



2013–2014 Quality Account

We Care, We Achieve, We Innovate

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Part 1

A Welcome from our Chief Executive Officer

Welcome to our 2013-2014 Quality Account, which gives a great opportunity to look at how we've performed on our priorities over the last year and what we will look to achieve over the next.

The three priorities we focused on last year were:

- **Patient Safety:** Reducing the risk of harm from falls;
- **Clinical Effectiveness:** Discharging patients in a safe and timely way;
- **Patient Experience:** Using patient feedback to improve care.

In this report you will be able to judge for yourself how we have tackled these and the difference it has made to patients. Looking forward I am also pleased to announce that for 2014–15 the priorities we will be focused on are:

- **Patient Safety:** Ensuring effective handover of care between healthcare professionals;
- **Clinical Effectiveness:** Ensuring that patients flow easily through our hospitals to improve efficiency in elective theatres across the hospital;

➤ **Patient Experience:**

Ensuring that we work together towards providing a world class patient experience.

The Board was keen to theme this year's priorities under the banner of 'Getting Emergency Care Right'. A campaign which has seen clinical and managerial teams work together to implement practical changes in order to ensure that emergency patients receive the very best experience and care in a timely manner. The priorities also fit in with our new organisational development programme Together Towards World Class (TTWC) and our associated values which I launched in March 2014. My aim is to lead the Trust to be a national and international leader in health care in five years.

I passionately believe that this is what our patients, staff and community want and deserve and that we will achieve this.

Those of us in the NHS have had tough lessons to listen to and learn from over the last two years but I am confident that from this we can build a stronger, more patient focused service which we can all continue to be proud of.

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 2

Introduction to Quality

2.1 Introduction to the Annual Quality Account

University Hospitals Coventry and Warwickshire NHS Trust (UHCW) has quality as the organising principle across all our services, meaning that patient safety and harm-free care, excellent clinical outcomes and high quality patient experience is central to all that we do. Our annual Quality Account provides an opportunity for us to take stock of our achievements and progress to date and to look forward to the year ahead.

Our Vision as a provider of healthcare is to deliver the best care for our patients, achieve excellence in education and teaching, and innovate through research and learning. The illustration [right] shows this vision.

On March 3rd 2014 we launched an ambitious organisational development programme across the Trust called Together World Class. We recognise that the culture of an organisation has a significant impact on the quality and safety of the services provided, and our intention is that this programme will help us reach our aspiration of becoming a national and international leader in healthcare over the next five years.

We will do this by focusing on five key areas:

- World class experience
- World class services
- World class conversations
- World class leadership
- World class people

VISION

A national and international leader

MISSION

Care - Achieve - Innovate

STRATEGIC AIMS

To be an international leader in tertiary supra-regional services – by providing services that, due to clinical safety and effectiveness, need a degree of centralisation and can only be carried out in designated centres

To provide World class healthcare for the local populations of Coventry and Warwickshire – by utilising the Teaching Hospital and academic links to offer the best quality and efficiency to be the provider of choice by improving models of care in the community

Enhance patient and staff experience – across the whole patient experience from first point of contact, through to access, treatment and discharge. It will include both the clinical and non clinical elements and will encompass staff experience.

To be a research and innovation driven organisation – by building on existing resources and networks and enhancing further through innovation champions, increasing partnership working, promoting publications and participating in trials

STRATEGIC OBJECTIVES

1. To deliver excellent patient care and experience
2. To deliver value for money
3. To be an employer of choice
4. To be a research based healthcare organisation
5. To be a leading training and education centre

Underpinning this are our six new values, that were created after asking our staff for their views on what they thought the Trust values should be. They told us:



Clinical leadership and engagement is already deeply embedded within the organisation with our Clinical Directors, who are also practicing clinicians, and Modern Matrons directly running services across the hospital. In 2014 we will work towards changing the quality and patient safety infrastructure to ensure that it meets the changing needs of the quality agenda and so that we are capable of challenging and scrutinising quality across the Trust.

The publication of the Francis Report in February 2013 was a major event in the history of the NHS. It was the first in a series of reports that have challenged every NHS trust to examine practice and culture. It is important to acknowledge that the Francis report and the other reports listed to the right are a number of external drivers that seek to set out guiding principles around quality and safety.

What the reports looked at:

- › Francis reported on events at mid-Staffordshire NHS foundation Trust, making 290 recommendations
- › Keogh investigated high mortality rates at 14 hospitals
- › Cavendish made recommendations on the recruitment and training of non-registered staff in Health and Social Care
- › Berwick explored how the NHS could improve the safety of patients and move forward as a learning organisation
- › Clwyd and Hart reviewed how the NHS responds to and learns from complaints.

All of the reports have emphasised that safe, high quality services depend on organisations listening to and acting on feedback from patients and committing to transparency and openness: the 'duty of candour'.

A report for our Trust Board in April 2013 outlined a four step approach to the Francis Report: identifying the recommendations directly relevant to our Trust; undertaking a gap analysis to assess the level of assurance appropriate to each recommendation; identifying executive and action leads, and planning a detailed process for implementing change. The Chief Executive Officer provided briefings for staff and the Patient's Council and also presented a report to Coventry

Council's Health and Social Care Scrutiny Committee.

In November 2013 NHS England published the Government's formal response *Hard Truths: the journey to putting patients first*. This reinforces the three themes that we have been developing:

1. Foster and sustain a culture that is safe, caring, effective, responsive and well-led and based on constructive engagement between staff and management and between staff, patients and carers.
2. Collect, appraise and use data in ways that support learning across the Trust and provide assurance to regulators, commissioners and public that services are safe and of high quality.

3. Use feedback, comment and complaints to improve practice and patient experience. Listening to and acting upon the patient's voice is at the heart of the Francis report and the Board will demonstrate how they achieve this.

The Trust has established a broad-based Francis Steering Group to oversee this complex change agenda. Regular reports have been made to the Trust Board and the Quality Governance Committee, which monitor progress against our action plan. As further reports have been published, they have been evaluated and the relevant recommendations mapped into an integrated plan. The Steering Group also provides updates for Coventry City Council's Health and Social Care Scrutiny Committee.

2013–14 Quality Highlights

Trust Values and Vision

During the year we developed and launched our 'Together Towards World Class' programme, and our associated values that were developed in conjunction with our staff. This links with our vision of becoming a leader in national and international healthcare and:

- To deliver excellent patient care and experience.
- To 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.



Dr Foster and Good Hospital Guide Global Comparators

Dr Foster publishes the Good Hospital Guide as an independent assessment of NHS hospitals, highlighting variations in care. The Guide includes measures by NHS Hospital site and NHS Trust level, and for 2013 also included metrics at Clinical Commissioning Group (CCG) level. In comparison to the other Trusts, we performed lower than expected (green) on the following metrics:

- Palliative care coding rate (crude rates)
- Fractured neck of femur: no operation within 2 days of admission (crude rates)

We were also highlighted for best practice in a case study on weekend working.

Care Quality Commission (CQC) Inspections

We have been inspected twice in 2013–14 and both reports were positive and found no immediate risks or areas lacking. We have also been placed in the lowest risk band across all NHS Trusts. For further information on the CQC outcomes that we have been inspected against please see Appendix 2.

Refurbishments to enhance wellbeing

Through our feedback mechanisms we have listened to patients and have placed seating along our main corridors and enhanced day rooms with comfortable seating and art at University Hospital. The hospital of St Cross has developed a dementia lounge called the Bluebell Room (pictured) and a room for bereaved families called the Sunflower room. St Cross has also introduced new, bespoke pressure relieving chairs to accommodate patients of differing heights.

CASE STUDY

University Hospitals Coventry and Warwickshire NHS Trust

Ten reasons University Hospitals Coventry and Warwickshire NHS trust has improved repairs of broken hips at the weekend

- 01** The working patterns are now the same seven days a week.
- 02** Hip fractures are a priority on the trauma list and operated on as early as possible.
- 03** There are dedicated trauma lists seven days a week.
- 04** 'Planned' trauma (i.e. ankle fracture repairs) are booked on weekdays to keep weekend trauma lists free for hip fractures.
- 05** There is an A-Z for hip fractures for junior doctors.
- 06** The weekend anaesthetist is a senior member of staff.
- 07** The orthopaedic Perioperative Specialist Practitioner team now provides a seven-day service.
- 08** The hip fracture integrated care pathway is now used widely.
- 09** There is a dedicated trauma ward for hip fractures seven days a week and dedicated physiotherapy at weekends.
- 10** There is a review of all delays that exceed 36 hours.

ACROSS THE NHS, THE STANDARD OF CARE AT WEEKENDS IS WORSE THAN ON WEEKDAYS BUT EFFORTS TO FIX THIS ARE WORKING

Improvement in our Family and Friends Test Score

Since April 2013 the Trust's Family and Friend Score for the Emergency Department (ED) has increased from 22 to our highest score of 63 in December 2013. This demonstrates that patients attending our ED are 'extremely likely' to recommend it to a friend or family member should they require similar treatment or care.



Launch of Getting Emergency Care Right (GECR)

In response to not meeting the national 4 hour standard set for Emergency Departments, our Chief Medical, Nursing and Operating Officers launched a campaign that saw 1600 staff trained in the FREED principles (see page 14 for further details) and a new operational structure to ensure patients transition from admission to discharge was effective. The results demonstrate a rapid and sustained improvement in responding to bed pressures and the 4 hour standard.

Our Brilliant Staff

Below are just some of the awards that our staff have been shortlisted, nominated or won in 2013–14.

- Carmel McCalmont, Head of Midwifery, won the Healthcare Hero and Lifetime Achievement Award at the Coventry Telegraph's Pride of Coventry and Warwickshire Community Awards.
- The Lucina team has been shortlisted for a national MaMa award for promoting normal birth (announced April 26/27).
- Getting Emergency Care Right – A Change Program was shortlisted in the Changing Culture category for the Patient Safety and Care Awards, which is supported by the Nursing Times, Health Service Journal and NHS Employers (results announced July 15).
- The Research and Development team won the PharmaTimes 2014 clinical research site of the year.
- Professor Siobhan Quenby was nominated for a Tommy's Healthcare Hero Award by a couple who she helped become parents.
- Joe Colby, Clinical Nutrition Nurse Specialist, won second place in the National Nursing Awards for his dedicated work and development of the technique of fistula feeding (fistuloclysis) in UHCW.
- The Trust's Communications team won the Golden Hedgehog 2013 Internal Communications Campaign of the Year Award for its 100 Days Free campaign.
- The Trust won the Centre for Sustainable Healthcare NHS Forest's Award for Best Community Engagement. This was for its work around the Jubilee Nature Reserve at University Hospital in Coventry.
- ICT has been shortlisted for the UK IT Awards 2013 for the best Not for Profit IT Project for its work on introducing wifi across University Hospital.
- The Infection Prevention and Control Team were shortlisted in the Nursing Times Award 2013 Contenance Promotion and Care category for their campaign 'Get Stool Smart'.
- The Infection Prevention and Control Team were shortlisted in the Nursing Times Award 2013 Infection Control and Prevention category for their campaign 'Get Stool Smart'.
- The ICT team (with the C&W Partnership Trust) was a finalist for the EHI Awards 2013 in the Excellence in Mobile Healthcare category for its Reciprocal Wireless Access.
- Our partnership with Age UK to improve the discharge of elderly patients was commended for a Coventry Compact 2013 award.
- Isatu Kargbo, Specialist Sister in critical care won joint first place in the critical care category in the 2013 Kimberley Clark HAI Watchdog Awards. It's an international award and Isatu entered the Big 2 communication tool to tackle infection control and cleaning issues in critical care.
- Our Trust Tissue Viability Team was shortlisted for the Nursing Times Patient Safety Award 2013.
- The Infection Prevention and Control team won the Infection Prevention Society's 2013 Team of the Year.
- Darren Wheldon from the Infection Prevention and Control Team was runner-



up for the 2013 Schulke Healthcare Champion.

- The Maternity March campaign, which used Twitter, Facebook and web chats to reach out to a larger audience, was shortlisted for the 2013 Social Impact Awards.
- Natalie Dean (third year student physiologist) has been awarded the Sue Davies Award at the 2013 Association of Respiratory Technology and Physiology (ARTP) Annual Conference.

Although the above details some of our achievements, there have been areas where we would have liked to improve the outcomes.

National Maternity Survey

We were disappointed to receive a rating of 'worse' compared to trusts that took part in the survey for Labour and Birth and our staff. The Maternity Services team have developed a clear action plan to improve on low scoring areas in order to ensure that women experience a world class birth. This includes promoting birthing aids in both the Lucina Birth Centre and Labour suite, the recruitment of additional staff and a redesign of the information pack given out to women at antenatal appointments. The full action plan can be accessed via the March 2014 Trust Board papers

that are located on the 'About us' section of our website.

Meeting the 95% A&E 4 hour target for 2013–14

Unfortunately the trust scored 94% against the 95% standard to see and treat patients within the 4 hour target. The introduction of the Getting Emergency Care Right (GECR) Campaign made significant improvement for the last 5 months of the year where we did meet 95%. Further details on our GECR campaign are available on page 12.

2.2 Quality Account Improvement Priorities

A progress update

The below details progress and achievements against the Quality Improvement Priorities outlined in our 2012-13 Quality Account.

Priority 1 - Reducing Harm because of falls

Rationale for inclusion - falls were consistently the largest number of Clinical Adverse Events reported. Each fall has the potential to cause harm to our patients and the need to improve our performance is being supported through the implementation of the NHS Safety Thermometer and a range of other measures.

Achievements

- Implementation of FallSafe bundle onto all wards
- All newly qualified staff receive falls prevention and medicines management training.
- Falls prevention education is targeted to those clinical areas with a high incidence of reported falls
- Our internal staff website has been updated to include a section on falls
- All patients seen by the REACT team who are at risk of falling, are offered advice and information on falls prevention.
- The Chief Nursing Officer is the named lead for Falls
- All falls reported as Clinical Adverse Events (CAEs) which result in serious harm are investigated using root cause analysis methodology with action plans and monitoring put in place.
- Reduction in the rate of falls as measured by the NHS Safety thermometer

The NHS Safety Thermometer has been designed to be used by frontline healthcare professionals

to measure a snapshot of 'harm' once a month. Harm is defined as pressure ulcers, falls, urinary infection in patients with catheters and treatment for venous thromboembolism (VTE). It is called the NHS Safety Thermometer because it uses only a minimum set of data to help signal where individuals, teams and organisations might need to focus more detailed measurement, training and improvement.

The Safety Thermometer records the severity of any fall that a patient has experienced within the previous 72 hours in a care setting (including at home if the patient is on a district nursing caseload). A fall is defined as an unplanned or unintentional descent to the floor, with or without injury, regardless of cause (slip, trip, fall from a bed or chair, whether assisted or unassisted). Patients 'found on the floor' should be assumed as having fallen, unless this can be confirmed as an intentional act. We reported the following against all falls in the Safety Thermometer:

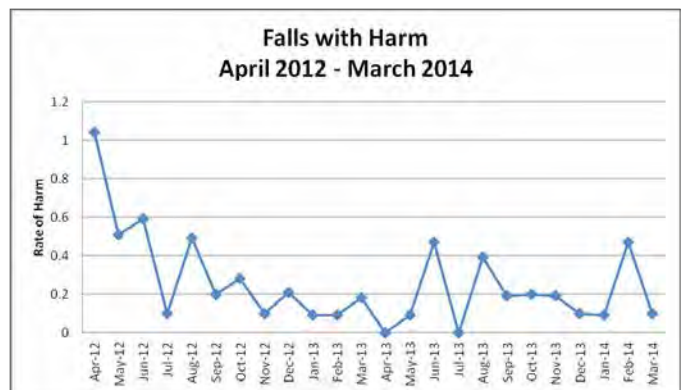


Figure 1: All Falls recorded with Harm from April 2012-March 2014

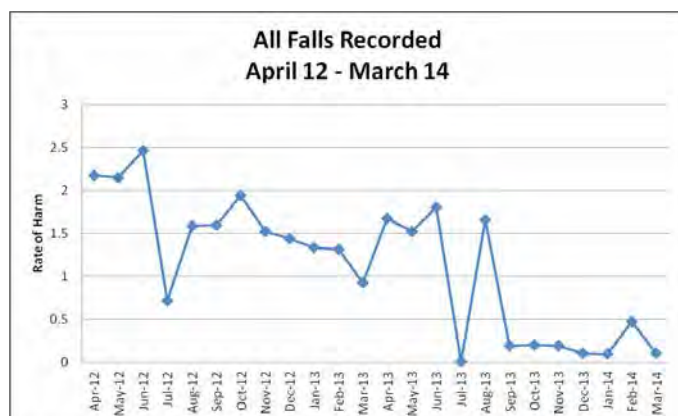


Figure 2: All Falls recorded from April 2012-March 2014

Priority 2 – Hospital Discharge

Rationale for inclusion - this was included in 2011-12 Quality Account and was still an issue of concern highlighted in patient feedback and by external stakeholders. Building on existing work, the plan encompassed how the hospital communicates with patient's relatives and GPs in planning discharge and follow-up at out-patients

Achievements

- Discharge Policy updated to reflect organisational restructure and changes that have been implemented to improve the discharge planning and processes.
- Effective and Efficient discharge planning sessions are included in the training programme for all newly qualified nurses, junior doctors and are delivered as ward based sessions.
- Implementation of FREED as part of the Getting Emergency Care right campaign clearly highlights the roles and responsibilities of frontline staff in relation to effective discharge.
- Wards are performance managed against agreed discharge targets, and weekly rates. Ward performance is also displayed on our intranet homepage.
- All wards undertake a daily discharge round 5-days a week and a number of wards have moved to 7-day rounds.

- Using "Impressions" our real-time feedback system we are able to demonstrate that satisfaction rates from patients around discharge rose from 84% in Quarter 1 of 2013–14 to 87% by Quarter 4. The overall satisfaction rate for 2013–14 was 87% compared to 2012 where satisfaction with discharge was down at 82%.

Priority 3 - Using patient feedback to improve experience

Rationale - There was 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.

Achievements

- We increased the percentage of patients wishing to offer feedback across our A&E and inpatient services.
- We launched the 'We are listening Campaign' encouraging patients, relatives and carers to leave feedback.
- All comments left via 'Impressions' are sent directly to key staff email addresses so that ward staff can take immediate action.
- Wards are invited to the Patient Experience and Engagement Group to discuss patient experience improvements.
- We have redefined the role of the Patients' Council so that patient advisors are now directly aligned to clinical specialties.

2.3 Quality Improvement Priorities for 2014–15

After both internal and external consultation, the Board has agreed three Quality Priorities for 2014-15. We have continued to listen and engage with our partner local authorities, Healthwatch in Coventry and Warwickshire and the Clinical Commissioning Groups (CCGs) and we appreciate their help as well as the feedback from our foundation trust members, staff and patients for helping to identify these areas. We know that by focusing on ensuring progress in these areas the experience of being a patient at our hospitals will significantly improve.

This year the Board agreed that the three priorities should be themed under the banner of Getting Emergency Care Right (GECR); a considerable campaign that we launched to improve the care, experience and safety of patients coming to our hospital for emergency care. The GECR team are pictured below.



The campaign has five key principles which make up our FREED message:

1. Facilitate effective discharge.
2. Right person, right place.
3. Early specialist input.
4. Eliminate unnecessary tests.
5. Daily senior review.

Within two weeks of the launch, 1,600 clinical staff had been trained in these principles. Simple measures, which were published on our intranet site, were used to track key aspects including daily discharges, readmissions, mortality, and

the numbers of patients admitted from our Emergency Department.

By January 2014 our Friends and Family test score, which measures whether patients would recommend our services to their loved ones, had improved from 52 in September 2013 to 57.

The national target is that 95% of patients should be seen, admitted or discharged within four hours of arriving at A&E. For October to December 2013, our performance against the four hour standard was 96.7% and for January to March 2014 was 95.19%, which was the first time in several years that we had met the standard in two consecutive quarters. This was despite March being our busiest ever month for patients coming to A&E, with three of the busiest ever days that we have experienced, including a peak of 669 patients on March 10, 2014.

A survey sent out to all those who had taken part in the programme demonstrated that 96.3% were aware of it, 92.5% agreed with it and 81.7% think patient care in the emergency care pathway has improved since it was launched.

Mark Radford, Chief Nursing Officer and Meghana Pandit, Chief Medical Officer said: "This campaign has improved the care we give to patients and proves culture change does not take years to implement. We have shown that by working together, practical changes that improve

patient experience can happen quickly and be sustained.”

Our three quality priorities all have a link to Getting Emergency Care Right, and we are confident that improvement in these areas will have a big impact on the care and experience patients receive. The Board will regularly review progress in delivering these quality improvements as part of its work, not just at board meetings but through participation in our Walkrounds Programme.

Summary:

Patient Safety	Rationale
Ensuring effective handover	Analysis of clinical incidents and complaints highlighted communication and handover as an issue that could have a significant impact on patient safety. The need to improve our performance will be supported through a range of measures identified in the actions
Clinical Effectiveness	
Ensuring patient flow in order to improve theatre efficiency	To make improvements to the way operating theatres are utilised to ensure that patients receive their procedures as planned.
Patient Safety	
Introducing a World Class Patient Experience Programme	To put in place additional actions to ensure that we gather and learn from patient feedback, that the Trust embeds training and education for staff and that the Trust openly displays how we act as a result of feedback.

Quality Priority 1 - Patient Safety

Getting Emergency Care Right - Ensuring Effective Handover between Healthcare Professionals

Why is it a priority?

The aim of any clinical handover is to achieve the efficient transfer of high quality, comprehensive information when responsibility for a patient's changes. Shift handover plays a central role in clinician to clinician communication and is fundamental to the continuity of patient care and safety. Practice of handover varies across specialties and between disciplines, reflecting that no single handover system is suitable for all. Inadequate handover of clinical information carries significant risks for patients, individual clinicians,



and for the organisation as a whole. Poor handover can also lead to fragmentation and inconsistency of care resulting in poor patient experience.

Achieving consistency and the accurate conveyance of knowledge and information between all multidisciplinary team members requires mechanisms to be in place, which support the transfer of information across shift changeovers.

These should incorporate:

- clear leadership
- adequate time to share information, and clarify responsibility for ongoing care and outstanding tasks
- Exchange of relevant information to ensure patient safety.
- Identification of unstable patients and escalation process
- briefing on concerns from previous shifts
- adequate information technology support

Our Goal

Good handover benefits patients and staff by ensuring less discontinuity and inconsistency in care. In 2014-15 we will ensure that there is consistent utilisation of the electronic handover tool available to all ward staff. The advantages of consistently using one system to record handover will include; ability to archive and formally record handovers, improved confidentiality, ability to be able to access information from all locations and the ability to maintain accurate information in one place.

Our starting Point – baseline

Current Handover practices vary between wards and specialties and in most cases there is a lack of formal processes. Handover can also occur in various formats, handwritten lists, computer generated lists and taped handovers. This variation results in a lack of ability to archive

handover documentation for either governance

Task/Action	By When
Develop a robust Handover policy	August 2014
Communicate and roll out training and education across all in patient wards, nursing and medical staff on new handover policy	March 2015
Rollout implementation of CRRS handover tool	March 2015
Improve compliance with use of the handover tool by including usage on the performance scorecards of specialties	October 2014

or audit purposes.

How will we achieve our Goal?

How will we monitor and report progress

A project team consisting of Electronic Patient Record (EPR)'champions' from both medical and nursing professions will oversee the delivery of the above actions. The team will report to the EPR Steering Committee and through the EPR board to the Trust Board.

For more information on this priority or on EPR please contact Dr Alec Price-Forbes, Consultant Rheumatologist and EPR Lead and Michelle Linnane, Associate Nurse Director – Professional Standards and Patient Experience

Quality Priority 2 - Clinical Effectiveness

Getting Emergency Care Right - Ensuring patient flow through the hospital in order to improve efficiency in elective theatres

Why is it a priority?

Operating theatre efficiency is a crucial component in ensuring patients receive timely access to planned and emergency surgical procedures. It has been shown that delays in treating emergency surgical patients result in additional complications and higher mortality.

(Royal College of Surgeons Feb 2011). Furthermore poor flow of admitted patients throughout the hospital has a negative impact on elective (planned) admissions for surgical operations because planned surgery has to be cancelled if there are no beds available. This negative impact on efficiency of elective operating theatres happens as follows:

- Planned cases are cancelled at short notice as the bed capacity is taken up by emergency cases
- Theatre demand increases over time as a result of large waiting lists building
- Available pre and post operative ward capacity is diminished due to increased length of stay of emergency patients, and patients who have had their elective

and emergency procedure postponed.

- Theatre capacity is an extremely expensive resource which requires measures to be in place to ensure that it is utilised appropriately.

Our Goal

To improve theatre efficiency by:

- Changing the function of the holding bay to reduce the risks of delayed starts to theatre lists;
- Improved scheduling by using a tool which reliably and accurately predicts under-runs and over-runs of theatre lists; thereby improving utilisation and reducing cancellations;
- Reduction in 'closed theatre time' by improving consultant availability through cross-cover arrangements, thereby eliminating need for additional theatre lists at weekends or in the evenings;
- Reducing cancellations due to patients being deemed unfit on the day of surgery by improving pre-assessment;
- Opening a 2nd emergency theatre.



Our starting Point – baseline

- Approximately 395 elective cases cancelled per year due to emergencies taking priority
- 11% of high risk patients operated on within 1 hour. (UHCW Emergency Surgery Audit, 2013)
- 80–83% utilisation at University Hospital Main theatres.
- 5.1% of theatre sessions planned for elective use are not used.

How will we achieve our Goal

Action	Target
1. Establishment of a second dedicated emergency theatre.	75% reduction in elective cancellations due to emergencies taking priority >75% of high risk cases operated on within 1 hour
2. Regular reconfiguration of the theatre rota to maximise use of capacity	<3% closed elective sessions
3. Effective booking processes integrated with the pre-operative assessment process and scheduling	>85% utilisation at UH Main theatres >75% utilisation in Day Case theatres
4. Measuring efficiency Efficiency = $\left[\frac{\text{fraction of scheduled time utilised}}{\text{fraction of scheduled time overrunning}}\right] \times \text{fraction of scheduled operations completed}$ (Pandit JJ, Westbury S, Pandit M, The Concept of Surgical Operating list 'efficiency'; a formula to describe the term. Anaesthesia 2007)	Increase theatre efficiency to >85%

How will we monitor and report progress

Theatre efficiency is reported to the Board via the Integrated Performance Report (available via Board papers at www.uhcw.nhs.uk). The Emergency Surgery Audit will also be repeated to monitor the timeliness of treatment of non-elective patients. Short notice cancellations, closed sessions and utilisation are monitored and reported daily.

Leads: Jonathan Brotherton, Director of Performance and Programme Management Office, Jon Barnes, Deputy Chief Operating Officer, Paula Seery, Modern Matron Theatres and Day unit.

Quality Priority 3 – Patient Experience

Getting Emergency Care Right –Together Towards World Class patient experience

Why is it a priority?

Currently we are below the national average for the Family and Friends Test (FFT) Question score as benchmarked against other NHS trusts in England. We are 'about the same' (CQC terminology) as other NHS Trusts who take part in the National Inpatient, Outpatient and A&E surveys and our 2013 score has dropped to 91% from 93% in 2011 & 2012. We want to transform the experience at UHCW into a beacon of

excellence, recognised at both a national and international level. Improving the patient experience is a principal part of the Together Towards World Class Programme. Ensuring we give each patient a world class experience is of course subjective; however we believe that by meeting the goals described overleaf, there will be measurable benefits for our service users. We also recognise this is going to take time and so for the purposes of the Quality Account the actions

UHCW NHS Trust



We Are Listening

listed cover only those that will be delivered in 2014-15.

Although our FFT Score may be slightly lower than the average, our response rate for people

leaving feedback through our internal mechanism is higher than the average. We have analysed and collected thousands of pieces of patient, carer and relative feedback and have listened to what our patients are telling us. The Patient Experience Team has identified three key work streams; gathering and learning from feedback, improving knowledge and training for staff and acting and improving on feedback. The activities will benefit both patients undergoing emergency as well as planned care.

Our Goals in 2014-15

- To improve our 'mainly good' Impressions score
- To implement Patient Information Boards across our hospitals
- To improve the patient information we provide
- To become top rated nationally, and to promote our patient experience activities internationally
- Implement a phased approach to adopting the use of a proven Patient Experience Innovation Model to improve patient experience within specialties;
- Commence training for staff in the basic principles of how to provide an excellent patient experience;
- Cohesive working across the Trust in activities relating

to transforming patient experience

Our Starting Point

Ward Staff are able to access the real time patient feedback system 'Impressions' to see what patients, carers and relatives are saying about their care and experience. Emails are sent directly to ward staff so that appropriate action can be taken where required. Not all wards have a space where they can communicate this to patients so the implementation of Patient Information Boards across ward areas will ensure that there is a space to display basic ward information about staff, contact numbers, mealtimes, a 'you said we did section' and latest FFT and Impressions scores. This enables patients to see openly how service users are "rating" that ward for both care and experience.

There is mounting evidence that there is a causal link between good levels of satisfaction amongst staff, particularly nursing staff, and patients' [satisfaction levels]. General studies of organisations also describe the effect that an organisation's culture can have on staff behaviour, thus impacting on the patient experience. Together Towards World Class will, for the first time, bring both patient experience and staff experience work streams

together to ensure there is improvements in both areas.

In late 2012, we successfully applied to NHS Midlands and East to become one of five Patient Revolution Pathfinder Sites selected to work with a management consultancy to improve patient experience. TMI, a well know expert in service-based culture change within the public and private sectors (with large scale clients such as Marks and Spencer, National Express, Stena Line and British Airways) duly led a three month Patient Improvement Project at the Trust between January – March 2013.

TMI, after reviewing our patient experience feedback, decided to focus on the following four areas:

- The welcome in A&E
- The welcome in Main Out-patient Department
- Some elements of the Imaging Department

The model used by TMI involved the key stages noted below (summarised) and is be known as the Patient Experience Innovation Model. We will revisit these areas and adopt a phased approach to rolling out this methodology across the Trust.

Stage	Practice
Immersion	Observational audit of practices in the area. Assessment of data available regarding patient and staff experience
Co-production	Stakeholders meet to discuss all aspects of the service which includes the emotional and functional mapping of both the patient and staff journey within the area. Tasks are identified and associated actions agreed.
Change in practice trials	The tasks identified for action are trialled for a specified period
Evaluation & Implementation	The changes are evaluated and those which evaluate well are adopted as business as usual.

Figure 3 - Patient Experience innovation Model, TMI

How will we achieve our Goal

Work stream	Task	Target/Commentary
Gathering and Learning from Patient & staff Feedback	Implement further FFT as per national guidance in Outpatients and Day case Unit	To ensure compliance with National CQUINs and guidance that these patients are offered the opportunity to answer the FFT question and leave feedback. Full Implementation across services by April 2015.
	Set appropriate improvement goals for the key patient experience indicators	Ensure specialty groups own the target and it is built in the performance management framework Inpatient areas attain feedback from 50% of discharges A&E attain feedback from 25% of discharges
	Develop Quality Intelligence Profiles	To ensure that data pertaining to experience both staff and patients are triangulated to understand the reasons for performance and to drive the tasks required in the other work streams
	Develop and expand 'We are Listening Campaign'	To drive feedback response rates and to ensure key messages around how we are improving are disseminated.
	Implementation of Speciality Patient Advisors	Dedicated patient Advisors working with specialty groups with set objectives to provide challenge and opinion.
	Ensure Patient Stories are utilised to their full potential and implement a bank of Digital stories	Patient stories are heard at Board and their stories are utilised for training and education purposes for both staff and patients via the Health Information Centre
Training and Education	Undertake Training needs analysis	Understand current training environment and plan for delivering tailored Patient Experience training
	Deliver training on the Patient Experience Innovation Model Modules (PEXIM) to key staff	To ensure that staff are appropriately and formally trained in being able to give a world class patient experience.
	Develop a Patient Experience Toolkit for staff and training packages to support it.	Staff have a usable resource available in hard and soft copy to aid them in aiming to provide a world class experience.
	Hold an Annual Patient Experience Conference	Bring together good practice and speakers to congratulate and learn from each other

Work stream	Task	Target/Commentary
Acting and Improving on Feedback	Consolidate and embed work already done in areas using the PEXIM	To complete the recommendations from the previous work done in Imaging, A&E and OPD.
	Implementation of patient Information boards across ward areas	To ensure important ward information and information relating to Experience and care is displayed. All wards by March 2015
	Develop World Class Patient/Health Information	To develop patient information in a variety of innovative ways to enhance the patient experience

How we will Monitor Progress?

The Patient Experience and Engagement Committee will oversee progress against the key projects tasks described above and will report to the

Quality Governance Committee and to the Trust Board. Progress will also be monitored by the Together Towards World Class Programme Board.

For more information on Patient Experience please contact Anita Kane or Julia Flay at Feedback@uhcw.nhs.uk



2.4 Statements of Assurance from the Board

2.4.1 Review of Services

During 2013-14 UHCW provided and/or sub contracted 66 relevant health services*. UHCW has reviewed all the data available to them on the Quality of Care in 66 of these relevant health services. The income generated by the relevant

health services reviewed in 2013-14 represents 87% of the total income generated from the provision of relevant health services by UHCW for 2013-14.

*this number represents the number of services as detailed in the Trust's Acute Contract 2013-14

2.4.2 Participation in Clinical Audits

During 2013-14 42 national clinical audits and 4 national confidential enquiries covered relevant health services that UHCW provides.

During 2013-14 UHCW participated in 97% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in. The national clinical audits and national confidential enquiries that UHCW was eligible to participate in during 2013-14 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 2013-14 are 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. The Clinical Audit and Effectiveness Annual Report 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 2013-14?	Participation 2013-14
National Comparative Audit of patient information and consent	✓	100%
NCEPOD Lower Limb Amputation	✓	100%
NCEPOD Tracheostomy Care	✓	78%*
NCEPOD Subarachnoid Haemorrhage	✓	100%
NCEPOD Alcohol Related Liver Disease	✓	100%
CEM Moderate or severe asthma in children 2013-14	✓	100%
CEM Paracetamol Overdose 2013-14	✓	100%
CEM Severe Sepsis and Septic Shock 2013-14	✓	100%
Chronic Obstructive Pulmonary Disease	✓	Data Collection Ongoing until May 2014
National Paediatric Diabetes Audit 2013-14	✓	100%
National clinical audit of rheumatoid and early inflammatory arthritis	✓	100%

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Did UHCW participate in 2013–14?	Participation 2013–14
Paediatric Asthma	✓	100%
Paediatric Bronchiectasis	✓	100%
BTS Emergency Oxygen 2013	✓	100%
National Comparative Audit of the use of Anti-D	✓	100%
National Audit of Seizure Management (NASH)	✓	100%
National Diabetes Inpatient Audit (NADIA) 2013	✓	100%
National Diabetes Audit (NDA) 2012/13	✓	100%
National Emergency Laparotomy Audit	✓	100%
Acute Myocardial Infarction & other ACS (MINAP)	✓	100%
Coronary angioplasty (Adult cardiac interventions audit)	✓	100%
Heart Failure	✓	100%
Cardiac arrhythmia (Cardiac Rhythm Management Audit)	✓	100%
Congenital Heart Disease Audit	✓	No procedures carried out, therefore no cases to be submitted
Adult cardiac surgery audit (CABG and valvular surgery)	✓	100%
Trauma Audit & Research Network (TARN)	✓	95%
Adult critical care (Case Mix Programme)	✓	100%
Head & neck cancer (DAHNO)	✓	100%
National Joint Registry (NJR)	✓	100%
Falls and Fragility Fractures Audit Programme (inc National Hip Fracture Database)	✓	100%
Maternal, Infant and Perinatal programme / MBRRACE (previously CEMACH)	✓	100%
Child Health Review	✓	100%
National Neonatal Audit Programme (NNAP)	✓	100%
Renal Replacement Therapy (Renal Registry)	✓	100%
National Lung Cancer Audit	✓	100%
National Cardiac Arrest Audit (NCAA)	!	0% *
Sentinel Stroke National Audit Programme (SSNAP)	✓	94.5%

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Did UHCW participate in 2013–14?	Participation 2013–14
National Bowel Cancer Audit Programme (NBOCAP)	✓	0%* HCSIS currently updating the national audit dataset therefore data cannot be submitted until this has been done. Data for period 01.04.13 to 31.03.14 is on track to be submitted by the national deadline which is 01.10.14.
National Oesophago-gastric (NAOGC) Cancer Audit	✓	100%
National Vascular Registry (NVR)	✓	National Vascular Registry developers (Northgate) are in the process of creating the reporting functionality for the NVR participation rate cannot be confirmed until this is done. Scheduled to "go live" in 2014.
Childhood epilepsy (RCPH National Childhood Epilepsy Audit)	✓	100%
Inflammatory Bowel Disease inc. Ulcerative colitis & Crohn's disease and paediatric IBD (UK IBD Audit)	✓	100%

UHCW has investigated why participation was lower than expected in some audits, identified with an asterisk (*). Further information can be found in the Clinical Audit and Effectiveness Annual Report 2013-14 available at www.uhcw.nhs.uk.

The reports of 18 national clinical audits and 42 local audits were reviewed by UHCW in 2013–14 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

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 2013–14 that were recruited during that period to participate in research approved by a research ethics committee was 4571.

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 (NIHR) 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 £971k to £1.5million over the last year. We have actively developed our external collaboration academic and industry organisations, thereby attracting significant research income which has risen to £4.9 million for 2013–14 (£6.8million 2012/13).

This year, our Research, Development and Innovation team were awarded the national NIHR and Pharmatimes award for 'NHS Clinical 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.

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. We provide free research training for all staff. This increasing level of participation in clinical research demonstrates our commitment to improving the quality of care that 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. Our 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 our other 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 our income in 2013–14 was conditional upon achieving quality improvement and innovation goals agreed between us and any person or bodies that

we 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 for 2013–2014 and for 2014–2015 can be found in Appendix 3.

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 2013–14.

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

The CQC has conducted two inspection visits since April 2013

On 17 September 2013 inspectors made an unannounced visit to Mulberry Ward at the Hospital of St Cross, Rugby in response to concerns. Whilst we were found to be compliant with all essential standards of care, Inspectors identified several ways in which the service might

be improved. We have since developed an improvement plan which is being monitored. The full inspection report is available on the CQC website at www.cqc.org.uk.

On 15 January 2014 we were inspected as part of CQC's Thematic Review of dementia care. Inspectors were generally impressed with the standards of dementia care whilst again identifying ways in which the service might be improved; these have also been incorporated into an Improvement Plan. The full report is also available on the CQC website at www.cqc.org.uk.

Improvement Plans are monitored by Chief Officers and the Patient Safety Committee. Progress is also reviewed by the Quality Governance Committee, a committee of the Board. CQC also ask for updates to ensure that we are implementing planned changes.

The CQC is changing its approach to inspection. We have not yet had a 'comprehensive' inspection under the new rules, but the CQC has compiled two 'Intelligent Monitoring' reports relating to our organisation. These help the CQC take a view of safety and quality and inform their decisions about inspection priorities, and are publicly available on the CQC website at www.cqc.org.uk.

2.4.6 Data Quality

A number of the requirements of the Information Governance Toolkit encompass data quality. To ensure that we meet the required attainment levels, the Data Quality Team provide training and advice to users of the Patient Administration System that is used to record information to support the provision of patient care and data submissions.

A suite of data quality reports for data reported both internally and externally are routinely produced. These are reviewed, areas of concern highlighted and appropriate actions taken to rectify any issues. The Data Quality Committee meet on a monthly basis where items such as the data quality risk log are discussed and action plans are developed.

UHCW submitted records during 2013–14 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:

- 99.3% for admitted patient care
- 99.7% for outpatient care
- 97.8% for accident and emergency care

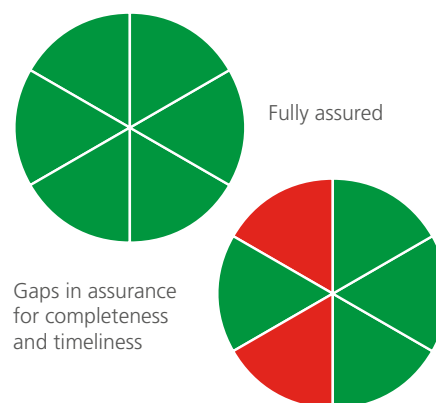
That included the patient's valid General Medical Practice Code was:

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

The Trust will be undertaking the following actions to improve data quality:

The data quality assessment indicator that is currently included within the Trust's balanced performance scorecard, which underpins the Integrated Quality, Performance and Finance report received at Board each month is being updated to ensure adequate assurance of the quality of data that is being used to inform performance reporting. The Audit Commission identified six dimensions of data quality; Accuracy, Validity, Reliability, Timeliness, Relevance and Completeness. The Data Quality Indicator will be based on these six dimensions.

Data for each indicator will be summarised by describing what the data represents. The methodology behind target setting will also be included. Responsibilities will be clearly defined and all definitions will be transparent regarding any data exclusions that have been applied.



Each distinct key steps/stages from data collection through to reporting are to be mapped and assessment against the six data quality dimensions made. This demonstrates whether each dimension can be assured through evidence of effective controls in place.

2.4.7 Information Governance Toolkit

The UHCW Information Governance Assessment Report overall score for 2013-14 was 74% and was graded Not Satisfactory.

We maintained our performance from the previous year of 74% and achieved level 2 or above in 44 of the 45 requirements. The exception was the requirement for all staff to complete the annual mandatory Information Governance competency assessment, using the online Department of Health training tool. Not achieving this requirement meant that we were unable to achieve the overall rating of satisfactory. Although significant improvements were made from last year, achieving the required target still remains a challenge. It is anticipated that the formation of our new Information Governance unit in April 2014 will address the additional work that we need to do going forward.

2.4.8 Clinical Coding Error Rate

UHCW was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

- Primary Diagnoses incorrect 6.4 %
- Secondary Diagnosis incorrect 14.6%
- Primary Procedures incorrect 3.4%
- Secondary procedures incorrect 3.8%

Orthopaedics

- Primary diagnosis 90%
- Primary procedure 99%
- Secondary diagnosis 88.4%
- Secondary procedure 95.5%

Neonatology

- Primary diagnosis 98 %
- Primary procedure 85.7%
- Secondary diagnosis 80.9%
- Secondary procedure 100%

General Medicine

- Primary diagnosis 91.6%
- Primary procedure 81.8%
- Secondary diagnosis 79.8%
- Secondary procedure 100%

2.5 Performance against NHS Outcomes Framework 2013–14

There are five domains within the national NHS outcomes framework. These are areas of performance for which there are agreed national indicators. We provide 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

Related NHS Outcomes Domains – 1 and 2

Indicator: Mortality Rates [source: Dr Foster]	Jul 2011 – June 2012	Oct 2011- Sept 2012	July 2012 – June 2013	National Average	Lowest & Highest reported Trust
a) the value and banding of the summary hospital-level mortality indicator (“SHMI”) for the trust for the reporting period;	1.0338 (Band 2)	1.03 (Band 2)	0.9867 (Band 2)	1.00	0.6259 1.1563
b) the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.	15.6%	14.6%	9.81%	19.2%	0.0% 44.09%

We consider that this data is as described for the following reasons:

- We monitor mortality rates using the national Hospital Standardised Mortality Ratio (HSMR) and Summary Level Hospital Mortality Indicator (SHMI), which measures mortality as to whether it is higher or lower than that which would have been expected. Figure 5 [overleaf] compares our HSMR and SHMI rates against a peer group of similar university hospitals within the Midlands and East area.
- There has been a slight decrease in the SHMI scores for the latest period. The score is now below the national benchmark, and within the expected range (Band 2). The Hospital Standardised Mortality Ratio (HSMR) for March 2013 to February 2014 is 91.6 (this is the latest available data). This is within expected range and below the national benchmark of 100.

SHMI and HSMR by provider (University Hospitals - Midlands and East) for all admissions in July 2012 to June 2013

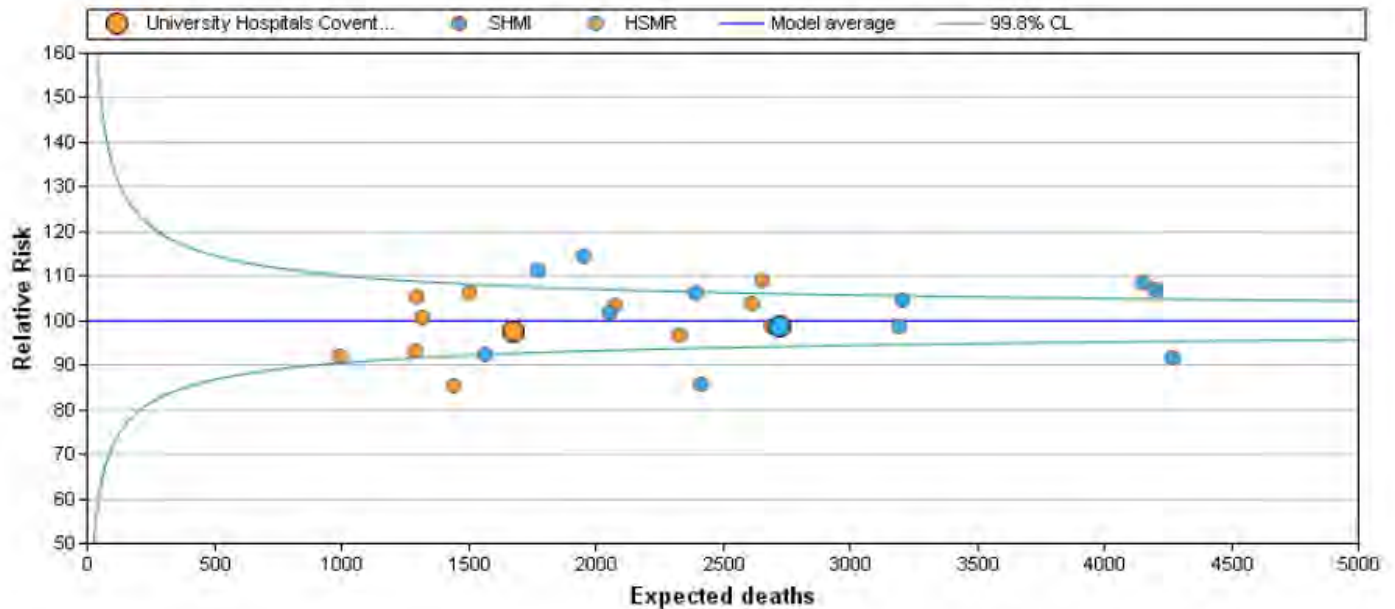


Fig. 5 - SHMI and HSMR by Provider for all admissions in July 2012 to June 2013

There has been a decrease in the number of patient deaths coded as palliative. This has been investigated and the coding accuracy has been checked. The coding of palliative care is being carried out accurately in accordance with the strict rules concerning the use of palliative care coding which dictate that patients must be seen by a clinician specialising in palliative care.

The Trust has taken the following actions to improve this score and so the quality of its services:

During 2013/2014 there has been an expansion of the Palliative Care Team and there is ongoing an education programme to promote the services of the team within the Trust. Furthermore we are involved with the Transform Programme and we are implementing the use of the AMBER care bundle, which will continue to improve the care these patients receive.

Related NHS Outcomes Domain 3					
Indicator : Patient reported outcome measures scores (PROMS) [Source: HSCIC]	2011-2012	2012-2013	2013-2014	National Average	Lowest & Highest Reported Trust April-December 2013
Groin Hernia surgery	0.076	*	*	0.086	0.013-0.157
Varicose Vein surgery	*	*	*	0.102	0.020- 0.158
Hip replacement surgery	0.422	0.462	*	0.447	0.301-0.527
Knee Replacement surgery	0.297	0.323	0.337	0.339	0.193-0.416

PROMS Adjusted Health Gain Scores. Items marked with an asterisk are due to low numbers of patient records being submitted and therefore this information is suppressed on HSCIC

The Trust considers that this data is as described for the following reasons: Patients are asked to complete a feedback form post-operatively, following a 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 and liaising with the relevant clinical areas to ensure information about the questionnaire is given to patients.

Related NHS Outcomes Domain 3					
Indicator: emergency readmissions to hospital [source: HSCIC, UHCW]	Year	UHCW	NHS England Average	lowest reported Trust	highest reported Trust
The percentage of patients aged 0 to 15 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	2011–12	8.23	*	*	*
	2012–13	7.58+	*	*	*
	2013–14	7.87+	*	*	*
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	2011–12	12.03	11.45	0.00	17.15
	2012–13	7.73+	*	*	*
	2013–14	7.76+	*	*	*

*Indicates the information is not available on the HSCIC portal,
+ Indicates data is UHCW Data

The 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 audit and is monitored by the Trust Performance Management Office.

The Trust intends to take the following actions to improve this percentage, and so the quality of its services: by continuing to implement actions around improving effective and safe discharge.

Related NHS Outcomes Domain 4					
Indicator: A positive experience of care [source HSCIC]	2011–12	2012–13	2013–14	National Average 2013	Lowest and Highest Reported Trust
The trust's responsiveness to the personal needs of its patients during the reporting period.	74.1%	73.5%	74.2%	78.9%	67.7–87.8
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.	64%	68.2%	62.4%	62%	39-93%

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 actions described in Quality Priority 3.

Related NHS Outcomes Domain 5**Indicator: avoiding harm [source HSCIC]**

The indicator is expressed as a percentage of all adult in-patients that have received a VTE risk assessment upon admission to the Trust using the clinical criteria of the national VTE tool

The percentage of patients who were admitted to hospital and who were risk assessed for Venous Thromboembolism (VTE) during the reporting period (Domain 5)

Year by quarters	UHCW	National average	Trust with highest/lowest score
2011–12	91.5%	84.10%	100%
Q1			Nil return
Q2	91.7%	88.20%	100%
			20.4%
Q3	93.3%	90.70%	100%
			2.4%
Q4	94.1%	92.50%	100%
			69.8%
2012–13	93.0%	93.40%	100%
Q1			80.8%
Q2	93.0%	93.80%	100%
			80.9%
Q3	93.4%	94.1%	99.9%
			84.6%
Q4	95.1%	94.2%	100%
			87.9%
2013–14	95.8%	95.4%	100%
Q1			78.8%
Q2	95.9%	95.6%	100%
			81.7%
Q3	96.1%	95.8%	100%
			74.1%
Q4	96.2%	96.0%	100%
			78.9%

The 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 Trust Performance management office.

The Trust intends to take the following actions to improve this percentage: continue to monitor compliance and identify gaps and put in corrective action where necessary.

The Trust intends to take the following actions to improve this percentage: continue to monitor compliance and identify gaps and put in corrective action where necessary.

Related NHS Outcomes Domain 5**Indicator: Reducing Infection [source HSCIC]**

The Trust is deemed responsible for a case where the sample was taken on the fourth day or later of an admission to that trust (where the day of admission is day one)

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.

2011–12	2012–13	2013–14	National Average	Lowest to Highest Reported Trust
24.1	20.1	12.7*	Not yet published	Not yet published

*2013-14 bed day data is not publicly available on the 2013–14 HSCIC, therefore the Trust has used the data available from the HSCIC for the number of C Difficile cases and used its own KH03 bed day data to determine the rate.

The Trust considers that this data is as described for the following reasons: Reporting of data on C.difficile infection is mandatory; data quality is monitored through infection control and subject to audit and reporting to commissioners. UHCW has submitted its mandatory return, but this has not yet been published nationally.

The Trust intends to take the following actions to improve this percentage: by continuing to implement its infection control and prevention strategy.

Related NHS Outcomes Domain 5						
Indicator: Incident reporting [source HSCIC]	Oct 2011 – March 2012	April 2012 – Sept 2012	Oct 2012 – Mar 2013	April 2013– Sep 2013	National Average (Acute Teaching Trusts) April 2013– Sep 2013	Lowest and Highest reported Trust April 2013– Sep 2013
The Number of Patient safety Incidents reported within the Trust within the Reporting Period	5294	4869	5334	5350	5663	11,573 2,235
Rate of Patient Safety Incidents reported within the Trust within the reporting period	7.8	7.19	7.9	7.72	8	12.84 4.87
The number of such incidents that resulted in severe harm or death	11	14	16	21	19	46 1
Percentage of such patient safety incidents that resulted in severe harm or death	0.2%	0.3%	0.3%	0.4	0.3%	0.9% 0.0%

The Trust considers that this data is as described for the following reasons: UHCW assesses data quality before submission to the National Patient Safety Agency (NPSA) National Reporting and Learning System (NRLS). The NPSA monitor the data and inform UHCW of anomalies and errors.

The Trust has taken the following actions to improve this reporting rate: Continued to increase awareness of reporting and provide immediate feedback to reporters. UHCW will continue to monitor the sharing of actions and outcomes across the Trust to ensure learning.

Related NHS Outcomes Domain(s) - 5					
Indicator: Friends and Family Test (source HSCIC)	2011–12	2012–13	2013–14	National Average	Lowest to Highest Reported Trust
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.	64	68.2	62.4	62	39–93
The percentage combined response rate , and score for Inpatients and A&E who would recommend the trust as a provider of care to their family or friends.	N/A	N/A	A&E	19.7 49	18.6 7–8.9
			IP	23.3 62	55 13.6–74.0 33–90
Combined response rate	N/A	N/A	20.84	23.82	Not available

The Trust considers that this data is as described for the following reasons: the submission of data is mandatory as per the national CQUIN. Consistency and accuracy of the data collection is monitored by the Trust Performance management office before submission on UNIFY. The Trust has taken the following actions to improve this [reporting] rate: by implementing the actions as described in the Quality Priority – world class experience.

Part Three

Overview of Organisational Quality

3.1 Patient Safety

We continue to encourage our staff to report all 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. To promote further incident reporting we advocate the use of “trigger lists”. Specialties draw up an agreed list of events relating to their specialism that they will report as a minimum. This encourages standardised reporting, provides trend

analysis and learning and is used to drive improvements (see Figure 6).

All of our staff can report incidents knowing that they will be supported throughout the process of investigation and involved in making recommendations and developing action plans. By creating an open, learning culture across 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 us 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 our organisation.

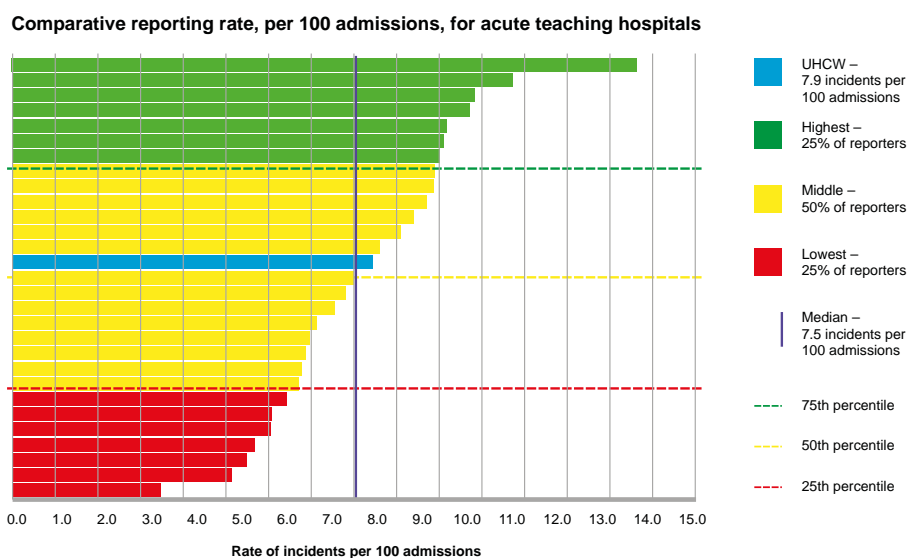


Figure 6: Chart demonstrating comparative reporting rates for 2013-14

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

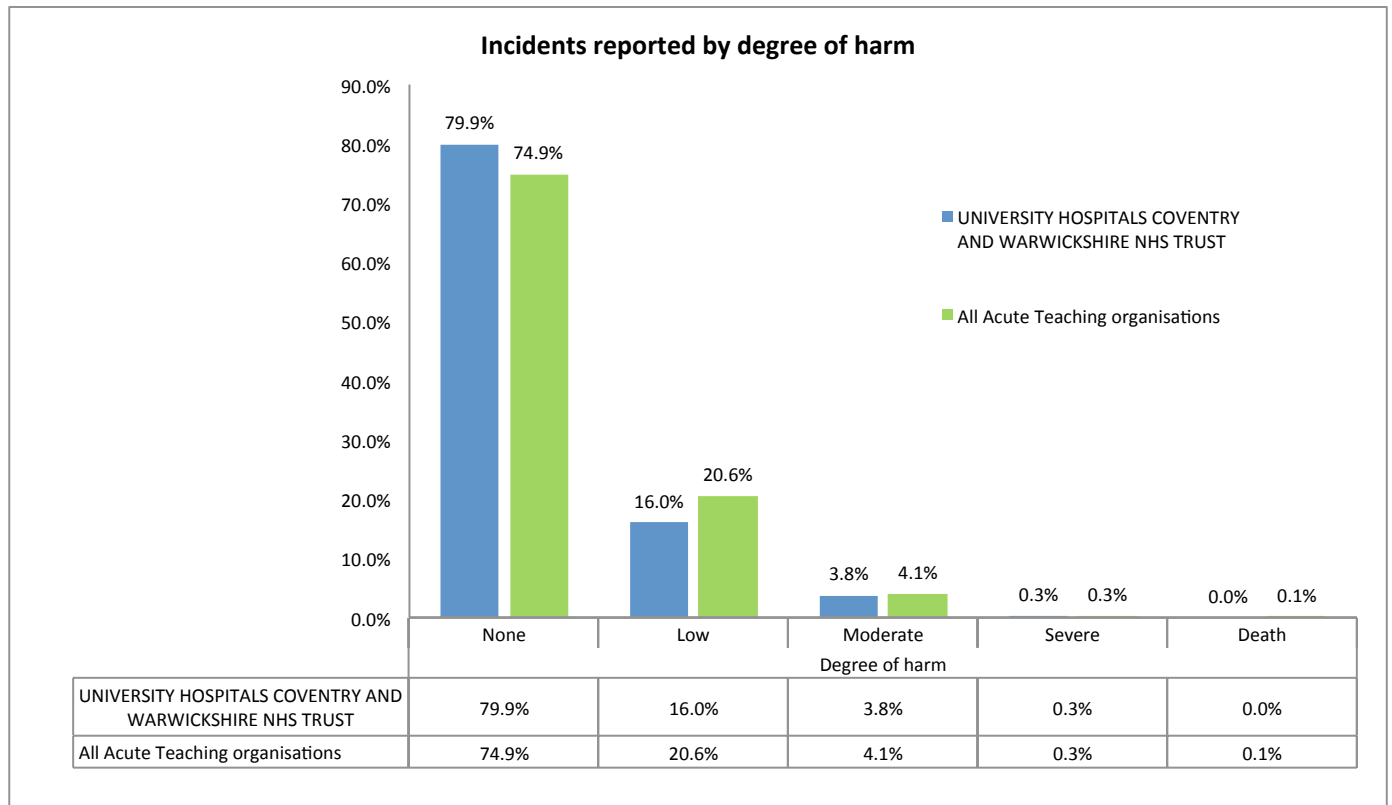


Figure 7: Chart demonstrating incidents reported by degree of harm 2013-14

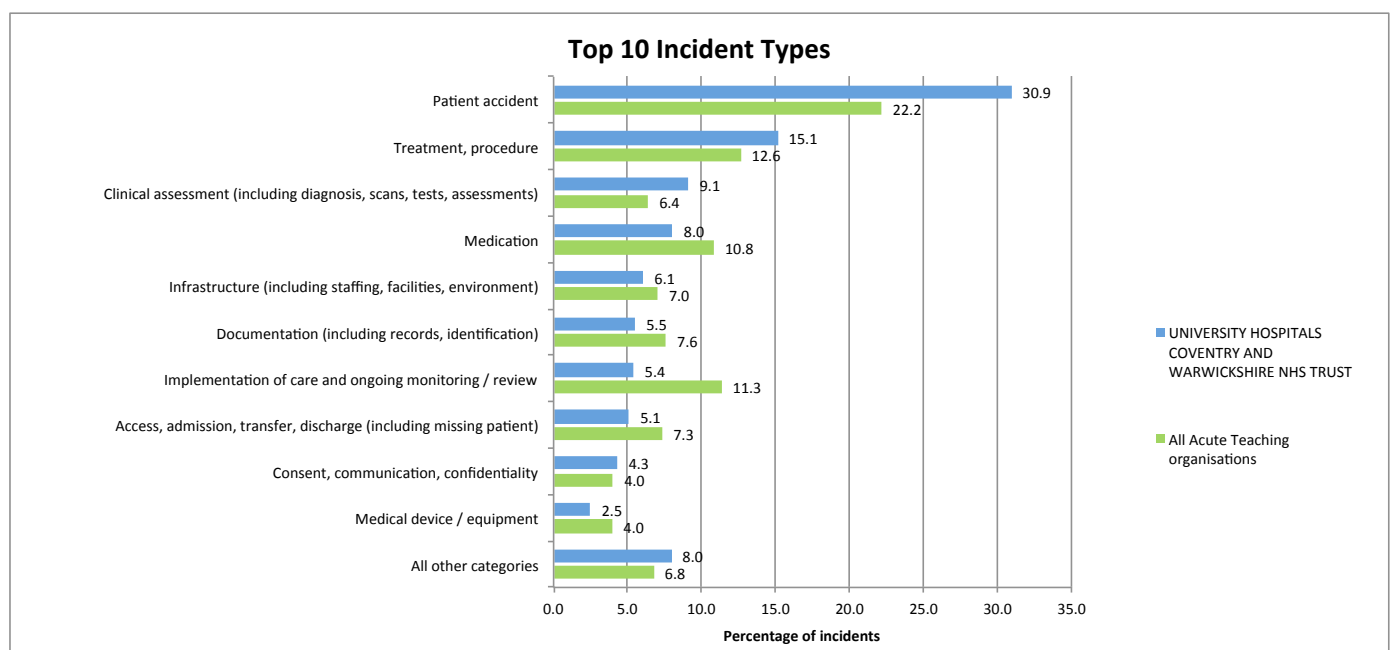


Figure 8: Chart demonstrating top 10 incident reporting types 2013-14

Serious Incidents Requiring Investigation (SIRIs)

We reported a total of 169 SIRIs in 2013–14. 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. See Fig. 6 below. The peak in February was due to a number of Norovirus incidents on different bays of our wards.

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.

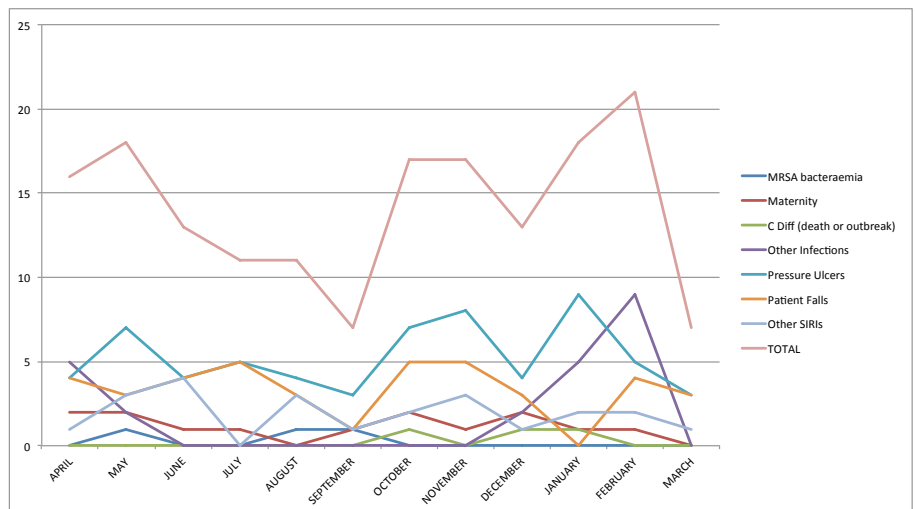


Figure 9: Chart demonstrating SIRIs by type 2013–14

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

- We developed an action card for all staff with information on how to manage a serious incident
- We have used SIRIs for interactive teaching sessions with trainees as part of Core Medical Training
- We have developed a Renal Services Medication Steering Group
- We have created and introduced audio surgical checklists in Theatres
- We have published ‘Good practice guidance’ for Maternity staff on the use of interpreting tools and ensuring patients understand information given to them

Never Events

During 2013–14 we reported four ‘never’ events. This is obviously a cause of great concern and regret.

We reported one case of “wrong-site surgery” relating to an operation that was undertaken at the incorrect level of a patient’s spine. We also reported two incidents under the category “retained foreign object post-procedure”, which occurred despite the use of the World Health Organisation’s (WHO) Safer Surgery checklist.

The fourth never event reported was a “wrong implant/prosthesis” that occurred in the Orthopaedic speciality.

In every case we have explained the error to the patient involved and provided corrective treatment with their consent. In the spirit of “being open” we have reassured them that an investigation will be undertaken and offered to share our findings with them in person.

We continuously strive to learn from our mistakes and try to

eradicate these incidents both proactively and in response to actual incidents.

Proactively we

- review our processes and procedures against best practice
- take action as required by safety alerts and recommendations arising from the National Reporting & Learning System (NRLS)
- raise awareness of never events with our staff
- monitor incidents relating to any of the defined never events and implement solutions to minimise their impact
- spot-check wards to review compliance with safety policies
- use WHO surgical safety checklists and monitor their use across the Trust. Identify any shortcomings are acted upon immediately

- recruited the support of Human Factors experts to review Theatre processes and team interactions

in response to each never event we:

- select a senior clinician to lead the investigation
- investigate them thoroughly by root cause analysis methodology
- generate comprehensive reports and action plans that are approved by the Trust's Significant Incident Group
- share the learning with our staff and with our commissioners
- follow up each action plan to ensure completion
- Report each occurrence to the Trust Board

A Quality Review in Theatres was undertaken by our commissioners and their feedback was very positive.

The NHS Safety Thermometer

The NHS Safety Thermometer has now been fully implemented and in use across the Trust since January 2012, with the exception of the Emergency Department, Theatres, Day Surgery and Outpatients. There are now 44 wards using the thermometer each month to survey all patients, with the exception of paediatrics, as only those aged 2 and above are included.

Fig.10 highlights that since collecting data we have steadily improved and performance is currently at 96%, which is above the national average. More information on the NHS Safety Thermometer is available at www.england.nhs.uk

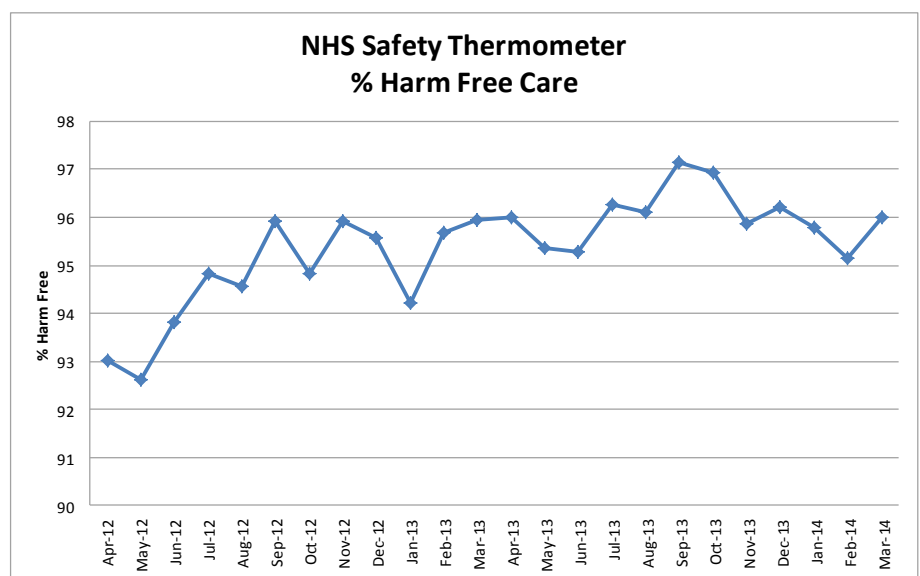


Figure 10: chart illustrating % of Harm free care April 2012 – March 2014

3.2 Claims

In the financial year 2013–14 we reported 106 clinical negligence claims to the National Health Service Litigation Agency (NHSLA) and the NHSLA, on behalf of the Trust, settled 46 claims. Further details on the Trust's claims history can be obtained via the NHSLA 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 identified actions implemented to avoid similar incidents occurring again.

3.3 REACT TO RED - Reducing Pressure Ulcers

We have a proactive approach to the prevention of avoidable hospital acquired pressure ulcers. Pressure ulcer development is monitored utilising the Patient Safety Thermometer, which records the number of patients on a specific day who have developed pressure ulcers whilst in hospital, and all pressure ulcers

which include the number of patients admitted with a pressure ulcer.

As part of the CQUIN for 2013–14 we were required to sustain prevalence at 0.5% or below for hospital acquired pressure ulcers and reduction to below 3% for all pressure ulcers and both of these were achieved

During 2013–14 a number of campaigns were run aimed at raising awareness of pressure ulcer prevention. The first of these was Heel Watch aimed at preventing pressure ulcers to heels, the approach included the use of Twitter, roving board, posters, slogans 'Protect the feet Un-tuck the sheet, and staff were provided with mirrors and heel balm to check patients heels.

The 'React to Red Skin' Campaign was launched in November. It was initially aimed at patient families and carers to raise awareness of early signs of pressure ulcer development. A logo was developed and displayed on posters, the patient bedside television screens, visitor's car park tickets, it has now been incorporated into all Tissue Viability documentation. Stands providing visitors with information on prevention were held. The campaign has moved on at pace and is now also being used for staff education and awareness. Staff were invited to sign a pledge wall to react to red skin. This was then linked to "NHS Change Day" and is on their web site.

We have been working collaboratively with commissioners, primary



pressure ulcers.
prevention is better than cure.

STOP PRESSURE ULCERS

You are cordially invited to attend the launch of the pressure ulcer prevention campaign - React to Red Skin - which is being supported by national pressure ulcer awareness campaign, Your Turn. During this event you will be introduced to the campaign, shown the materials that are going to be made readily available to your organisations and given an overview of what we hope the outcomes will be.

Date: May 8th **Time:** 1pm - 3pm
Venue: Platinum Suite, The Butts Park Arena, Coventry, CV1 3GE

Please confirm your attendance at this event by return to claims@your-turn.org.uk as spaces are limited and we want to ensure that everyone who wants to learn more about this event is able to do so.

Coventry City Council
Coventry and Rugby Clinical Commissioning Group
University Hospitals Coventry and Warwickshire NHS Trust
Coventry and Warwickshire Partnership NHS Foundation Trust



care and social services to reduce the number of people developing pressure ulcers. It was recognised that education and training of staff and carers in all settings is an important element of prevention.

Working in partnership with 'Your Turn' a national campaign that was launched in June 2006 with the aim of

raising public awareness about the dangers of pressure ulcers, a programme of education and training for carers is being developed with initial focus aimed at nursing and residential care home staff. The React to Red Skin is going to be the brand and the logo will be incorporated on all of the literature.

3.4 Safeguarding and Child Protection

The Safeguarding Team has been strengthened by the closer working of the Named Nurse for Children and the Named Nurse for Adults, who now share an office. Additional resource is provided through a support midwife, and a full time administrator.

Adult Safeguarding Training is delivered at level 1 via our induction package that all new staff are required to attend, with refreshers due 3 yearly thereafter. Updates are accessed on line, or are available as bespoke face to face sessions upon request. Training compliance has risen from 72.73% in March 2013 to 78.24% in February 2014.

Safeguarding Training regarding children is also delivered at level 2 at induction. Updates are available online, or as bespoke sessions, upon request. Compliance has risen

to 100% for level 1, Level 2 has risen from 47.03% in March 2013 to 79.43% in February 2014

There is a training strategy in place to achieve 90% compliance for 2014-15. There are 4 training events at level 3, combining adults and children, training planned. The theme will be learning from recent Serious Case Reviews, for both children and adults.

Both Named Nurses support their respective Safeguarding Board sub groups and remain committed to strengthening the work within the organisation. Support, advice and guidance is required by staff on a daily basis and participation in professional development with students is also offered.

3.5 Medical Revalidation

Medical revalidation was confirmed as a statutory requirement, by the Secretary of State for Health, on the 3rd December 2012; and was introduced nationwide from April 2013. The purpose of medical revalidation is to demonstrate that licensed doctors are up-to-date and fit to practice and provide greater assurance to patients, the public, employers and other healthcare professionals. It is based on a local assessment undertaken through a doctor's formal link with an organisation, known as a designated body, which provides them with a regular appraisal. Each designated body has a Responsible Officer (RO) who doctors are accountable to as prescribed connections. Our RO is Mrs Meghana Pandit, Chief Medical and Quality Officer. The RO is able to manage their prescribed connections and submit recommendations via the General Medical Council (GMC) Connect website.

There are three types of submission that an RO can make:

- a) **Positive recommendation** – confirms that a licence to practise should be continued
- b) **Request for deferral** - made where there are no

unaddressed concerns about an individual's fitness to practise, but there is insufficient evidence to support a recommendation or where there are concerns being investigated.

- c) **Notification of non-engagement** - the medical practitioner has failed to engage in local processes to support revalidation.

Medical appraisals and impact on patient safety

A recommendation for revalidation is based primarily on the outcome of regular annual appraisal; hence effective annual appraisal is at the heart of revalidation. Annual appraisals include a review of the scope and nature of the doctor's work, information about clinical outcomes, feedback from patients and colleagues, evidence of continuing professional development and any significant events or complaints; aligned to principles set out in the GMC's Good Medical Practice guidance. Enhanced appraisal ensures a link and reflection on complaints, incidents and patient safety concerns. It also ensures discussion of personal development and the setting of personal development plans each year. This process

involving every doctor should contribute to improving patient safety in the longer term.

The Trust currently has 70 trained appraisers who are registered to conduct 'revalidation ready' appraisals. The 'top-up' training delivered through the NHS Revalidation Support Team, in October and November 2012, is no longer being funded and arranged centrally. In order to replenish appraisers and allow new appraisers to be appropriately trained, an in-house revalidation-ready training programme is in development and once established will run biannually.

Revalidation at UHCW

We currently have 520 prescribed connections, for which our RO is responsible.

To date, she has made 162 recommendations for these connections, 136 of which have been positive. In total, 25 requests for deferral have been submitted due to incomplete paperwork. The majority of these have now had a positive recommendation made with only one postponement now listed on the GMC Connect site. Deferral rates nationally have been at 6% (NHS RST, September 2013). We initially experienced a higher level of

deferral (18%) due mainly to doctors not having ensured they had met revalidation requirements in a timely manner. Nevertheless, this has reduced over the last 6 months. Currently 7 doctors are shown as recommended for deferral on GMC connect.

Framework for Quality Assurance (FQA)

In previous years every designated body has completed Organisational Readiness Self-Assessment (ORSA), to demonstrate its level of preparedness for delivering revalidation. Results of the ORSA for the year ending 31st

March 2013 resulted in us being RAG rated 'Green'.

Now that revalidation is progressing, there is a similar need to provide assurance that the systems and processes in place comply with the requirements of the RO Regulations. This has led to the development of the FQA which includes an Annual Organisational Audit (AOA) exercise and Statement of Compliance.

The aims of the AOA is to provide a tool that helps RO's assure themselves and their boards that the systems underpinning the recommendations they make to the GMC on doctors' fitness

to practise, the arrangements for medical appraisal and responding to concerns, are in place. This will also provide a mechanism for assuring these systems are effective and consistent. We submitted our first AOA on 16th May 2014 and answered unfavourably to the following two sections:

- Every doctor with a missed or incomplete medical appraisal has an explanation recorded.
- Appraisers are supported in their role to calibrate and quality assures their practice.

In order to address these points an action plan is being developed and will be presented to the Board in July 2014.

3.6 Promoting Equality and Diversity

We continue to demonstrate commitment to promoting equality, by working towards eliminating discrimination, embracing diversity and developing services and a workforce that is representative of the communities that utilise our healthcare services. We continue to fulfil our legislative requirements such as ensuring that we have equality objectives in place, which have been developed in partnership with a range of internal and external stakeholders, and the annual publication of equality information.

An expectation of the NHS Equality Delivery System (EDS) framework is that all Trusts annually RAG rate (See glossary) their progress against actions identified within their plan. In order to comply with this, a RAG rating event was held in March 2013 involving

our staff, community members and representatives from local community groups and organisations. After scrutinising progress against our plan and associated activities, it was agreed that our overall rating should be amber. This reflected the consensus that the majority

of actions were developing with some that were under-developed and a number of actions that we considered to be achieving. The ratings and all the supporting comments and suggestions have been made publicly available via our internet site after Board

approval on 29th May 2013. This will provide the wider community, partners and stakeholders with a clear transparent sense of how we are progressing against the actions set out in our plan.

Independent Advisory Group (IAG) for Equality and Diversity

A key element within the action plan was to form an IAG for E&D. The group was formed in March 2013 and is made up of external and internal representatives and meets quarterly. Membership of the group includes representation from:

- Healthwatch
- Coventry City Council
- Coventry Carer's Centre
- African Caribbean Community Organisation Limited
- Tamarind Centre - Black Mental Health
- Coventry Refugee and Migrant Centre
- Community individual (gay/lesbian community)
- Community individual (older people)
- Faith Centre
- Grapevine (people with physical/sensory/learning disabilities)
- Patient's Council
- PALS
- Communications
- Patient Information Centre
- Modern Matrons
- Ward Managers

- Staffside
- Volunteer Services
- Patient Involvement.

The IAG has agreed its Terms of Reference which will be reviewed after one year. Their role is to:

- **To influence and oversee the development and operation of Equality, Diversity and Human Rights matters (or issues) for the Trust and anyone involved (or participating) in the care and services we deliver.**
- **To act as a source of expertise and reference point for the organisation on Equality, Diversity and Human Rights related matters.**

By ensuring meaningful consultation, involvement and participation of the wider community, we have enabled them to influence and shape our plans; and assess our progress against the actions identified. Policies, key changes and consultations are reviewed and assessed by the IAG so that we are able to demonstrate that issues regarding equality of access and equality of outcome are considered and integrated in to the Trust's core business. For governance purposes, the IAG reports to the Human Resources, Equality and Diversity (HRED), then onwards

to the Quality Governance Committee.

Equality Plan 2014 to 2017 - Dragons' Den

The current Equality Plan ends in April 2014 and therefore it was the right time for us, in partnership with the wider community, partners and stakeholders to agree which priorities and actions should be progressed for the period 2014 to 2017.

The IAG took a more interactive and inclusive approach in deciding on the content of the next E&D plan, using an adapted Dragons' Den format. The event took place on Monday 17th February 2014 and enabled groups, individual, organisations, staff, patients to influence our future Equality and Diversity plans, actions and community engagement activities to meet the health needs of all groups.

The process was adopted to enable individuals and groups to participate in a way that is appropriate for them. Proposals were requested and were outlined using a SMART (Specific, Measurable, Achievable, Relevant, Time-bound) objectives template. This was to ensure that they were able to provide "pitches" that would have a positive impact on patients and/or staff in an Acute setting. Proposals were then elaborated on with



a “pitch” (presentation, video, play etc.) where Chief Officers acted as “Dragons”.

The IAG and Dragons were there to act as “critical friends” and to clarify and challenge pitches to ensure their robustness and feasibility. Pitches were reviewed and scored with all successful pitches appearing as objectives in the new action plan.

For more information on Equality and Diversity please contact Barbara Hay, Head of Diversity Barbara.hay@uhcw.nhs.uk

3.7 Clinical Evidence Based Information System (CEBIS)

CEBIS is a service provided by our Library & Knowledge Services. From its initiation in 2004 it has built a reputation at local, national and international level as a leading and innovative service in the provision and use of knowledge management for research based healthcare.

CEBIS provides us with a service infrastructure for the referral of queries in a timely and efficient manner. Referrals are managed by qualified and experienced health librarians (CEBIS Specialists) who undertake comprehensive reviews of research literature and work in partnership with staff to assess any impact of the evidence located. Now linked to our electronic patient record system (CRRS) CEBIS provides a searchable interface to access the increasing bank of information produced and knowledge acquired from referrals to be shared with clinicians and patients alike.

Since going live in February 2013 CEBIS has dealt with 594 referrals: 112 made directly via CRRS and the remaining via CEBIS Specialist integration with clinical teams at a Specialty level. Evaluations of CEBIS over the years have demonstrated impact of value at multiple levels:

Revised clinical practice	Revised service delivery	Research based recommendations to inform patient choice and well being
Provision of a model of practice to facilitate the use and education of knowledge skills at the point of care	Provision of seamless access to information to the point of care	Saved money

More recently CEBIS has been selected as one of the NHS Local 'Editors Choices' Best Practice Showcase 2012-2013 and featured in Global Comparators :improving healthcare across the world in November 2013. In December 2013 CEBIS embarked on a new journey in securing a contract with Soutron via MidTech NHS Innovations to prepare CEBIS for the global health market.

For more information on CEBIS please contact our Head of Library & Knowledge Services, Jacqui Le May Jacqui.lemay@uhcw.nhs.uk

3.8 Supporting and Facilitating Innovation to improve patient care



Innovation and excellent clinical practice already exists across the organisation.

The rate of adoption has however been variable and there is a need to identify and share best practice. The report, *Innovation Health and Wealth: accelerating adoption and diffusion in the NHS*, sets out a delivery agenda for spreading innovation at pace and scale throughout the NHS. This, together with the development of the West Midlands Academic Health Sciences Network (AHSN) has been an opportunity to develop and lead the Innovation agenda within our organisation.

As part of our Research, Development and Innovation Strategy we have appointed 5 Innovation Champions and 3 Innovation Faculty Leads

to promote and facilitate innovation throughout. These newly developed roles focus on supporting staff to develop ideas and build networks both internally and externally. While the Champions are internally focused, the Faculty Leads have been appointed to concentrate on building collaborations with Warwick University. They have been an integral part of identifying ideas, improving communications, and building the capacity of staff to conduct innovative activities.

We have developed a clear and simple process for identifying and addressing innovation ideas, receiving over 100 novel ideas in the first year. 30 items of Intellectual Property were disclosed and 4 license deals were secured during 2013–14; a significant increase from 9 disclosures and 1 license in 2011/12.

To acknowledge and reward innovative practice we have introduced an innovation recognition scheme. A badge and certificate of achievement is awarded to employees or service users of the Trust whom they believe have made a significant contribution to the improvement/innovation of a product, process or service. So far we have given 13 awards to our staff.

3.9 Patient Experience

Patient Experience and Engagement Committee

The Patient Experience and Engagement Committee continues to be our main forum for overseeing the patient experience agenda. However, in February 2014 it was agreed that the Chair of the Committee would be changed from the Chief Nurse to the Chief Medical Officer. It was agreed that the Managers of the lowest scoring Wards in the FFT would attend the Committee to outline what they were doing to improve results. In addition, members of the then Patients' Council (now Patient Advisors' Team) met with the Ward Managers to review what measures they were taking to address the issues highlighted as a result of feedback received via the FFT. This practice will continue in 2014–15.

We continue to utilise our real time feedback system 'Impressions' to capture feedback from patients, relatives, carers and visitors. Respondents are asked whether they had a mainly good or mainly bad impression of the Trust and its services. Our results for 2013–14 are set out below:

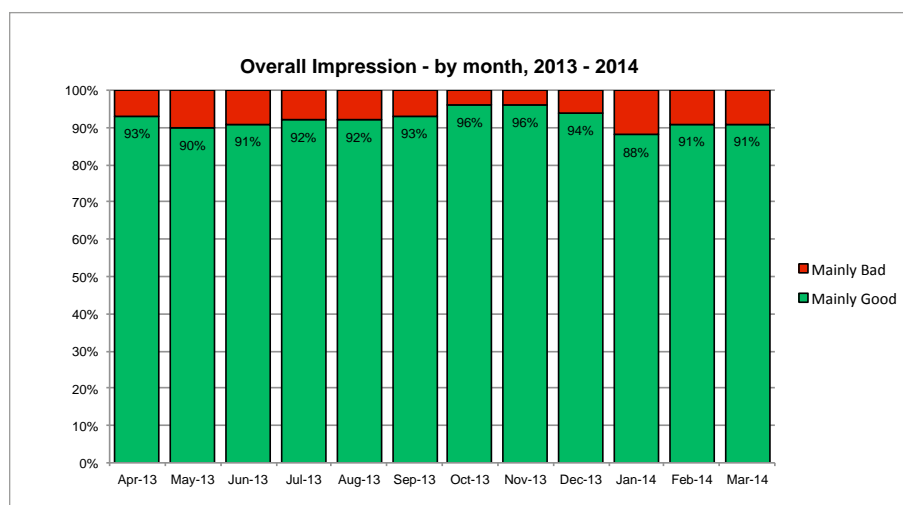


Figure 11 - Impressions overall score 2013–14

The Trust is encouraged that overall experience of the Trust remained mainly good during 2013–14. The table below indicates that scores were consistently in the 90% + range for all months apart from October 2013. It should also be noted that Impressions allows patients, relatives and carers to give feedback in their own words and also asks for suggested improvements. These comments/suggestions are sent to relevant members of staff on a daily basis.

Family and Friends Test (FFT)

FFT for In-Patients was introduced at the Trust in April 2012. In line with national guidance, the FFT was expanded into A&E in April 2013 and Maternity Services in October 2013. For the patients responding to the Friends and Family Test the areas affording the highest and lowest satisfaction were:

Highest:

- Staff respecting [the patient's] privacy and dignity
- Staff treating [the patient] with kindness and compassion
- Staff treating [the patient] with politeness and respect

Lowest:

- Parking

- The standard of food and drink
- Timeliness – doing things on time

As the year progressed we were extremely pleased to see both our score and response rate exceed the national average in A&E. However, this was tempered by the fact that, despite several initiatives, we remain below the national average in both score and response rate for the In-Patient FFT. Our family and friends scores for 2013-14 are within our Patient Experience Annual Report which is available at www.uhcw.nhs.uk

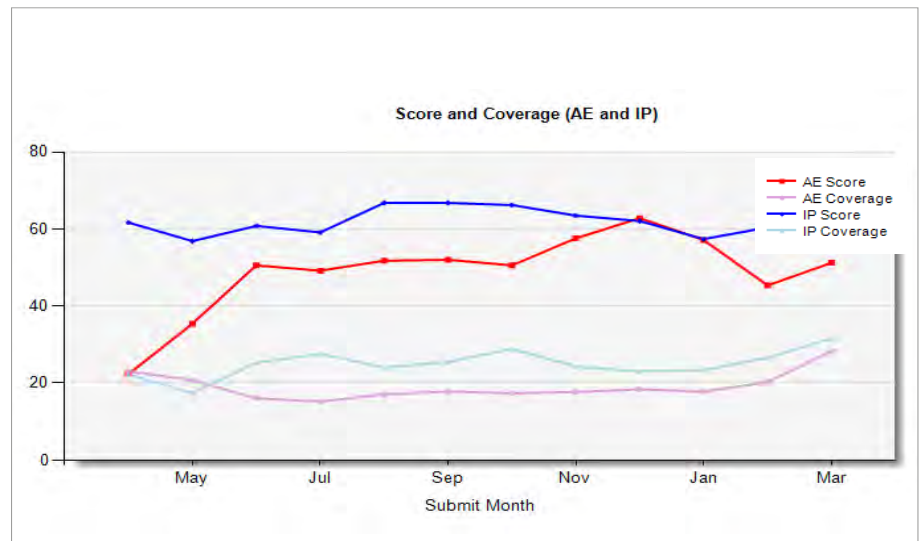


Figure 12 - Family and Friends Test Score and Coverage

Surveys undertaken as part of the national NHS Survey Programme:

During 2013–14 two surveys were carried out as part of the Care Quality Commission's NHS Survey Programme, the annual In-Patient Survey and Maternity Services Survey which is usually carried out every 2/3 years.

With regard to the results of both the In-Patient Survey and Maternity Services Survey, action plans have been developed.

To summarise, the analysis of all the surveys undertaken during 2013–14 allows us to conclude:

- Overall, patient, relative and carers satisfaction levels with services remains good
- Patients, relatives and carers indicate high levels of satisfaction with our staff respecting their privacy and dignity and treating them with kindness, compassion, politeness and respect;
- Patient, relatives and carers indicate high levels of dissatisfaction with parking, timeliness and discharge processes;
- Some patients/relatives/ carers experience variable level of experience during an episode of care at the Trust: some aspects may be of an exceptionally high standard with other aspects being not so good;
- Certain wards, departments and processes consistently provide a better patient experience than others.
- We must continue to strive to deliver a consistently high quality patient experience in all wards, departments and processes.

Patient Advisor Team

We initiated a 12 month pilot (to run from January 2014 to December 2014) whereby members of the Patient's Council have become Patient Advisors working at Specialty Group level, providing a lay perspective on issues relating to the various specialities within each Clinical Group. This allows the Advisors to work closely with front line staff and enables them to influence service developments that are directly linked to patients. In effect, they should become the voice of the patient at Specialty Group level.

In addition, the Patient Advisors meet as a Group, known as the Patient Advisors' Team on a monthly basis to share experiences, provide support and promote ideas and good practice. At the end of the year-long pilot, an evaluation will take place and a decision taken as to whether to roll this out to the other Specialty Groups. For more information on patient experience activities please see the Patient Experience Annual Report on our website.



L-R front row: Mr Ian Crich, Mrs Margaret Emerson, Mrs Diane Devine, Mrs Rosemarie Tonkinson (Chair of the PAT). L-R back row: Mr Malcolm Gough, Mr Stephen Snart, Mr David Hardiman, Mr Bob Wright, Mrs Margaret Brassington, Mrs Kate Harvey)

You Said, we Did

During 2013-2014, we continued to listen and act on the views of our patients and of their relatives and carers. We continued to use 'Impressions', listening events were held, forums were re-designed and the Patient Story Programme at Trust Board continued (whereby patients and staff attended the Trust Board to give accounts of their experience of the care that we provide).

To complement these activities, and in light of the expansion of the Friends and Family Test, June 2013 saw the launch of the Trust's 'We Are Listening Campaign'.

The campaign is an ongoing programme of events and initiatives with the two-fold aim of making our patients, relatives and carers aware of the various mechanisms available to them to feedback on their experiences, and increasing the amount of feedback we receive.

With this wealth of information on patient, relative, and carer experience, we have worked hard during 2013-14 to bring about improvements in line with what is important to those who use our services. Based directly on feedback from patients, relatives and carers, we have carried out the following in the past 12 months:

Arm Warmers

Additional arms warmers have been purchased for use by patients undergoing chemotherapy. Source - Patient Story

Chairs

New chairs have been purchased for main reception. Source – FFT

Seating along the corridors

Seating has been installed along the corridors for those patients and visitors who may have mobility/health conditions which make walking long distances difficult. Source – Impressions.

Visiting hours

Visiting hours for partners of women on the Labour Ward has been extended.

Source – FFT.

For more information please access the Patient Experience Annual Report 2013-14 at www.uhcw.nhs.uk

Complaints

During 2013-14 we registered 490 formal complaints compared with 483 the previous year.

The Parliamentary and Health Service Ombudsman (PHSO) is the second and final stage in the complaints process. From April 2013 to March 2014, 16 of our files were requested. Of these 14 were investigated, with 1 upheld, 7 partially upheld, 2 closed with no action required and 1 returned for further local resolution. 5 complaints were not concluded by 31 March 2014.

Complaints have been used for our Patient Stories Programme at Trust Board, where the patients speak about their experience directly to members of the Board. We also regularly meets with patients and relatives on the wards to help with their concerns, and on the spot resolution is very much encouraged. In addition to this, the Complaints Service and key staff met with 44 complainants between April 2013 and March 2014 in an effort to resolve their registered complaints. Below are a few examples of Patient Complaints and the action taken in response.

Total Number of Complaints	2011/12	2012/13	2013–14
Total Number of Complaints University Hospital, Coventry	450	431	459
Total Number of Complaints Hospital of St. Cross , Rugby	44	42	26
Total Number of Complaints - Other	3	10	5
TOTALS	497	483	490
Total number of complaints referred to the PHSO	25	23	16
Ratio of Complaints to Activity	911,206 0.05%	914,700 0.05%	966,763 0.05%

Top Five Complaint Categories as prescribed by the NHS IC K014a

All aspects of clinical treatment	263
Communication/information to patients	61
Attitude of staff	51
Admissions, discharge and transfer arrangements	45
Appointments, delay/cancellation (out-patient)	26

Concern raised	Action taken
Work up for Renal transplant patients	Full investigation undertaken and meeting offered with family. Work up to be extended to include the abdominal aorta as part of the checklist for transplant assessment.
Pressure area care in Maternity	Full investigation undertaken and meeting held that resulted in a Tissue Viability Review and appointment with Consultant Obstetrician so further assurance could be given.
Dignity and Privacy	Full investigation undertaken into Last Offices and staff approach. Meeting held to go through concerns first hand and nurses to attend and advanced communication course. Complainant invited to come back to give a talk to the nursing staff on her experience.

For further information about complaints and about how the Trust is responding to the national recommendations of the Francis and Clwyd/Hart publications please access the Patient Experience Annual Report on our Website.

Foundation Trust Membership

Although we are not yet a Foundation Trust, we have 9,200 public members who we regularly keep in touch with via email and post. A monthly email is sent with latest news and upcoming events and we are piloting a hard copy newsletter called In Touch+ for patients, visitors, volunteers, staff and members that cover new initiatives, improvements and introductions to new members of the Board.

Our Medicine for Members' events which are organised monthly on a range of topics suggested by staff and public

members and are regularly attended have proved very successful. Popular topics from last year included heart health, back pain and dementia. We also provided a tour of the recently opened Lucina Birthing Unit which proved very popular.

We wrote to all our male members aged 65 and above about our Abdominal Aortic Aneurysm (AAA) screening service to make sure they were aware this was available to them. The AAA service had a fantastic take up of 200 men and they believe approximately 175 of these

were a direct result of our member communications. The detection rate in this group was more than 3% compared to 1.25% standard detection rate which means more AAA's were found than expected.

Our membership has a healthy comprehensive representative of our communities with enough members interested in standing for election as governor in all of our public constituencies in preparation for foundation trust status.

PLACE (Patient Led Assessment of the Care Environment)

PLACE replaced the former PEAT environmental inspection system from 1 April 2013. It 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 which is 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.

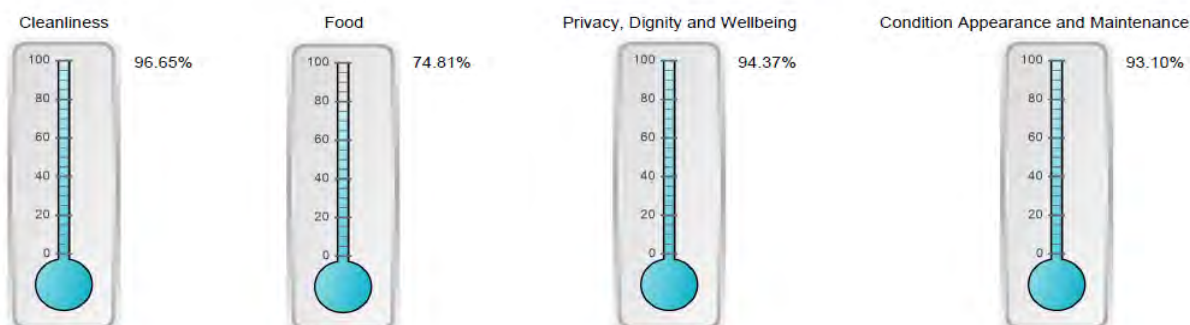
Each PLACE visit scores against four areas: cleanliness, food,

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.

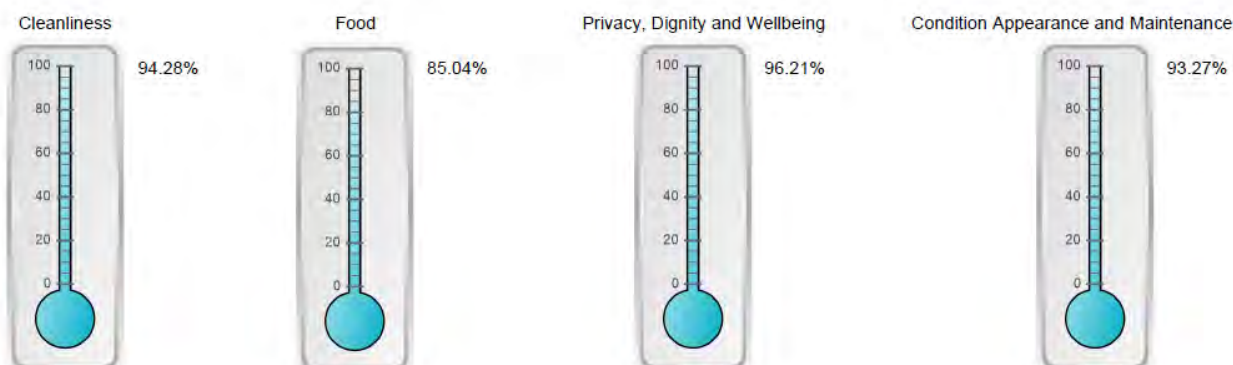
Under the new system we are no longer able to determine the date on which assessments will be carried out. Instead, the Health and Social Care Information Centre (HSCIC) will give us six weeks notice of the week in which our assessments should be undertaken. We will however be free to select the day of the week on which to organise the assessment.

In 2013 our PLACE assessments took place in April and June (results below)

University Hospital



Hospital of St Cross



Actions from the assessments have included the following:

- Introduction of new patient menus across both sites, introduced in January 2014
- A redecoration programme of the main corridors, lobby area and outpatient areas, this has also included some replacement floor coverings.
- An ongoing planned programme of replacement of the single glazed windows in ward areas with double glazed units.

On the University Hospital site:

A new cleaning pathway is being trialled on the fourth floor ward areas. This changes the way the Domestic staff clean the areas by the introduction of teams for specific tasks. This approach not only reduces any possibility of cross contamination but is also a more efficient way of cleaning. We have also this year revisited our enhanced maintenance programme to wards and departments. For areas like Accident and Emergency and Critical Care we carry out a redecoration programme twice a year

which also includes a full terminal clean along with decontamination with Hydrogen Peroxide.

We are piloting the use of Ultra Violet Light technology as a further aid to the cleaning process in certain areas.

For this year's PLACE assessments we have engaged with Healthwatch Coventry who will form part of the assessment team.

Site Access & Car Parking

Work has been progressing during 2013–14 with the planned on site improvements to address ongoing car parking and congestion issues.

Planning permission was granted in May 2013 for a series of on-site works that include:

- Additional car park decks to increase public parking capacity
- An upgraded bus interchange facility that will increase capacity
- Modified road and car park access layouts to enable better traffic flow

- Automated car park signage indicating location of available spaces
- New larger main entrance patient drop off zone

Two elements of these improvement works have already been completed this financial year. These are a new taxi rank and a new main entrance patient drop off zone as depicted below.

The remaining elements of these improvement works are planned to be commence this summer with completion in 2015.

In conjunction with the onsite works, a successful

application was submitted to the Department of Transport in partnership with Coventry City Council for £3.9m of funding to address pinch point issues to junctions on roads approaching the hospital. These works are currently in the planning stage but are due to commence this summer with completion in 2015. These works consist of:

- Major enhancements to the Ansty Road/Clifford Bridge Road gyratory junction including the main hospital site access.
- Additional lanes at the Ansty Road/Hall Lane crossroads to increase vehicular capacity and relieve delays particularly in Woodway Lane.
- A new junction arrangement at the Hinckley Road/Brade Drive roundabout to increase vehicular capacity, reduce delays and improve pedestrian crossing facilities.



3.10 Staff Experience

We employ a total of 6571 staff that were eligible to receive the 2013 national NHS Staff Survey. A random sample of 850 staff were extracted from our Electronic Staff Record (ESR) and were sent questionnaires. We have higher ranking scores than other acute trusts nationally in five key areas, including the number of staff being appraised, and the number of staff receiving health and safety training.

Our response rate for the national Staff Survey has however seen a continual decrease over the past three years from 51% in 2011, to 39% in 2012 and 37% in 2013. The response rate is in the lowest 20% of acute Trusts in England. Reminders were automatically generated and sent to staff that had not completed the survey, and in addition, prior to the survey closing, an additional all user e-mail was sent to those randomly selected from the Chief Executive Officer requesting urgent completion and encouragement to provide feedback.

The overall stated purpose of the survey is to:

- a) gauge the degree of staff engagement and
- b) to find out the effects of 4 staff pledges within the NHS Constitution

Staff Pledges

The 4 staff pledges contained in the NHS constitution are:

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

Staff Pledge 2: To provide all staff with personal development, access to appropriate training for their jobs and line management support to enable them to fulfil their potential.

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

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

Staff Engagement

From a review of all the national result, there is a national improvement in 21 out of 28 indicators, including in many key areas and overall levels of staff engagement have improved from 3.68 in 2012 to 3.71 in 2013. Nationally the results have shown that staff are increasingly willing to recommend the NHS as a place to work or be treated, and almost two thirds of NHS staff would recommend the NHS as a place to work or for their friends or family to be treated.

Our results on staff engagement have seen a slight reduction in the staff engagement score as set out below.

Staff Engagement Score	
Trust Score 2013	3.66
Trust Score 2012	3.73
National 2013 average for acute trusts	3.74

The survey identifies key areas where staff involvement and staff engagement require further improvement and it is anticipated that the Together Towards World Class programme will develop detailed actions to address these issues.

Top Five Ranking Scores

We scored higher than the national average of acute trusts in the following five key indicators:

Top Five Ranking Scores	UHCW score 2013	National 2013 average score for acute trusts
Percentage of staff appraised in the last 12 months	90%	84%
Percentage of staff reporting errors, near misses, or incidents witnessed in the last month	92%	90%
Percentage of staff receiving health and safety training in the last 12 months	80%	76%
Percentage of staff suffering work-related stress in the last 12 months	35%	37%
Percentage of staff working extra hours	69%	70%

Bottom Five Ranking Scores

The national report also details our bottom five ranking scores for the trust and suggests that these are the key areas where further detailed recommendations need to be developed.

Bottom Five Ranking Scores	UHCW score 2013	National 2013 average score for acute trusts
Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell	36%	28%
Effective team working	3.64	3.74
Percentage of staff reporting good communication between senior management and staff	22%	29%
Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months	17%	15%
Percentage of staff experiencing harassment, bullying, or abuse from patients, relatives or the public in the last 12 months	32%	29%

Recommendations

Following the results of the 2013 NHS Staff Survey, a number of priorities have been identified for action:

Embedding effective appraisal processes

Whilst 90% of staff stated that they have had an appraisal, the results show that increased numbers (compared to 2012 Staff Survey results) did not find that their appraisal helped them to improve how they do their job (54%), they did not agree that clear objectives were set (21%) and did not feel that their work is valued as a result (41%).

Our revised non-medical appraisal paperwork was launched in September 2013, along with 'Effective PDR workshops' for managers, 3 months prior to the completion of the Staff Survey. Whilst it is anticipated that employee experience will improve as those appraisals undertaken in the next 12 months will utilise the new paperwork, in light of the survey results, the content of the training will be reviewed and consideration will be given as to how to offer training or guidance for employees.

Management and Leadership Development

The survey identifies several areas in which further management development is required, as staff have identified a reduction in the satisfaction of the support received from their immediate manager. The TTWC work stream on Leadership and

Management Development will focus on ensuring that our managers have the skills and behaviours required to lead and manage our workforce.

Health, Wellbeing and Safety

The survey identifies that several areas require improvement, including the personal experience and reporting of physical violence, harassment and discrimination. An ongoing review of Conflict Resolution Training provision go some to way to address personal experience of physical violence and harassment, as we ensure that staff receive adequate training in how to de-escalate situations.

The results relating to experience of discrimination from colleagues will be considered and acted upon by the Trust's Human Resources Equality & Diversity Committee and Independent Advisory Group. The Trust's Health & Wellbeing Group will continue to promote and support staff wellbeing.

In relation to the key areas of improvement there has been a reported increase in the number of appraisals undertaken as reported at the Quarterly Performance Reviews, and an increase in Statutory and Mandatory Training as reported in the Mandatory Training Committee.

Staff Family and Friends Test

From April 2014, NHS England is introducing the Staff Friends and Family Test (FFT) in all NHS trusts. It is anticipated that Staff FFT will help to promote a big cultural shift in which staff will have further opportunity and confidence to speak up, and where the views of staff will be heard and are acted upon. It has been shown that we have made improvements following the introduction of the patient FFT, as a result of us listening to, and acting on, patient, relative and carer feedback.

We have taken the decision to incorporate the Staff FFT into the Staff Impressions engagement surveys which will support the Together Towards World Class (TTWC) Programme. The use of the Staff Impressions engagement surveys will allow us to review the embedding of our values and behaviours, and provide feedback on the progress achieved on a quarterly basis. The surveys will be run on a quarterly basis and will enable the TTWC Programme Board to gain regular feedback.

3.11 Performance against National Priorities 2013–14

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. The below table of indicators (except for those shaded grey) are ones where we are required to submit information nationally.

Indicators	Target 2013–14	2013–14	2012–13	2011–12	Rating
CQC Essential Standards	n/a	Licensed without conditions	Licensed without conditions	Licensed without conditions	✓
CQC acute hospital rating (Band 6 - Lowest Risk, Band 1- High risk)	n/a	Band 6 (March 2014)	n/a	n/a	✓
Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted	90%	91.84%	94.51%	92.20%	✓
Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted	95%	97.55%	97.89%	96.50%	✓
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	94.01%	94.23%	95.90%	✓
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	93.93%	91.46%	93.95%	!
All cancers: 62-day wait for first treatment from: - from urgent GP referral for suspected cancer	85%	85.01%	85.57%	87.11%	✓
- from NHS cancer Screening Service referral	90%	95.92%	96.91%	97.99%	✓
All cancers: 31-day wait for second or subsequent treatment, comprising: - surgery	94%	99.08%	99.42%	99.66%	✓
- anti cancer drug treatments	98%	100.00%	100.00%	100.00%	✓
- radiotherapy	94%	95.80%	96.95%	97.66%	✓
All cancers: 31-day wait from diagnosis to first treatment	96%	99.49%	99.60%	99.67%	✓
Cancer: two week wait from referral to date first seen, comprising: - all urgent referrals (cancer suspected)	93%	94.41%	94.51%	94.20%	✓
- for symptomatic breast patients (cancer not initially suspected)	93%	94.57%	94.78%	94.22%	✓
Clostridium Difficile – meeting the Clostridium Difficile objective	57	47	76	90	✓
Methicillin-resistant Staphylococcus Aureus (MRSA) bacteraemia – meeting the MRSA objective	0	2	2	1	!
Certification against compliance with required access to healthcare for people with learning disability	Green	Green	Green	Green	✓

Performance against locally agreed priorities

Indicators	Target 2013–14	2013–14	2012–13	2011–12	Rating
Numbers of acquired avoidable Pressure Ulcers Incident reporting	Fewer or equal to previous year	Grade 2:43 Grade 3:16 Grade 4:0	Grade 2: 61 Grade 3: 13 Grade 4: 1	Grade2:32 Grade 3:41 Grade 4:28	✓
Incidence of 'Never Events'	0	4	4	3	!
Hospital standardised mortality ratio (HSMR)	100	96.1 Mar 13– Feb 14	98.77	94.00	✓
Delayed transfers of care	4%	4.81%	4.85%	5.45%	!
Breaches of the 28 day readmission guarantee	5%	11.81%*	5.40%	4.52%	!
Friends and Family Test inpatient score	61	63.75	44.3	n/a	✓
Friends and Family Test A&E score	22	50.97	n/a	n/a	✓

*Breaches of the 28 day readmission guarantee: This indicator reports the number of patients whose operation was cancelled, by the hospital for non-clinical reasons, on the day of or after admission, who were not treated within 28 days. The processes in place are overseen via the weekly access meeting that scrutinises and challenges the re-scheduling of cancelled patients. The twice daily reviews of the planned operating lists

with each specialty provides a high degree of rigour in ensuring these patients are not cancelled for a second time. The high numbers of cancelled operations in conjunction with some of the capacity issues faced by certain specialties create significant difficulties in eliminating breaches.

Sustainable solutions required to achieve this KPI lies within the elective care transformation programme and involve:

- Improved scheduling
- Increasing the amount of day case procedures undertaken in day surgery by converting activity from main theatres
- Theatre rota reconfiguration
- Availability of a second emergency theatre

Part Four

An Invitation to comment and offer feedback

Your views - Your involvement

Thank you for taking the time to read our 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.

Annexes

Statements from Partners

Response on behalf of the Quality Accounts Task and Finish Group set up by Warwickshire County Council's Adult Social Care and Health Overview and Scrutiny Committee with Coventry City Council, Rugby Borough Council, Coventry Healthwatch and Warwickshire Healthwatch.

We welcome the opportunity to comment on the Trust's 2013-14 QA and would like to put on record the thanks of the Task and Finish for the work that has been done with the Trust over the past year on their QA, which has built on the pilot that was introduced locally in September 2012. The decision to approach quality accounts in a different way, establishing working groups with partner organisations to look in-depth at Warwickshire and Coventry's Trusts' Quality Account – both in monitoring performance over the year and in working with the Trusts to identify priorities for the year ahead has led to a more meaningful process and to enable stakeholders to work together to develop a better understanding of quality within the Trusts delivering services to the people of Coventry and Warwickshire.

This commentary, although formally presented by Warwickshire County Council, reflects the views, input and contributions of those members of Warwickshire

County Council and Warwickshire Healthwatch, Coventry City Council and Coventry Healthwatch and Rugby Borough Council.

Reflecting on Quality Priorities for 2012/13 and 2013–14

The Group was pleased to see the updates on the 2012/13 priorities and the ongoing work that is being done to reduce harm because of falls, hospital discharge and using patient feedback to improve experience. It was felt that the work being done to improve hospital discharges would go some way to addressing the breaches on readmission rates.

It is concerning to see the rating in relation to Maternity Services, and the Group will monitor the action plan for improvement over the next year.

The Group noted their concern regarding the A&E environment, particularly for paediatrics, and agreed that this was an area that warranted attention from both a patient

experience and patient safety perspective.

The Group acknowledges the awards that the UHCW staff have been shortlisted for, nominated for or won, which highlights the good work being done at the Trust. It is disappointing to see, however that aside from the welcome work being done to identify and address innovation amongst staff, that there is still work to be done around staff engagement and ensuring that staff felt they about to talk openly about patient experience.

The Group welcomed the results that had been achieved in relation to infection control (MRSA and C.Difficile).

Quality Priorities set for 2014/15

The Group was pleased to be able to feed suggestions to the Board on proposed Quality Priorities, with the intention of ensuring that there was a local focus on the patient experience in delivering Priorities, and not a focus on areas that were

already covered by national targets that are monitored by a number of organisations.

The approach used for each priority – setting out the reasons for selection, the goal, starting point and how the goal will be achieved and monitored is an excellent and transparent way of showing the public how improvements will be made.

The Group welcomes the inclusion of Getting Emergency Care Right – Ensuring Effective Handovers between Healthcare Professionals content and the overall focus on improving patient handovers across the hospital. The Group feels that this approach should be extended to transfers and working between different organisations as well, such as mental health and social care.

The focus on transforming patient experience is central to the different areas of improvement and this is fully endorsed by the Group. There needs to be an ongoing focus on demonstrating what changes and improvements have been made as a result of listening to patients and staff to measure patient experience.

The Group look forward to building on the strong foundations that have been laid this year to bring about improvement and to continue to work with the Trust to ensure that the needs and

experiences of the staff and patients of UHCW continue to be a focus within the priorities for local organisations across the region to integrate services, improve general practice and help people to live independently for longer. The joint work of the different members of the Task and Finish Group working with the Trust has also given the QA a wider focus, looking at the Trust as a local general hospital provider as well as a centre of excellence.

In order to succeed in the Trust's clear ambition to become "a world class place in which to be cared for and to work", UHCW needs to have strong working relationships with other Trusts and stakeholders across the region, and this is not evident from the QA. Two further areas of focus needed to be issues of non-compliance and the variability of IT services across the Trust.

Comment by UHCW:

We welcome the response by the Task and Finish Group and look forward to continuing to collaborate into 2014-15. With regards to the Children's Emergency Department UHCW recognise this needed updated. Funds raised by UHCW Charity and Touch Radio will contribute to the waiting area being significantly refurbished with an under the sea this year.

Healing arts will be involved in sourcing artist commissions for three assigned spaces. The theme is under the sea.

We are keen to improve the visibility of information to patients and visitors about improvements the Trust have made following feedback. We will be promoting 'You said, We did' throughout the We are Listening Campaign 2014-2015. A bi-annual report will also be presented to our Trust Board.

We try and improve the content of the Quality Account year on year and we welcome your input and feedback around how we can emphasise in the account the work Trust staff do in working collaboratively with stakeholders both regionally and nationally.

Healthwatch Coventry commentary on the University Hospitals Coventry and Warwickshire Quality Account



Healthwatch Coventry is the consumer champion for local health and social care services, working to give local people and users of services a voice in their NHS and care services. Local Healthwatch welcomes its role in producing commentaries on NHS Trusts' Quality Accounts. The version of this document we received in order to draft this commentary was not entirely complete, which inhibits our ability to comment. It seems to have been a feature of this year's quality account cycle that all Trusts have found it difficult to produce completed documents to send out for comment.

We found the style of this document to be clear and easy to read. Along with colleagues from Warwickshire we have been involved in a task group to follow up on last year's quality priorities and discuss the priorities and content of this document. We asked for more information to be included to highlight the actions taken in particular more of a 'you said, we did' element in order to stop the document being so focused on process.

Quality highlights

The information provided in this section seems fair and reflects both positives and areas for improvement.

The Friends and Family Test is a national initiative requiring Trusts to ask the same questions of people who use their services. UHCW has had the lowest friends and family test in-patient rating in the Herefordshire, Worcestershire and Arden area this year. The score for A&E patients improved and then fell back somewhat in February 2014. However methods of asking the questions and response rates vary between trusts. UHCW also seems to have a higher proportion of neutral scores.

The information regarding the national maternity survey rating would benefit from some context and information about what is being done to address the issues.

Progress report

This section would benefit from data on the amount of falls, ie were there fewer falls as a result of the work undertaken. Information about changes made as a result of patients feedback would also be welcome. All wards should move to 7 day discharge rounds as this was included in the policy some time ago.

Improving quality section

There is no data included regarding Patient Advice and

Liaison Service (PALS) work this year and understand that this is due to a data gap resulting from a period when the service was experiencing staffing difficulties. Issues regarding the delivery of the PALS service were one reason that Healthwatch carried out work to talk to patients about how they would go about raising a concern with the hospital and to look at what information was available about doing this. We produced a report and recommendations to the Trust. We would like to see actions to develop the delivery of this important function be included in the quality priorities along with work to make the complaints process more accessible. It was pleasing to see some progress regarding access to the hospital site this year and we hope that the next phase will progress quickly. It is a slight concern that the response rate to the staff survey is declining and now in the lowest 20% in England. This should be looked into as it is important to find ways for staff to raise issues and ideas.

Quality priorities for coming year

We support the inclusion of a priority regarding effective handover as this is vital for patient care and experience and it is a concern that staff

are not complying with current handover sheet use. However we wonder how progress will be monitored and how the Trust will ensure that family/carers are involved. We also support the efficient use of operating theatres. We hope to work with the trust regarding good patient public engagement in the coming year. From the information given we are not sure what the patient innovation model is and what world class patient/health information will be defined. Healthwatch can contribute as one of the stakeholders for this work. Training for staff on providing an excellent patient experience is welcomed.

Agreed at Healthwatch Coventry Steering Group 3/6/14

Comment by UHCW:

We are grateful to Healthwatch Coventry for its response to our Quality Account. We acknowledge that the version reviewed still had some content outstanding. Since that version and following a meeting held with the Quality Account Task and Finish Group, of which Healthwatch is a member, held on the 8 May 2014 we hope you find the gaps around 'you said we did', falls data and the extra detail around the Maternity Survey have been filled.

The Friends and Family test is only one way of assessing patient experience. UHCW uses a range of methods to collect feedback and turn listening into action. Although UHCW's score remains below the national average for inpatients our response rate to the question is one of the highest. It is unfortunate that people who respond 'Likely' to the test question are not a promoter and are classed as passive (neutral), as UHCW has a high proportion of users who would be likely to recommend us.

We are keen to continue to improve our collaborative work on quality improvement with you and look forward to the coming year.

NHS Coventry and Rugby Clinical Commissioning Group Commentary

NHS Coventry and Rugby Clinical Commissioning Group (CRCCG) welcome the opportunity to comment on University Hospitals Coventry and Warwickshire (UHCW) NHS Trust Quality Account for 2013-14.

It has been reviewed by the Clinical Quality and Governance Committee (CQGC) and it is our view that it complies with the guidance set out by the Department of Health and provides a good account of the quality of services at UHCW with a strong emphasis on patient experience and we are pleased with the user friendly presentation which will make it accessible to our local

population. We are unable to verify the achievement of CQUIN schemes, as this had not been finalised in time for the commentary.

We recognise the Trust has made good progress in a number of areas during 2013-14 and in particular with the A&E four hour target. This has been very challenging and the Trust is to be congratulated

on the excellent work that has been done. We will continue to watch this with close interest as they expand their Getting Emergency Care Right programme in the coming year.

We are really pleased with the growing integration of services across the local health and social care economy during this year, which help to build the foundations for a more

joined-up system of care and the introduction of the Better Care Fund. In particular the integrated approach to the reduction of pressure ulcers, which is an excellent example of effective partnership working between acute and community health providers, local authority and care homes. The expansion of the UHCW 'React to Red' campaign across the local health and social care economy with the support of 'Your Turn' has set an ambitious target of a 40% reduction in pressure ulcers over the next year across care homes and we will be watching this with interest as it progresses.

We were also pleased with the six month secondment of a member of the infection control team to work with care homes to improve identification and management of norovirus and reduce unnecessary hospital admissions. This has been well received and sets the scene for further work in this area over the next year.

It is disappointing that UHCW had four 'Never Events' during the past year, all of which were related to surgery. Patient safety is of paramount importance to the CCG and we are committed to ensuring lessons are learnt when things go wrong. We will continue to work with UHCW to gain assurance that

robust systematic processes are in place to ensure the safety of patients and continue to monitor and review Serious Incidents and Never Events to ensure that lessons are learnt and shared.

During the year the Trust has had a very positive CQC review which recognises the considerable work that has been undertaken to support dementia patients and their carers. In addition, the Trust has been given the lowest risk rating by CQC's new national scheme which measures hospitals against a wide range of factors, including death rates, serious errors and patient surveys using a method known as 'intelligent monitoring'. However, we continue to monitor some areas of performance closely, in particular achievement of stroke and cancer targets which have slipped slightly.

We fully support the priorities for 2014-15 which have a strong focus on patient experience; the Trust is working hard to strengthen user and carer engagement including implementing real time feedback to front line staff to facilitate responsive improvements to the quality of care. There is good evidence that motivated and empowered staff improve the quality of services.

The maintenance of high quality care whilst delivering efficiencies is a key challenge going into 2014-15. In addition the implementation of seven day working to ensure consistency of quality across weekends will require effective collaborative working with partner organisations building on the successful initiatives of this year. As a CCG we are committed to supporting UHCW to achieve continuous improvements in the quality of services they provide for our local population and key to this is working in collaboration with them as well as monitoring their performance. We will continue to work with them to develop a relationship of trust, openness and transparency.

UHCW Comment:

We welcome the helpful and considered response from our Commissioner colleagues, and agree that a continued committed relationship to support continuous improvement is crucial. We look forward to the engaging with the CCG more on the Quality Account process for 2014-15 and working to deliver a CQUIN programme that will improve the safety and care of our patients.

Coventry City Council, Health and Social Care Scrutiny Board

The Health and Social Care Scrutiny Board (5) of Coventry City Council met with UHCW on a number of occasions during 2013–14 to discuss a range of issues from the Francis inquiry through to the detailed preparations made by the Trust for the expected pressures on services during the recent Winter. The Board has a continuing dialogue with the Trust and is grateful for the support UHCW provides in the Board performing its statutory duty.

The City Council acknowledges the progress made in this year's Quality Account, and notes the challenges identified for 2014/15. This year the City Council once again worked closely with colleagues in Warwickshire County Council, Rugby Borough Council and both Coventry Healthwatch and Warwickshire Healthwatch to scrutinise and inform this Quality Account. The City Council is grateful for the support of colleagues in Warwickshire for co-ordinating this group and drafting the detailed comments which are repeated below:

We welcome the opportunity to comment on the Trust's 2013-14 QA and would like to put on record the thanks of the Task and Finish for the work that has been done with the Trust over the past year on

their QA, which has built on the pilot that was introduced locally in September 2012. The decision to approach quality accounts in a different way, establishing working groups with partner organisations to look in-depth at Warwickshire and Coventry's Trusts' Quality Account – both in monitoring performance over the year and in working with the Trusts to identify priorities for the year ahead has led to a more meaningful process and to enable stakeholders to work together to develop a better understanding of quality within the Trusts delivering services to the people of Coventry and Warwickshire.

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patient feedback to improve experience. It was felt that the work being done to improve hospital discharges would go some way to addressing the breaches on readmission rates.

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The Group noted their concern regarding the A&E environment, particularly for paediatrics, and agreed that this was an area that warranted attention from both a patient experience and patient safety perspective.

The Group acknowledges the awards that the UHCW staff have been shortlisted for, nominated for or won, which highlights the good work being done at the Trust. It is disappointing to see, however that aside from the welcome work being done to identify and address innovation amongst staff, that there is still work to be done around staff engagement and ensuring that staff felt they about to talk openly about patient experience.

The Group welcomed the results that had been achieved in relation to infection control (MRSA and C.Difficile).

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The approach used for each priority – setting out the reasons for selection, the goal, starting point and how the goal will be achieved and monitored is an excellent and transparent way of showing the public how improvements will be made.

The Group welcomes the inclusion of Getting Emergency Care Right – Ensuring Effective Handovers between Healthcare Professionals content and the overall focus on improving patient handovers across the hospital. The Group feels that this approach should be extended to transfers and working between different organisations as well, such as mental health and social care.

The focus on transforming patient experience is central to the different areas of improvement and this is fully endorsed by the Group. There needs to be an ongoing focus on demonstrating what changes and improvements have been made as a result of listening to patients and staff to measure patient experience.

The Group look forward to building on the strong foundations that have been laid this year to bring about improvement and to continue to work with the Trust to ensure that the needs and experiences of the staff and patients of UHCW continue to be a focus within the priorities for local organisations across the region to integrate services, improve general practice and help people to live independently for longer. The joint work of the different members of the Task and Finish Group working with the Trust has also given the QA a wider focus, looking at the Trust as a local general hospital provider as well as a centre of excellence.

In order to succeed in the Trust's clear ambition to become "a world class place in which to be cared for and to work", UHCW needs to have strong working relationships with other Trusts and stakeholders across the region, and this is not evident from the QA. Two further areas of focus needed to be issues of non-compliance and the variability of IT services across the Trust.

UHCW Comment:

We welcome the response by our Coventry City Council partners, and will continue to engage with them throughout the year. We value your input and feedback around how we can continue to improve the Quality Account process year on year.

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



Chair

Date: 25 June 2014



Chief Executive Officer

Date: 25 June 2014

External Auditors

External Assurance Report

Independent auditors' limited assurance report to the directors of University Hospitals Coventry And Warwickshire NHS Trust on the Annual Quality Account

We are engaged by the Audit Commission to perform an independent assurance engagement in respect of University Hospitals Coventry and Warwickshire NHS Trust's Quality Account for the year ended 31 March 2014 ("the Quality Account") and certain performance indicators contained therein as part of our work under section 5(1) (e) of the Audit Commission Act 1998 ("the Act"). NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2014 subject to limited assurance consist of the following indicators:

- Rate of Clostridium Difficile infections [page 30]
- Percentage of patients risk assessed for venous thromboembolism (VTE) [page 30]

We refer to these two indicators collectively as "the specified indicators".

Respective responsibilities of Directors and auditors

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

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

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to

our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the information requirements prescribed in the Schedule referred to in Section four of the Regulations (“the Schedule”);
- the Quality Account is not consistent in all material respects with the sources specified below; and
- the specified indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account have not been prepared in all material respects in accordance with Section 10c of the NHS (Quality Accounts) Amendment Regulations 2012 and the six dimensions of data quality set out in the NHS Quality Accounts - Auditor Guidance 2013–14 issued by the Audit Commission in February 2014 (“the Guidance”).

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether

it is materially inconsistent with:

- Board minutes for the period April 2013 to May 2014;
- papers relating to the Quality Account reported to the Board over the period April 2013 to June 2014;
- feedback from the Commissioners NHS Coventry and Rugby Clinical Commissioning Group (CRCCG) dated 05/06/2014;
- feedback from Local Healthwatch, Healthwatch Coventry, dated 03/06/2014;
- the Trust’s complaints report, contained within the Patient Experience Annual Report 2013-14 which will be published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated May 2014;
- feedback from other named stakeholders; the Health and Social Care Scrutiny Board of Coventry City Council and the Quality Accounts Task and Finish Group set up by Warwickshire County Council’s Adult Social Care and Health Overview and Scrutiny Committee with Coventry City Council, Rugby Borough Council, Coventry Healthwatch and Warwickshire Healthwatch, involved in the sign off of the Quality Account;
- the latest national Care Quality Commission patient

survey dated 08/04/2014 and the maternity survey dated 11/12/2013;

- the 2013 national staff survey;
- the Head of Internal Audit’s annual opinion over the Trust’s control environment dated April 2014;
- the annual governance statement dated 02/06/2014;
- Care Quality Commission quality and risk profiles dated 31/07/2013;
- Care Quality Commission Intelligent Monitoring Reports dated 21/10/2013 and 13/03/2014;
- the results of the Payment by Results coding review dated February 2014; and
- Care Quality Commission inspection reports dated 05/11/2013 and 14/03/2014.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the “documents”). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of University Hospitals Coventry and Warwickshire NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities

of Auditors and Audited Bodies published by the Audit Commission in March 2010. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and University Hospitals Coventry and Warwickshire NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with the Guidance. Our limited assurance procedures included:

- reviewing the content of the Quality Account against the requirements of the Regulations;
- reviewing the Quality Account for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information

(if applicable) and performing walkthroughs to confirm our understanding;

- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties ;
- considering significant judgements made by the management in preparation of the specified indicators;
- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- reading documents.

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

Limitations

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

used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the Schedule set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by University Hospitals Coventry and Warwickshire NHS Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the Quality Account is not prepared in all material respects in line with the requirements of the Regulations and the prescribed information in the Schedule;
- the Quality Account is not consistent in all material respects with the sources specified above; and
- the specified indicators in the Quality Account subject to limited assurance have not been prepared in all material respects in accordance with Section 10c of the NHS (Quality Accounts) Amendment Regulations 2012 and the six dimensions of data quality set out in the Guidance.

PricewaterhouseCoopers LLP

Chartered Accountants
Cornwall Court
19 Cornwall Street,
Birmingham
B3 2DT

30 June 2014

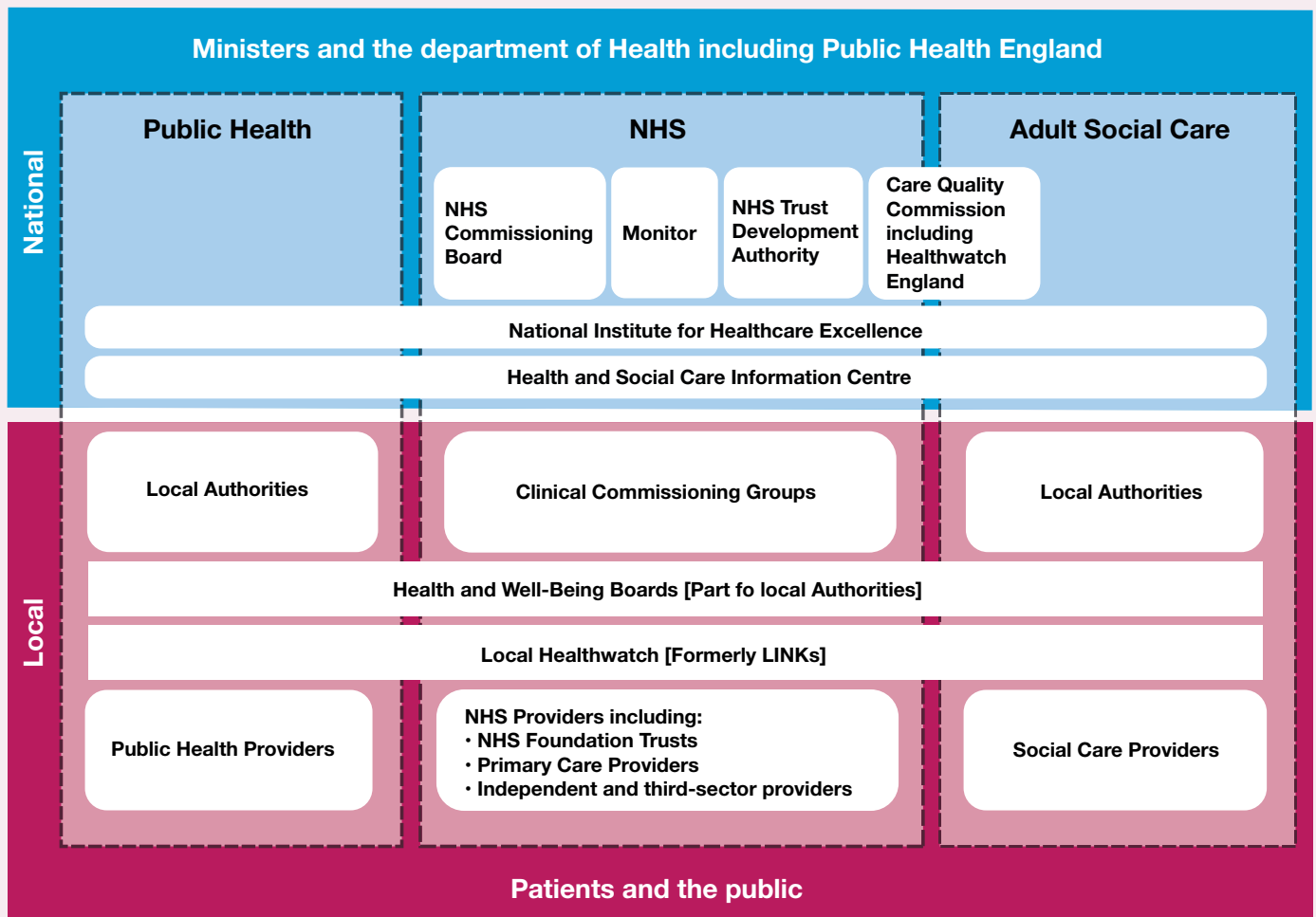
The maintenance and integrity of the University Hospitals Coventry and Warwickshire NHS Trust's website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

Appendices

Appendix 1

The health and social care system in England

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



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

Appendix 2: CQC Inspections in 2013-14

Essential Standard: outcomes for quality and safety	Last inspected against this outcome	Status
Outcome 1: Respecting and involving people who use services People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run.	17 September 2013	✓
Outcome 2: Consent to care and treatment Before people are given any examination, care, treatment or support, they should be asked if they agree to it.	7 January 2013	✓
Outcome 4: Care and welfare of people who use services People should get safe and appropriate care that meets their needs and supports their rights.	15 January 2014	✓
Outcome 5: Meeting nutritional needs Food and drink should meet people's individual dietary needs.	14 March 2011	✓
Outcome 6: Cooperating with other providers People should get safe and coordinated care when they move between different services	15 January 2014	✓
Outcome 7: Safeguarding people who use services from abuse People should be protected from abuse and staff should respect their human rights.	7 January 2013	✓
Outcome 8: Cleanliness and infection control People should be cared for in a clean environment and protected from the risk of infection.	7 January 2013	✓
Outcome 9: Management of medicines People should be given the medicines they need when they need them, and in a safe way.	7 January 2013	✓
Outcome 10: Safety and suitability of premises People should be cared for in safe and accessible surroundings that support their health and welfare.	7 January 2013	✓
Outcome 11: Safety, availability and suitability of equipment People should be safe from harm from unsafe or unsuitable equipment.	7 January 2013	✓
Outcome 12: Requirements relating to workers People should be cared for by staff who are properly qualified and able to do their job	7 January 2013	✓
Outcome 13: Staffing There should be enough members of staff to keep people safe and meet their health and welfare needs.	17 September 2013	✓
Outcome 14: Supporting workers Staff should be properly trained and supervised, and have the chance to develop	7 January 2013	✓
Outcome 16: Assessing and monitoring the quality of service provision The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care.	15 January 2014	✓
Outcome 17: Complaints People should have their complaints listened to and acted on properly	7 January 2013	✓
Outcome 21: Records People's personal records, including medical records, should be accurate and kept safe and confidential	20 March 2012	✓

Key: ✓ Compliant ✗ Requires improvement ✖ Enforcement action taken

Appendix 3: CQUIN Schemes 2013-14, 2014-15

The CQUIN framework was introduced in April 2009 as a National Framework for locally agreed quality improvement schemes. It enables commissioners to reward excellence by linking a proportion of healthcare provider's income to the achievement of local quality improvement goals. The Framework aims to embed quality within commissioner-provider discussions and to create a culture of continuous quality improvement, with stretching goals agreed in contracts on an annual basis.

2013-14

National/ Local	CQUIN Description	Target
National	Friends and Family Test – phased expansion to maternity services	Roll out by end of October 2013
National	Friends and Family Test – increased response rate	Q1 to Q3 - increase on baseline (which must be at least 15%) Q4 – 20%
National	Friends and Family Test – improved performance on the Staff Friends and Family test	Provider having a better result in 2013–14 Staff Survey in comparison with the 2012/13 Staff Survey (which was a score of 68%) or remaining in the top quartile
National	NHS Safety Thermometer – improvement	Maintain a reduction in incidence of all new pressure ulcers at less than 0.50% (based on median value for the last 6 months of 2012/13) Reduce prevalence (all pressure ulcers) to 3% or below
National	NHS Safety Thermometer – Intergrated Approach to Prevalence reduction	To work with community providers to ensure a common approach to RCA for pressure ulcers in line with SHA best practice and to share learning in order to identify opportunities to further reduce prevalence
National	Dementia – Find, Assess, Investigate and Refer	Number of patients >75 admitted as an emergency who are reported as having: known diagnosis or dementia or clinical diagnosis of delirium, or who have been asked the dementia case finding questions; 2. Number of above patients reported as having had a diagnostic assessment including investigations; 3. Number of above patients referred for further diagnostic advice in line with local pathways agreed with commissioners
National	Dementia – Clinical Leadership	Provider must confirm named lead and planned training programme for dementia for coming year. Payment made on evidence planned training programme occurred
National	Dementia – Supporting Carers of People with Dementia	Demonstrate monthly audit of carer of people with dementia undertaken to test whether they feel supported and report results to Board
National	VTE Risk Assessment - % of all adult inpatients who have had a VTE risk assessment on admission to hospital using the clinical criteria of the national tool.	Achievement of agreed target for both risk assessment and RCA for each month during that quarter (95%)
National	VTE Root Cause Analyses - The number of root cause analyses carried out on cases of hospital associated thrombosis	Achievement of agreed target for both risk assessment and root cause analysis for each month during that quarter

National/ Local	CQUIN Description	Target
Local	Discharge and Flow - reducing delays in imaging Increase the number of patients who experience a timely discharge by reducing delays in imaging (particularly CT scans, MRI and ultrasound).	Agree imaging modalities (inc. CT, MRI, Ultrasound) to be included in CQUIN indicator, confirm the baseline against each modality & agree quarterly trajectory. Delivery against agreed quarterly trajectory.
Local	Discharge and Flow - reducing delays receiving TTOs. Increase the number of patients who experience a timely discharge by reducing delays receiving TTOs.	Agree quarterly trajectory. Delivery against trajectory for each quarter
Local	Discharge and Flow - reducing delays – therapy Increase the number of patients who experience a timely discharge by reducing delays in discharge patients awaiting therapy assessment	Agree quarterly trajectory. Delivery against trajectory for each quarter Quarterly milestones to be delivered
Local	Discharge and Flow - reducing the number of medical outliers. Increase the number of patients who experience a timely discharge by reducing the number of medical outliers	Daily data collection Agreement of seasonal trajectory for the reduction in the number of medical outliers. Delivery against the quarterly trajectories
Local	Discharge and Flow - 7 day Board Rounds (2013–14 Extension of 2012/13 Indicators 7a and 7b)	progress delivery of 7-day board rounds across the majority of wards (to be agreed) at the University Hospital and Rugby sites to scope and agree delivery plans for the remaining wards, by exception for 7-day board rounds in all wards in 2014/15
Local	Discharge and Flow - 7 day Board Rounds (Clinical Audit and Scoping)	Implement Clinical Audit across all wards delivering morning, 5-day board rounds (7-day board rounds for 5f.1 section a wards) and scope the next phase of the development of board rounds in 2014/15
Local	Discharge and Flow - Escalation to MDT	Implement weekly senior complex discharge meetings – cases escalated from ward MDTs
Local	End of Life Care (EOLC) (Acute Hospital)	To participate in the national TRANSFORM programme for EOLC Quarterly milestones to be delivered
Local	Gerontology - Improving outcomes for elderly surgical patients	Improve the outcomes of elderly surgical patients by involving the gerontologist in their care in order to reduce mortality and morbidity Quarterly milestones to be delivered
Local	Gerontology - Improving the assessment and care of frail elderly	Increase the numbers of frail elderly patients cared for by gerontology Quarterly milestones to be delivered
Local	Frequently admitted patients MDT review	Implement the delivery of cross organisational multidisciplinary reviews of patients who are frequent attenders/admissions to UHCW and to put in place arrangements to support patients in the community and reduce the number of admissions Quarterly milestones to be delivered

National/ Local	CQUIN Description	Target
Local	Enhanced Recovery Programme for Arthroplasty Patients	Reduction in length of stay for lower limb primary arthroplasty patients Quarterly milestones to be delivered
Local	Reduced Length of Stay for Fracture Neck of Femur Patients	Reduction in median length of stay for fractured neck of femur patients Quarterly milestones to be delivered
Local	Advanced Fluid Monitoring (formerly CQUIN 10)	Delivery against quarterly uptake trajectory Quarterly milestones to be delivered
Local	Reduction in avoidable hospital cancellations of outpatient appointments	Quarterly milestones to be delivered
Local	Psychiatric Liaison (Staff Training)	UHCW to ensure 100% of eligible staff are released for mental health awareness training in line with the development of the Arden Mental Health Acute Team Quarterly milestones to be delivered
Regional	Implementation of clinical dashboards for specialised services - Cardiac dashboard	Quarterly milestones to be delivered
Regional	Implementation of clinical dashboards for specialised services - Cardiology dashboard	Quarterly milestones to be delivered
Regional	Implementation of clinical dashboards for specialised services - Renal Dialysis dashboard	Quarterly milestones to be delivered
Regional	Implementation of clinical dashboards for specialised services - Haemophilia dashboard	Quarterly milestones to be delivered
Regional	Implementation of clinical dashboards for specialised services - NNIC dashboard	Quarterly milestones to be delivered
Regional	Implementation of clinical dashboards for specialised services - Trauma dashboard	Quarterly milestones to be delivered
Regional	NIC 1 - Improved Access to breast milk	Quarterly milestones to be delivered
Regional	NIC 2- Timely Admin of TPN	Quarterly milestones to be delivered
Regional	NIC 4 - Retinopathy Screening	Quarterly milestones to be delivered
Regional	Cardiac Surgery	Quarterly milestones to be delivered
Regional	Dialysis RPV	Quarterly milestones to be delivered
Regional	Transplant Cold Ischaemia	Quarterly milestones to be delivered

Appendix 4: Glossary

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).

Advocacy

Independent Advocacy is available to people who want support in making a complaint about NHS services. Contact details are available from your local Healthwatch

Algorithm

A specific set of instructions for following a procedure or solving a particular problem

AMBER Care Bundle

The AMBER care bundle is a simple approach used in hospitals when clinicians are uncertain whether a patient may recover and are concerned that they may only have a few months left to live. It encourages staff, patients and families to continue with treatment in the hope of a recovery; while talking openly about people's wishes and putting plans in place should the worst happen.

Appraisal

The process by which a manager or consultant examines and evaluates an employee's work behaviour by comparing it with preset standards, documents the results of the comparison, and uses the results to provide feedback to the employee to show where improvements are needed and why.

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 .

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

Berwick Report (see Francis report) 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

From August 2013 the CQC began to change the way that it assesses the quality of hospital

services. Longer inspections with larger teams (including professionals and patients) evaluate quality and contribute to the 'Rating'; ultimately every health and social care service will have such a rating.

Care Quality Review Group

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

Chief Inspector of Hospitals (CiH)

CQC appointed Professor Sir Mike Richards as the first Chief Inspector of Hospitals, tasked with implementing the CQC's new way of inspecting hospitals. He is responsible for leading the inspection service and assessing the extent to which hospitals are delivering quality care.

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)

Since 1 April 2013 CCGs have been 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

All primary care is commissioned by NHS England

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.drfoosterhealth.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, most importantly to act in ways that do not discriminate against any patient or employee on the grounds of nine defined 'special characteristics'. The nine groups are:

- **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, decision-making and listening to patients and carers into the everyday practice of the NHS.

The secretary of State for IHealth subsequently commissioned reports on mortality outliers (Professor Sir Mike Keogh) and Don Berwick into changing NHS culture.

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. The trust already has 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 2013, and monthly thereafter, our FFT results will be published on NHS Choices allowing the public to compare us with other hospitals and assess whether we are improving over time.

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

General Medical Council

Independent regulator for doctors in the UK. The purpose is to protect, promote and maintain the health and safety of the public by making sure

that doctors meet our standards for good medical practice. www.gmc-uk.org

Health Act

The Health Act 2009 received Royal Assent on 12 November 2009. It is the legislation that underpins organisational arrangements and responsibilities within the NHS 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 has 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

Both Coventry City Council and Warwickshire County Council have Health and Wellbeing Boards

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. It was this report that described quality as having three components: Patient Safety, Clinical Effectiveness and Patient Experience.

Hospital Standardised Mortality Ratio (HSMR)

The Hospital Standardised Mortality Ratio is the ratio of observed deaths to expected deaths for a basket of 56 diagnosis groups which represent approximately 80% of in hospital deaths. It is a subset of all and represents about 35% of admitted patient activity. HSMR is quoted as a percentage and is equal to 100; this means the number of observed deaths equals that of expected. If higher than 100, then there is a higher reported mortality ratio.

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.

Intellectual Property

Broad description for the set of intangibles owned and legally protected by a company from outside use or implementation without consent. Intellectual property can consist of patents, trade

secrets, copyrights and trademarks, or simply ideas.

The concept of intellectual property relates to the fact that certain products of human intellect should be afforded the same protective rights that apply to physical property.

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.

ISS

ISS Facility Services manage the recruitment of cleaning, patient hospitality, security, portering and catering staff and provide these services at UHCW

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

Keogh Report (see Francis)

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

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 and MSSA Bacteraemia

Staphylococcus aureus is a bacterium found on the skin and a proportion (up to 30%) of the healthy population carry Staph. aureus in their nose or in other moist parts of the body.

Commonly Staphylococcus aureus causes infections such as boils and infected skin wounds. It can cause pneumonia, urinary tract infections and bacteraemia both in the community and in hospital practice.

Some types of Staph. aureus have become resistant to various antibiotics. These are known as methicillin resistant Staph. aureus or MRSA. Those types that are not resistant to certain antibiotics are known as methicillin sensitive Staph. aureus or MSSA.

National Patient Safety Agency (NPSA)

The National Patient Safety Agency was an arm's-length body of the Department of Health, responsible for promoting patient safety wherever the NHS provides care. It's role has been taken over by NHS England.

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 England publishes a full list of Never Events each quarter.

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 for Health and Care Excellence

NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Clinicians are generally expected to follow guidance unless they have good cause.

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 flow

A term used to describe how efficiently hospitals use resources. Ideally patients are admitted, treated and discharged in the shortest possible time consistent with safe practice and best available treatment. Disruption to patient flow may result in delay at any point, from arrival at A+E to discharge, causing concern or distress to patients and carers. Delay increases the risk of harm to patients.

Patient-led assessments of the care environment (PLACE)

A 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.

Results from the Annual assessments are 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-clinlead/place

Periodic reviews

Periodic and thematic 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 person's 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.

Prescribed Connection

A licensed doctor with a formal connection (e.g. contract of employment) to the organisation for the purposes of regular appraisal and supporting them in the process of revalidation

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

Protected Characteristics Groups

See Equality Act

RAG Rate

Traffic light system is used as a coding system for good or bad performance - usually known as a 'RAG rating'. For example in relation to the workload performance, red would mean inadequate, amber would mean reasonable, and green would mean ideal. The letters R, A and G are used in addition to swatches of colour.

REACT

This multi-disciplinary team provides assessment for the over 65 year age group in the Emergency Department. The aim is to prevent unnecessary hospital admissions by working closely with Intermediate Care, Social Services and Primary Care. REACT make referrals to in-patient services for patients needing therapy or who have specialist needs. This has a direct impact on hospital lengths of stay.

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.

Summary Hospital Mortality Indicators (SHMI)

The SHMI is like the HSMR, a ratio of the observed number of deaths to the expected number of deaths. However, this is only applied to non-specialist acute providers. The calculation is the total number of patient admissions to the hospital which resulted in a death either in hospital or within 30 days post discharge. Like all mortality indicators, the SHMI shows whether the number of deaths linked to a particular hospital is more or less than expected, and whether that difference is statistically significant.

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

Transform Programme

“Transforming end of life care in acute hospitals: Route to Success” –

This is the implementation of key enablers: Advance care planning AMBER care bundle, rapid discharge for patients in the terminal stages of their disease, care in the last days of life EPaCCS (Electronic Palliative Care Co-ordination System), supporting the collaborative development and implementation of a clinical electronic register of patients approaching the end of life across different care settings.

If you need this information in another language or format, we will do our best to meet your need. Please contact the Health Information Centre on 024 7696 6051.

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