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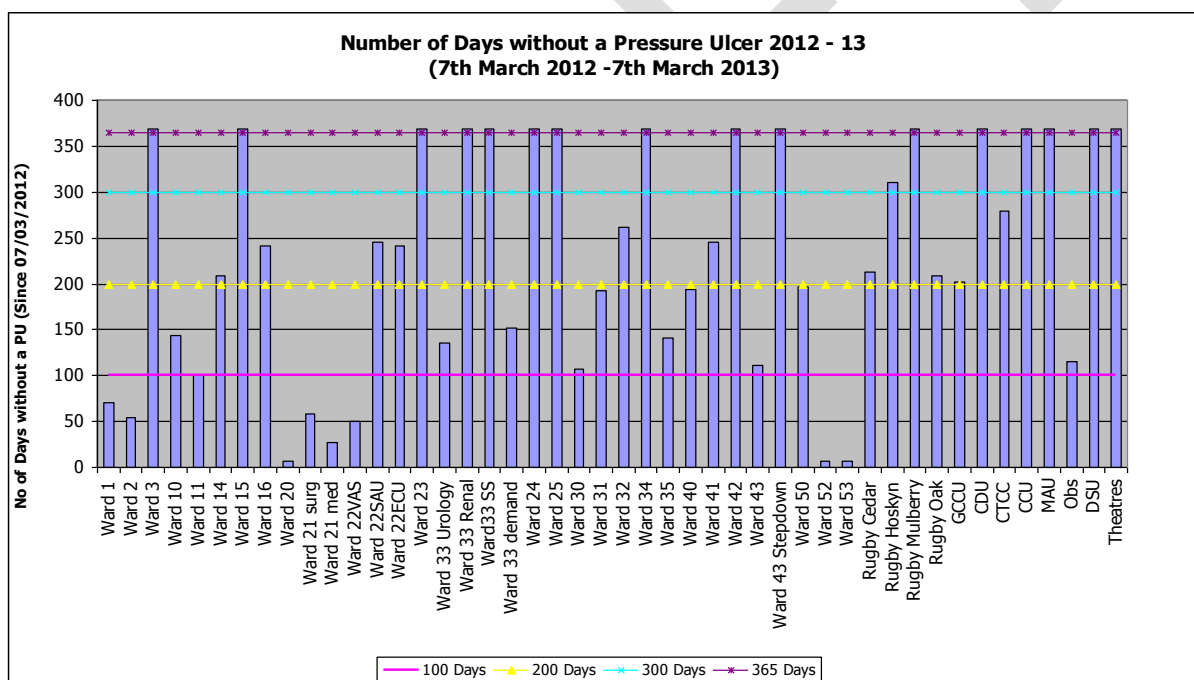
Wards and Departments who do not achieve '100 Days Free' are not disqualified from the initiative but are given help to get back on track. Wards and departments are also offered extra support and guidance if required from the Tissue Viability Team.

Incident Avoidable Hospital Acquired Pressure Ulcers
April 2012-March 2013
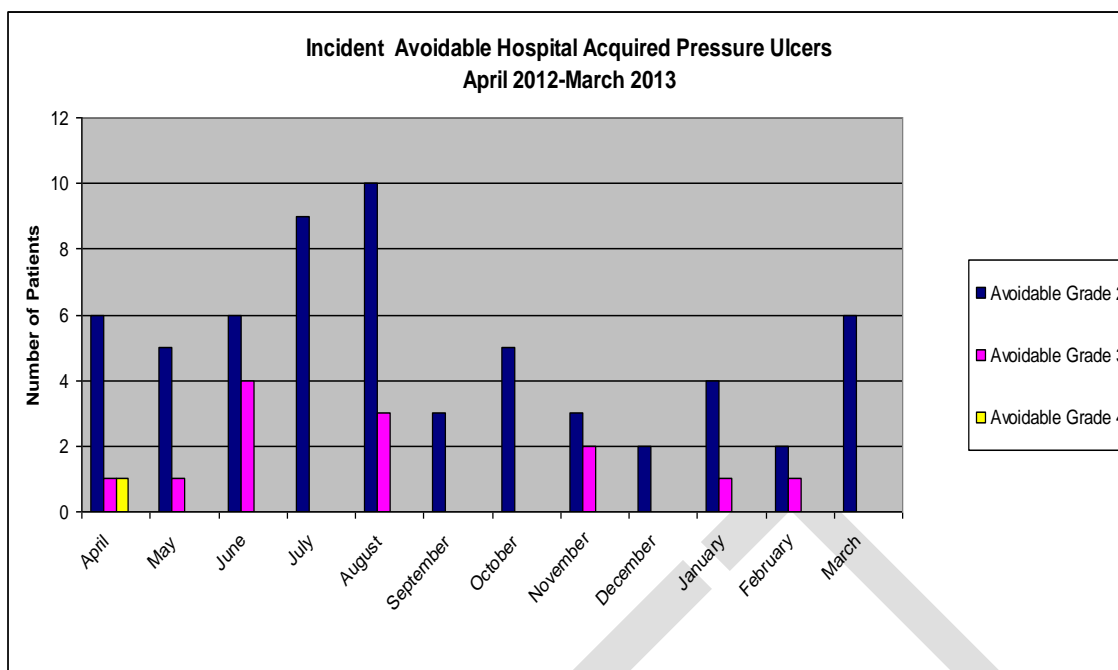
The graph shows the continuing low number of Grade 3 and 4 Pressure Ulcers

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.	Care pathway with appropriate standards in place. All wards use the 'Discharge Dashboard' to provide feedback on discharge performance
	Implementation of multidisciplinary working to support effective discharge planning.	all wards have multi-disciplinary discharge meetings
	Implement daily 'Board Rounds' in all wards to support an increase in morning discharges	Not all wards yet have daily Board Rounds, including at weekends
	Identifying and redesigning those internal pathways that contribute to delayed discharge.	There are still delays for other services within UHCW
		Timely transfer within UHCW
	Design and implement a programme of clinical training to support the Board Round implementation	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:
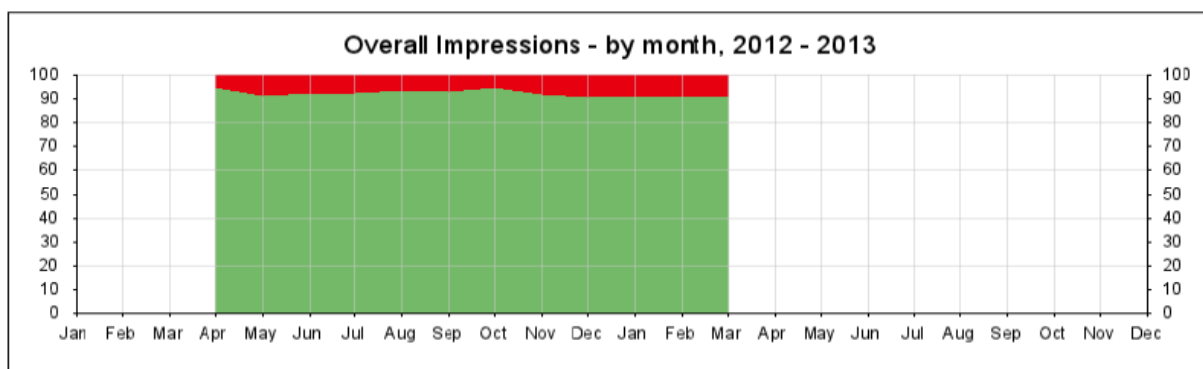
Trends of Patient, Carer, Visitor satisfaction levels with the Trust: April 2012 – March 2013

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:
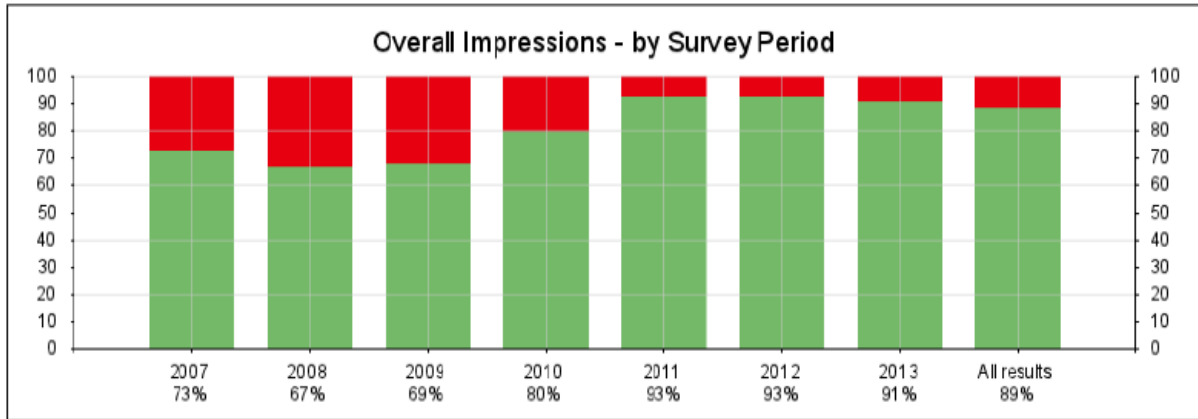
Trends of Patient, Carer, Visitor satisfaction levels with the Trust: 2007 – 2013 (as at May 2013)
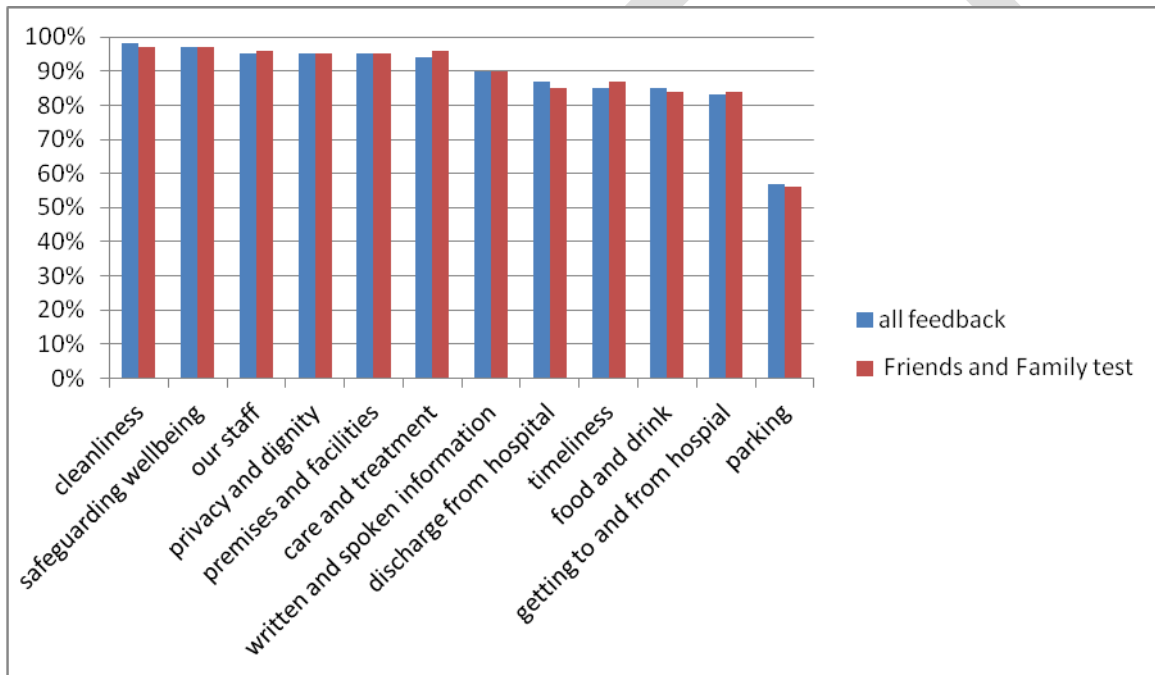
1: Patient reported satisfaction levels 2012/13

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.

.

	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

2.3.2 Management of Sepsis (2010/11)

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)	Sepsis pathway compliance ensures timely transfer to Intensive Care when indicated
	Use 'Run Charts' to identify further changes to pathway and improvements in practice	
Sustain best practice in avoiding, identifying and treating Sepsis	Sepsis champions in clinical areas	Champions are in place
	Poster campaign to raise awareness	Displayed in clinical areas
	On-line training tool for all staff available	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		100%
- use of Anti D		Data collection not yet started
- Management of patients in neuro critical care		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.
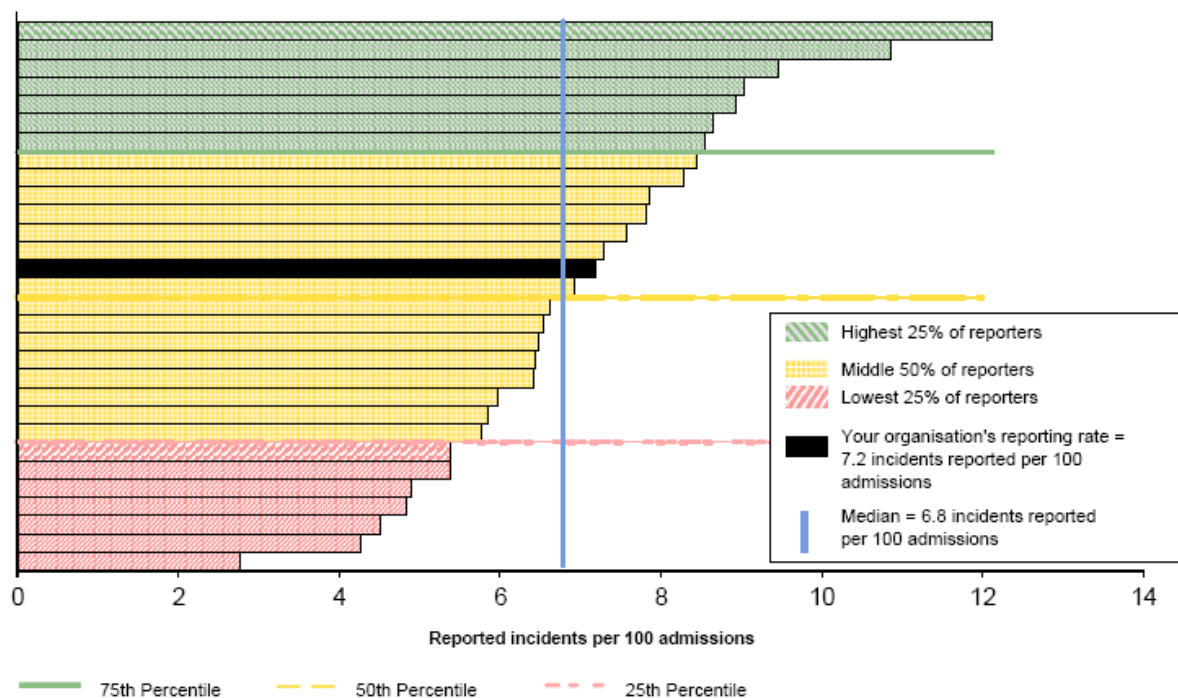
The vast majority of reports are "no harm" incidents as indicated below
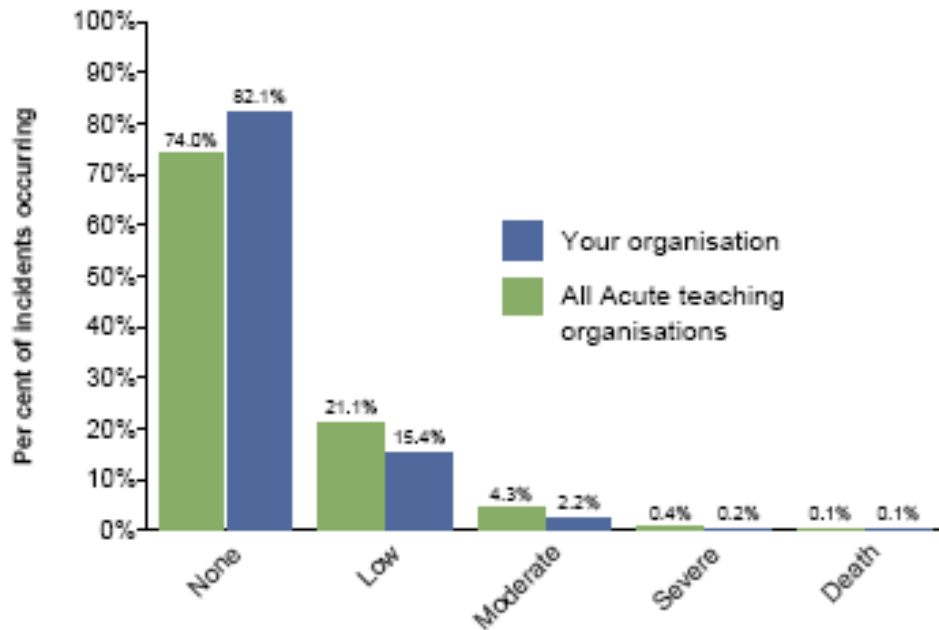
3.2.2 Serious Incidents Requiring Investigation (SIRIs)

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.

Overall Impressions - by Survey Period

	2007	2008	2009	2010	2011	2012	2013	All results
	73%	67%	69%	80%	93%	93%	91%	89%
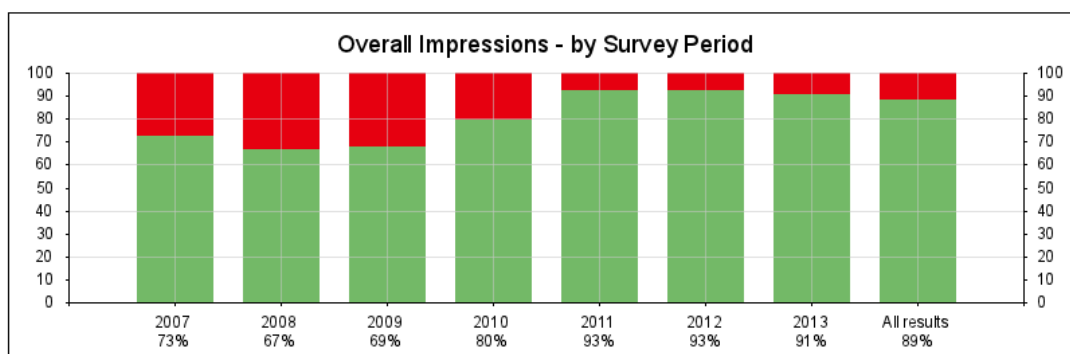
Patient levels of satisfaction with service areas: April 2012 – March 2013

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

🟩	Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
🟧	About the same		This trust's score (NB: Not shown where there are
🟥	Worst performing trusts	◆	fewer than 30 respondents)

Section scores

S1. The Emergency/A&E Department (answered by emergency patients only)

S2. Waiting list and planned admissions (answered by those referred to hospital)

S3. Waiting to get to a bed on a ward

S4. The hospital and ward

S5. Doctors

S6. Nurses

S7. Care and treatment

S8. Operations and procedures (answered by patients who had an operation or procedure)

S9. Leaving hospital

S10. Overall views and experiences

44

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

Q3. While you were in the A&E Department, how much information about your condition or treatment was given to you?	
Q4. Were you given enough privacy when being examined or treated in the A&E Department?	

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

Q6. How do you feel about the length of time you were on the waiting list?	
Q7. Was your admission date changed by the hospital?	
Q8. Had the hospital specialist been given all necessary information about your condition/illness from the person who referred you?	

Waiting to get to a bed on a ward

Q9. From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	

The hospital and ward

Q11. Did you ever share a sleeping area with patients of the opposite sex?	
Q14. Did you ever use the same bathroom or shower area as patients of the opposite sex?	
Q15. Were you ever bothered by noise at night from other patients?	
Q16. Were you ever bothered by noise at night from hospital staff?	Worse
Q17. In your opinion, how clean was the hospital room or ward that you were in?	
Q18. How clean were the toilets and bathrooms that you used in hospital?	
Q19. Did you feel threatened during your stay in hospital by other patients or visitors?	
Q20. Were hand-wash gels available for patients and visitors to use?	
Q21. How would you rate the hospital food?	
Q22. Were you offered a choice of food?	
Q23. Did you get enough help from staff to eat your meals?	

Doctors

Q24. When you had important questions to ask a doctor, did you get answers that you could understand?

Q25. Did you have confidence and trust in the doctors treating you?

Q26. Did doctors talk in front of you as if you weren't there?

Nurses

Q27. When you had important questions to ask a nurse, did you get answers that you could understand?

Q28. Did you have confidence and trust in the nurses treating you?

Q29. Did nurses talk in front of you as if you weren't there?

Q30. In your opinion, were there enough nurses on duty to care for you in hospital?

Care and treatment

Q31. Did a member of staff say one thing and another say something different?

Q32. Were you involved as much as you wanted to be in decisions about your care and treatment?

Q33. How much information about your condition or treatment was given to you?

Q34. Did you find someone on the hospital staff to talk to about your worries and fears?

Q35. Do you feel you got enough emotional support from hospital staff during your stay?

Q36. Were you given enough privacy when discussing your condition or treatment?

Q37. Were you given enough privacy when being examined or treated?

Q39. Do you think the hospital staff did everything they could to help control your pain?

Worse

Q40. After you used the call button, how long did it usually take before you got help?

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

Q42. Did a member of staff explain the risks and benefits of the operation or procedure?	
Q43. Did a member of staff explain what would be done during the operation or procedure?	
Q44. Did a member of staff answer your questions about the operation or procedure?	
Q45. Were you told how you could expect to feel after you had the operation or procedure?	
Q47. Did the anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain?	
Q48. Afterwards, did a member of staff explain how the operation or procedure had gone?	

Leaving hospital

Q49. Did you feel you were involved in decisions about your discharge from hospital?

Q50. Were you given enough notice about when you were going to be discharged?

Q52. Discharge delayed due to wait for medicines/to see doctor/for ambulance.

Q53. How long was the delay?

Q54. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?

Q55. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?

Q56. Did a member of staff tell you about medication side effects to watch for when you went home?

Q57. Were you told how to take your medication in a way you could understand?

Q58. Were you given clear written or printed information about your medicines?

Q59. Did a member of staff tell you about any danger signals you should watch for after you went home?

Q60. Did hospital staff take your family or home situation into account when planning your discharge?

Q61. Did the doctors or nurses give your family or someone close to you all the information they needed to care for you?

Worse

Q62. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

Q63. Did hospital staff discuss with you whether additional equipment or adaptations were needed in your home?

Q64. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?

Q65. Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?

Q66. Were the letters written in a way that you could understand?

Worse

48

Overall views and experiences

Q67. Overall, did you feel you were treated with respect and dignity while you were in the hospital?	*(chart, score marker between 8 and 9 on 0–10 scale)*
Q68. Overall...	I had a very poor experience — I had a very good experience *(chart, score marker around 8 on 0–10 scale)*
Q69. During your hospital stay, were you ever asked to give your views on the quality of your care?	*(chart, score marker around 1 on 0–10 scale)*
Q70. Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	*(chart, score marker around 1 on 0–10 scale)* — Worse

■ (green) Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
■ (orange) About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
■ (red) Worst performing trusts		
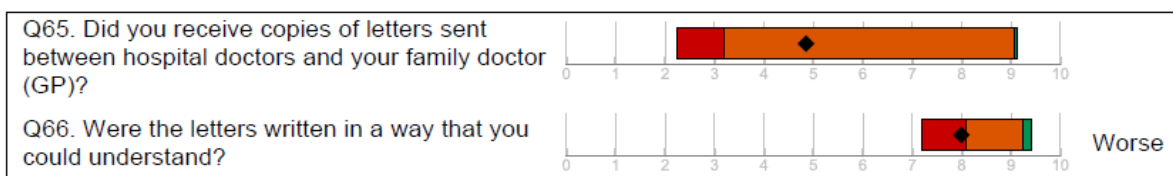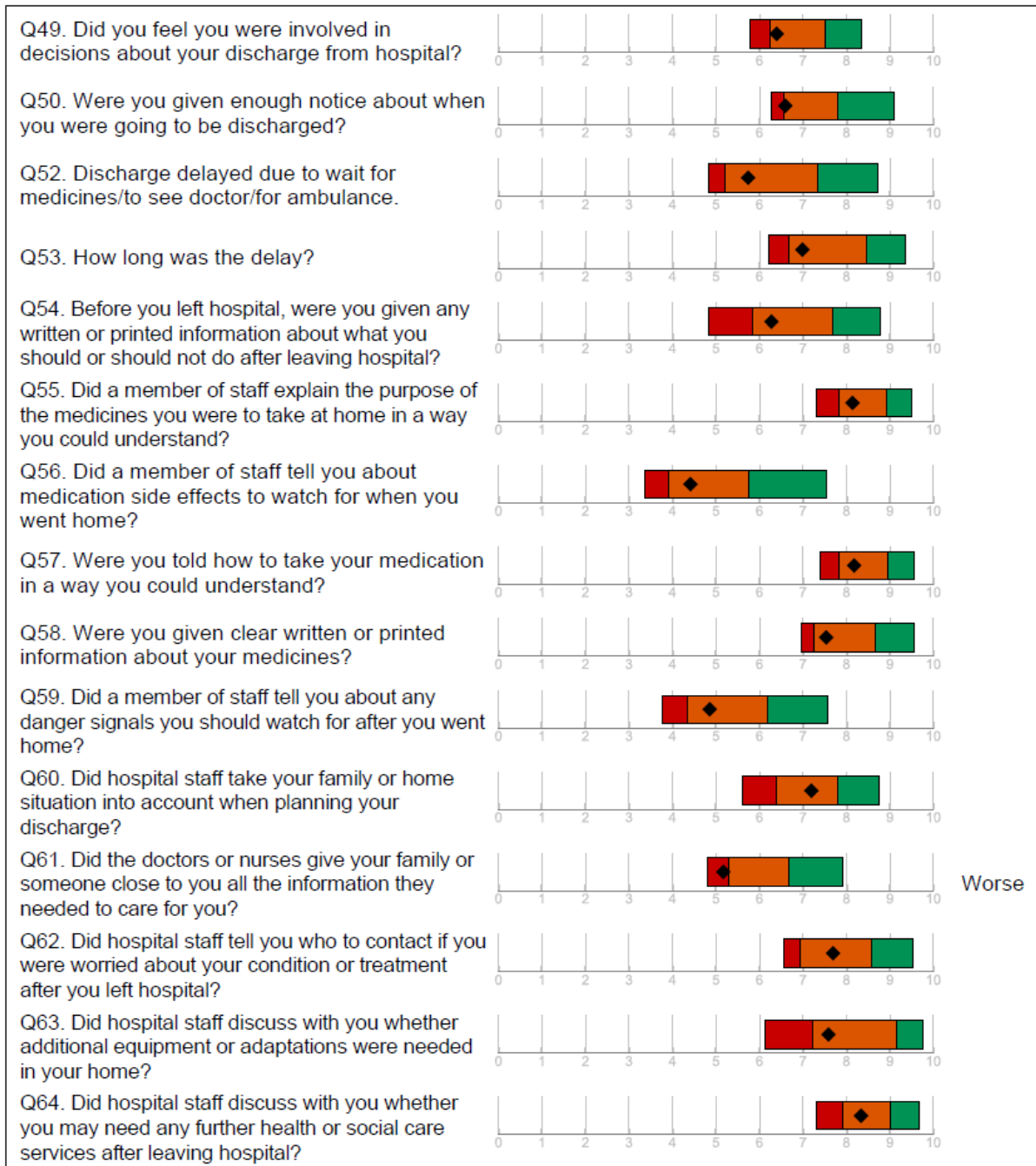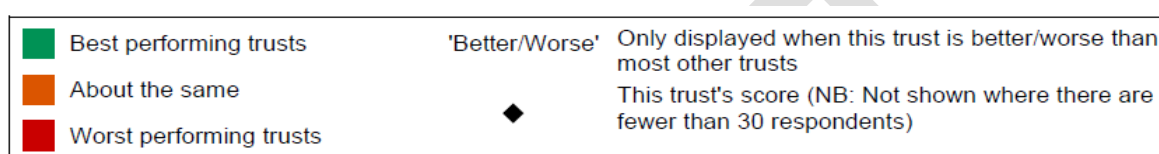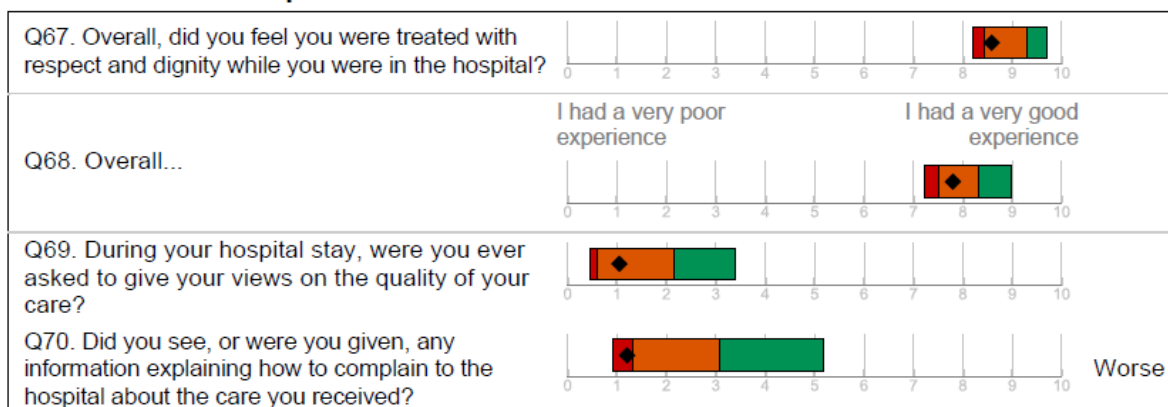
2012 Staff Surveys: National and Local Comparisons

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%

.

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.

Mortality (in-hospital) | Diagnoses - HSMR
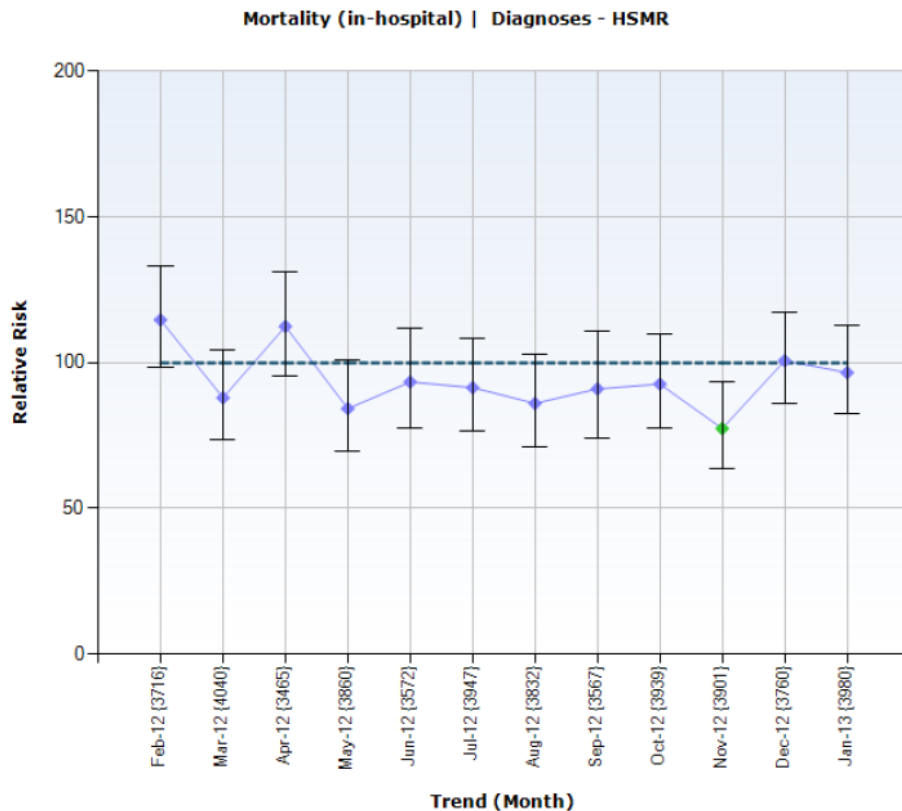
2012/13 HSMR based on basket of 56 diagnoses – Source Dr Foster Intelligence

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

SHMI by provider (West Midlands SHA) for all admissions in Oct 2011 to Sept 2012
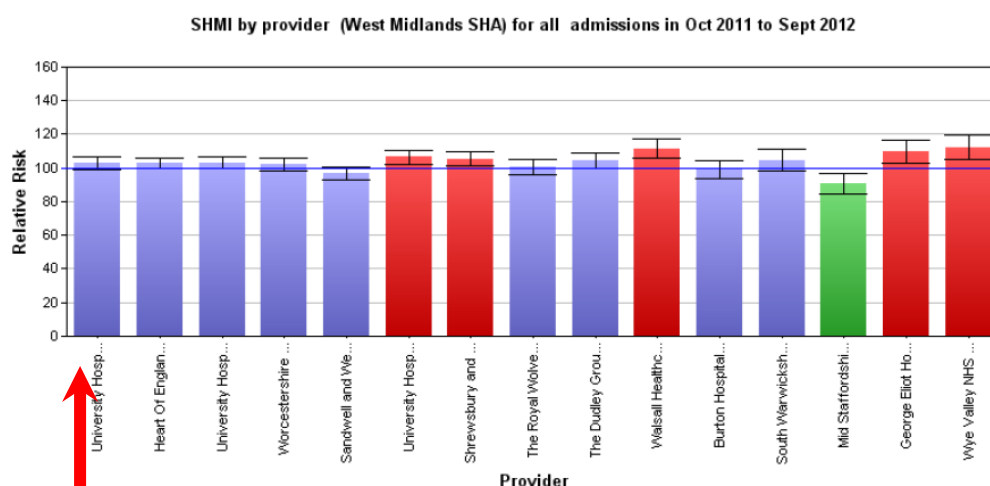
Provider	SHMI Spells	SHMI
University Hospitals Coventry and Warwickshire NHS Trust	84039	103.00
Heart Of England NHS Foundation Trust	152191	102.74
University Hospital Of North Staffordshire NHS Trust	96146	103.16
Worcestershire Acute Hospitals NHS Trust	76413	102.21
Sandwell and West Birmingham Hospitals 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	93%	92%	90%	92.4%	Target achieved
Non-admitted: referral to treatment	97%	97%	95%	97.8%	
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	facilitate safe, timely discharge.
	Existing staff have access to current information to support decision-making and regular training to support and share learning	Training programmes are delivered to and attended by staff
	Trust uses internal communications (such as Intranet and newsletter) to keep staff informed about discharge issues	Audit shows that all wards and areas are complying with best practice; improvement plans are implemented and can demonstrate changes in practice
	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	
Patient/carer engagement in discharge planning	Patients and (where appropriate) carers are involved in all decisions regarding discharge planning	Survey feedback demonstrates that patients and carers feel well-informed and involved in 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.	The Trust reviews all such cases and can demonstrate safe discharge within agreed timescales.
	Patients and/or carers are informed regarding timescales for decision-making	

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
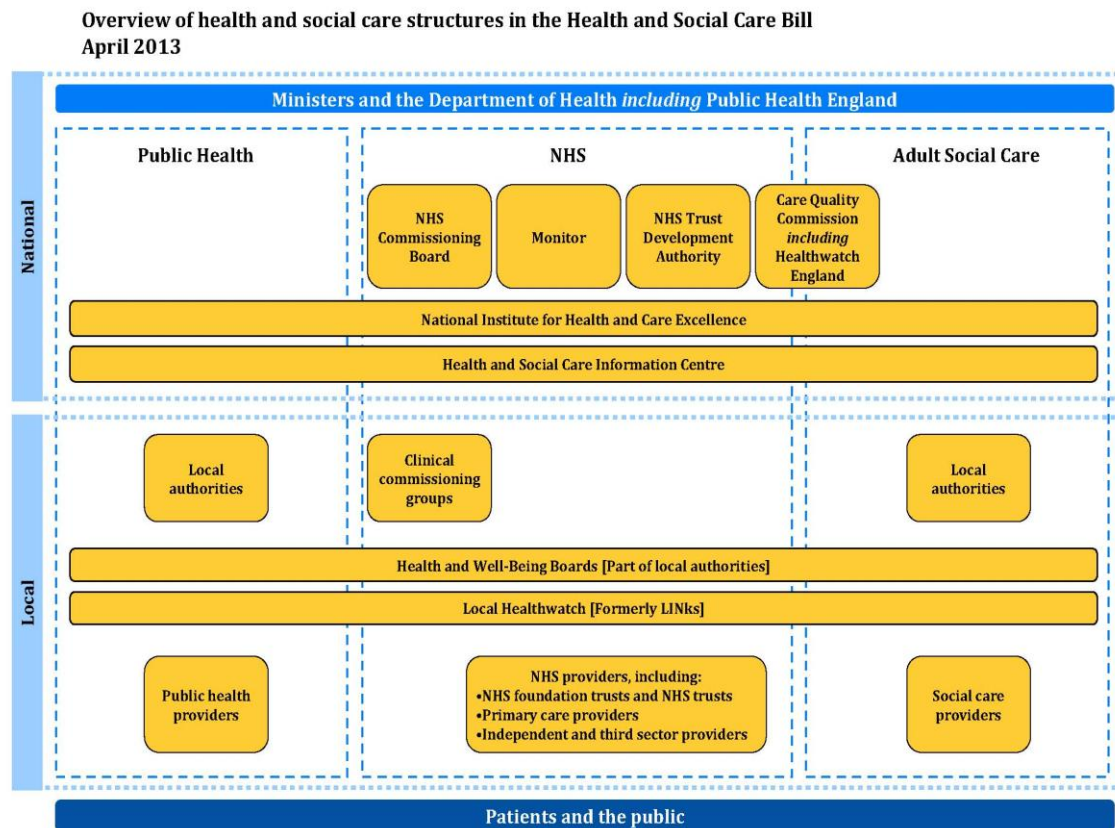Clifford Bridge Road
Coventry
CV2 2DX

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**

**Overview of health and social care structures in the Health and Social Care Bill
April 2013**

Ministers and the Department of Health *including* Public Health England

National

| Public Health | NHS | Adult Social Care |

NHS Commissioning Board | Monitor | NHS Trust Development Authority | Care Quality Commission *including* Healthwatch England

National Institute for Health and Care Excellence

Health and Social Care Information Centre

Local

Local authorities | Clinical commissioning groups | Local authorities

Health and Well-Being Boards [Part of local authorities]

Local Healthwatch [Formerly LINks]

Public health providers | NHS providers, including:
•NHS foundation trusts and NHS trusts
•Primary care providers
•Independent and third sector providers | Social care providers

Patients and the public

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