint locally. Three complaints were investigated by the Ombudsman during this financial year. Of these one was upheld, one was closed with no action required and one remains ongoing.

The Complaints Service continues to ensure that complaints are shared, not just with those directly involved in the care but with the managers and lead clinicians who have responsibility for the services being complained about. As such, we aim to share all complaints in as wider forum as possible to ensure that we learn from the issues raised. We share issues via the Patient Engagement and Experience Group, Clinical Governance Review Group and through Quality Patient Safety reports for the respective specialties to raise at their Quality Improvement and Patient Safety meetings. Complaints also have input into the Patient Stories Programme at Trust Board.

Total Number of Complaints	2010/2011	2011/2012	2012/13
Total Number of Complaints - University Hospital, Coventry	443	450	431
Total Number of Complaints -Hospital of St. Cross , Rugby	60	44	42
Total Number of Complaints - Other	9	3	10
TOTALS	512	497	483
Total number of complaints referred for independent review	24	25	23
Top Five Complaint Categories 2012/13			
All aspects of clinical treatment			271
Communication/information to patients (written and oral)			92
Attitude of staff			42
Admissions, discharge and transfer arrangements			23
Failure to follow agreed procedure			22
Ratio of Complaints to Activity	917,161	911,206	914,700
	0.05%	0.05%	0.05%

3.2.8 Patient Advice and Liaison service (PALS)

PALS act as a first point of contact to help patients and visitors with any feedback, concerns, questions or difficulties they may have regarding their care or Trust services.

During 2012/13 we received approximately 1500 PALS enquiries. This is compared to 1247 in 2011/2012. A number of factors will have contributed to this rise in numbers. Firstly, Complaints and PALS combined in June 2012 as the first step towards a "Patient Services" department, in line with the Trust's approach to patient engagement. This included encouraging a closer working relationship with the Complaints Service by moving into the same office, and amalgamating the PALS and Complaints email boxes to form one "feedback" inbox. Triage of the "feedback" inbox is carried out by the PALS Co-ordinator, who makes a decision as to whether it is appropriate for the enquiry / concern to be dealt with via the 25 day complaints process. The PALS Co-ordinator then deals with any concerns or enquiries received via email that are not investigated under the Trust's complaints procedure, and formal complaints are passed on to the Complaints Manager.

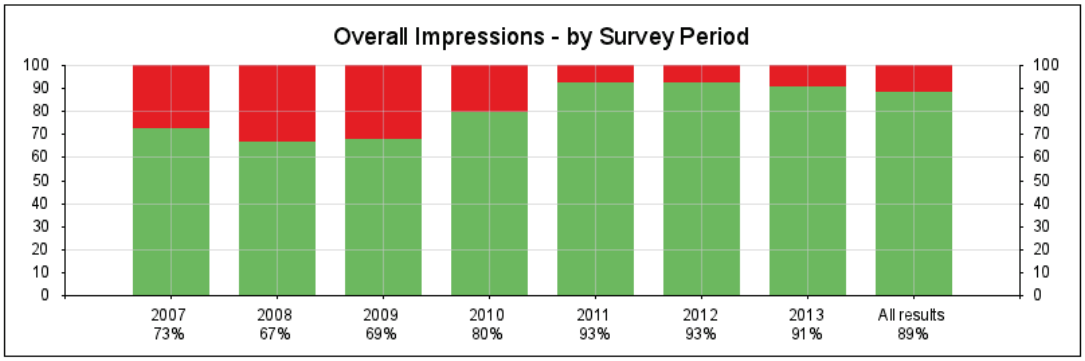
In addition, the publication of the Mid Staffordshire NHS Foundation Trust Public Inquiry by Robert Francis QC (also known as the Francis Report) in February 2013 brought the quality of NHS services to the forefront of the public's minds, and therefore the public are now much more inclined and comfortable in questioning the service they or their loved one receives whilst in hospital. Nonetheless, patients or their relatives can find it difficult to raise their concerns directly to the staff providing their care for fear of recrimination, and get in touch with PALS to act as a mediator. PALS attempts to quickly resolve concerns or queries for patients; primarily so that they feel comfortable with the service they are receiving, and secondly to mitigate progression to a formal complaint.

Finally, between January 2013 and April 2013, the Trust experienced high demand for non-elective beds coupled with significantly fewer than expected levels of patient discharge. In order to recover inpatient capacity and minimise risk to patients, the Trust initiated a series of extraordinary measures and capacity management was escalated to 'Black' ("black alert") This meant that all non-urgent clinical activity was suspended for 72 hours at a time, including the cancellation of elective (non-emergency) procedures. This impacted considerably on patients waiting for their procedures, and contacts to PALS between January and April 2013 were up by approximately 100 on the same period the year before.

The following table details the top 5 themes of contacts made to PALS for 2012/13 (figures are approximate), along with numbers for the year before.

	No of queries	
Theme	2011_12	2012_13
All Aspects of Clinical Treatment	142	204
Complaints Handling (requests for complaints information and submission of complaints)	134	183
Appointments, Delay, Cancellation (outpatients)	167	172
Communication / Information to Patients	108	114
General Enquires (including parking and access issues)	93	94

The top five themes have not changed year on year, and the Trust is committed to improving the experience of patients and visitors to UHCW by using this data along with statistics from Complaints and Patient Satisfaction Surveys.



Patient levels of satisfaction with service areas: April 2012 – March 2013

The **Delivering Diabetes Care to Ethnic Diversity (DEDICATED) Research team** has found that health professionals who are more culturally aware provide better care for their patients. The team from University Hospitals Coventry and Warwickshire Hospitals NHS Trust and Warwick Medical School assessed how understanding and incorporating culture, language, religion and health literacy skills can positively impact on health outcomes of patients from ethnic minority groups. Focussing on patients with diabetes the Team found that health outcomes improved with greater awareness of the cultural needs of individuals. The Research Team plans to validate their new instrument and pilot the findings in local General Practices. The team believe putting these findings into practice would not only benefit the patient and their family but ultimately bring about cost savings for the NHS.

3.2.9 Car Parking and Access

In early 2013 the new 433 space car park was handed over to the Trust, immediately enabling the release of a further 100 spaces out of the existing staff car parks for visitor use. A section of the new car park remains cordoned off to act as a decant space to enable further car park development works to be undertaken whilst maintaining existing overall capacity.

A number of other initiatives have been completed this year in relation to the ongoing congestion and parking issues including:

- The introduction of Chip and Pin at all pay on foot machines at UHCW.
- The introduction of an additional pay on foot machine outside the Accident and Emergency department.

During 2012 significant work was undertaken to develop site wide solutions to improve access and congestion issues on the Coventry site. As a result a revised planning application was submitted in early 2013; should planning permission be granted, it is hoped work will commence within this calendar year. Key elements of the revised scheme include:

- 2 additional car parking decks to further increase capacity.
- An increased capacity bus hub
- Revised road layouts to enable easier traffic flow around the site.
- An additional restricted blue light and staff entrance.
- Automated signage indicating the location of spaces.

- A re-designed drop off area.

Work is also underway in partnership with Coventry City Council in developing a bid for local pinch point funding; this bid not only addresses the onsite congestion issues but also looks at investing in the local road infrastructure surrounding the hospital site.

To find out more information about these initiatives please contact Lincoln Dawkin, Director of Estates and Facilities on ***Lincoln.Dawkin@uhcw.nhs.uk*** or call 024 76 968496.

3.2.10 Patient Reported Outcome Measures

Patient Reported Outcome Measures (PROMs) are a means of collecting information on the effectiveness of care delivered to NHS patients in England as perceived by the patients themselves.

NHS hospitals have been collecting this information from April 2009. Information is collected on patients who undergo the following procedures:

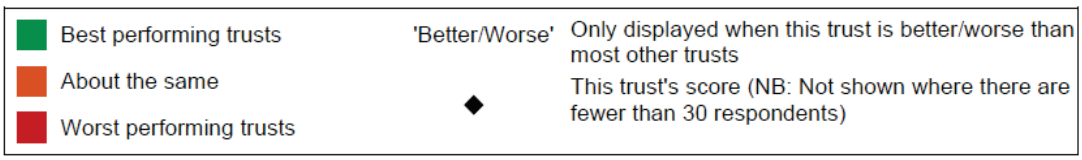
- Unilateral hip replacements, both primary and revision surgery;
- Unilateral knee replacements, both primary and revision;
- Groin hernia surgery;
- Varicose vein surgery.

Within UHCW, in common with other hospitals, information has been collected on the above procedures using questionnaires pre-operatively. All patients are asked to complete two scores of their general health and wellbeing. These are:

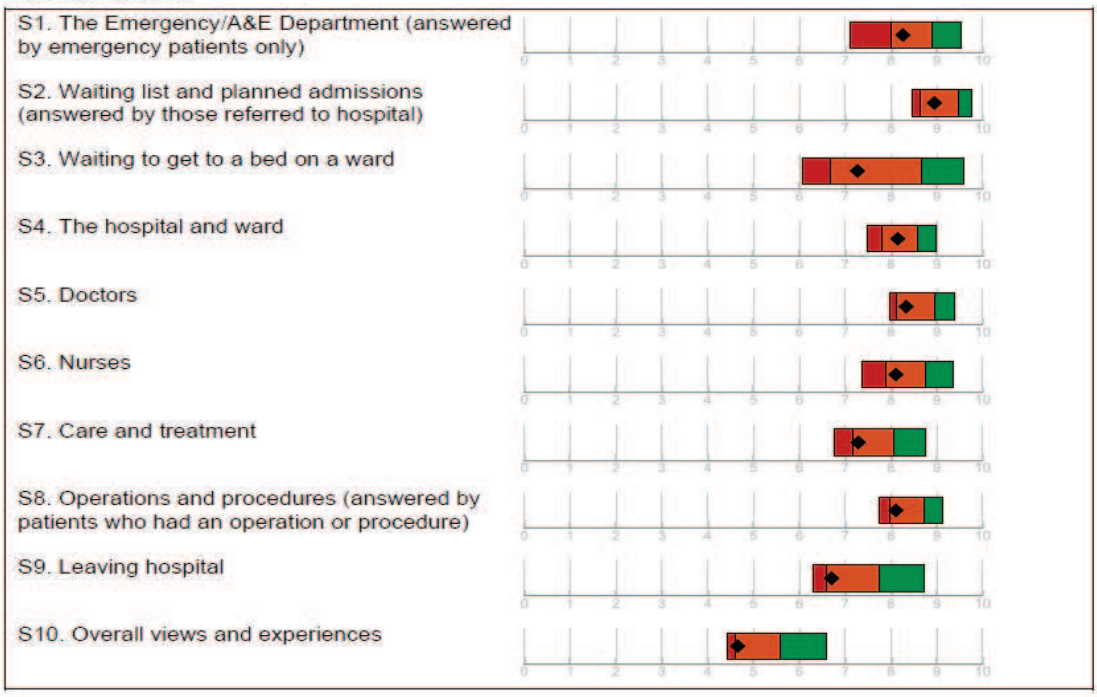
- An Index Score which reflects general health status and captures condition specific issues in a broad way;
- A Visual Analogue Score (VAS) which is derived from a single score on a scale of 100 (best) to 1 (worst). This score asks patients to score their general health on the day they complete the questionnaire and provides an indication of the patient's health that may not be necessarily associated with the condition for which they were treated. This score can also be affected by non health related factors. Refer to P31 for latest results

Adult Inpatient Survey 2012: How UHCW compares with other Acute Hospital Trusts

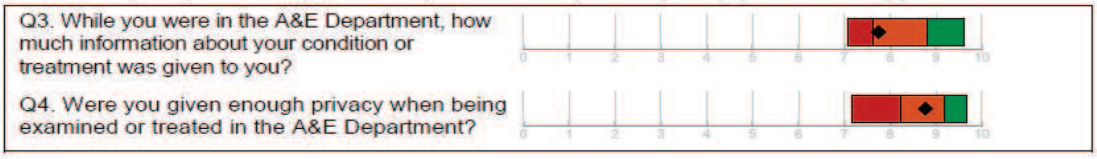
Each year the Care Quality Commission organises a national survey to learn what patients think of the care they receive. 850 patients in each Trust are given the opportunity to complete a questionnaire, with results being published on the CQC website. The responses are analysed by question and 'section', grouping together answers around themes such as 'Doctors', Nurses' or 'Care and Treatment. Not all questions relate to our Trust The tables below show how UHCW performed against each question and by comparison with other Trusts in England



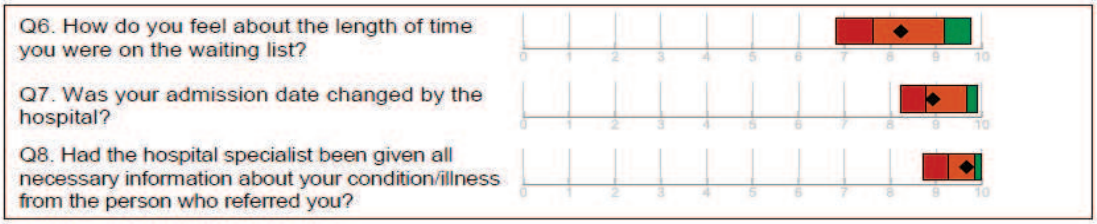
Section scores



The Emergency/A&E Department (answered by emergency patients only)

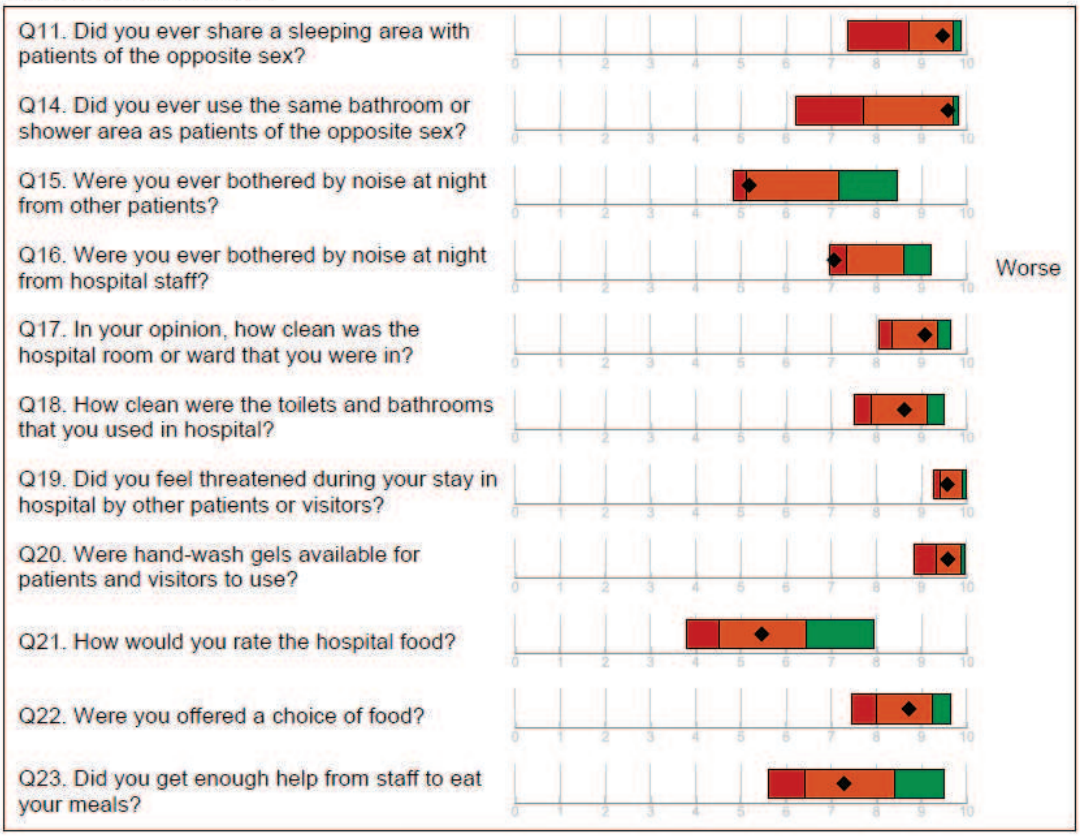


Waiting list and planned admissions (answered by those referred to hospital)

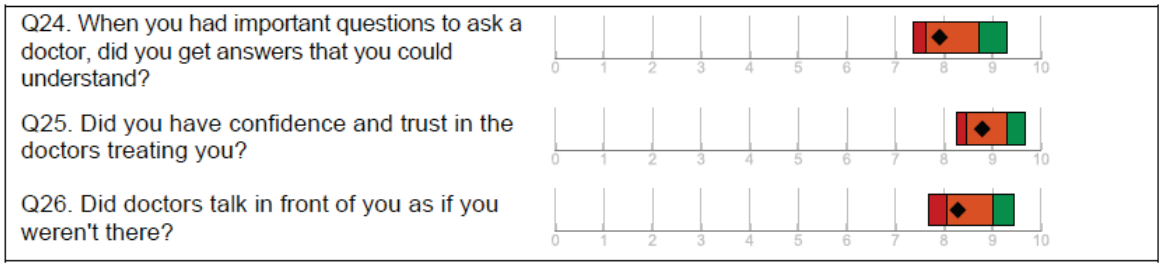


Waiting to get to a bed on a ward

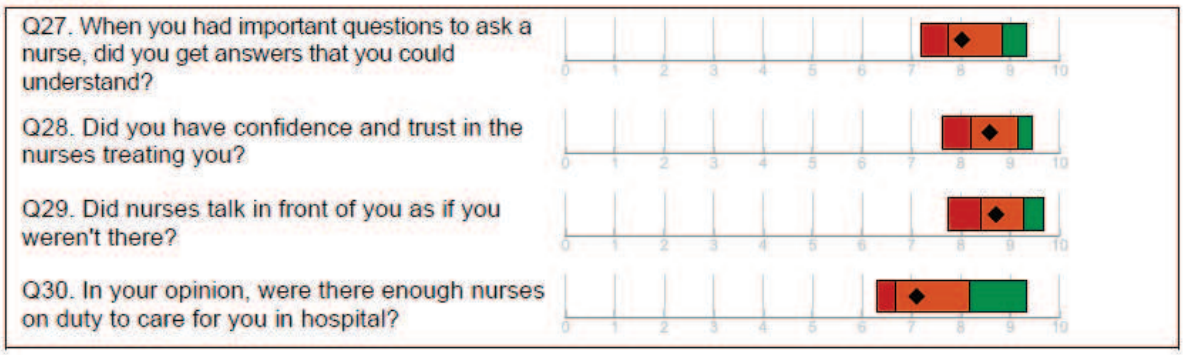
The hospital and ward



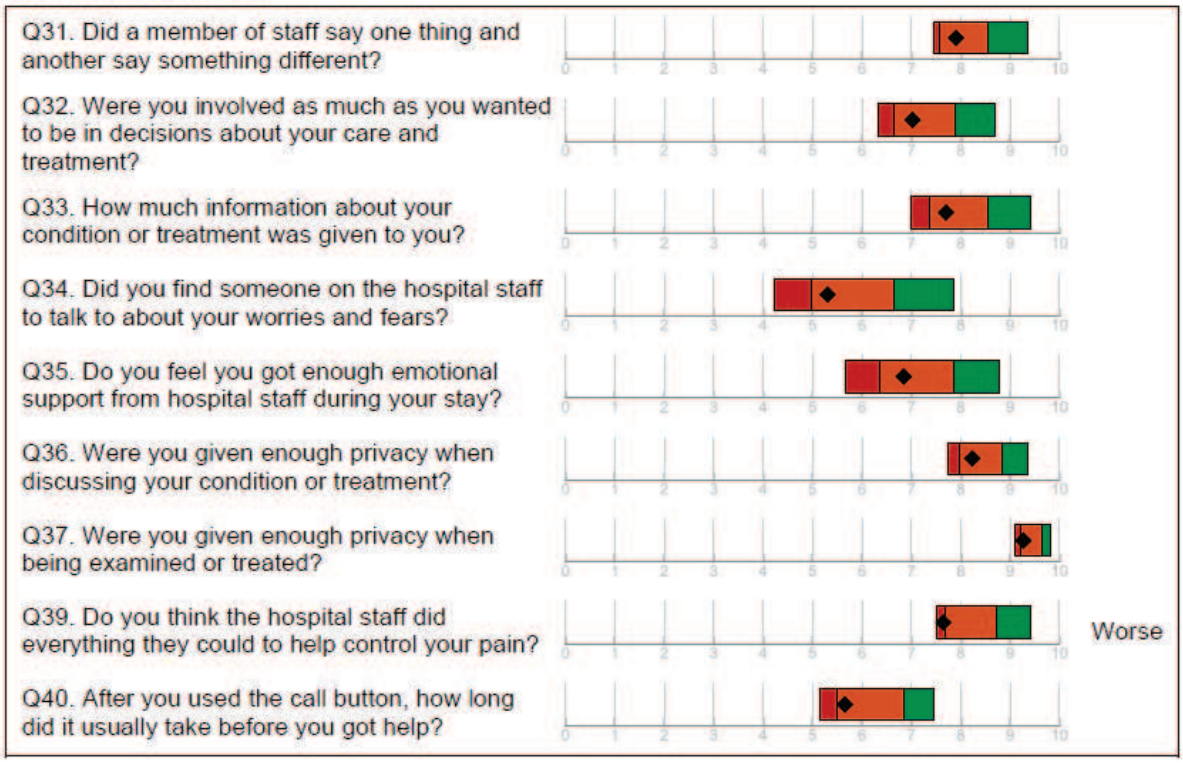
Doctors



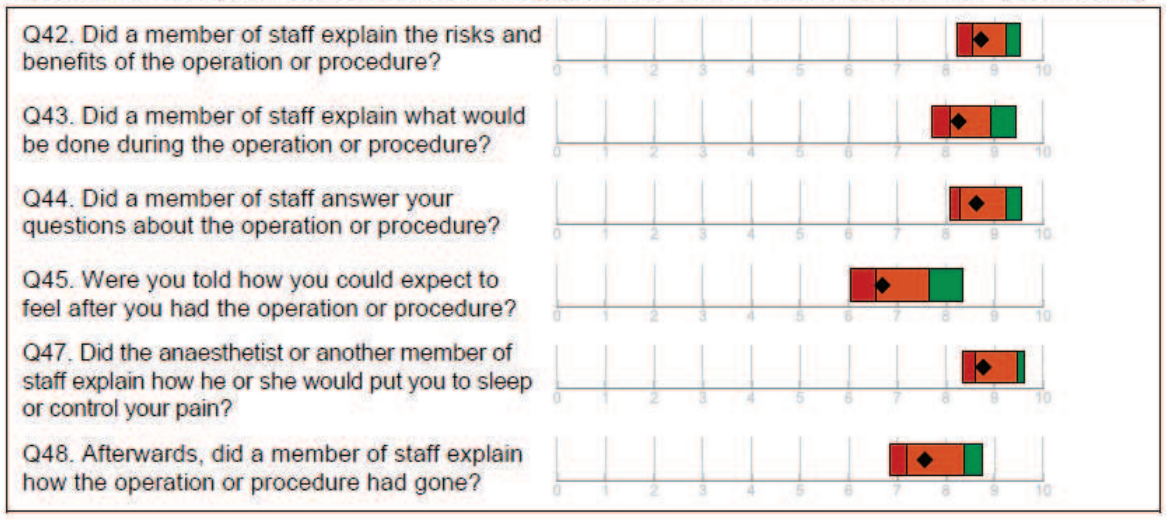
Nurses



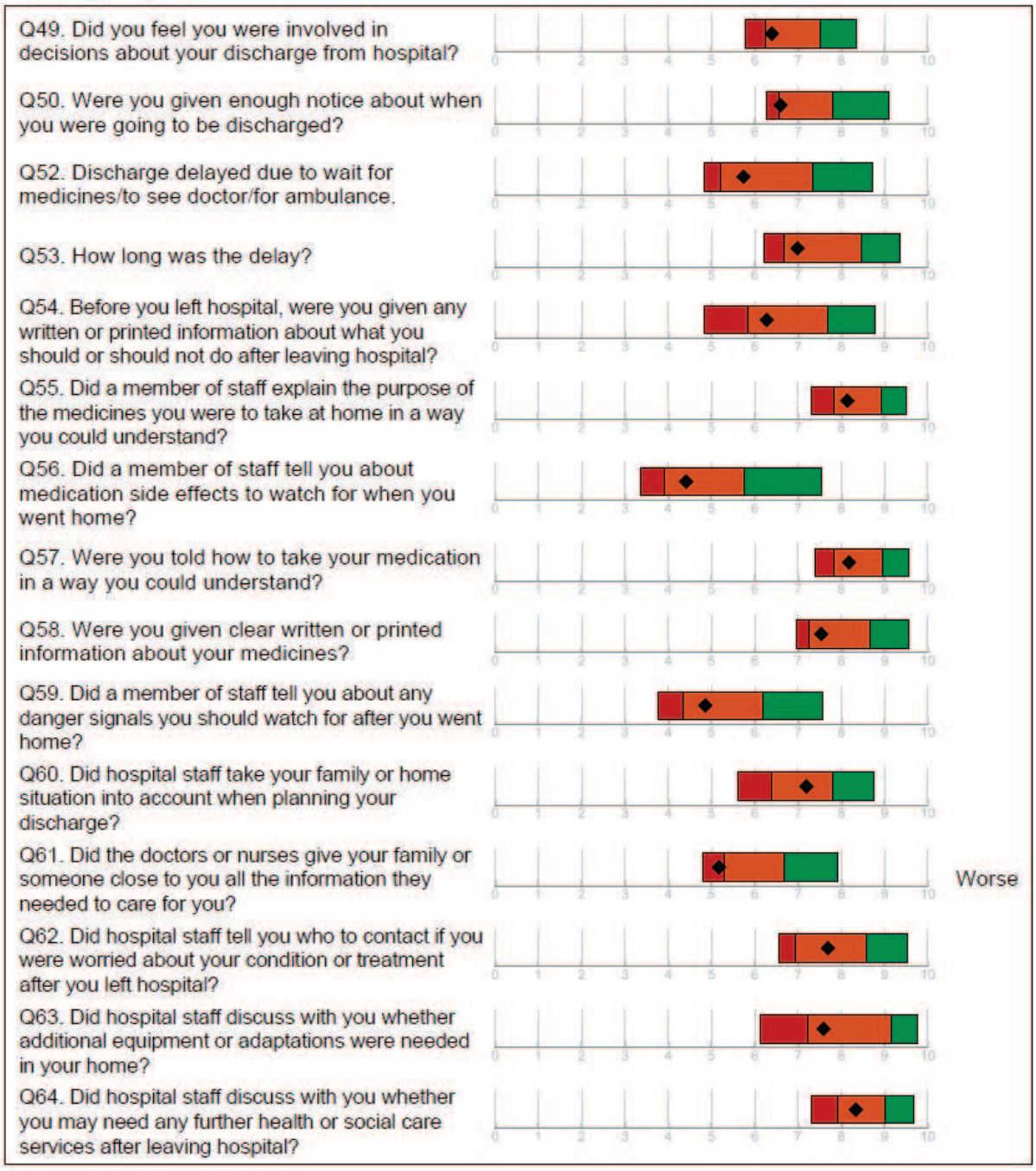
Care and treatment



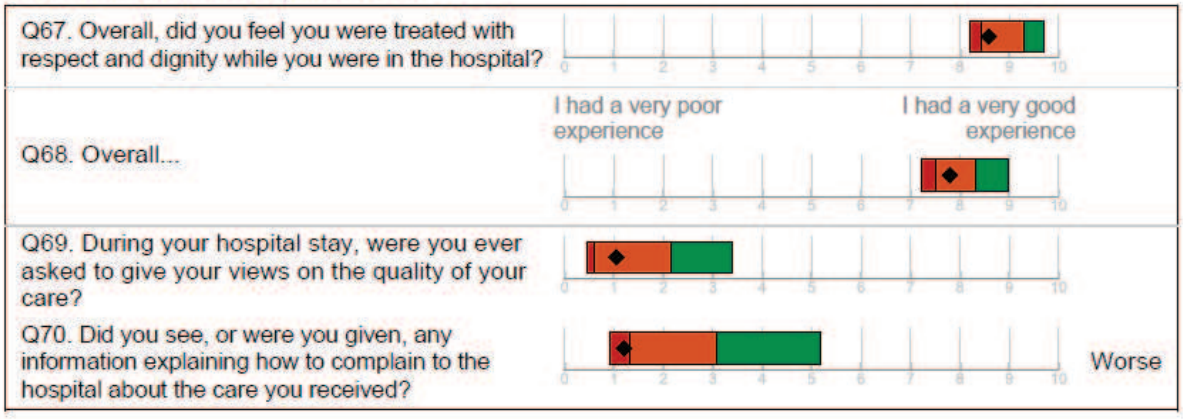
Operations and procedures (answered by patients who had an operation or procedure)

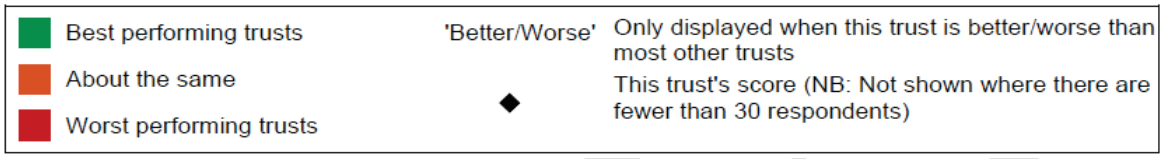


Leaving hospital



Overall views and experiences





2012 Staff Surveys: National and Local Comparisons

The NHS survey is undertaken nationally by all Trusts within the NHS on an annual basis and takes place between October and December. A random sample of 850 staff are selected from each Trust and asked to complete a confidential questionnaire which is personally addressed to them. At our Trust we also attach a personal letter from the Chief Executive Officer explaining the importance of this survey and encouraging our staff to complete it.

In 2012 our response rate was 39% (330:850) which was in the lowest 20% of Acute Trusts nationally. In 2011 the response rate was 51% (430:850).

The overall purpose of this survey is to gauge the degree of staff engagement and to find out the effects of the 4 staff pledges within the NHS Constitution.

Results for the 4 staff pledges -Key Findings

Pledge 1: to provide all staff with clear roles and responsibilities and rewarding jobs for teams that make a difference to patients, their families, carers and communities.

- 80% of our staff feel satisfied with the quality of work and patient care they are able to deliver, compared to 77% in 2011.
- 90% of our staff agrees their roles make a difference to patients which is the same as the 2011 results.
- A score of 3.71 (out of a maximum score of 5) for effective team working, which is slightly higher than 2011 (3.66)

Pledge 2: training, learning and development in the last 12 months

- 84% of staff received job relevant training, learning and development compared to 81% in 2011.
- 85% of staff had an appraisal compared to 84% in 2011

Pledge 3: to provide support and opportunities for staff to maintain their health, well being and safety

- 78% of staff received health and safety training compared to 85% in 2011.
- 89% of staff reported errors, near misses or incidents in the last 12 months, compared to 96% in 2011.

Pledge 4: to engage staff in decisions that affect them and the services they provide individually, through representative organisations and through local partnership arrangements. All staff will be empowered to put forward ways to deliver better and safer services.

- Our staff continue to recommend the Trust as a place to work or receive treatment- a score of 3.7 compared to 3.45 in 2011.

Equality and Diversity: 85% of staff report that the Trust provides equal opportunities for career progression or promotion compared to 90% in 2011. The national average score for an Acute Trust is 55%.

Our lowest 5 rankings are unchanged since 2011 except for 1:- our staff feel pressure to attend work when unwell. Our score was 32% compared to the national average of 29%.

The other four are:

- Staff experiencing harassment (29% compared to the national average of 24%).
- Equal opportunities for career promotion (85% compared to the national average of 88%)
- Staff experiencing discrimination in the last 12 months (14% compared to the national average of 11%). This may be due to increased awareness and opportunity in the Trust since we introduced a regular confidential staff surgery.
- Hand washing - washing facilities always being available (53% compared to the national average of 60%). This contrasts markedly with our internal audits where the score is consistently higher.

One positive local change from the 2011 is the reported increase in staff recommending the Trust as place to work or to receive treatment: 3.7 from a maximum score of 5. However this contrasts with our internal *Staff Impressions* score which was much lower and this requires further analysis.

We continue to work on Staff Pledge 2 and our 2012 results show that 84% of our staff have received relevant training in the last 12 months (this is one of our top 5 ratings), although our *Staff Impressions* survey reported that 52% of respondents thought training opportunities were 'mainly bad'. This may be attributable to an increased Trust wide emphasis on mandatory training. A review of Mandatory training has now been completed. It distinguishes the core statutory training to be undertaken by all employees from training that is role specific. Wherever practicable, training is delivered through e-learning packages.

For Staff Pledge 3 (Staff Health and Wellbeing) we continue to have lower ratings for the majority of these questions, and a response is under consideration by the Trust's Health and Well Being group, as part of our Workforce Strategy.

Local Findings:

UHCW's *Staff Impressions* Survey is a bespoke anonymous web based survey. It captures both qualitative and quantitative data; respondents can add comments and suggestions as free text. All staff can take part.

In 2012 our survey took place for 6 weeks from mid September. The response rate was a disappointing 19%, down from 37% in the 2011 survey. Three departments recorded a 100% response rate; the lowest response rate was 8% in the Hospital of St Cross, Rugby.

The results of *Staff Impressions* and the NHS National Staff Survey are reported to the Chief Officers Group, the Board and the HR, Equality and Diversity Committee. They are also shared at a speciality level where action plans are reviewed to take account of the survey results. Staff record responses to 10 key areas and these can be broken down into results by speciality, role and grade.

Comparative results 2009-2012

Key Category Areas- positive responses	**2009**	**2010**	**2012**
Overall impression of your job	92%	93%	88%
Overall impression of your department/team	89%	90%	88%
Overall impression of your line manager	82%	80%	67%
Overall impression of working with other departments, team and colleagues across the Trust	81%	84%	85%
Overall impression of the opportunities for development in the Trust	72%	73%	48%
A mainly good impression of the Trust, Board, and Exec Team	67%	67%	51%
A mainly good impression of the Trust environment and facilities	67%	78%	74%
A mainly good impression of the way we do things in the Trust	67%	63%	60%
A mainly good impression of how we look after you as individuals	63%	61%	52%
A mainly good impression of communication methods	57%	57%	53%

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It is apparent that, compared to the last survey conducted in 2010, 9 out of 10 topic areas have lower ratings, the most significant changes being:

- Opportunities for development (-25%)
- Our Trust, Board and Exec Team (-16%)
- Your line manager (-13%)
- Looking after you as an individual (-9%)

The survey also asks questions about significant staff experiences:

Have you experienced bullying by patients, relatives or members of the public in the last 12 months?	Never: 57%	1-2 times: 20%	3-5 times: 8%	More than 4 times: 4%	Response rate: 91%
Have you been bullied by managers, team leaders or colleagues in the last 12 months?	Never: 58%	1-2 times: 19%	3-5 times: 8%	More than 4 times: 2%	Response rate: 90%
Is there the right balance of work and home life?	Yes: 42%	no: 44%	Response rate: 86%		
Do you know about flexible working options?	yes: 64%	no: 29%	Response rate: 93%		
Do you use any flexible working options?	No: 56%	working reduced hours: 13% -	working flexitime: 10%	Response rate: 82%	
In the last three months did you work when feeling unwell?	Yes: 58%	no: 37%	Response rate: 95%		
Why did you work when feeling unwell?	put myself under pressure: 32%	pressure from managers: 20%	pressure from colleagues 4%	Response rate: 56%	

The *Net Promoter* Score question (The *Friends and Family Test*)

This is the first time that we have included this question in our *Staff Impressions* Survey. Our staff score was calculated as -12. We had a total of 1644 replies with 578 staff scoring 6 or below (known as 'Detractors'), 371 staff scoring 9 and above ('Promoters') with the remaining 695 (who scored 7 + 8) classed as 'Passives'.

By way of comparison, in the same six week time period of the staff survey, the National Patient Survey score for the Trust was +51, an excellent score according to the agreed national criteria.

The 1170 additional written comments by staff suggest there is a view that quality of care provided is uneven, tending to be either very good or very poor, and that we are not seen to be delivering care to a consistently high standard.

3.2.11 Patient Dignity and Same Sex Accommodation

The NHS Operating Framework for 2011/12 requires all providers of NHS funded care to confirm whether they are compliant with the national definition "to eliminate mixed sex accommodation except where it is in the overall best interests of the patients, or reflects their patient choice". UHCW has in place an ethos that supports dignity in care and ensures delivery of our Same-Sex Accommodation policy. This approach consists of four main areas:

1. *Patient Experience* is monitored through surveys and direct observations (I.e. Executive, Senior Nurse and lay representative's Walkrounds) to gather important information about dignity in care including single sex compliance. Reports are shared with clinical teams; concerns are identified and issues then addressed. Progress is monitored through the Governance system.

2. *Environments.* As a new building, the design incorporated a number of features to improve dignity, including 40% side rooms with en-suites, 4 bed bays with localised washing and toileting facilities, privacy doors on bay entrances. This enables segregation of sexes in all ward areas including toileting and washing, which is re-enforced with clear signage and staff awareness. We look forward to the new PLACE inspection system that will help ensure that environments are designed and used in ways that protect and enhance patient dignity.

3. *Systems and Processes*. There is a robust breach monitoring system that is shared with our commissioners. This information is reviewed and monitored through the Chief Officers Group and the Board.

4. *Staff Culture*. Dignity in care is key component of all health care professionals focus at UHCW. In clinical training dignity issues of patients is included. During 2011/12, UHCW experienced 1 single sex breach. This occurred on the intensive care unit as the patient breached the time limit after discharge. A full review was undertaken and escalation policy introduced to prevent a re-occurrence. Training continues to be provided for staff to support models of care and interaction that maintain dignity

In 2012/13 the Trust has complied with the same-sex requirement and, in two unannounced CQC visits was observed to be compliant with the relevant *Essential Standards of Care.*

3.2.12 National Patient Environment Action Team (PEAT)

In the last of its annual reports, PEAT has rated our facilities as *good* and *excellent.* The PEAT assessment is a benchmarking tool to ensure improvements are made in the non-clinical aspects of patient care including environment, food and privacy and dignity. The assessment looks at:

- Cleanliness including general cleanliness, toilet and bathroom cleanliness
- Condition and appearance of the general environment and toilet and bathroom areas including décor, tidiness, furnishing, floors and floor coverings and heating and ventilation facilities
- Additional services including lighting, waste management, linen, provision of suitable arrangements for personal possessions and odour control
- Access, way finding and information
- Food, nutrition and hydration services
- Privacy and dignity

Scoring is on a scale of one to five (1 is unacceptable; 5 is excellent) and is based on the conditions seen at the time of the assessment. The assessment team includes the Facilities Manager, Infection Control Nursing, Non Executive Directors and a Patient/Carer Representative; where possible assessments should take into account the views of patients and ward staff.

The ratings show a continuing improvement and the Trusts commitment to provide high quality patient environments. A programme of unannounced mini-PEAT visits is used to sustain high standards or to spot problems and resolve them early.

2012	**Environment Score**	**Food Score**	**Privacy & Dignity Score**
University Hospital	4 Good	5 Excellent	5 Excellent
Hospital of St Cross	4 Good	5 Excellent	5 Excellent
2011	**Environment Score**	**Food Score**	**Privacy & Dignity Score**
University Hospital	Good	Excellent	Good
Hospital of St Cross	Good	Excellent	Good

From 1 April 2013 a new system of inspection visits will begin. Known as PLACE (Patient Led Assessment of the Care Environment) they will continue to focus on all non-clinical aspects of in-patient services.

PLACE assesses our two hospital sites against a range of common environmental standards. The scores awarded must reflect what was seen on the day and no allowance is made for the age of facilities. At least half of those undertaking the assessments must meet

the definition of a patient: Anyone whose relationship with the Trust is as a user rather than a provider of services. Current or recent employees or those providing services to the Trust are ineligible.

Each PLACE visit generates a score in four separate domains of cleanliness, food, privacy and dignity, and general maintenance/décor. The results must be published locally with accompanying action plans that set out how the organisation expects to improve the services before the next assessment.

The Trust is no longer able to determine the date on which to undertake assessments. The Health and Social Care Information Centre (HSCIC) will give the Trust six weeks notice of the week in which the assessments at the Trust should be undertaken the Trust will be free to select the day of the week on which to organise the assessment .

In 2013 assessments will take place between April and June; sites will be expected to undertake a self-assessment as with PEAT. We are committed to a small but well-trained and consistent team membership. Each assessment is likely to take five days.

PLACE provides the Trust with an exciting opportunity to build on the work done by PEAT, helping to ensure that our standards are sustained and improved as perceived by our patients.

3.2.13 Patient Safety: Compliance with the recommendations of the Francis Report

Following the release of the Francis 2 report on 6th February 2013, under the direction of the Chief Executive Officer, the Trust has developed a robust assurance process and timetable. This will enable the Trust to formulate a formal response and plan, as to how the recommendations should be implemented across the Trust.

In summary, the process will involve the following:

- Identifying which of the 290 recommendations are applicable to UHCW.
- For those applicable recommendations identify Operational and Executive Lead(s).
- For each of the applicable recommendations, complete an assurance assessment (gap analysis) as to whether the Trust has full, some or no assurance for the recommendations (graded via a Green / Yellow / Amber / Red assurance rating).
- Task and Finish Groups, headed up by an Executive Lead, will cover themed areas of work arising from the assurance process ensuring that appropriate actions and deadlines are put in place, with regular monitoring and performance reporting.
- The Chief Executive Officer has also completed awareness sessions for staff and key stakeholders, as well as a paper being presented to the public Trust Board.
- The Trust will provide all stakeholders (internal and external) with the necessary assurances and progress reports, as required.

Implementation will also take account of the Government's response to the Francis Report and any other resultant national guidance issued.

3.3 We achieve

3.3.1 Sustaining standards: local and national audit programmes

The Quality & Effectiveness Department are responsible for facilitating all clinical audit projects, both national and local, throughout UHCW. The Patient Safety Committee is responsible for receiving and monitoring assurances on clinical audit activities in the form of a quarterly report prepared by the Quality & Effectiveness Department. The Patient Safety Committee reports to the Quality Governance Committee who in turn report to Trust Board. The Quality & Effectiveness Department also reports twice a year on clinical audit activities to the Audit Committee in accordance with the requirements set out in the NHS Audit Committee Handbook.

Specialties hold monthly QIPS (Quality Improvement & Patient Safety) meetings at which they cover standing quality agenda items including clinical audit, i.e. presenting clinical audit findings, planning implementation of recommendations made as a result of clinical audits etc. They also review the QPS (Quality & Patient Safety) dashboard reports for their specialty which includes a section detailing progress against the specialty clinical audit programme. These meetings are chaired by the designated Specialty Clinical Audit Lead.

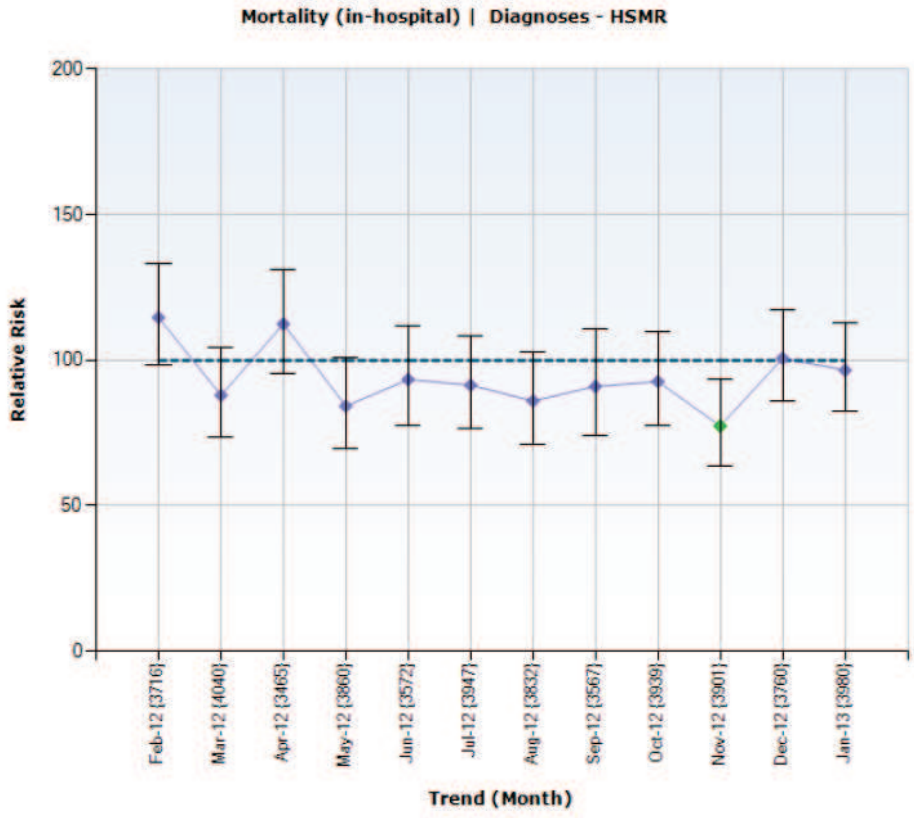
Clinical audit action plans record the benefit to be realised by implementing actions; the project proposal form requires clinicians to consider what will be achieved by the audit in order to focus our efforts on improving patient care – not collecting data for its own sake.

Section 5.2 has more information about Clinical Audits undertaken by Trust clinicians, and you can find more detail in the *Quality Account Clinical Audit Supplement* on our website www.uhcw.nhs.uk

3.3.2 Understanding Mortality

UHCW subscribes to Dr Foster's *Real Time* Monitoring tool and has been monitoring Hospital Standardised Mortality rates (HSMR) for a number of years with clinicians being able to access their own specialties information. HSMR is calculated using the number of deaths at a hospital Trust compared with the number of patients who would be expected to die, taking into account age, complexity of illness, deprivation and gender. The baseline for England is set at 100 and a lower figure indicates fewer patients died than

expected.



2012/13 HSMR based on basket of 56 diagnoses – Source Dr Foster Intelligence

The Trust monitors its mortality rate or HSMR on a routine basis and for February 2012 to January 2013 was 94. This, in essence, means that 6% less people are dying than expected. Every year Dr Foster rebases its figures. Rebasing is needed because the HSMR figure is a comparison with expected mortality. This expected value is calculated from actual mortality figures from all hospitals and normalised to a value of 100. As standards in hospitals improve, actual mortality rates will decrease. However Dr Foster keeps the expected value at 100 and mortality ratios are adjusted in relation. It is expected that when Dr Foster rebases in 2013 our HSMR will rise to an estimated 98.

The Trust also monitors HSMR for specific diagnosis and procedure groups. There is a robust process in place to investigate these specific groups. There is a coding and clinical investigation that evaluates the quality of care provided. The outcomes are shared with the Trusts Mortality Review Committee (chaired by the Chief Medical Officer) for assurance and any learning and actions are shared at a specialty level. Each speciality now receives a *Speciality Mortality Profile*, usually quarterly, detailing performance and indicating areas of good practice or concern.

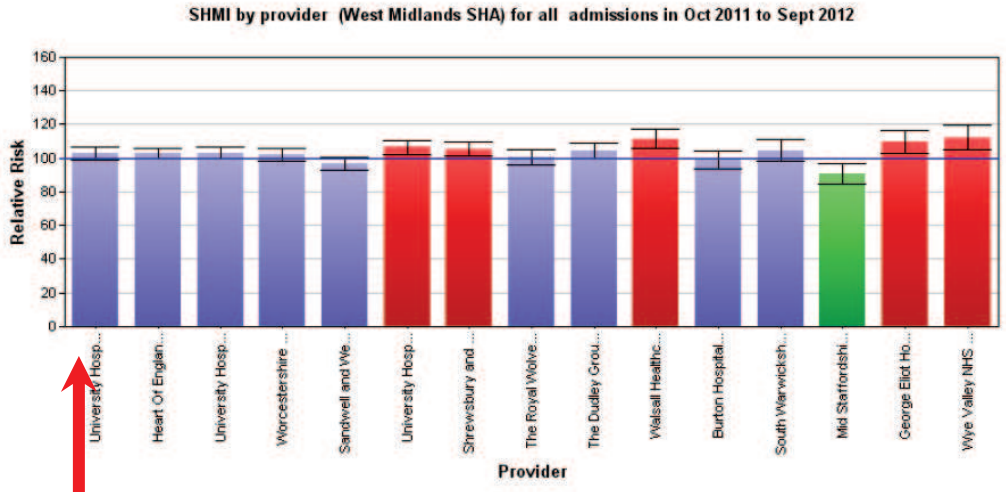
In 2011 the Department of Health released a new mortality indicator for hospitals called the Summary Hospital Mortality Index (SHMI). The SHMI is different from the HSMR in the following ways:

- The SHMI includes all deaths, while the HSMR includes a basket of 56 diagnoses (around 85% of deaths).
- The SHMI includes post-discharge deaths, while the HSMR focuses on in-hospital deaths.

- The HSMR is adjusted for more factors than the SHMI, most significantly palliative care but also including social deprivation, past history of admissions, month of admission and source of admission.

UHCWs current SHMI is illustrated in below compared to other university hospitals in the West Midlands. The red bars indicate a SHMI that is significantly above the expected rate. A green bar indicates a SHMI significantly below the expected rate. Finally the blue bar indicates a SHMI within the expected rate – UHCW's SHMI is within the expected rate.

SHMI by provider (West Midlands SHA) for all admissions in Oct 2011 to Sept 2012



Provider	SHMI Spells	SHMI
University Hospitals Coventry and Warwickshire NHS Trust	84039	103.00
Heart Of England NHS Foundation Trust	152191	102.74
University Hospital Of North Staffordshire NHS Trust	96146	103.16
Worcestershire Acute Hospitals NHS Trust	76413	102.21
Sandwell and West Birmingham Hospitals NHS Trust	76076	96.81
University Hospitals Birmingham NHS Foundation Trust	54488	106.44
Shrewsbury and Telford Hospital NHS Trust	64101	105.27
The Royal Wolverhampton NHS Trust	60302	100.58
The Dudley Group NHS Foundation Trust	67264	104.16
Walsall Healthcare NHS Trust	38940	111.42
Burton Hospitals NHS Foundation Trust	42296	98.78
South Warwickshire NHS Foundation Trust	34591	104.76
Mid Staffordshire NHS Foundation Trust	30655	90.87
George Eliot Hospital NHS Trust	24281	109.72
Wye Valley NHS Trust	29044	111.92

UHCW Peer Comparison for SHMI October 2011 – September 2012

In 2011/2012 UHCW instigated a Trust wide process whereby all deaths over the age of 18 were systematically reviewed using an electronic, evidence based form which requires the Consultant to classify the deaths according to categories of care defined by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD). These are:

- A: Good Practice: A standard you would accept for yourself, your trainees and your institution
- B: Room for Improvement Clinical: Aspects of Clinical Care that could have been better

- C: Room for Improvement Organisational: Aspects of Organisational Care that could have been better.
- D: Room for Improvement Clinical and Organisational: Aspects of both Clinical and Organisational Care that could have been better.
- E: Less than satisfactory: Several aspects of clinical and / or organisational care that were below that you would accept for yourself, your trainees and your institution

This process is still ongoing and has now been expanded to include secondary reviews of the deaths that have been graded a B-E. These secondary reviews involve further investigation of the cases and discussion by the multidisciplinary clinical teams responsible for patient care. Learning and actions are shared within the specialty and any learning outside of that specialty is fed back to the relevant department. The outcomes of secondary reviews are also fed back to a Mortality Review Committee so Trust wide learning can be gained.

3.3.3 Clinical Evidence Based Information System (CEBIS) update

The aim of CEBIS is to promote clinical effectiveness and quality healthcare planning in the workplace by providing timely, easily assimilated information to support evidence based clinical decision making, service improvement and risk reduction.

The objectives of CEBIS are to:

- improve information literacy, resource awareness and critical appraisal skills of staff to enable them to process information appropriately so that it becomes embedded knowledge
- enable evidence based decision making for quality patient care in a timely and effective manner
- provide an electronic CEBIS System as an interdependent working tool for the Trust wide implementation of CEBIS.
-

CEBIS enables staff to refer questions to a comprehensive review of current research evidence. Search results are provided in the form of an 'Evidence Summary'. If there is no clear answer the question progresses to an *Evidence in Practice Group* (EPG) where studies are jointly presented to a wider audience for consultation prior to a decision being made.

The CEBIS System is currently in pilot stage and will be available via the hospital Intranet during 2013. Linked to the Electronic patient record, it will enable clinicians to refer questions directly from the point of patient contact with all CEBIS responses accessible from that patient record. CEBIS also provides a discussion tool to facilitate cross specialty and cross shift working as well as a searchable interface for the increasing library of information and knowledge produced.

CEBIS has provided a process for actively demonstrating the use of research evidence in practice within the Trust. Evaluations of CEBIS have shown benefits for individual patients, patient management in regards to guideline and pathway development and impact on cost efficiency.

The implementation of the CEBIS System is the next stage in providing a facility for easy referral of and shared working on questions that aren't easily answered.

3.3.4 Delivering equality and human rights: embracing diversity

This has been an extremely productive year for Equality and Diversity at the Trust with an overarching focus for finalising and implementing our *Equality Objectives and Plan* to meet our statutory obligations under the Equalities Act 2010. We could not have reached this point without active engagement with our staff and our local communities. Specifically, the Act asks us to

- Prepare and publish one or more equality objectives we think we should achieve by 6 April 2012, and then at least every four years thereafter. We think this is too long, and therefore propose to review progress after two years
- Ensure that those objectives are specific and measurable.
- Publish those objectives in such a manner that they are accessible to the public.

Equality objectives help us to focus on priority issue issues thereby helping us to improve policy making, service delivery, employment and resource allocation. We have to ensure that the Trust does not discriminate against 'Protected Characteristic Groups', that is on grounds of:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

A Coventry wide consultation event was organised in partnership with NHS Coventry (now superceded by Coventry CCG), Coventry and Warwickshire Partnership Trust, and Tamarind Centre. Participants identified what they thought were the key issues for protected characteristic groups in relation to the NHS, what the possible solutions may be and who should be involved in delivering them. Three additional **Community Consultation** events organised by UHCW and two staff consultation sessions helped identify relevant equality objectives.

The trust is now working to implement, over the next four years, the five strategic objectives that emerged from this process:

1. Ensure that all UHCW NHS Trust employees are able to provide the most appropriate care and responses to the diverse communities that use our services by taking into account differing needs
2. Increase the level of satisfaction amongst patients in relation to Equality, Diversity and Human Rights issues

3. Work in partnership with external stakeholders/partners to develop and provide consistent and coherent Equality, Diversity and Human Rights approaches across the Coventry and Warwickshire health economy
4. Provide employees with opportunities to achieve their full potential, recognising and celebrating diversity
5. Provide visible and effective Equality and Diversity Leadership

We believe our plan for implementing these objectives is achievable; we want to demonstrate how we are progressing and plan to provide tangible evidence of change and or improvement. So, we shall

- ensure the annual publication of equality data which will also be used for equality impact assessments
- Where specific issues or concerns for any of the protected characteristic groups arise we will continue to respond and address those issues and concerns.
- Focus on change that brings 'added value' and provide positive experiences for both patients and staff.

Since the Trust Board agreed the Strategic Equality Objectives and the Equality Plan we have

- reviewed our interpreting and translating services
- provided informed advice on equality and accessibility to numerous external and internal projects, piloted a staff support service signposting employees to individuals and agencies that can help with work and personal issues
- provided bespoke training for departments, and
- continued our community engagement activities.

By June 2013 we shall publish (on the website) how well we are doing. A group developed in partnership with other NHS Trusts in Coventry and Warwickshire, (and involving local community groups, local authority representatives and other relevant organisations) will provide independent scrutiny of our progress. This will be in addition to our internal governance arrangements, for example in developing and reviewing *Equality Impact Assessments* for all our policies and procedures.

We held our first rating event in March. A diverse group of community representatives and staff engaged together to give us constructive feedback about what we have achieved and what still needs to be done. The comments and ratings will be published before June 2013. You can find information and updates on our activities at www.uhcw.nhs.uk

3.3.5 Planning to minimise the risk of patient falls

So far we have:

- Provided education to front line clinical staff, and raised awareness of falls prevention. The *FallSafe* care bundle has been introduced to all wards, with resource folders and 'falls champions' appointed. The champions have participated in a training workshop, new information leaflets have been designed and information folders are available. The Practice Development website has a page devoted to falls and a falls prevention campaign has been used to support changes in practice.

- Having a champion Non-Executive Director and a Lead Director for falls means that Trust Board Walkrounds and night safety visits incorporate an awareness of falls prevention. Falls are included in the Risk register to support Board awareness and The NHS Thermometer provides rolling evidence of prevalence and severity.

- Falls have been incorporated into the Performance Management Framework. The now-established Falls Forum monitors the implementation of the action plan whilst regular reporting and discussion engages clinicians and Quality and Patient Safety professionals in reviewing progress and identifying outliers. Information collected through the 'DATIX' system allows for the identification of patterns, and for targeted response to manage specific issues. Patients developing a pattern of falls receive specialist assessment with recommendations for safety being incorporated into the nursing care plans. Those patients assessed as being at risk of falls should have a falls prevention plan as part of their nursing care. All falls are reported as an adverse clinical event.

- All serious falls, such as those resulting in a fracture, are evaluated using a falls checklist for consistency, and are reported as SIRIs. Root cause analysis is used to identify causes and to help clinicians learn. Outcomes are monitored through the performance framework and speciality performance monitoring. An audit programme assesses compliance with best practice. Sharing of actions and learning across the Trust. The *FallSafe* bundle emphasises both individual mobility and environmental conditions as being implicated in falls. Ward areas are now being audited with this in mind. Our ambition is to fully incorporate the *FallSafe* approach into practice and documentation.

- The Trust is improving the equipment available to reduce risk and minimise harm. 'High Low' beds have been purchased and falls alarms are being trialled. Other equipment will also be evaluated where it seems useful to do so.

- Falls prevention is one the three Quality Improvement Priorities for 2013/14

3.3.6 Improving Information to Patients

Health Information Centre

UHCW's Health Information Centre supports the Trust's commitment to the national policies of informed consent, shared decision making and patient choice, as embedded in the current

NHS Constitution. The service is free and confidential and is available to all patients, carers, visitors and staff.

The Centre provides access to a comprehensive range of reliable information on health conditions, treatments and procedures as well as information on NHS services such as hospital services, GPs and dentists, healthy lifestyles, current health issues, travel insurance, vaccinations, local and national support groups and many other health related issues. The Centre is also a gateway to sources of information on benefits, support, social care, community care, equipment suppliers and other issues that patients and carers may suddenly have to face following a hospital stay or serious diagnosis.

The Health Information Centre staff also administer the Trust's patient information approval process, which ensures that all patient information written by staff on conditions, procedures and services is produced to DH standards. Once approved this information is made available to all staff to use with their patients, on the Trust's patient information database. Currently there are over 2000 documents and web links on the database.

The patient information librarian is also the Trust's point of reference for matters relating to patient information.

Following the Trust's new status as a regional Trauma Centre, the staff in the Health Information Centre have worked with the Trauma Centre to ensure information is available to meet the needs of those patients (and their relatives) who are brought to our hospital but who are often from outside the local area. This may include local accommodation, transport, local services, on-line access, as well as health related information related to their trauma.

Use of the Centre's services is increasing year on year:

Date	**2010/2011**	**2011/2012**	**2012/13**
Enquiries	8555	8836	9546

Health Information Centre User Survey 2012

In a recent 2012 survey of Centre users, 98% received the information they were looking for. 91% preferred to access information in printed format and 40% did not use the internet at all.

Centre users describe their experiences:

- It is a very useful service. I have never seen such a stock of information anywhere. I believe the information you provide will be beneficial not only to the patients but their carers and relatives too. It inspires you to take care of your health and care for others.
- *For patients, visitors, staff and volunteers the HIC seems to be the central hub, providing information about hospital services, public services, charities and support, health conditions and healthy living. The amount of information is not overwhelming thanks to friendly, well-informed staff. Also, the centre provides an opportunity to search the internet in a quiet, confidential space rarely available to people who don't possess their own computers. For people unfamiliar with the net, staff are on hand to advise, and further support contact, often recommended by websites, is available in the centre*
- The layout creates a relaxed atmosphere which helps make the information easy to find and use.

- *It is a very useful addition to the hospital and community NHS Services. I personally find it is very easy to access useful and supportive information. Staff always friendly and helpful.*
- I don't think there is a lot of information online about gall bladder & diet; it was very helpful to be given a leaflet & a print off about it. I use online resources a lot but a leaflet/print off is more useful to show family members who want info about my condition/treatment.
- *An essential service in the busy-ness of the hospital – gives information and care, which helps cope with uncertainty and fear – excellent!*
- I have used the services of this centre 10 – 12 times and have always been given the information requested and which was not available at the various clinics I have attended. I tell various friends about it and at times pick up leaflets for them.
- *Always find it very helpful and easy to talk to the staff and always find information I want. I do recommend the service to other people.*
- Empowering and hopefully preventative; first time I've seen such a comprehensive facility at a hospital.
- *I have found staff very welcoming and reassuring. Not enough information though re 'Myasthenia Gravis' no books etc.*
- Quietest place in hospital and only place can sit without feeling physical distress as have acquired brain injury.
- *Excellent service – could not have found info via internet*
- Centre easy to find but some people may not notice it – perhaps need some kind of sign facing main door?
- *Last time here lady found me extra info from internet and gave me printed copy i.e. she did not just say 'look at this website'. I sometimes find it hard to abstract a lot of info + text – yet have never experienced any problems in the centre – the fact that it is quiet and relaxing helps me as I can get sensory overload. The hospital could do with a quiet room/centre.*

For more information contact Lyn Wilson, Patient Information Librarian (02476 966050 x26050), or visit the Centre and see for yourself!

3.4 We innovate

In this section we illustrate some of the many ways that the Trust uses the experience of our staff, the insights of our patients and our learning from research to improve our practice. Some innovations, such as the Major Trauma centre, hit the headlines but we also want to capture the smaller, more local changes that can make all the difference to patients and their families.

We have made a significant commitment to fostering innovation by creating an 'Innovation Team'. Five experienced clinical staff with a variety of skills and experience have been selected to encourage innovation and the take-up of new ways of working. Their method of working puts improving the experience of patients and carers at the heart of their programme. Established only in January, some of their work is already being reflected in this section.

We have also included a small sample of our many research projects that directly improve care and treatment. Over the coming year our Research, Development and Innovation colleagues plan to create a web-based directory of current research interests and in next year's Quality Account there will be a richer variety of reports on research activity.

You can follow UHCW research on Twitter: https://twitter.com/UHCW_RDandI

The NHS Safety Thermometer is a tool for measuring, monitoring and analysing patient harms and harm free care. UHCW was actively involved in the development and evaluation of the NHS Safety Thermometer. Since its introduction the Trust has been using it to analyse information and feedback to staff. So far the Thermometer has been used to monitor harm and improvement in four areas of concern

- Hospital acquired and inherited pressure ulcers grades 2, 3 and 4
- Falls with harm
- Venous Thromboembolism (VTE)
- Catheter related urinary tract infections

Over the coming year the Thermometer will be used to replace earlier audit methods where appropriate and we look forward to demonstrating how it can be used to improve patient safety across the Trust

Patient Hand Held Notes enable individuals with long-term conditions, in this case kidney failure, to establish or regain control of the healthcare situation they find themselves in. HHN are already used in other long-term condition such as diabetes and research evidence is therefore available. The HHN were developed through a collaborative process, facilitated by Kate McCarthy a nurse researcher and member of the Innovation Team.

Extensive input was sought from the renal multidisciplinary team, service users and a diverse range of UHCW experts including: Lyn Wilson (patient information librarian), Helga Perry (Librarian), Judith Clarke (Breast Care Lead) and Julia Flay (patient & public involvement).

In long-term conditions individuals need to adjust and adapt to their fluctuating wellness levels. The HHN are therefore not aimed at educating individuals, rather they are designed to enhance self-care ability. The HHN are used by individuals to suit their needs and are an adjunct to normal care delivery. The Renal Hand Held Notes include: Basic Kidney information; an Appointment Diary; Medication List; Personal Goal Setting; Sources of

Information (local, national and recommended websites & apps); Sources of Support (local & national); National Kidney Federation helpline and medical alert cards; and specialist information for transplant, dialysis and conservative management patients.

The HHN aim to improve communication between individuals and their healthcare team, between primary and secondary care teams, and other social care agencies individuals choose to share their notes with. With the first 100 notes currently being trialled, planned feedback via questionnaire will be sought after six months use. Development of the notes is an evolving and on-going process, as we strive to cater for the needs of our service users. Central to the development of these notes has been the diverse expertise that exists within the UHCW community of staff and service users. It is all of us that make up UHCW that have the potential to make this a leading centre of excellence. We can deliver high quality innovative care, on a budget, if our passion is supported and allowed to thrive.

Kidney Peer Support Service

Kidney peer support involves kidney patients helping other kidney patients who are facing similar situations. Many patients find it helpful to have a one-to-one chat with an experienced patient who is trained to help. Sharing concerns and worries can provide reassurance, increase confidence and help find a solution.

Peer support is available to all University Hospital Coventry & Warwickshire NHS Trust kidney patients at any stage of treatment. The service is coordinated and delivered by a renal nurse specialist and patient self-care advocate.

Peer supporters are experienced patients who have a little time to speak to other well-matched patients and carers.They have been:

- Registered with the hospital volunteer service.
- Have a police criminal record check (CRB).
- Have attended peer support training sessions.

Young Adult Transition Support Programme

The young adult transition support programme is founded on a number of key principles identified from service improvement projects (NHS Kidney Care 2013). UHCW Renal Services Department has developed a multidisciplinary renal team to support young adults making the transition from paediatric to adult services. The support programme has been developed and founded on a philosophy of understanding the needs and wishes of young adult patients. To do this they have been involved in assessing needs and service redesign.

A multidisciplinary steering group encompassing paediatric and adult services is working collaboratively. Engaging with senior clinicians and managers has ensured effective team working. Buy-in from commissioners will help to embed this cultural change.

A dedicated young adult clinic with a consistent multidisciplinary support team has been established and funding for a key youth worker is being sought from a national kidney patient charity. Peer support currently utilised with adult patients will be further developed to incorporate trained young adult supporters. The service development is on-going and evolving and aims to put young adults at the heart of development so that delivery of care meets their needs.

Acute Start Renal Education Programme

A multidisciplinary renal collaborative team has develop and delivered an evidence-based structured education programme for emergency start renal dialysis patients by transferring established good practice in non-emergency starts, to maximise informed decision-making. This has established good practice by offering emergency start renal replacement therapy choices and increasing patients understanding of broader kidney disease. An Action Learning Set with a multidisciplinary renal team (Pre- Dialysis Advanced Nurse Practitioners, Nurse Researcher, Renal Service Users, Dietician, Psychologist, Social Worker, Dialysis Sister, Research Registrar, Patient Information Librarian & Renal Social Worker).

The intervention was evaluated through effect on treatment choice, hospitalisation rates, patients' renal knowledge/knowledge deficit, patients' subjective experience via telephone interviews and cost utility.

e-Holistic Needs Assessment

Following an expression of interest, UHCW has been given the opportunity to prototype the Electronic Holistic Needs Assessment tool (e-HNA), in collaboration with Macmillan Cancer Support. As part of the pilot we will be testing the concept that providing holistic needs assessment for people affected by cancer can be efficiently facilitated by the use of this innovative electronic tool.

The patient will be invited to complete a holistic assessment questionnaire, using a touch screen tablet PC. The answers given will be prioritised in order of importance and will automatically pre populate a template for an individualised care plan. This provides the framework for a more detailed, focused conversation and care planning process between patient and clinician.

Since 2009 the National Cancer Survivorship Initiative has been working to transform the patient's experience of care and support following their cancer treatment. Key to this is a comprehensive assessment of how a patient feels and functions. The National Cancer Peer Review Programme (Manual for Cancer Services) identifies this as being the responsibility of core nurses to ensure that results of patients' holistic needs assessment are taken into account in decision making.

A Holistic Needs Assessment (HNA) is a process of gathering information from the patient and/or carer in order to inform discussion and develop a deep understanding of what the person living with and beyond cancer knows, understands and needs.

Currently at University Hospital the main assessment and care planning is still completed on paper. These paper records are filed in the patient or nursing notes and are not easily shared or accessible to all members of the multidisciplinary team (MDT).

The e-HNA provides a framework for systematic delivery of assessment and care planning across a Trust with the ability to electronically share completed care plans. Because it is electronic, data charts and reports are available which can support service delivery, planning and peer review

This innovation will fit well with the Trusts plans to become paperless by 2016

Bosch Project Overview

UHCW NHS Trust in cooperation with University of Warwick and Bosch Healthcare is undertaking a study of the benefits of Telehealth in patient care.

Telehealth is the monitoring of a patient's condition in their home. As part of the study UHCW NHS Trust will supply a small easy to use device called the Health Buddy. By using the Health Buddy device the patient will be asked a series of questions about their health readings and information (temperature, fatigue, pain, mood etc) they answer by pushing one of 4 buttons, and this information will be sent to a dedicated team that will provide support and clinical assistance when required. The authorised health care professional will assess the information, enabling them to evaluate the patients' progress and help provide better care and support. The aim of the Health Buddy appliance is to ensure that patients become an active member of their own health care team.

There are potentially large realisable benefits, to be proven in this evaluation, in terms of improving the health for cancer patients including empowerment, preventing avoidable morbidity increasing safety of care by timely intervention and supporting dose compliance and improving patient experience.

Benefits related to cost effectiveness to the NHS from the intervention and overall effectiveness of care by expediting timely care pathways may also be demonstrated

Making every contact count (MECC)

MECC encourages all staff, whether clinical or not, to engage in conversations on smoking, healthy diet, healthy weight, exercise and alcohol intake. This is regardless of the nature of the contact with services users.

MECC aims to provide staff with the knowledge and confidence required to provide simple, brief, lifestyle information and wherever possible to direct patients to existing health and wellbeing services.

MECC is not about adding to staff workloads. It is **not** about staff becoming expert in smoking cessation or counselling, or in telling people how to live their life. It is about ensuring staff offer a positive and constructive response when patients express concern about their weight, or their drinking, or how much they smoke. MECC supports staff to have the confidence to say; 'If you're serious, I know where you can get some help'.

All the evidence shows that efforts to change lifestyles are most successful when people can get a quick response to a call for help.

Insight work carried out with service users and staff in NHS organisations across the Midlands and East of England has found that many patients would welcome the opportunity to talk to staff about lifestyle issues. However they often don't bring it up either because they don't want or know how to start the conversation. Or they assume that staff are too busy to talk.

MECC is a three year project with the ambitious target of training more than 3000 people. Over 75% of wards have appointed a link worker to ensure the campaign is sustainable. Information packs, pocket sized information cards, and pens with pull-out information

(really!) are all available to support the campaign. A major training event is planned for June 2013 and you can follow the campaign's progress on twitter @uhcw_mecc

You can look out for the question about MECC in the *Impressions survey* or call into the Health Information Centre to find out more.

The Warwick KingMarker

The current invention is directed at hip replacement. It may have application elsewhere but this was the development focus. There are 55,000 hip replacement operations each year in the UK. Currently assessment of the size of hip required for replacement is more of an art than a science. The patient is X-rayed and ideally a 'measurement ball' is lined up roughly in line with where the radiographer believes that the hip joint is. The currently used marker system for estimating magnification has a number of associated difficulties because:

- it relies on very accurate positioning of the ball
- it can be difficult to judge where the hip joint actually is in the larger patient; the marker can sometimes be 'cut-off' in the radiograph
- patients are not always comfortable with a marker being placed between their legs
- the measurement ball may simply be forgotten.

Analysis by Warwick researchers shows that estimation of the replacement hip size is only correct in around 30% of cases. It is out by 1 size in 35%, 2 sizes in 18% and 3 sizes in 8%.

The Invention

The Warwick invention provides a validated, non intrusive, easy, quick, reliable method of calculating radiographic hip magnification. The method has been tested on 74 patients with full accuracy in over 75% of patients with the remainder out by only 1 size. Simple kit has been designed and used that requires 'no training' and which is much more acceptable to the patients. The kit comprises a pad, with an incorporated measurement system, placed face down on the table and the patient then lies with their hips on the pad adjusting for personal comfort. A string of 5 linked but separate precision balls are then placed on the patient's abdomen. By entering the anterior (ball) and posterior measurements from the radiograph into a quick calculation, an accurate value for magnification is then generated.

The developed software will easily bolt on to any proprietary package.

Key Advantages: This novel system of using anterior and posterior markers offers a number of advantages:

- positioning is unambiguous removing the need for judgement in placing the marker
- it is completely non-intrusive and hence much more patient friendly
- can be reliably identified with all patients
- has been tested with radiographers and has shown accuracy with all patients tested
- it would be inexpensive to manufacture
- it can be demonstrated mathematically that the radiographic magnification of such double markers is consistently related to the magnification of the hip
- and importantly it does not compromise the quality of the radiograph.

It may also have potential in spinal work, trauma implants, indeed any surgery where magnification issues exist. In essence we believe that the new double marker is easier to use and offers greater accuracy.

Evidence Base: The new methodology has been validated in 74 patients, using both the double and single markers at the time of X-ray. The reliability of the double marker as a predictor of true magnification was excellent whereas the reliability of the single marker was poor.

Reinventing the Wrist Splint

There is a new kind of splint for the management of unstable wrist fractures. The unique feature is that the splint is dynamic – It is fully flexible and elastic, and will attempt to return to its original shape when stressed,

This applies continuous pressure over the 3 points needed to hold the fracture in place, even as swelling reduces, it can be held in place with medical-grade adhesive.

Problem / Clinical Need: Approximately 20-30% of patients who fracture their wrist have an unstable fracture which is initially in an unacceptable position. An unstable fracture will tend to angulate/tilt backwards from its normal position; if it heals like this it can be deformed and painful.

The fracture is normally manipulated under anaesthetic and a plaster cast applied to stop the fracture re-displacing. When the swelling reduces X-Rays are needed to confirm whether the fracture is still help in place. 'Severe re-displacement' is seen in 20-30% of cases, which then require surgery.

Benefits: Wrist fracture is currently the most common form of fracture seen by the NHS. The splint is more comfortable and less cumbersome than a plaster cast. It aids better healing and improved results for patients. It should reduce the need for surgery, thereby saving money and allowing capacity to be used for other surgical procedures.

Research into practice: Cardiopulmonary exercise testing saves live and money in AAA patients

In 2009, the NHS evidence adoption centre and National Institute for Clinical Excellence (NICE) published a review of the use of endovascular repair of abdominal aortic aneurysm (AAA). They recommended the development of a risk-assessment tool helpful to identify AAA patients with greater or lesser risk of operative mortality and contribute to mortality prediction.

In 2009 NICE recommended the development of a risk-assessment tool for patients with Abdominal Aortic Aneurism (AAA). Such a tool would help to identify patients with greater or lesser risk of operative mortality and contribute to mortality prediction. Pre-operative Cardio-Pulmonary Exercise Testing (CPET) was used to predict the risk to patients and the clinical outcome. A study in which 188 patients (of 230 subjects) underwent CPET showed that results could predict survival rates, Length of Stay and inpatient costs.

It seems that exercise tests save lives, reduces length of stay and costs in patients with abdominal aortic aneurysms

Research into practice: Identifying Kidney Transplant Recipients at High Risk of Perioperative Morbidity

There is currently no effective preoperative assessment for patients undergoing kidney transplantation that is able to identify those at high perioperative risk requiring admission to Critical Care Unit (CCU). We looked for a way to identify these patients.

Adult patients were assessed within the 4 weeks prior to kidney transplantation. There were 70 participants; 15 patients required admission to CCU following transplantation. Reduced Anaerobic Threshold was the most significant predictor.

We believe this is the first prospective observational study to demonstrate the usefulness of Pre-operative Cardio-Pulmonary Exercise Testing (CPET) as a preoperative risk stratification tool for patients undergoing kidney transplantation. The study suggests that AT has the potential to predict perioperative morbidity in kidney transplant recipients.

Exercise tests can predict which patients need ITU after renal transplantation.

Research into practice: Exercise Anaerobic Threshold (AT) as a Predictor of 5-Year Survival in Patients with Advanced Chronic Kidney Disease

Reduced anaerobic threshold (AT) is an index of exercise intolerance, which carries a poor prognosis among patients with impaired cardiovascular reserve. It is not known whether this measure of sustainable oxygen consumption could identify CKD patients at risk of premature death.

We used Pre-operative Cardio-Pulmonary Exercise Testing (CPET) in 240 patients awaiting kidney transplantation between January 2008 and January 2010. Clinical, echocardiographic, exercise and 5-year mortality data were compared.

The 24 patients (10%) who died had a significantly lower mean AT than those who lived. We conclude that exercise tests can predict which patients with renal failure are most likely to live

AMBER Care Bundle and Transform Programme:

In its 2008 report the Healthcare Commission found that 54% of Acute Hospital complaints related to end of life care. Consistent themes emerged around communications, inappropriate invasive procedures, late or no referral to Palliative Care and a lack of attention to basic needs such as comfort, privacy or psychological needs. Relatives often commented that they seemed to be the first to recognise that a patient was dying. Since then the *National End-of-Life Care Programme* has produced national guidance on improving care. From April 2013 the *Transform Programme* has become the responsibility of NHS Improving Quality (NHS IQ). UHCW is now one of more than 50 sites seeking to implement this ambitious evidence-based programme.

The *Transform Programme* has five elements:

- Advance Care Planning helps individuals to record future preferences for care and treatment
- Care in the Last Days uses a multidisciplinary approach, involving the patient and carers, to anticipate symptoms and ensure that preferences and comfort receive the highest priority
- Rapid Discharge is a pathway that ensures that those patients being cared for with a supportive and palliative approach and who wish to die at home are discharged as a matter of priority
- EPaCCS is an electronic IT system that ensures that accurate information about a patients care is shared by all relevant staff, improving continuity of care and decision-making.
- The AMBER care bundle is a pathway used when recovery becomes uncertain. It stands for **A**ssessment, **M**anagement, **B**est practice, **E**ngagement of carers and individuals, **R**esponse uncertain. It is a process to help identify and assess those at risk of dying, improve communication and decision-making, increase confidence to talk about end-of life issues and to clarify and respect the individual wishes of patients and families

We expect to join "Transform", Phase 2 of pilot of the National pilot for the End of Life Care Programme during 2013. An 'End-of-Life Care' Committee, chaired by the Chief Nurse, will oversee implementation of a staff training programme and evaluate feedback from patients and relatives. We want to avoid re-admitting people who have expressed a desire to be cared for away from the hospital and allow them to die in their preferred place.

Transform will engage all agencies involved with end-of-life care providing a consistent, compassionate care, respect for individual wishes and closer collaboration and shared learning. It will help make the best use of resources and will be measured against agreed national standards.

Diarrhoea Assessment Tool

Infection Prevention and Control have introduced a number of strategies to tackle the C.diff issue. It is our belief that we still have work to do and that we have not achieved our irreducible minimum.

Data collection has informed our strategy and we have developed algorithms to assist staff in correct bowel management and understanding when to send specimens. This has been particularly successful and the RCN have adopted it nationally to teach student nurses good bowel management. Several trusts have contacted us and have asked if they could adopt the algorithm.

We have arranged a series of competitions and activities to raise awareness, generate enthusiasm and educate. These are also proving to be successful. One aim was to reduce the number of inappropriate samples being sent and this has reduced month on month. The initiative started in mid January 2013.

Our Pathology Service has added a **Human Papillomavirus (HPV) screening test,** the first in the West Midlands, as part of the cervical cancer screening programme. Cervical cancer is the most common cancer in women under 35 years old and 99.7% of these cancers are caused by the HPV infection. It is anticipated that ruling out the presence of HPV will reduce the number of smear tests women need as well as the stress caused by having multiple repeat smear tests and receiving non-negative results. Up to 2000 women in Coventry and Warwickshire could benefit every year and early results suggest that, over the first year, more than 50% of women had a negative HPV result and were therefore returned to routine

recall. These 1216 women would otherwise have required 3 or more follow up samples. Of the 50% undergoing further investigation half were, in turn, able to return to normal screening. Take up has been helped by the provision of Nurse-led Colpolscopy clinics held on two Saturdays per month.

A national research study to find the best way of **treating open fractures** is being led by Coventry Orthopaedic Consultant Matt Costa. Leg fractures are common injuries and the majority of these are 'closed' i.e. the skin around the fracture is intact. However, if the fracture is 'open' i.e. the skin has been broken; the bone is exposed to contamination which may lead to infection and disability. Traditionally for open wounds, once it has been cleaned, a sterile dressing is applied to the exposed area. Negative-pressure wound therapy (NPWT) is an alternative innovative form of dressing where foam is laid onto the wound which is attached to a pump which creates a partial vacuum reducing the risk of infection. But NPWT is more expensive than traditional wound dressings. After an initial six-month study has been conducted, a main trial will commence in 18 trauma centres throughout the UK. Consultants will invite those with open fractures to take part.

In October a new Training Centre was officially opened on the University Hospitals campus in Coventry. Funded by the West Midlands Deanery, the **Simulation Centre** enables medical students to work through real-time medical and surgical scenarios. A state of the art audiovisual system allows others to observe and learn from what is happening.

The refurbished **Arden Cancer Centre** re-opened in December. Responding to views from patient groups the transformation of the reception area was funded by the Coventry Hospitals Charity and the UHCW Charity and completed ahead of time. The Centre is an important hub for cancer treatment and research and will make a significant contribution to the work of the newly created Strategic Clinical Network for Cancer.

A **new wifi network**, UHPATIENT, went live just before Christmas. It enables patients to access the internet on the Coventry site without effecting clinical IT systems. Patients can use their own mobile devices to surf the web and keep in touch with friends and family.

In March UHCW held its first **fertility web chat**. The web chat is a text based discussion and everyone is welcome to join. You don't have to register, simply enter your question or email info@uhcw.nhs.uk . Other chats have been on Dementia Care and recurrent miscarriage; midwives hold a regular web-chat session through the year. Experts from the Trust are on hand to answer questions but remember that web chats are public so don't submit information you do not want others to see. Further information can be found at www.uhcw.nhs.uk/webchat

Also in March UHCW held a third successful **Community Consultation**. This event was about bringing together relevant community representatives and our own staff to assess progress in making the Trust more user-friendly for patients, visitors and staff alike. During the past year UHCW has put in place a number of measures to address equality and diversity issues such as transgender awareness training for staff, improved signage and there has been a review of translating and interpreting services.

In April a six month trial began to try and improve the availability of **wheelchairs**. There were frequent complaints that wheelchairs were left in car parks or where not available at the stations by the front entrance to the two hospitals. A coin/token system is now being used to encourage users to return wheelchairs. Extra wheelchairs have also been provided in a bid to enhance access.

3.5 Quality performance: 2012/13 performance against National and Local priorities

Quality and Patient Safety Indicators give Trusts, Commissioners and the General Public, comparable data on how we are performing. Because the indicators are standardised, and have to be measured in specific ways, they provide an opportunity for performance to be compared over time and across the NHS. The local indicators are agreed by the Trust Board and where appropriate agreed with our Commissioners.

3.5.1 Performance against National Priorities

National Priorities 2012/13	2010/2011	2011/2012	Target 2012/13	2012/13	Comment on performance
CQC Essential Standards	Licensed without conditions	Licensed without conditions	Licensed without conditions	Licensed without conditions	UHCW complies with all essential standards of care
Incidents of Clostridium Difficile	104	90	86	76	Target not met; continuing Infection Control Action Plan
Incidents of MRSA Bacteraemias	4	1	4	2	Target achieved
All cancers: 31 day wait from diagnosis to first treatment	100%	100%	96%	99.6%	Target achieved
All cancers: two week wait from urgent GP referral to first outpatient appointment	95%	94%	93%	94.5%	Target achieved
18 week wait to treatment times Admitted: referral to treatment Non-admitted: referral to treatment	93% 97%	92% 97%	90% 95%	92.4% 97.8%	Target achieved
Maximum wait of four hours in A+E from arrival to admission, transfer or discharge	97	94%	95%	91.4%	Target not met; continuing review of internal and external factors affect performance
Cancelled operations not	4.6%	4.5%	5%	5.4%	Target not met; review of data

National Priorities 2012/13	2010/2011	2011/2012	Target 2012/13	2012/13	Comment on performance
admitted within 28 days					accuracy underway
Percentage of eligible patients with acute myocardial infarction receiving primary percutaneous coronary intervention within 150 minutes of calling for professional help	83%	86%	75%	92%	Target achieved
Maximum 2 week wait for rapid access chest pain clinic	100%	100%	98%	98%	Target achieved
Percentage of patients spending more than 90% of their hospital stay on a stroke unit	80%	83%	80%	83%	Target achieved

3.5.2 Performance against Local Priorities

Local Priorities 2012/13	Target	2010/2011	2011/2012	2012/13	Comment on performance
Pressure Ulcer point prevalence audit of all Pressure Ulcers (Annual – January)	Fewer or equal to previous year	Total:11 2.9%	Total:12 3.3%	Target replaced by use of NHS Safety Thermometer	
Numbers of acquired Pressure Ulcers recorded by NHS Safety Thermometer	Fewer or equal to previous year		Level 2: 323 Level 3: 41 Level 4: 28	Level 2: 61 Level 3: 13 Level 4: 1	Data represents a significant fall in incidence of level 2, 3 and 4 Pressure Ulcers;
Incidence of 'Never Events'	0	1	3	4	All events subject to analysis with learning shared
Hospital standardised	100 or fewer =	98	94	94 (February	UHCW remains below national

Local Priorities 2012/13	Target	2010/2011	2011/2012	2012/13	Comment on performance
mortality ratio (HSMR)	good outcome			2012-January 2013)	target for mortality
Participation in the national Clinical Audit and patient outcomes Programme (NCAPOP)	None	100%	95% (non-participation in 1 audit)	98% (non-participation in 1 audit)	Participation in the national cardiac arrest audit is due to commence in 2013/14
Delayed transfers of Care	4%	5.8%	5.5%	4.85%	Target not met; effective discharge a QA priority for 2013/14
Breastfeeding Initiation	77%	76%	76%	76.2%	Target achieved
Friends and Family Test	54%	New for 2012/13		44.3%	Not achieved; target to be focussed on specific areas for 2013/14

Part Four: Quality Improvement Priorities for 2013-14

After internal and external consultation, The Trust Board has agreed three Quality Priorities. We are grateful to staff, patients (though impressions feedback) and our partner agencies for helping to identify these areas. We know that making progress in these areas will represent a significant improvement to the experience of our patients.

Throughout the fundamental changes to Health and Social Care arrangements, the Trust has continued to collaborate with our partner Local Authorities, HealthWatch in Coventry and Warwickshire and the emergent CCGs. We are committed to improving the quality of dialogue with our partners as we continue to review the way we prepare and publish our Quality Account.

The Trust Board will regularly review progress in delivering these quality improvements as part of its work, not just at Board meetings but through participation in *Walkrounds*.

Summary:

Patient Safety	**Rationale**
Reducing harm because of falls	Consistently the largest number of Clinical Adverse Events reported. Each fall has the potential for harm to patients. The need to improve our performance is being supported through the implementation of the NHS Safety Thermometer and a range of measures outlined in the action plan, below
Clinical Effectiveness	**Rationale**
Hospital discharge	Was included in 2009/2010 QA and is still an issue of concern highlighted in patient feedback and by external stakeholders. Building on existing work, the plan will encompass how the hospital communicates with patient's relatives and GPs in planning discharge and follow-up at out-patients.
Patient/Staff Experience	**Rationale**
How patient feedback is used to improve patient experience and clinical outcomes	There has been national and regional focus around use of' real time data capture' – the focus needs to move on from recording feedback to using it to drive changes that improve the actual experience of patients.

4.1 Reducing the risk of harm from falls

The Trust records falls on our electronic DATIX system. This helps us understand who are most vulnerable, how much harm has been caused by a fall and where we need to focus our efforts to reduce harm. There is a continuing high level of reported incidents as the table shows:

Level of harm	2010/11		2011/12		2012/13	
None	1471	78%	2123	82%	2360	82%
Minor	374	20%	433	17%	474	16%
Moderate	27	1.5%	29	1.1%	19	0.6%
Major	1	>0.5%	5	>0.5%	39	1.3%
Catastrophic	2	>0.5%	4	>0.5%	0	-
Total	1875		2594		2892	

The figures for major harm reflect the decision to now record all incidents resulting in a fracture as 'major'.

In adopting *Falls Prevention* as a quality improvement priority the Board is committing the Trust to:

- Continue increasing staff awareness and knowledge through training and performance monitoring
- Ensure we are providing leadership and awareness at every level of the Trust
- Anticipate risk and reduce the impact of falls on patients
- Use clinical audit and case reviews to learn from incidents and improve health outcomes for patients
- Share effective falls prevention approaches and information with patients and carers

The table below summarises an ambitious programme to reduce fall-related harm to patients:

Objective	Actions	Outcomes
Provide education to all front line clinical staff in relation to falls prevention	Implementation of FallSafe Care Bundle to all wards across the Trust. All newly qualified staff will receive 'falls prevention' and 'medicines management' training. A programme of teaching sessions and workshops will be delivered covering: Falls risk assessment, preventative actions, environmental issues, use of equipment and medication. A further full day workshop planned.	New and existing staff can demonstrate their understanding and knowledge of factors relating to the prevention of falls

Objective	Actions	Outcomes
	Prioritise focussed falls prevention teaching and awareness sessions on those clinical areas with a high incidence of falls. Practice Development Web site will include a section on falls	
Raise awareness of falls prevention	The Falls Prevention campaign will continue. REACT will provide information on falls awareness and prevention to those patients at risk who have been seen in the Emergency Department.	All emergency Department patients and/or their carers at risk of falls are offered advice on falls prevention
Engage all levels of the Trust in reducing harm from falls	Identify an Executive Director as Lead for Falls. Identify a Non-Executive Director as Falls Champion. Incorporate Falls Awareness and Falls Prevention into Executive Leadership Safety Walkabouts and night safety visits. Senior Nursing team will provide leadership and support to all wards and departments, with an emphasis on areas with a high incidence of falls.	The Trust can demonstrate at both Board and Senior Management levels awareness of and engagement with activity to support Falls Prevention.
Clinical review of incidents to support learning	Practice Facilitator and Handling and Moving Trainer review patient falls to evaluate practice relating to, and the learning from, incidents. Develop guidance and training for staff in investigating and reporting falls. All falls are reported as Clinical Adverse Events (CAEs); those resulting in serious harm are reported as SIRIs and a Root Cause Analysis conducted	Emerging patterns and themes are identified and timely corrective action taken. Wards and Departments learn from incidents and comply with best practice. Falls are investigated by staff with appropriate skills. Action Plans are in place and their implementation monitored.
The Trust complies with best practice in Falls Prevention to improve patient experience	Provide 7-day Therapy Department falls assessments in appropriate clinical areas; where risk is identified a preventative care plan will be implemented. Clinical Environments are regularly monitored for hazards and corrective action taken. Audits of documentation, clinical practice and environmental safety to evaluate compliance New equipment that may reduce risk of falls is identified and its effectiveness evaluated.	All patients over 65 (and younger patients where indicated) receive a Falls assessment within 24 hours of admission. Audit of assessments and care-plans demonstrates compliance with best practice Actual and potential hazards are identified and removed. A 'Falls Pathway' is in place as a standard of best practice All wards and departments have

Objective	Actions	Outcomes
	Ensure that Information is available to patients and carers	Information leaflets available
Monitor and implement plan; review and report on progress	Develop the Falls Steering Group as a forum for sustaining progress by collating and evaluating information and recommending priorities for action to the Patient Safety Committee each quarter. Evaluate the need for a dedicated 'Falls Prevention Team' and, if indicated, develop a Business case	Falls are included on the Corporate Risk register Performance data is recorded using the NHS Patient Thermometer, and is available at all levels from Ward to Board A Performance Management Plan is in place. Audit demonstrates that sufficient resources are available to support the implementation of this plan

4.2 Effective Discharge from hospital

Many Patients and Carers at UHCW continue to stay longer in hospital than is medically necessary. Despite many efforts to ensure that patients are discharged in a safe and timely way the Trust has not yet achieved its objective – to do everything within its power to improve patient experience and minimise delays.

Some delay is caused by external factors – finding residential accommodation or funding for packages of care for example. But others, such as prompt supply of discharge medication are for the Trust to resolve.

The appointment of a Director and Lead Nurse for Discharge in January 2012 has led to improvements in performance on many measures, but these have not necessarily been reflected in how patients report their experience. The campaign for timely, safe, discharge also demonstrates that sustaining changes in practice can be harder than making change to begin with.

The Trust has continued to experience issues with A&E attendance and admission times and with delays to discharge and it is for these reasons that the Board has decided to again adopt this issue as a Quality Improvement priority. Whilst discussion continues about specific actions, there are some general principles that will inform The Trust's approach during 2013/14 as below:

Objective	Actions	Outcomes
Staff involved in delivering care understand their	Trust Policies are up to date and reviewed regularly to reflect best practice	Staff are clear about their roles and responsibilities to

responsibilities relating to timely and effective discharge	New staff receive appropriate information at Induction Existing staff have access to current information to support decision-making and regular training to support and share learning Trust uses internal communications (such as Intranet and newsletter) to keep staff informed about discharge issues Staff in wards and departments will receive support and guidance from senior staff with clearly defined responsibilities for discharge planning The Trust audits the implementation of discharge policies and procedures to support compliance and identify areas for improvement	facilitate safe, timely discharge. Training programmes are delivered to and attended by staff Audit shows that all wards and areas are complying with best practice; improvement plans are implemented and can demonstrate changes in practice
Patient/carer engagement in discharge planning	Patients and (where appropriate) carers are involved in all decisions regarding discharge planning Patients and/or carers are informed about the choices available to them after discharge and the decision-making process If agreement on discharge planning cannot be reached patients and/or carers are informed of the process for resolving differences. Patients and/or carers are informed regarding timescales for decision-making	Survey feedback demonstrates that patients and carers feel well-informed and involved in discharge planning. The Trust reviews all such cases and can demonstrate safe discharge within agreed timescales.

Efficient use of Trust resources throughout an admission	The Trust has efficient procedures for accessing and reporting on clinical investigations Admissions longer than 21 days for acute patients or 50 days for rehabilitation patients are reviewed and a discharge plan put in place If discharge is delayed because of hospital related complications (such as infection or falls) the Trust reviews, learns and changes practice where necessary Multi-disciplinary care planning and need assessment supports delivery of safe discharge for all. Patients are classified into one of four discharge categories to match resources to levels of need. Estimated Discharge Dates (EDDs) are put in place for all patients	Audit shows that longer admissions are reviewed, have appropriate care plans in place and action plans to change practice where necessary. There is evidence of multi-disciplinary review and planning in all clinical areas. All in-patients have an EDD
Minimising delays at discharge	Assessment of need for supported discharge and timely referral for services Patients are reviewed in the daily 'Board Round' to identify all those ready for or approaching discharge Multidisciplinary discharge teams support wards and Departments (including A&E) in assessing needs and arranging post-discharge services, including equipment Pharmacy receives requests for discharge prescriptions at the latest by 11am on day of discharge. Medical staff are encouraged to make requests 24-48 hours before discharge where	All wards, departments and clinicians comply with best practice in planning and preparing for discharge. There is a measurable reduction in discharge delays resulting from internal factors. Survey feedback demonstrates improved patient satisfaction levels

	practicable. Patients use the Discharge Lounge to wait for Prescriptions and/or Patient Transport whenever practicable.	
Effective follow-up to minimise re-admissions	Patients, carers, GPs and other agencies (where appropriate) will be informed of discharge arrangements and be involved in planning where required. Follow-up arrangements will be communicated in a clear and timely way.	All parties have relevant information regarding discharge and follow-up.
There will be a common approach to hospital discharge between providers of services	UHCW will collaborate with other Health and Social Care organisations to identify ways of improving patient 'flow'; where necessary systems will be changed and communications improved to minimise delay and improve health. UHCW has a common understanding with local authority partners regarding funding arrangements for post-discharge care; funding disputes do not delay discharge or transfer of care EDD information is shared so providers have appropriate packages of care in place to facilitate discharge Providers meet regularly to review how the whole system is working, identify problems and agree solutions (such as the 'Community Pathway') Identify and refer to community resources such as Age UK's *Practically Home'*	An inter-agency forum will have an overview of all aspects of the patient journey, recommending or agreeing changes to practice or systems whenever indicated. Staff will have access to up-to-date information regarding resources available to support discharge.
Learning from experience and feedback	Indicators that measure how well the Trust is performing are used to review progress and identify areas for improvement are agreed. Feedback from the *Patient Impressions* and the annual *In-Patient survey* is shared with Wards and Departments and made available across the Trust.	The Trust can demonstrate an understanding of the importance of efficient patient flow to the health of the organisation, and the health of patients; progress and problems are reported to the

	Support for change in managing patient flow and discharge issues is sufficiently resourced to ensure best practice is sustained across UHCW.	Board and Chief Officers; examples of best practice are shared across UHCW and improvements are sustained. Survey scores improve year on year.

4.3 Using patient feedback to improve our services

The Trust's patient experience agenda is now overseen by the Chief Medical Officer, supported by the Chief Nurse and Director of Governance. The Trust's Patient Involvement Facilitator encourages clinical engagement and monitors progress.

There is a nominated Non-Executive Director for 'patient experience'; Non-Executive Directors are involved in patient experience activities, such as patient safety Walkrounds.

From 1st April 2013 the Friends and Family Test (FFT) was rolled out nationally. New guidance has been issued and the Trust will make further changes in order to remain compliant with the national CQUIN on *Patient experience*. An FFT Implementation Team, led by the Director of Governance, has been established to ensure that:

- All in-patients, aged 16 and over, are being asked the FFT either on their day of discharge or within 48 hours post discharge via post cards or text;
- All A&E attendees, aged 16 and over, are being asked the FFT question either on discharge within 48 hours post discharge via post cards or text These measures have been implemented to achieve a response rate of at least 15% of patients during Q1. By Q4 the response rate should be higher than the response rate achieved during Q1 or at least 20% (whichever is higher)
- The FFT will be implemented in Maternity from October 2013

The FFT will be implemented in other areas in response to Department of Health guidance.

National Patient Survey Programme results are now incorporated into the Trust's Performance Monitoring Framework. This will help us in seeking consistency in responding constructively to survey reports as well as providing assurance and oversight at Board Level.

A review of the Patient Council's remit is taking place during May 2013 with a view to giving members more autonomy and clearer reporting to the Trust Board. The Patients' Council provides the Trust with valuable insights into patient experience. Members have honorary Trust contracts and most are members of various Trust committees giving the patients' point of view.

A successful application was also made to the Midlands and East SHA to become one of five trusts in the region to take part in a project to improve patient experience known as the *Patient Revolution*

From January to March 2013, the Trust worked with TMI, a Management Consultancy to review the FFT and national patient survey results. After a programme of meetings with members of our Patients' Council and discussion with staff it was agreed that the Trust focus on improving patient experience in four priority areas:

- Welcoming people to main Out-Patients
- Welcoming people to A&E
- Waiting in the X-Ray Department, and
- Elements of the discharge process

Using a proven model to improve customer experience in the service industry (but not used before in the NHS), the Trust has implemented several changes in practice in these areas. Encouraged by this initial piece of work, which focussed on small gains, the Chief Nurse will lead an organisational change programme, potentially applying it to other areas over this year and beyond. Initial thoughts favour a project management approach with progress being monitored through the Patient Experience and Engagement Group.

The Trust implemented its own bespoke patient, carer, visitor satisfaction survey in 2007. Called *Impressions*, the system allows feedback in real time. During the first 3 months of 2013, the Trust initiated a major review of Impressions. This has resulted in significant changes the most important of which will enable ward to board reporting in real time: Impressions allows patients and carers to give feedback on services in their own words. From June 2013 comments will be sent automatically to relevant staff, clinical areas and to members of the Board. This will enable staff to take swift action, where appropriate and necessary, based on patient or carer feedback.

We Are Listening Campaign

Responding to the FFT, In-Patient Survey results and the Francis Report, the Trust is running a *We Are Listening* campaign beginning in June 2013 with events throughout the year: Aimed at promoting a listening culture amongst our staff and to encourage patient and carer feedback, we plan to:

- Install this poster in corridors and departments; it includes a quick and easy QR code to access *Impressions* on line

- Hold an event in main reception in early June 2013 to launch the campaign

- Install a mobile listening booth in main reception at University Hospital and the Hospital of St Cross which will be staffed by a range of hospital employees and including Trust Board members, to hear the views of both patients, visitors and staff
- A re-designed, paper-based, version of the *Impressions* questionnaire
- Produce of a short DVD to be shown in waiting areas informing patients, carers and visitors to the hospital how to let us know about their experiences.

We will know we are improving if:

- Our FFT score improves
- We achieve the FFT response rate required
- Results from the National Patient Survey Programme improve and especially from the annual In-Patient Survey. We are looking to improve both our own scores and our position in relation to other Trusts.
- We have more feedback from patients via the *Impressions* questionnaire
- We find improvements in satisfaction levels especially for the three lowest scoring categories of service as indicated by *Impressions* for the previous 12 month period.

The Trust remains committed to continual improvement of patient experience and looks forward to a challenging but productive year ahead as we strive to achieve our goals.

The table below summarises our ambitions for 2012/13:

Objectives	Actions	Outcomes
Increase the percentage of in-patients wishing to offer feedback	All in-patients, aged 16 and over, are being asked the FFT either on their day of discharge or within 48 hours post discharge via post cards or text	By the end of June the response rate will be at least 15%. By March 2014 the response rate will be higher than by end-June, and at least 20%
Increase the number of people attending A&E wishing to offer feedback	All A&E attendees aged 16 and over, are asked the FFT question either on discharge or within 48 hours of discharge via post cards or text	
Use of the FFT will extend to other clinical areas as agreed with commissioners	The FFT will be implemented in Maternity from October 2013	Roll out will be complete and agreed response rates achieved
The Trust will use all methods to encourage comment and feedback from patients, carers and visitors	The *We are Listening* campaign will be launched in June 2013	Evaluation will show what impact the campaign has had on the amount of feedback
The Trust will be able to demonstrate how it uses feedback to learn from patients and change practice	Redesign of *Impressions Survey* completed; staff will use feedback to review care and make changes where indicated	The Trust can use *Action Logs* to demonstrate how feedback is shared and acted upon to change practice where indicated.
Create and sustain effective partnerships with Patients and carers	Redefine the role of the Patient's Council.	Patient Council members will be actively involved in Quality and Patient Safety, sharing their understanding within the Trust and with local communities

For more information on Patient Experience and Involvement, please contact: Paul Martin, Director of Governance: paul.martin@uhcw.nhs.uk or telephone on 024 7696 7618

Part Five: Statements from Clinical Commissioning Groups, Healthwatch and Overview and Scrutiny Committees.

[awaited]

Part Six: Statement of Director's Responsibilities in Respect of the Quality Account

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 and the National Health Service (Quality Accounts) Amendment Regulations 2012)).

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

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and 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

Chair **Date**

Chief Executive Officer **Date**

Part Seven: External Auditors External Assurance Report

[awaited]

Part Eight: An Invitation to comment and offer feedback

Your views - Your involvement

Thank you for taking the time to read UHCW's fourth annual Quality Account. We hope you have found it an interesting and enjoyable read. If you would like to comment on any aspect of this Account or give us feedback on any aspect of our services, please write to:

Communications Office (Quality Accounts)
University Hospitals Coventry and Warwickshire NHS Trust
Clifford Bridge Road
Coventry
CV2 2DX

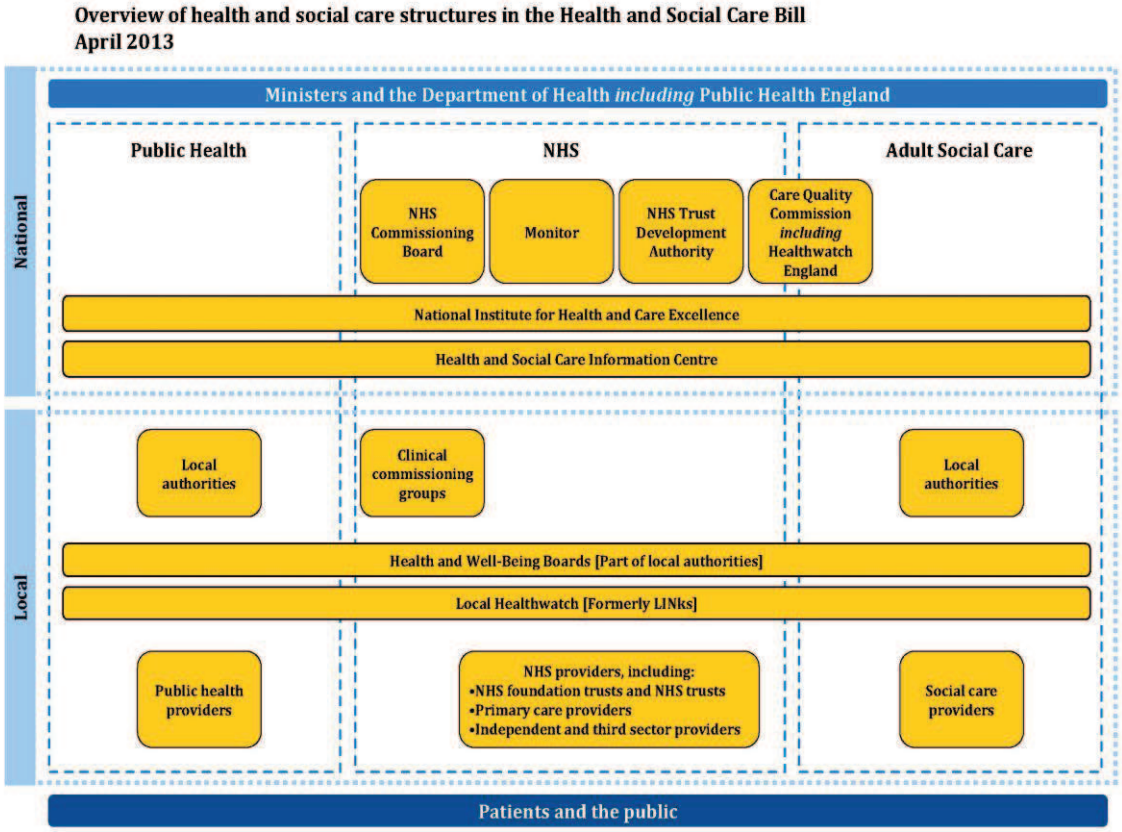
You can also share your views by

- emailing us at communications@uhcw.nhs.uk or
- Visiting our website www.uhcw.nhs.uk and completing the *Impressions survey* or
- Visiting the NHS Choices website at www.nhs.uk

We look forward to hearing your comments and suggestions.

Appendix 1: the new health and social care system.

For more information on the new structure of NHS England visit **www.nhs.uk**



Appendix 2: Glossary

If you cannot find the term you are looking for you can try www.tin.nhs.uk/a-z-jargon-buster or search www.nhs.uk

Acute Trust

A Trust is an NHS organisation responsible for providing a group of healthcare services. An Acute Trust provides hospital services (but not mental health hospital services, which are provided by a Mental Health Trust).

Anaerobic Threshold

AT indicates the performance of a person when exercising, measuring the point at which the body starts to accumulate Lactic Acid in muscles. AT is calculated whilst undergoing graded exercise on a treadmill or exercise bike.

Audit Commission

The Audit Commission regulates the proper control of public finances by Local Authorities and the NHS in England and Wales. The Commission audits NHS organisations to review the quality of their financial systems. It also publishes independent reports which highlight risks and good practice to improve the quality of financial management in the health service. It works with the Care Quality Commission to produce national value-for-money studies. www.auditcommission.gov.uk/Pages/default.aspx

Benchmark

A standard or set of standards used as a point of reference for evaluating performance or level of quality. **Benchmarking** is used to compare one organisation with others

Board (of Trust)

The role of the Trust's Board is to take corporate responsibility for the organisation's strategies and actions. The Chair and non-executive directors are lay people drawn from the local community and are accountable to the Secretary of State. The Chief Executive is responsible for ensuring that the board is properly supported to govern the organisation and to deliver its clinical, quality and financial objectives.

Board Round

A simple and effective process used daily in wards to support the safe and timely discharge of patients, helping to address the risks inherent in prolonged admissions.

Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. It makes available reports and information on all healthcare providers, and anyone can use their website to comment on services. Visit www.cqc.org.uk

Care Quality Review Group

A meeting held monthly between UHCW and our Commissioners to discuss clinical quality issues at the hospital.

Clinical Audit

Clinical audit measures the quality of care and of services against agreed standards and suggests or makes improvements where necessary. It tells us whether we are doing what we should be doing. In addition to information in the Quality Account, the Trust publishes a detailed Clinical Audit Supplement on its website at www.uhcw.nhs.uk

Clinical Coding

Clinical coding translates the medical terminology written by clinicians to describe a patient's diagnosis and treatment into standard, recognised codes. The accuracy of coding is an indicator of the accuracy of the patient health records. Incorrect coding can have potentially serious consequences for the commissioning of health services, as well as misleading managers and clinicians by falsely representing the prevalence of particular health problems. The Trust is assessed annually on the accuracy of its coding system.

Clinical Commissioning Group (CCG)

From 1 April 2013 CCGs are responsible for ensuring adequate care is available for their local population by assessing need and purchasing services. They commission services (including acute care, primary care and mental healthcare) for the whole of their local population, with a view to improving health and well-being. CCGs commission emergency and urgent care, including ambulance and out-of-hours services. See also **Commissioning**

Clostridium Difficile (C.diff)

A species of Gram-positive bacteria that causes severe diarrhoea and other intestinal disease when competing bacteria in the gut flora have been wiped out by antibiotics.

Commissioning

Commissioning is the process of ensuring that health services meet the needs of the population. It is a complex process that includes assessing the needs of the population, procuring health care services and ensuring that services are safe, effective, patient-centred and of high quality.

NHS Specialised Services is a national organisation responsible for the commissioning of specialised services that help to improve the lives of children and adults with very rare conditions. See also **Clinical Commissioning Group**

Commissioning for Quality and Innovation (CQUIN)

High Quality Care for All included a commitment to make a proportion of providers' income conditional on quality and innovation, through the Commissioning for Quality and Innovation (CQUIN) payment framework. The Trust has to meet agreed national and local performance targets; a proportion of our budget is only handed over by Commissioners if the Trust can show that it has met the targets. Detailed information on CQUIN and our performance is available as a supplement to the Quality Account and is available on the Trust website www.uhcw.nhs.uk

Dashboard

A visual tool that gives clinicians relevant and timely information they need to inform those daily decisions that improve quality of patient care. The tool gives clinicians easy access to a wealth of data that is captured locally, whenever they need it. It also provides straightforward comparisons between local and national performance for some activities

Discharge

- ***Complex discharge*** concerns patients' who have continuing healthcare needs after leaving hospital and who may have social care needs requiring specialist equipment to support them in a community environment
- ***Simple discharge*** concerns patients going home or to residential care who need intermediate care services, renewed short term packages of care and access to rehabilitation facilitates in the community.

Dr Foster

An independent provider of healthcare information in the United Kingdom; it monitors NHS performance and provides information on behalf of the public. *Dr Foster Intelligence* is a joint-venture with the Department of Health and was launched in February 2006. Visit www.drfosterhealth.co.uk for more information

Equality Act 2010:

The act replaced many separate pieces of legislation concerned with discrimination. It requires NHS Trusts to meet various obligations under the act, most importantly to act in ways that do not discriminate against any patient or employee on the grounds of 'special characteristics'. These nine groups are defined as:

- **Age:** Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).
- **Disability:** A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
- **Gender reassignment:** The process of transitioning from one gender to another.
- **Marriage and civil partnership:** Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.
- **Pregnancy and maternity:** Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
- **Race:** Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
- **Religion and belief:** Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
- **Sex:** the gender of a person (man or a woman)
- **Sexual Orientation:** Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

The Francis Report:

The second report by Sir Robert Francis into events at Mid-Staffordshire Hospital resulted in 290 recommendations grouped into six broad areas. The Trust has been reviewing the recommendations to determine what can be learnt and what needs to change as a result. The report underlines the importance of integrating Quality Management, transparency in practice and decision-making and listening to patients and carers into the everyday practice of the NHS.

The Friends and Family Test (FFT)

Launched on 1 April 2012, the FFT is part of a national initiative requiring that patients are asked whether they would recommend the ward or department to their friends and family. We already have an established patient experience feedback process, but this national requirement asks the key national question on which we will be compared with other hospitals across the UK.

The new Friends and Family Test question is: *How likely are you to recommend our ward/Minor Injury Unit to friends and family if they needed similar care or treatment?*; answers chosen from the following options: Extremely likely; Likely; Neither likely nor unlikely; Unlikely, Extremely Unlikely or Don't know.

The Friends and Family Test gives patients the opportunity share their views of the care or treatment they have received providing us with valuable feedback We use the feedback, alongside other information, to identify and tackle concerns at an early stage, improve the quality of care we provide, and celebrate our successes. From July, and monthly thereafter, our results will be published on NHS Choices allowing the public to compare hospital performance and make choices about their care.

For more information on the Friends and Family Test, please visit www.nhs.uk/friendsandfamily

Health Act

An Act of Parliament is a law, enforced in all areas of the UK where it is applicable. The Health Act 2009 received Royal Assent on 12 November 2009. It is the legislation that underpins organisational arrangements and responsibilities within the HS in England

The Health and Social Care Information Centre

HSCIC is a data, information and technology resource for the health and social care system. It provides support to everyone striving for better care, improving services and the best outcomes for patients. It supports the delivery of IT infrastructure, information systems and standards helping to ensure that clinical and organisational information flows efficiently and securely through health and social care systems. Visit www.hscic.gov.uk

Health and Wellbeing Boards

Every 'upper tier' local authority is establishing a health and wellbeing board to act as a forum for local commissioners across the NHS, social care, public health and other services. The boards are intended to:

- increase democratic input into strategic decisions about health and wellbeing services
- strengthen working relationships between health and social care
- encourage integrated commissioning of health and social care

Healthcare

Healthcare includes all forms of healthcare provided for individuals, whether relating to physical or mental health, and includes other procedures that are not necessarily provided as a result of a medical condition such as cosmetic surgery.

Healthwatch

Healthwatch is the consumer champion for the NHS and social care services. Local Healthwatch enables local people and voluntary groups to work for the improvement of NHS and social care services by collecting the experiences of the local community and make recommendations to service providers.

High Quality Care for All

High Quality Care for All, published in June 2008, was the final report of the NHS Next Stage Review, a year-long process led by Lord Darzi, a respected and renowned surgeon, and around 2000 frontline staff, which involved 60,000 NHS staff, patients, stakeholders and members of the public.

Information Governance Toolkit

The IG Toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards.

Intentional Rounding

This involves reviewing all patients at set intervals for key safety issues e.g. repositioning, toileting, food, fluid and pain management; its use has contributed to the continuing low level of avoidable harms for patients such as pressure ulcers and dehydration.

IV (Intravenous)

A procedure in which a hypodermic needle inserted into a vein provides a continuous supply of blood plasma, nutrients, or medicine directly to the bloodstream

Key Performance Indicator (KPI)

A type of performance measurement, KPIs are commonly used by an organisation to evaluate its success or the success of a particular activity in which it is engaged

Local Involvement Networks (LINks)

LINks were replaced by **Healthwatch England** from 1 April 2013

Major Trauma

Defined as multiple, serious injuries that could result in death or serious disability, these might include serious head injuries, severe gunshot wounds or road traffic accidents.

MEWS (Modified Early Warning System)

Utilisation of the MEWS scoring system is now the recommended assessment of vital signs. The aim of these systems is to identify patients at risk / deteriorating status which triggers an immediate response through scoring points for abnormal physiological values

MRSA Bacteraemia

Methicillin-resistant Staphylococcus Aureus (MRSA) is a bacterium. MRSA is any strain of *Staphylococcus aureus* that has developed resistance to antibiotics.

National Patient Safety Agency (NPSA)

The National Patient Safety Agency is an arm's-length body of the Department of Health, responsible for promoting patient safety wherever the NHS provides care.

National Patient Surveys

The National Patient Survey Programme, coordinated by the Care Quality Commission, gathers feedback from patients on different aspects of their experience of recently received care, across a variety of services/settings. Visit www.cqc.org.uk/usingcareservices/healthcare/patientsurveys.cfm

National Research Ethics Service

The National Research Ethics Service is part of the National Patient Safety Agency. It provides a robust ethical review of clinical trials to protect the safety, dignity and wellbeing of research participants as well as ensure through the delivery of a professional service that it is also able to promote and facilitate ethical research within the NHS.

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

Confidential enquiries help maintain and improve standards of medical and surgical care for the benefit of the public. Using anonymised data from confidential surveys and research, they review the clinical management of patients, publishing reports and making recommendations for improvement. By respecting confidentiality, they maximise the compliance of medical and surgical staff in sharing information on clinical outcomes.

Never Event

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

NHS Choices

A website for the public containing extensive information about the NHS and its services; go to www.nhs.uk

NHS Next Stage Review

A review led by Lord Darzi. This was primarily a locally led process, with clinical visions published by each region of the NHS in May 2008 and a national enabling report, *High Quality Care for All*, published in June 2008.

NICE - National Institute of Clinical Excellence

NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

NVQ - National Vocational Qualification

Overview and Scrutiny Committees

Since January 2003, every local authority with responsibilities for social services has had the opportunity to scrutinise local health services. Overview and Scrutiny Committees review the planning, delivery and operation of Health services as well as the appropriateness of major service changes. They bring democratic accountability into decisions about the delivery of

healthcare helping the NHS to be more publicly accountable and responsive to local communities.

Pathway

A tool used by all healthcare professionals in treating patients, in which the different tasks involved in the patient's care are defined. A pathway will clarify staff roles and responsibilities, and what factors should be considered in determining when and how patients move to the next stage of care and treatment. Healthcare can be more effective and efficient when well-designed and patient-centred pathways are used.

Patient-led assessments of the care environment (PLACE)

April 2013 will see the introduction of PLACE, which is the new system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections. The assessments will apply to hospitals, hospices and day treatment centres providing NHS funded care. They will look at how the environment supports patient privacy and dignity, the meeting of dietary needs, cleanliness and general building maintenance.

All our patients should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing a clear message, directly from patients, about how our environment or services might be enhanced.

Training is available for local people to become assessors. They will participate in visits that focus entirely on the care environment; the visits do not cover clinical care provision or how well staff are doing their job.

Results from the Annual assessments are to be reported publicly to help drive improvements in the care environment; they will show how we are doing locally and by comparison with other Trusts across England. For more information visit www.england.nhs.uk/ourwork/qual-clin-lead/place

Periodic reviews

Periodic reviews are reviews of health services carried out by the Care Quality Commission (CQC). The term 'review' refers to an assessment of the quality of a service or the impact of a range of commissioned services, using the information that the CQC holds about them, including the views of people who use those services. The CQC will increase the proportion of unannounced reviews; there have been two of these in the Trust over the last year

Pressure Ulcer

Also sometimes known as bedsores or pressure sores, they are a type of injury that affects areas of the skin and underlying tissue. They are caused when the affected area of skin is placed under too much pressure. Pressure ulcers can range in severity from patches of discoloured skin to open wounds that expose the underlying bone or muscle.

- ***Avoidable pressure ulcer:*** The person receiving care developed a pressure ulcer and the provider of care did not do one of the following: evaluate the person's clinical

condition and pressure ulcer risk factors; plan and implement interventions that are consistent with the persons needs and goals, and recognised standards of practice; monitor and evaluate the impact of the interventions; or revise the interventions as appropriate.

- ***Unavoidable pressure ulcer:*** means that the individual developed a pressure ulcer even though the individual's condition and pressure ulcer risk had been evaluated; goals and recognised standards of practice that are consistent with individual needs has been implemented. The impact of these interventions had been monitored, evaluated and recorded; and the approaches had revised as appropriate.
- ***Inherited pressure ulcer:*** A patient is admitted to the Trust with pressure damage and this is identified or becomes apparent within 72 hours of admission
- ***Acquired pressure ulcer:*** the patient develops a pressure ulcer whilst a hospital in patient after the first 72 hours of admission
- ***Grade 1 pressure ulcer:*** The skin at this point is red and on the application of fingertip pressure the skin remains red.
- ***Grade 2 pressure ulcer:*** the superficial layer of the skin is damaged. It presents as a blister, abrasion or shallow crater and any of these can have blue / purple / black discoloration.
- ***Grade 3 pressure ulcer:*** full thickness skin loss involving damage or necrosis to subcutaneous tissue
- ***Grade 4 pressure ulcer:*** full thickness skin loss with extensive destruction extending to underlying structures; i.e. bone, muscle, tendon, or joint capsule.

Primary Care Trusts were replaced by **Clinical Commissioning Groups (CCGs)** from 1 April 2013

Protected Characteristics Groups: see **Equality Act**

QIPP (Quality, Innovation, Productivity and Prevention) Agenda

QIPP is a national, regional and local programme to support clinical teams and NHS organization improve the quality of care they deliver while making efficiency savings. These can be reinvested in services to deliver year on year quality improvements.

Registration – licence to provide health services

From April 2009, every NHS Trust that provides healthcare directly to patients must be registered with the Care Quality Commission (CQC). UHCW is licensed to provide healthcare services without conditions

Research

Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve people in good health as well as those undergoing treatment. Research and Trials help clinical staff learn the best ways of treating patients, but can also be useful in showing what works less well, or not at all.

Root Cause Analysis (RCA)

Every day a million people are treated safely and successfully in the NHS. However, when incidents that result in harm to patients (or that are 'near misses') do happen, it is important that lessons are learned to prevent the same incident occurring again. Root Cause Analysis investigation is an established way of doing this.

Investigations identify *how* and *why* patient safety incidents happen. Analysis is used to identify areas for change and to develop recommendations which deliver improved services to our patients. The Trust has clinicians trained in the use of RCA techniques.

Secondary Uses Service

The Secondary Uses Service is designed to provide anonymous patient-based data for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development. The Trust can use this information to compare performance with other similar Trusts.

Serious Incident Requiring Investigation (SIRI)

A serious incident requiring investigation is defined as an incident that occurred in relation to NHS-funded services and care resulting in one of the following:

- Unexpected or avoidable death of one or more patients, staff, visitors or members of the public

- Serious harm to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm (this includes incidents graded under the NPSA definition of severe harm);

- A scenario that prevents or threatens to prevent a provider organisation's ability to continue to deliver healthcare services, for example, actual or potential loss of personal/organisational information, damage to property, reputation or the environment, or IT failure;

- Allegations of abuse;

- Adverse media coverage or public concern about the organisation or the wider NHS;

- One of the core set of 'Never Events' as updated on an annual basis and currently including:

    - Wrong Site Surgery

    - Wrong Implant/prosthesis

    - Retained foreign object post-operation

    - Wrongly prepared high-risk injectable medication

    - Maladministration of potassium-containing solutions

    - Wrong route administration of chemotherapy

    - Wrong route administration of oral/enteral treatment

    - Intravenous administration of epidural medication

    - Maladministration of Insulin

    - Overdose of midazolam during conscious sedation

- Opioid overdose of an opioid-naïve patient
- Inappropriate administration of daily oral methotrexate
- Falls from unrestricted windows
- Entrapment in bedrails
- Transfusion of ABO-incompatible blood components
- Transplantation of ABO or HLA-incompatible organs
- Misplaced naso- or oro-gastric tubes
- Wrong gas administered
- Failure to monitor and respond to oxygen saturation
- Air embolism
- Misidentification of patients
- Severe scalding of patients
- Maternal death due to post partum haemorrhage after elective caesarean section

Special Review

A special review is conducted by the Care Quality Commission (CQC). Special reviews and studies are projects that look at themes in health and social care. They focus on services, pathways of care or groups of people. A review will usually result in assessments by the CQC of local health and social care organisations. A study will usually result in national-level findings based on the CQC's research.

Strategic Health Authorities were abolished as of 1 April 2013; their functions have been shared by a number of new NHS bodies (see Section 10 for a visual guide to the new NHS arrangements)

Teaching Trusts

A hospital that is affiliated to a medical school and provides the students with teaching and supervised practical experience; UHCW has close ties with the University of Warwick Medical School

ENDS

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University Hospitals Coventry and Warwickshire NHS Trust

Additional Clinical Audit Information

Quality Account 2012-2013

Contents

1 Introduction

This clinical audit supplement has been developed to augment the information provided in the UHCW Quality Account, section 5.2, page 70. It provides additional detail as to the review of and benefits gained through participation in both national and local audits and the rationale for non participation in certain national audits. Participation rates for audits that UHCW participated in during 2012/2013 are detailed in the main Quality Account document.

2 Clinical Audit Non-Participation

The following table details those audits included in the Quality Account list published by the Department of Health in which UHCW did not participate.

Of six national Audits, UHCW is eligible to participate in one - the National Cardiac Arrest Audit. Of the rest, in two we do not provide the relevant service, in one UCHW does not perform the procedure and the other two are not applicable to Acute Trusts

UHCW has established a group dedicated to ensuring we both comply with the continuing data collection requirements for the National Cardiac Arrest Audit and for ensuring we address the recommendations of the NCEPOD report *Time to Intervene*. We plan to register for participation in 2013/14.

Audit title	Rationale for non-participation
National Cardiac Arrest Audit	UHCW is currently putting systems in place to guarantee 100% submission of minimum data set required before registering. It is anticipated that registration to this ongoing audit will take place during 2013/14.
Intra-thoracic transplantation (NHSBT UK Transplant Registry)	Not eligible - procedure not performed
Pulmonary Hypertension Audit	Not eligible - service not provided
Paediatric intensive care (PICANet)	Not eligible - service not provided
National audit of psychological therapies	Not eligible - not applicable to Acute Trusts
Prescribing in mental health services (POMH)	Not eligible - not applicable to Acute Trusts

As detailed in the Quality Account, section 5.2, there were two clinical audits that had a lower than expected participation rate. UHCW has investigated the reasons why this occurred as described below:

Audit title	Participation Rate	Rationale for low participation rate
Pain Database (National Pain Audit)	38%	Participation rate is based on the number of follow-up questionnaires which were returned to Dr Foster by patients. UHCW did not have

Audit title	Participation Rate	Rationale for low participation rate
		any involvement in this data collection process.
Diabetes (National Adult Diabetes Audit)	64%	Participation at Hospital of St Cross was 100%, facilitated by the use of DIAMOND database. This is not used at University Hospitals although this is being explored for the future to improve participation rate. However the benefit of this will not be seen until 2014/15 due to data lag.

3 National Audit

An audit should be based on standards of good practice/outcomes and produce recommendations on how to improve both. The audit action plan should be a plan for turning recommendations (made following review of the audit results) into practice, therefore realising benefits for both patients and/or staff. The person/group who leads the audit is responsible for ensuring an action plan is developed and implemented in order to move onto the next stage of the audit cycle.

When completing an audit action plan the audit lead is required to identify the benefit that is expected to be realised from implementing the actions proposed. This could be a benefit that is specific to a single action or a benefit that encompasses the entire action plan, but should be measurable in order to determine whether the audit has had the desired impact. When a re-audit is planned clinicians are encouraged to include this measure of benefit, as opposed to simply auditing the same standards as were applied previously.

The reports of 20 national clinical audits were reviewed by UHCW in 2012/2013.

The following are brief summaries of some of the key actions we have taken to improve the quality of healthcare as a result of the review of national clinical audit reports:

Audit title	Key Actions
National Comparative Audit of Blood Transfusion	• *Blood Conservation Strategy* implemented December 2012. • All high users get a wastage and usage newsletter every quarter. Generic Trust newsletter. Dashboard with Quality Metrics established October 2012. These will all work to reduce blood usage and wastage. • Introduction of weekly observations audits and dissemination of the results to Nursing and Midwifery Quality Committee. This has significantly increased compliance with blood transfusion observations. This improves safety for patients undergoing transfusions.
Carotid interventions	• A new fast-track outpatient referral process for patients seen in the Transient Ischaemic Attack (TIA) clinic who have a recently symptomatic carotid stenosis requiring urgent (i.e. ideally within two weeks of index event) surgery.

BTS Adult Asthma (British Thoracic Society)	• Ongoing education sessions for patients regarding their condition.
BTS Non Invasive Ventilation (NIV) Adults	• Oxygen Cards are being distributed to patients. • UHCW *Guidelines for NIV* have been revised. • A UHCW NIV Interest group was re-started which manages and co-ordinates NIV Issues on a Trust-wide basis.
National Diabetes Audit 2010/2011	• Review of services for younger people with both Type 1 and Type 2 diabetes to better meet their needs.
CEM Managing Feverish Children 2010/11	• *Children's Emergency Department Discharge Policy* introduced to ensure no children are discharged from CED without appropriate follow-up advice being given to parents. • Increase in number of patients assessed within 20 minutes of arrival: Second triage room identified for use as required and staffing issues addressed.
Audit of Major Complications of Airway management in the UK, 4th national audit project (NAP4)	• Training of Operating Department Practitioners and Theatre nurses in Laryngeal Mask Anaesthesia. • Development of a new system for recording difficult airways on *Opera*. There are future plan for this information to be copied to the patient's electronic health record and to their GP.

4 Local Audit

The reports from 85 local (not national) clinical audits were reviewed by UHCW in 2012/2013.

The following are brief summaries of some of the key actions we have taken to improve the quality of healthcare as a result of the review of local clinical audit reports:

Audit title	Key Actions
Patient Perceptions of the Endoscopy Service - Re-Audit	• The causes and anticipated length of delays to treatment are now being communicated to patients. • Patient information has been reviewed and updated and now includes any suggestions from patients. • The *Sedation in Endoscopy* guidelines were reviewed and updated.
Patient Perceptions of the Gynae-Oncology Clinical Nurse Specialist Service (2012)	• Measures have been implemented to ensure Gynae-oncology patients are cared for on the appropriate ward unless there are exceptional circumstances. • All patients are offered written pre operative information about services offering psychological/social/ spiritual or cultural support. This is also discussed with the Gynae-Oncology Clinical Nurse Specialist and contact details provided in case further support is required. • All patients are offered a permanent record of their

	consultation where diagnosis and treatment options are discussed and written information re their condition and treatment.
An audit of admission and hospital-acquired hypernatraemia (serum sodium ≥150 nmol/L) and the effectiveness of treatment in medical and surgical patients	• Audit results presented at the Grand Round at University Hospital and St Cross, and at the Association for Clinical Biochemistry conference. • Dr Gosling has prepared a paper on these results in conjunction with Wolverhampton Hospital which is due to be published. This will act as a basis for future education and guidelines.
Audit of Phototherapy	• New consent form designed for Photo Dynamic Therapy. • Training session planned to educate staff about treatment protocols.
Audit of the Use of Toctino	• Side-effects documentation has been improved. • The number of clinic appointments has been increased to ensure appropriate follow-up arrangements.
NPSA Alert Re-Audit of Consent and Monitoring of Methotrexate Use in Dermatology	• New proforma in use for patients starting systemic treatment.
Audit against NCEPOD " Emergency Admissions: A journey in the right direction?"	• Introduction of UHCW RESUS Management Chart (Non-Trauma)
Re-Audit of Endoscopic Retrograde Pancreatic Cholangiography (ERCP)	• Local sedation guideline introduced. • Developed a register and communicated the need to report and monitor Clinical Adverse Events raised when reversal of sedation is required.
Trust-wide Sepsis Audit	• Sepsis Champions have been identified on Wards to provide education. • Sepsis posters have been displayed in clinical areas. • An online training tool on the management of Sepsis for all grades of staff is due to be introduced shortly.

For further information on Clinical Audit please contact the Quality and Effectiveness Department at: Clinicalaudit@uhcw.nhs.uk or: 02476 968282

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Coventry and Warwickshire Partnership
NHS
NHS Trust
Quality Account
2012/13 (DRAFT)

Our vision is to work for the wellbeing of the people we serve and to be recognised as the best at what we do

Contents

Part One

Statement on Quality from the Interim Chief Executive

Welcome to Coventry and Warwickshire Partnership NHS Trust's Quality Account for the period April 2012 to March 2013.

Quality Accounts are annual reports to the public from providers of NHS healthcare about the quality of services they deliver. The primary purpose of the Quality Account is to encourage Boards and leaders of healthcare organisations to assess quality across all of the healthcare services offered. It allows us, as leaders, clinicians, shadow governors and staff to demonstrate our commitment to continuous, evidence-based quality improvement and to explain our progress to the public.

I am therefore delighted and proud to share with you the third annual Quality Account for Coventry and Warwickshire Partnership NHS Trust. Our vision is that the Trust is committed to providing the very best care for all of our patients. This requires the Trust to be recognised as a provider that delivers safe, clinically effective acute services focused entirely on the needs of the patient, their relatives and carers. To support this, our recently reviewed Quality Strategy covers all aspects of the quality agenda and focuses on Patient Safety, Effectiveness of Care and Patient Experience, enabling us to involve and engage with our patients, clinicians and staff to ensure that quality is at the heart of all that we do.

The Quality Account for 2012/13 describes how the Trust has continued to develop over the last year, includes reviews of our quality performance towards the delivery of our quality priorities and demonstrates how we have used our resources to drive quality improvements that have been made during the year.

We have spent some time in the earlier part of this year, developing our quality priorities for 2013/14, involving patients, staff, members of the public and stakeholders to ensure that we focus on those areas that are most important to the population we serve. These priorities are presented in Part 2 of this document.

We have faced many challenges over the last year and our staff work extremely hard to provide the level of care that should be expected of any healthcare provider whilst continuously progressing the quality agenda. We will continue to seize opportunities to develop highly reliable, high quality, timely and appropriate care across all of our services to ensure that our strategic intent for quality is realised.

The Trust Board is confident that this account presents an accurate reflection of quality across Coventry and Warwickshire Partnership NHS Trust and I can confirm that to the best of my knowledge the information contained within is accurate. I hope you enjoy reading the account of the Trust's quality achievements during the year and those that we look forward to accomplishing over the next 12 months.

David Allcock
Interim Chief Executive
Coventry and Warwickshire Partnership NHS Trust
June 2013

SIGNATURE

Statement of Directors Responsibilities

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, directors are required to take steps to satisfy themselves that:

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

SIGNATURE

Martin Gower
Chair, Coventry and Warwickshire Partnership NHS Trust
June 2013

SIGNATURE

David Allcock
Interim Chief Executive, Coventry and Warwickshire Partnership NHS Trust
June 2013


ventry and Warwickshire
Partnership Trust
NHS
Equal
Partners

Part Two

Looking Forward: Our priorities for Quality Improvement during 2013/14

Part 2 is the section in our Quality Account that looks forward and identifies our quality priorities for 2013/14. It also includes our statements of assurance from the Trust Board

Following publication of the new vision for nursing, midwifery and care givers 'Compassion in Practice', in December 2012, and the Robert Francis Public Inquiry in February 2013, the Trust has refreshed its Quality Priorities Framework. In response the Trust has set Quality Goals for the year 2013/14 to provide some focused, quality outcome measures, which will drive quality improvement within the organisation. These have been developed through further engagement and feedback from our staff, patients/service users, and our stakeholders.

We received a lot of feedback during the consultation which is summarised below:

Feedback from Patient/Service Users, Carers and Stakeholders

Overall there was much support and enthusiasm for the priorities and goals, and an appreciation of opportunity to give feedback. The feedback centred around 3 key themes;

- Communicating the priorities and goals accessibly and in the right language
- Wanting to understand how the goals would be effectively delivered and the detail underneath each goal
- Wanting to know how we were going to provide feedback on implementation and be assured this was going to happen

Feedback from Staff

Of staff who responded to the consultation 93% of respondents:

- Supported the priorities and goals
- Thought the priorities made sense to them

In response to feedback from all groups, we have agreed to develop easy read versions of the Quality Goals that outline the work to be completed in each quarter of the year, how we will know this is being achieved and how we will publish this. We have committed to reporting progress as part of our Public Trust Board meetings throughout the year.

Using the feedback we have received we have refreshed the Quality Priorities to reflect the '6 C's' described in 'Compassion in Practice': Care; Compassion; Competence; Communication; Courage and Commitment and have aligned them to our own refreshed Quality Priorities

Our Trust Quality Goals April 2013 to March 2014

The Trust Board is committed to promoting a positive culture enabling continuous improvement of our services for patients/service users and carers, the public, our staff and our stakeholders through the setting of specific Trust Quality Goals. The goals set for the year 2013/14 are illustrated below.

C

- Compassionate Care
- Implement a 'cultural barometer' including Friends and Family Test

A

- Real Time Patient Experience Outcomes
- Outcome Frameworks for all service areas
- Using Safety Thermometers to deliver safer care

R

- Deliver our enabling strategies for Estates and Information Technology
- Further mature Early Warning System including Compassion in Practice indicators

E

- Effective Workforce Planning and Development
- Competent workforce through Protected Learning Time
- 'VALUE' based, user focused services

Quality Goal One: Compassionate Care

The Trust provides practice placements for students, for example; nursing students. We will be working with Coventry University to improve compassion in practice through better education and practice assessments on wards and in services. This means that we will:

- Promote compassionate care in all training and education of students
- Make sure that everyone who is a student mentor and assessor understands and develops their skills, knowledge and practice with a focus on compassion
- Use this work to ensure that compassion is at the heart of everything we do.

Quality Goal Two: Implement a 'cultural barometer' including Friends & Family Test

It has been recognised that voices of staff are a powerful tool to understand the standard of care and the experience of patients through their eyes.
This means that we will:

- improve the way we communicate with our staff and listen to their views on good care and also when things are not right
- be asking staff for their views on a more regular basis to continually improve

We have introduced our Equal Active Partners programme so that staff can talk directly with Senior Managers and Directors and this work will contribute to this. At the heart of this work is good care and good patient experience. This will be co-ordinated with patient and carer feedback.

Quality Goal Three: Real Time Patient Experience Outcomes

This builds on the work we have already completed on our Equal Partners Strategy.
This means that we will:

- involve service users, carers, and staff to make sure they have the best experience of care
- use a number of ways to capture experiences of patients/service users across all our services every month. This will lead to engaging patients/service users, carers and staff in all improvements in our services and in re-designing our services
- Publish the results as part of our outcomes framework

Quality Goal Four: Outcome Frameworks for all service areas

This will build on our work this year and means that each service in our Trust will:

- continue to develop outcomes frameworks and measures
- have a plan about how they will measure how they will meet the clinical standards they have set
- use the measures collected to say how they will improve and maintain good standards of care
- publish our measures and standards in service areas

Quality Goal Five: Using Safety Thermometers to deliver safer care

A safety thermometer is a way of measuring that care is safe and not harming patients and service users. It measures common harms that patients can experience if care is not safe.

This year we will:

- use the current National Safety Thermometer standards to improve safety and reduce harm
- be involved in the development of a Safety Thermometer that promotes safe care in all our mental health and learning disability services.
- publish the results as part of our outcomes framework

Quality Goal Six: Deliver our enabling strategies for Estates and Information Technology

We will build on the work done last year. This means we will continue with our plans to:

- make sure that we have the right buildings and equipment to provide the best services
- make sure we have the right staff with the right skills, in the right place to provide the best service

Quality Goal Seven: Further mature Early Warning System including Compassion in Practice indicators

Our Early Warning System allows us to test service areas to make sure they are providing high quality care. To do this a team in the Trust goes into a service unannounced, tells the service what they are doing well and what things they need to improve on, and this is monitored.

This year we will:

- continue to build on our Early Warning System work across the Trust.
- use our Early Warning System to monitor compassion in care through the 6 C's which are: care, compassion, competence, communication, courage, and commitment.

Quality Goal Eight: Effective Workforce Planning and Development

This builds on the work started last year and means that:

- we have plans in place to have the right work force with the right skills and the opportunities to develop
- These plans will be implemented and evaluated.

Quality Goal Nine: Competent Workforce Through Protected Learning Time

We need to make sure that all our staff receive the training, development and supervision they need to deliver high quality care. This builds on the work completed last year and means that:

- each service area has plans in place to deliver the right Protected Learning Time for their staff and how this will be measured and reported

Quality Goal Ten: 'VALUE' Based, User Focused Services

Our vision for high quality services is to deliver the best clinical care and patient experience that we can; we started this work last year. We are doing this through an approach called 'VALUE based care'. This means we will:

- continue to put the patient at the heart of service delivery
- concentrate on clinical and patient experience outcomes and the most effective use of resources to do this

In addition to Quality Goals the Trust is committed to deliver a number of Commissioner targets (collectively known as CQUINS). Commissioner priorities for the new contract year were agreed through a process of negotiation involving the Trust, Clinical Commissioning Groups and Specialist Commissioners Groups. Suggestions for quality improvement were taken from all stakeholders, and through open discussion, areas of commonality and shared priority were agreed. The priorities (covering Mental Health, Learning Disability and Community Health services) were sub-divided into three themes of Patient Safety, Clinical Effectiveness and Patient and Staff Experience. The rationale for inclusion of each priority was based on links with national, regional and local quality improvement programmes.

Project teams will take forward specific actions and documentary evidence will be reported at regular intervals to demonstrate achievement against milestones, both internally and externally to Commissioners. The targets for 2013/14 are summarised below:

National CQUINS		
Service Area	**CQUIN Title**	**Description**
Community & Mental Health	Safety Thermometer	Continue with collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and VTE.
Mental Health	Patient Experience - Mental Health Care Clustering	Service User Engagement Plans
Community	Patient Experience - Community Services	To further enhance knowledge of patient experiences within Community Services
Secure Services	Improving service user experience through innovative access to and for secure services	Increased utilisation of communications technology
Secure Services, Eating Disorders, CAMHS Adolescent Beds	Optimising pathways	To help providers understand the whole care pathway and plan to optimise an individual's length of stay within specialised mental health services
Secure Services, Eating Disorders, CAMHS Adolescent Beds	Improving Patient Experience Through ensuring effective Care Programme Approach (CPA)	A baseline audit and development of an action plan to ensure the care plan approach (CPA) process is effective and appropriately identifies unmet need

Secure Services, Eating Disorders, CAMHS Adolescent Beds	Improving physical healthcare and well-being of patients	To improve the physical health and wellbeing of all patients, as an integral part of their overall treatment and rehabilitation plan.
Secure Services	Reducing social exclusion by improving literacy, numeracy, IT and vocational skills	The provision of resources to improve literacy, numeracy, IT and vocational skills within secure care environments provides better opportunities for future participation in various aspects of life.

Local CQUINs – Details to be confirmed		
Service Area	**CQUIN Title**	**Description**
Mental Health Services	Out of Area 117	To develop a process for review, assessment and discharge where appropriate of mental health 117 clients
Mental Health Services	Out of Area Year 3	Realisation of benefits from case management for out of area placements
Mental Health Services	Repatriation Benefits	Realisation of benefits from case management for out of area placements part 2
Mental Health Services	Improving Communication	Improving Primary and Secondary Care communication and integrated working across Primary and Secondary Care
Mental Health Services	Acute Mental Health Assessment Team	To ensure the continued effective and timely implementation of the health economy wide AMHAT service and act as main contact point for all providers
Mental Health Services	CAMHS - Outcomes	CAMHS - patient dashboard and dataset quality assurance
Community - proposal	Community CQUINS themes centre on enhancing End of Life services, up-skilling of staff for new Family Support Services specification and closer links with Integrated teams. In addition, reviewing early assessment of clients with possible dementia has been proposed.	

Statements of Assurance from the Board relating to the Quality of NHS services provided here at Coventry and Warwickshire Partnership NHS Trust

The wording in the following statements is required in the Department of Health regulations for producing quality accounts and is included to enable readers to make comparisons between similar organisations.

Review of Services
During 2012/13 the Coventry and Warwickshire Partnership NHS Trust provided and/or sub-contracted 93 NHS Services. The Trust has reviewed all the data available to them on the quality of care in all of these services.

The income generated by the NHS services reviewed in 2012/13 represents 100% of the total income generated from the provision of NHS services by Coventry and Warwickshire Partnership NHS Trust for 2012/13.

Participation in Clinical Audits
During 2012/13, 6 national clinical audits and 1 national confidential enquiry covered NHS services that CWPT provides. During that period, CWPT participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that CWPT was eligible to participate in and for which data collection was collected during 2012/13, are listed in the table below. The number of cases submitted to each audit or enquiry as a percentage of the number of cases required by the terms of that audit or enquiry is also given.

Eligible audits / confidential enquiries applicable to CWPT	Eligible to participate	Participation in 2012/13?	% of cases submitted 2012/13	Reason for non-participation
Psychological therapies	✓	✓	48% Therapist questionnaires 100% Case notes 30% Service user questionnaires	
POMH 2f Screening of metabolic side effects of anti-psychotic drugs	✓	✓	53 cases	
POMH 4b Prescribing anti-dementia drugs	✓	N/A	N/A	Topic withdrawn by POMH.
POMH 11b Prescribing antipsychotics for people with dementia	✓	✓	83 cases	
POMH 12a Prescribing for people with personality disorder	✓	✓	5 cases	

Eligible audits / confidential enquiries applicable to CWPT	Eligible to participate	Participation in 2012/13?	% of cases submitted 2012/13	Reason for non-participation
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	✓	✓	100%	

The reports of 4 national clinical audits were reviewed by CWPT in 2012/13 and CWPT intends to take the following actions to improve the quality of healthcare provided.

National audit title	Description of actions following national clinical audit
National audit of schizophrenia	The Trusts results compared favourably to the national findings. The need to improve physical health monitoring for schizophrenic patients was identified and in response the Trust plans to ensure that the Physical Health Monitoring Policy is fully embedded. Promotion of the Trusts prescribing guidance and availability and use of patient information will continue.
POMH 2f Screening of metabolic side effects of anti-psychotic drugs	Data submitted relates solely to patients seen by Assertive Outreach Teams (AOTs). The Trust's results compared favourably to the national average for AOT teams. 70% of the Trust's patients had documented evidence of all four aspects of the metabolic syndrome compared to 34% nationally. The Trust was the best performing Trust for AOT teams. An action plan is being developed.
POMH 12a Prescribing for people with personality disorder	No action to be taken as the sample submitted was too small for benchmarking data to be meaningful.
Epilepsy 12 (Childhood Epilepsy)	Review of local guidelines for carbamazepine prescribing and use of EEG to ensure they reflect current best practice. An annual clinical professional development session focusing on epilepsy will be held. The service has also agreed to develop a shared resource which staff can use to store and access all appropriate resources in relation to lifestyle advice specifically for epilepsy patients.

The reports of 37 local clinical audits were reviewed by CWPT in 2012/13. The following have been selected as examples of how services have used clinical audit to improve the quality of care delivered.

Audit title	Description of actions following clinical audit
Nutritional audit	The findings highlighted that although patients were being screened for their risk of developing malnutrition and dehydration whilst in our care, a consistent approach to this was not in use. The Trust is currently developing a

Audit title	Description of actions following clinical audit
	standardised Trust wide screening tool.
POMH 1f & 3c Prescribing high dose and combined antipsychotics: acute/PICU, rehabilitation /complex needs, and for forensic psychiatric services	The Trusts performance has improved with regard to high dose anti-psychotic prescribing. To continue this improvement the Medicines Management Team has provided dedicated support to clinical services.
Quality outcome of completed orthodontic treatments 2011/2012 according to PAR score	Only 1% of cases fell into the worse / no different category; national recommendation less than 5%. National recommendations advise the average reduction in PAR score should be greater than 70%; UHCW average reduction was 82%. The outcomes were in line with national recommendations and therefore no action was required.
Re-audit of physical health monitoring for patients on Clozapine	Following an initial audit demonstrating that physical health monitoring in this patient group needed to improve a physical health monitoring form was introduced. This has led to significant improvements in physical health monitoring demonstrated by the findings of the re-audit. A further re-audit will be undertaken to ensure this good practice and high standards of care are maintained.
Prevention of falls for our older adult in-patient population	The audit findings highlighted that all patients had a risk assessment on admission. Where the risk of a fall was identified all patients had a screening assessment for preventing falls. 94% of patients had a care plan developed. Audit findings were discussed with clinical teams to ensure that care plans are developed where the need is identified.
Audit of adherence to NICE guidance for epileptic patients seen by learning disability services in Coventry	The guidance was not consistently followed. In response the service have taken action to strengthen the system in place to ensure that management plans are regularly reviewed and all key criteria assessed and discussed with patients.
Injection Therapy Documentation Audit (Therapy Services)	The results showed that the injection recording sheet was not used by all clinicians. As a result not all of the required information was documented. Work to embed the use of the injection recording sheet is planned.
Section 17 leave forms and risk assessments in secure services	Leave was granted by the appropriate body and was signed for by the appropriate responsible clinician. Patients were involved in discussions about leave. Not all fields on the form were consistently completed. A checking mechanism has been put in place to review forms to ensure all fields are completed.
Audit of medicines reconciliation for patients admitted to Willow View Day Service	The findings highlighted that the Medicines Reconciliation Form has not been fully embedded into practice. To aid this, the topic will be included as part of the junior doctor induction programme. Results have been published in Medicines Matters Newsletter to increase general awareness.
Re-audit of foot examination assessment for patients with diabetes	Overall practice was in line with NICE guidance. However, further work is required to improve the documentation of foot deformity.

Audit title	Description of actions following clinical audit
Safe and secure storage of medicines / safe disposal of all drugs	Units are working closely to the expected standards for the Safe and Secure Handling of Medicines as identified by the Royal Pharmaceutical Society. Where identified Medicines Management Team Technicians will be supporting units to review stock lists.

Participation in Clinical Research - Commitment to research as a driver for improving the quality of care and patient experience

The number of patients receiving NHS services provided or sub-contracted by the Trust in 2012/13 that were recruited during that period to participate in NIHR portfolio research was 554.

Participation in clinical research demonstrates the Trusts commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

There were circa 70 clinical staff participating in research approved by a Research Ethics Committee at the Trust during 2012/13.

As well, in the last three years, nine publications have resulted from our involvement in research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Our engagement with clinical research also demonstrates the Trust's commitment to testing and offering the latest medical treatments and techniques.

The Trust has a long standing and effective partnerships with both the University of Warwick and Coventry University. Each year a number of collaborative grant applications and research studies are undertaken, demonstrating the value that the Trust places on research.

The following is an example of a Research project that demonstrates how the Trust is using research to inform the delivery of care:

Obsessive Compulsive Treatment Efficacy Trial (OCTET)
OCTET is funded by the HTA and delivered within IAPT (Improving Access to Psychological Therapy) services. The study was developed by researchers from Manchester University because, even though new treatment guidelines recommend that people with OCD receive Cognitive Behavioural Therapy (CBT) using a short-term self-help approach, NHS services deliver a more intense longer-term CBT treatment. The team developed two methods of self-help treatment, a computerised CBT (cCBT) program and a guided self-help (GSH) booklet. The study was designed to find out which of the two methods might be most effective, and how useful they might be compared to treatment as usual. Both are delivered over a 12week period by IAPT Personal Wellbeing Practitioners (PWPs) over the phone (10min pw cCBT; 30min pw GSH). Over the year we have recruited 20 participants and have been one of the best performing

sites nationally. The gender mix of our participants is similar, 9 males and 11 females. Twelve have been randomised to a treatment arm (cCBT n=7; GSH n=5) and 8 to the control arm. Of the 12 in a treatment arm, 4 have been discharged with a positive outcome and 8 have been stepped up to L3 to continue their work. All 20 participants continue to undertake follow-up assessments at 3 months, 6 months and 12 months post baseline assessment.

This interventional trial has been a huge success within our Trust and has benefitted both IAPT clients and IAPT services. The majority in the trial have been offered treatment immediately. If stepped up at the end of the trial they have entered level 3 treatment with OCD knowledge and treatment experience. Clients randomised to the control arm have had the opportunity to talk about their OCD during a baseline assessment with an experienced clinical researcher and have reported therapeutic benefits. IAPT services have been able to report reduced waiting times and benefitted from having members of their team trained in a unique therapeutic intervention. PWPs have been given the opportunity to undertake training that they will be able to utilise in their everyday practice, promoting confidence and adding to their CPD.

The Trust will review with interest the outcome of this national study and the implications for the way in which we deliver services.

Goals agreed with commissioners - Use of the CQUIN payment framework

A proportion of the Trusts income in 2012/13 was conditional on achieving quality improvement and innovation goals agreed between the 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 payment framework. Further details of the agreed goals for 2012/13 and for the following 12 month period are available electronically at [address/link to be inserted].

What others say about the provider - Statements from the CQC

The Trust is required to register with the Care Quality Commission and its current registration status on the 31st March 2013 is registered without conditions.

The Care Quality Commission has not taken enforcement action against the Trust during 2012/13.

The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The CQC completed 7 inspections as part of their ongoing programme of planned reviews during 2012/13. Following all inspections the CQC declared that the Trust was meeting all of the Essential Standards of Quality and Safety it had checked at each location. Although compliant CWPT services have taken the following action in response to the compliance inspections to reinforce processes currently in place:

- Developed and introduced patient questionnaires to help the organisation to capture patient experiences of the services used and actively using this feedback to improve.
- Supporting staff through the provision of effective supervision processes.
- Strengthening of the capacity assessment and best interest decision making processes.
- Improving partnership working with other Trusts / organisations.

Data Quality - Statement on relevance of Data Quality and our actions to improve our Data Quality

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. Improving data quality, which includes the quality of ethnicity and other equality data, will thus improve patient care and improve value for money.

The Trust will be taking the following actions to improve data quality

- Development of data capture processes and procedures that are aligned to the patient journey
- Identifying roles and responsibilities for data capture along the patient journey
- Data quality improvement plans for nationally flowed datasets
- Regular data quality subscription reports issued to staff where there are data quality issues with the data for key data items such as ethnicity, postcode and General Practitioner
- Using nationally reported benchmarking data from the Health and Social Care Information Centre to benchmark our performance on data quality and identify any issues for resolution
- Reporting of data quality issues and performance to trust groups and committees
- Continued compliance with the Information Governance Toolkit

NHS Number and General Medical Practice Code Validity*
The Trust submitted records during 2012/13 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 which included the patient's valid NHS number was:

99.1% for admitted patient care;
99.9% for outpatient care;

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

100% for admitted patient care;
100% for outpatient care

*Data is accurate to Month 11 2012/13.

Information Governance Toolkit attainment levels
The Trust Information Governance Assessment Report score for 2012/13 was 70% and was graded Green.

Clinical coding error rate
The Trust was not subject to the Payment by Results clinical coding audit during 2012/13 by the Audit Commission.

Core Quality Indicators
The Trust is required to provide performance details against a core set of quality indicators that are part of a new mandatory reporting requirement in the Quality Accounts from 2012/13 with the data being supplied through the Health and Social Care Information Centre (HSCIC) as follows:

7 Day Follow Up 2012/13
The data made available to the Trust by the HSCIC with regard to the percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period demonstrated the following:

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	National Average*	National Range^
2012	98.9%	97.5%	97.3%	Not available	97.6%	0%-100%
2011	97.5%	96.8%	98.3%	98.3%	97.6%	92.4% - 100%

*Q3 Return 2012/13 ^Q4 Return 2011/12

The Trust considers that this data is as described for the following reasons:
- The Trust recognises the importance of following up patients post discharge as evidence suggests that people with mental health problems, especially those with severe and enduring mental illness are at particular risk of harm and are particularly vulnerable in the period immediately after they have been discharged from a psychiatric ward.

The Trust intends to take the following actions to improve this percentage and so the quality of its services, by:
- Continuing its current success in following up patients after they have been discharged from psychiatric care.

Gatekeeping Admission by Crisis Intervention Teams 2012/13
The data made available to the Trust by the HSCIC with regard to the percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period demonstrated the following:

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	National Average*	National Range^
2012	100%	100%	100%	Not available	98.4%	90.7%-100%
2011	97.7%	99.6%	100%	99.6%	97.7%	89.6% - 100%

*Q3 Return 2012/13 ^Q4 Return 2011/12

The Trust considers that this data is as described for the following reasons:
- All admissions to psychiatric acute wards are managed through the Crisis Intervention Teams.

The Trust intends to take the following actions to improve this percentage and so the quality of its services, by:

- Continuing to monitor its performance to ensure that its high standard is maintained.

Admissions with 28 days of discharge 2012/13

The data made available to the Trust by the HSCIC with regard to the percentage of patients re-admitted to the Trust within 28 days of being discharged demonstrated the following:

Quarter 1	Quarter 2	Quarter 3	Quarter 4	National Average (Q3 return)	Range (Q3 return)
Not available	Not available	Not available	Not available	Not available	Not available

The Trust considers that this data is as described for the following reasons:

-

The Trust intends to take the following actions to improve this percentage and so the quality of its services, by:

-

Staff recommending the Trust as a provider of care

The data made available to the Trust by the HSCIC with regard to 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 demonstrated the following:

Year	Score	National Average	Range of Scores
2012	3.54	3.54	3.06 – 4.06
2011	3.44		3.06 – 3.93

The Trust considers that this data is as described for the following reasons:

- The indicator reflects how important staff feel about the underlying questions that make up this indicator:
  - Care of patients/service users is my organisation's top priority;
  - I would recommend my organisation as a place to work;
  - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.

The Trust intends to take the following actions to improve this percentage and so the quality of its services, by:

- The Trust Board have embarked on a large scale staff engagement programme of activity within our Equal Active Partners (EAP) framework. This will support our development and continual improvement of staff engagement at all levels.

Patient experience of community mental health services
The data made available to the Trust by the HSCIC with regard to the trust's "Patient experience of community mental health services" indicator score with respect to a patient's experience of contact with a health or social care worker demonstrated the following:

Year	Score	National Average	Range of Scores
2012	8.5	-	8.0 – 8.9
2011	9.5	-	-

The Trust considers that this data is as described for the following reasons:
- Data to be confirmed

The Trust intends to take the following actions to improve this percentage and so the quality of its services, by:
- Data to be confirmed

Percentage of patient safety incidents that resulted in severe harm or death
The data made available to the Trust by the HSCIC with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Year	Number of incidents occurring	Rate per 1000 bed days	National Range – rate per 1000 bed days*	Number(%) resulting in severe harm or death	National Number (%) resulting in severe harm or death
2012*	2198	32.26	0 – 70.29	35 (1.6%)	1729 (1.6%)

*April 2012 to September 2012 data available only

The Trust considers that this data is as described for the following reasons:
- The Trust takes seriously the need to report and take action when incidents occur.

The Trust intends to take the following actions to improve this percentage and so the quality of its services, by:
- The Trust will continue to take action to address issues arising out of the reporting of incidents.

Part Three

Progress against 2012/13 Priorities for Quality Improvement

Our 2011/12 Account detailed a number of priorities under three quality improvement headings; patient safety, clinical effectiveness and patient and staff experience which were based on the Commissioning for Quality and Innovation (CQUIN) framework which is designed to promote quality improvement by linking a proportion of the Trust's income to the delivery of agreed quality goals. The content of local schemes is agreed between the Trust and its Primary Care Trust (PCT) commissioners prior to the start of the financial year, and includes nationally and locally defined CQUIN indicators. The following table lists our CQUIN goals for 2012/13 and provides a summary of achievement.

Mental Health CQUIN Priorities for Improvement
(Note: level of achievement for 2012/13 CQUIN have not yet finalised with commissioners)

CQUIN Title	Description of Indicator (What we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
Safety Thermometer  Target Met	This is a national CQUIN indicator that requires a survey to be undertaken on one day each month. Defined groups of patients (on wards and those visited in community settings) are surveyed to collect data on four outcomes: • pressure ulcers • falls • urinary tract infection in patients with catheters • Venous Thromboembolism A completed Safety Thermometer survey for all relevant patients must be sent each month to the NHS Information Centre.	This year represented the set-up phase of the national programme. Work has centred on establishing the systems and processes for completion of surveys and submission of data to the NHS Information Centre.	The target for the CQUIN is to successfully submit the Safety Thermometer survey data over three successive quarters. Each month, since April, the Trust has successfully submitted the required audit information, within the identified timeline, and so has met the requirements of the CQUIN.
Patient Experience – Dementia services  Target Met	The Trust was asked to develop systems to monitor patient and carer experience in specific areas of community, in-patient and out-patient dementia services. The aim was to identify the best methods of gathering patient and carer experiences to bring about service improvements.	The CQUIN project group has been developing different methods for collecting feedback from patients, carers and staff. This has included attending patient meetings and forums, gathering patient stories, using the online *Patient Opinion* service and using research techniques such as Evidence Based Design to identify key themes for improvement. The Trust's participation in the National Feedback Challenge has also provided useful learning from other organisations.	The methods of collecting patient experience have been reviewed and refined for use in the future. The Trust has developed a list of key themes and actions to take forward, that will improve patient experience of dementia services. Some of these actions are already being implemented.

CQUIN Title	Description of Indicator (What we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
Psychiatric Liaison  Target Met	This is part of a set of complementary CQUINs across all health economy providers in Coventry and Warwickshire. A new team was to be established to provide speedy assessments of patients in general hospitals who required specialised mental health support. Key aims were to reduce length of stay in acute Trusts for patients with a mental illness, and to ensure that patients were discharged to an appropriate setting with the necessary mental health support.	Achieving the target required the Trust to work in partnership with other local acute Trusts to develop a service that provides a single point of contact for assessment of patients with Mental Health needs who have been identified by the Acute Trusts as requiring assessment. The work has included training of acute staff and establishing systems and protocols for day-to-day running of the service.	The new service commenced on 1st October 2012. Data is being recorded for reporting purposes and this has demonstrated that patients are being seen and assessed in a timely manner, therefore enhancing the quality and outcome of their care
Case Reviews of Out of Area Placements  Target Met	The Repatriation Programme was established as a CQUIN to focus on the clinical review and pathway development for individual clients currently cared for out of area, with the aim to support their return to local services.	Clinical review of patients has made it possible to bring individuals into core services, move them into new placements based on individual need, or to renegotiate existing packages where need has changed or is not being met. Services within the Rehabilitation Pathway have been extended to provide additional provision which enables more clients to be repatriated to the local community and services	The repatriation programme has successfully continued this year resulting in excess of 50 clients returning to local services or now receiving services within other providers that now more appropriately meet their clinical need therefore supporting their progress to full repatriation

CQUIN Title	Description of Indicator (What we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
Repatriation where appropriate and / or reduction in costs for out of area placements  Target Met	This indicator requires the delivery of £3 million savings to commissioners by the 31st March 2013 through the clinical review of Out of Area Placements.	Clinical assessments and repatriations via the Out of Area Team processes have continued throughout the year. The in-year savings delivered for Commissioners continues to be exceeded.	The Trust expects to achieve full realisation of the financial benefits and is currently working with the CCGs to develop a Year 3 Out of Area CQUIN indicator to ensure sustainability of the repatriation programme.
Improving Primary and Secondary Care communication and integrated working  Target Met	The Trust was asked to improve communication and integrated working with primary care (GPs) supported by a training package and data for GP practices. The work also involved developing the processes by which clients being cared for in primary care could rapidly re-enter specialist mental health services if their needs changed.	Through the introduction of a new role (Senior Relationship Manager), the Trust has forged closer working relationships with primary care. Named link workers have been allocated to all GP practices, and a data report has been developed with GPs and is now being issued to practices on a regular basis. Rapid re-entry processes are now established and being used within Community Mental Health Teams.	The positive work carried out this year is set to continue into 2013/14 with a further CQUIN target being introduced to build on progress already made.

Community Services CQUIN Priorities for Improvement
(Note: level of achievement for 2012/13 CQUIN have not yet finalised with commissioners)

CQUIN Title	Description of Indicator (What we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
Safety Thermometer  Target Met	This is a national CQUIN indicator that requires a survey to be undertaken on one day each month. Defined groups of patients (on wards and those visited in community settings) are surveyed to collect data on four outcomes: • pressure ulcers • falls • urinary tract infection in patients with catheters • Venous Thromboembolism A completed Safety Thermometer survey for all relevant patients must be sent each month to the NHS Information Centre.	Within the Trust, the Safety Thermometer is currently being collected across community nursing services and older adult inpatient wards, in line with the requirements for all Mental Health, Learning Disability and Community Services organisations.	The target for the CQUIN is to successfully submit the Safety Thermometer survey data over three successive quarters. Each month, since April, the Trust has successfully submitted the required audit information, within the identified timeline, and so has met the requirements of the CQUIN.
Patient Experience  Target Met	The Trust was asked to develop systems to monitor patient and carer experience in specific areas of Coventry Community Health Services: • Clinical Assessment Services (CAS)- within 38 hours following discharge • Long Term Condition (LTC)patients with COPD 'stepping down' from Community Matron to District Nursing services • Diabetic patients under the care of District Nurses for on-going care. The aim was to introduce the use of the 'Friends and Family Test' in line with NHS	The CQUIN project group has been developing different methods for collecting feedback from patients, carers and staff. This has included gathering patient stories, using the online *Patient Opinion* service and reporting the findings to the Trust Board. Also, the Friends and Family Test was introduced, where patients attending clinics or visited at home were asked the question "How likely is it that you would recommend this service to friends and family? Please rate on a scale of 0 (not at all) to 10 (extremely likely). "The results were analysed and the Trust results compared favourably, particularly in CAS services, to those of other	Systems for monitoring patient and carer experience have been tested and refined in CAS and Community Nursing services throughout the year. The Friends and Family Test has been used to obtain feedback and has been most successful when used in clinic-based settings. Feedback has been acted upon where possible and patients notified of actions taken.

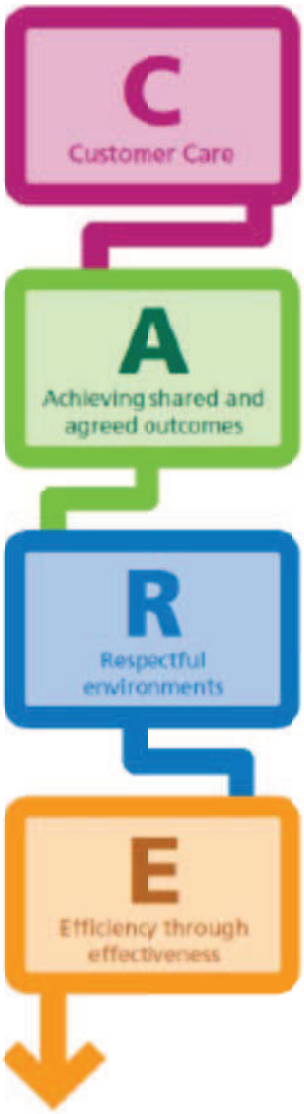
CQUIN Title	Description of Indicator (What we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
	Midlands and East recommendations and to gather patient and carer experiences to bring about service improvements.	well-known private companies who also used the Friends and Family Test. Action plans for future improvements were developed and implemented.	The Trust has therefore met the CQUIN target.
Call to Action  Target Met	The Trust was required to scope and implement a programme for development of health visitors and health visiting TEAMS, along with an external marketing programme to enhance the image and perception of health visiting services (including health visitors, staff nurses, nursery nurses and clinic assistants). These actions were in support of the national 'Call to Action' plan for health visiting services.	Delivery of the indicator has involved raising the image and perception of the Health Visiting Service through improvements to: • stakeholder and staff engagement • clinical supervision of Health Visitors • health and wellbeing of staff • comprehensive marketing of the service Actions were taken to strengthen Health Visitor links and methods of communication with individual GP surgeries and other stakeholders, raising visibility and awareness of Health Visitors across primary care and continuing efforts to recruit more Health Visitors.	The Trust has implemented action plans for each of the main areas of work, actively responding to feedback from Commissioners in-year, and which has resulted in improvements in all areas.
Integration  Target Met	A range of innovative working practices were to be discussed and agreed within the new Integrated Teams in Coventry (involving Community nurses and GPs), to ensure optimised care for Long Term Condition patients. Long Term Conditions included diabetes, COPD, asthma, heart failure and neurological conditions. This focus for this work was to build on the existing community nursing-led Root Cause Analysis (RCA) process.	The setting up of Integrated Teams and establishing the meetings has been an evolving process throughout the year. Root Cause Analyses have been undertaken jointly by Integrated Teams in many practices across the city. Community Matrons and District Nurses have supported the process and are active participants in the discussions with GPs. Where appropriate, RCA patients are also considered for Telehealth to support with monitoring their condition.	Community Nurses carry out and participate in the completion of RCAs as they arise and learning from the RCA process is being shared within the wider Community Nursing teams through regular meetings. The terms of the indicator have therefore been met.

CQUIN Title	Description of Indicator (What we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
	Root Cause Analyses would be carried out jointly by community nurses and GPs to understand the reasons why some Long Term Condition patients had undergone an emergency admission to hospital. Learning from this process would be shared across localities.		
Telehealth - use of Simple Telehealth for COPD, diabetes and heart failure patients  Target Met	This indicator was aimed at developing and implementing the 'Simple Telehealth' approach to monitoring COPD, diabetes and heart failure patients on the community nursing caseloads. Using mobile phone technology prompts and advice could be issued to patients so that they were able to receive assurance and monitor their long term condition without the attendance of a community nurse. .	The Trust has successfully implemented Telehealth in the defined patient groups. Nursing caseloads were reviewed to identify patients who would benefit from Telehealth and who were assessed as suitable for this approach. These patients were offered the opportunity to participate, and around 50 patients were successfully recruited to the programme. The Trust has developed protocols for specific conditions, to enable remote monitoring of patients' day to day management of their illness, supported by regular messages and alerts via a dedicated telephone system. Data has being collected to assess the benefits of Telehealth and to monitor patient and staff experience of using the system.	The Trust has introduced Telehealth for appropriate Long Term Condition patients and continues to embed the principles and processes across its Community Nursing Service. Comprehensive monitoring information is being collected and has been supplied as evidence of achievement of this CQUIN.
Case management of patients identified through risk stratification	In order to reduce avoidable emergency admissions and A&E attendances by Long Term Condition patients, the Trust agreed to work with Commissioners and GPs to implement a Risk Stratification Tool. This tool would be used to identify patients who were at increased risk of an admission to hospital, and integrated teams would use	Delays in the identification and distribution of an appropriate Risk Stratification Tool by Commissioners have caused a delay in the project and required alternative plans to be developed until such time an agreement could be reached. Despite this delay, Community nurses have attended meetings to carry out caseload reviews with GPs using	The Trust has provided evidence to Commissioners of the attendance of Community Nurses at joint meetings with GPs, where the review of high risk, Long Term Condition patients

CQUIN Title	Description of Indicator (What we agreed to do)	Summary of Achievement (What we did)	Final Outcome (Did we meet the target?)
 Target Met	this information to plan interventions to prevent future admissions.	retrospective data on patient admissions. The structure and frequency of the meetings continues to grow and many practices have or are in the process of organising integrated meetings to review caseloads. The meetings are proving positive and helpful to Community Nurses in the management of complex patients.	with frequent admissions has taken place. The Trust will continue to support and promote joint meetings of the Integrated Teams for this purpose pending full roll-out of a Risk Stratification Tool by Commissioners.

Progress against our Quality Goals 2012/13

The Trust is committed to promoting a positive culture enabling continuous improvement of our services for patients/service users and carers, the public, our staff and our stakeholders through working to implement specific quality goals. The goals set for the period 2012/13 covered the following elements:



- Delivering our Equal Partners Strategy
- Ensuring Protected Learning Time for our staff

- Implementing Outcome Frameworks for all service areas
- Using Safety and Quality and Performance Dashboards from Board to Ward/Team

- Developing and implementing our Estates Strategy
- Positive Staff Engagement

- The delivery of 'Value' based, user focussed services
- Effective Workforce Planning and Development
- Developing and implementing our IT Strategy

Quality Goal One: Delivering our Equal Partners Strategy

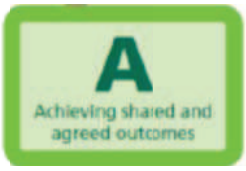
Years one and two of the Equal Partners Strategy will be successfully implemented.

- We have developed a method to collect and record patient and carer stories focussing first on our patients suffering with dementia.
- We have successfully started redesigning our Dementia Care Pathway through patient and experience stories.
- We will be using this work to spread good practice across other services in the future.

Quality Goal Two: Ensuring Protected Learning Time for our staff

All our staff will receive Protected Learning Time appropriate to their role.

- We have reviewed our staff appraisal and personal development plans to ensure that staff are able to build protected learning time into their job roles.



Quality Goal Three: Implementing Outcomes Frameworks for all service users

An Outcome Framework will be in place for all our operational services speciality areas.

- We have developed initial outcomes frameworks across our services.
- We have changed the way we write reports to show how we are performing against nationally and locally important indicators. This has ensured that that we are focused on improving the care we deliver to patients.

Quality Goal Four: Using Safety and Quality and Performance Dashboards from Board to Ward/Team

Safety and Quality and Performance Dashboards will be in place and used effectively in every ward/team.

- We have developed reports for wards and teams to display that show how well they perform across a number of quality standards. These include incident reporting, waiting times and training compliance.
- Our Services are focused on ensuring that information is up to date and is available to all staff and users of the service as appropriate.

Quality Goal Five: Developing and implementing our Estates Strategy

A fit for purpose Estates Strategy will be in place and year one plans implemented.

- We have reviewed how we best use our buildings and facilities to improve services for patients and stop using properties that do not offer value for money or positive patient experience.

Quality Goal Six: Positive Staff Engagement

Positive staff engagement will be evidenced through a wide range of approaches.

- We have held Quality Awards and this was our opportunity to share and thank staff who have performed exceptionally well during the year.
- We have changed our staff induction arrangements to make sure that all new staff are equipped with the right information, knowledge and training when they join the Trust.
- We have started our Equal Active Partners programme including our 'Big Conversation' events which have focused on the issues that staff have felt are really important to them and the people they serve.

Quality Goal Seven: The delivery of 'VALUE' based, user focussed services.

Successful use of VALUE based approaches in our service integration and transformation programmes.

- We have introduced our clinical strategy across Trust services and started to develop Integrated Practice Units (IPU's). IPU's focus on care pathways that deliver improved outcomes for patients as effectively as possible.

Quality Goal Eight: Effective Workforce Planning and Development

A workforce planning and development strategy will be in place and year one plans implemented.

- We have developed and revised our workforce plans to ensure that we have an appropriately skilled workforce in place.
- We have changed the way in which we deliver Statutory and Mandatory Training to ensure that all staff are able to attend training that is appropriate to their role and grade.

Quality Goal Nine: Developing and implementing our IT strategy

An IT Strategy will be in place and year one plans implemented.

- We have developed and implemented our Information Technology Strategy and provided our staff with new computers and telephones to work more flexibly in the right care environments, for example schools or people's homes.

Patient and Public Engagement and Feedback

Equal Partners Strategy

Effective involvement involves developing equal relationships where service users, carers, staff and the public are properly informed, supported and empowered to talk and work together as equals.

For this to work it is important that there is recognition of skills and expertise on all sides. Patients/Service Users and Carers recognise the expertise of NHS professionals and professionals genuinely listening to and understanding and valuing the experiences and expertise that people bring.

Involvement is about giving a voice to people to enable them to influence and shape their own care and support and the quality and direction of our service.

The Trust continues to develop and embed its listening and involvement culture through implanting its Equal Paters Strategy. This enables us to respond to feedback from people, and continue to develop our approaches to meaningful involvement in planning, developing and delivering our services.

There is continued evidence that the strategy is becoming embedded in organisational culture and this continues to be supported by our quality priorities.

Achievements in 2012/13 include:

- The development of a Volunteer Policy so that we can progress volunteering opportunities for service users, carers and the wider public in our Trust.
- We have successfully recruited two patient partners who will sit alongside senior staff on our Equal Partners Committee to champion and develop involvement in the Trust.
- We continue to build our contacts of people who want to get involved in our Trust. We have now established a Service User and Carer Assembly of 30 people who will work with us as active participants in shaping and improving the quality of our services. Work is in progress to align their skills and expertise to opportunities in the Trust.
- We have elected service user Governors for when we achieve Foundation Trust Status.
- Carers were involved in the development of Personal Health Budgets and helped to promote and market the pilot of this project.
- We have implemented an experience based design research project. This enabled young people and their carers to co-produce ideas and action plans together to shape and change services. This approach will be promoted as a model for genuine involvement across all services
- We have organised and facilitated a drop in event for patients and the public at the City of Coventry Health Centre to test out this method of engagement and consult on the best way to develop similar events in other locations.
- We have utilised Patient Opinion which is a web based feedback platform on our Website. It is a quick and easy way for service users, carers and the public to tell us what they think about our services and what can be improved.
- Implemented our Equal Active Partners which enables our staff to talk directly with Directors and senior managers to align ideas, effort and expertise to deliver better services and outcomes for our service users and carers.
- We continue to develop our approach to collecting and using patient stories using a variety of methods, written, audio and film to capture and improve patient experience.
- Service users and carers continue to be actively involved in the recruitment and selection of staff
- We continue to strengthen our relationship with and develop opportunities for joint working. Discussions continue to take place with the Local Authorities and other partners so that wherever possible we can join up engagement initiatives.
- We have successfully recruited two service user research champions who are working alongside the Research Team to recruit other service users to participate in a range of research.
- We have recruited service users and carers who are being trained as Patient Assessors working as equals on a team alongside staff. Patient Assessors go into a building unannounced and assess aspects of the environment.

Complaints, Patient Advice and Liaison Services (PALs) and Compliments

Putting people at the heart of everything we do, and working with them as Equal Partners, will ensure that we develop quality services, based around people's individual needs and aspirations, valuing the contributions they can make. Equal Partnerships will ensure that every voice is heard, individual choice and wellbeing is promoted, and people are enabled to have the best possible experience of our service.

The Trust has identified that complaints have become more complex and may involve an increasing number of different organisations (for example other NHS services and Social Care Services). It is our aim to ensure that each complaint received, is acted upon in a way that meets the needs of each individual.

In 2012/13 the Trust received 107 complaints (127 in 2011/12) as demonstrated in the table below.

	Number of Complaints	
Theme	**2012/13**	**2011/12**
Admissions/Transfers	2	3
Attitude of Staff	9	18
Cancellation of appointments	0	0
Clients Rights	15	43
Communications	9	10
Confidentiality	0	0
Change of Consultant	0	0
Domestic (e.g. cleanliness / food)	1	0
Information	5	1
Medical Care from Doctor	19	18
Nursing Care	30	20
Other direct Care i.e. CPN	11	7
Waiting times	6	7
Totals	**107**	**127**

Areas of significant improvement since 2011/12 are:

- Clients Rights
- Staff Attitude

The Trust aims to make local complaint handling a positive experience for those who seek to access the service. The Trust takes pride in the way in which complaints are managed as it is important to us that the process, the decision making and the way in which we communicate are as straight forward and effective as possible. The points to be investigated are agreed with the complainant at the earliest opportunity, and meetings are offered on either an informal or formal basis. Through our letter of response, which may involve a number of different clinical areas and/or other organisations, we aim to provide various remedies through the issuing of an appropriate apology and a variety of actions which aim to redress the issues identified, where appropriate.

All of our complaint responses are signed by our Chief Executive and reviewed by the Chairman, in order to underpin the organisations approach to complaints handling, and our wish to reassure the public that we take complaints very seriously. We always ensure that organisational learning is clearly identified in the response and that this is supported internally through evidence being available to assure stakeholders that we have done what we said that we would do.

The Trust PALs service provides advice, information and support to patients and carers to help to resolve issues. This may take the form of signposting to other services, providing information for example how to access services, or supporting someone in a ward round, outpatient appointment or case conference to assist them in getting their views heard. PALS often provide a speedy resolution to an issue or concern and for many provides a better option than making a formal complaint.

During the period 2012/13 there has been a significant increase in the number of PALs contacts since the previous 12 months.

No. of PALs Contacts 2012/13	No of PALs Contacts 2011/12
424	338

During the course of the year individual members of staff, teams and services receive many compliments from patients wishing to say thank you for the way in which they or their loved ones have been cared for and treated. Where complainants have a formal process to follow, those who compliment tend to do it informally by sending a letter or card, or verbally and collecting this data across the Trust is much harder to do. Staff are encouraged to send evidence of compliments to the Customer Services department so that this can be reported but we know that the data is far from complete.

The table below shows the number of compliments received by CWPT in 2012/13 in comparison to 2011/12.

Number of compliments received	2012/13	2011/12
Total	407	226

Patient Surveys

The Trust participated in the nationally mandated National Community Mental Health Service User Survey which published its results in 2012. The questionnaire was issued to 850 people who receive community mental health services. Responses were received from 259 service users.

Where we do well

- Last person seen definitely or to some extent took views into account
- Care plan definitely or to some extent sets out goals
- Ever asked about alcohol intake by NHS MH services
- Family definitely or to some extent involved as much as service user would like

Where we could do better

- Service user knows who their Care Co-ordinator is
- Rating of how well Care Co-ordinator organises care and services needed
- Definitely or to some extent understands what is in care plan
- Service user has had care review meeting
- Definitely or to some extent given a chance to express views at the meeting
- Definitely or to some extent found care review helpful
- Definitely or to some extent given support in getting help with financial help or benefits in last 12 months

The Trust has developed an action plan to address these issues and updates on progress have been regularly reported. The mandated survey is repeated each year and the results will demonstrate whether the action plans have been successful.

As part of the National Patient Feedback Challenge a system for the collection of real time patient feedback on inpatient wards and community team has been developed and was piloted in February 2013. Qualitative and quantitative feedback will be collected through a guided conversation with patients and this will enable an understanding of the on-going impact of changes made as a result of the survey. This pilot is part of an organisation wide roll out for this approach.

Working with Local Intelligent Networks (LINk)

In 2011 Coventry LINk undertook a piece of work to investigate activities for in-patients on wards at the Caludon Centre mental health unit. LINk published the report entitled Activities provided for in-patients at the Caludon Centre in August 2011.

Action plans were shared with Coventry LINk and update meetings held to keep LINk informed of progress. In September 2012 Coventry LINk undertook a follow up of the recommendations to see what progress had been made on the wards. Their report "Follow up report on progress regarding activities for in-patients at the Caludon Centre" was published in November 2012.

The follow up showed that positive changes had been made since the publication of the first report. However, LINk felt that the findings also seemed to indicate a difference between the perceptions and information provided about activity work from staff and the experiences that patients reported. Patients seem to be more critical and indicated there was still room for improvement with regards to activities and information about activities. LINk identified issues regarding: getting the outside gym up and running; activities at the weekend; delays in ordering equipment.

LINk further recommended that:
Progress needed to be made to ensure that patients can use the outside gym equipment.
The activities programme and its spread across different days should be reviewed.
The mobile library facility had not been implemented.

The Trust recognised that LINk had spoken to a small sample group of patients and so requested that a future Actively Influencing Mental Health Services (AIMHS) forum be run independently of the Caludon Centre to gather further feedback of patient satisfaction with activities provided.

LINk concluded that they wanted to continue their follow up work and this is currently being undertaken. The Trust has taken the opportunity to detail to LINk action that it will take following the recommendations received which focus upon strengthening existing arrangements for development, implementation and use of the Care Planning process.

Staff Survey

Coventry and Warwickshire Partnership Trust took part in the 10th annual NHS Staff Survey. All staff were asked to participate in the survey, which is voluntary, of which 48% responded. This is a reduction on the 58% who participated in 2011.

The Department of Health present the data under the four Staff Pledges and two additional themes of Staff Satisfaction and Equality and Diversity. There are 28 key findings from the DH, and a measure of staff engagement, a lower number than in 2011 (38) due to the reduction in size of the 2012 questionnaire and number of questions.

The tables below summarises the key scores from 2012 in comparison to 2011

Table: Comparison of 2012 score to 2011

Description of indicator	2012	2011
Issues in the best 20%	3	1
Issues better than average	5	4
Issued at the average	8	13
Issues worse than average	7	9
Issues in the worst 20%	5	11
Issues improved since 2011	6	-
issues deteriorated since 2011	3	-

Issues in the best 20%	2011	2012
Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver	76%	84%
Percentage agreeing that their role makes a difference to patients	92%	92%
Percentage working extra hours	61%	63%

Issues in the worst 20%	2011	2012
Support from immediate managers	3.75	3.70
Percentage saying hand washing materials are always available	53%	46%
Percentage feeling pressure in the last 12 months to attend work when feeling unwell	21%	26%
Percentage able to contribute towards improvements at work	59%	67%
Staff motivation at work	3.82	3.75

Although, overall, the Trust has made improvements in most areas, there are still a number of areas we wish to focus on and improve upon. The Trust has a staff group called the Social Partnership Forum which has been asked to focus on new areas for improvement, and continue to develop actions for improvement on key findings identified in the staff survey.

The Trust has embarked on a large scale staff engagement programme of activity within our Equal Active Partners (EAP) framework. This, we are hopeful, will support our development and continual improvement of staff engagement at all levels, showing some additional improvements in our 2013 staff survey.

Information from the staff survey and from other engagement activity is currently being scoped for inclusion in performance reports and dashboards to support on-going monitoring within clinical services of progress against actions for improvement.

National Health Service Litigation Authority

The NHS Litigation Authority (NHSLA) has produced risk management standards for NHS organisations providing Acute, Community or Mental Health & Learning Disability services and non-NHS providers of NHS care. These standards have been designed to address organisational, clinical, and non-clinical or health and safety risks.

NHS organisations must demonstrate compliance with the standards and are assessed every two years. On 25th March 2013 the Trusts NHSLA Level 1 assessment took place. The Trust passed with a score of 49/50. The one instance of non-compliance was identified in the self-assessment by the Trust and is in relation to the management of patients with dual diagnosis, for which the Trust is looking at ways in which to successfully engage with the local Recovery Partnership to ensure quality arrangements are in place. Overall feedback

from the assessor was positive stating that the policies were comprehensive, easy to follow and succinct.

Eliminating Mixed Sex Accommodation

The Trust is committed to a person centred approach to care and support which respects privacy and dignity and the application of legislation, practice and policy to facilitate this. In recent years the issue of patient privacy and dignity has been at the forefront of Government policy and national guidance. The Trust has put in place arrangements, that it regularly monitors, to ensure that patients are given their privacy when required or requested, are treated with dignity and respect and that patients requiring admission to inpatient facilities are provided with appropriate same sex accommodation. The Trusts arrangements ensure:

- Ensure that all patients cared for by CWPT are treated with dignity and respect.
- Ensure appropriate environments for the elimination of mixed sex accommodation within inpatient facilities.
- Confirm the commitment of CWPT to the delivery of care to patients with privacy and dignity.

Foundation Trust Application – an update

The Trust is continuing on its journey towards authorisation as a Foundation Trust during 2013. Key progress areas during the year have been:

- Further development of the Trust's five year Integrated Business Plan and associated Long Term Financial Model.
- In line with the Trust's Constitution, the formal Election to the Council of Governors has concluded, where all Public, Staff and Partner organisation seats have now been filled and the Council is ready for working alongside the Trust Board once authorised as a Foundation Trust.
- A successful Board to Board exercise with the regulator, Monitor has taken place. This exercise assesses the Board's competency and capacity to manage a future Foundation Trust.
- An Assessment Team from the regulator, Monitor, has worked with the Trust from December 2012 to May 2013, the outcome of which will determine the outcome of our Foundation Trust application.
- The Trust has received confirmation from the Department of Health that our planned change of name can go ahead and as a result, from the date we become authorised as a Foundation Trust, the Trust will be known as Arden NHS Foundation Trust.

Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry

Robert Francis QC, published the report on the Mid Staffordshire NHS Foundation Trust Public Inquiry on 6 February 2013. This final report, building on the initial independent report published in February 2010, is extensive and provides a systematic analysis into how the Trust and the wider healthcare and regulatory systems contributed to the failures in care. The report makes 290 recommendations focusing on creating a learning and patient-centric culture, openness and transparency and a more cohesive system.

In February 2013, the Trust Board discussed and agreed proposals for our initial approach to responding to the inquiry and its recommendations. The Trust recognises the importance of engaging staff, through our Equal Active Partners programme, with the key findings, lessons learnt and recommendations in the inquiry report, and listening to staff responses and ideas for improvement.

FOCUS ON: Specialist Services

The Trust is a local and national provider of specialist inpatient and community services including:

- Learning Disability Inpatient Services- Medium and Low Secure, Assessment and Treatment Adults & Adolescents based at Brooklands, Marston Green and Coventry.
- Eating Disorder Inpatient and Community Services- Assessment and Treatment based at the Aspen Centre, Warwick and Coventry
- Neuropsychology and Physical Health Psychological services for acute and rehabilitation hospitals in Coventry, Warwickshire & Solihull
- Community Learning Disability Multi-Disciplinary Teams, Domiciliary Care, Respite, Day Services and Residential Care

Key Achievements 2012/2013

Inpatients-

- LD AIMS Accreditation 'Excellent' for Gosford Ward and Amber Unit
- Refurbishment completed to Amber Unit and continuing redevelopment to units on Brooklands site.
- Staff qualified to provide Dialectical Behavioural training within the LD Forensic service, modular development and delivery of Offender Treatment Programmes, Assistant Practitioners completed degrees, Open College Diplomas in Cognitive Behavioural Therapy and Drug and Alcohol Addiction awarded to Offender Tutors
- Therapy Services have developed partnerships with Solihull Metropolitan Borough Council and Regional Community Gardens Society enabling service users to have their own plot in a community garden.
- Therapy Services have Introduced 'Premier League Reading Scheme' which combines work from the National Literacy Trust and the Premier League Football teams to improve boys and mens engagement with literacy
- Art work by patients on Janet Shaw Clinic displayed at Birmingham Museum, Koestler awards
- CQUIN targets achieved for secure and eating disorder services

Community teams-

- Published journal articles on healthy lifestyles work, supporting children with LD to transition through developing the Choice, Health and Transition group, music therapy which explored the concepts of love within a therapeutic relationship.
- An LD nurse chat on Twitter has been set up, the "LDnursechat" is a forum to share best practice and innovations in LD nursing.
- LD Groups developed including for individuals who are at high risk of developing dementia. An opportunity for early identification and intervention of dementia through both baseline assessment and raising the awareness of the disease to individuals and carers.
- The physiotherapy team granted £3,000 to set up a Mobility and Falls Prevention group for adults with LD in Solihull. Group is designed to reduce risk of falls through physical exercise and education of clients/carers.

QUOTE: Janet Shaw patients created puppets in art workshops that won a national award Clinic Manager Elaine Aston said "We're thrilled these sessions have resulted in high quality work which has been recognised in this way. It repays the time and trouble each of the patients put into the puppets they created."

Case Study

Top to Toe Group

This is a healthy lifestyles group for men and women who have learning disabilities. The aim being to produce accessible health information, help people make informed choices about their health, and to draw up health action plans to improve their health and wellbeing.
This is the first time a person with LD has co-facilitated a group. The person has been able to support other LD students with personal experience and has made it more relevant to users. The group highlighted the social isolation of some members which has led to a follow-up 'Buddy Group'. This group aims to put people in touch with each other in an informal setting.
The introduction of health diaries are patient held and have been useful in developing ownership of health interventions.
The group meets every week at a local venue and looks at different ways of keeping healthy and looking after themselves. This includes:

- Healthy eating
- Exercise
- Keeping clean
- Looking after teeth
- Relaxation
- Going to the doctors
- Health checks

This work has been shortlisted by the Department of Health for the 'good practice project awards'.

Specialist Assessment and Treatment Service- What Good Looks like

The development of a personalised care pathway led to an improvement in the selection of clients for the inpatient service, the delivery of care and their early discharge back into their communities. The service is regularly audited against quality criteria pertaining to each phase of the journey. This means that people with learning disability who have emotional problems or behaviour problems can be treated quickly and safely and discharged back home.
Doctors, nurses, psychologists and therapists work together with people with learning disabilities their families and advocates to improve the quality of a care plan. This makes it easier to know what the problems are and how to treat them. Working with people who provide houses, day services, jobs and leisure so that people with learning disabilities have better lives than before they went into hospital.
The implementation of the personalised pathway of care has led to

- Early response to referrals.
- Timely completion of assessment and treatment.
- Reduction in delayed discharge with reduced.
- Reduced lengths of stay.
- Marked reduction of readmissions.
- Improved monitoring of safety standards and risk.

FOCUS ON: Primary Care and Prevention Services

CWPT PC&P services are patient focused se rvices providing high qu ality and evidenc e based care by a team of qualified professionals and clinicians; their aim is to maintain healt h and wellbeing by supporting people to achiev e their potential for maximum health and wellness and to manage their long term conditions.

The following details the range of services provided by PC&P;

Planned Care:

- Coventry Musculoskeletal Services
- Community Specialist Dental Services
- Podiatry
- Clinical Assessment Services
  - Dermatology
  - Ophthalmology
  - Gynaecology
  - Diabetes
  - Minor Surgery
  - ENT

Specialist Services:

- Clinical Genetic Service
- Specialist Sexual Health Services
- Specialist HIV Services

Lifestyle Services:

- Smoking Cessation Services
- NHS Health Checks
- Health Trainer Services

Central Booking Services

Improved Access to Psychological Therapies (iAPT) Services

Key Achievements 2012/2013

- Establishment of the first stage of PC&P IPU for HIV Patients
- New CMS pathway improving the patient pathway and decreasing waiting times
- Enhanced Ophthalmology Services
- Implementation of a PC&P Newsletter, website and staff comments/feedback pr ocess to ensure we listen to staff views
- Implementation of enhanced Safety and Q uality systems and processes
- Enhancement of the cent ralised contact centre for IAPT clients provid ing dedicated slots for telephone assessments and reduced waiting times
- Awarded AQP for Podi atry nail s urgery and contracts to deliver NHS Health Checks

"I was a heavy smok er and had tried several times to quit, without success. I contacted Coventry's Stop Smoking Service and stopped smoking five months ago… it really has made a huge difference to my health and finances".

Quoted by a user of the service.

Case Study

Received via email from a patient in February 2013.

“I wanted to take this opportunity to thank yourself and your Team of receptionists for being caring friendly and courteous. Namely W and J, and on my last visit yourself, I take my health seriously, so it’s nice to know your team are there to take care of us, in a professional and friendly manner, please pass on my sincere thanks.

I would also like to mention Dr HT, who I have seen twice now, she is such a nice lady who is both extremely professional, caring, reassuring, and very calming. It really does make all the difference. If you could pass on my comments to whoever you see fit I would appreciate it.

Everyone at the clinic deserves a mention but I’m afraid i don't know their names, I just want to thank everyone there for looking after us (the general public)”

Both the Integrated Sexual Health and Lifestyle Services have also had some excellent feedback from patients regarding their access to care through the on-going Integrated Practice Unit work. Below are comments received from one of the patients, and a breakdown of patients who accessed the additional services via the IPU, subsequent to their ISHS appointment, and the type of service received.

“I would like to thank you for your help and support in providing me with on-going HIV care. Also, since November 2012, I am undergoing a 20 week depression counselling course and I have found the underlying cause of my mental health issues”

FOCUS ON: Secondary Care Mental Health Service

Age Independent Secondary Care mental health services provide a wide and diverse range of both community and Inpatient care to patients within the Coventry and Warwickshire communities. Services range from Community Mental Health Teams; Memory Assessment Services; Young Onset Dementia; Assertive Outreach Teams; Early Intervention in Psychosis; Rehabilitation; Day Treatment and Inpatient Wards. A vast range of clinical expertise from a multi professional workforce delivers evidence based interventions to the patients under their care.

Key Achievements 2012/2013

- Continuing development and environmental improvement of the Place of Safety adding an additional room to accommodate two clients at any one time, for assessments under Section 135 and Section 136 across Coventry and Warwickshire
- Development of a new low secure unit bringing and keeping patients who require this service closer to home
- A repatriation service returning people back to local communities when specialist treatment is no longer required. This includes the development of a DVD called 'Coming Home' that demonstrates the positive impact for a service users prospective of returning to their home area.
- Service redesign from age defined service to age independent services overall aim of ensuring that clients can assess all services that can meet their needs. This included the development of Locality Managers who offer both management and clinical leadership to all community services within the locality.
- Completion of North Warwickshire resource centre bringing all mental health services in the area on to a single campus.
- Planning developing and agreeing funding for the Arden Mental Health Assessment Team providing robust in-reach to all Acute health providers in Coventry and Warwickshire.
- Rationalisation and reforming of Coventry Community Mental Health Teams including functionalisation and embedding of medical staff into Community Mental Health Teams first step towards Mental Health resource centres as part of the transformation process for all Mental Health Services in Coventry and Warwickshire.
- Successful funding bid for development of a Criminal Justice Service in Coventry. This service is only in Warwickshire at present and this will enable the Trust to look at how we can provide this service in Coventry.
- Involvement of the National Scheme for the Development of the Recovery Model in Rehabilitation Services. There is a plan to ensure that the good practice around recovery is rolled out across community services.
- The reforming and redirection of the Safety and Quality team within secondary mental health care. Processes have been reviewed and revised to ensure compliance and standards are met within this service area.

Case Study

Investment
Secondary Care Mental Health Services are committed to the quality of patient care and are striving to eliminate the use of agency staff. Significant investment in the workforce has created a new team of dedicated staff to address this important issue. This staffing group can be directed to provide support in any inpatient area when staffing above the normal complement is required or at times of reduced staffing thus eliminating the need to use agency. Agency staff are often unfamiliar with the patient group or the internal workings of the wards and quality can be compromised. This new team will have a robust induction and required training to maintain the quality of dedicated compassionate care that meets the organisations objectives of seeking excellence.

Physical Activity
Physical activity is good for your mental health, improves your mood and helps you release tension. Access to physical activity is therefore a vital component for recovery of patients who are in a restricted environment and experiencing a period of acute mental distress. Within the Caludon Centre's Intensive Care Unit (PICU) work has been dedicated to providing green space and activity equipment to facilitate the recovery pathway and turn a barren facility into an extension of the therapeutic milieu

Falls
Falls have a devastating effect on a patient's mental and physical health and increase the length of stay in hospital. Championing the High Impact Actions work, preventing falls continues to be an area of focus within the older adult wards. Working on the improvement of therapeutic functioning and activity to reduce falls via a visual cue system, this has been seen as best practice and commended by the National Institute of Clinical Innovation and the Strategic Health Authority and has been show cased on a national WebEx as part of the Energising for Excellence (E4E) challenge and call to action.

FOCUS ON: Integrated Children's Services

Integrated Children's Services provide a broad range of universal, targeted and specialist community-based health services, delivered by nurses,, therapists and doctors. The team works closely with schools and local authority services, including social care, to deliver these services across Coventry.

Key Achievements 2012/13

Children's Speech & Language Therapy Service: There has been significant service improvement work undertaken in 2012/13, based on the nationally recognised 'Balanced Model'. This is leading to improvements to equitable access and service user prioritisation, with most interventions now delivered in setting (schools and nurseries). A new website has also been introduced, www.coventrychildrensslt.co.uk

CAMHS (Child and Adolescent Mental Health Services) Historically there have been both internal and external concerns about the waiting times to access Specialist CAMHS. At the February 2012 meeting of the Warwickshire Adult Social Care & Health Overview and Scrutiny Committee (HOSC), the service was tasked with improving waiting times in line with the Commissioners' increasingly stretching target waiting times. This has been done. Specialist CAMHS has achieved the Q2, Q3 and Q4 targets in 2012/13 and eradicated all long waiters. Improved service access has been achieved through a combination of service improvement work and significant financial investment in additional clinical and support capacity. The service improvement work is on-going – including care pathway development work, data quality work, centralised booking and clinical triage arrangements. Further work is underway to ensure that 'smarter' methods of working are employed to make best use of clinical capacity.

Health Visiting: The service is continuing to evolve, with increases in the workforce as part of the national expansion plans. As part of the service development work, a cohort of newly qualified HVs are involved in a 'building community capacity' project addressing safety in the home, in partnership with West Midlands Fire Services and Coventry City Council Children Centres. Health Visitors continue to engage in a restorative supervision programme which has supported their ability to manage the stresses of their jobs. There was a very successful conference celebrating 150 years of Health Visiting, with a number of keynote speakers, including Professor Viv Bennett. The service continues to strengthen its leadership capacity, with a number of HVs participating the Leadership training commissioned by the former Strategic Health Authority.

Children's Occupational Therapy & Physiotherapy: The service has created a joint Occupational Therapy / Physiotherapy pain clinic which is already seeing results in terms of decreased pain experienced and an increase in school attendance due to less pain. Staff in the service have published works - in 'Sensor Net' on developing research skills and in the 'Children, Young People & Families' journal on passports to occupation for children with learning disabilities, health promotion in OT and the role of the cerebellum in dyspraxia.

Case Study 1

Practice Example: Parent Education Sessions

Coventry's OT service provides education sessions for parents/caregivers on Sensorylintegration and Sensory Processing Disorders. These sessions are held once a month and parents/caregivers book on to the session via the services website or by their named OT.

The training has been written and is delivered by an Advanced Practitioner in Sensory Integration with 10 years experience in applying this clinical approach to their practice. These sessions last for two hours providing a brief overview of the senses, SI theory, what may be going wrong, specifically focusing on sensory modulation disorders and the behaviours that may be seen. Practical advice including the demonstration of equipment such as weighted blankets, bear hug vests, fidget toys, scooter boards and chewy tubes is also provided.

These sessions have, on average, 15 parents and are very interactive. On occasions young people have attended have attended the sessions to gain an understanding of what may be happening for them and also share their experiences with the other families in attendance. This was deemed an appropriate intervention for these young people in relation to their insight and level of maturity and was at the parents/carers and OT's discretion.

The parents are asked to create their own resource pack at the end of the session based on what they believe are their children's sensory needs with the support from the OT delivering the training. The packs contain explanations of the sensory systems, difficulties that may occur and the behaviours observed along with advice and activity ideas.

How it helps.

The feedback for these sessions has been 100% positive. Comments have included:

"Thank you for your time; you have helped me to hopefully have a better relationship with my son"

"The session was fantastic, informative and not too overwhelming"

Parents/caregivers can access this support and advice on a monthly basis and also have on going access to programmes and advice sheets as well as the ability to loan sensory equipment prior to purchasing them via the services website. These sessions provide support and an increased awareness of their child's behaviours and the possible underlying difficulties leading to these. Parent's are able to share their experiences with other parents and can create a support network if they choose. Parents often have a 'light bulb' moment when it all makes sense to them and often are able to identify their own sensory preferences helping with their understanding of their child's sensory processing.

Due to the sessions being run on a regular basis, the OT service have been able to invite other professionals to attend. These have so far included Social Workers, Teachers for the Visually Impaired, Psychiatric Nurses, Adoption Team Support Workers, Speech and Language Therapists, Teaching Assistants and Specialist Registrars in Paediatrics and GP's.

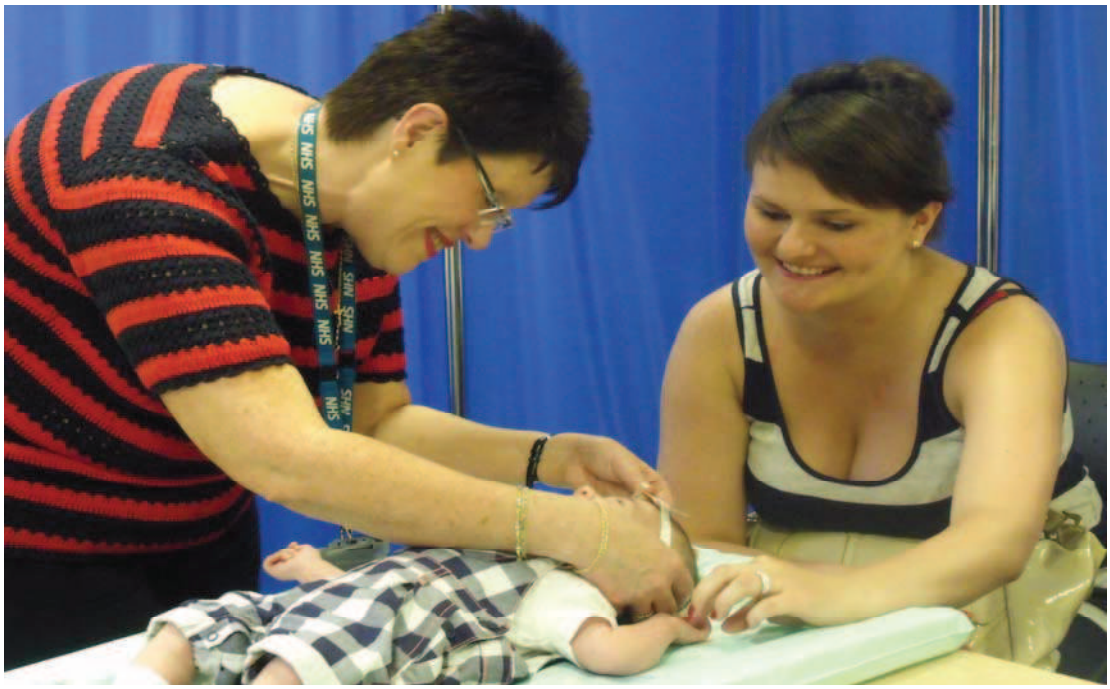
Case Study 2

CAMHS Experience of Service Questionnaires - feedback

An intensive exercise was undertaken in February 2013 to elicit service user feedback on CAMHS across all 5 bases in Coventry and Warwickshire. 286 questionnaires were filled in and returned. The feedback was as follows:

Questions Asked	Certainly true	Partly true	Total
I feel that people who have seen my child listened to me	80%	18%	98%
It was easy to talk to the people who have seen my child	79%	18%	97%
I was treated well by the people who have seen my child	93%	6%	99%
My views and worries were taken seriously	80%	17%	97%
I feel the people here know how to help with the problem I came for	65%	28%	93%
I have been given enough explanation about the help available here	56%	36%	92%
I feel that the people who have seen my child are working together to help with the problems	74%	20%	94%
The facilities here are comfortable (e.g. waiting area)	86%	12%	98%
The appointments are usually at a convenient time (e.g. don't interfere with work, school)	53%	34%	87%
It is quite easy to get to the place where appointments are	78%	18%	96%
If a friend needed similar help, I would recommend that he or she come here	81%	14%	95%
Overall the help I have received here is good	82%	14%	96%

The feedback from the questionnaire is extremely positive in relation to the service experienced by families. These results compare favourably with feedback from previous surveys and with available information on other services.



FOCUS ON: Community Services Pathway

CWPT Community Services Pathway (CSP) provide services which place the emphasis on care in the patient's home. Providing high quality care, sensitive to individual needs, regardless of age, gender, religion, cultural or ethnic origin, the Community Service enables patients the opportunity to maximize their own potential and improve their quality of life by promoting good health through a programme of prevention and care management as appropriate to meet the needs of the individual. The service minimises the need for hospital admission and where patients are in hospital, the service facilitates a timely, well planned discharge, reducing the length of stay. The following details the range of services provided:

On-going Condition Management:
- District Nursing Services

Long Term Conditions Case Management:
- Community Matrons

Community Rehabilitation
- Community Physiotherapy
- Wheelchair Services
- Adult Speech and Language Community Rehabilitation Team

Specialist Nursing Services
- Tissue Viability
- Continence Service
- Parkinsons Disease

Palliative Care Services:
- Palliative Care Team
- Family Support

Fast Response

Psychological Services

Key Achievements 2012/2013

- Positive review by West Midlands Quality Review Service which highlighted the quality of service provision, care and management of patients with a Long Term Condition.
- The development of integrated community and primary care teams which enables the community teams to work in an integrated manner with GPs and their practice teams to support, coordinate and deliver care to patients and to jointly identify high intensity users of hospital and out of hours services to target additional and appropriate support.
  The development of community teams attached to a GP Cluster group, with a named Community Matron and District Nursing Sister for each practice.
- Development of integrated team meetings with primary care regarding caseloads between GPs and community teams to review and plan care of patients
- Development and implementation of Simple Telehealth to encourage and support patients in their self-care and management of their ongoing long term health condition.
- The introduction of a Falls Clinic that provide a specialist physiotherapy service to people who have fallen over or are at risk of falling. The Clinic provides physiotherapy treatment aimed at reducing the risk of falling and increasing physical abilities.
- Implementation of enhanced Safety and Quality systems and processes
- Development of Competency Frameworks for qualified and unqualified staff
- Development and introduction of Advanced Practitioner Roles across nursing and therapy services
- Development of an enhanced core service operating from 8am to 8pm
- Development of a community Discharge Team of Community Matrons and Fast Response Nurses to support the early identification of patients suitable for discharge to community services, and to support the Emergency Admissions Unit to prevent un-necessary hospital admissions.
- Development of availability of enhanced psychological support services to community pathway staff and patients.

Case Study

I first came to that Wound Clinic in March 2009. I had been having dressings done by my practice nurse before in Chester. My legs had healed many times but would break down within 2 weeks. When I moved to Coventry, the doctor suggested I attend Wound Clinic. I was worried as I did not know what to expect but agreed and the GP referred me via the Choose and Book system.

When I first attended the clinic in 2009, I went to the Longford Health Centre. The staff were very nice and what I really appreciated was that I wasn't made to have certain treatments or bandages. It was all discussed and agreed with me. The staff at Wound Clinic were very caring and listened to me. They accepted my reasons for not wanting a certain bandage (4 layers) but also explained the benefits of having tight bandages and also that the second Actico being applied would help me to heal quicker. They explained what venous ulcers are, why they develop and why the wound was not healing which made me realise why I should accept what the nurses were saying. I did not like the four layer bandages and preferred Actico and the nurses reassured me this was ok.

The nurses also told me that to stop my legs breaking down again that it was best to stay in actico bandages until I had been healed for 4 weeks.
My legs healed in January 2013 and I am now wearing hosiery. These are very comfortable and the nurses explained the importance of wearing these each day for life. They gave me lots of information about the hosiery and how to care for them and get hold of them in the future and how to continue cleaning my legs and creaming them daily. I feel very positive about life now. I had a few setbacks in the beginning but now feel I can go on my holidays without worrying about my bandages.

The staff at the clinic also kept an eye on my legs for 3 months after I had healed. I was really glad I agreed to come to wound clinic and was very happy with the care I received

Statements Provided by Commissioning Organisations, Local Intelligence Networks and Health Overview and Scrutiny Committees

Coventry & Rugby Clinical Commissioning Group

Warwickshire LINk/Health Watch

Coventry LINk/ Health Watch

Warwickshire Health Overview and Scrutiny Committee

Coventry Health Overview and Scrutiny Committee

Statement from Independent auditors limited assurance report to the directors of Coventry and Warwickshire Partnership NHS Trust on the Annual Quality Account

How to provide feedback

Thank you for taking the time to read this Quality Account. We hope that you have found it useful and informative and would welcome any feedback or suggestions on how we could improve this further for next year, be it either layout, style or content.

If you would like to make a comment or suggestion then please contact us using any of the methods listed below:-

By Email: enquiries@covwarkpt.nhs.uk

By Letter: Chief Executive
Coventry and Warwickshire Partnership NHS Trust
Wayside House
Wilsons Lane
Coventry
CV6 6NY

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Glossary	
Care Quality Commission (CQC)	The CQC is the independent regulator of health and adult social care services in England. It also protects the interest of people whose rights are restricted under the Mental Health Act.
Clinical Audit	Clinical audit is a systematic process for setting and monitoring standards of clinical care. Guidelines set out what best clinical practice should be and audit investigates whether best practice is being carried out and makes recommendations for improvement.
Clinical Coding	Clinical coding is used to translate medical terminology describing a diagnosis and treatment into standard, recognised codes.
Commissioners	Commissioners have responsibility for assessing the needs of their local population and purchasing services to meet these need. They commission services, including acute care, primary care and mental healthcare) for the whole of their local population with a view to improving their health.
Commissioning for Quality and Innovation (CQUIN)	CQUINs are a payment framework that is a compulsory part of the NHS contract. It allows local health communities to develop local schemes to encourage quality improvement and recognise innovation by making a proportion of the organisations income conditional on achieving the locally agreed goals.
Foundation Trust (FT)	A Foundation Trust remains part of the NHS however has greater local accountability and freedom to manage themselves. Staff and members of the public can join their Boards or become members.
Hospital Episode Statistics (HES)	HES is a national data source that contains anonymous details of all admissions to a NHS hospital in England. It also contains anonymous details of all NHS outpatient appointments in England and is used too plan healthcare, support commissioning, clinical audit and governance and national policy development.
Information Governance (IG)Toolkit	The IG toolkit is an online tool that allows organisations to measure their performance against information governance standards. The information governance standards encompass legal requirements, central guidance and best practice in information handling.
Local Involvement Network (LINk)	Each local authority areas has a LINk group which is a network of local people, groups and organisations from the local community who want to make care services better. The aim of the LINk group is to ensure local people have a say in the planning, design, commission and provision of health and social care services.
National Institute of Health and Clinical Excellence (NICE)	NICE provides guidance, sets quality standards and manages a national database to improve people's health and prevent and treat ill health. It makes recommendations to the NHS on new and existing medicines, treatments and procedures; treating and caring for people with specific diseases and conditions and how to improve people's health and prevent illness and disease.
National Patient Safety Agency (NPSA)	The NPSA leads and contributes to improved safe patient care by information, supporting an influencing the health sector. It manages a national safety reported system and received confidential reports from healthcare staff across England and Wales. These reports are analysed to identify common risks to patients and look at opportunities to improve patient safety.

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West Midlands Ambulance Service NHS
NHS Foundation Trust

QUALITY ACCOUNT 2013-14

Summary Review of 2012-13

Contents

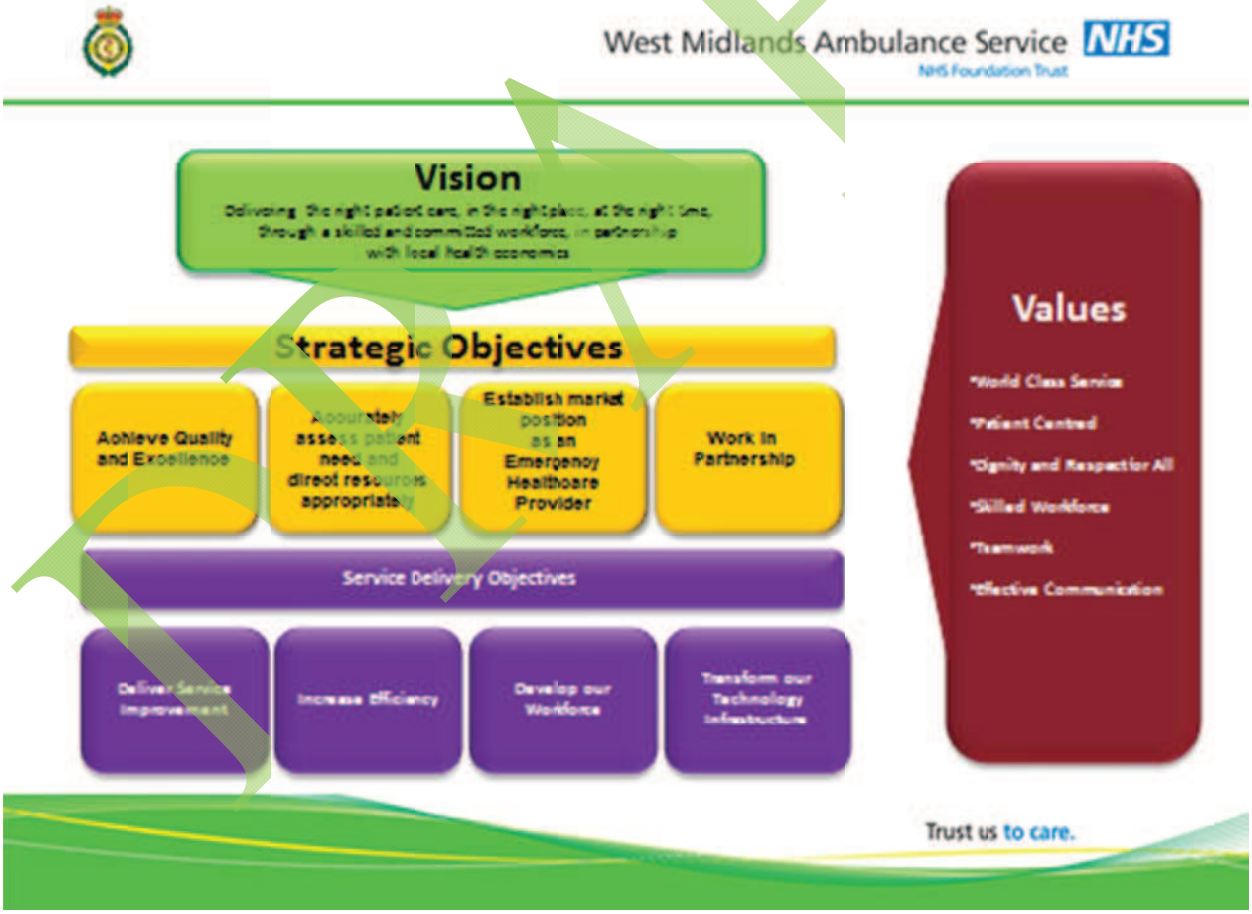
INTRODUCTION

Welcome to our Quality Account Summary, which aims to take the key highlights from the full Annual Report -Quality Account 2012/13 which can be found at:
http://www.

The Trust would like to share with you what West Midlands Ambulance Service NHS Foundation Trust is doing well with and where improvements in quality can be made and the way in which these have been prioritised.

The Vision for West Midlands Ambulance Service NHS Foundation Trust is:

"Delivering the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies"



Part 1

1.1 Statement on quality from the Chief Executive of West Midlands Ambulance Service Foundation Trust

Mr Anthony Marsh **SBStJ, MBA, MSc, FASI**

Part 2

2.1 Priorities for Improvements and Statements of assurance from the board from Projects from 2012-13.

The quality improvements priorities are reviewed and performance is demonstrated in the table below for 2012-13 Year to Date.

Patient Safety Priorities 2012-13

	Priority	Target	Status	Commentary on Achievement to Date
Patient Safety	**Falls Pathway** To focus on prevention and education in this area, to make sure that people get referred to the right place at the right time for a better outcome.	Qtr. 1: Planning Stages	✓	
		Qtr. 2: Develop an Educational Package	✓	Education package developed
		Qtr. 3: Distribute the Educational Package on to the Virtual Learning Site	✓	Education package launched
		Qtr. 4: Identify the baseline	✓	Baseline was realised
	Infection Prevention and Control. "• Premises Audit: to ensure premises are clean and safe for staff and patients • Vehicle Cleanliness Audit to ensure vehicles are clean and safe for staff and patients • Hand Hygiene Audit: to ensure compliance with hand hygiene standards at point of care	Premises Cleanliness Audit: Minimum 90%	⇔	last audit at 86% awaiting recent audit results
		Vehicle Cleanliness Audit: Minimum 90%	✓	
		Hand Hygiene Audits: baseline & 85% compliance.	✓	last audit at 85% awaiting recent audit results
	Near Miss Reporting – Patient Safety Incidents	An increase in reports of incidents occurring that did not result in harm but could have a 25% increase	✓	Increased by 27%

Patient Experience Priorities 2012-13

	Priority	Target	Status	Commentary on Achievement to Date
Patient Experience	**Patient Survey** offered to service users proactively	0.5 % of Emergency and Non – Emergency Patient Activity in 2012/13 will be targeted	✓	At 3802 against revised target of 5000
	Patient involvement when things go wrong (Being Open Policy)	100% of Patient Safety incidents will comply with the Trusts 'Being Open Policy'	✓	Being open is separated into 2 categories. Harm incidents reported through incident reports and Serious Incidents: Patient Safety Incidents through incident reports 100% compliance Serious incidents currently at 98.39% compliance/.

Clinical Effectiveness Priorities 2012-13

	Priority	Target	Status	Commentary on Achievement to Date
Clinical Effectiveness	**Medicine Management** Appropriateness of Drug Administration	85 % of patients will be treated. This target set considers that on occasion the patient within close vicinity to a hospital would benefit by timely transportation rather than delay on scene.	✓	Achieving at 85%
	Management of Onset of Stroke	90% of hyper-acute stroke patients have an onset of symptom time recorded where known	⇔	Achieving at 87% to date possible non achievement of 90% therefore to continue this priority in 2013-14

From the priorities and the performance described the Trust will build on them during 2013-14 as agreed by the board and as described in detail in Part 3 of this report. These priorities for improvement will have monthly data collection and be reported to the board at least quarterly. The rational for the selection is a combination of priorities unachieved in 2012-13, for example, the documentation of onset of symptoms, also CPI`s which are struggling to be achieved such as documentation of pain scoring. From listening to our patients such as the renal priority where WMAS has received complaints and PALs, and from this have engaged with patients to find out what really matters to them.

2.2 Performance Summary for year to date 2012-13

April 2012-December 2012	75% - 8 min	75% - 8 min	75% - 8 min	95% - 19 min	90% - 30 min	90% - Triage in 60 min
Financial Month	Red 1- 08 Min Performance	Red 2 - 08 Min Performance	Red - 08 Min Performance	Red - 19 Min Performance	Green 2 Performance	Green 4 Performance
April	83.1%	76.7%	76.8%	97.7%	97.0%	99.6%
May	83.4%	74.8%	75.0%	97.7%	95.9%	99.8%
June	79.9%	77.2%	77.2%	97.5%	95.2%	99.6%
July	81.2%	76.2%	76.3%	97.4%	94.4%	99.5%
August	75.6%	75.8%	75.8%	96.9%	92.9%	99.6%
September	77.0%	75.6%	75.6%	97.0%	92.9%	99.6%
October	80.3%	78.3%	78.4%	97.8%	95.3%	99.7%
November	79.6%	78.3%	78.3%	97.9%	96.5%	99.8%
December	77.5%	74.0%	74.0%	96.9%	93.5%	99.6%
Grand Total	**79.7%**	**76.3%**	**76.4%**	**97.4%**	**94.8%**	**99.7%**

January 2013-March 2013	75% - 8 min	75% - 8 min	75% - 8 min	95% - 19 min	90% - 30 min	90% - Triage in 60 min
Financial Month	Red 1- 08 Min Performance	Red 2 - 08 Min Performance	Red - 08 Min Performance	Red - 19 Min Performance	Green 2 Performance	Green 4 Performance
January	81.2%	77.1%	77.2%	97.5%	94.9%	99.7%
February	80.0%	73.9%	74.1%	97.3%	93.2%	99.7%
March *	77.4%	68.9%	69.1%	96.1%	89.9%	99.5%
Grand Total	**79.5%**	**73.4%**	**73.6%**	**96.9%**	**92.7%**	**99.6%**

*** up to and including 28th March 2013**

	Red 1 - 75% - 8 min	Red 2 - 75% - 8 min	Red - 75% - 8 min	Red 19 - 95% - 19 min	Green 2 - 90% - 30 mins	Green 4 - 90% - triage in 60 mins
National Target	**75%**	**75%**	**75%**	**95%**	**90%**	**90%**
WMAS Performance	**79.7%**	**75.9%**	**76.0%**	**97.4%**	**94.5%**	**99.7%**

*** Up to and including 7th March 2013**

2.3 West Midlands Ambulance Service Year End Key Performance Indicators (KPI) and Ambulance Quality Indicators (AQI)

To ensure patients of the West Midlands receive quality care from their ambulance service a set of key performance indicators has been set nationally. These help set our policies, guidelines and continue to develop an organisational culture that places quality at the top of the Trust's agenda.

From April 2011, the Department of Health introduced Ambulance Quality Indicators. These are focused more on patient outcomes.

The following reports the figures for each KPI/AQI and highlights the national mean percentage, the position of WMAS against other Trusts and whether the Trust was in the upper quartile of Ambulance Trusts

2.3.1 Outcome from Cardiac Arrest

The Ambulance Quality Indicator includes measurements for 2 elements:

(a) Return of Spontaneous Circulation (ROSC) at hospital (i.e. the patient has a pulse on arrival at hospital)

(b) Survival to hospital discharge (i.e. the patient has survived the cardiac arrest and been discharged from hospital)

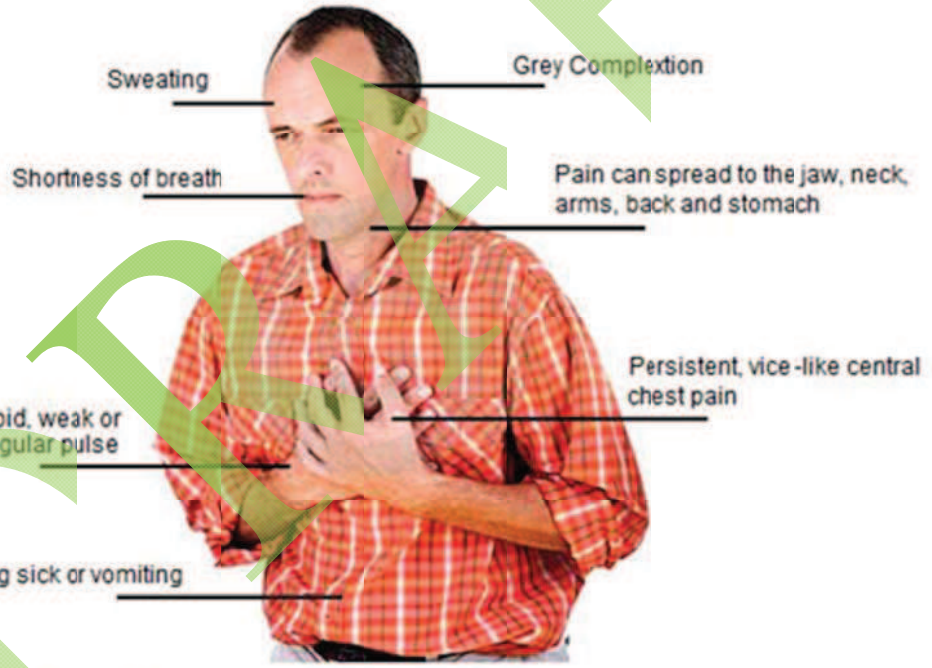
There are 2 patient groups that the above measures these are:

(a) The overall group refers to all patients in cardiac arrest where resuscitation has been commenced.

(b) The comparator group is referring to those patients in cardiac arrest where resuscitation has been attempted, where the arrest was witnessed by a bystander, the rhythm that the patient was initially presenting with was VF/VF and the aetiology was presumed to be cardiac.

ROSC at Hospital	Overall Group	Comparator Group
	2012-2013 (April to November 2012 data)	
Birmingham	26.01%	45.61%
Black Country	30.63%	46.34%
C&W	19.44%	26.67%
West Mercia	27.85%	42.50%
Staffs	28.62%	48.39%
WMAS	27.50%	44.02%
National Mean	25.39%	48.02%

Survival to Hospital Discharge	Overall Group	Comparator Group
	2012-2013 (April to November 2012 data)	
Birmingham	7.16%	14.04%
Black Country	6.61%	14.63%
C&W	6.48%	20.00%
West Mercia	10.13%	12.50%
Staffs	5.92%	16.13%
WMAS	7.36%	14.67%
National Mean	7.85%	21.21%
Position	9th	12th
Upper Quartile	No	**No**



2.3.2 Acute ST-elevation myocardial infarction (STEMI)

STEMI (ST-elevation myocardial infarction): This is a type of heart attack. It is important that these patients receive the following:

- Aspirin - this is important as it can help reduce blood clot formation
- GTN – this is a drug that increases blood flow through the blood vessels within the heart (improving the oxygen supply to the heart muscle and also reducing pain)
- Pain scores – so that we can assess whether the pain killers given have reduced the pain.
- Morphine – a strong pain killer which would usually be the drug of choice for heart attack patients

- Analgesia – Sometimes if morphine cannot be given entonox, a type of gas, often given in childbirth, can be used.
- SPO2 documented – The routine administration of oxygen to patients suspected of suffering an acute myocardial infarction is not recommended, however oxygen saturation should be monitored using pulse oximetery to ensure oxygen is offered to patients with an SpO2 of 94% and below.
- Call to Needle - 68% of patients that receive thrombolysis should receive this treatment within 60 minutes of the initial call. The use of thrombolysis in the region has significantly reduced due to the availability of PPCI and patients only receive this treatment if they are more than 90 minutes from a specialist heart attack center.
- Call to Balloon - 75% of patients that have Primary Percutaneous Coronary Intervention (PPCI) should do so within 150 minutes of the initial call. This treatment is provided at a specialist heart attack center.

The Care Bundle requires each patient to receive each of the above.
The Ambulance Quality Indicators include measurements for the management of STEMI cases. The indicator has three components:

(a) The percentage of patients suffering a ST-elevation myocardial infarction (STEMI) receiving thrombolysis within 60 minutes of call.
(b) The percentage of patients suffering a STEMI who are directly transferred to a centre capable of delivering primary percutaneous coronary intervention (PPCI) and receive angioplasty within 150 minutes of call.
(c) The percentage of patients suffering a STEMI who receive an appropriate care bundle.
The Ambulance Quality Indicators include measurements for the management of STEMI cases. The indicator has three components:

(a) The percentage of patients suffering a ST-elevation myocardial infarction (STEMI) receiving thrombolysis within 60 minutes of call.
(b) The percentage of patients suffering a STEMI who are directly transferred to a centre capable of delivering primary percutaneous coronary intervention (PPCI) and receive angioplasty within 150 minutes of call.
(c) The percentage of patients suffering a STEMI who receive an appropriate care bundle.

*Apr-Nov 12 data	Aspirin Administered			GTN administered			2 Pain Scores Documented		
	2010-2011	2011-2012	*2012-2013	2010-2011	2011-2012	*2012-2013	2010-2011	2011-2012	*2012-2013
Birmingham	97%	98.88%	96.50%	98%	98.88%	98.00%	77%	88.81%	87.50%
Black Country	98%	96.94%	97.12%	95%	99.49%	94.96%	74%	85.71%	89.21%
C&W	97%	98.44%	100.00%	93%	97.40%	97.73%	86%	87.50%	86.36%
West Mercia	96%	97.69%	97.41%	96%	95.83%	96.55%	82%	92.13%	93.10%
Staffs	92%	94.27%	91.81%	95%	96.35%	92.98%	67%	84.38%	83.04%
WMAS	97%	97.37%	96.08%	96%	97.65%	95.94%	78%	87.88%	87.54%
National Mean		**96.00%**			**95.90%**			**92.50%**	
Position		**7th**			**4th**			**8th**	
Upper Quartile		**No**			**No**			**No**	

*Apr-Nov 12 data	Morphine administered			Analgesia administered		
	2010-2011	2011-2012	*2012-2013	2010-2011	2011-2012	*2012-2013
Birmingham	63%	82.09%	79.00%	59%	82.84%	80.00%
Black Country	71%	90.31%	88.49%	69%	89.80%	88.49%
C&W	80%	88.54%	89.77%	76%	87.50%	92.05%
West Mercia	84%	87.50%	95.69%	82%	87.04%	93.97%
Staffs	64%	77.60%	78.36%	64%	79.69%	78.36%
WMAS	73%	85.06%	84.73%	70%	85.24%	85.01%
National Mean		**87.50%**			**89.90%**	
Position		**5th**			**5th**	
Upper Quartile		**No**			**No**	

The following elements are new measures therefore there are no previous year figures to compare to.

*Apr-Nov data **Apr-Aug data	SPO2 documented		Care Bundle		Call to Needle		Call to Balloon	
	2011-2012	*2012-2013	2011-2012	*2012-2013	2011-2012	**2012-2013	2011-2012	**2012-2013
Birmingham	100.00%	100.00%	74.63%	70.00%				
Black Country	99.49%	100.00%	77.04%	79.86%				
C&W	100.00%	100.00%	77.60%	79.55%				
West Mercia	100.00%	100.00%	79.63%	85.34%				
Staffs	100.00%	100.00%	68.75%	64.33%				
WMAS	99.91%	100.00%	75.56%	74.23%	48.57%	20.00%	87.23%	84.92%
National Mean	**96.90%**		73.18%	77.57%	53.56%	41.82%	89.64%	89.38%
Position	**Joint 1st**		5th	10th	7th	Joint 5th	10th	12th
Upper Quartile	**Yes**		No	No	No	No	No	No

2.3.3 Stroke / Mini Stroke

- Blood pressure – as raised blood pressure may be a contributing factor for stroke
- Blood glucose level - as patients with an altered level may present with the same symptoms as a stroke
- FAST test – this is an assessment of the following:
  - **F**acial weakness - can the person smile? Has their mouth or eye drooped?
  - **A**rm weakness - can the person raise both arms?
  - **S**peech problems - can the person speak clearly and understand what you say?
  - **T**ime to call **999**

The Care Bundle requires each of the above elements to be undertaken and documented during the patient assessment.

This test can be used by anyone (not just ambulance or hospital staff). If you suspect a stroke think FAST and provide valuable information when you call for an ambulance.

The Ambulance Quality Indicators include measurements for the management of stroke cases. The Ambulance Quality Indicator requires the Trust to review all cases of Stroke, not a sample as the Clinical Performance Indicator requires. Therefore there are 2 figures reported for the care bundle.

The indicator has two components:

(a) The percentage of Face Arm Speech Test (FAST) positive stroke patients (assessed face to face) potentially eligible for stroke thrombolysis, who arrive at a hyperacute stroke centre within 60 minutes of call.

(b) The percentage of suspected stroke patients (assessed face to face) who receive an appropriate care bundle.

*Apr to Nov 12 data	FAST Documented			Blood Glucose documented			Blood Pressure documented		
	2010-2011	2011-2012	*2012-2013	2010-2011	2011-2012	*2012-2013	2010-2011	2011-2012	*2012-2013
Birmingham	98%	99.18%	100.00%	95%	98.48%	98.56%	100%	100.00%	100.00%
Black Country	96%	98.99%	100.00%	98%	99.28%	98.81%	100%	100.00%	100.00%
C&W	96%	97.17%	98.60%	94%	96.97%	96.65%	100%	99.60%	100.00%
West Mercia	97%	99.16%	99.54%	94%	98.32%	97.92%	100%	100.00%	100.00%
Staffs	100%	97.73%	96.88%	96%	95.61%	96.46%	100%	99.70%	100.00%
WMAS	98%	98.55%	99.08%	95%	97.82%	97.79%	100%	99.88%	100.00%
National Mean		**98.50%**			**97.10%**			**99.90%**	
Position		**6th**			**Joint 3rd**			**Joint 1st**	
Upper Quartile		**No**			**Yes**			**Yes**	

The following elements are new measures therefore there are no previous year figures to compare to.

*Apr-Nov 12 data	SPO2 documented		Care Bundle for the CPI		Care Bundle for the AQI		FAST+ patients transported to a hyperacute	
	2011-2012	*2012-2013	2011-2012	*2012-2013	2011-2012	*2012-2013	2011-2012	*2012-2013
Birmingham	88.23%		97.79%	98.56%				
Black Country	88.02%		98.41%	98.81%				
C&W	81.82%		94.34%	95.25%				
West Mercia	89.06%		97.47%	97.45%				
Staffs	86.21%		93.64%	93.96%				
WMAS	86.97%		96.52%	97.00%	93.87%	94.74%	65.34%	64.48%
National Mean	**85.80%**		**95.90%**		93.27%	95.46%	66.11%	65.38%
Position	**5th**		**4th**		8th	9th	5th	6th
Upper Quartile	**No**		**No**		No	No	No	No

2.3.4 Asthma

A common respiratory condition where the tubes going into the lungs are inflamed and thus narrowed, making it difficult for the patient to breath. Measurements of quality include the following being undertaken and documented during the patient assessment;

- **Respiratory rate** – how frequently the patient takes a breath, usually measured as number of times per minute.
- **PEFR** prior to treatment – **PEFR** is a device used to determine and measures the flow on breathing out and indicates the amount of narrowing of the tubes. Measuring this before treatment allows doctors in the hospital to assess how bad the asthma attack was, and thus what further treatment is required.
- **PERF** after to treatment – this shows how effective the treatment given has been.
- **SpO2** before treatment - this shows the amount of oxygen present in the blood
- **Oxygen** – whether we gave oxygen as a treatment
- **Salbutamol** – The most commonly used treatment for patients with asthma is Salbutamol. Salbutamol is a beta 2 agonist which is administered nebulised with oxygen and has a relaxant effect in the medium and smaller airways which are in spasm in acute asthma attacks.

*Apr-Nov 12 data	Respiratory Rate documented			Peak Flow documented			SPO2 documented		
	2010-2011	2011-2012	*2012-2013	2010-2011	2011-2012	*2012-2013	2010-2011	2011-2012	*2012-2013
Birmingham	100%	99.88%	100.00%	51%	87.65%	86.59%	100%	99.07%	99.84%
Black Country	100%	100.00%	99.79%	40%	85.28%	85.39%	100%	99.71%	99.79%
C&W	99%	100.00%	100.00%	50%	90.30%	89.24%	99%	98.59%	100.00%
West Mercia	99%	99.66%	100.00%	66%	93.60%	90.59%	100%	99.83%	100.00%
Staffs	100%	100.00%	99.79%	66%	88.94%	85.42%	99%	98.33%	99.17%
WMAS	99%	99.91%	99.92%	55%	88.88%	87.22%	100%	99.12%	99.75%
National Mean		**99.10%**	**99.00%**		**78.30%**	**80.60%**		**92.30%**	**94.70%**
Position		**Joint 1st**	**Joint 1st**		**2nd**	**2nd**		**5th**	**Joint 1st**
Upper Quartile		**Yes**	**Yes**		**Yes**	**Yes**		**No**	**Yes**

*Apr-Nov 12 data	Salbutamol administered			Oxygen administered			Care Bundle	
	2010-2011	2011-2012	*2012-2013	2010-2011	2011-2012	*2012-2013		*2012-2013
Birmingham	93%	97.90%	96.61%	96.00%	98.14%	97.25%	85.20%	83.68%
Black Country	95%	96.10%	95.20%	97.00%	96.25%	96.03%	83.12%	82.25%
C&W	96%	96.97%	96.03%	97.00%	97.37%	95.18%	87.68%	86.40%
West Mercia	96%	97.98%	96.47%	98.00%	97.47%	96.00%	91.25%	88.47%
Staffs	94%	94.39%	94.58%	96.00%	94.55%	95.63%	84.39%	81.88%
WMAS	95%	96.70%	95.80%	97.00%	96.79%	96.14%	86.06%	84.30%
National Mean		**96.60%**	**97.30%**		**96.20%**	**96.50%**	**71.80%**	**76.70%**
Position		**4th**	**5th**		**2nd**	**Joint 5th**	**2nd**	**2nd**
Upper Quartile		**No**	**No**		**Yes**	**No**	**Yes**	**Yes**

2.3.5 Hypoglycaemia

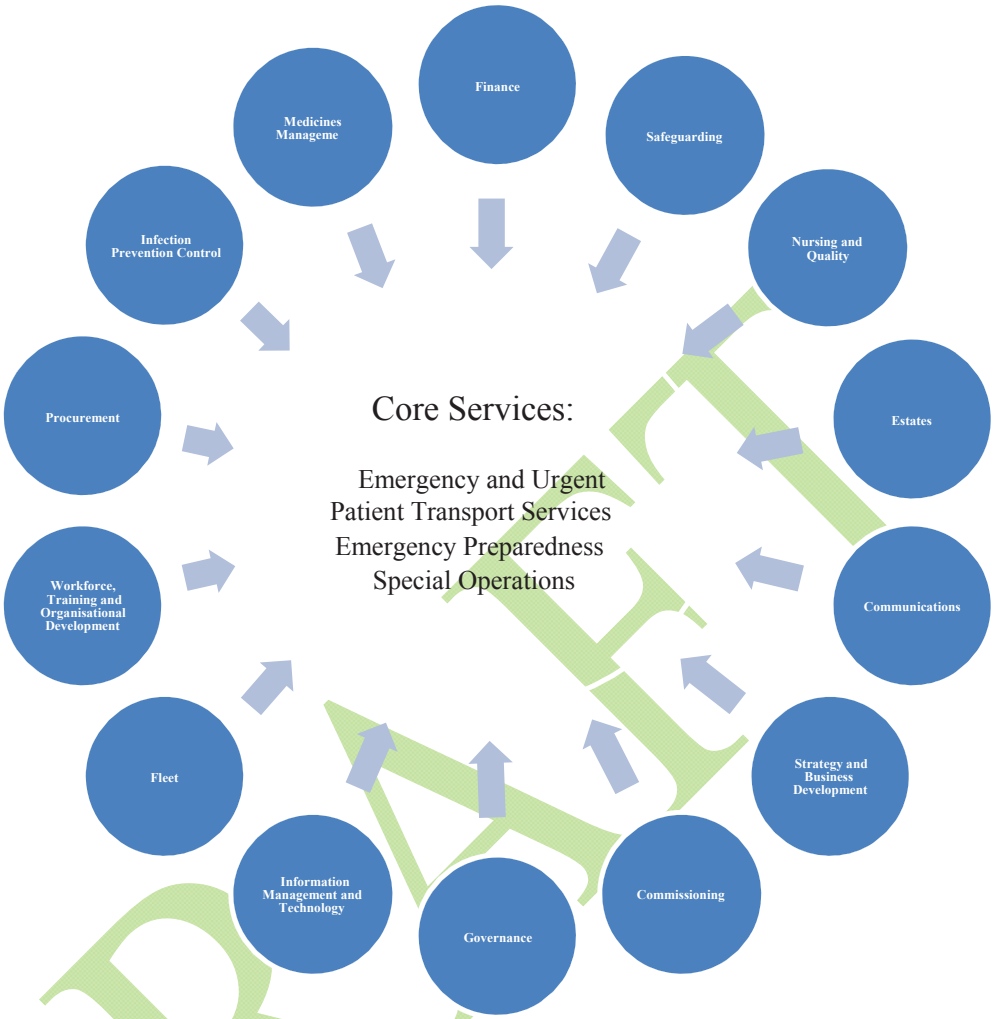
This is when the amount of glucose (sugar) in the blood is lower than the normal range.

This is usually related to diabetes but can be caused by other conditions.

*Apr-Nov 12 data	Blood Glucose documented before treatment			Blood Glucose documented after treatment		
	2010-2011	2011-2012	*2012-2013	2010-2011	2011-2012	*2012-2013
Birmingham	100%	100.00%	99.36%	9800%	97.79%	98.88%
Black Country	99%	100.00%	99.60%	98%	97.55%	97.62%
C&W	99%	99.60%	98.89%	99%	97.98%	97.50%
West Mercia	98%	100.00%	98.38%	97%	99.16%	98.38%
Staffs	100%	99.39%	98.10%	97%	97.12%	96.84%
WMAS	99%	99.82%	98.91%	98%	97.88%	97.91%
National Mean		**98.80%**	**99.00%**		**97.90%**	**97.30%**
Position		**Joint 1st**	**Joint 1st**		**Joint 1st**	**3rd**
Upper Quartile		**Yes**	**Yes**		**Yes**	**Yes**

*Apr-Nov 12 data	Treatment provided to patient			Direct Referral to healthcare professional		Care Bundle	
	2010-2011	2011-2012	*2012-2013	2011-2012	*2012-2013	2011-2012	*2012-2013
Birmingham	99%	98.95%	99.20%	81.24%	75.32%	97.20%	97.60%
Black Country	99%	99.28%	98.61%	73.45%	71.63%	96.97%	96.23%
C&W	99%	98.79%	98.33%	69.90%	71.94%	97.17%	95.56%
West Mercia	99%	99.83%	98.15%	70.54%	70.14%	98.99%	96.30%
Staffs	98%	96.67%	97.68%	72.12%	73.00%	94.39%	93.67%
WMAS	99%	98.70%	98.45%	74.15%	72.64%	96.91%	95.99%
National Mean		**97.90%**	**99.10%**	**64.30%**	**61.80%**	**95.40%**	**95.80%**

2.4 Review of Services and Assurances from the Board.



During 2012/13 West Midlands Ambulance Service provided NHS services as in diagram 1. The Trust sub-contracted to 1 voluntary urgent care provider. WMAS provides patient transportation services to other NHS Trusts. To ensure excellent business continuity during times of surges in demand or in support of major incidents, the Trust has the facility to call upon a small number of ambulance sub-contractors to supplement service delivery. Sub-contractors are subjected to a robust governance review before they are utilised.

The Trust has reviewed all of the data available to us on the quality of care in all of these services.

The total service income received in 2012/13 from NHS sources represents 98% of the total service income for the Trust.

2.5 Trust Profile

West Midlands Ambulance Service (WMAS) successful became an NHS Foundation Trust on 1st January 2013. The Trust had been working towards Foundation Trust status for nearly two years before Monitor, the Foundation Trust independent regulator, approved our application.

West Midlands Ambulance Service NHS Trust was formed on 1 July 2006 by the amalgamation of the former West Midlands Ambulance Service NHS Trust, Coventry and Warwickshire Ambulance NHS Trust and Hereford and Worcester Ambulance Service NHS Trust. Staffordshire Ambulance Service NHS Trust joined in October 2007.

The Trust serves a population of 5.6 million who live in Shropshire, Herefordshire, Worcestershire, Coventry and Warwickshire, Staffordshire and the Birmingham and Black Country conurbation. The West Midlands sits at the heart of England, covering an area of over 5,000 square miles, over 80% of which is rural landscape.

The West Midlands is an area of contrasts and diversity. It includes the second largest urban area in the country, covering Birmingham, Solihull and the Black Country where in the region of 45% of the population live. Birmingham City is England's second largest city and the main population centre in the West Midlands, second only to the capital in terms of its ethnic diversity

The region is also well known for some of the most remote and beautiful countryside in the Country including the Welsh Marches on the Shropshire / Welsh borders and the Staffordshire Moorlands.

Emergency and Urgent: This is perhaps the best known part of the Trust and deals with the 999 calls and responses to them. Initially, the Emergency Operations Centres (EOC) answer and assess the 999 calls. They will then send the most appropriate ambulance crew or responder to the patient or reroute the call to a Clinical Support Desk staffed by experienced paramedics. Where necessary, patients will be taken by ambulance to an A&E Department or other NHS facility such as a Walk in Centre for further assessment and treatment.

Patient Transport Services: A large part of the organisation deals with the transfer and transport of patients for reasons such as hospital appointments, transfer between care sites, routine admissions and discharges and transport for continuing treatments such as renal dialysis. PTS has its own dedicated control rooms to deal with the 800,000 patient journeys it undertakes annually, crews are trained as patient carers.

Emergency Preparedness: this is a small but important section of the organisation which deals with the Trust's planning and response to significant incidents within the region. It also aligns all

the Trusts Specialist assets and Operations into a single structure. Such assets include the staff, equipment and vehicles from the Hazardous Area Response Team (HART), Air Operations, Decontamination staff and the Mobile Emergency Response Incident Team (MERIT) The department constantly arranges training for staff and ensures the Trust understands and acts upon intelligence and identified risk to ensure we keep the public safe in terms of major incidents.

In addition they co-ordinate the Trust's response to large gatherings such as football matches, pop concerts such as the V Festival and the WMAS response to the 2012 Olympic Games in which we supported colleagues in London, Ensuring the Olympic Torch passed through the region without incident, providing medical cover for the City of Coventry Stadium and also hosted the National Ambulance Coordination Centre.

Unscheduled Call Centre: The Trust operates an unscheduled call centre coordinating the provision of primary care services to patients across the county of Warwickshire, providing services to the public by referring calls to the appropriate primary care service and health professionals which significantly improves patient experiences and reduces the number of emergency ambulance call outs. It does this by arranging for primary care services to be sent to the patient's home or arranging for the patient to visit an appropriate facility other than A&E. The unscheduled call centre co-ordinates the handling of Safeguarding referrals by operational staff.

Transformation

The Trust has established on a Transformation programme focusing on key projects. The Transformation Programme aligns everything towards strategic objectives by realising the end benefits. There are keys projects which form part of the Transformation the *Operating Model*, the *Make Ready*: and *Efficiency Metrics*

Operating Model

Our operational delivery model builds on national guidance which encouraged Ambulance Services to 'look, feel, deliver and behave differently in the future' and the recommendations from the Independent Review into the Trust's operations and finances carried out in 2009 to deliver:

- faster response for patients
- more accurate assessment of patient need
- improved healthcare advice to patients
- more appropriate response
- more effective treatment
- transport, where necessary, to the most appropriate clinical setting

Key features of the operational model are as follows:

- regional Emergency Operations Centres (EOC) operating within virtual environment
- NHS Pathways triage system and Directory of Services
- Matching demand and capacity through accurate forecasting and scheduling
- Training, organisational development and clinical supervision
- Working towards 70% paramedic skill and clinically qualified person on every vehicle
- Make Ready roll out across the Region
- streamlining operations and increasing efficiency through service design

Make Ready

Make Ready is a dedicated ambulance preparation system operating successfully in Staffordshire division with only three major ambulance stations. Currently in areas other than Staffordshire, vehicle cleaning is undertaken by a sub-contractor and also the ambulance crews at small stations located across the West Midlands. Under the make ready system, specialist non-clinical staff prepare quality assured ambulances ready for deployment at the start of the shift and will also 'make ready' replacement vehicles for a crew if an ambulance is contaminated during a shift. Based on the Staffordshire experience several significant benefits will be realised by rolling out the system across the Trust:

- maximise vehicle cleanliness and minimise cross infection
- improve medicines management
- maximise unit hour utilisation
- minimise critical vehicle failure rate of the fleet including related equipment
- reduce costs by;
    - reducing the number of locations where medical equipment, consumables and materials are stocked and sorted
    - Ensuring vehicles are only stocked to a required standard

- provide assurance regarding asset control and medical equipment servicing routines
- provide readiness arrangements for Major Incident assets and ensure ancillary staff exist to deploy and manage the physical assets allowing clinical staff to concentrate on treating patients
- larger ambulance stations will provide better facilities for staff and improved staff communications due to better access to managers
- better compliance with the deployment plan due to improved vehicle will lead to faster treatment for patients

Make Ready will be installed via a staged implementation programme of 12 ambulance hubs located strategically across the West Midlands supported by a network of Community Ambulance Stations providing facilities for crews; this transformational change will see the reach and spread of increase from 88 ambulance stations to a total of 147 sites when the transformation programme is complete. Implementation of Make Ready also involves the disposal of around 50 surplus sites.

Make Ready implementation and estates rationalisation are linked developments over the short to long term and will generate significant quality and efficiency improvements plus the provision of fit for purpose estate for a modern ambulance service with better facilities for staff.

Efficiency Metrics

By improving operational efficiencies and changes to the unit hour utilisation (A unit hour represents one hour of service by a fully equipped and staffed ambulance available for dispatch).The Trust is able to operate efficiently and is maximising the resources available to respond to patients. This will also ensure that, were appropriate, patients are treated at the most suitable location and discharged at home if able.

The development of NHS pathways and the expected benefits to be gained from releasing efficiencies within the system will ensure that the changes to the operating model can be managed in a safe and controlled manner and allow for a stability of the workforce despite and increasing activity. This option will enable the trust to improve the level of clinical care offered to patients. It will allow appropriately trained staff to be deployed effectively to the treat patients with the care they require. It will ensure that the correct level of advice is offered from the initial outset by utilising its deployment protocols efficiently and will enable a service to patients which treats them at home if necessary or conveys them to the correct location and service they required.

As a result of the Trust's transformational plus the application of sound staff management processes, the Trust will be securing significant levels of additional efficiency from its workforce.

NHS Pathways – The Journey Continues..

Background

NHS Pathways sets out to deliver a single clinical assessment tool that provides an effective assessment over the telephone in any setting taking Health related calls from the public. This can include 999, NHS Direct, GP Out of Hours, NHS 111 and any other Single Point of Access number in place and ensures every patient accessing urgent and emergency care services is effectively assessed, reducing the need for them to repeat information and helping to make sure that they are directed to the right care at the right time

Following the successful deployment of NHS Pathways in 2011, work has been continuing to 'fine tune' the system so that it provides both a safe and consistent platform for triaging calls and enabling the delivery of nationally set performance targets for the Trust.

NHS Pathways has now been in operation within WMAS for the last 18 months and a number of updates and improvements to the Pathways software have been made. Updates have also been made to the Directory of Services (DOS) to further improve the functionality and integration with the NHS Pathways assessments.

NHS 111

The NHS 111 service is being introduced to make it easier for the public to access healthcare services when they need medical help fast, but it's not a life-threatening situation. The NHS 111 service is part of the wider revisions to the urgent care system to deliver a 24/7 urgent care service that ensures people receive the right care, from the right *person*, in the right place, at the right time. In future if people need to contact the NHS for urgent care there will only be three numbers; 999 for life-threatening emergencies, their GP surgery or 111 for non-life-threatening situations.

The introduction of the new service will also help to drive improvements in the way in which the NHS delivers this care. It will enable the commissioning of more effective and productive healthcare service by providing comprehensive information on people's needs and the services they are directed to.

The service, which in the West Midlands will be provided by NHS Direct, has already started to receive its first calls ahead of the regional formal launch in March. 111 is promoted as being the number "when it's less urgent than 999". The 111 service will replace NHS Direct (0845 4647) and doctor's Out of Hours call handling services as well as attracting new callers who choose to contact the service directly.

As part of the NHS 111 service, there will be a proportion of calls that will be re-directed (transferred) to the ambulance service for an ambulance dispatch. These calls will be transferred electronically and simply appear on the Ambulance dispatchers screen for them to then dispatch an ambulance resource without delay. This is a new concept for WMAS where the WMAS Call Handler has no involvement in the call.

The Trust continues to work closely with both the provider and the Commissioners to ensure that the service is safe and robust for patients.

Major Trauma Network

In March 2012 a regional trauma care system was introduced to ensure that people who suffer major trauma injuries get access to the best possible emergency trauma care. WMAS has been a major stakeholder in the planning and implementation of this system. This has included setting up a dedicated trauma desk in our control room staffed by experienced Critical Care Paramedics.

All WMAS clinicians will receive additional training in trauma care and specialist trauma care equipment has been supplied to all front line ambulances and response cars.
In addition a doctor led helicopter team in the day has been supplemented by a night time doctor led car team that results in 24 hour support at major trauma cases.

In the 12 months since go live more than 2000 patients have been taken to Major Trauma Centres by WMAS and the doctor led pre hospital teams have attended more than 500 trauma cases with over 300 of these attended at night indicating an unmet need for this service prior to go live.

WMAS was praised by Professor Willett the National Clinical Director for Trauma in a recent visit as being the best prepared ambulance service in the country and he said that our doctor led pre hospital service is an example of good practice that should be implemented nationally.

Based on evidence from overseas where trauma systems have already been implemented, the West Midlands could expect to see an additional 40-60 patients survive per year following major trauma incidents.

2.6 Award winning service

2.7 Participation in Clinical Research 2012/13

The number of patients receiving relevant health services provided or sub-contracted by [name of provider] in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was [insert number]. *(nb this will be updated for the final Quality Account)*

During 2012-13 WMAS has been involved with seven research studies.

Five of these are portfolio studies. The National Institute for Health Research (NIHR) portfolio comprises clinical research studies which are of high quality and clear value to the NHS.

The other 2 studies include a research database and Collaboration for Leadership in Applied Health Research and Care (CLAHRC) study. CLAHRC studies are collaborative partnerships between a university and the surrounding NHS organisations, focused on improving patient outcomes through the conduct and application of applied health research. They will create and embed approaches to research and its dissemination that are specifically designed to take account of the way that health care is increasingly delivered across sectors and a wide geographical area. These studies are also supported by the NIHR.

The involvement of ambulance trusts in research studies is an important step forward in providing evidence of best practise within pre hospital care, and thus providing evidence to support improved patient care, treatment and outcomes.

Summary of studies:
Pre-hospital randomised assessment of a mechanical compression device in cardiac arrest-The study is sponsored by Warwick University (Warwick Clinical Trials Unit). Its aim is to evaluate the effect of using a LUCAS 2 devise which is a mechanical device that delivers cardiac compression in the event of a patient having a cardiac arrest, that is, on patients whose heart has stopped .This is in comparison to manual chest compression by ambulance clinicians for out of hospital cardiac arrest, looking at outcomes for patients.

This study started recruiting in April 2010 and has now been extended to June 2013 due to slower than expected national recruitment. It includes patients within the Birmingham, Black Country and Coventry & Warwickshire areas.

Optimisation of the management of stroke and TIA (Transient Ischemic Attacks – a "mini stroke") is a study that continues this year and is sponsored by Birmingham University which is a CLAHRC project

This involves reviewing data related to TIA and Stroke management from local GPs, the Ambulance Service, and local hospital out patients, inpatients and A&E services as well as patients and comparing these data against "optimum care". This comparison will ascertain the reasons why actual care deviates from recommended practice and result in the identification of key barriers to optimum care.

The results from the above will be used to inform local commissioners of care, GPs, specialists and patients regarding gaps in and barriers to optimal care. This information will then be used to support a service improvement programme to improve the care of patients with the conditions stroke or `mini stroke` TIA

Medicated Sleep and wakefulness is a study is sponsored by Warwick University which continues this year. This is a study of stakeholder views on the management of sleep 'problems' and the appropriate role of sleep medications in management policies and practices. Some of WMAS staff are taking part in interviews and focus groups. This study will contribute to future national policy and practice regarding sleep and wakefulness promoting drugs, and to broader debates on the public health and safety aspects of sleep for society.

Exploring, understanding and reducing emergency cancer admissions- The study seeks to explore the experiences of patients with lung cancer and a comparative group of patients with chronic obstructive pulmonary disease (COPD) who have had an emergency admission. To gain an overall understanding of the incident, the experience of carers and health professionals (including WMAS ambulance personnel) involved with individuals' care will also be explored. Participants will be recruited for interviews from three hospitals in the West Midlands and WMAS.

Sponsored by Warwick University it is hoped that the insights from this research will facilitate the development of community and hospital services designed to reduce or avoid emergency admissions, and to improve hospital management following admission of these patient groups. This study aims to understand patients' experiences of the time leading to admission, the admission process itself and their experiences in the immediate period following admission.

Informing delivery of care through research evidence; an investigation of randomised control trial implementation in pre-hospital emergency care - This study sponsored by Swansea University. It aims to assess the number and progress of Randomised Controlled Trials (RCTs) in pre-hospital emergency care, to describe factors which facilitate and hinder their implementation and influence in this field. RCTs are the most effective method for evaluating healthcare interventions; however within ambulance services they are infrequent and often mediocre.

This research project will provide a real understanding of the factors affecting implementation, as well as barriers and facilitators to the number, progress and quality of trials. Outputs will include recommendations at both practice and policy levels that will inform emergency pre-hospital care internationally

Atlantic study- This study involves use an anti-platelet drug for STEMI which is a type of heart attack. This is for patients prior to receiving Primary Percutaneous Coronary Intervention (PPCI). The trial aims to show whether use of this drug sooner i.e. in the pre hospital setting rather than in hospital, improves patient outcomes.

WMAS is working in conjunction with University Hospital Coventry & Warwick with paramedics in the area of Coventry and Warwickshire, and is the first commercial trial that WMAS has been involved in.

Out of hospital cardiac arrest research database-This is a research database being developed by Warwick Clinical Trials Unit and sponsored by Warwick University. Funding has been provided by the Resuscitation Council UK and the British Heart Foundation It will be a national research database for which all ambulance trusts will provide data.

Cardiac arrest is the term used to describe sudden cessation of heart function. After cardiac arrest occurs, blood stops being circulated to the vital organs and consciousness is lost within seconds. Unless resuscitation is started promptly and an effective circulation re-stored death will occur within a few minutes.

Each year about 30,000 people receive resuscitation for an Out of Hospital Cardiac Arrest (OHCA) in the United Kingdom from which only about one in twenty people survive to go home from hospital. Information collected by the Department of Health has shown there to be wide geographical variation in the number of people that survive an OHCA. In simple terms people in some parts of the country are twice or three times more likely to survive than in other areas. These apparent inequalities in survival are a major public health concern.

This project will try to find out the reasons behind such big differences in outcome. It aims to inform the development of a standardised approach to collecting information about OHCA and how patient outcomes are followed up to confirm if a resuscitation attempt was successful. It aims to explain the reasons why survival rates vary between regions and to provide feedback to ambulance services to allow benchmarking and quality improvement work.

2.8 National Confidential Enquiries

During 2012/13 there were no National Clinical Enquiries with a focus on Ambulance Trusts. The Trust was invited to participate in one national confidential enquiry covered by the NHS services that West Midlands Ambulance Service provides.

2.9 Goals agreed by Commissioners in 2012-13

A proportion of West Midlands Ambulance Service income in 2012/13 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and its emergency and urgent commissioners through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2012/13 and for the following 12 month period are available online at:
http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275

Use of the Commissioning Quality Innovation Schemes (CQUIN) for 2012/13
The Trust worked closely with commissioners and agreed 4 key areas of innovation that would have a positive impact on the patients who use our service. The projects were maintained to ensure milestones were achieved and the outcome for patients resulted in an improved quality of the service.

No	CQUIN Goal	CQUIN Detail	Expected value	Achievement of Set Target
1	NHS Number	Use of NHS Number for Urgent and Emergency patients to facilitate the measurement of clinical outcomes	£976,905	Successful up to Qtr. 3, On target for Qtr. 4 to be confirmed April 2013
2	Make Ready	This is a two year CQUIN to support the development of a comprehensive make ready scheme in a phased approach that will result in a total of 5 make ready areas across the region implemented fully by March 2014	£1,367,667	Successful up to Qtr. 3, On target for Qtr. 4 to be confirmed April 2013
3	High service users	The CQUIN provides for assertive pro-active management of people who are frequent users of the 999 emergency ambulance service.	£976,905	Successful up to Qtr. 3, On target for Qtr. 4 to be confirmed April 2013
4	Community Life Support and Defibrillation	Improving return of spontaneous circulation (ROSC) rates following cardiac arrest through Community and Partnership Engagement	£586,143	Successful up to Qtr 3, On target for Qtr 4 to be confirmed April 2013

2.10 Care Quality Commission

West Midlands Ambulance Service is required to register with the Care Quality Commission and its current registration status is fully compliant without restrictions.

The Care Quality Commission has not taken enforcement action against West Midlands Ambulance Service during 2012/13

The Trust has been registered to date with the CQC without conditions since 2010. This included compliance with the Health and Social Care Act 2008 and Hygiene code (HC2008).

During February 2013 the CQC carried out a review of the service that included; inspections of premises and ambulances, interviews with patients, staff and managers, feedback from partner organisations and local authority scrutiny committees and review of all our compliance with other regulatory bodies. We await the CQC report to be published and WMAS is confident that this organisation still remains compliant with all the requirements of our registration under the Health & Social Care Act (2008).

2.11 Data Quality

West Midlands Ambulance Service did not submit records during 2012/13 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data

West Midlands Ambulance Service takes the following actions to improve data quality.

For the clinical indicators, the clinical audit department completes the data collection and reports. The patient group is identified using standard queries based on both the paper Patient Report Forms and the Electronic Care System. These clinical records are then audited manually by the Clinical Audit Team using set guidance. The data is also clinically validated and then analysed following an office procedure that is available to the Clinical Audit Team and is held on the central Clinical & Quality network drive.

Initial checking:

- For the clinical indicators, the clinical audit team completes the data collection and reports.
- The Patient Report Forms/Electronic Care Summary records are audited manually by the Clinical Audit team.
- A process for the completion of the indicators is held within the clinical audit department on the central network drive
- A clinician then reviews the data collected by the Clinical Audit Team.
- The data is then analysed and reports generated following a standard office procedure. A second person within the clinical audit team checks for any anomalies in the data.
- The results are checked against previous month's data checking for trends and consistency.
- The clinical indicators are reported through the Trust Clinical Performance Scorecard.
- The reports are then disseminated to the Trust Board, Commissioners and Service Delivery meetings

2.12 Participation in Clinical Audits

The Trust has a comprehensive Clinical Audit Programme which includes both national and local audits.

The Clinical Audit Department have been consistently reporting, and feeding into the development of the National Clinical Performance Indicators (CPI's) since their implementation in 2008. In addition to this the department has been supporting the Trust Clinical Audit Programme which ensures local and national requirements are met.

From April 2011 the new Ambulance Quality Indicators (AQI) were introduced for all Ambulance Trusts, these are focussed on patient's outcomes. There are four areas that are relevant to the Clinical Audit Department, these are:

- Outcome from Cardiac Arrest – Return of Spontaneous Circulation
- Outcome from Cardiac Arrest – Survival to discharge
- Outcome from acute ST elevation myocardial infarction (STEMI)
- Outcome from Stroke for ambulance patients

To provide assurance to the Trust the CPI's and AQI's are reported on a monthly basis. This provides information to managers and staff to highlight areas of good practice and where required improvements to be made through local action plans.

Reporting on clinical performance has been amended to ensure consistency of reporting throughout the Trust and to ensure the clinical performance of the trust is clear for all audiences. The clinical performance scorecard has been developed and has been updated on a monthly basis to report on the Clinical Performance Indicators and the Ambulance Quality Indicators. This has now been further expanded to report on all Quality Account projects, and the work completed within the Clinical & Quality Directorate. The report is presented to Trust Board, Clinical & Quality Governance Committee and is available on the Trust Intranet.

The clinical audit programme includes clinical audits that have been prioritized by the Clinical Audit Programme Group and include:

- Management of Controlled Drugs
- Management of Prescription Only Medicines
- Patient Group Directions (PGDs)
- Examining the delivery of Mental Health Care
- Infection Control - Vehicle Cleanliness
- Infection Control - Station Cleanliness
- Infection Control – Cannulation
- Infection Control - Hand washing Audit
- Management of Asthma
- Clinical Records Documentation
- Care of Patients Discharged at Scene
- Managing Acute Coronary Syndrome
- Deliberate Self Harm
- Feverish Illness in Children
- Management of Head Injury
- Management of Peri-Arrests
- Management of Obstetric Emergencies
- Management of Medicines Management

2.13 NHS Number and General Medical Practice Code Validity

West Midlands Ambulance Service did not submit records during 2012/13 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

2.14 Information Governance Toolkit Attainment Levels

West midlands Ambulance Service Information Governance Assessment Report overall score for 2012/13 was 78% and was graded satisfactory in 2012/13.

2.15 Clinical Coding Error Rate

West Midlands Ambulance Service was not subject to the Payment by Results clinical coding audit during 2012/13 by the Audit Commission.

2.16 Serious Incidents

Serious Incidents (SIs) are events that place, or could have placed, the Trust at significant risk. The risk may, for example, be clinical, organisational, financial or reputation. Whilst the primary focus is on patient safety, the criteria for an SI also applies to staff, visitors, contractors and members of the public if on NHS property/business.

2012-13 Serious Incidents to date
During 2012-13 the Trust identified 25 Serious Incidents (SI) requiring investigation.

General themes relate to:

- Clinical assessment and management of patients
- Management of calls into the Trust (such as Health Care Referrals and 999's) – This includes the use of the NHS Pathways triage system
- Allegations made against persons working on behalf of the Trust in regard to their professional conduct

Learning from SI's
All SI`s require completion of a Root Cause Analysis (RCA) which seeks to identify contributory factors, root causes, learning for both individuals and the organisation and provide recommendations to prevent reoccurrence.

General approaches to learning from SI`s include:

- Communication of key learning points through education, training and awareness including the use of the Trust`s Clinical Times as a form of communication
- Clinical case reviews and reflection of the practice by individuals
- Development and review of clinical risk assessments to ensure identified risks are managed through the Trusts clinical risk management process.
- Amendment to policies procedures and practices

- All Root Cause Analysis reports and their themes are reviewed by the Trust`s Learning Review Group which consists of multi-disciplinary membership which has an open invite to our commissioners and the Trust`s non-executives

In addition to specific learning and recommendations monitored through the Trusts 'SI learning log' some generic learning has been undertaken.

This year the Trust intends to further increase its internal scrutiny of recorded evidence of action taken following investigation recommendations.

2.17 Patient Experience

Complaints
The Trust has received to date in 2012/13 (as at 28 February 2013) 439 complaints compared to 313 (as at 31 March 2012) in 2011//12, an increase of 40.2% (126). The main reason for a complaint being raised relates to Response (Delay in the arrival of an Emergency or Non-Emergency vehicle).

Breakdown of Complaints by Service Type YTD:

	2010-2011	2011-2012	2012-2013	Variance 11/12 - 12/13
EOC	53	90	126	36
EU	132	160	204	44
PTS	77	61	100	39
OOH	0	1	0	-1
Other	11	1	9	8
Total	**273**	**313**	**439**	**126**

Justified Complaints (As at 28 February 2013)
The table below indicates of the 362 closed complaints 181 (50.0%) were classed as Justified. If a complaint is Justified learning maybe noted by the staff member in the form of a case review or Trust wide learning where possible.

	Total	Justified	Non Justified	Part Justified
Call Management	96	49	40	7
Attitude and Conduct	67	35	24	8
Clinical	73	31	29	13
Driving and Sirens	14	5	6	3
Response	93	58	28	7
Other	19	3	15	1
Total	**362**	**181**	**142**	**39**

PALS concerns have increased year on year with 907 concerns raised in 2012/13 (YTD as at 28 February 2013) compared to 810 in 2011/12, an increase of 12.0% (97). The main reason for a concern being raised related to Response (to include response times (delays), transport arrangements).

Ombudsman Requests

The majority of complaints were resolved through Local Resolution and therefore did not proceed to an independent review with the Parliamentary and Health Service Ombudsman (PHSO). During 2012/13 8 independent reviews were carried out compared to 4 the previous year. The Trust currently has one case open with the PHSO.

Patient feedback/ Surveys

The Trust has received 108 completed surveys through the Trust website and has target surveyed the following:

2000 Emergency Patients – A postal survey was sent to randomly selected patients in March 2013. Patients have been asked to return their completed survey no later than April 2013. 149 have completed the Patient Survey whilst member of the Patient Experience Team have been attending Engagement Events across the Region.

3709 Non-Emergency Patients have been asked to complete the Non-Emergency Patient Survey with 430 patients returning their feedback to date.

Patient Engagement

The Patient Experience Team continues to engage with Renal Patients across the Region, with focus meetings being undertaken at Castle Vale Dialysis Unit.

The Patient Experience Team has improved its engagement across the Region in 2012/13 with 29 events attended to date (as at 28 February 2013). Examples of events are as follows:

- Speak Easy Now
- Hereford College (with Hereford LINK)
- Health and Well Being Events in Wolverhampton and Brierley Hill
- Gypsy Traveller Event

Compliments

The Trust has received 843 compliments in 2012/13 (as at 28 February 2013) compared to 712 in 2011/12. It is pleasing to note that the Trust has seen an 18% (131) increase in Compliments received compared to the previous year.

2.18 Workforce and Organisational Development

The Trust is making progress towards the achievement of 70% paramedic skill mix. The Trust aims to achieve an average increase in Paramedic skill mix from 60% for 2012/2013 by increasing the number of paramedics from 1176 to 1304 i.e. 67% of operational staff for 2013/2014.

The Trust has worked hard to avoid vacancies in key areas that can lead to operational difficulties and adverse patient outcomes. In order to achieve this, the Trust has reduced the average time from advert to appointment from 20 to 15 weeks.

2012/13	Appraisals	Mandatory Training
WMAS	60%	97%

*figure accurate of 13.3.13

Staff Development	2012/13	2013/14 Planned Forecast
Technicians to Paramedics	100	40
Emergency Care Assistants to Technician	40	30
Paramedic to Advanced Paramedic	96	108
Trauma Training	97%	Completed

Working in partnership with Staff side the Trust continues to develop a Health and Wellbeing Strategy and action plan to ensure that health and well-being of staff is supported. Reduction in average long term absence rate of over 4 weeks from 3% to 2.5% by 31 March 2013

Managers and staff are being supported to update and develop their skills. The Trust are supporting up to 50 Managers to complete an Engaging Leaders Programme of management development. The Trust want to see a 5% improvement in staff recording that they feel valued and engaged in Staff survey results and the Trust want assurances that there is an Increase the number of staff with reviewed personal development plans to be in place from 90% to 95% by March 2013. The Trust also wants evidence that staff are supported to receive the appropriate level of training as per the training plan which equates to 18,746 mandatory training days to be delivered

Staff Survey

The Trust facilitates a Survey of its staff every year based on the National Staff Opinion Survey. The Trust Board receive a direct report on the results of the survey. The Survey is delivered through a cross directorate working party, including representatives from all parts of the trust and Trade Unions, to agree the key priorities based on the results. There are usually two action plans, one more strategic, owned by the Trust Board, and one with more tangible aspects, which is delivered through the working group. The action plan designed and delivered in 2012/13 (Built on results of the 2011 survey) covered areas such as Feeling valued by the Trust, Communication and Bullying and Harassment. To read more on the WMAS staff survey for 2012 please use the following URL;
http://nhsstaffsurveys.com/cms/uploads/Individual%20Trust%20reports%202012/NHS_staff_survey_2012_RYA_full.pdf

2.19 Equality & Diversity

We are always working toward equality and diversity to the heart of the organisation, working and engaging with our patients, volunteers, staff, public members, governors and local interest groups. Equality and diversity is built into everything that we do from our policies, practices and strategies, to public engagement and consultation events, where we regularly ask our local communities how we can improve our services and practices.

Diversity in employment produces a workforce sensitive to the different needs of the community that we serve and have developed a vision for ensuring equality, diversity and inclusion, in both employment and service delivery which reflects `respect, dignity and fairness to all`

The Trust has endorsed the Equality Delivery System (EDS),[1] which is an NHS Equality and Diversity framework, to assist in delivering better outcomes for patients and staff, we have been able to identify and consider further steps which will meet the needs of our staff and service users who share the relevant protected characteristic group.

We have also published our Equality Data Analysis report 2012/2013[2] and will continue to publish our data with comprehensive analysis annually, in order to meet our Public Sector Equality Duty (Equality Act 2010)[3] as demonstrated within the report will improve the way we make informed decisions about our policies and practices, which are based on evidence, and the impact of our activities on equality and the protected characteristic groups.

For Further information please follow the link Equality Data Analysis report 2012 http://www.wmas.nhs.uk/

"Respect, Dignity and Fairness for All"

[1] Equality Delivery system 2010 http://www.eastmidlands.nhs.uk/about-us/inclusion/eds/

[2] Equality Data Analysis report 2012/13 http://www.wmas.nhs.uk/

[3] Equality Act 2010 http://www.legislation.gov.uk/ukpga/2010/15/contents

Part 3

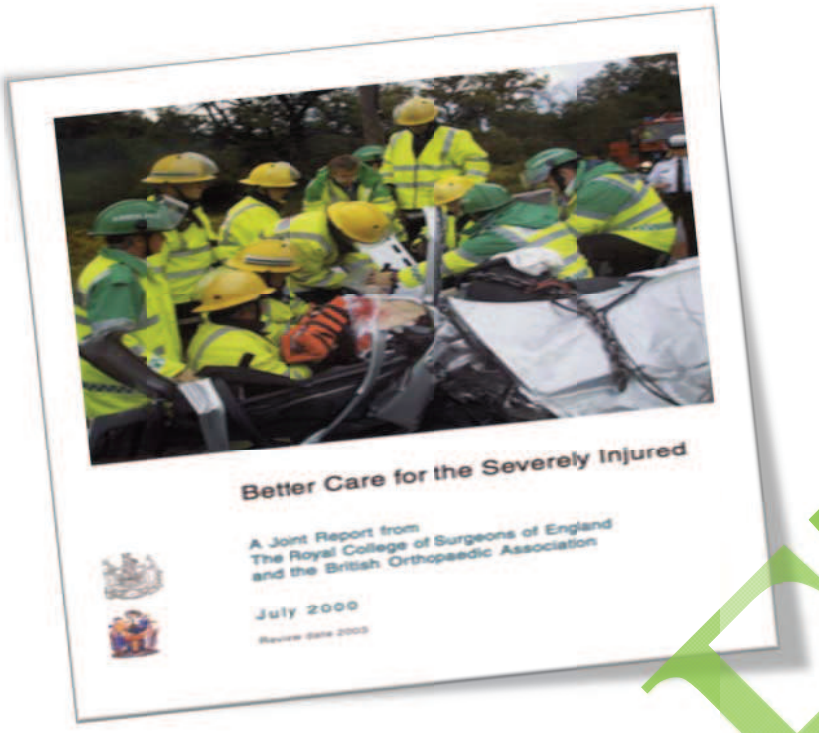
3.1 Priorities for Improvements 2013-14

The Trust has set the priorities for 2013/14 following engagement with patients, users and communities and the guiding principle has been "***no decision about me without me***". The Trust is committed to ensure we have a process that reviews and maintains the quality of care to ensure provides high standard of care.

The projects we have selected are aimed at focusing a culture of safety and the integration of quality improvement into the everyday workings of the Trust.

Patient Safety Priorities 2013-14

Priority 1: Falls Pathway	
Rationale	Falls can have a devastating impact on quality of life and the Trust is committed to providing a safe environment where patients are protected from avoidable harm. This Trust want ensure that when our staff have face to face contact with someone who has fallen, the Trust will ensure that an appropriate referral is made to the correct service in order to assess that person assist in the prevention of a fall in the future. This year we plan to develop further the falls pathway by focusing on working in collaboration in local areas after engagement with our patients and scrutiny boards and building on the Directory of Service on prevention and appropriate referral in this area ensuring that people get referred to the right place at the right time for a better outcome.
Measures & reporting to board;	Qtr. 1 : From the baseline of Calls WMAS received in 2012-13 related to falls to develop locally agreed pathways with participating CCGs and scope areas with falls services Qtr. 2: Areas without timely falls pathways and services to be raised with commissioners Qtr. 3: Education of local WMAS staff with VLE Qtr. 4: Demonstrate referrals for each participating area made
Target	Increase referral to appropriate participating falls team by 25% See a reduction in attendance to Falls by 10%
By When?	31 March 2014
Outcome	Patient Safety will improve by identifying, managing and reducing falls
Baseline	TBC
Lead	Clinical Quality Manager with Directory of Service Leads



Priority 2: Lower Limb Fractures	
Rationale	The purpose of this initiative is to introduce a KPI nationally to measure and improve the quality of care given to patients who suffer lower limb injuries.
Measures monthly reporting to board	KPI measures: Assessment of circulation distal to site of fracture recorded Two Pain Scores Recorded (before & after treatment) Analgesia administered
Target	>85% compliance with KPI measures
By When?	31 March 2014
Baseline	TBC
Lead	Head of Clinical Practice &Trauma Lead

Priority 3: Cannulation	
Rationale	Cannulation is one of the highest risk procedures which can cause Healthcare Associated Infection that the Ambulance service performs. Cannulation packs are provided so staff are able to use Aseptic No Touch Technique (ANTT) whenever the situation allows this to happen. In the packs there are 2 stickers to identify to the receiving hospital staff whether ANTT was possible – There is a Red sticker for insertions that were Emergency inserted so part of the ANTT was not performed and a Green sticker for where the full ANTT was performed. This enables the receiving hospital to make a judgement based on risk whether to remove or leave in the cannula. Insertions are observed and audited by Clinical Team Mentors during mentoring shifts, the use of the sticker and documentation of 'emergency' or 'aseptic' is audited, to ensure staff are using the stickers and passing the information on to receiving units which is essential in reducing the risk of harm occurring to patients. Improving the use of the stickers and communication of this will be through raising awareness, on-going engagement with staff and encouraging a culture where improving patient safety, quality and protecting them from infection is part of everyone's everyday role.
Measure reporting to board	20 observations done by Clinical Team Mentors during mentored shifts in each area in the Region per quarter, which will give 100 observations per quarter
Target	95% use of stickers and communication of Aseptic or Emergency inserted
By When?	31 March 2014
Outcome	Engagement with receiving units to assure them of WMAS commitment to reduce the risk of HCAI
Lead	Head of Clinical Practice Infection Prevention and Control
Baseline	TBC

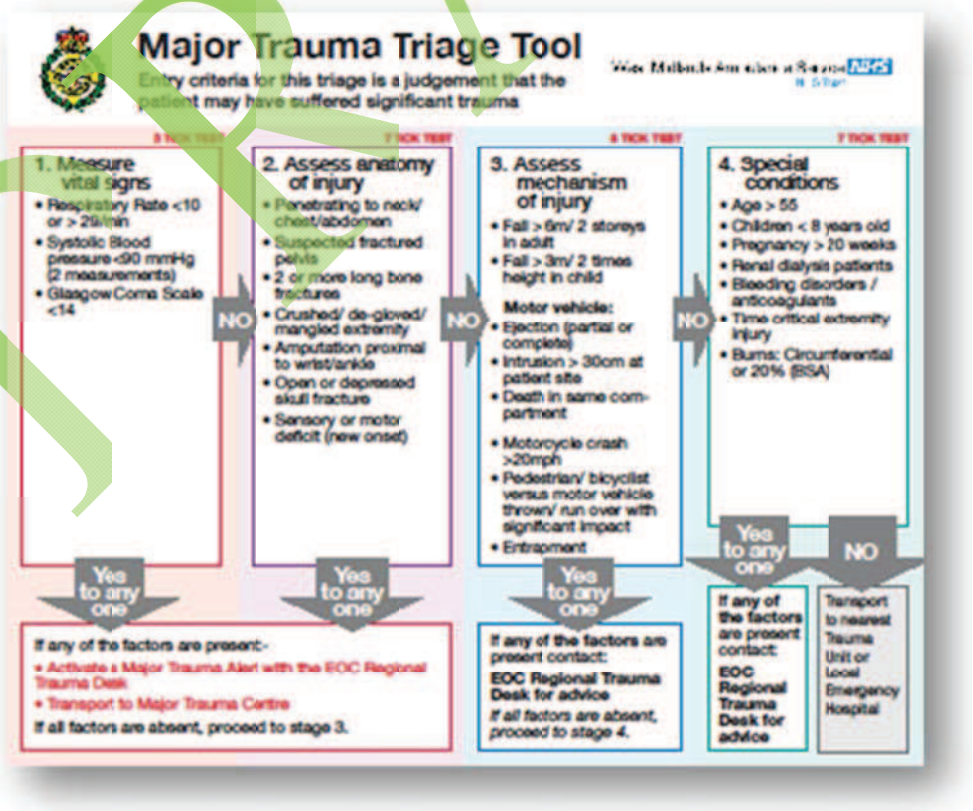
Clinical Effectiveness Priorities 2013-14

Priority 4: Onset of symptom time	
Rationale	Where Ambulance clinicians document time of onset of symptoms for patients suffering from a stroke we want to show that there has been a decrease in the time to getting the patient to the computerised tomography (CT Scan). This would improve patient outcome by reducing the time to thrombolysis treatment. This would assist in the reduction of the disabling effects a stroke can have on patients.
Measure reporting monthly to board	Onset of Stroke Symptoms are documented in all Hyper Acute Stroke Cases
Target	90% target of Hyper Acute Stroke patients have an onset of symptom time recorded where known
By When?	31 March 2014
Outcome	Improved access to Hyper Acute Stroke Services
Lead	Head of Clinical Practice and Cardiac and Stroke
Baseline	TBC at 87%

Priority 5: General Pain Management	
Rationale	Pain is defined as an "unpleasant sensory and emotional experience associated with actual or potential tissue damage" *. The patient deserves appropriate assessment and management of pain minimising any adverse physical or psychological effects for the patient. Documenting the pain score is a measurement allows WMAS to measure if pain assessment has been achieved.
Measures reporting to board	Qtr. : Develop general Pain management Guidelines to include scoring Qtr. 2&3: develop a pain workbook with E Learning and this will be uploaded to the Virtual Learning site to assist with pain management Qtr. 4: Documentation to increase by 10% from baseline for Qtr. 4
Target	An Learning package will be developed and Increase pain scoring documentation by 10% of the baseline
By When?	31 March 2014
Outcome	Better patients experience and clinical effectiveness
Lead	Clinical Quality Manager
Baseline	39%

*Royal College of Anaesthetists *Acute Pain Management: scientific Evidence 2009*

Priority 6: Trauma	
Rationale	WMAS was instrumental in the implementation of a regional trauma care system that rapidly identifies major trauma patients and delivers them to specialist Major Trauma Centre (MTC) hospitals. Since the system went live in March 2012 the majority of major trauma patients are now taken directly to MTCs, others are transferred later from supporting Trauma Unit (TU) hospitals by a medic led team and WMAS will continue to monitor the effectiveness of the Trauma Trigger tool in 2013-14.
Measure reporting Qtrly to board	The patients that trigger the level 1 or 2 of the trigger tool will be directly taken to a major trauma centre when they satisfy the criteria to do so
Target	95% of the time
By When?	31 March 2014
Outcome	Improvement in outcomes for this patient group (evidence produced by national Trauma Audit and Research Network)
Lead	Head of Clinical Practice and Trauma Lead
Baseline	80 per month directly to major trauma centres



Patient Experience Priorities 2013-14

Priority 7: Patient Survey	
Rationale	Patient care is at the centre of everything we do and it is important to the Trust to ensure that we collect the views of service users to inform us of quality of care we deliver. The Trust continues to learn from patients, carers and members of the public experience so we can see where the service user has reported good experience and on occasion's poor service. In 2012/13 the current Patient Survey incorporates the following question 'would you recommend this service to friends and family`.
Measure reporting to board	Through quarterly patient surveys, as well as an online survey and engagement with Health Watch and Foundation Trust Governors to include the Friends and Family Recommendation test
Target	5000 patients
By When?	31 March 2014
Outcome	Learn from patients and improve the patient experience
Lead	Head of Patient and Public Experience
Baseline	TBC

Priority 8: WMAS dignity challenge	
Rationale	Raise awareness of dignity and increasing sign up to the WMAS dignity in care challenge. To respect people's dignity should include a zero tolerance of all forms of abuse and patients deserve the same respect one would want for oneself or a member of one's family; patients merit personalised care and where possible a level of independence, choice and control; everyone should be listened to and allowed to express their needs and wants; at all times people have a right to privacy: People feel able to complain without fear of retribution when things go wrong and there should be engagement with family members and carers as care partners; where people are lonely and isolated and in need of care they should be referred to the right service at the right time.
Measure reporting to board	Qtr. 1: scope and Baseline Qtr. 2: Raise awareness of the WMAS Dignity campaign amongst staff Qtr. 3&4: Staff signed up to the dignity challenge
Target	To have dignity champions up by 25%
By When?	31 March 2014
Outcome	Improve awareness of dignity in the Trust improving patients experience
Lead	Clinical Quality Manager
Baseline	TBC in Qtr1

This is a patient story from a renal dialysis patient who dialyses three times a week at her local dialysis unit. She is a diabetic who was going for dialysis from hospital prior to planned surgery for the following day;

"The Ambulance transport arrived at the hospital early at about 5pm so I hadn't eaten, this was a problem, but the ward nurses said they would get me something to eat when I returned as long as I was back before midnight

"I arrived at the dialysis unit early but I was not on the machine dialysing until about 6.45pm, which meant that because I had arrived early I had to wait in reception for an 1hr & 30minutes and I would finish at about 11pm. An ambulance arrived to pick me up, I said I only had 6 or 7 minutes left & the driver said that he would be in reception "

Unfortunately this was not the case as the driver was asked to take another patient home by a fellow driver and the lady was upset by this

"The Driver did come back, to take me back to the hospital, however he had to drop off another patient, which he did first, so I didn't arrive back on the Ward until well after midnight and by this time I was officially nil by mouth.

"As I am diabetic, my sugar levels are tested at the start and end of the dialysis session, and I believe that my sugar was recorded as 3.9 at the end of the session. The nurses would not normally allow me to leave without having a cup of sweet tea and some biscuits, but they could not because this would make me later still. The hospital staff were made aware of my sugar level, they referred to the doctors who decided I had to eat and since I should have been first on the list, they would sort out the list in the morning"

"The end result was my operation was changed to being last on the list for my operation Instead of first. This also meant that I could not go home the same day & I took up a hospital bed for another night. If I had been first on list for surgery, as was originally planned, I may have been able to go home the same day"

"When I made the ambulance manager aware of what had happened she responded really quickly and she advised me that she had made It clear to all Drivers (and these two drivers specifically were spoken to) to ensure that drivers did not make such changes between themselves. If they were requested by medical staff to make such changes, they should get approval. I was impressed by the speed with which this was dealt with, and I must say that I was getting constant complaints prior to this incident,"

"In addition to these measures I know that some changes to the scheduling of staff were put into operation. Since this has been dealt with, I have not had a single complaint about this type of problem; I think that this speaks for itself"

"It is key to make sure everyone who Is Involved Is made aware of what happens."

One of the stories that led us to priority 9 for 2013/14

Priority 9: Renal Patients	
Rationale	Following patient complaints and patient survey WMAS decided this imperative priority for 2013/14. Renal patients that require dialysis three times a week tends to be for the rest of their lives. Renal patients can experience long days when attending hospital for dialysis treatment due to many reasons. For those renal patients that are eligible for ambulance transport we seek to ensure that ambulance transport is not the exclusive cause for their delays in order to improve the patient experience and support them to get home within a reasonable time. Despite the complexity of each individual contract in the region WMAS have developed standard governance checks for the region when WMAS are exclusively responsible for the delay.
Measure reporting Qtrly to board	Standard 1: Patients arrive to their renal dialysis appointment no later than 15mins after the booked appointment time Standard 2: Patients are to be collected no later than 60mins after booked pick up time. Standard 3: Patients are to spend no longer than 60mins on our vehicles, within ten miles from pick up to drop off.
Target	Standard 1: Year to End 90% Standard 2: Year to End 90% Standard 3: Year to End 95%
By When?	31 March 2014
Outcome	Improvements in patient experience and wellbeing
Lead	Clinical Quality Manager
Baseline	TBC

Proposed CQUIN Priorities for 2013/14

No	CQUIN Goal	CQUIN Detail	Expected value
1	Acute Admission avoidance	TBC	TBC
2	Integrated End of life register	TBC	TBC
3	Patient Safety Thermometer	TBC	TBC
4	Year 2 Make ready scheme	TBC	TBC

Annex 1: Statements from NHS Commissioning Board or relevant commissioning groups (as determined by the NHS (Quality Accounts) Amendment Regulation 20120

Annex 2: Local Healthwatch, Overview and Overview and Scrutiny Committees

Annex 3: Statement of directors` responsibilities in respect of the Quality Report

Further information

Further information and action plans on all projects can be obtained by contacting the lead clinician named on the project

Further information on performance for local areas is available as an Information Request from our Freedom of Information Officer or from the leads for the individual projects.

Progress reports will be available within the Trust Board papers every three months with the end of year progress being given in the Quality Report to be published in June 2014.

If you require a copy in another language, or in a format such as large print, Braille or audio tape, please call West Midlands Ambulance Service on 01384 215 555 or write to:

West Midlands Ambulance Service
Regional Headquarters
Millennium Point
Waterfront Business Park
Brierley Hill
West Midlands
DY5 1LX

You can also find out more information by visiting our website: **www.wmas.nhs.uk**

If you have any comments, feedback or complaints about the service you have received from the Trust, please contact the **Patient Advice and Liaison Service (PALS)** in the first instance; **01384 246370**

GLOSSARY OF TERMS

Abbreviation	Full Description
A&E	Accident and Emergency
ABP	Annual Business Plan
ACDC	Active Compression Decompression
ACLS	Advanced Cardiac Life Support
ACPO	Association of Chief Police Officers
AD	Active Directory
AED	Automated External Defibrillator
AFA	Ambulance Fleet Assistant
AfC	Agenda for Change
AMI	Acute Myocardial Infarction
AMPDS	Advanced Medical Priority Despatch System
AQI	Ambulance Quality Indicators
ARMS	Ambulance Risk Management Standards
ARP	Ambulance Radio Project
ARV	Alternative Response Vehicle
ASN	Ambulance Service Network
ASD	Annual Skills Development
BASICs	British Association of Immediate Care Doctors
BC	Black Country
BME	Black and Minority Ethnic
C&W	Coventry and Warwickshire
CAD	Computer Aided Dispatch
CAT	Category
CBRN	Chemical, Biological, Radiological, Nuclear
CC	Call Connect
CCGs	Clinical Commission Groups
CDP	Career Development Plan
CEN	Committee of European Normalisation
CfH	Connecting for Health
CFMS	Counter Fraud and Security Management Service
CFR	Community First Responder
CHD LIT	Coronary Heart Disease Local Implementation Team
CNST	Clinical Negligence Scheme for Trusts
CPI	Clinical Performance Indicator
CPO	Community Paramedic Officer
CPR	Cardio Pulmonary Resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRES	Cash Releasing Efficiency Savings
CSD	Clinical Support Desk
CSU	Commissioning Support Unit
CTS	Courier Transport Service
DCA	Double Crewed Ambulance
HDU	High Dependency Unit
DGH	District General Hospital
DH	Department of Health
DN	District Nurse
E&U	Emergency & Urgent
EBITDA	Earnings Before Interest, Tax, Depreciation and Amortisation
ECA	Emergency Care Assistant
ECIST	The Emergency Care Intensive Support Team

GLOSSARY OF TERMS

Abbreviation	Full Description
ECPAG	Emergency Call Prioritisation Advisory Group
ECP	Emergency Care Practitioner
ECR	Extra Contractual Referral
ECS	Emergency Care System
ED	Executive Director
EDI	Equality, Diversity and Inclusion
EDS	Equality Delivery System
EFL	External Financing Limit
EIA	Equality Impact Assessment
EISEC	Enhanced Information System for Emergency Controls
EHR	Electronic Health Record
EMB	Executive Management Board
EOC	Emergency Operations Centre
EPO	Emergency Planning Officer
EPRR	Emergency Preparedness, Resilience and Response
ERMA	Emergency Response Management Arrangements
ESR	Electronic Staff Record
FAAW	First Aid at Work
FAST	Face, Arm, Speech Test
FY	Financial Year
FT	Foundation Trust
FTN	Foundation Trust Network
FTGA	Foundation Trust Governors Association
GP	General Practitioner
HALO	Hospital Ambulance Liaison Officer
HART	Hazardous Area Response Team
HCAI	Healthcare Acquired Infections
HCRT	Health Referral Team
HCSW	Health Care Support Worker
HPA	Health Protection Agency
HPC	Health Professions Council
HQ	Headquarters
HSE	Health and Safety Executive
ICD	Incident Command Desk
ICCS	Integrated Control and Command System
ICP	Immediate Care Point
ICT	Information and Communications Technology
IG	Information Governance
IGT	Information Governance Toolkit
IHCD	Institute of Health Care Development
IIP	Investors in People
ILCOR	International Liaison Committee on Resuscitation
IMAS	Interim Management and Support
IM&T	Information Management and Technology
IMR	Internal Management Review
IOSH	Institute of Safety and Health
IPC	Infection Prevention and Control
IRU	Incident Response Unit
IWL	Improving Working Lives
JESIP	Joint Emergency Services Interoperability Programme
JRCALC	Joint Royal Colleges Ambulance Liaison Committee

GLOSSARY OF TERMS

Abbreviation	Full Description
KA34	Department of Health Korner Return
KPIs	Key Performance Indicators
KSF	Knowledge & Skills Framework
LAN	Local Area Network
LAT	Local Area Teams
LDC	Leadership Development Centre
LINKs	Local Involvement Networks
LMS	Logistics Medical Service
LSMS	Local Security Management Specialist
LUCAS	Lund University Cardio Assist System
MAA	Midlands Air Ambulance
MAU	Medical Assessment Unit
MEOC	Mobile Emergency Operations Centre
MERIT	Medical Emergency Response Incident Team
MINAP	Myocardial Infarction Audit Project
MISU	Major Incident Support Unit
MIU	Major Incident Unit
MP	Millennium Point
MP	Member of Parliament
NARU	National Ambulance Resilience Unit
NASMeD	National Ambulance Service Medical Directors
NED	Non Executive Director
NHSCB	National Health Service Commissioning Board
NHSE	National Health Service Executive
NHSLA	National Health Service Litigation Authority
NHSP	National Health Service Pathways
NICE	National Institute for Health and Clinical Excellence
NLC	National Leadership Council
NOS	National Operation Standards
NpfIT	National Programme for IT
NSF for CHD	National Service Framework for Coronary Heart Disease
OOH	Out of Hours
ONS	Office for National Statistics
ORCON	Operational Readiness Consultants
PALS	Patient Advice and Liaison Service
PbR	Payment by Results
PDR	Personal Development Review
PCC	Primary Care Clinic
PCI	Primary Percutaneous Coronary Intervention
PCT	Primary Care Trust
PFI	Private Finance Initiative
PHTLS	Pre-Hospital Trauma Life Support
PIs	Performance Indicators
PLS	Paramedic Life Support
POMIS/STOMIS	Purchase Order & Stores Management Information Systems
PoP	Point of Presence
PPEG	Public & Patient Engagement Group
PRF	Patient Report Form
PSIAM	Priority Solutions Integrated Access Management
PTS	Patient Transport Service
QIA	Quality Impact Assessment

GLOSSARY OF TERMS

Abbreviation	Full Description
QIPP	Quality, Innovation, Productivity and Performance
REAP	Resourcing Escalatory Action Plan
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
ROSC	Return of Spontaneous Circulation
RPST	Risk Pooling Scheme for Trusts
RRV	Rapid Response Vehicle
SfBH	Standards for Better Health
SCR	Serious Case Review
SHA	Strategic Health Authority
SI	Serious Incident
SLA	Service Level Agreement
SOC	Strategic Operations Centre
SOM	Standard Operating Model
SOP	Standard Operating Procedure
SPC	Statistical Process Control
SPA	Single Point of Access
SR0	Senior Responsible Officer
SSAG	Staff Survey Action Group
SSP	System Status Plan
STEIS	Strategic Executive Information System
STEMI	ST Elevation Myocardial Infarction
STREAM	Strategic Reperfusion Early After Myocardial Infarction)
SWOT	Strengths, Weaknesses, Opportunities & Threats
TAS	Telephone Answering Service
TMIU	Temporary Minor Injury Unit
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 2006
UCS	Unscheduled Care Service
UHB	University Hospital Birmingham
UHCW	University Hospital Coventry & Warwickshire
UHU	Unit Hour Utilisation
UHNS	University Hospital North Staffs
UKTFT	United Kingdom Transport for Transplants
UPS	Uninterruptible power supply
USAR	Urban Search and Rescue
UTC	University Technical College
VAS	Voluntary Aid Services
VCS	Voluntary Car Service
WAN	Wide Area Network
WBA	Work Based Assessment
WDC	Workforce Development Confederation
WM	West Mercia
WMAS	West Midlands Ambulance Service
WNAA	Warwickshire and Northamptonshire Air Ambulance
WTE	Whole Time Equivalent
YTD	Year to Date

Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5) **Date: 19th June 2013**

Subject:
Health Resilience and Health Protection in Coventry: an overview

1 Purpose of the Note

- To update the Scrutiny Board on local arrangements for protecting the health of the public in Coventry, including working with new NHS organisations
- To provide members of the Board with the context for presentations from the NHS Local Area Team on Measles and from Coventry, Solihull and Warwickshire Resilience Team on responding to major incidents and emergencies.

2 Recommendations

- To note local arrangements for health resilience and health protection in Coventry

3 Information/Background

What is health protection & health resilience?

3.1 Health protection and health resilience are about protecting the public from avoidable threats to their health. These includes preventable threats to health, such as diseases that can be prevented through vaccination or screening programmes or outbreaks of food poisoning, man-made threats such as acts of terrorism, major incidents such as train or plane crashes or environmental threats to health such as extreme weather conditions or environmental pollution.

3.2 Recent examples which have had an impact locally include the swine flu pandemic of 2010, the discovery of an unexploded bomb in the city centre and currently a rise in measles cases.

3.3 Effective protection of the public from these harms involves a number of important elements including putting in place plans to prevent threat to health (for example, childhood immunisation programmes), developing plans to minimise the risk of harm (for example, issuing advice to older people to stay inside during heat-waves) and responding effectively to incidents (for example, rolling out additional vaccination programmes during measles outbreak).

4 Who is responsible for health protection and health resilience?

4.1 Responsibility for health protection and health resilience lies with a number of different national, regional and local organisations, including different parts of the NHS and local councils.

4.2 As a result of the Health and Social Care Act 2012, the new **NHS England** has responsibility for making sure that appropriate plans are in place to respond to health emergencies and major incidents and for leading the response to incidents. Locally, this is carried out by the Area Team for Arden (Coventry & Warwickshire), Herefordshire and Worcestershire which is based in Worcestershire.

4.3 Public Health England is responsible for providing specialist public health expert advice to preparing for, and responding to incidents. Responsibility for Coventry sits with the local Public Health England Centre for the West Midlands, based in Birmingham.

4.4 Within local councils, the Director of Public Health has responsibility for:

- providing leadership for the public health system within their local area
- ensuring that plans are in place to protect the health of their local populations
- providing initial leadership for incidents in their local area, with Public Health England

4.5 Under the Civil Contingencies Act 2004, councils have responsibilities to assess the risk of emergencies, put in place robust plans to respond to emergencies, working with the emergency services and other local organisations such as the NHS. Within Coventry, this role is carried out by a joint Resilience team which covers Coventry, Solihull and Warwickshire.

5 Arrangements for immunisation and screening programmes

5.1 Immunisation and national screening programmes are a key way to protect the public from avoidable harms to health. These programmes include the childhood immunisation programme, delivered by GPs. They also include the national cancer screening programmes (breast, bowel & cervical cancer) diabetic retinopathy screening (an eye condition affecting people with diabetes) and screening for abdominal aortic aneurysm adults as well as screening programmes in pregnancy/newborns which are carried out by the NHS.

5.2 Formerly the responsibility of public health teams based in Primary Care Trusts, these programmes are now commissioned by the NHS England Area Team for Arden (Coventry & Warwickshire), Herefordshire and Worcestershire, with specialist advice provided by Public Health England. They are responsible for the overall delivery of immunisation and screening. This currently includes developing and overseeing the implementation of local plans to increase levels of MMR immunisation in responsible to outbreaks of measles in parts of the U.K and mainland Europe.

6 How does this all fit together?

6.1 Responsibility for protecting the population from harms to their heath sits with a large number of organisations. To make sure that all the parts of the system that have a responsibility work well together, Coventry and Warwickshire have established a Health Protection Committee. This is a non-statutory committee, which reports to the Health and Well-being Boards in for both Coventry and Warwickshire which provides oversight of all elements of health protection. This is chaired on a rotating basis by the Directors of Public Health for both Coventry and Warwickshire and includes membership from all relevant local and regional organisations and elected members.

Dr Jane Moore
Director of Public Health
Coventry City Council

Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5) **Date: 19th June 2013.**

Subject: Measles briefing

1 Purpose of the Note

- To inform the Scrutiny Board of the background and current arrangements for the MMR (Measles, Mumps and Rubella) immunisation catch-up campaign

2 Recommendations

- To note the details of the MMR catch-up programme in Coventry

3 National context

In April 2013, a national catch-up programme to increase MMR (Measles, Mumps and Rubella) vaccination uptake in children and teenagers was announced by Public Health England, NHS England and the Department of Health. This was in response to a sustained national rise in the number of measles cases.

The aim of the programme was for GP practices to identify and write to the parents of children aged 10 to 16 who were inadequately immunised and offer them the MMR vaccine. In addition, there would be a local communication strategy to raise awareness. The target was to ensure 95% of children received at least one dose of MMR before they returned to school in September 2013.

The rise in measles cases can be mostly attributed to the proportion of unprotected 10-16 year-olds who missed out on vaccination in the late 1990s and early 2000s when concern around the now thoroughly discredited link between autism and the vaccine was widespread. At this time measles had been eliminated in the UK, but coverage fell nationally to less than 80% in 2005, with even lower uptake in some parts of the country. After many years of low vaccination uptake, measles became re-established in 2007. In 2012, there was a record high of almost 2000 cases.

Measles is an unpleasant illness with cold-like symptoms followed by a rash accompanied by high fever, red eyes and a cough. It can be particularly severe in babies under the age of one year, teenagers and older people, especially those who have a weakened immune system. It can cause complications including pneumonia, ear infections, diarrhoea and encephalitis (swelling of the brain). Around one in every 10 children who get measles is admitted to hospital. In rare cases, people can die from measles. Measles is one of the most infectious diseases known and is spread by aerosols from the respiratory tract.

4. Local context

Coventry has a relatively high MMR uptake compared to the rest of the region. 97.1% of 2 year olds are immunised with MMR compared to only 93.1% for the region as a whole. Similarly,

96.4% of 5 year olds are fully immunised compared to 88.3% for the region a whole. However, modelling suggests that there are around 5000 children aged 10 to 16 who are inadequately immunised and at risk of measles. There were 3 confirmed cases of measles in Coventry between January and April 2013. This compares to 5 confirmed cases in the whole of 2012.
A local Measles plan has been developed through a MMR Catch-up Steering group which includes Local Authority representation and is chaired by Public Health England (PHE) and NHS England. The LA role includes raising awareness of the campaign in schools and in some vulnerable groups. The first set of results from the programme is due to be available in July 2013.

Dr Jane Moore
Director of Public Health
Coventry City Council

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