

Quality Account Summary 2012-13





Welcome

Welcome to our fourth Annual Quality Account. I hope you find it useful in showing how we performed in 2012/13 and what our priorities are for the next 12 months.

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

- delivering excellent patient care and experience
- delivering value for money
- being an employer of choice
- being a research based healthcare organisation and
- being a leading training and education centre

Last year we focussed on three priority areas for improvement: Discharge, Pressure Ulcers and Patient Feedback. This year we shall continue our efforts to provide safe and timely discharge, to learn from our patients and reduce the harm caused by falls.

As we move to Foundation Trust status we want to find ways of better involving patients and carers in all aspects of our work. With more than 9000 public members of the Foundation and an active Patient's Council we are well placed to hear the patient's voice. The popular Impressions survey has been improved and in June we launch our We Are Listening campaign to encourage more feedback. You can use feedback forms, our website or NHS Choices to share your views, or be interviewed by one of our excellent volunteers.

This has been another year of changes and challenges for the Trust, and for the NHS as a whole. We look forward to working closely with the new Healthwatch groups (in Coventry and Warwickshire), Coventry and Rugby Clinical Commissioning Group (CCG) and Local Authorities to improve quality. We are proud to play our part in improving the health and well-being of our local communities and look forward to strengthening the partnership between the public, our patients and the Trust.



Andrew Hardy
Chief Executive Officer

A handwritten signature in blue ink, appearing to read 'A Hardy'.

Andrew Hardy
Chief Executive Officer

Review of quality performance 2012/13

The **Care Quality Commission** (CQC) is responsible for regulating the quality of healthcare in England. It does this by reviewing information we collect, by conducting surveys of patients and staff, by unannounced inspections of services and by raising queries and concerns. We are required to register with the Care Quality Commission; currently we are Registered (without any compliance conditions) and therefore licensed to provide services.

The CQC completed an unannounced inspection at Rugby St Cross in June 2012 into elderly and orthopaedic care pathways and were very positive about their findings. A further unannounced inspection was completed in January 2013 into patient treatment and transfers from short stay areas at University Hospital. Again, the report was positive. In both cases the Trust learnt much and has taken action to improve services as a result.

A monitoring review in February looked at how we use the Mental Health Act. A number of improvement actions have been put in place as a result of this visit.

CQC have inquired into two mortality 'outliers': for 'craniotomy for trauma' and 'elective caesarean section'. In both instances CQC considered evidence provided by the Trust and decided they had no need to make further enquiries. Our overall mortality rate (HSMR) is 6% below the expected level. However our score on the newer measure (SHMI) is 3% higher. Work continues nationally and locally to understand the implications of these two ways of measuring mortality.

The Trust has to report on performance against a range of quality indicators. Together they help to show how well we are doing and where we can improve. Some are set nationally whilst others are agreed locally with our commissioners (who identify local health needs and buy services to meet them). A part of the Trust's income depends on meeting some of these quality targets. This CQUIN scheme covers local and national indicators and we publish full information on our website www.uhcw.nhs.uk each year.

The **NHS National Outcome Framework** is a new way of ensuring that all Trusts meet minimum standards and are improving over time. The indicators reflect five *domains*:

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

In 2012/13 we reported on seven indicators and this number will rise next year. Our main concern relates to emergency readmissions within 28 days of discharge. As with all the indicators we strive to collect accurate data and take action to improve our performance. More detail is available in the Quality Account.

Our Performance at a glance

We continue to compare our performance against a range of indicators. The table summarises how we have done over three years:

National Priorities 2012/2013	2010/2011	2011/2012	Target 2012/2013	2012/2013	Comment on performance
CQC Essential Standards	Licensed without conditions	Licensed without conditions	Licensed without conditions	Licensed without conditions	✓
Incidents of Clostridium Difficile	104	90	70	76	✗
Incidents of MRSA Bacteraemias	4	1	4	2	✓
All cancers: 31 day wait from diagnosis to first treatment	100%	100%	96%	99.6%	✓
All cancers: two week wait from urgent GP referral to first outpatient appointment	95%	94%	93%	94.5%	✓
18 week wait to treatment times					
Admitted: referral to treatment	93%	92%	90%	92.4%	✓
Non-admitted: referral to treatment	97%	97%	95%	97.8%	
Maximum wait of four hours in A+E from arrival to admission, transfer or discharge	97	94%	95%	91.4%	✗
Cancelled operations not admitted within 28 days	4.6%	4.5%	5%	5.4%	✗
Percentage of eligible patients with acute myocardial infarction receiving primary percutaneous coronary intervention within 150 minutes of calling for professional help	83%	86%	75%	92%	✓

Local Priorities 2012/2013	Target	2010/2011	2011/2012	2012/2013	Comment on performance
Maximum 2 week wait for rapid access chest pain clinic	100%	100%	98%	98%	✓
Percentage of patients spending more than 90% of their hospital stay on a stroke unit	80%	83%	80%	83%	✓
Pressure Ulcer point prevalence audit of all Pressure Ulcers (Annual – January)	Fewer or equal to previous year	Total:11 2.9%	Total:12 3.3%	Target replaced by use of NHS Safety Thermometer	
Numbers of acquired Pressure Ulcers recorded by NHS Safety Thermometer	Fewer or equal to previous year	No comparable data	Level 2: 323 Level 3: 41 Level 4: 28	Level 2: 61 Level 3: 13 Level 4: 1	✓
Incidence of 'Never Events'	0	1	3	4	✗
Hospital standardised mortality ratio (HSMR)	100 or fewer = good outcome	98	94	94 (February 2012-January 2013)	✓
Participation in the national Clinical Audit and patient outcomes Programme (NCAPOP)	None	100%	95% (non-participation in 1 audit)	98% (non-participation in 1 audit)	✗
Delayed transfers of Care	4%	5.8%	5.5%	4.85%	✗
Breastfeeding Initiation	77%	76%	76%	76.2%	✗
Friends and Family Test	54%			44.3%	✗

Clinical Audit is used to measure actual performance against agreed standards. We conduct and review many audits each year, some as part of national audits. These help us compare ourselves with other Trusts. This year we participated in 98% of the audits we were eligible for; we shall join the remaining audit in 2013/14. We also participated in all 4 relevant **National Confidential Enquiries**.

The Trust systematically reviews the results of local and national clinical audits, complaints, Never Events and Serious Incidents, sharing information with wards and departments and implementing action plans wherever needed and monitoring implementation of actions that arise. The full Quality Account and the Clinical Audit supplement provide more detailed information.

Participating in **Research and Clinical Trials** is another way the Trust contributes to improved healthcare locally and nationally. We are very grateful to the 5000 patients who agreed to take part in research in 2012/13.

The Trust has further developed its popular *Impressions* survey to collect feedback from patients, carers and staff. The survey can be completed at any time by going to the website or completing a paper copy; we also use volunteers to interview patients. We can now share comments and trends with key clinical staff and plan to encourage at least 20% of in-patients and A&E attendees to complete the *Friends and Family* question. We will extend this to cover Maternity by November.

Our Quality Improvement Priorities

Each year the Trust Board adopts three priorities. This helps us focus on what matters most. Last year, for example, our campaign to reduce the number of acquired pressure ulcers led to significant reductions of Level 3 and 4 ulcers. This year the Board has decided to focus on *Falls, Discharge* and *Using Feedback*.

Patient Safety:

Reducing the risk of harm from falls

Why is it a priority?

Fortunately over 80% of incidents result in no harm. Yet despite taking measures to reduce the number of falls leading to harm, there is a continuing high level reported across the Trust. Falls create suffering for patients, can extend the time people stay in hospital and occasionally have serious consequences for long-term health and wellbeing.

What improvements will we make?

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

How shall we monitor and report on progress?

- The Chief Nurse will oversee implementation and evaluation and report on progress to the Board
- We shall use the NHS Safety Thermometer to provide clear information to wards and departments about performance.
- All incidents will be reviewed and falls leading to major harm or worse will be treated as serious incidents requiring investigation.
- Investigation and training resources will be available, with a focus on those areas with a high incidence of falls.
- All in-patients over 65 (and younger patients where indicated) will have a falls assessment within 24 hours of admission
- Falls Awareness and Falls Prevention will be incorporated into Executive Walkabouts and night safety visits
- A Falls Steering Group will evaluate all data relating to falls, providing updates and recommendations to the Patient Safety Committee
- Falls data will be included in the Corporate Risk Register
- Clinical Audit will demonstrate whether staff are complying with best practice in falls prevention

Clinical Effectiveness:

Discharging patients in a safe and timely way

Why is it a priority?

Many patients still stay in hospital longer than is medically necessary. Despite efforts to ensure that patients are discharged in a safe and timely way the Trust has not yet achieved its objective – to do everything within its power to improve patient experience and minimise delays. Some delays are caused by external factors but others, such as prompt supply of discharge medication or early identification of discharge dates, are for the Trust to resolve. Continuing pressures in A&E show that we need to do more to improve patient flow and use our resources more effectively

What improvements will we make?

- All wards and departments will comply with best practice relating to timely and effective discharge; all wards will have daily 'board rounds'
- Patients (and carers where appropriate) will be involved in discharge planning
- All In-Patients will have an Estimated Discharge Date
- Longer admissions will be reviewed to identify any delays
- All wards will comply with efficient discharge procedures
- Patients, carers, GPs and other agencies (where appropriate) will have advance notice of discharge arrangements
- The Trust will work for a common approach to hospital discharge between providers of services
- The Trust commission services to support safe, timely discharge where appropriate

How shall we monitor and report on progress?

- The Chief Medical Officer will oversee implementation and evaluation and report on progress to the Board
- All clinical areas will receive support and guidance from the Director and Lead Nurse for Discharge
- Practice relating to discharge policy and procedures will be audited and actions taken as appropriate
- Feedback from the Impressions survey, NHS Choices and the CQC in-patient survey will be used to evaluate progress and identify gaps; there should be an annual improvement in survey scores
- Health and Social Care Providers will meet regularly to review the whole system, identify gaps and propose solutions.

Patient Satisfaction:

Using feedback to improve care

We have learnt much from our own Impressions survey and from using the *Friends and Family* Question. We want to increase the response rate to at least 20% of A&E attendees and in-patients (aged over 16) by March 2014, and make better use of what we are told. Our patients need to know that their voices are heard, and that we act on what we hear. Feedback from the national In-Patient Survey, complaints, executive Walkrounds, the Patients Council and NHS Choices confirms that we have more to do.

What improvements will we make?

- We shall make it easier to offer feedback, using more face to face interviews, and social media to engage patients.
- The *Friends and Family* Question will be extended to Maternity from October 2013.
- We shall review the remit of the Patient Council to strengthen autonomy. Members will represent the patient's voice on key Trust committees
- The new PLACE inspections will involve Patient representation and record and share feedback from patients on all matters relating to hospital environments
- We shall review how we learn from complaints in line with the recommendations of the *Francis Report* and show how we use action plans to create change.
- The Chief Nurse will lead an improvement programme to change patient experience. We will continue the work begun in Out-Patients,
- The *We are Listening Campaign*, launched in June will increase the feedback response rate by raising awareness and widening the ways in which feedback is offered

How shall we monitor and report on progress?

- The Chief Medical Officer and Chief Nurse will co-ordinate oversight of the Patient Experience agenda and report on progress to the Board. The plan will be monitored through the Patient Experience and Engagement Group (PEEG)
- An FFT Implementation Team, led by the Director of Governance, has been established to monitor response rates and evaluate feedback.
- National in-patient survey results are incorporated into our Performance Monitoring Framework, providing assurance and oversight at Board Level.
- Feedback from *Impressions* will be shared immediately with relevant clinical staff for timely response. Action logs will track that changes are made. We shall also review how we use information from PALS and complaints to inform service change.

Providing Feedback

Your views - Your involvement

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

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

You can also share your views by

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

We look forward to hearing your comments and suggestions.





If you require a translated summary
please contact **02476 967596**

Polish

Jeśli życzą sobie Państwo tłumaczenie streszczenia,
proszę o kontakt na numer 02476 967596

Punjabi

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਦਾ ਸੰਖੇਪ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ
ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ
ਸੰਪਰਕ ਕਰੋ : **02476 967596**.

Kurdish

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باسه هه به په ندیوه بکه به ژماره ته
فونیه **02476967596** ه

Arabic

إذا تحتاج إلى مجمل مترجم الرجاء الإتصال ب
.02476967596

Farsi

در صورتی که مایل به داشتن خلاصه ترجمه شده هستید لطفاً
با شماره تلفن **02476 967596** تماس بگیرید.

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