

QUALITY ACCOUNT 2010/2011



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Chief Executive Officer's Statement on Quality



*The overall vision set out in Equity and Excellence: Liberating the NHS is about putting patients at the heart of the NHS: transforming the relationship between citizen and service through the principle of no decision about me without me; focusing on improving outcomes: orientating the NHS towards focusing on what matters most to patients – high quality care.
Equity & Excellence: Liberating the NHS (2010)*

Welcome to University Hospitals Coventry & Warwickshire NHS Trust's (UHCW NHS Trust) second Annual Quality Account. I hope you find it useful in showing how we performed in 2010/11 and what our priorities are for the next 12 months. Our mission is to Care, Achieve and Innovate by:

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

Last year we committed to focus on infection prevention and control, the discharge process and improving information for patients. I am pleased to report that we made many improvements in these areas including a new bedside folder of information for patients, upgraded website with additional accessibility features and reduced C Diff and MRSA rates for the third year in a row. In addition, during the 12 months many staff have been nominated for various prestigious awards:

- Research staff Natasha Wileman and Margaret Goodman, were shortlisted for and won a West Midlands NHS Innovation Awards 2010 for their Teggy Mouthcare device which allows patients to brush their teeth without a sink.
- Consultant surgeon Richard King was shortlisted for a Patient Safety Award 2011, in the 'Technology and IT to Improve Patient Safety' category for his KingMark invention which accurately measures the size of hip replacement needed in operations in a way which promotes patient dignity.

- Practice Facilitator Maggie Denton was shortlisted for a West Midlands NHS Innovation Award 2010 for her 'privacy and dignity sign' for clinical areas.
- The Trust team who managed and implemented the Venous Thromboembolism assessment programme and tool across the Trust, meeting the Government's target three months ahead of time, was shortlisted for the 2010 E-Government National Awards. The tool assessed patients to determine their individual level of risk in developing potentially fatal Venous Thromboembolism.

We will continue our improvements in the areas identified in the 2009/2010 Quality Account and this year we have picked another three areas to prioritise: sepsis, nutrition and caring for patients with dementia. We know these core areas of care can make a big difference to our patients' experience. Looking at sepsis will help us spot early warning signs to stop patients becoming more ill and we know studies show that patients receiving nutritionally balanced meals recover quicker.

With an increasingly ageing population we sadly know that we will start to see more patients with dementia using our services. They can have specific needs for us to meet to ensure they are treated with the dignity and respect they deserve. We have already taken significant action in this area including producing a film for staff training and receiving funding from the Kings Fund to provide areas specifically for those with dementia, their family and carers. In this report you will find more details about the work we are doing in these areas as well as how we are performing compared to national and local targets which I hope you will find informative.

I am aware that this is a time of great uncertainty within the NHS with national changes on a scale that are unprecedented for many of us. It is understandable that people may worry at such a time but we are confident that we can face these changes so our staff can continue to provide high quality and safe care for our patients. It may not be easy but everyone is clear on one point – patient care is, and will continue to be, our highest priority and we will not lose sight of that.

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

Introduction to University Hospitals Coventry and Warwickshire NHS Trust's Quality Account

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

This Account covers the financial year of 2010/2011 across University Hospitals Coventry and the Hospital of St. Cross Rugby. The first part of our Account details how we performed against last year's Quality Account, followed by an overview of organisational quality and patient safety and our performance against national and local metrics in 2010/2011. The second section of the account specifies our top three quality priority areas for the coming year and where we believe further improvements are required to enhance patient care. In 2010/2011 we sought the views of patients, carers, staff and external partners in what UHCW should focus on for 2011/2012. This process helped the Trust in determining which of the many priorities were most important to you. Our priorities for improvement are described in detail from page 26.

Overview of Meeting Last Year's Quality Account Priorities

Our 2009/2010 Account detailed three quality improvement priorities.

- Reducing healthcare acquired infections,
- Improving discharge from hospital;
- Improving information for patients.

The table below highlights our key achievements against these priorities.

Progress - Priority 1- SAFETY

Infection Prevention and Control: Kate Prevc, Infection Control Nurse

Identified areas for improvement	Key Achievements
To continue to reduce rates of infection	UHCW has for the third year in a row continued to reduce its infection rates. The data is displayed on page 23.
Improve practice through targeting education at junior medical staff.	In conjunction with the IV team and the blood transfusion team an education package has been delivered to Junior Medical Staff.
Continue to ensure timely data is collected and disseminated to wards and departments,	An infection prevention and control bulletin is produced monthly with data for each ward

Identified areas for improvement	Key Achievements
to observe trends and identification of potential outbreaks	and division.
Infection Control Team will continue to work with public forums on issues relating to infection control	Infection Prevention and Control have been involved with local schools teaching children about hand hygiene. UHCW also organised a day in the centre of Coventry to educate the public about hand hygiene and how to help us prevent the spread of infection, especially norovirus.
Tuberculosis Strategy	There is a bi monthly meeting chaired by Dr Ravi Gowda, Infectious Diseases Consultant at UHCW. There are networking meetings chaired by the Health Protection Agency which occur regularly & are usually held at UHCW.

Progress - Priority 2 - CLINICAL EFFECTIVENESS

Effective Discharge from Hospital: Michelle Linnane, Deputy Divisional Nurse Director

Identified areas for improvement	Key Achievements
Completion of a discharge checklist for every patient who is admitted.	UHCW audited completion of the checklist in March 2010 on the Medical wards at Coventry and Rugby. This highlighted overall compliance at above 80%. A re- audit across all ward areas is due in June 2011 to reassess adherence. The checklist is in triplicate and a copy is given to the patient to take home with them.
Patients will be provided with an information leaflet about what to expect on discharge.	An updated version of a discharge leaflet has been agreed with the Patients Council and will be available from June 2011.
Working collaboratively with Coventry LINKs	The Discharge team met with Coventry LINK on 17 th November 2010. The group were satisfied that the Trust had taken on board the issues raised and were happy with progress to date. The Deputy Nurse Director for Medicine is due to meet with the new LINKs project lead in July to provide an update and to receive feedback.
Fully embed the use of QFI JONAH in everyday clinical practice to manage the patient's journey from admission to discharge.	Divisional Management Teams support wards to ensure QFI JONAH is utilised and updated daily. Twice weekly meetings take place at UHCW to enable both internal and external stakeholders to work in partnership to resolve issues resulting in delayed patient discharge. All ward areas with patients staying longer than 24 hours hold a daily

Identified areas for improvement	Key Achievements
	buffer meeting. This enables the Predicted date of discharge to be verified to ensure this reflects the patients expected length of stay.
Increase training to ensure all staff are aware of their roles and responsibilities with regards to discharge.	The Integrated Discharge Team commenced training of nursing teams within the medical division in April 2011. We plan to have training completed on all wards within the trust by end of November 2011. All third year student nurses currently receive training during their final placement at UHCW. Some training has been undertaken during induction of junior doctors, however this remains ad hoc. We plan to undertake this on a more formal basis in future. The Nurse led Discharge programme has enabled nursing staff to have further training.
Increase the use of the 'Impressions' survey for patients and visitors locally to listen to comments to drive further improvements.	Individual Matrons monitor 'Impressions' at a local level, enabling feedback to be given directly to individual wards.
Develop a business case for approval to provide additional resource to enable the current integrated discharge team model to be implemented across all wards within the Trust.	Work is ongoing to further develop the Integrated Discharge Team. (IDT). Additional resource has been provided to enable all medical wards to have a dedicated member of IDT to support ward staff with discharge planning processes. A pilot project is being undertaken on Ward 22 (Vascular) to ascertain the effectiveness of a dedicated discharge facilitator within Surgery.

Progress - Priority 3 - PATIENT EXPERIENCE

Improving Information to Patients: Julia Flay, Patient Involvement Facilitator and Kerry Beadling, Head of Communications

Identified areas for improvement	Key Achievements
Bedside Folders on every ward	A bedside folder is now available next to each bed on wards for every adult inpatient in the Trust (both Coventry and Rugby). It has been produced on plasticized paper so that it is wipe-clean for infection control purposes.
Website Upgrade	The new Trust website was launched in June 2010 – it features many more accessibility features including browse aloud, auto-translate and videos featuring

Identified areas for improvement	Key Achievements
	sign language. We have provided accessibility with information in conjunction with 'DisabledGo'. The site features a speciality of the month to inform users of the services we provide.
General Information Leaflet	Two general information leaflets (one for University Hospital in Coventry and one for the Hospital of St Cross in Rugby) are now available which contain general information including a map, ward contact details, visiting hours. These are available in the Health Information Centre and have been sent out to Coventry and Rugby GPs to display in their surgeries.
Increasing Dementia Awareness	A DVD outlining the experience of two carers of patients [at the Trust] with dementia has been produced and has been sent out to 4,000 front line staff to raise their awareness of the issues facing patients with dementia. Please refer to Quality Priority 3 for further information on Dementia

Overview of Organisational Quality in 2010/2011

Patient Safety

Continuous improvement in patient safety and quality is one of UHCW's principal values; you deserve to receive high quality and safe healthcare. Last year we reported how each clinical speciality has a Quality, Improvement and Patient Safety (QIPS) meeting so the multi-disciplinary team can discuss issues like; clinical incidents, complaints and audit.

Ensuring patients' safety whilst in Hospital is of paramount importance. Information provided by the National Patient Safety Agency (NPSA) demonstrates that the Trust has a good incident reporting culture (Figure 1) where staff feel able to report incidents and near misses demonstrating an open culture that supports improvement and learning. The data also clearly shows in Figure 2 that the vast majority of those incidents that are reported are 'no harm' events.

Figure 1 below shows rates of reported patient safety incidents per 100 patient admissions during the period 1 April 2010 to 30 September 2010 across Teaching Trusts nationally. The black bar represents the data from UHCW and highlights we are in the upper range for reporting patient safety incidents. The NPSA found that Trusts with higher rates of reporting incidents are safer, meaning UHCW are recognised as being one of the safest Teaching Trusts in England.

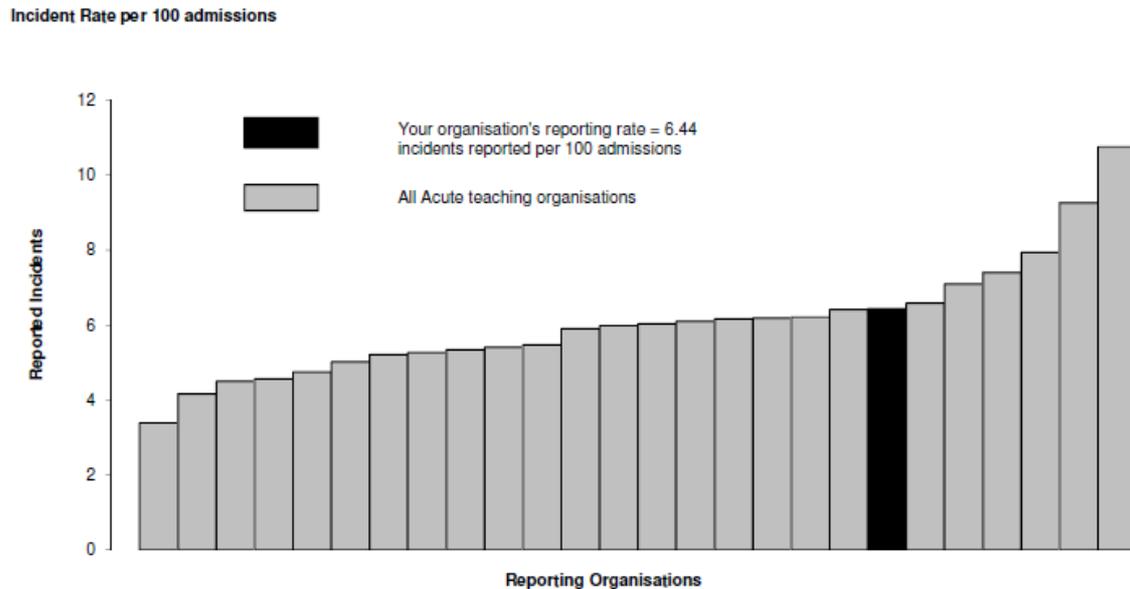


Figure 1: Reporting Patient Safety Incidents. Rate per 100 Admissions

Degree of Harm to Patients

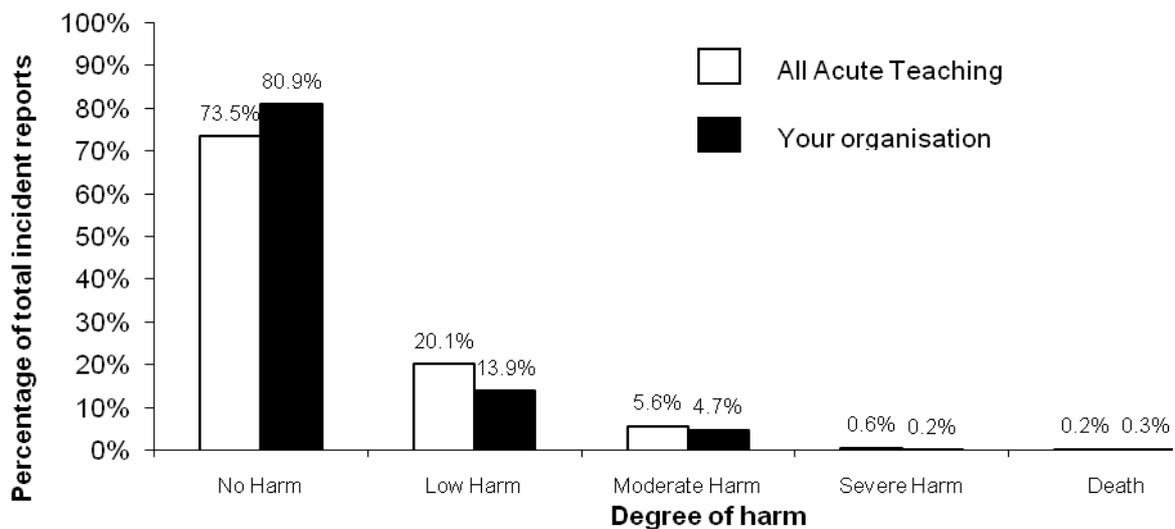


Figure 2: Degree of Harm

Clinical Risk Management

UHCW was involved in an announced themed quality review for risk management which took place on the 1st December 2010. The purpose of the visit was to ensure the services commissioned by NHS Warwickshire and NHS Coventry at UHCW are safe and comply with national and local governance legislation. The review concluded that the organization had excellent processes for monitoring and investigating incidents and performed aggregated reporting at local and executive levels. The review team held discussions with ward staff who confirmed that there was a strong understanding of the incident reporting process and that a cascade system for learning from serious incidents was in place. Staff interviewed also confirmed the use of written feedback via team meetings and/or feedback books.

The final report from our Commissioners stated;

“Findings of the review did not reveal any areas of risk to patients and confirmed that the organisation has excellent systems and processes in place for the fundamental management of incidents and complaints. University Hospitals Coventry and Warwickshire NHS Trust demonstrated that they are continually trying to improve their processes and several examples of best practice have been introduced.”

UHCW records all incidents, clinical and non clinical on an electronic system called Datix. The table below shows 2010/2011's top five reported clinical incidents.

Category	2009/2010	2010/2011
Falls	1621	1558
Admitted with pressure sore / ulcer	298	420
Hospital acquired pressure sores/ulcers	273	412
Missing equipment / device	317	321
Delay	-	194

Table 1. UHCW's top five reported clinical incidents.

Complaints

The Complaints Process underwent new statutory changes in April 2009 when the Parliamentary and Health Service Ombudsman (PHSO) became the second tier in the NHS Complaints process. Trusts were encouraged to adopt a more flexible approach to complaints and to improve their communication with complainants. It is important that the learning from complaints is shared, not just with those directly

involved in the care but with the managers who have responsibility for the services being complained about. As such, we aim to share all complaints in as wide a forum as possible to ensure there is appropriate learning from the issues raised.

Between 2008 and 2010 we have seen a slight increase in the number of complaints received which is commensurate with our increase in activity. There has been a slight increase in the number of complaints being assessed at the PHSO, but in most instances these have either been closed or we have been afforded the opportunity to again try and resolve the complaint locally. Three complaints were investigated by the PHSO, two of which are awaiting a decision at this time. For the third, we are now working to meet the recommendations made. The Trust reports to the Trust Board and the Clinical Governance Committee details of our complaints, both dealt with locally and any that are considered by the PHSO. In addition we have introduced a Patient Storyboard so that real experiences can be shared.

Total Number of Complaints	2008/09	2009/10	2010/11
Total Number of Complaints - University Hospital, Coventry	419	443	443
Total Number of Complaints -Hospital of St. Cross , Rugby	33	34	60
Total Number of Complaints - Other	4	7	9
TOTALS	456	484	512
Total number of complaints referred for independent review	13	20	24
Top Five Complaint Categories 2010/2011			
All aspects of clinical treatment			298
Attitude of staff			71
Communication/information to patients (written and oral)			66
Failure to follow agreed procedure			18
Appointments, delay/cancellation (in-patient)			16
Ratio of Complaints to Activity			
	828,389	888,428	917,161
	0.05%	0.05%	0.05%

Table 2. Complaints Data

Patient Satisfaction

The Trust has developed innovative ways of capturing and acting upon real-time feedback on its' services. Our own online and paper feedback survey 'Impressions' is a continuous tool which allows us to see in real time what our patients, carers and visitors are saying at University Hospital and the Hospital of St. Cross. In 2010/2011 the results were as follows:

Category	No of respondents	Overall 'Impression' (%)
Safeguarding your wellbeing	1404	98
Cleanliness	1570	97
Care and Treatment	1605	96
Our Staff	1678	96
Premises and Facilities	1409	96
Privacy and Dignity	1541	96
Written and Spoken Information	1549	91
Discharging you from hospital	764	84
Food and Drink	1389	84
Getting to/from our hospital	1466	84
Timeliness	1504	84
Parking	1241	43

Table 3. Patient Satisfaction Results from 'Impressions' 2010/2011

Impressions is also available on a free post paper version that was introduced into the Trust in 2010 to enable people without online access to feedback their experience. Impressions information is fed back on a monthly basis to all Specialties in the Trust via the QIPS meetings and reports; it is also reported to the Trust Board alongside real patient stories.

Reducing Mortality

UHCW routinely monitors its mortality rate to identify any adverse trends using Dr Foster's Mortality tool. Hospital Standardised Mortality rates or HSMR is calculated using the number of deaths at a hospital Trust compared with the number of patients who would be expected to die, taking into account age, complexity of illness, deprivation and gender. The baseline for England is set at 100 and a lower figure indicates fewer patients died than expected. Last year UHCW reported an HSMR of 98 meaning 2% less people are dying at our hospital. Below is a table which demonstrates where UHCW currently is in comparison with our peers. Like last year Dr Foster will rebase and the below figures are what UHCW are predicted.

HSMR	Score
UHCW HSMR	Predicted 100
Peer Group of 12 other Hospitals*	Predicted 100
*please refer to Glossary	

Table 4: Hospital Standardised Mortality Rate as per Dr Foster

Commissioning Quality and Innovation (CQUIN) Performance in 2010/2011

The CQUIN schemes are an agreement between the Trust and our local Primary Care Trusts, NHS Warwickshire and NHS Coventry. The aim of CQUIN Schemes is to agree priorities for improvement and agree stretching goals to achieve that have a financial incentive attached to them. UHCW's final position is listed below:

Goal No	CQUIN Description	Target	Achievement (Trust Data)
1a	Within six hours of admission all patients should be assessed by a	99%	88.1%

Goal No	CQUIN Description	Target	Achievement (Trust Data)
	registered nurse for their risk of developing a pressure ulceration using recognised evidence based tool.		
1b	Patients assessed to be at risk of ulceration, or who have an ulcer, will have appropriate preventative / treatment actions documented in their care plan.	100%	87.3%
1c	<p>a) % Decrease on numbers of UHCW acquired grade two ulcerations demonstrated by Q4 against baseline level established in Q1 & Q2</p> <p>b) % Decrease on numbers of UHCW acquired grade three and four ulcerations demonstrated by Q4 against baseline level established in Q1</p>	<p>a) 40% reduction of Grade 2 sores (TARGET 63)</p> <p>b) 75% reduction for grades 3 and 4 (combined values) (TARGET 10)</p>	<p>a) 88</p> <p>b) 16</p>
1d	All service acquired ulcerations of grade three or four pressure ulcers will be recorded as a serious incident on the Appropriate system (STEIS) and investigated using root cause analysis.	100%	100%
2	<p>The indicator will be a composite, calculated from five survey questions.</p> <p>Each describes a different element of the overarching theme: “responsiveness to personal needs :</p> <ul style="list-style-type: none"> • Involved in decisions about treatment/care • Hospital staff available to talk about worries/concerns • Privacy when discussing condition/treatment • Informed about medication side effects • Informed who to contact if worried about condition after leaving hospital 	An improvement in the composite score	66.3 An increase since last year

Goal No	CQUIN Description	Target	Achievement (Trust Data)
3	% of all adult inpatients who have had a VTE risk assessment on admission to hospital using the national tool	90%	91.3%
4	Undertake and report root cause analysis of all confirmed cases of hospital acquired pulmonary embolus (PE) or deep vein thrombosis (DVT)	100%	99%
5	3% Increase in mothers breastfeeding at time of Guthrie Test	Baseline + 3%] (TARGET 51.2)	60.4%
6	Prescribing the correct dose of warfarin on an outpatient basis. Planned improvement of 1.5% above baseline.	Baseline + 1.5% (Target. 56.7%)	57.1%
7a	50% of all patient facing clinical staff receive dementia training.	100% (Target 2364 staff)	100%
7b	Evidence through audit, of compliance in the prescription of antipsychotic medication as per NICE Guidance to patients with a recognised diagnosis of dementia. This description excludes the continued prescription, by provider staff, of anti-psychotic medication that patients are already prescribed at the point of admission.	100%	82.8%
8a	All over 65's presenting for emergency medical attention with fragility fracture (excluding hip fracture) to be assessed for risk of falling using a defined screening tool.	100%	100%
8b	All over 65's presenting for emergency medical attention with a fragility fracture to receive information on about what measures they can take to prevent further falls.	100%	100%
8c	All over 65's presenting who are identified as being of high risk of falls and admitted for more than 48 hours should receive a multifactorial falls risk assessment prior to discharge	100%	98.9%

Goal No	CQUIN Description	Target	Achievement (Trust Data)
8d	All over 65's who present for emergency medical attention because of a fall, or report recurrent falls, demonstrate abnormalities of gait and/or balance or are identified as being of high risk should receive either a multifactorial falls risk assessment or a falls clinic when available.	100%	100%

Table 5. CQUIN 2010/2011 Performance

Nurse Led Discharge

Nurse Led/Delegated/Facilitated discharge (NDD) is a key driver in supporting the smooth transition of patient pathways within any organisation, and has been highlighted as a key component of the High Impact Actions program by the Department of Health. This was also an area which we identified as an action in last year's Quality Account.

The initial NDD program concentrated upon a small number of pathways as a 'proof of concept' through developing protocols with clinicians, patient information, clinical education and supporting the training of nursing staff. A number of challenges were noted including training sufficient staff and agreeing protocol triggers to be clinically effective in practice. This learning has been used within the project to assist other areas in NDD development. It has also been noted that planned surgical pathways are ideal for NDD work, due in part to their often clear clinical triggers for discharge. This is less clear in other specialities, such as Medicine and requires more work and training with the staff to be effective

Laparoscopic Cholecystectomy Patient journey

This sheet provides you with a brief overview of the various steps within your journey for a laparoscopic Cholecystectomy. Referred to Surgical Consultant at the Hospital

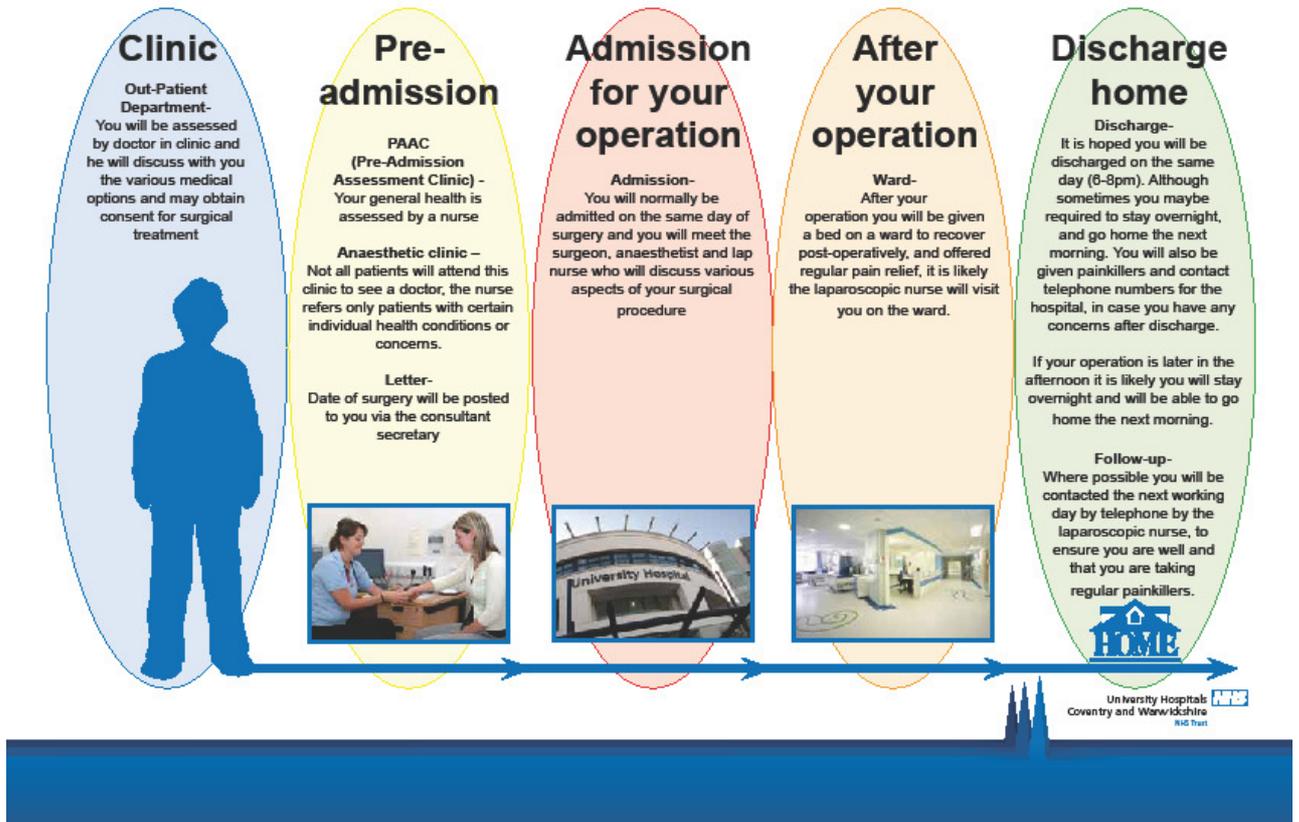


Figure 3. Patient Pathway Information poster

Mandatory Training for Staff

To ensure that our patients receive consistent quality care, all our staff- approximately 6,500 are required to attend mandatory training which specifically relates to their job within the Trust. As we are part of the NHS, we are legally required to provide certain mandatory training and we take this duty very seriously. Some of this training is initial or annual or 3 yearly and we track attendance at 32 types of training every month.

When we look at our staff's attendance at mandatory training in the last 3 years, it has significantly improved in 29 out of the 32 topics and this has been due to the whole of the Trust making mandatory training a corporate priority. There are 3 topic areas that we would still like to see improving further, these are; Vulnerable adult protection, Neonatal life support (NLS) & Basic Life Support (BLS). These have been

identified and are being given greater priority in the Trust. This is already resulting in more of our staff attending this training, and we will continue to monitor this regularly.

In our Trust we have an Induction and Mandatory Training Policy which makes clear who needs this and why, plus it shows how we regularly monitor compliance with this.

We are making this policy actually happen by making sure that:-

- all our new starters attend a comprehensive corporate induction before they start their new role, and this includes mandatory training so that they are fit to practice from their first day.
- As part of our annual appraisal process for all our staff, we review their uptake of mandatory training so that they are always up to date by ensuring they attend appropriate refresher training relevant to their role.
- We have a Trust wide team of subject matter experts for all of the 32 topics who not only deliver mandatory training but also work with staff in their own work areas to assess if they are competent and confident in their roles.
- We provide both our consultants and doctors in training appropriate mandatory training. Junior doctors also receive a local induction in the specialty where they are working so that they can customise their mandatory training to specific patient care
- All our bank staff (our internal staff agency) who we use when our services are under extra demand, attend induction if they are new. As part of their contract with us they are also required to attend mandatory training and to keep this up to date.

- The external staff agencies we use verify that the staff they send us are fully compliant with their mandatory training.

Every month the Mandatory Training Committee meets to oversee the delivery of all mandatory training and where appropriate take remedial action. We are also improving the data recording of our staff attending Mandatory Training so that we can better target which staff groups need to attend more promptly. This will also help the wards and other clinical areas to release staff in a more efficient manner.

Our ongoing commitment to mandatory training can be seen by the range of actions that we are taking – as above, and we will continue to give this important topic sufficient resources and organisational time.



Staff Survey 2010

Every year the NHS undertakes a staff survey in all Trusts to find out staff's experiences of working in the NHS. The survey is sent to a random sample of 850 staff per Trust and asks a range of questions on the following topics annually to compare responses between Trusts:-

- **Work life balance**

- **Training, learning and Development**
- **Your job and organisation**
- **Errors, near misses and incidents**
- **Violence, bullying and harassment**
- **Occupational health and safety**
- **Infection control and hygiene**
- **Health and well being**

When answering the questions, respondents can choose from 5 ratings: - from strongly disagree, disagree, neither agree nor disagree, agree or strongly agree. The survey took place in late 2010 and we had a 41% response rate compared to 52% in 2009.

What did the Survey Find?

The full survey can be found by accessing the CQC website (www.cqc.org.uk), below are a few of the key areas.

Training, Learning and Development

75% of our staff had attended a Taught course in the last 12 months

44% had supervised on the job training

73% had kept up to date with development in their area.

69% of staff had received equality and diversity training in the last 12 months

86% had received health and safety training in the last 12 months which is an increase of 14% more than 2009/2010

83% of staff had received training in Infection Control in the last year

48% had in relation to handling confidential information about patients

When asked whether training had helped to do their job better, 68% agreed with this (exactly the same as in 2009), and 71% agreed that this helped them to stay up to date with their job.

Appraisals

78% of our staff had an appraisal in the last year, with 62% saying this helped them to improve their work. As a result of these appraisals, 81% agreed they had clear objectives for their work and 86% had a personal development plan.

Teamwork

78% agreed their team members have a set of shared objectives, and 76% communicate closely with each other to achieve these. 71% of staff have clear planned goals and objectives for their job.

Errors, near misses and incidents

89% of staff would report a near miss that relate to patients, and 82% said that the Trust encourages reporting of errors/near misses.

Violence, bullying and harassment-

7% of staff had experienced physical violence and 82% said that the Trust takes effective action if staff are bullied/harassed.

Occupational health and safety-

97% staff knew they have access to occupational health services with low rates of injuries and unwellness at work.

Overall, compared to 2009 we retained positive results in the majority of topics, but there some specific areas that we are continuing to improve, such as communication. An action plan will be prepared for the Trust Board.

Foundation Trust Membership

As part of UHCWs Foundation Trust application we have been actively recruiting members from the surrounding areas and we currently have 6502 public members in addition to 8405 staff members. Newsletters are being distributed on a quarterly basis with opportunities for members to get involved in redesigning patient information leaflets and discussing health issues with our award winning clinical

teams. For more information about becoming a member and getting involved with UHCW please go to the Foundation Trust pages of our website, www.uhcw.nhs.uk

Patient Environment Action Team (PEAT)

PEAT is an annual assessment of inpatient healthcare sites in England with more than 10 beds. PEAT is self assessed and inspects standards across a range of services including food, cleanliness, infection control and patient environment (including bathroom areas, décor, lighting, floors and patient areas). NHS organisations are each given scores from one (unacceptable) to five (excellent) for standards of privacy and dignity, environment and food within their buildings. These scores are then turned into an overall assessment against each of the areas. The National Patient Safety Agency (NPSA) publishes these results every year to all NHS organisations, as well as stakeholders, the media and the general public.

Year	Overall Score			
2011	Hospital of St Cross	Environment Good	Food Excellent	Privacy & Dignity Good
	University Hospital	Good	Excellent	Good
2010	Hospital of St Cross	Environment Good	Food Good	Privacy & Dignity Good
	University Hospital	Good	Good	Good
2009	Hospital of St Cross	Environment Good	Food Excellent	Privacy & Dignity Good
	University Hospital	Acceptable	Excellent	Good

Figure 4. PEAT scores

Elimination of Same Sex Accommodation

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. UHCW is committed to providing every patient

with same sex accommodation, because it helps to safeguard their privacy and dignity when they are often at their most vulnerable.

We are proud to confirm that mixed sex accommodation has been virtually eliminated in our Trust. Patients who are admitted to any of our hospitals will only share the room where they sleep with members of the same sex, and same sex toilets and bathrooms will be close to their bed area.

Sharing with members of the opposite sex will only happen by exception based on clinical need (for example where patients need specialist equipment such as in General Critical Care, Cardiothoracic Critical Care, Coronary Care Unit, Step Down Unit, or when patients choose to share for instance the renal unit or the Arden Cancer Centre.



Equality and Diversity

UHCW NHS Trust has achieved Equality & Diversity Partner Status with NHS Employers and will have access to research, support and opportunities to showcase

our best practice (only 13 Trust nationally were selected). Our commitment to the Equality and Diversity agenda can be illustrated through the following activities:

- The Trust Board has engaged in 3 Equality and Diversity Leadership sessions
- An Equality and Diversity action plan for 2010-2012 for the implementation of the Equality Delivery System (EDS) (replaces Single Equality Scheme) has been developed and agreed by the Board
- In addition Papers and briefings regarding the EDS have been provided to both the Executive Leadership Team and the Trust Board.
- A Coventry wide EDS consultation event has been organised in partnership with NHS Coventry and Coventry and Warwickshire Partnership Trust for June 29th 2011 for 70 individuals representing all the protected characteristic groups.
- June 9th will be the launch of PictoCommTM a pictorial communications folder for use with patients who are unable to communicate because of a disability (permanent or temporary), learning disabilities or English not being their first language. This will be marketed nationally and a folder will be made available at each bed side at UHCW NHS Trust.

Account of 2010/2011 Performance

Please find below a series of Quality and Patient Safety Indicators which the Trust measures on an ongoing basis. The below have been chosen by the Trust Board to give you an opportunity to fully understand the quality of our services.

Safety Measures	2008/2009	2009/2010	2010/2011	Trend
<p>Pressure Ulcer Point Prevalence Audit</p> <p>Prevalence audit records the number of patients with a hospital acquired pressure ulcer on the day of the audit over the total number of inpatients on the day of the audit. This is expressed as a percentage. The lower the rate the better the Trust performs.</p>	January 09 4%	January 10 3.7%	January 11 2.9%	
<p>Incidence of 'serious' Patient Falls graded as % of total number of reported falls.</p>	0%	0.05%	0.05%	
<p>Total number of Serious Incidents(including infections) reported to the Primary Care Trust and Strategic Health Authority</p>	83	57	273 (Increase due to all pressure ulcers being reported as serious incidents)	
<p>Incidence of NPSA Never Events</p>	0	1	1	

Clinical Outcomes	2008/2009	2009/2010	2010/2011	Trend
Hospital Standardised Mortality Ratio* <i>(100 or less indicates a good outcome)</i>	111.8	98	Predicted 100	
Participation in the National Clinical Audit and Patient Outcomes Programme	100%	100%	100%	
Delayed Transfers of care <i>(Target 3.5%)</i> <i>Definition: Delayed Transfer of care occurs when a patient is ready for transfer from acute care, but is still occupying an acute bed.</i>	3.6%	3.4%	5.8%	
Breastfeeding Initiation <i>(Target 73%)</i>	77%	76%	76%	
% Patients spending more than 90% of their stay in hospital on a stroke unit <i>(National Target 60%)</i>	57%	62%	80%	

Patient Experience Measures	2008/09	2009/10	2010/11	Trend
Overall rating of care as Excellent or Very Good as reported in National Patient Survey	72%	76%	78%	
Patient Only Satisfaction rating using UHCW online 'Impressions' survey tool	72%	76%	93%	

Staff Experience Measures (National Staff Survey)	2008/09	2009/10	2010/11	Trend
% of staff feeling satisfied with the quality of work and patient care they can deliver	60	70	73	

National Priorities	2008/09	2009/10	2010/11	Trend
2010/2011				
NHS Healthcare Standards	GOOD	Licensed without Conditions	Licensed without Conditions	
CQC Hygiene Code Compliance	Compliant	Compliant	Compliant	
Incidents of Clostridium Difficile <i>(Target 110)</i>	147	116	104	
Incidents of MRSA Bacteraemias <i>(Target 7)</i>	23	11	4	
All cancers: one month diagnosis to treatment <i>(Target 96%)</i>	99.9	99.9	100%	
All cancers: two week wait from urgent GP referral to first outpatient appointment <i>(Target 93%)</i>	97%	94.0%	95%	

National Priorities	2008/09	2009/10	2010/11	Trend
2010/2011				
18 week Wait referral to treatment times:				
Admitted referral to treatment (Target 90%)	91%	94%	93%	
Non-admitted referral to treatment (Target 95%)	96%	97%	97%	
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge (Target 98%)	97%	97%	97%	
Cancelled operations not admitted within 28 day (Target 5%)	4.57%	3%	4.6%	
The percentage of eligible patients with acute myocardial infarction who received primary percutaneous coronary intervention (PPCI) within 150 minutes of calling for professional help (National target 75%)	N/A	89%	83%	
Maximum 2 week wait for Rapid Access Chest Pain Clinic (Target 98%)	100%	100%	100%	

For more information on Performance please contact Simon Reed, Head of Performance Management. Simon.Reed@uhcw.nhs.uk

How we prioritised our quality improvement priorities

In order to identify the three highest priorities for quality improvement in 2011/2012, the Trust's Executive Management Group, chaired by the Chief Executive Officer, considered performance on patient safety, patient experience and effectiveness of care based upon information gathered from our internal complaints system, patient surveys both local and national, performance information, such as the CQUIN outcomes and the views of staff, UHCW Patients Council and the Local Coventry LINKs.

The Trust has agreed three priorities under which there are a number of current and planned initiatives, only a small selection of which are included in this report. This section of the report will cover the Trusts performance in these three areas and detail the planned actions and initiatives to improve Quality for our patients, carers and families. The Trust Board have agreed that the three selected priorities are:

Priority 1- SAFETY

Management of Sepsis

Sepsis is the body's response to infection. Normally, the body's own defence system fights infection, but in severe sepsis, the body's normal reaction goes into overdrive, setting off a cascade of events that can lead to widespread inflammation and blood clotting in tiny vessels throughout the body. The forms of sepsis include severe sepsis, which occurs when acute organ dysfunction or failure results; septic shock, which occurs in severe sepsis when the cardiovascular system begins to fail so that blood pressure drops, depriving vital organs of an adequate oxygenated blood supply; and septicaemia, which is sepsis that has an infection in the bloodstream itself.

Priority 2 - CLINICAL EFFECTIVENESS

Looking after Patients' Nutritional needs

Nationally around 30% of admissions to acute hospitals are at risk of malnutrition. The benefits of improving nutritional care and providing adequate hydration are immense, and the evidence shows clearly that if nutritional needs are ignored health outcomes are worse. The detrimental effects of malnutrition are well documented. It has implications for recovery from disease, trauma and surgery and is generally associated with increased morbidity and mortality both in acute and chronic diseases.

Priority 3 – PATIENT & STAFF EXPERIENCE

Improving Care for Dementia patients

Dementia is a term which describes a syndrome, which may be caused by a number of illnesses, which results in progressive decline in multiple areas of function, including memory function, communication and the ability to carry out daily activities. Up to 70% of acute hospital beds are currently occupied by older people and up to a half of these may be people with cognitive impairment including those with dementia and delirium (Department of Health 2009). It is vital that staff that come into contact with people who have dementia are aware of how to care for this group of people to ensure they have a positive hospital experience



1.1 Why is it a priority for UHCW?

By analysing and investigating the Trust's clinical incidents and specifically following a serious incident that went to the Coroner's Court in 2010, the Trust undertook a major review of its processes for the management of sepsis. Whilst there is an established, appropriate Trust clinical guideline it was clear from the evidence that a campaign was required to really embed the principles into the organisation. Because sepsis can have such a devastating outcome for patients and their families and carers, it is vital that we heighten awareness of the signs and symptoms of sepsis and continue to aid the clinical staff in recognising and managing the septic patient. This will be through the use of emerging technologies as well as through continuous education and training.

1.2 What have we done so far?

We reviewed the incidents that had occurred and brought together a short-term working group to develop and oversee an extensive action plan to address the issues identified. The main priorities for action centred on the staff's knowledge and experience of the process for managing septic patients and to this end the following actions were immediately implemented:

- A direct communication reinforcing the Sepsis Pathway was sent out from the Chief Medical Officer to all consultants and their teams
- In October 2010 a week-long front page advert on sepsis was placed on the Trust intranet site with hyperlinks to further information.
- Recognition of the deteriorating acutely ill ward patient has been enhanced through the VitalPAC electronic system. This enables the Critical Care Outreach Team to proactively seek out ill patients and support the ward based team to provide appropriate and timely interventions.

1.3 Identified areas for improvement

The following areas were identified for improvement:

Training

- Sepsis awareness is now included in induction for all new medical staff
- Targeted teaching has taken place in the Emergency Department (ED) and in acute medicine
- Sepsis awareness is now included in the Consultant mandatory training programme. This emphasises the three priorities of identification, intervention (the sepsis six) and communication

Communication

- We have reiterated to staff the process for requesting and transporting “urgent” specimens to the laboratory, with the default for ED to be “urgent”.
- Introduction of skills drills and simulation training
- Electronic processes are being introduced into ED to aid recognition of and to prioritise the most unwell patients within the ED environment
- Trust wide, staff have been trained to use the SBAR (Situation, Background, Assessment, Recommendation) communication tool to provide clear communications when escalating or handing over a patient to another team. SBAR is included at Trust induction.
- The “do you speak sepsis? Sepsis = Infection + SIRS” was put onto the reverse side of the SBAR credit care style aide-memoir. This included “sepsis six” – oxygen, blood cultures, antibiotics, measure lactate, give IV fluids and monitor urine output.
- Antibiotic protocols were standardised

1.4 New initiatives for 2011/2012

We recognise that these actions need to be strengthened with further, more ambitious actions to ensure continuous learning and improved patient care. We have therefore identified the following areas for improvement during 2011/2012:

- Make the sepsis pathway documentation more readily available and easier to file within the health records, e.g. by the use of stickers or pre-punched sheets.
- Develop the process for timely communication of results from Pathology to clinicians.

- Develop medical trauma documentation, similar to that currently used for major trauma. This may include the adoption of the College of Emergency Medicine patient pathway for Sepsis.
- Develop clearer lines of responsibility for patients who are released from the resuscitation area.
- Introduction of the use of “score to door” times. These may be useful to measure response times when patients trigger parameters that suggest severe infections. Once this information is collected regularly “run charts” can be used to assess the impact of further initiatives and changes in practice and delivery of care.

Clinical Leads: Duncan Watson Consultant in Critical Care Medicine and Kieran Flanagan, Consultant in Acute Medicine

2.1 Why is it a priority for UHCW?

In 2010 UHCW undertook a clinical audit to show compliance with national guidance on nutrition screening. This highlighted weaknesses with screening across the Trust. The Trust was also peer reviewed by the Royal College of Physicians whose findings intimated that improvements needed to be made in both policy and clinical practice. Based on this information the Trust Board felt very strongly that improvements and action needed to occur as a result and it should be a Trust Quality Priority.

Nationally around 30% of admissions to acute hospitals are at risk of malnutrition. Malnutrition is defined as 'a state of nutrition in which a deficiency, excess or imbalance of energy, protein and other nutrients causes measurable adverse effects on tissue/body form (body shape, size and composition) and function, and clinical outcome' (Elia, 2000). Malnutrition, in terms of undernourishment, is both a cause and consequence of disease in adults and children. The benefits of improving nutritional care and providing adequate hydration are immense, and the evidence shows clearly that if nutritional needs are ignored health outcomes are worse.

The detrimental effects of malnutrition are well documented. It has serious implications for recovery from disease, trauma and surgery and is generally associated with increased morbidity and mortality both in acute and chronic diseases. Length of hospital stay is significantly longer in malnourished patients and higher treatment costs are reported for those who are malnourished. The length of stay for malnourished patients is on average 1.4 days longer than better nourished patients (NICE, 2006b).

NICE guidance on Nutrition Support in Adults sets out clear recommendations for nutritional screening in hospital. Screening for malnutrition is a rapid and simple process which should be carried out on admission to hospital and identifies patients who are in need of more detailed assessment in order to plan for their nutritional

needs to be met utilising a “food first” approach, but may require nutritional supplementation or artificial nutritional support.

Provision of nutritional supplements to malnourished patients reduces complications such as infections and wound breakdown by 70% and mortality by 40%. Better nutritional care for individuals at risk, can result in substantial cost savings to the NHS. (BAPEN 2010)

2.2 What did we do?

The Clinical team carried out a clinical audit to consider whether patients were being assessed in line with NICE clinical guideline 32 - Nutrition Support in Adults. A review of 63 patient’s health records was undertaken, and the results were as follows.

Standard being assessed against	Compliance
A Nutrition Screening Tool should be present within the patient’s health record	71%
The Nutrition Screening Tool should be fully completed	23%
A nutritional risk score should be documented within 24 hours of admission	38%
A nutritional risk score should be documented on a weekly basis	19%
The patient’s % weight loss should be documented	52%
The patient’s BMI should be documented	46%
If a nutritional problem is identified there should be evidence of the action taken within the health record	49%

Following this audit an action plan was compiled and implemented and a reaudit is currently being undertaken. Interim results look encouraging with a marked improvement in most areas.

Essence of Care Clinical Practice Benchmarking is also undertaken within the Trust across clinical areas and includes the nutrition benchmark. The process is facilitated by the Practice Facilitators; these are senior nurses who visit the clinical areas and meet with the Ward or department managers and Modern Matrons who provide evidence of best practice. In each clinical area a random selection of five health care records are reviewed and five patients interviewed.

Elements of Benchmark reviewed	Compliance with Evidence best practice April 2010	Compliance with Evidence best Practice Audit March 2011	Trend
Nutritional Needs Assessed	69.4%	84.3%	
Patient prepared meal times	91.8%	98.8%	
Patient observed receive assistance	92.9%	92.8%	
Patients dietary intake monitored	92.9%	90.4%	
Protected Meal times observed	90.6%	94%	

Other actions the Trust has taken are:

- An additional 27 sets of hoist scales were procured to improve facilities for weighing and weighing scales were provided in outpatient areas to start weighing patients in clinics where this had previously not been undertaken. Training was provided to staff.

- A survey was undertaken on the availability of weight scales and height measures and additional equipment provided where gaps have been identified.
- The nutrition screening tool was incorporated into the new Nursing Risk Assessment booklet to ensure that all screening tools were available in one pack aiming to improve compliance with nutrition risk screening of in-patients.
- An audit of completion of the new risk assessment booklet has been undertaken following its implementation in June 2010. A total of 175 records were reviewed (a random sample of 5 from 35 clinical areas). The results identified that 62.3% patients had a completed nutritional risk assessment.
- The nutrition risk screening tool was modified for use with outpatients.
- Increased training was provided for registered nurses on how to complete the nutrition risk screening tool.
- Education and training in relation to nutrition and hydration is included in the student nurse induction programme, preceptorship programme for newly qualified staff, pressure ulcer prevention and wound management study days.
- The Effective Care Practices programme for Healthcare Support workers has been reviewed and increased time has been allocated to practical sessions relating to nutrition and hydration.
- An information leaflet has been developed for staff entitled 'Keeping Nourished getting better'. This provides an overview of the importance of nutrition, responsibilities and actions to be taken to prevent malnutrition and dehydration.

- Nutritional Awareness week has been held which utilised a roving board that was taken to all ward areas highlighting the importance of nutrition, screening, and preparation of the environment and patients for mealtimes.
- A benchmark of best practice for hydration as been developed.
- A patient information leaflet was developed for patients found to be at moderate to high risk.
- In patient meal provision was reviewed and improved, taking patient and staff views into account and snacks for patients with swallowing difficulties who require a pureed diet were introduced.
- A visit was made to another hospital to look at a different style of patient meal service being considered for UHCW, followed by a local presentation to Modern Matrons and Dieticians to gain staff views.
- A radiologically inserted gastrostomy (RIG) service commenced in order to provide this locally rather than transfer to another hospital.
- Additional training sessions for nurses on insertion and management of nasogastric feeding tubes have been delivered.



2.3 Identified areas for improvement

Leadership

The Nutrition Steering Group was reconvened, chaired by the Medical Director and attended by senior staff, including all Divisional Nurse Directors. A further Consultant Gastroenterologist is being appointed to lead the nutrition service.

Nutritional Assessment

Training for nursing staff in nutrition screening has increased, and a plan to introduce outpatient nutrition risk screening at a first outpatient appointment has commenced.

Parenteral Nutrition Practice

Out of hours initiation of parenteral nutrition and overnight bag changes were discontinued. Parenteral nutrition is only to be used in designated wards and bag changes/site dressings to be carried out by appropriately trained nurses.

2.4 New Initiatives for 2011/2012

- To introduce weekly Nutrition Team Multi Disciplinary meetings to discuss difficult cases relating to enteral or parenteral nutrition in hospital or the community.
- To improve compliance with inpatient nutrition screening.
- To complete the rollout plans for the implementation of nutrition screening for outpatients.
- To introduce a dedicated central line insertion service.
- To audit central line infection rates (feeding lines).
- To implement and monitor nutrition and hydration in line with requirements for High Impact Actions.
- To implement NPSA guidance on nasogastric tube insertion by September 2011.
- To implement "Eatwell" menu.
- To consider changing from the locally developed Nutrition Screening Tool to Malnutrition Universal Screening Tool (MUST) in 2012.

Clinical Lead: Beryl Reed, Dietetics Manager

Quality Priority 3 - PATIENT & STAFF EXPERIENCE

Improving care for dementia patients

3.1 Why is it a priority for UHCW?

One quarter of people accessing acute hospitals are likely to have dementia and the number with the condition is expected to double over the next 30 years (National Audit office 2010). Dementia is a term which describes a syndrome which may be caused by a number of illnesses. It results in progressive decline in multiple areas of function, including memory function, communication and the ability to carry out daily activities (Department of Health (DOH) 2009). The two most common forms of dementia are Alzheimer's disease and vascular dementia.

Over 700,000 people are affected by dementia in the UK (Centre for Ageing and Mental Health 2009) and dementia care costs approximately £17 billion per year.



The National Dementia Strategy was published in 2009 with the aim of ensuring that all people with dementia and their carers should live well with dementia. Early diagnosis and interventions are key priorities for health and social care providers. Several other objectives of the strategy include improving the quality of care for people with dementia in general hospitals; of particular importance are the objectives for defining care pathways and ensuring the workforce has necessary skills to offer the best quality of care by providing training.

At UHCW we recognise the vulnerability of patients with dementia, delirium and physical frailty and are taking action to improve the hospital experience for these groups of patients. This led to the development of two new positions in April 2010; a lead nurse for dementia and lead nurse for older people

3.2 What did we do?

The lead nurses for dementia and older people have initiated new ways of working, developed training for staff and increased their profile within the Trust, whilst networking externally to showcase good practice from UHCW. Below highlights some of the progress made in the care of patients with dementia.

- Reinforced links that had already been made with external agencies, including meetings with our colleagues from Mental Health services (Coventry and Warwickshire Partnership Trust) to enhance the service we provide to people who have dementia.
- Dementia Awareness Training for all front line staff has been developed. More than 2000 staff have undertaken the training so far, and the number attending grows weekly.
- Development and delivery of bespoke training sessions for different staff groups, including support worker induction, therapy staff awareness and junior doctor lunch time teaching.
- Delivered a session dealing with how to manage difficult behaviour at the September 2010 Support Workers Conference.
- Initiated a link nurse group; this is held monthly. This has members from many areas throughout the Trust and is a forum for sharing best practice.

- Activity packs have been distributed to the link nurses to work with patients with dementia and delirium.
- The environment has been reviewed following comments by patients and signage has been improved including toilet and bathroom signs in many wards.
- Links have also been developed with the Alzheimer's society, with the Coventry Dementia Service manager visiting the hospital weekly to attend link meetings and to sign post services and facilities for patients, carer's and staff.
- Participated in the National Dementia audit. This looked at many factors such as environmental issues, drug usage and record keeping.
- A number of events have been based in the main hospital entrance with the purpose of raising awareness as part of an Alzheimer's society campaign.
- Introduction of a 'Getting to know me' form that enables staff to understand the preferences of a person who has dementia, delirium or communication problems. The Trust is liaising with community care to encourage the use of the form, which can then be sent into hospital with any patient.

3.3 Identified areas for improvement

Area of Improvement	Timescale
Completion of National Dementia Audit Action Plan	July 2011
Completion of Forget Me Not Lounge and Memory Lane	August 2011
Development of observational policy for vulnerable patients.	May 2011
Pathway for older patients with Dementia/delirium/physical frailty.	Complete
Rolling programme of Dementia and Delirium awareness for all front line staff. Over 2000 staff trained.	Complete April 2011
Developing on-going programme of training, addressing issues of care for older people.	First session for newly qualified staff April 6 th 2011
Development of joint nursing and medical protocols regarding the management of challenging behaviour.	June 2011

Area of Improvement	Timescale
Multi-professional working group to work on various issues- firstly to look at reducing use of anti-psychotic medication.	Review May 2011



3.4 New initiatives for 2011/2012

- The provision of a Memory Lane will start from May 2011 through to September 2011. Commemorative Art Work and a Lounge for the exclusive use of patients with dementia, their relatives and carers and any accompanying staff. The Trust is very pleased to have successfully appointed two professional artists, to design their Memory Lane and 'Forget Me Not Commemorative Shrub'.
- Members of the Project Team set up especially to oversee this exciting work, have attended training courses run by the King's Fund and have chosen to design the Lounge themselves.

- The Forget Me Not Commemorative Shrub will be displayed in the Hub area of the designated ward, near to the planned Forget Me Lounge. Designed by Jo Chapman, and taking inspiration from the Forget Me Not shrub, the design will have the ability to record memories from the local community, by way of engravings on some of the leaves.
- The Memory Lane will be situated along the corridor leading to the Forget Me Not Lounge and Shrub. Matilda Moreton will design sets of ceramic tiles incorporating photographs and images of Coventry and Warwickshire and significant life events all designed to trigger memory in patients with dementia. The Lane will comprise of images from 1911 onwards of Coventry, Warwickshire, Ireland, the Asian Sub Continent, the Carribean, Poland, household items and images of people carrying out various occupations.
- The Forget Me Not lounge will have a peaceful and relaxing ambience and will include sofas and easy chairs and various games available such as packs of cards, dominoes, flash cards for reminiscence, painting and drawing equipment.
- The Trust and artists will be working closely with the Alzheimer's Society in Coventry and Warwickshire to ensure that all aspects of their designs e.g. colour schemes, images, and furniture, are easily accessible to people with dementia and follow best practice in the field.
- UHCW will host a conference on 'Improving the experience of older people with dementia in the acute setting' in December 2011.
- Develop intermediate level of training and possibly link it to an NVQ.

Clinical Leads: Kris Ghosh, Consultant Care of the Elderly, Rose O' Malley, Clinical Nurse Specialist- Dementia, Liz Kiernan, Clinical Nurse Specialist for Older People.

4.0 Statements from the Trust Board

The following statements offer assurance that UHCW is performing to essential standards, measuring clinical processes and involved in projects aimed at improving quality. They are also common to all providers making this account comparable to other NHS Trusts Quality Accounts.

4.1 Review of Services

During 2010/2011 UHCW provided and/or sub contracted 62* NHS services. UHCW has reviewed all the data available to them on the Quality of Care in 62 of these NHS services.

The income generated by the NHS services reviewed in 2010/2011 represents 95.3% per cent of the total income generated from the provision of NHS services by UHCW for 2010/2011.

*this number represents the number of services as detailed in the Trust's Acute Contract 2010/2011.

4.2 Participation in Clinical Audits

During 2010/2011 59 national clinical audits and 3 national confidential enquiries covered NHS services that UHCW provides. During that period UHCW participated in 76% of national clinical audits and 100% of national confidential enquiries of which it was eligible to participate in.

The national clinical audits and national confidential enquiries that UHCW was eligible to participate in during 2010/2011 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 2010/2011 are listed below indicated with a green tick, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of cases required by the terms of that audit or enquiry in column three.

Eligible audits applicable to UHCW	Did UHCW participate (submit data) in 2010/2011	% participation 2010/2011
Women & Children		
Perinatal Mortality (CMACE) <i>Centre for Maternal and Child Enquiries</i>	✓	95
Neonatal intensive and Special Care (NNAP) <i>National Neonatal Audit Programme</i>	✓	100
Paediatric Fever	✓	100
Paediatric Diabetes Audit	✓	94
National maternal and perinatal mortality surveillance (CMACE)	✓	100
Maternal death enquiry (CMACE)	✓	100
Acute Care		
Vital Signs in Majors	✓	100
Adult Critical Care (Case Mix Programme)	✓	100
Potential Donor Audit	✓	100
NCEPOD Peri-operative Care Study <i>National Confidential Enquiry into Patient Outcome and Death</i>	✓	No qualifying cases
Long Term Conditions		
National Adult Diabetes Audit	✓	100
Heavy Menstrual Bleeding	✓	Organisational Questionnaire Patient Questionnaires being submitted from 1/2/11
National Irritable Bowel Disease Audit	✓	100
National Inpatient Diabetes Audit (NaDIA)	✓	100

Eligible audits applicable to UHCW	Did UHCW participate (submit data) in 2010/2011	% participation 2010/2011
National Audit of Services for People with Multiple Sclerosis 2011	✓	Organisational questionnaire
Elective Procedures		
National Joint Registry	✓	97
National PROMs Programme: April 2009 - October 2010 <i>(Patient Reported Outcome Measures - Groin Hernia, Hip Replacement Knee Replacement, Varicose Veins)</i>	✓	79
NICOR Adult Cardiac Interventions <i>National Institute for Clinical Outcome Research</i>	✓	100
VSGBI Vascular Surgery Database <i>Vascular Society of Great Britain and Ireland</i>	✓	39 (Apr–Sep 2010)
Carotid Intervention Audit	✓	79 (Apr-Sep 2010)
Adult Cardiac Surgery Audit - Coronary Artery Bypass Graft (CABG)	✓	100
Cardiovascular Disease		
Management of Familial hypercholesterolemia	✓	32
Myocardial Ischaemia National Audit Project (MINAP)	✓	100 (PCI Primary)
Heart Failure	✓	48
National Sentinel Stroke Audit	✓	100
NCEPOD Cardiac Arrest Study	✓	100
National Cardiac Rhythm Management	✓	100
Safe Implementation of Thrombolysis in Stroke (SITS)	✓	28

Eligible audits applicable to UHCW	Did UHCW participate (submit data) in 2010/2011	% participation 2010/2011
Renal Disease		
Renal Registry	✓	100
Renal transplantation	✓	100
National Kidney Care Audit	✓	100
Renal Colic	✓	100
Cancer		
National Lung Cancer Audit	✓	100
National bowel cancer audit programme	✓	100
Head and Neck Cancer <i>(DAHNO - Data for Head and Neck Oncology)</i>	✓	100
SLOANE Project <i>Audit of screen detected non-invasive and atypical hyperplasias of the breast</i>	✓	100
National audit of screen detected Ductal carcinoma in situ (DCIS)	✓	100
National audit of invasive cervical cancers (NHS Cancer Screening Programme)	✓	100
NHS Breast Screening Programme	✓	Final Report not Due until October 2011
Trauma		
National Hip Fracture Database	✓	100
Severe Trauma (TARN) <i>Trauma and Audit Research Network</i>	✓	100
National Falls and Bone Health	✓	98

Eligible audits applicable to UHCW	Did UHCW participate (submit data) in 2010/2011	% participation 2010/2011
Psychological Conditions		
National Audit of Dementia	✓	100
Blood Transfusion		
National comparative audit of blood transfusion - O Negative blood use	✓	100
National Comparative audit of blood transfusion – Platelet use	✓	88
Compliance with Better Blood Transfusion (BBT) 3	✓	Organisational questionnaire only
NHS Blood Transfusion Neonatal Exchange Units	✓	100
Audits in which UHCW did not participate which were included on the Quality Account List Published by the Department of Health.		
Paediatric Pneumonia	✗	On 2011/2012 plan
Paediatric Asthma	✗	On 2011/2012 plan
Emergency Use of Oxygen	✗	On 2011/2012 plan
Adult Community Acquired Pneumonia	✗	On 2011/2012 plan
Non-invasive ventilation- Adults	✗	On 2011/2012 Plan
Pleural Procedures	✗	On 2011/2012 plan
National Cardiac Arrest Audit	✗	On the 2011/2012 plan, The trust participated in NCEPOD National Cardiac Arrest Study
Chronic Pain (National Pain Audit)	✗	Not a pilot site in 2010/11. Participating 2011/12.
National Parkinson's Audit	✗	On 2011/2012 Plan
Chronic Obstructive Pulmonary Disease	✗	BTS are not repeating audit in 2011/2012
Adult Asthma	✗	On 2011/2012 Plan
Bronchiectasis	✗	On 2011/2012 Plan
Acute Stroke (SINAP)	✗	UHCW submits data to the National Safe Implementation of Thrombolysis in Stroke (SITS) Audit
Pulmonary Hypertension Audit	✗	UHCW is not one of the 8

Eligible audits applicable to UHCW	Did UHCW participate (submit data) in 2010/2011	% participation 2010/2011
		Participating centres

In 2010/2011 there were fourteen new national clinical Audit projects launched that UHCW were eligible to participate in from 2009/2010. Due to resource and capacity to fulfil the expanding clinical audit programme, UHCW participated in those national audits where the data could be used to drive improvements in services which are of the highest priority to the Trust. The majority of audits that we did not participate in, in 2010/2011 are still very important to us are included inclusion on the 2011/2012 clinical audit programme.

The reports of 17 National clinical audits were reviewed by UHCW in 2010/2011. Below is a table of actions for 3 of the largest audits that UHCW participated in and the action we have taken to improve the quality of healthcare:

National audit title	Description of Actions following National Audit
National Care of the Dying	<ul style="list-style-type: none"> • Revised the End of Life (EOL) Care Pathway (Version 12) with accompanying training sessions and local audit to ensure compliance with the goals as dictated in the national audit; • Training sessions provided to all medical staff including medical students and junior doctors. • Information is now input onto the Dendrite system for performance monitoring purposes via monthly reports since January 2011.
National Audit of Dementia	<ul style="list-style-type: none"> • An integrated care pathway for patients with dementia has been implemented across the Trust. • 'Getting to Know Me Form' has been implemented which is a record of the patients personal preferences. • A DVD for staff to raise awareness of how to deal with patients with dementia has been created and rolled out. • Staff training has increased with more than 2000 members of staff now trained. • Planned introduction of a mental state assessment.
	<ul style="list-style-type: none"> • Training has been provided to nurses with regards to swallow screen assessments. • Introduced weekend physiotherapy assessments.

National audit title	Description of Actions following National Audit
National Sentinel Stroke Audit	<ul style="list-style-type: none"> • A business case has been put forward for additional therapists. • Ongoing business case with regards to Developmental Apraxia of Speech (DAS) and Speech & Language Therapy. • Currently reviewing the role of the Stroke Specialist Nurses with the aim of providing nurse-led clinics to cover 6 week patient follow-up. • Business case has been put forward to have a nurse based in the Emergency Department overnight who has competences in both Stroke and Cardiac; • In December 2010 the Hyper-acute unit on Ward 43 was moved to Ward 41 so that all Stroke patients get treated on the one ward which assists in adherence to the Stroke Pathway.

The reports of 25 Local (not national) clinical audits were reviewed by UHCW in 2010/2011. Below is a brief summary of some of the key actions we have taken to improve the quality of healthcare provided. All audits include patients at both Coventry and Rugby sites unless otherwise stated.

Local audit title	Description of actions following Local audit
Peri-operative antibiotic management	A peri-operative antibiotic guideline has been developed.
Is blood culture antibiotic susceptibility authorisation for clinical usage in keeping with the local Standard Operating Procedure?	The Standard Operating Procedure for E. Coli blood culture isolates has been revised.
Audit of Endoscopic Retrograde Cholangiopancreatography (ERCP)	The antibiotic regime for ERCP has been revised to prevent antibiotics from being prescribed unnecessarily.
NICE CG 36 - Atrial Fibrillation	Guideline on the 'Management of Patients Admitted with Recent Onset Atrial Fibrillation' developed.

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

4.3 Participation in Clinical Research

The number of patients receiving NHS services provided or subcontracted by UHCW in 2010/2011 that were recruited during that period to participate in research approved by a research ethics committee was 4,939.

The NHS Operating Framework requires Trusts to double the number of patients recruited across into National Institute of Health Research (NIHR) portfolio trials within 5 years (i.e. from a baseline in 2008/9 to end of 2013-14). We are exceeding this target with 5,941 of our patients taking part in National Institute of Health Research during 2010.

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.

Our current major research themes are metabolic medicine, reproductive health, musculoskeletal and orthopaedics and cancer (includes Ear, Nose and Throat). These are complemented by additional areas of clinical research activity (for example cardiovascular, renal and respiratory medicine). Research activity continues to increase. There are currently 154 Principal Investigators within the Trust, with 394 active research projects. There are over 50 research nurses, midwives and allied health professionals assisting with research projects and increasing numbers of staff are undertaking research, higher degrees and PhDs. The Trust provides free research training for all staff. This increasing level of participation in clinical research demonstrates UHCW's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

In the last three years, 535 publications have resulted from our involvement in research, helping to improve patient outcomes and experience across the NHS. The

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

For a list of all the publication Titles please contact the Research and Development Department on 02476 966196

4.4 Goals Agreed with Commissioners

A proportion of UHCW's income in 2010/2011 was conditional on achieving quality improvement and innovation goals agreed between UHCW, NHS Coventry and NHS Warwickshire. Further details of the goals for 2010/2011 and for the following 12 month period are available on request from, The Quality and Patient Safety Department, 02476 968282. The agreed goals for 2011/2012 are as below:

CQUIN Goals 2011/2012

Indicator 1a	National – Venous Thromboembolism (VTE) Risk Assessments
Indicator 1b	Chemical Prophylaxis is prescribed for VTE's
Indicator 2	National - Patient Experience
Indicator 3	Preferred prescribing list
Indicator 4a	Emergency ambulatory care pathways
Indicator 4b	Development of implementation plans for ambulatory care pathways
Indicator 5a	Reducing Harm, Use of Alert Trigger Tool
Indicator 5b	Reducing Harm, Mortality Review
Indicator 6	Increasing effectiveness of discharges

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 2010/2011.

The CQC completed an unannounced inspection at UHCW on 16th March 2011 around dignity and nutrition for older people. The team of inspectors completed observational reviews on two wards, along with staff and patient interviews. Further supporting documentary evidence to demonstrate assurance was also provided. The CQC were complimentary about the Trust's patient centred care and did not place any actions on the Trust.

UHCW also participated in a further CQC review during March 2011. This was part of an Ofsted Inspection of Coventry City Council's Safeguarding and Looked After Children's Services across Coventry. As part of this Ofsted inspection, CQC inspectors completed a review of UHCW's services, as one of the partner organisations and healthcare providers in the wider Coventry Health Economy.

In January 2011, the Imperial College, London informed the CQC regarding a mortality outlier for "diabetes mellitus without complication". UHCW completed an internal review the results of which were notified to the CQC. The CQC responded to UHCW on 17th February 2011 stating that did not need to undertake any further enquiries at that time.

4.6 Data Quality

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

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

UHCW submitted records from April 2010 to December 2010 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest

published data. The percentage of records in the published data: which included the patient's valid NHS number was:

98.8% for admitted patient care;

99.4% for outpatient care; and

96.8% for accident and emergency care

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

100% for admitted patient care;

100% for outpatient care; and

100% for accident and emergency care.

4.7 Information Governance Toolkit

UHCW score for 2010/2011 for Information Quality and Records Management assessed using the Information Governance Toolkit was *68%**.

*Version 8 of the Connecting for Health Information Governance Toolkit was released at the end of June 2010 with the consolidation of 62 requirements to 45 more complex requirements, for which evidence must be uploaded onto the toolkit before submission on 31st March 2011. The changes link directly to the NHS Operating Framework (Informatics Planning 2010/2011), which requires that all NHS organisations achieve level 2 in 22 'key' requirements. The Trust has met level 2 in all 22 'key' requirements.

4.8 Clinical Coding Error Rate

UHCW was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission but did commission an external clinical coding audit of 200 case records and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

NOTE: We have not received the final version of our audit report. We have disputed some elements of it and the incorrect primary diagnosis rate may fall to 10% as a result.

- Primary Diagnoses incorrect 11%
- Secondary Diagnosis incorrect 5%
- Primary Procedures incorrect 4%
- Secondary procedures incorrect 5%

Statements from Primary Care Trusts, Local Involvement Networks and Overview and Scrutiny Committees

Coventry Local Involvement Network (LINK)

Coventry LINK welcomes the role all LINKs have of providing a short comment on the quality of services within local Trusts. The Trust has been working to improve quality in 3 areas: of hospital acquired infections, hospital discharge and information for patients.

Regarding hospital discharge: we were pleased that within 2010 University Hospital Coventry and Warwickshire (UHCW) responded to Coventry LINK's report and recommendations regarding hospital discharge entitled *Hospital Discharge: Recommendations about the discharge policy and process of University Hospital Coventry & Warwickshire*. LINK made recommendations regarding discharge policy and procedures; discharge planning, communication; ensuring patients do not go hungry or thirsty whilst in the process of discharge; and use of the hospitality lounge.

For example, the change in use of the hospitality lounge to a discharge lounge is welcomed (signage does need to be adjusted) and LINK is pleased to note that the discharge policy is being deployed across the hospital. The LINK would like regular updates on progress with this policy including the deployment of discharge coordinators and the information given to patients prior to and on discharge. The Trust's work this year to address issues with discharge are important steps forward and we look forward to further progress to ensure consistency of discharge experience for patients. As hospital discharge is such an important area of care Coventry LINK will continue to follow up on progress regarding the recommendations we made. We believe that work to improve discharge experience for patients should remain a high priority for the Trust.

Steps to improve patient information at UHCW such as the new bedside folder are to be welcomed – it is important that these are available for all beds, and kept updated regularly and available in alternative formats such as large print. Coventry LINK has been carrying out work to look at outpatient booking letters of communication following feedback to LINK from patients about confusion over appointments. We are

pleased the UHCW is undertaking a review of the content of letters with a view to making them more accessible and user friendly. We would however like to see work to address the multiple and sometimes contradictory letters, which are generated regarding appointment dates and times, to be taken forward as a matter of priority.

The Trust has identified Sepsis (the body's response to infection); Nutrition; and caring for patients with dementia as its priorities for quality work in 2011-12. Coventry LINK has not received any feedback regarding Sepsis but recognises that infection control is an important area of work.

Recent research including a report from the Parliamentary Ombudsman about care of older people raised through NHS Complaints have identified big issues with patient nutrition within hospitals. Therefore LINK believes there is a sound basis for work at UHCW to focus on addressing possible malnutrition and dehydration within all patients.

Care for patients with dementia: Coventry LINK has been scoping potential LINK work regarding care of people with Dementia in Coventry by identifying work already being done or in progress and gathering feedback from key voluntary sector organisations. Through this work one of the areas identified as a concern in Coventry was care for people whilst in hospital. Therefore LINK supports this area of work for 2011-12.

LINK received the draft Quality Account on 27th April. This draft was missing considerable amounts of data (for example all the performance information relating to CQUIN) as this would not be collated until a later date which means that LINK's analysis can only be partial and may miss some important issues. It would be more helpful if all information relating to 2010/11 was ready by the end of April. For example, on page 6, there was a comment about reducing rates of infection for the third year in a row, but the reference is missing and the data hard to locate within the report, which makes it impossible for LINK to comment upon this.

This was also LINK's main opportunity to input into the Quality Account, and in future LINK would like to be involved much earlier in the process, including an opportunity

to comment on potential priorities for the coming year prior to decisions by the Trust. Furthermore there is no information within the Quality Account about how patients and the public have been involved and consulted within the drafting of the Quality Account.

The information on complaints needs setting in context – do these include complaints that go through PALS and written comments (not just on-line comments through the Trust’s Impressions survey)?

The LINK welcomes the use of the glossary but notes that there are other technical terms or health jargon (e.g. “pathway”) that would be useful additions. Aside from the use of jargon, the document is generally readable and clearer than the Quality Account for last year, although in places it can be difficult to navigate, for example clearer differentiation between past data for 2010/11 and future plans for 2011/12 would be helpful.

LINK would like to further build on relationships with the Trust over the coming year as we believe there are opportunities to work together to improve patient experience. LINK can provide an important route to involving patients and the public and providing an independent patient and public perspective on work such as new information leaflets, processes and other initiatives. We also hope for an ongoing dialogue regarding the quality work being undertaken in 2011-12. Coventry LINK is beginning its transition to taking on the role of Local HealthWatch as per the Government’s NHS plans.

Warwickshire Local Involvement Network (LINK)

Warwickshire LINK welcomes the invite to comment on the Quality Account.

The Warwickshire LINK considered the draft Quality Account of the University Hospitals Coventry and Warwickshire NHS Trust on 7th June 2011, in a joint meeting with Adult Social Care and Health Overview and Scrutiny Committee.

The LINK would wish to reinforce the commentary provided by the Adult Social Care and Health and Overview and Scrutiny Committee. The LINK would also offer the following points to be noted and where appropriate attended to by the Trust:

- The format and layout of the Quality Account varies from all other Trusts Quality Accounts. It is suggested that Trusts use the same format e.g. The Quality Account toolkit to allow ease of reading and comparisons.
- The LINK would also welcome benchmarking information, year on year comparisons, trend analysis, national comparisons and easy to understand graphs, where appropriate.
- The LINK would like to highlight a clear need for an improved working relationship with the Trust. We invite the Trust to work with us to establish an on-going year round relationship, enabling continuous communication and the development of a more effective process for providing a valuable commentary in future years.
- Although the LINK appreciates the deadline for the submission of the Quality Account are out of the Trusts control, we feel a more timely process for providing a valuable commentary is required for future years.

Warwickshire Adult Social Care & Health Overview and Scrutiny Committee

The Adult Social Care and Health Overview and Scrutiny Committee considered the draft Quality Account of the University Hospitals Coventry and Warwickshire NHS Trust on 7th June 2011.

The committee would wish the following points noted.

- The committee was impressed with the document noting that it read well with information being generally presented in a clear and logical way.
- The Quality account would have benefited from more information on trends in performance over time.

- The document would benefit from a glossary that defined terms as well as abbreviations.
- In addition to trend data the draft quality account would have benefited from benchmarking information. This would allow comparisons between the trust's performance and that of its statistical neighbours.
- The committee is aware of the excellent partnership work that UHCW and appreciates the time and effort given by the trust to work with the County Council and Warwickshire LINK. The Quality account does not, however, reflect the trust's commitment to partnership working and this is to be regretted.
- P12 – The number of complaints at Rugby St. Cross almost doubled from 2009/10 to 2010/11. The committee asked about this in its meeting and was satisfied by the explanation given. However it would help the reader of the Quality Account if some more contextual material was included. This would avoid confusion and present a more accurate picture of the position.
- P12 – Without breaching any confidentiality the committee feels that information on the three complaints referred to the PHSO should be expanded on.
- P22 – The indicator “%patients spending more than 90% of their stay in hospital on a stroke unit” is misleading. Members thought that a lower figure is better than a higher figure. In practice it should be the other way round. It is suggested that statements such as “lower is best” or “higher is best” should be used where appropriate. (This is done for pressure sores on page 21)
- The results of the staff survey are not included in the draft quality account. These are key to our understanding of the relationship between the trust and its staff. It is understood that the results will be included in the final version but

it would help if in the future the timing of the staff survey was changed to ensure that earlier drafts include the results.

- The work that the trust has undertaken around dementia is commended. More detailed information on types and levels of training around dementia would be welcomed.
- Pressure sores and ulcers feature several times in the document and it is clear that the trust is working hard and meeting its targets on this. Whilst it would not be possible or appropriate to explain every medical condition mentioned in the Quality Account the committee feels that given the importance of pressure sores some expansion on this condition would be beneficial.
- P21 – Wrong site surgery requires further explanation. The committee has been informed that this occurred in two incidents (with no negative effect on the staff). However the way in which the data is presented fails to tell the entire story.

NHS Coventry and NHS Warwickshire Primary Care Trusts Combined Statement

NHS Coventry and NHS Warwickshire welcome the opportunity to comment on this 2010/11 Quality Account provided by University Hospitals Coventry and Warwickshire (UHCW) NHS Trust.

The Account highlights achievements, priorities and planned actions to drive forward quality improvements focusing on areas that are important to patients and in achieving national, local and regional priorities. There is evidence to support quality as a theme through all of the strategic developments within the account, inclusive of audit, performance and quality improvement and examples of how this has led to service improvements.

As commissioners we commend UHCW's patient-centred philosophy and commitment to build upon their excellent work to date in driving up quality and improving patient experience.

In particular the Trust should be commended on several key areas of improvement during 2010/11:

- Achieving the national target for VTE risk assessment ahead of time
- Meeting the national Stroke target to ensure patients are cared for on a stroke ward
- Further reducing rates of infection
- Eliminating mixed sex accommodation
- Working to reduce hospital acquired pressure sores

UHCW have worked hard to ensuring that these have been given priority and improvements to patient care made and we are pleased to see Dementia feature as an ongoing priority for 2011/12. We acknowledge that an enormous amount of work has been done to identify and work towards reducing pressure ulcers, reducing falls and improving the patient experience. However despite the challenge, it is disappointing that some CQUIN targets for these areas have not been fully met in year. We would suggest it would be beneficial to see this work continue through 2011/12.

Monthly contract meetings, quality reviews and themed visits providing the PCT with a good understanding of the issues facing the Trust. Internal systems and processes are in place to provide assurance. Attendance and participation from UHCW at the monthly quality reviews continues to be excellent throughout the year.

The quality of care at UHCW, as discussed in contractual quality meetings, is good. We have been encouraged by the attitude of the Trust showing an open approach to quality monitoring including visits by the 2 PCTs, representatives from Royal Colleges, the CQC and the Strategic Health Authority. Such visits have demonstrated a positive ongoing relationship that is necessary to ensure that we can validate the information provided by the Trust.

UHCW have performed well in managing and monitoring patient safety, evidenced by a commissioner led review and we have been pleased support the Trust at their regular internal meetings where patient safety, hospital mortality and infection control outcomes are reviewed. UHCW reported one Never Event in 2011/12 and we can

confirm that a full investigation of the circumstances of the incident to learn lessons and prevent recurrence has taken place.

UHCW has reflected its challenges in their priorities set for 2011/12. We would support that these are areas that the Trust needs to improve on and we are aware that actions are in place to improve patient outcomes. Additionally, we would encourage UHCW to strengthen engagement with stakeholders to ensure a consistent targeted approach to delivering the QIPP agenda.

In summary, NHS Coventry and NHS Warwickshire are satisfied that the document contains accurate data and information where related to items contractually discussed throughout the year with commissioners. Information provided within this Account that does not form part of those quality and performance review meetings cannot be corroborated by either NHS Coventry or NHS Warwickshire.

We look forward to continuing the well established clinical partnership working to drive up quality and innovation for our population in the coming year.

Coventry Overview and Scrutiny Committee

The Health and Social Care Scrutiny Board (5) of Coventry City Council welcomes the opportunity to comment on the draft Quality Account of the University Hospitals Coventry and Warwickshire NHS Trust (UHCW). The Board considered the draft Quality Account at their meeting held on 22nd June 2011 and wish the following points to be noted:

The Board welcomes the progress made by the Trust on the 2009/10 Quality Account priorities demonstrated by this years document. Whilst noting that priorities for this years account have changed the Board expect the Trust to ensure that it retains a focus on continuing to review and improve its discharge arrangements particularly for elderly patients. Whilst recognising that delayed discharge is already showing an improvement in current hospital performance the Board has requested further information about the actions being taken to reduce delayed transfer of patients, and the package of measures being introduced by the hospital to reduce re-admissions.

Additionally the Board was pleased to note the Hospital Standardised Mortality Rates reported in the Quality Account, but has requested comparative and trend data from the trust to further illustrate this information.

The Board welcomes the selection by the Trust of; the management of sepsis, looking after patients nutritional needs and improving care for Dementia patients. Members are pleased to note the reaction by the Trust to the reports produced by both the Scrutiny Board and the Coventry LINK detailing patient experience at University Hospital and note that attention nutrition and the needs of patients with dementia reflect a commitment by the Trust to the dignity in care of all patients. More generally the commitment of the hospital to work with patients, carers and patient representatives in seeking to improve care and services provided is important. The recent launch of PictoComm, developed with the assistance of patients and user representatives, which was attended by the Scrutiny Board's Chair, is a further reflection of the hospitals commitment to recognising the needs of vulnerable patients and those with special needs. The Scrutiny Board welcomes the Trust's participation in the Coventry Safeguarding Adults Board and its work. To this end the commitment of the Trust to the improving the number of staff attending training regarding the care of vulnerable adults is also considered as an important statement of intent.

Last year a significant amount of attention was work was done across Coventry on the identification and treatment of pressure sores / ulcers and the Board has requested further clarification on the figures contained in the report regarding patients admitted with pressure sores, and the details of patients' care environments at the time of admission.

The Board has also requested further information from the Trust regarding the arrangements for Patient Advocacy and Liaison Services (PALS) and their relationship with the complaints process and figures recorded in the report. Whilst reflecting on the importance of the three topics chosen for the Quality Account, it would have been helpful if the document had more explicitly demonstrated how patients contributed to this decision and been involved in selecting areas for improvement. In questioning representatives of the trust it was clear that some considerable amount of work had been put in to achieving this, but it is not fully

reflected in the document. The patient survey data referred to reflects the high regard the hospital is held in by Coventry residents, and the Board welcome the recent changes made by the Trust to the arrangements for car parking at the University Hospital site.

The timetable and process for local authorities such as Coventry to participate in Quality Accounts is particularly inconvenient (falling over the election period and subsequent annual general meeting period) and the Scrutiny Board would have preferred to have played a fuller role in the development of the Quality Account, however this is a national timetable and outside UHCW control. However the earlier Members are able to engage in a future dialogue regarding the priorities in the Quality Account the more meaningful will be the contribution of the Scrutiny Board.

Finally the Board would like to express its thanks to UHCW for the support it provides to the Scrutiny Board, and for responding to queries and requests for information promptly and efficiently. The Board are anticipating holding a Scrutiny Board meeting at the hospital site during the 2011/12 municipal year to discuss current issues including progress on achieving the Quality Account priorities.

Providing Feedback

Your Views, Your Involvement

Thank you for taking the time to read UHCW's 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 and give us feedback, please write to:

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

Please email: communications@uhcw.nhs.uk

Visit www.uhcw.nhs.uk, or www.nhs.co.uk

We look forward to hearing your comments and suggestions.

APPENDIX - Glossary of terms

Acute Trust

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

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 Trusts; primary care Trusts and strategic health authorities 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, and, working with the Care Quality Commission, undertakes national value-for-money studies. Visit: www.audit-commission.gov.uk/Pages/default.aspx

Benchmark

A standard, or a set of standards, used as a point of reference for evaluating performance or level of quality.

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 empowered to govern the organisation and to deliver its objectives.

Care Quality Commission

The Care Quality Commission (CQC) replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009. The 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. Visit: www.cqc.org.uk

Clinical Audit

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

Clinical Coding

Clinical coding 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's health record.

Commissioners

Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Primary care Trusts are the key organisations responsible for commissioning healthcare services for their area. They commission services (including acute care, primary care and mental healthcare) for the whole of their population, with a view to improving their population's health.

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.

Dendrite System

Dendrite Clinical Systems provide a sophisticated clinical outcomes database management system that creates an environment in which the analysis and reporting of data becomes easy and clinically meaningful.

Discharge

i) Complex

Concerns patients' who have continuing healthcare needs and may have a level of social care need requiring specialist equipment to support them in a community environment

ii) Simple

Concerns patients' discharge into the community or home utilising access to intermediate care services, restarting short term packages of care and accessing rehabilitation facilities in the community.

Enteral Feeding

Enteral feeding refers to the delivery of a nutritionally complete feed, containing protein, carbohydrate, fat, water, minerals and vitamins, directly into the stomach, duodenum or jejunum.

Guthrie Test

This is a blood test that is done routinely towards the end of a baby's first week. Your midwife will take a drop of blood from the baby's heel by pricking it, which will be tested for a rare genetic condition called phenylketonuria. This condition means that the body cannot process a particular substance in food, and as it accumulates it can lead to brain damage.

Health Act

An Act of Parliament is a law, enforced in all areas of the UK where it is applicable. The Health Act 2009 received Royal Assent on 12 November 2009.

Healthcare

Healthcare includes all forms of healthcare provided for individuals, whether relating to physical or mental health, and includes procedures that are similar to

forms of medical or surgical care but are not provided in connection with a medical condition, for example cosmetic surgery. .

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.

Local Involvement Networks (LINKs)

Local Involvement Networks (LINKs) are made up of individuals and community groups which work together to improve local services. Their job is to find out what the public like and dislike about local health and social care. They will then work with the people who plan and run these services to improve them. This may involve talking directly to healthcare professionals about a service that is not being offered or suggesting ways in which an existing service could be made better. LINKs also have powers to help with the tasks and to make sure changes happen.

National Patient Safety Agency (NPSA)

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

National Patient Surveys

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

National Research Ethics Service

The National Research Ethics Service is part of the National Patient Safety Agency. It provides a robust ethical review of clinical trials to protect the safety, dignity and well-being 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.

NHS Choices

A website for the public containing all information on the NHS.

NHS Next Stage Review

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

NICE - National Institute of Clinical Excellence

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

NVQ - National Vocational Qualification

Overview and Scrutiny Committees

Since January 2003, every local authority with responsibilities for social services (150 in all) has had the power to scrutinise local health services. Overview and scrutiny committees take on the role of scrutiny of the NHS – not just major changes but the ongoing operation and planning of services. They bring democratic accountability into healthcare decisions and make the NHS more publicly accountable and responsive to local communities.

Pathway

A tool used by all healthcare professionals in treating patients, in which the different tasks involved in the patient's care are defined.

Parenteral nutrition

Parenteral nutrition (PN) is feeding a person intravenously, bypassing the usual process of eating and digestion. The person receives nutritional formulas that contain nutrients such as salts, glucose, amino acids, lipids and added vitamins.

Periodic reviews

Periodic reviews are reviews of health services carried out by the Care Quality Commission (CQC). The term 'review' refers to an assessment of the quality of a service or the impact of a range of commissioned services, using the information that the CQC holds about them, including the views of people who use those services. Visit: www.cqc.org.uk/guidanceforprofessionals/healthcare/nhsstaff/periodicreview2009/10.cfm

Primary Care Trust

A primary care Trust is an NHS organisation responsible for improving the health of local people, developing services provided by local GPs and their teams (called primary care) and making sure that other appropriate health services are in place to meet local people's needs.

QIPP Agenda

Quality, Innovation, Productivity and Prevention- QIPP is working at a national, regional and local level to support clinical teams and NHS organization's to improve the quality of care they deliver while making efficiency savings that can be reinvested in the service to deliver year on year quality improvements.

Registration

From April 2009, every NHS Trust that provides healthcare directly to patients must be registered with the Care Quality Commission (CQC). In 2009/10, the CQC is registering Trusts on the basis of their performance in infection control.

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 either patients or people in good health, or both.

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.

Special Review

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

Strategic Health Authorities

Strategic Health Authorities (SHAs) were created by the Government in 2002 to manage the local NHS on behalf of the Secretary of State. SHAs manage the NHS locally and are a key link between the Department of Health and the NHS

SHAs (there are ten in total) are responsible for:

- developing plans for improving health services in their local area;
- making sure that local health services are of a high quality and are performing well;
- increasing the capacity of local health services – so they can provide more services; and
- Making sure those national priorities – for example, programmes for improving cancer services – are integrated into local health service plans.

Teaching Trusts

A hospital that is affiliated to a medical school and provides the students with teaching and supervised practical experience.

University Hospitals Coventry & Warwickshire NHS Trust
Clifford Bridge Road
Walsgrave
Coventry
CV2 2DX