Quality Account

2014-2015

University Hospitals
Coventry and Warwickshire
NHS Trust

TOGETHER TOWARDS WORLD CLASS

We CARE We ACHIEVE We INNOVATE

Contents

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NHS Trust

A Welcome from our Chief Executive Officer

Welcome to our Quality Account for 2014/2015. Its purpose is to provide you with an overview of the quality of the services we provided to our patients during 2014/2015, and to outline our priorities for the forthcoming year.

As Chief Executive Officer at University Hospitals Coventry and Warwickshire NHS Trust (UHCW), I feel privileged to lead such a committed organisation, and to work with such a skilled, passionate and dedicated workforce. Our staff work tirelessly to improve care for those from Coventry and Warwickshire and beyond. I am proud to share with you our achievements over this past year and also what we will endeavour to achieve over the coming year.

Last year, our top three priorities were **Patient Safety:** ensuring effective handovers between healthcare professionals; **Clinical Effectiveness:** ensuring effective patient flow throughout our hospitals and improved efficiency in elective theatres for our patients undergoing planned operations; and **Patient Experience:** through our Together Towards World Class programme.

Throughout this report you will find examples of our achievements in the above areas.

Looking forward to our year ahead, our priorities for 2015/2016 focus on:

- **Patient Safety:** Ensuring Effective Handover (continuing the hard work already started on this during the last 12 months);
- **Clinical Effectiveness:** Ensuring appropriate End of Life Care, including Do Not Attempt Cardiopulmonary Resuscitation, known as DNACPR and;
- **Patient Experience:** Implementing 'Always Events', i.e. those elements of good care that all our patients should receive.

Throughout this coming year, our aim is to continue to gather feedback from our patients to help us not only identify opportunities for improvement but also highlight where we have achieved excellence, so that we can celebrate this and spread the good practice within the organisation more widely.

We will continue to focus on the essentials of care, ensuring no effort is spared to improve standards and outcomes and remain committed to providing a positive patient experience for all, in everything we do.

I would like to thank all our staff, volunteers and patient support groups for their input and support in helping us to progress against our objectives during the year.

The information and data contained within this report has been subject to internal review and, where appropriate, external verification. Therefore, to the best of my knowledge, the information contained within this document reflects a true and accurate picture of the performance of the Trust.

Andy Hardy
Chief Executive Officer

Introduction to the annual Quality Account

University Hospitals Coventry and Warwickshire NHS Trust (UHCW) has quality as the organising principle across all our services, meaning that patient safety and harm-free care, excellent clinical outcomes and high quality patient experience is central to all we do.

Our annual Quality Account provides an opportunity for us to take stock of achievements and progress to date and to look forward to the year ahead.

Our vision as a provider of healthcare is to deliver the best care for our patients, achieve excellence in education and teaching, and innovate through research and learning. The table below illustrates UHCW's Vision, Mission and Strategic Aims and Objectives.

VISION
To be a national and international leader in healthcare

MISSION
Care – Achieve – Innovate

STRATEGIC AIMS

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

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

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

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

STRATEGIC OBJECTIVES

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

Last year the Trust launched its organisational development programme called *Together Towards World Class (TTWC)*. This programme supports our approach to devolve decision making to the lowest level possible aligned to our value base and strategic objective to be 'a world class leader in healthcare.'

TOGETHER TOWARDS WORLD CLASS

What it means to be world class is very much services being driven effectively by the clinical frontline with experienced management and leadership support. We want to engage and empower the workforce to deliver models that deliver care in a way that is evidenced as world leading, assessed on quality of care and the views of patients and staff. We also recognise that we cannot do everything but we can influence the wider care pathway through effective strategic partnerships.

We have already moved within our operational model to 16 operational groups with specialty areas being led by a clinician supported by a general manager and matrons. Moving to this model takes time and needs to be carefully planned and supported by the necessary training and development at all levels.

In March 2015 we celebrated the first birthday of the TTWC programme. Events were held in local departments to let staff know how their feedback was being used to make changes happen under the programme which goes from strength to strength helping the Trust reach its aspiration of becoming a national and international leader in healthcare over the next five years.

The TTWC initiative has a very clear programme in terms of delivery over the next few years and is continuing to make excellent progress. The challenge will be to work to embed and sustain the changes and review how we are configured and ensure that behaviours support our values of compassion, openness, pride, partnership, improve and learn.

Quality Highlights 2014-2015
Together Towards World Class Update

Consultants Kieran Jefferson and Donald MacDonald with patient Bruce and his wife Heather at the Da Vinci Robot Launch

Since the Together Towards World Class (TTWC) programme was launched last year a lot of positive work has been achieved and feedback from staff acted upon within the different work streams of the programme.

We continue to engage staff in reviewing what is happening under the TTWC programme in order to ensure we have the right areas of focus over the next 12 months. In order to support this, further Listening Events are being undertaken with staff in June 2015 which will ensure we continue to focus on the appropriate areas throughout 2015/2016.

The tables below detail what has been achieved and the aims of each work stream:

WORLD CLASS EXPERIENCE

From September 2014 – April 2015 we have:	From May 2015 – September 2015 we will:
• Launched a patient experience diary to encourage patients to note down the questions they want to ask staff about their care. • Introduced a Ward Information Board for each ward with basic information on visiting, meals and infection control. • Held our first Patient Experience Week.	• Work with the Organisational Development Team to introduce 'Always Events' around customer service standards. • Work closely with Estates to redesign the new Advice and Information Centre in main reception at University Hospital, Coventry.

WORLD CLASS SERVICES

From September 2014 – April 2015 we have:	From May 2015 – September 2015 we will:
• Supported elective services changes, including Cardiac Catheter Laboratory and Operating Theatre booking List. • Supported emergency pathways development e.g. opening a second emergency theatre. • Developed an Intellectual Property Strategy with the University of Warwick. • Completed the first steps towards an Electronic Patient Records (EPR) system.	• Continue to support transformation of elective and emergency pathways, including the use of core service improvement tools. • Launch an innovation skills training programme, including masterclasses under the Leading Together programme. • Continue to work on our goal to provide a patient-focused and fully Integrated Digital Care Record (IDCR) by 2018.

WORLD CLASS CONVERSATIONS

From September 2014 – April 2015 we have:	From May 2015 – September 2015 we will:
• Launched the Chief Officer Forum, to cascade messages. • Introduced Chief Executive Officer (CEO) Direct where any member of staff can pose a question to the CEO. • Piloted an employee recognition scheme. • Introduced 'Your Week' to reduce the amount of all user emails.	• Implement a new intranet. • Launch wallpaper and desktop alerts. • Develop a Trust-wide engagement strategy alongside staff side colleagues. • Launch a new employee recognition scheme across the Trust.

WORLD CLASS PEOPLE

From September 2014 – April 2015 we have:	From May 2015 – September 2015 we will:
• Improved recruitment timelines, which has included the introduction of a tracker system and electronic Disclosure and Barring Service (DBS) checks. • Revised health and wellbeing events to focus on physical, emotional and financial health. • Developed and introduced a behavioural framework for staff. • Introduced changes to Trust induction e.g. market place event. • Launched a value based toolkit which individuals and teams can use to discuss the Trust values and how they can become real. • Piloted values based recruitment for nursing positions.	• Embed the 'Living Our Values' toolkit. • Implement the next set of changes to Trust induction. • Introduce values based recruitment for all roles. • Introduce values based appraisal.

WORLD CLASS LEADERSHIP

From September 2014 – April 2015 we have:	From May 2015 – September 2015 we will:
• Introduced a leadership behavioural framework. • Developed Leadership Notes – a guide for the Trust's Leaders. • Developed a Chief Officers 'A day in the life of' programme, which started in March 2015. • Developed Leading Together – a new multi-professional leadership development programme.	• Distribute Leadership Notes to all those in formalised leadership roles across the Trust. • Design the Leading Together programme for other service and team leaders from April 2016. • Consider expansion of the 'Day in the Life of' programme.

COMPLAINTS MANAGEMENT PLAN

The Trust has listened and learned from feedback throughout 2014. We developed a Complaints Management Plan that includes speaking with complainants at initial contact and talking them through the process, discussing their complaint and agreeing with the complainant the points they would like investigating. Also discussed is the complainant's expectations of the outcome they want. This is then incorporated where possible into the Trust's response to their complaint. A written copy of the management plan is sent to the complainant.

A training and education session on complaints resolution and management has commenced inviting all staff to attend where applicable.

To ensure we continue to improve our complaints management service we also include a questionnaire to complainants at the end of the process so they are able to anonymously feedback to the service. This information is collated and discussed with the team to then make any changes that will improve our service for complainants.

IMPROVEMENT IN OUR FAMILY AND FRIENDS TEST SCORE

The Trust is listening closely to our patients and staff as we strive to make the stay at our hospitals as stress free and supportive as possible. We use our Impressions system to garner views as well as complaints and general feedback.

Our bespoke survey system, Impressions, indicates a 2% increase from 93% to 95% of our patients, relatives and carers stating that they had a mainly good impression of the Trust. The number of patients, relatives and carers giving feedback also increased significantly during the year, from 5,901 in 2013/2014 to 9,229 in 2014/2015.

2014 PARLIAMENTARY REVIEW

UHCW was invited to contribute to the healthcare edition of the 2014 Parliamentary Review. The area highlighted as best practice was the Getting Emergency Care Right Programme (GECR). This programme is designed to improve patient flow across the hospital and improve the care and quality in our Emergency Department and to support this programme the FREED metric was developed:

- **F**acilitate effective discharge
- **R**ight person, right place
- **E**arly specialist input
- **E**liminate unnecessary diagnostics
- **D**aily senior review

GECR provided a golden thread that motivated staff to work to deliver the best results for our patients. We:

- Used power training to disseminate the GECR principles rapidly.
- Developed simple measures on a ward by ward basis from FREED that was displayed weekly on the Trust's intranet.
- Congratulated the 'stars' and supported those who were not performing as well in terms of daily discharges, writing prescriptions and daily reviews.
- Engaged with junior doctors productively.
- Rewarded staff on their efforts by thanking them with a GECR badge.

The Getting Emergency Care Right Team

Also highlighted in the Parliamentary Review was the impressive leadership demonstrated by our Tissue Viability Team. The team designed and led the 100 Days Free campaign which led to a massive reduction of the most serious levels of pressure ulcers (grade 4 and 3) on wards across the Trust. As a result the team won many national awards and is now taking this ethos into the community setting.

MAJOR TRAUMA CENTRE (ONE OF THE TOP FOUR TRAUMA CENTRES IN THE UK)

UHCW is extremely proud of its clinicians and managers in delivering an effective quality service within one of the most deprived and challenging health economies in England. Our Trauma Audit and Research Network (TARN) audit clearly shows us as a leader in trauma care across the West Midlands and also nationally with 1.1 additional survivors for every 100 patients.

A 24 hour, seven day a week nurse-led Urgent Care Centre also operates at the Hospital of St Cross in Rugby. The Hospital of St Cross had retained its Emergency Department function following integration with University Hospital. From a safety and specialist referral perspective it was decided to move to an urgent care model.

This followed extensive involvement and commissioner-led consultation with the local community resulting in it becoming a fully nurse-led urgent care centre in September 2013. It has maintained its excellent reputation with the local community and continues to receive positive feedback.

OUR BRILLIANT STAFF

2015
- The Getting Emergency Care Right campaign was shortlisted for a PRmoment Award 2015.
- Sam Collinge, Bereavement Midwife won a Royal College of Midwives Award for bereavement services.

2014
- The Trust's Dementia and Frail Older People's Team won the National Dementia Care Awards 2014 in the category Best Dementia Friendly Hospital.
- The joint 'Feel Well, Choose Well' campaign across Coventry and Warwickshire which included UHCW was shortlisted for the 2014 E-Health Insider (EHI) Awards in the 'Best use of social media to deliver a health campaign.'
- The Information and Communication Technology (ICT) Digital Dictation Team was shortlisted for the E-Health Insider Award for 'Best Use of Information Technology to support Healthcare Business Efficiency.'
- UHCW won the category Sustainable Transport in the NHS Sustainability Day Awards.
- The Lucina Birth Centre Team was shortlisted for a national MaMa award for promoting normal birth.
- The Research and Development Team was shortlisted and won the PharmaTimes 2014 clinical research site of the year.

Tissue Viability Team

UHCW'S Dementia and Frail Older People's Team

Quality Account Improvement Priorities 2013-2014
A Progress Update

The below details progress and achievements against the Quality Improvement Priorities for 2014-2015 which were originally outlined in the 2013-2014 Quality Account.

PRIORITY 1

Getting Emergency Care Right – Ensuring effective handover between healthcare professionals

Rationale for Inclusion:
Accurate and timely handover of information about a patient is key in ensuring care and treatment is efficient, safe and appropriate.

Achievements:
- All junior doctors have been given extensive presentations and demonstrations of the handover tool and the new process utilising Ward 22 Hospital at Night room as a handover hub. Additionally, presentations have been given at Grand Round and email communications have been circulated.
- Rollout of electronic handover officially launched with iPads for use by on call staff between 5pm and 9am.
- Nursing Task and Finish Group established to monitor word document handover, taped handover, Clinical Results and Reporting System (CRRS) nurse handover tool and verbal handover methods.
- Revision of policy and production of performance scorecards.

Work commenced in 2014/2015 to prepare for the launch of the indicator for 2015/2016. This is an ongoing priority and more detail can be found in Section 2.3 under Quality Priority One.

PRIORITY 2

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

Rationale for Inclusion:
Operations are sometimes cancelled due to bed pressures. Ensuring flow throughout the hospital will ensure patients can have their operations.

Achievements:
- Opening of an evening and weekend second theatre commenced in September 2014.
- Efficient running of theatre lists is currently significantly hampered by delays due to lack of pre and post-operative ward bed capacity. In addition, cancellations remain high due to patient DNA's (Did Not Attend), fitness for surgery and ward bed unavailability.

PRIORITY 3

Getting Emergency Care Right – Together towards a world class patient experience

Rationale for Inclusion:
Whilst the Trust is committed to transforming its patient experience into a beacon of excellence, recognised at both national and international level, the Trust has previously acknowledged that this is going to take time. A comprehensive plan, outlined in the Trust organisational development plan, Together Towards World Class – World Class Experience, is broken down into yearly goals.

Achievements:

- Our bespoke survey system, Impressions, indicates a 2% increase from 93% to 95% of our patients, relatives and carers stating that they had a mainly good impression of the Trust. The number of patients, relatives and carers giving feedback also increased significantly during the year: from 5,901 in 2013/2014 to 9,229 in 2014/2015.
- The Friends and Family Test has been implemented, in line with national guidance, across all Trust services.
- Posters have been placed outside every ward detailing information about the ward which includes the ward manager's name, contact details, and specialties treated.
- 'Looking After You' boards have been placed inside most wards detailing information about safety, staffing levels as well as information about patient experience.
- Place mats have been introduced, predominantly for use during meal times, but also contain information about ward routines, infection prevention measures, uniforms etc.
- A set of 12 core patient information leaflets have been identified and are now available on each ward and e-Library.
- Further workshops, aimed at educating and informing staff about methods to improve patient experience were held and evaluated extremely highly. The workshops were run by management consultancy TMI, a well-known expert in service-based culture change and a company that the Trust has worked with previously.

Quality Improvement Priorities for 2015-2016

QUALITY PRIORITY 1 – PATIENT SAFETY

Ensuring Effective Handover between Healthcare Professionals

Why is it a priority?

The aim of any clinical handover is to achieve the efficient transfer of high quality, comprehensive information when responsibility for a patients changes. Shift handover plays a central role in clinician to clinician communication and is fundamental to the continuity of patient care and safety. This indicator has been developed with regards to patient feedback the Trust receives regarding the handover of their care to other professionals and teams. Nationally five work streams were established that each undertook investigation, liaising with their own communities of interests and has made proposals to the national forum for inclusion in its final report which was the starting point for this indicator.

As part of the Trust's Together Towards World Class (TTWC) Programme, new initiatives are discussed in staff listening events and integrated into the TTWC programme of work. Staff support this work, it will make handovers more efficient, effective and safer.

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

These should incorporate:

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

This remains a priority as this was not fully achieved last year due to a number of challenges.

Our Goal

Good handover benefits patients and staff by ensuring continuity and consistency in care. In 2015/2016 we will ensure that there is consistent utilisation of the electronic handover tool available to all ward staff. The advantages of consistently using one system to record handover will include; the ability to archive and formally record handovers, improved confidentiality, the ability to be able to access information from all locations and the ability to maintain accurate information in one place.

The main goal for this year is that the Clinical Results and Reporting System (CRRS) will become the standard tool for medical and nursing handover in all areas and that this will become a tool which can be used by multi-disciplinary teams.

Our starting point – baseline

Current handover practises vary between wards and specialties and in most cases there is a lack of formal processes. Handover can also occur in various formats including, handwritten lists; computer generated lists and taped handovers. This variation results in a lack of ability to archive handover documentation for either governance or audit purposes.

Task/Action	By When
The professional responsibility of nursing care is with the Registered Nurse and our program will aim to train 100% of Registered Nurse's on participant wards.	November 2015
A revised robust policy is in place and monitored routinely for compliance.	August 2015
A roll out program of education and training to all wards at University Hospital and the Hospital of St Cross will be complete by the end of the year.	November 2015
The CRRS tool will become the clinical standard in use for safe and effective handover of care.	**Incorporate into training – ongoing**

How will we achieve our goals?

To overcome the challenges that were faced last year an e-learning tool will be developed and Champion Trainers identified who can cascade training about the CRRS handover tool to their colleagues.

How will we monitor and report progress?

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

As detailed in Section 2.2, under Quality Priority One work commenced in 2014/2015 to prepare for the launch of the indicator for 2015/2016.

Leads:

The project is being collaboratively led by Dr Alec Price-Forbes, Consultant Rheumatologist and EPR Lead; Michelle Linnane, Associate Nurse Director – Professional Standards and Patient Experience and; Karen Bond, Associate Nurse Director – Health Informatics.

QUALITY PRIORITY 2 – CLINICAL EFFECTIVENESS

Ensuring effective End of Life Care Practices

Why is it our priority?

A system wide approach to End of Life Care is required to help streamline and co-ordinate local services for the benefit of patients and their families and to improve communication and efficiency of local caring professionals.

At UHCW, a multi-professional Supportive and Specialist Palliative Care Service works with ward staff to facilitate integrated care and close collaborative working with other specialties within our hospitals and outside our hospitals with our community and hospice partners. As part of the Trust's Together Towards World Class Programme (TTWC), new initiatives are discussed in staff listening events and integrated into the TTWC programme of work. Staff support this work, as it will make End of Life Care more integrated, collaborative, streamlined and compassionate for patients at the end of their life.

This indicator has been developed with regard to patient feedback the Trust receives regarding End of Life Care for patients and support for families. Nationally work was carried out as to how patients across the Country wanted to be cared for at their end of life, this work undertaken nationally with members of the public informed this indicator.

The Specialist Palliative Care Team supports with:

- Symptom control.
- Psychological support for patients or for the family/carers.
- Signposting and advice.
- Advance Care Planning.
- Medical assessment of symptoms.
- Challenging ethical decisions towards the end of life.
- Medical assessment of distress.

The Supportive Care Team receives referrals for:

- Support in last days of life.
- Support for family/carers of a patient in last days of life.
- Rapid discharge for patients in last days of life.
- Identification of patients with a prognosis of less than a year or so.
- Signposting and advice for professionals.

Our Goal

To ensure that every patient is supported to live as well as possible in the last stages of their life in accordance with their and their family's own personal preferences. The focus of care will be comfort and quality of life meeting the holistic needs of each patient where possible by addressing their physical, psychological, spiritual and social requirements.

To facilitate this there is a need for the Supportive and Specialist Palliative Care Service to be adequately resourced to meet the demands for clinical support on the wards and providing the ongoing education and training to all disciplines and grades of staff.

Our starting point – baseline

The Trust-wide End of Life Care (EOLC) Committee was established in 2013 chaired by the Chief Nursing Officer and Palliative Medicine Consultant with wide representation from across the organisation to address the improvements required in End of Life Care at this Trust. The EOLC Committee provides leadership for the Trust's End of Life Care action plan and is supported by the following EOLC Committee sub groups:

- **Education and training** (includes communication skills and difficult conversations.)
- **Patient and user group** (including patient and carer feedback.)
- **Bereavement**
- **Discharge**
- **Measurement, data collection and quality assurance** (includes the national annual report for the Minimum Data Set for the National Council for Palliative Care, Royal College of Physicians Care of the Dying Audit, the Supportive and Specialist Palliative Care Service annual report, reporting for the TRANSFORM Programme including AMBER Care Bundle.)

How will we achieve our goal?

- Leadership from Palliative Medicine and the Supportive and Specialist Palliative Care Service to facilitate continued Trust-wide improvement in End of Life Care.
- Establishing an appropriately staffed and led Supportive and Specialist Palliative Care Service with adequate resourcing to meet the demands of the Trust's clinical, training and advisory needs and to provide a seven day clinical support service for inpatients and staff.
- Leadership and direction from the EOLC Committee to facilitate engagement and communication across the Trust with a "top-down" and "bottom-up" approach in order to own and disseminate ongoing End of Life Care improvements within the whole organisation, sharing learning from individual patient feedback, ward level improvements, departmental learning and cross-specialty work.
- End of Life Care education and training for staff to be seen as high priority for UHCW staff and their line managers to ensure appropriately trained and competent multi-professional teams work across all departments.
- Further developing data collection methods to ensure appropriate quality, benchmarking, review and feedback.
- Collaborative education and training for UHCW and partner organisations allowing networking and shared learning.
- Continued roll-out of the TRANSFORM Programme in phases across wards.
- Ongoing collaboration between the Supportive and Specialist Palliative Care Service and other departments to share learning during Quality and Patient Safety clinical governance meetings.
- Improving the clinical audit programme within the Supportive and Specialist Palliative Care Service to ensure ongoing improvements in safety and effectiveness.
- Closer integration and clinical working with community and hospice partner organisations.

How will we monitor and report progress?

Progress will be monitored and reported at the bi-monthly End of Life Care (EOLC) committee.

Compliments from patients and relatives will be shared at the EOLC Committee.

Clinical Adverse Events (CAEs) and complaints will be discussed at the EOLC Committee and learning will be shared with relevant departments.

An annual report from the EOLC Committee will be compiled by the co-chairs of the EOLC Committee and presented to the Patient Safety Committee.

The EOLC report will be submitted annually to Trust Board.

End of Life Care feedback will be provided to all services and departments.

Dissemination of the work of the EOLC Committee will be shared via the Operational Delivery meeting and through the Chief Officers Quarterly Performance Reviews.

Leads:

- Clinical Lead for Palliative and End of Life Care
- Lead Nurse for the Supportive and Specialist Palliative Care Service
- Chairs of the End of Life Care Committee

QUALITY PRIORITY 3 –
PATIENT EXPERIENCE

Implementation of Always Events

Why is it a priority?
The term Always Events was developed by the National Quality Forum, an American not for profit organisation which aims to improve the quality of healthcare in the United States and is the opposite to the well-known patient safety term Never Events.

Always Events concentrate on elements of the patient experience that are of paramount importance to patients, relatives and carers that healthcare providers should always get right. This indicator has been developed nationally by involving patients in regards to what they want to see when they are cared for in hospital. From our own Trust feedback system patients tell us what is important to them in their care and this is very much part of the Always Event Priority. As part of the Trust Together Towards World Class (TTWC) Programme, new initiatives are discussed in staff listening events and integrated into the TTWC programme of works. The Always Events work strengthens and compliments our TTWC values and behaviours and this work will be incorporated into this work stream.

With the rise of patient experience high on the NHS national agenda, the Trust is implementing Always Events to further improve the patient experience. This initiative will also complement the Trust's Sign up to Safety campaign, which aims to reduce avoidable harm by 50% and save 6,000 lives across the NHS over the next three years.

Our Goal
To reinforce the Trust's values and behaviours outlined in TTWC which in turn will:

- Raise the bar in regard to patient experience for staff and patients by introducing evidence based, measurable and affordable practises across the Trust.
- Provide assurance for patients, relatives and carers that they will receive safe treatment, dignity and respect from all staff members.
- Set the behavioural standards that the Trust expects from all staff.

Our starting point
Always Events will build on the Trust's existing values:

- Compassion
- Openness
- Learn
- Improve
- Partnership
- Pride

As well as introducing Always Events based on feedback from our patients, we will also develop "clinical" Always Events, which are aspects of clinical care that we expect to occur as standard.

How will we achieve our goal?
The Patient Experience and Safety and Risk Teams will work together to establish draft core Always Events (events which should always occur in every patient contact). They will also work at specialty level to develop these core Always Events and/or additional specialty specific Always Events.

Consultation with patients, relatives and carers will be integral to this work.

How will we monitor progress?
Through patient experience indicators namely:

Friends and Family Test (FFT)
Impressions
National Patient Survey Programme
Complaints
Patient and Advice Liaison Service (PALS) contacts

Progress will also be monitored through improvements in patient safety indicators, such as patient safety incidents and never events. These will be monitored via the Sign up to Safety campaign.

Leads:
Julia Flay and Sarah Conlon, Patient Experience Managers.

Statements of Assurance from the Board

2.4.1 Review of Services

During 2014/2015 UHCW provided and/or sub contracted 66 relevant health services.* UHCW has reviewed all the data available on the quality of care of these 66 relevant health services. The income generated by the relevant health services reviewed in 2014/2015 represents 88% of the total income generated from the provision of relevant health services by the University Hospitals Coventry and Warwickshire NHS Trust for 2014/2015.

*This number represents the number of services as detailed in the Trust's Acute Contract 2014-15.

2.4.2 Participation in Clinical Audits

During 2014-2015, 42 national clinical audits and four national confidential enquiries covered relevant health services that UHCW provides. During that period UHCW participated in 98% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that UHCW was eligible to participate in during 2014/2015 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 2014/2015 are indicated with a green tick, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry. The Quality Department Annual Report details those audits which UHCW were eligible to take part in but did not and the rationale for non-participation.

The reports of 17 national clinical audits and 88 local audits were reviewed by UHCW in 2014/2015 and UHCW intends to take the following actions to improve the quality of healthcare provided:

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

The Quality Department Annual Report details those audits which UHCW were eligible to take part in but did not and the rationale for non-participation. UHCW has investigated why participation was lower than expected in some audits, identified with an asterisk (*). Further information can be found in the Quality Department Annual Report 2014/2015 available at *www.uhcw.nhs.uk*.

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

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Did UHCW participate in 2014/2015?	Participation 2014/2015
Chronic Obstructive Pulmonary Disease (COPD)	✓	100%
National Paediatric Diabetes Audit 2013/2014	✓	100%
National Clinical Audit of Rheumatoid and Early Inflammatory Arthritis	✓	17%* Estimated
National Diabetes Audit (NDA) 2013/2014	✓	100%
National Emergency Laparotomy Audit (NELA)	✓	100%

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Did UHCW participate in 2014/2015?	Participation 2014/2015
Acute Myocardial Infarction and other ACS (MINAP)	✓	100%
Coronary Angioplasty (Adult Cardiac Interventions Audit)	✓	100%
Heart Failure	✓	100%
Cardiac Arrhythmia (Cardiac Rhythm Management Audit)	✓	100%
Congenital Heart Disease Audit (CHD)	✓	No procedures carried out, therefore no cases to be submitted
Adult Cardiac Surgery Audit (CABG and Valvular Surgery)	✓	100%
Trauma Audit and Research Network (TARN)	✓	95%
Adult Critical Care (Case Mix Programme)	✓	100%
Head and Neck Cancer (DAHNO)	✓	0%* The national DAHNO database has been decommissioned and it is no longer possible to submit data to this audit. 100% of data for the period 01/04/14 to 31/03/15 has been collected locally and is on track to be submitted when the new online tool goes live.
National Joint Registry (NJR)	✓	100%
Falls and Fragility Fractures Audit Programme (including National Hip Fracture Database)	✓	100%
Maternal, Infant and Perinatal Programme / MBRRACE (previously CEMACH)	✓	100%
National Neonatal Audit Programme (NNAP)	✓	100%
Renal Replacement Therapy (Renal Registry)	✓	0%* *The UK Renal Registry has moved to a new server and the start of the collection of 2014 data was delayed. 100% of data for the period 01/04/14 to 31/03/15 has been collected locally and is on track to be submitted when required by the UK Renal Registry.
National Lung Cancer Audit (NLCA)	✓	0%* *The national NLCA database has been decommissioned but we are now able to submit data to this audit via the National Cancer Registration Service. 100% of data for the period 01/04/14 to 31/03/15 has been collected locally and we are currently preparing the 2014 data for submission prior to the deadline of 29.05.15.

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Did UHCW participate in 2014/2015?	Participation 2014/2015
National Cardiac Arrest Audit (NCAA)	✗	0%*
Sentinel Stroke National Audit Programme (SSNAP) – Clinical and Organisational	✓	90%
National Bowel Cancer Audit Programme (NBOCAP)	✓	100%
National Oesophago-gastric (NAOGC) Cancer Audit	✓	100%
National Vascular Registry (NVR)	✓	100%
Childhood Epilepsy (RCPH National Childhood Epilepsy Audit)	✓	100%
Inflammatory Bowel Disease inc. Ulcerative Colitis and Crohn's Disease and Paediatric IBD (UK IBD Audit)	✓	2%*
British Society for Clinical Neurophysiology (BSCN) and Association of Neurophysiological Scientists (ANS) Standards for Ulnar Neuropathy at Elbow (UNE) Testing	✓	100%
National Prostate Cancer Audit	✓	100%
National Audit of Dementia	✓	Audit not due for submission until April – December 2016
Fitting Child (Care in Emergency Departments)	✓	100%
Mental Health (Care in Emergency Departments)	✓	100%
Older People (Care in Emergency Departments)	✓	100%
BTS Adult Community Acquired Pneumonia	✓	100%
BTS Pleural Procedure	✓	100%
National Audit of Pregnancy in Diabetes (NPID)	✓	81%*
NCEPOD Sepsis Study	✓	100%
NCEPOD Gastrointestinal Haemorrhage Study	✓	100%
NCEPOD Lower Limb Amputation Study	✓	100%
NCEPOD Tracheostomy Care Study	✓	68%*
National Diabetes Footcare Audit (NDFA)	✓	Data collection ongoing until July 2015
National Comparative Audit of Transfusion in Children and Adults with Sickle Cell Disease	✓	100%

2.4.3 Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by UHCW in 2014/2015 that were recruited during that period to participate in research approved by a research ethics committee was 4716. We aim to exceed 5,000 patients recruited to the National Institute for Health Research Portfolio trials in 2015/2016.

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

We are one of the leading research centres within the West Midlands, with a proven track record of delivering high quality research. We have developed our research base in recent years, moving from a position of little research activity to becoming very research active. Our ambitious commercial strategy has resulted in continual growth in income from commercial research strategy to over £1.2 million over the last year.

We have actively developed our external collaboration with academic and industry partners thereby attracting significant research income. For 2013/2014, the value of research grants awarded was £8.3 million (£7.8million 2012/2013). In 2014/2015, 135 research grant applications were submitted to external funders (98 in 2013/2014). Currently, 22% of these have been funded (total value £2.5 million) but this will rise as the outcome of applications becomes known. Our Research, Development and Innovation Team were awarded the PharmaTimes NHS Clinical Research Site of the Year 2014 and again in 2015, judged by the National Institute for Health Research (NIHR) and Association of British Pharmaceutical Industries.

With more than 300 ongoing research projects led by staff across a wide range of specialities, our patients are given many opportunities to take part in research. Patient involvement and representation is demonstrated throughout our research infrastructure. Regular events such as open days, work experience opportunities, multi-media communications and social media enable us to engage with staff, patients and the public.

Our current major research themes are metabolic and cardiovascular medicine, reproductive health, musculoskeletal and orthopaedics and cancer. These are complemented by additional areas of clinical research activity and research activity continues to increase. There are over 70 research nurses, midwives and allied health professionals assisting with research projects and increasing numbers of staff are undertaking research, clinical academic internships, 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, more than 500 publications have resulted from our involvement in research, helping to improve patient outcomes and experience across the NHS. The Trust's mission, Care – Achieve – Innovate, is explicit in that we will deliver the best care for our patients, achieve excellence in education and teaching and innovate through research and learning.

As such, we have a clear strategy to develop research and innovation. The key areas for delivery are to 'instil and embed a culture of research and innovation' and 'grow investment in, and revenue from, research and innovation.' By delivering on our research and innovation strategy, we also contribute to the delivery of the other Trust strategic priorities. In section 3.8 of this Quality Account you will find more details of the ways that research can be used to create immediate benefits in patient care.

You can follow UHCW's Research, Development and Innovation Team on Twitter: *twitter.com/UHCW_RDandI*.

2.4.4 Goals agreed with Commissioners

A proportion of our income in 2014/2015 was conditional upon achieving quality improvement and innovation goals agreed between us and any person or bodies that we entered into a contract, agreement or arrangement with, for the provision of relevant health services through the Commissioning for Quality and Innovation payment (CQUIN) framework. Further details of the agreed goals for 2014/2015 can be found in Appendix 1.

2.4.5 Care Quality Commission

UHCW is required to register with the Care Quality Commission (CQC) 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 2014/2015. UHCW has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period. In 2014-2015 Care Quality Commission made one inspection visit to UHCW.

A comprehensive inspection took place on the 10th March, UHCW await the outcome of this inspection. Once published the full inspection report will be available from the CQC website: **www.cqc.org.uk**.

2.4.6 Data Quality

The Patient Administration System continues to be a priority for the Trust, as a number of the requirements in the Information Governance Toolkit encompass data quality. To ensure that we meet the required attainment levels, specific training and advice to users of the Patient Administration System will be focused so that information captured to support the provision of patient care and national data submissions remains accurate and reliable.

A suite of data quality reports for data reported both internally and externally are routinely produced. These are reviewed, areas of concern highlighted and appropriate action taken to rectify any issues. Data quality reports are presented at the Information Governance Committee monthly highlighting areas of good and poor practice.

The Trust submitted records during 2014/ 2015 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

- which included the **patient's valid NHS number** was:
  - 99.3% for admitted patient care;
  - 99.7% for outpatient care; and
  - 97.7% for accident & emergency care.
- which included the **patient's valid General Medical Practice code** was:
  - 100% overall in Admitted patient care, Outpatient care, and Accident & Emergency care.

UHCW Trust will be taking the following actions to improve data quality:
The Information Governance Committee is championing data quality to ensure it has been integrated into the wider Information Governance agenda and that the whole organisation is engaged with it. The Trust will continue to monitor and report on the implementation of the Data Quality Strategy and Data Quality Policy. Data quality standards and performance metrics will be developed, so the Trust has a transparent reporting mechanism for all systems.

2.4.7 Information Governance Toolkit

UHCW's Information Governance Toolkit Assessment for 2014/2015 was an overall score of 78% and was graded green and satisfactory. The Trust improved its performance from the previous year of 74% and achieved Level Two or above in all requirements. There were particular improvements in mandatory information governance training for all staff, and data protection compliance. The Information Governance Unit will continue to champion information governance across the organisation with a view to improving our score on the Toolkit next year.

2.4.8 Clinical Coding Error Rate

UHCW was not subject to the Payment by Results Clinical Coding Audit by the Audit Commission during the reporting period. The Trust did commission an external audit of a random sample of diagnosis and treatment coding and the results were:

- Primary Diagnoses incorrect 4%
- Secondary Diagnosis incorrect 3.5%
- Primary Procedures incorrect 4.5%
- Secondary Procedures incorrect 4%

Performance against NHS Outcomes Framework 2014-2015

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

The Trust provides information to the Health and Social Care Information Centre which, in turn, provides us with a comparison against other Trusts. By publishing these figures you can compare our performance with the best, the worst and the average performing trusts in the NHS.
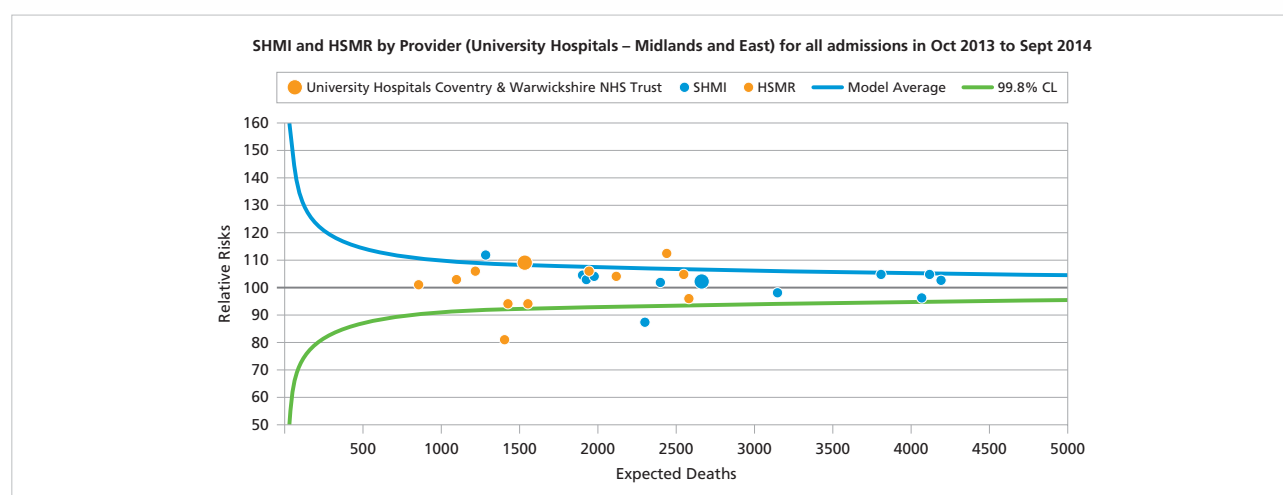
THE FIVE DOMAINS ARE:

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

Related NHS Outcomes Domains 1 and 2					
Indicator: Mortality Rates [source: HSCIC]	April 2013-March 2014	July 2013-June 2014	October 2013-Sept 2014	National Average	Lowest and Highest Reported Trust Oct 2013-Sept 2014
a) the value and banding of the summary hospital-level mortality indicator ("SHMI") for the Trust for the reporting period.	1.015 (Band 2)	1.014 (Band 2)	1.023 (Band 2)	1.00	0.597 1.198
b) the percentage of patient deaths with palliative care coded for the reporting period.	10.4%	10.6%	11.4%	25.44%	0.0% 49.4%

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

- We monitor mortality rates using the national Hospital Standardised Mortality Ratio (HSMR) and Summary Level Hospital Mortality Indicator (SHMI), which measures mortality as to whether it is higher or lower than that which would have been expected. Figure 5 compares our HSMR and SHMI rates against a peer group of similar university hospitals within the Midlands and East area.
- The SHMI score continues to remain slightly above the national benchmark for the latest reporting periods and is within the expected range (Band 2). The Hospital Standardised Mortality Ratio (HSMR) for January 2014 to December 2014 is 108.28 (this is the latest available data). The HSMR for December 2014 is 103.36 which is within the expected range. The crude death rate for December 2014 is 4.26%.

There has been a slight increase in the number of patient deaths coded as palliative. UHCW continues to follow the strict national guidance regarding the use of the Z515 code for Specialist Palliative Care. The palliative care code Z515 is only used when a patient has been seen or supported by the Specialist Palliative Care Clinical Nurse Specialists or the Consultants in Palliative Medicine.

SHMI and HSMR by Provider (University Hospitals – Midlands and East) for all admissions in Oct 2013 to Sept 2014

SHMI and HSMR by Provider for all admissions in October 2013 to September 2014

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

- During 2014/2015, there has been ongoing training across the organisation to raise the profile of Specialist Palliative Care to ensure appropriate referrals to the Specialist Palliative Care Team.
- Electronic referrals to the Supportive and Specialist Palliative Care Service were implemented in January 2015 to improve data capture for patients seen and supported by the Specialist Palliative Care Team and to capture patients for whom the Specialist Palliative Care Team provided clinical advice. The coding team now cross-check this database on a routine basis with the Trust Information Team.
- There is currently a review of the Supportive and Specialist Palliative Care Service under way with a view to increasing the staffing resource of the Palliative Medicine Consultants and Clinical Nurse Specialists to meet the increasing demands for clinical support for patients across both hospital sites and to include providing a seven day face-to-face specialist nursing service.

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

Related NHS Outcomes Domain 3					
Indicator: Patient Reported Outcome Measures Scores (PROMS) [source: HSCIC]	2012/2013	2013/2014	2014/2015	National Average	Lowest and Highest Reported Trust April-March 2014
Groin Hernia Surgery	*	*	*	0.085	0.008 – 0.139
Varicose Vein Surgery	*	*	*	0.093	0.023 – 0.150
Hip Replacement Surgery	0.462	0.454	*	0.436	0.342 – 0.545
Knee Replacement Surgery	0.323	0.326	*	0.323	0.215 – 0.416

*PROMS Adjusted Health Gain Scores. Items marked with an asterisk in columns 2012/2013 and 2013/2014 are due to low numbers of patient records being submitted and therefore this information is suppressed on HSCIC. Information in the 2014/2015 column was not available from HSCIC when this account went to publication.

The Trust intends to take the following actions to improve this score and so the quality of its services, by sharing feedback and liaising with the relevant clinical areas to ensure information about the questionnaire is given to patients and patients are encouraged to participate.

Related NHS Outcomes Domain 3						
Indicator: Emergency Read-Missions to Hospital [source: HSCIC, UHCW]	Year	UHCW	NHS England Average	Lowest Reported Trust	Highest Reported Trust
The percentage of patients aged 0 to 15 readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.	2012/2013	7.58+	* Not Available	* Not Available	* Not Available
	2013/2014	7.87+	* Not Available	* Not Available	* Not Available
	2014/2015	7.33+	* Not Available	* Not Available	* Not Available
The percentage of patients aged 16 or over readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.	2012/2013	7.73+	* Not Available	* Not Available	* Not Available
	2014/2013	7.76+	* Not Available	* Not Available	* Not Available
	2014/2015	7.73+	* Not Available	* Not Available	* Not Available

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

The Trust considers that this data is as described for the following reasons:
The consistency and accuracy of the data collection has been evaluated by internal audit and is monitored by the Trust Performance Management Office. The Trust intends to take the following actions to improve this percentage, and so the quality of its services: by continuing to implement actions around improving effective and safe discharge.

Related NHS Outcomes Domain 4					
Indicator: A positive experience of care [source HSCIC]	2012/2013	2013/2014	2014/2015	National Average 2014	Lowest and Highest Reported Trust
The Trust's responsiveness to the personal needs of its patients during the reporting period.	73.5%	74.2%	*	*	*
The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	68%*	62%*	70%*	68%	HIGHEST 2.55 LOWEST 4.62

* On the first row indicates the information is not yet available on the HSCIC portal.

The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends:

These figures are based on the results for UHCW from the National Staff Survey. Each year 850 randomly selected staff are able to take part in the survey. In April 2014 the National Staff Friends and Family Test was launched, which sees staff being asked whether they would recommend the Trust as a place for their friends and family to work or a place for them to be treated. We are required to ask all staff each year the friends and family questions, however as part of our commitment to listen and respond to staff feedback we have asked all staff in each quarter of 2014/2015. Information and the results from this survey can be found in section 3.11 of this account.

Related NHS Outcomes Domain 5

Indicator: Avoiding Harm [source HSCIC]	Year by Quarters	UHCW	National Average	Trust with Highest/Lowest Score
The percentage of patients who were admitted to hospital and who were risk assessed for Venous Thromboembolism (VTE) during the reporting period.	2012/2013	93.0%	93.4%	100%
	Q1			80.8%
	Q2	93.0%	93.8%	100%
				80.9%
The indicator is expressed as a percentage of all adult in-patients that have received a VTE risk assessment upon admission to the Trust using the clinical criteria of the national VTE tool.	Q3	93.4%	94.1%	99.9%
				84.6%
	Q4	95.1%	94.2%	100%
				87.9%
	2013/2014	95.8%	95.5%	100%
	Q1			78.8%
	Q2	95.9%	95.6%	100%
				81.7%
	Q3	96.1%	95.8%	100%
				74.1%
	Q4	96.2%	96.0%	100%
				78.9%
	2014/2015	96.1%	96.1%	100%
	Q1			87.2%
	Q2	96.4%	96.1%	100%
				86.4%
	Q3	96.5%	95.9%	100%
				81.2%
	Q4	96.6%	96.0%	100%
				79.2%

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

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

Related NHS Outcomes Domain 5

Indicator: Reducing Infection [source HSCIC] (A)	2012/2013	2013/2014	2014/2015	National Average	Lowest and Highest Reported Trust
The rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period. The Trust is deemed responsible for a case where the sample was taken on the fourth day or later of an admission to that trust (where the day of admission is day one).	20.1	12.7	10.6	*	*

* National averages are not available from HSCIC until Mid July. It will then be available on the HSCIC website.
Please note that the 2014/2015 rate has been calculated using C.difficile reported cases available on the HSCIC and KH03 bed day data (41/386,357 X 100,000).
(A) This symbol represents that this data has been audited.

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

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

Indicator: Incident Reporting [source HSCIC] (NB. Cluster Groups have changed in this release of data, as has the method used for benchmarking)	Apr 12-Sept 12	Oct 12-Mar 13	Apr 13-Sept 13	Oct 13-Mar 14	Apr 14 – Sept 14 (*now calculated per 1000 bed days)	April 14-Sept 14 National Median (Acute non specialist Trusts)	April 14-Sept 14 Lowest and Highest reported Trusts
The Number of Patient Safety Incidents reported within the Trust within the Reporting Period.	4869	5334	5350	5349	5532	4343	35 12020
Rate of Patient Safety Incidents reported within the Trust within the reporting period (per 100 admissions).	7.19	7.9	7.72	7.72	28.74*	35.10*	0.24* 74.96*
The number of such incidents that resulted in severe harm or death.	14	16	21	25	19	20.36	0 97
Percentage of such Patient Safety incidents that resulted in severe harm or death. Ⓐ	0.3%	0.3%	0.4%	0.4%	0.3%	1.1%	0.0% 82.9%

Ⓐ This symbol represents that this data has been audited. The patient safety indicator is expressed as a percentage of patient safety incidents reported to the National Reporting and Learning Service (NRLS) that have resulted in severe harm or death. A patient safety incident is defined as 'any unintended or unexpected incident(s) that could or did lead to harm for one of more person(s) receiving NHS funded healthcare'. The 'degree of harm' for patient safety is defined as follows: 'severe' – the patient has been permanently harmed as a result of the incident; and 'death' – the incident has resulted in the death of the patient.

The Trust considers that this data is as described for the following reasons:
UHCW assesses data quality before submission to NHS England's National Reporting and Learning System (NRLS). The NRLS monitors the data and informs UHCW of any anomalies or errors.

The Trust intends to take the following actions to improve this percentage:
Continue to increase awareness of incident reporting and provide immediate feedback to reporters. UHCW has improved its process for monitoring action plans and will continue to find innovative ways to share actions and outcomes across the Trust to ensure that learning occurs.

Overview of Organisational Quality

3.1 Patient Safety

We continue to encourage our staff to report all incidents, however minor and we investigate them according to the type of incident and the potential for harm. All of our staff can report incidents knowing that they will be supported throughout the process of investigation and involved in making recommendations and developing action plans.

Our online incident reporting system (Datix) facilitates early detection of trends and it alerts the central Safety Team to any serious incidents, allowing us to escalate issues and investigate them swiftly. Overall incident reporting continues to show an upward trend, the majority of incidents being of minor or no harm to patients, which is an indication of an open, learning culture (refer to figure 1 for how we compare with other Trusts). We share the learning and improvements across the organisation as well as with our commissioners, other local providers and with NHS England.
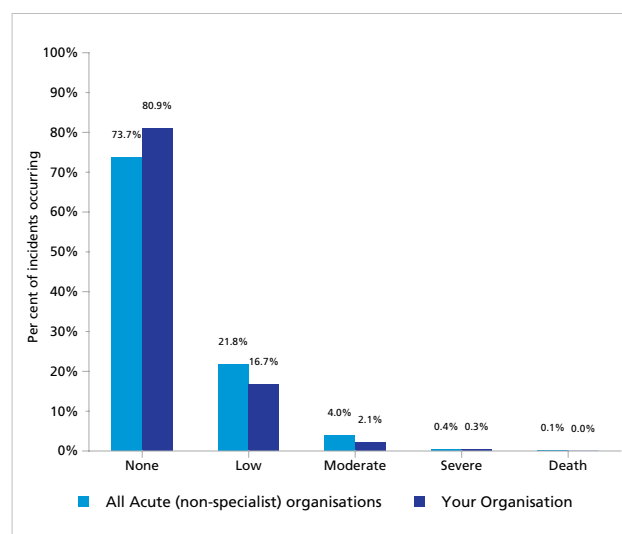

Figure 1: Incidents by degree of harm (Apr-Sep 2014)

Degree of Harm				
None	Low	Moderate	Severe	Death
4.474	924	115	17	2

Serious Incidents Requiring Investigation (SIRIs)

We reported 206 SIRIs in 2014-2015. Over 70% of these are made up of specific types of incident that are automatically reported as SIRIs, for example Infection Control incidents (e.g. MRSA bacteraemia, C.difficile-associated deaths and infection outbreaks such as Norovirus), never events, pressure ulcers and certain Maternity-related incidents. See figure 2 on the right.

We have a longstanding Significant Incident Group, which ensures that the process conforms to the national Serious Incident Framework, that systematic investigations are conducted and that actions are monitored until completion.
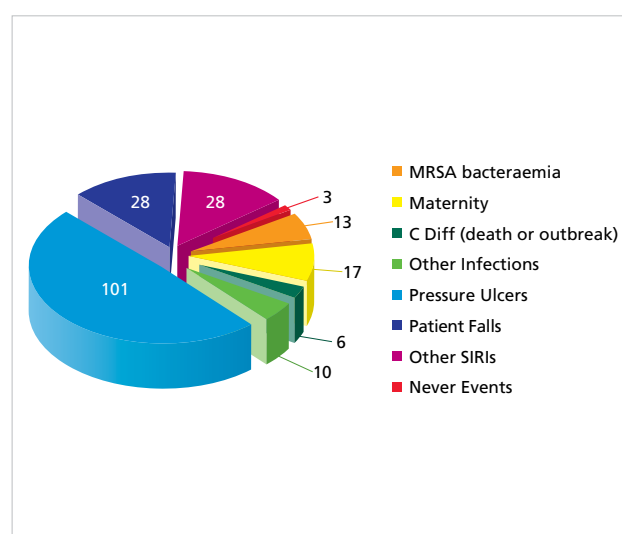

Figure 2: Chart illustrating SIRIs by type 2014-2015

As a result of SIRIs we have introduced many safety improvements, examples of which are:

- Implemented stickers for medical records, which lists key actions to consider for a patient who is at risk of falling.
- Enlisted the support of a "Human Factors" specialist to help to identify and address the root causes of Theatre never events.
- Improved training materials for surgical safety checks for Theatre staff, e.g. training video, power training.
- Introduced the concept of "Always Events," *i.e. those aspects of the patient and family experience that should **always** occur when patients interact with UHCW healthcare professionals and the delivery system.*
- Reviewed procedures for patient transfers between local hospital sites, with a view to improving communications.

Further details of the work undertaken are outlined in the Quality Department Annual Report.

Sign up to Safety

UHCW has joined the national Sign up to Safety Campaign, which is designed to help realise the ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement. Sign up to Safety's three year objective is to reduce avoidable harm by 50% and save 6,000 lives.

UHCW has signed up to the campaign's five pledges:

1. We will put **'Safety First'** by committing to reduce avoidable harm by half.
2. We will look to **'Continually Learn'** through making our organisation more resilient to risks, and acting on feedback from our patients to monitor how safe our services are.
3. We will ensure **'Honesty'** and transparency with people on our progress in tackling patient safety issues.
4. We will **'Collaborate'** with our patient groups and other local partners on improving patient care.
5. We will **'Support'** people to understand why things go wrong and how to put them right.

Underpinning these pledges are many ongoing streams of work. From these we have identified a number of key focus areas that we will measure and monitor in order to support improvements to the quality and safety of patient care. These are:

1. Clinical handover.
2. Sepsis/deteriorating patient.
3. Getting Emergency Care Right.
4. Right staff, right place.
5. Learning/Feedback/Always Events.

As part of our submission to the campaign, we included a bid for a one-off discretionary payment in 2015 by the NHS Litigation Authority. Our bid was one of the 67 successful bids out of a total of 243, earning us £245,329 which is earmarked for the introduction of Human Factors (HF) champions into our Trauma & Orthopaedics Department, Emergency Department and Theatres and for the development of an innovative audio surgical safety checklist for our Theatres.

UHCW believes that human factors cut across all the safety information and data that we hold and the introduction of a Human Factors Strategy would herald a key step change in our approach to safety training and learning.

Never Events

During 2014/2015 we reported three "never events," which we take extremely seriously and cause us great concern.

We reported one case of a "misplaced naso-gastric tube," which regrettably occurred even though the Trust had the relevant guidelines in place.

The other two cases reported were "retained foreign object post-procedure", which both occurred in the operating Theatre, despite use of the World Health Organisation's (WHO) Safer Surgery checklist.

In each case we have discussed the error with the patient involved and/or their next of kin and offered to share the results of our investigations in the spirit of "being open" and as now required by the new statutory Duty of Candour.

Investigations were conducted for each, led by a senior clinician using Root Cause Analysis (RCA) methodology. The RCA reports were scrutinised by our Significant Incident Group, which has a representative from our commissioners, to ensure that all aspects had been considered and that the associated action plans were robust. All actions are monitored until completion.

Staff involved in a Never Event are required to discuss the incident and actions taken at a meeting with the Chief Executive Officer and the RCA reports are shared with the Trust Board.

We have taken active steps to try to eradicate the occurrence of never events in the organisation. Examples of actions we have taken are:

• Raised awareness of Never Events and shared the learning with our staff.
• Taken action as required by safety alerts and recommendations from the National Reporting and Learning System (NRLS).
• Monitored the use of World Health Organisation (WHO) surgical safety checklists and addressed any shortcomings immediately.
• Reviewed and revised clinical guidelines to improve patient safety, based on learning from the incidents.
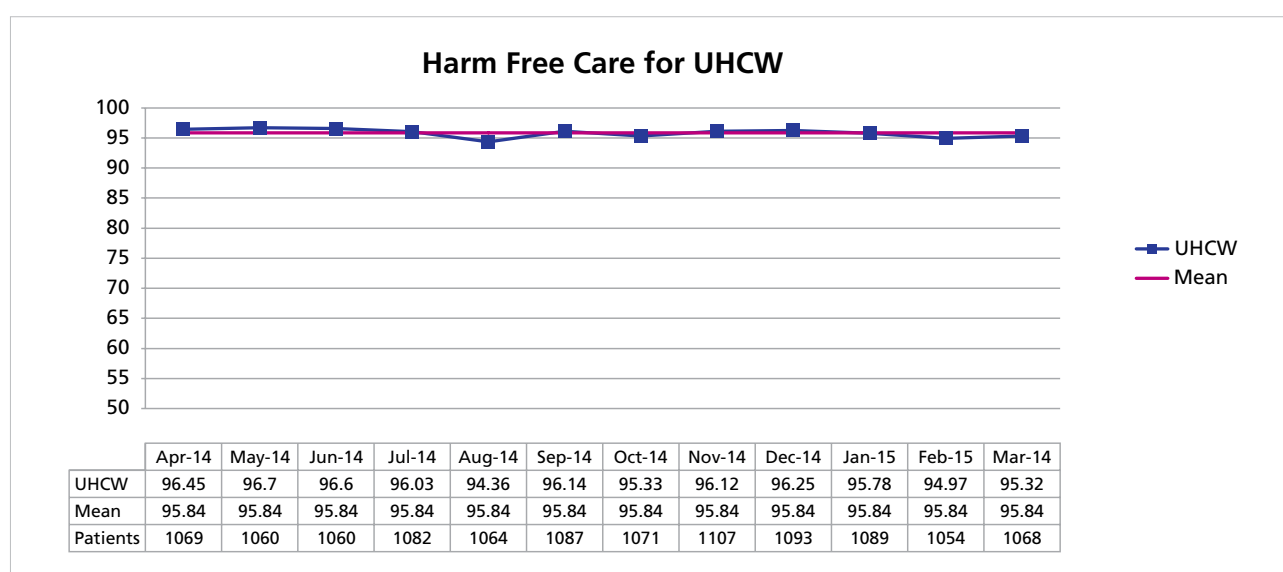• Introduced "*Stop before you implant*" initiative in our theatres.

The NHS Safety Thermometer
The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and harm free care. It is also part of the National CQUIN programme using the data for pressure ulcers and falls.

The NHS Safety Thermometer is fully implemented and has been in use across the Trust since January 2012 with the exception of the Emergency Department, Theatres, Day Surgery and Outpatients.

There are 44 wards using the Safety Thermometer each month to survey all patients on wards, with the exception of the Paediatric wards (only children aged two and above are included in the collection of this information).

UHCW compares itself monthly to a peer group of comparable university hospitals and the data is used as part of performance reviews for the Trust's 16 operational groups.

Harm Free Care for UHCW

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-14
UHCW	96.45	96.7	96.6	96.03	94.36	96.14	95.33	96.12	96.25	95.78	94.97	95.32
Mean	95.84	95.84	95.84	95.84	95.84	95.84	95.84	95.84	95.84	95.84	95.84	95.84
Patients	1069	1060	1060	1082	1064	1087	1071	1107	1093	1089	1054	1068

3.2 Claims

The Trust in the financial year 2014/2015 reported 111 clinical negligence claims to the National Health Service Litigation Agency (NHSLA), an increase of six on the last financial year. In 2014/2015 the NHSLA, on behalf of the Trust, settled 34 claims. Further details on the Trust's claims history can be obtained via the NHSLA's website: **www.nhsla.com**.

We can confirm that the Trust's clinical negligence claims history is within the national average for Acute Trusts providing a maternity service.

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

3.3 Dementia

The Dementia and Frail Older People's Team has worked in partnership with other hospital staff to ensure the needs of patients with dementia, confusion and frailty, remain a priority within the Trust.

UHCW had a successful year in regards to the care of people with dementia and has implemented many quality interventions which have improved the hospital experience for patients with dementia such as:

- Promoting the sky blue pillow approach throughout the hospital;
- The inclusion of a dementia tab on the Clinical Results and Reporting System (CRRS) to enable clinical staff to easily identify patients with dementia;
- Dementia training and the utilisation of Dementia Champions in majority of clinical settings;
- The promotion of the "m" Technique which is a calming technique to help settle anxious frail patients;
- The employment of activity co-ordinators which has increased to four on clinical areas.

All of these interventions together resulted in the hospital being awarded the Department of Health's 'Best Dementia Friendly Hospital 2014-2015.'

Latest figures show that 50% of acute hospital beds are occupied by patients with dementia, so it is vital that the needs of this vulnerable group of patients remain high. Good care amounts to efficient care as people with dementia often stay in hospital longer than patients without dementia and have more complications to their stay; one of the most important ways of improving this is by the extension of the Forget Me Not Care Bundle. The team implemented the Forget Me Not Care Bundle initially on Ward 12 and now this Care Bundle has been rolled out to all wards. The Forget Me Not Care Bundle is a proven set of four key interventions which improve the care and safety of a person with dementia while they are in hospital. These interventions include:

- **Knowing the person.** Staff working closely with the patients' carer to ensure important information about the person is filled in within the first 24 hours of the persons stay;
- **Promoting compassionate person centred communication** and offering repeated reassurance to the person with dementia;
- **Ensure the person has enough to eat and drink** and their food preferences are adhered to;
- **The person is kept safe** and that their bed area is clutter free, they are allowed to mobilise as safely as possible, there is flexible visiting for carers and the person is not moved unless their clinical need determines this.

Sky Blue Pillow Case Initiative

The projects the Dementia and Frail Older People's Team strive to achieve this year are:

- Further work on the Forget Me Not Care Bundle;
- Extending the dementia training we provide to promote a nationally recognised qualification in dementia care offered to all staff;
- The implementation of the Carers Pass which acknowledges the support of carers which allows them to visit outside set visiting times and for them to receive refreshments from the hostess staff;
- The development of a weekly carers /relatives support group for people with dementia, so carers have the opportunity to discuss any concerns they have about their loved one, while they are in hospital and a chance to speak with one of the Dementia and Frail Older People's Team about advice on discharge;
- To work on a new dementia CQUIN, which is an enhanced version on the Forget Me Not Care Bundle whereby patients with dementia and/ or delirium are identified early on in their hospital stay. They are supported while in hospital and then supported on discharge.

References:
Andrews J (2015) Dementia the one stop Guide, Profile books, London
Care Quality Commission (2014) – Cracks in the Pathway

3.4 Infection Control

END OF YEAR PERFORMANCE AGAINST DEPARTMENT OF HEALTH TARGETS

Clostridium difficile (C.diff)

UHCW ended the year 2014/2015 below both the national and internal stretch targets set for Clostridium difficile.

The award winning 'Get Stool Smart' campaign, which seeks to support and educate staff to make good clinical judgments around Clostridium difficile management, will continue at UHCW. This work is shared with all student nurses who are members of the Royal College of Nursing. UHCW staff are regularly invited to present this successful campaign across the country at various events, including the whole health economy debate around Clostridium difficile run by Public Health England. The presentation featured very positively in social media. In 2014 two team members were invited to present at the Hong Kong Nurses Infection Society Conference, where it was very well received.

Methicillin-sensitive Staphylococcus aureus (MSSA)

The Trust achieved a further reduction of 38% against last year with a total of 15 cases of MSSA bacteraemia. We hope to continue this reduction year on year collaborating with the Intravenous Service.

MRSA

UHCW reported nine MRSA bacteraemia cases attributable to the Trust. The Infection Prevention and Control Team have worked hard with the clinical teams and external authorities to understand the causes and to ensure that we did not have an outbreak situation. All of the patients concerned have recovered and have been discharged. The Infection Prevention and Control Team continue to work with staff to ensure UHCW return to its low incidence of MRSA.

Influenza and Norovirus

Despite constant numbers of influenza positive patients being diagnosed only one instance of cross infection was identified: this reflects well on the capacity of nursing staff to manage infection control practices.

Norovirus was experienced at very low levels. UHCW had no ward closures this year as again staff managed extremely well and we saw only partial areas closed and very limited disruption to service delivery. In previous years we admitted high numbers of our Norovirus cases but initial investigation of the data indicates this is not the case this year. This has been corroborated by the local Clinical Commissioning Group (CCG) and is believed to be a positive outcome of the initiative last year to second a member of the Infection and Prevention Control Team to CCG to assist in educating around Norovirus management.

Team innovation and research

UHCW's Infection Prevention and Control Team has recruited Dr Carolyn Dawson, Post Doctoral Researcher who works part time as Infection Prevention and Control Researcher and part time with the University of Warwick.

This innovative post has been extremely successful and staff are undertaking research, writing papers and have been invited to present at conferences around the country. This has attracted research funding. The team continues to maintain a presence through social media and have just under 2000 followers on Twitter: @uhcw_inf_con.

DH Target	Internal Target	Total Cases Trust Apportioned
54	42	41

C. diff cases Comparative Chart by Year
(apportioned cases only)
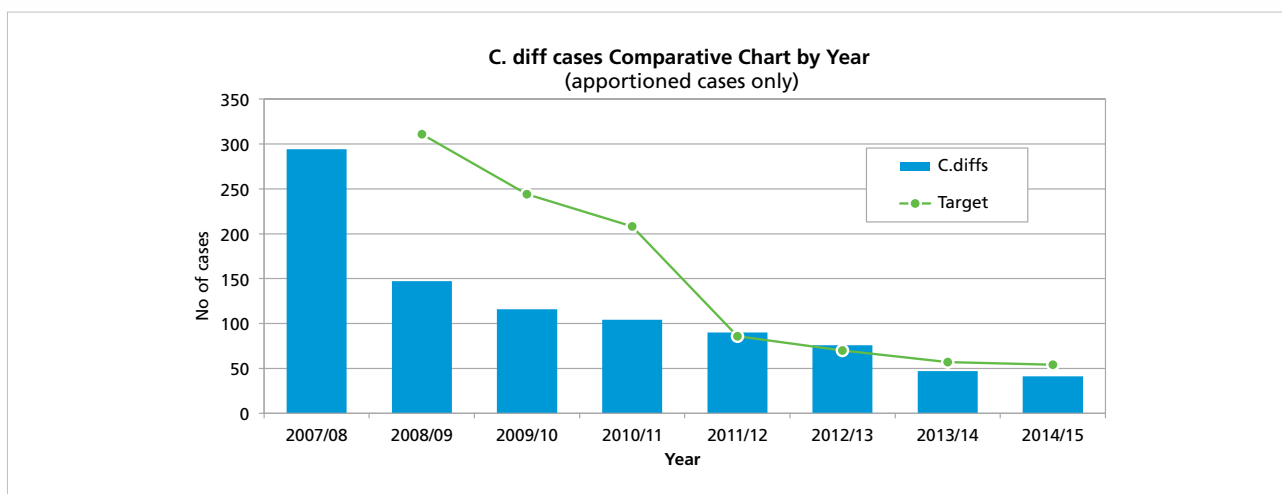
Figure 3: Chart showing reduction in C diff numbers

Chart showing MSSA cases by Year
(apportioned cases)
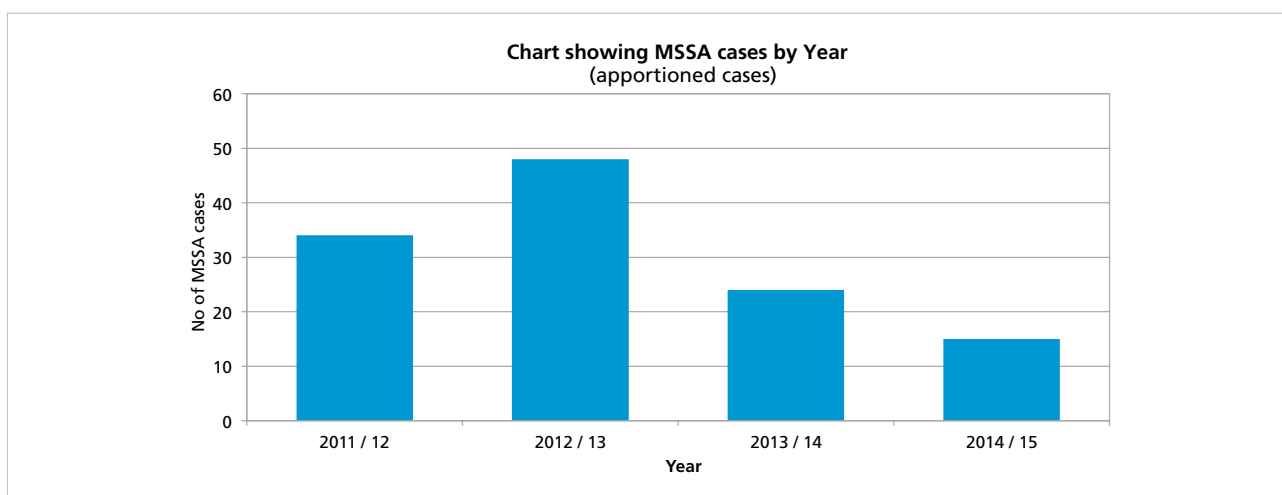
Figure 4: Chart showing reduction in MSSA numbers

MRSA Bacteraemia Comparative Chart by year
(pre and post 48 hours from admission)

Figure 5: Influenza and Norovirus Comparative Chart

3.5 Safeguarding and Child Protection

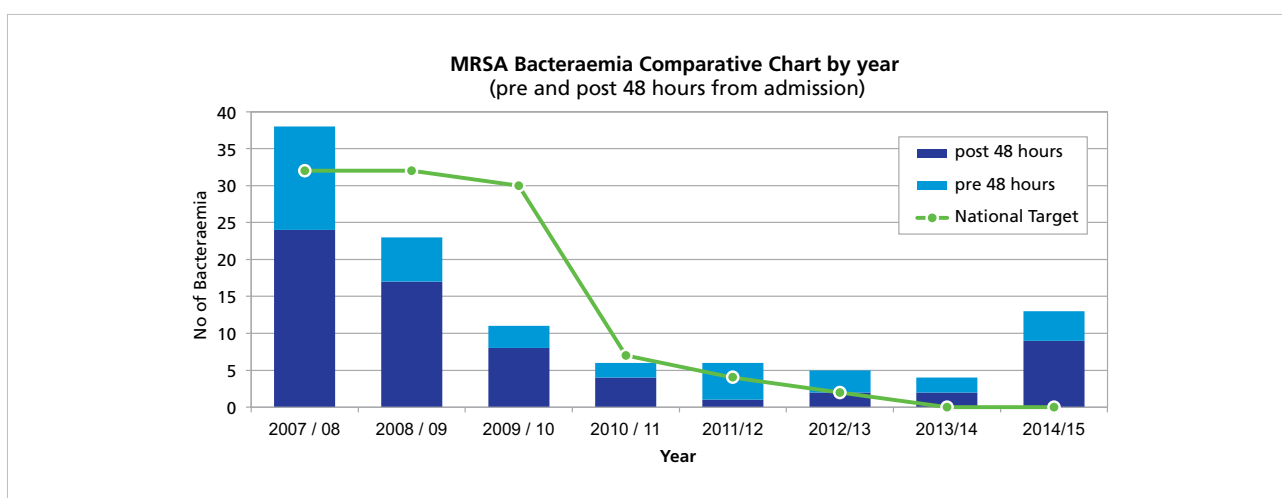The Safeguarding Team has a newly appointed Named Nurse for Adults who continues to work closely with the Named Nurse for Children. The team includes a support midwife and a full time administrator, with plans to expand the team in the future. The co-location of the team allows for seamless safeguarding advice and support to be available. The Care Act 2014 has been incorporated in to relevant training.

Adult Safeguarding Training at Level Two continues to be delivered via the Trust's induction package that all new staff are required to attend, with staff required to take a refresher course every three years. Updates are accessible online, or are available as bespoke face to face sessions upon request.

There is now an E-Learning package for Adult Safeguarding Training at Level Two which can be accessed online via Electronic Staff Record.

Since January 2015 there have been a number of Adult Safeguarding Level Two Training sessions, which have been positively evaluated, relating to mental health, mental capacity, Deprivation of Liberty Safeguards (DoLS) and restraint available. There are further planned training sessions throughout the rest of 2015.

Training compliance for Level One (adults) has risen from 78.24% in February 2014 to 84.89% in March 2015. Training compliance for Level Two (adults) in March 2015 is 84.25%. Recording of this statistic began in August 2014.

Level Two Child Protection training is also delivered at induction. Updates are available online, or as bespoke sessions, upon request. Compliance with Level Two training attendance has risen from 79.43% in February 2014 to 88.43 % in March 2015. Training compliance for Level 3 in March 2015 is 85.03%. A Level Three training event which was held in April 2015 is expected to see this figure rise.

Working Together to Safeguard Children (2015) and the Intercollegiate Document (2014) have both been incorporated in to relevant training. There is a training strategy in place to achieve 90% compliance for 2015/2016.

For those staff that require Level 3 training, they are encouraged and supported to attend training sessions provided by the Coventry Safeguarding Children Board.

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

There has been significant resource (time) committed to the creation of the local Multi Agency Safeguarding Hub (MASH) and the Child Sexual Exploitation (CSE) agenda and multi-agency response.

3.6 Medical Revalidation

Medical Revalidation is a statutory requirement by which licensed doctors must demonstrate they are up-to-date and fit to practise providing greater assurance to patients, the public, employers and other healthcare professionals.

It is based primarily on the outcome of annual appraisal through a doctor's formal link (prescribed connection) with an organisation, known as a designated body. Each designated body has a Responsible Officer (RO) who is responsible for ensuring processes are in place to support medical appraisal and revalidation along with submitting recommendations to the General Medical Council (GMC). For UHCW this is Chief Medical and Quality Officer, Professor Meghana Pandit. To date she has made positive recommendations, for the renewal of licenses to practise, for 305 of the Trusts 546 prescribed connections.

In April 2014, NHS England (NHSE) introduced the Framework for Quality Assurance (FQA) to provide guidance with regards to quality assessing the revalidation and appraisal process. With this the Trust is obligated to provide Quarterly Appraisal Rates (QAR) to NHSE. The figures reported for the appraisal year 1st April 2014 to 31st March 2015 are as follows:

Quarter 1 – 49% compliant
Quarter 2 – 87% compliant
Quarter 3 – 65% compliant

Quarter 4 figures are collated as part of an Annual Organisational Audit (AOA), which showed annual compliance with appraisal for 2014/2015 at 82.85%.

In order to address points highlighted by the 2013/2014 AOA the Revalidation Team developed an action plan.

With this in place, we have already made several changes to strengthen and standardise the revalidation and appraisal process including:

- Delivering an in-house appraiser training programme to ensure a continued supply of quality trained medical appraisers.
- Establishing an Appraiser Support Group whose aim is to provide guidance to appraisers in their role, as well as the opportunity to share elements of good practice.
- Development of a calibrated checklist to enable the qualitative assessment of appraisals, along with an agreement by the Revalidation Team that 10% of appraisals completed in each quarter will be reviewed against this and the findings shared with the relevant stakeholders.
- An updated Medical Appraisal Policy in line with NHSE's policy and the incorporation of a process to request postponement of appraisal. The latter will ensure the RO has a record of valid reasons for appraisals not taking place in order to report valid QAR.
- Providing doctors with an online appraisal system, Equiniti 360 Clinical's Revalidation Management System (RMS), in order to support them through the revalidation process. The system follows an appraisal process aligned to the GMC's principles of Good Medical Practice. It also allows for efficient tracking of where doctors are in the appraisal and revalidation process, in addition to providing reporting functions which are aligned to criteria specified in the QAR and AOA.
- Bi-annual updates are presented to the Trust Board to assure members that progress on the action plan is being made and requirements are being met.

UHCW is continuing to work to embed revalidation across the Trust to ensure it is viewed as a tool by which doctors can reflect on and develop their practice, and thus deliver a higher quality of care to patients. Going forward, we will continue to assess ourselves against the Framework for Quality Assurance in order to strengthen our processes further.

3.7 Equality, Diversity and Human Rights

The Trust has continued to demonstrate its commitment to promoting equality, by working towards eliminating discrimination, embracing diversity and developing services and a workforce that is representative of the communities that utilise our services.

In line with legislative requirements, we have published the annual equality data as required and our equality objectives have been developed in partnership with both internal and external stakeholders.

Supporting Patients
Our 2014/2015 Equality Action Plan will be Red, Amber, Green (RAG) rated in line with the Department of Health's Equality Delivery System (EDS2) Framework. This will enable us to identify how we are progressing against the agreed actions within the plan. The outcome of the RAG rating will be presented to the Trust Board and published on the Trust's website: www.uhcw.nhs.uk

Independent Advisory Group for Equality and Diversity (IAG)
The IAG was set up in 2013 and we are pleased and encouraged by the commitment shown to the group by its members. Membership of the group includes representation from:

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

The IAG has further strengthened its influence in developing practice and policies that promote Equality, Diversity and Human Rights issues for both patients and staff.

During 2014/2015 the group has taken presentations from various internal departments and external organisations and implemented recommendations. These include:-

Coventry Resource Centre for the Blind (CRCB)
Following a visit by Rosie Brady from CRCB to highlight issues faced by blind/visually impaired people coming in to the Trust, it was agreed to see if we could take any actions to improve their patient experience. As a result of raising these issues, the following action has been taken or being organised:-

- The rotating glass doors at the main entrance now have visibility spots and improved door controls.
- The disabled toilet sign has now been incorporated onto the main signage.
- A trial is currently taking place outside Wards 20, 21 and 40 with a button outside of the ward to attract staff attention when wards are closed.
- Resources are being collected for a training communication toolbox for wards.

Coventry Deaf Community/British Deaf Association (BDA)

Robin Ash from the British Deaf Association shared some of the difficulties that deaf/hearing impaired people face in hospital. We agreed that it would be possible to implement a text messaging service at car park barriers/ payments machines.

The Deaf community have participated in hospital consultations, surveys and research. With the provision of a British Sign Language (BSL) Interpreter allowing full access, the deaf community have been attending members' events.

The Equality and Diversity Team has been to the Deaf Club in Coventry on several occasions to provide updates on progress to its members. The Trust has agreed to sign up to two of BDA's British Sign Language Charter pledges:-

• Ensure access for deaf people to information and services.
• Consult with our local deaf community on a regular basis.

Patient Experience Team

The IAG provided feedback and/or commented on the:-

• Patient Information format.
• Together Towards World Class Patient Experience Plan.
• Friends Family Test (FFT) questionnaire format.

A training package for the care of blind/visually and deaf/hearing impaired patients is being developed in partnership with the Patient Experience Manager and the Head of Volunteers.

Together Towards World Class programme lead (TTWC)

Having received presentations on the Trust's TTWC organisational development programme and the Patient Experience stream, the IAG were able to provide feedback.

The Communications Team presented some possible choices for the TTWC corporate video and the IAG, again, provided their point of view.

Supporting Staff

Partnership working within the Trust is a key element of the work of the Equality and Diversity Team, in particular, where it impacts on patient care and experience. This has included leading on the Trust's Engagement Strategy which identifies why we want to engage with patients, communities, staff, partners and stakeholders.

Equality and Diversity leadership is a key part of the Trust's TTWC organisational programme and features strongly in the leadership initiative launched this year.

The Equality and Diversity Team has provided bespoke training on equality, bullying and harassment to raise awareness of legislation and enable staff to respond to issues appropriately. Also the team regularly provides advice and support to individuals.

As per the requirements of the Equality Act 2010, all relevant equality data is published annually on the Trust's website, as well as all policies, business cases and significant changes in the Trust are assessed for impact on protected characteristic groups.

3.8 Innovation to Improve Patient Care

Innovative activity continues to happen across the Trust, driven by highly engaged individuals and departments. The publishing of Five Year Forward broadly sets out the vision for the promotion of well-being and the prevention of ill health, so there is a wealth of opportunity to further implement new and different ideas. Having finalised our strategic aims for the next two years, we will now embark on a number of different ways to generate organisational value by supporting staff with their innovative ideas.

Our Innovation Champions have been a key part of the Innovation Team for the past 18 months and have represented a breadth of specialisms across the Trust. The assessment of proposed ideas has been a smooth process and allowed the most suitable Champion to be rapidly identified to help progress valuable ideas.

Recruited for their attitude and innovative behaviour, it is no surprise that the Champions are leading by example and progressing innovative work in their own departments and fields. The natural progression for the role therefore appears to be to move from Champions working on others' ideas, to legitimising time to work on their own innovation project, which we will take into consideration when the next cohort of Champions is recruited.

Our electronic ideas form through which staff can disclose innovative ideas, continues to be an important mechanism to feed our innovation pipeline. During 2014/2015 we received 62 ideas, 20 of which were assessed as being protectable in some way. As a direct response to challenges posed by staff, we have begun facilitating bespoke creative thinking sessions with staff members. We have held two sessions so far, and each has generated more than 50 specific ideas which we have filtered down to three to progress.

We secured a further two licence deals during the past year and are close to finalising an overarching agreement which will underpin the development of a systematic approach for innovation with the University of Warwick.

3.9 Patient Experience

The Trust's real time feedback system, Impressions, has continued to capture feedback about its services from patients, relatives, carers and visitors. Amongst a variety of questions, the survey asks respondents whether they had a mainly good or mainly bad impression of the Trust and its services. The results for this question for 2014/2015 are shown on the right:

The Trust is pleased to note that the scores were consistently in the 90%+ range. Impressions also asks respondents to feedback in their own words about their experiences and suggestions for improvements. These comments/suggestions are sent to relevant members of staff on a daily basis and, where possible/appropriately acted upon to develop services in line with what our patients want.

Figure 6: Patient Experience

FRIENDS AND FAMILY TEST (FFT)

In line with national guidance, during 2014/2015 the Trust expanded the implementation of the Friends and Family Test (FFT) throughout its services. The Trust implemented FFT to the following timeline:

Inpatients	April 2012
A&E	April 2013
Maternity	October 2013
Outpatients	October 2014
Day Case	October 2014

Patients responding to the Friends and Family Test, indicated the highest and lowest levels of satisfaction in the following elements of the Trust's services:

Highest:
- Staff treating [the patient] with politeness and respect
- [Patients] feeling safe in our care
- Staff respecting [the patient's] privacy and dignity

Lowest:
- Parking
- The Standard of Food and Drink
- Doing things on time

Inpatient & A&E National Comparison
The following tables show how the Trust has compared nationally with both its FFT recommender and response rates for both Inpatients and A&E.

FFT Inpatient Experience Response Rate % by Month
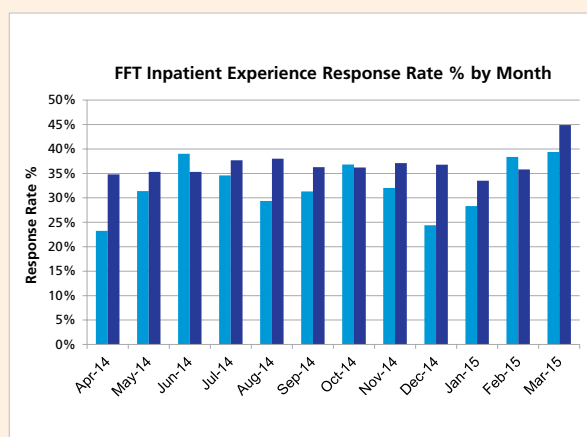
Month	UHCW	National	Comparison
Mar-15	39.37%	44.90%	5.53% ↓
Feb-15	38.37%	35.80%	1.43% ↓
Jan-15	28.33%	33.50%	7.47% ↓
Dec-14	24.38%	36.80%	9.12% ↓
Nov-14	32.03%	37.10%	4.77% ↓
Oct-14	36.83%	36.20%	0.27% ↓
Sep-14	31.33%	36.30%	4.87% ↓
Aug-14	29.38%	38.00%	6.92% ↓
Jul-14	34.58%	37.70%	3.42% ↓
Jun-14	39.01%	35.30%	1.31% ↑
May-14	31.37%	35.30%	3.93% ↓
Apr-14	23.23%	34.80%	11.57% ↓

FFT Inpatient Experience Recommender % by Month
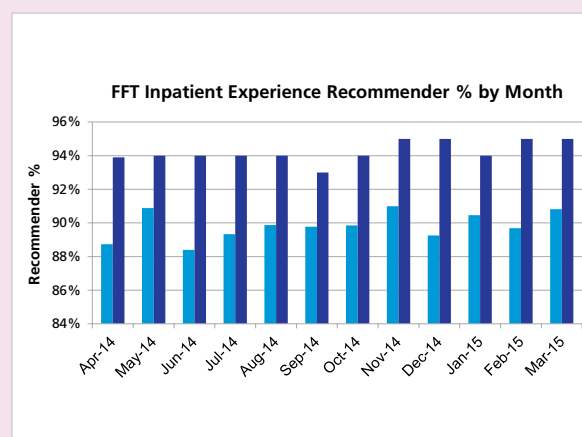
Month	UHCW	National	Comparison
Mar-15	90.82%	95.00%	4.18% ↓
Feb-15	89.69%	95.00%	5.13% ↓
Jan-15	90.46%	94.00%	3.54% ↓
Dec-14	89.25%	95.00%	5.75% ↓
Nov-14	90.99%	95.00%	4.01% ↓
Oct-14	89.85%	94.00%	4.15% ↓
Sep-14	89.77%	93.00%	3.23% ↓
Aug-14	89.87%	94.00%	4.13% ↓
Jul-14	89.33%	94.00%	4.67% ↓
Jun-14	88.40%	94.00%	5.6% ↓
May-14	90.88%	94.00%	3.12% ↓
Apr-14	88.73%	93.90%	5.17% ↓

FFT A&E Experience Response Rate % by Month
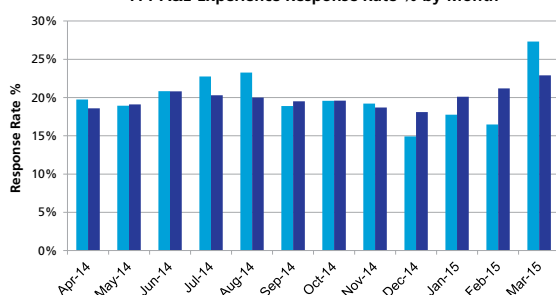
Month	UHCW	National	Comparison
Mar-15	27.32%	22.90%	4.42% ↑
Feb-15	16.48%	21.20%	4.72% ↓
Jan-15	17.76%	20.10%	2.34% ↓
Dec-14	14.91%	18.10%	3.19% ↓
Nov-14	19.21%	18.70%	0.51% ↑
Oct-14	19.57%	19.60%	0.03% ↓
Sep-14	18.89%	19.50%	0.61% ↑
Aug-14	23.27%	20.00%	3.27% ↑
Jul-14	22.75%	20.30%	2.45% ↑
Jun-14	20.83%	20.80%	0.03% ↑
May-14	18.94%	19.10%	0.16% ↓
Apr-14	19.74%	18.60%	1.14% ↑

FFT A&E Experience Recommender % by Month
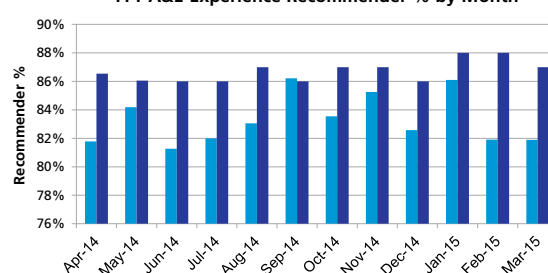
Month	UHCW	National	Comparison
Mar-15	81.90%	87.00%	5.1% ↓
Feb-15	81.91%	88.00%	6.09% ↓
Jan-15	86.10%	88.00%	1.9% ↓
Dec-14	82.58%	86.00%	3.42% ↓
Nov-14	85.26%	87.00%	1.74% ↓
Oct-14	83.55%	87.00%	3.45% ↓
Sep-14	86.22%	86.00%	0.22% ↑
Aug-14	83.06%	87.00%	3.94% ↓
Jul-14	82.00%	86.00%	4.0% ↓
Jun-14	81.27%	86.00%	4.73% ↓
May-14	84.19%	86.05%	1.86% ↓
Apr-14	81.78%	86.54%	4.76% ↓

MATERNITY FRIENDS AND FAMILY TEST

Antenatal question: the Trust is pleased to note that for eight months its recommender rate was higher than the national average.

Birth question: the Trust is pleased to note that for nine months its recommender rate was higher than the national average. However, with the exception of April and October, its response rate was below this average.

Postnatal in hospital question: the Trust is pleased to note that for 11 months its recommender rate was higher than the national average.

Postnatal community question: the Trust is pleased to note that for six months its recommender rate was higher than the national average.

Surveys undertaken as part of the national NHS Survey Programme:

During 2014/2015, two surveys were undertaken as part of the Care Quality Commission's NHS Survey Programme: the annual Inpatient Survey Programme and the Accident and Emergency Department Survey. Whilst the Trust is pleased to note an improvement in the scores in a large number of the questions asked in the Accident & Emergency Survey, the results of its Inpatient Survey are mixed. The Trust has carried out an exercise whereby it has examined the results of both surveys and linked them to various improvement initiatives already taking place at the Trust and in particular to its organisational development programme, Together Towards World Class (TTWC), which was launched in March 2014.

Analysis of all the surveys undertaken during 2014/2015 allows the Trust to conclude:

Patient, relative and carer satisfaction levels remain high particularly with staff treating patients with politeness and respecting their privacy and dignity. The Trust is particularly pleased that patients report feeling safe in its care.

There continues to be high levels of dissatisfaction with parking. The Trust also notes a level of dissatisfaction with timeliness and food and drink.

WE ARE LISTENING: YOU SAID, WE DID IN 2014/2015

Between November 2014 and March 2015, the Trust continued to listen and act upon the views of its patients, relatives and carers. We continue to use 'Impressions', forums were re-designed and the Patient Story Programme to Trust Board continued.

The Patient Experience Team has also refreshed the 'We are Listening' campaign for our users with an annual programme of events and initiatives. The campaign's aim has been twofold: to make our patients, relatives and carers aware of the various mechanisms available to them to feedback on their experiences and to increase the amount of feedback we receive. This is in line with the organisational vision to become a national and international leader in healthcare, and our organisational development programme to provide a world class experience for our patients.

With all this wealth of information on patient, relative, carer experience, the Trust has worked hard during 2014/2015 to bring about improvements in line with what is important to those who use its services. Based directly on feedback from patients, relatives and carers, areas and departments have carried out the following in the past 12 months:

A&E Waiting Times

Every 30 minutes, the reception team talk to the Nurse Co-ordinator to understand the position of the department. The waiting time is then updated in accordance with the information received.

Source: Friends & Family Test

Refreshments

A vending machine has been installed in the Labour Ward waiting area.

Source: Friends & Family Test

Signage

Clearer signage has now been installed for the Ophthalmology Department in Outpatients, to help direct patients who are visually impaired.

Source: Patient Advisors Team

Information on Ward Areas

Information boards have been installed on every ward area. These information boards enable staff to share local information on safety, patient experience, and ward specific information.

Source: Patient feedback

COMPLAINTS

During 2014/2015 we received 479 formal complaints. The 25 working day date takes us to 6 May 2015 so the information is based on complaints received between **April 2014-February 2015 (435 complaints).**

Complaints responded to within 25 working days: 54% answered within 25 working days.

Upheld: 66% of complaints were upheld. There are however, still 26 complaints outstanding that have not yet been answered which were received prior to March 2015.

Parliamentary and Health Service Ombudsman (PHSO)
- New requests – 14
- Investigated – nine (one upheld, three partially upheld and four not upheld and one waiting to hear). Five cases are waiting to hear from the PHSO as paperwork has been sent.

UHCW is committed to provide a written response to all formal complaints within 25 working days of receipt of the complaint. To improve the response times to complaints a number of initiatives have been put in place:

- 90% response target within 25 days has been set for all Specialty Groups.
- Internal processes have been reviewed and from this a Complaints Management plan has been developed.
- Weekly meetings set up to monitor Complaints figures.
- Each specialty has a Complaints Officer assigned to the group.
- Escalation points agreed.
- The wider Quality Department is supporting the Complaints Team.

Total Number of Complaints	2011/2012	2012/2013	2013/2014	2014/2015
Total Number of Complaints University Hospital, Coventry	450	431	459	457
Total Number of Complaints Hospital of St. Cross, Rugby	44	42	26	21
Total Number of Complaints – Other	3	10	5	0
TOTALS	497	483	490	479
Total Number of complaints referred to the PHSO	25	23	16	14
Ratio of Complaints to Activity	911,206	914,700	966,763	900,392
	0.05%	0.05%	0.05%	0.05%

Top Five Complaint Categories as prescribed by the NHS IC K014a	
All aspects of clinical treatment	242
Communication/information to patients (written and oral)	75
Attitude of staff	46
Failure to follow agreed procedure	36
Admissions, discharge and transfer arrangements	33

For further information about complaints and about how the Trust is responding to the national recommendations of the Francis and Clwyd/Hart publications please access the Quality Department Annual Report on the Trust's website: www.uhcw.nhs.uk

3.10 PLACE (Patient Led Assessment of the Care Environment)

The Trust has again achieved satisfactory results compared to other Private Finance Initiative (PFI) hospitals of similar size. The 2015 assessment results will be published in September 2015.

Site	Year	Cleanliness	Food Overall	Food Ward	Food Organisation	Privacy Dignity and Wellbeing	Condition Appearance and Maintenance
University Hospital	2013	94.28%	85.04%			96.21%	93.27%
	2014	98.17%	88.13%	89.96%	77.37%	97.74%	93.07%
	Change	+3.89%	+3.09%			+1.53%	-0.2%
Hospital of St Cross	2013	96.65%	74.81%			94.37%	93.10%
	2014	99.47%	86.19%	92.51%	76.53%	91.15%	96.12%
	Change	+2.82%	+11.38			-3.22	+3.02
National Average Acute Specialist	2014	97.3%	88.4%	89.1%	85.9%	87.4%	91.9%

The table above shows improvements in all areas across both sites with the exception of a 3.22% reduction in the privacy and dignity score at the Hospital of St Cross and a 0.2% reduction under condition, appearance and maintenance at University Hospital. Further work will be undertaken to better understand the drivers behind these and appropriate action undertaken to improve. A comparison is also included to show the national average for Acute/Specialist Trusts.

Although improvements have been made in 2013/2014 following last year's audits, a series of initiatives will be adopted across the organisation to improve PLACE audit scores for next year, these include:

- Catering services – both patient and visitor services will be reviewed.
- A review of the new patient menus took place in January 2015. To improve the patient meal experience at meal times, we have introduced simple cutlery packs that will hold the patient's cutlery and also include a napkin and a disposable cleansing wipe to allow patients to wipe their hands before commencing the meal.
- We will also continue to develop a decoration/enhanced maintenance program to aggress:

  - Public spaces on a twice yearly basis.
  - Emergency Department on a twice yearly basis.
  - General Critical Care once yearly.
  - Ward 50 and the Renal unit once yearly.
  - Ash Renal unit once yearly.

SITE ACCESS & CAR PARKING

Work has been progressing during 2014/2015 with the planned on-site improvements to address ongoing car parking and congestion issues.

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

- Additional car park decks to increase public parking capacity.
- An upgraded bus interchange facility that will increase capacity.
- Modified road and car park access layouts to enable better traffic flow.
- Automated car park signage indicating location of available spaces.
- New larger main entrance patient drop off zone.

Three elements of these improvement works have now been completed. These are a new taxi rank, a new main entrance patient drop off zone and a new queuing lane for Car Park 5.

The remaining elements of these improvement works are in progress and are due to be completed by November 2015. There are a further two elements which are being planned to increase both staff and visitor parking and are due for completion in summer 2016. These are:

- An extension to the A&E decked car park (89 spaces).
- A new raised deck to a section of the FM car park (circa 130 spaces).

In conjunction with the on-site works, a successful application was submitted to the Department of Transport with Coventry City Council for £3.9m of funding to address the pinch point issues to junctions on roads approaching University Hospital. These works are currently in progress and are due for completion in summer 2015. These works consist of:

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

3.11 Staff Experience

The NHS Staff Survey is undertaken nationally by all Trusts on an annual basis and takes place between the months of October and December. The survey is used to gauge the degree of staff engagement and identify the effects of the four staff pledges within the NHS Constitution.

STAFF PLEDGES

The four staff pledges contained in the NHS constitution are:

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

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

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

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

2014 NATIONAL STAFF SURVEY

The 2014 NHS Staff Survey involved 287 NHS organisations in England, with over 624,000 NHS staff invited to participate using a self-completion postal questionnaire survey or electronically via email.

All full-time and part-time staff directly employed by UHCW on September 1st 2014 were eligible to participate in the survey that was carried out between late September and early December 2014. 850 randomly selected staff were sent paper copies of the survey by Quality Health, our national staff survey administrator, alongside a letter from our Chief Executive Officer and reminder copies of the survey for those who had not returned their survey within a four week period.
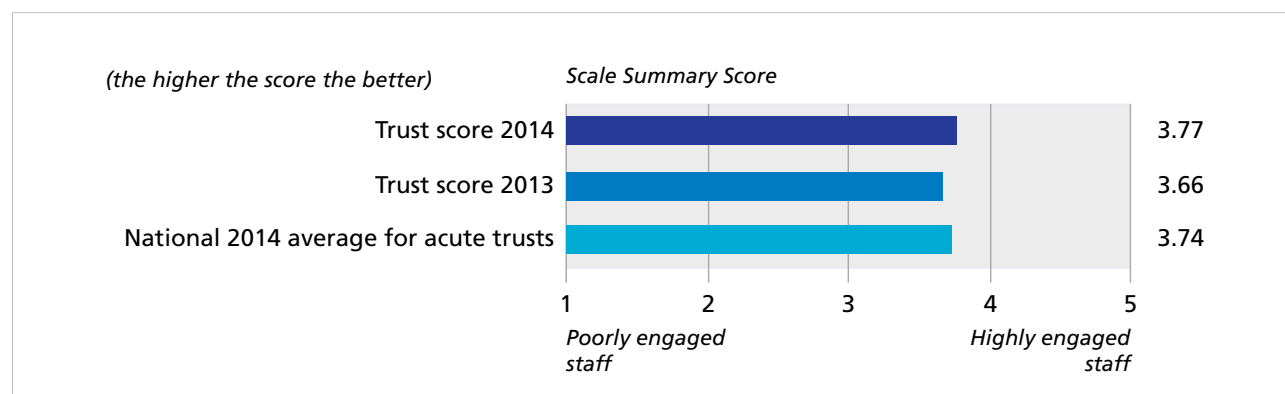
Response rate
In 2014, our response rate was 37%. This response rate is the same as in 2013, against a back drop of falling response rates from 2009 – 2013. The national average response rate was 42%, a fall of 7% from 2013.

Engagement Score
Overall our engagement score, measured on a scale of 1 (poorly engaged) to 5 (highly engaged) calculated using the response to several of the survey questions, stands at 3.77.

This is an increase from 3.66 in 2013 and is above the national average for Acute Trusts which stands at 3.74. On a national scale, the overall staff engagement indicator has fallen slightly from 3.71 (2013) to 3.70 (2014).

(the higher the score the better)

Scale Summary Score

	Score
Trust score 2014	3.77
Trust score 2013	3.66
National 2014 average for acute trusts	3.74

1 2 3 4 5
Poorly engaged staff — *Highly engaged staff*

Acute Sector Comparisons

As well as receiving our response directly, our responses are compared to other Acute Trusts in England. From this we can identify the areas where we perform most and least favourably.

The National Staff Survey provides us with a baseline set of data and an indication of where actions should be focussed. However, the results should also be treated with caution, given the small number of respondents in comparison to our staff body.

In addition, we have reviewed the results alongside feedback already gathered through a series of listening events undertaken in 2014 and Staff Impressions 2014, our local staff survey which can be completed by all staff.

Top Five Ranking Areas		
Area	2014 UHCW Score	2014 Acute Average Score
Percentage of staff agreeing their role makes a difference to patients.	93%	91%
*Work pressure felt by staff.	2.94	3.07
Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver.	82%	77%
Percentage of staff receiving job relevant training, learning or development in the last 12 months.	84%	81%
Percentage of staff reporting errors, near misses or incidents witnessed in the last month.	93%	90%

*The drivers for this improvement on this metric include improvements in staff feeling they have the ability to contribute towards improvement at work, the numbers of staff recommending the Trust as a place to work or for friends and family to be treated, and the extent to which staff look forward to going to work and are enthusiastic about their roles.

Bottom Five Ranking Scores		
Area	2014 UHCW Score	2014 Acute Average Score
Percentage of staff agreeing that feedback from patients / service users is used to make informed decisions in their directorate / department.	45%	56%
Percentage of staff experiencing physical violence from patients, visitors or relatives in the last 12 months.	20%	14%
Percentage of staff feeling under pressure to attend work when feeling unwell in the last three months.	32%	26%
Effective team working.	3.65	3.74
Percentage of staff experiencing discrimination in the last 12 months.	16%	11%

Staff feedback already forms the basis of actions being undertaken under the Together Towards World Class programme, and therefore a decision has been taken not to complete a separate action plan from the National Staff Survey. However two areas – the percentage experiencing physical violence from patients, relatives or the public in last 12 months and the percentage experiencing harassment, bullying or abuse from staff in last 12 months – will be subject to further focus and exploration.

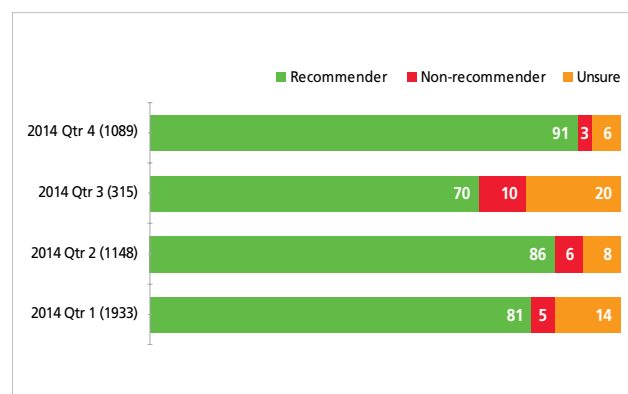## STAFF FRIENDS AND FAMILY TEST

Background

In April 2014, the Staff Friends and Family Test (Staff FFT) was launched.

Undertaken every three months, the Staff Friends and Family Test asks staff to give their feedback on how likely they are to recommend the Trust to friends and family for care or treatment and how likely they are to recommend the Trust as a place to work.

The Trust is obliged to ask all staff the Staff Friends and Family Test questions on an annual basis, with the opportunity to undertake with identified samples in the remaining periods.

Furthermore as part of our commitment to move towards gaining continuous staff feedback we have provided all staff with the opportunity to complete the questions on a quarterly basis, with the exception of Quarter 3 (September – December 2014) whereby results were gathered through the National Staff Survey.

Staff Friends and Family – Service/ Treatment Provider

Through the National Staff Survey (Quarter 3), 70% of UHCW respondents stated that they would recommend the Trust as a place for their friends and family to be treated. Whilst this is a decrease from Quarter 2 (86%), we remained above the national average for both all Trusts (64%) and Acute Trusts (65%).

Furthermore in Quarter 4 (January – March 2015) when all staff were provided with the opportunity to complete the survey, 91% of staff noted they would recommend the Trust.

Staff Friends and Family – Workplace

Meanwhile, through the National Staff Survey (Quarter 3) 64% of respondents stated that they would recommend the Trust as a place for their friends and family to work. Again whilst this is a decrease from Quarter 2 (76%) we remained above the national average for both all Trusts (56%) and Acute Trusts (58%).

Furthermore in Quarter 4 (January – March 2015), when all staff were given the opportunity to complete the survey, 84% of respondents stated they would recommend the Trust.

2014/2015 Staff Friends and Family Results – Service/Treatment Provider
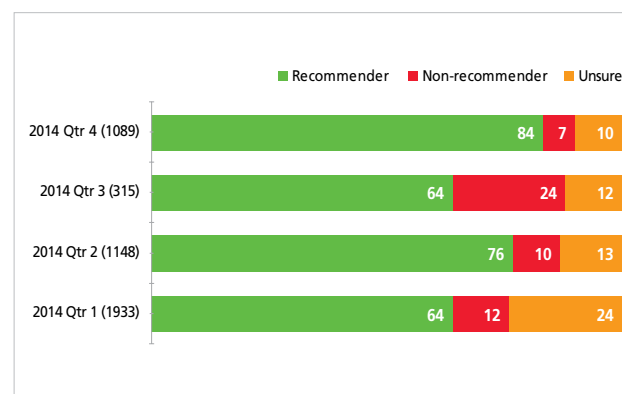
Staff FFT – Workplace – Quarter 1-Quarter 3 2014/2015

3.12 Performance against National Priorities 2014-2015

Quality and Patient Safety Indicators give Trusts, Commissioners and the general public, comparable data on how we are performing. The indicators are standardised, and have to be measured in specific ways, therefore providing an opportunity for performance to be compared over time and across the NHS.

The local indicators are agreed by the Trust Board and where appropriate agreed with our Commissioners. The below table outlines the indicators are ones where UHCW is required to submit information nationally. These are the Monitor Risk Assessment Framework Indicators.

Indicators	Target 2014/2015	2014/2015	2013/2014	2012/2013	Rating
CQC Essential Standards	n/a	Licensed without conditions	Licensed without conditions	Licensed without conditions	✅
CQC acute hospital rating (Band 6 – Lowest Risk, Band 1- High risk)	n/a	*	Band 6 (March 2014)	n/a	Not yet rated
Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted	90%	75.13%	91.84%	94.51%	❗
Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted	95%	94.41%	97.55%	97.89%	❗
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	88.10%	94.01%	94.23%	❗
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	90.37%	93.93%	91.46%	❗
All cancers: 62-day wait for first treatment from: – from urgent GP referral for suspected cancer	85%	84.6%	85.01%	85.57%	❗
– from NHS cancer Screening Service referral	90%	95.4%	95.92%	96.91%	✅
All cancers: 31-day wait for second or subsequent treatment, comprising: – surgery	94%	98.00%	99.08%	99.42%	✅
– anti cancer drug treatments	98%	100.00%	100.00%	100.00%	✅
– radiotherapy	94%	95.5%	95.80%	96.95%	✅
All cancers: 31-day wait from diagnosis to first treatment	96%	99.3%	99.49%	99.60%	✅
Cancer: two week wait from referral to date first seen, comprising: – all urgent referrals (cancer suspected)	93%	97.3%	94.41%	94.51%	✅

Indicators	Target 2014/2015	2014/2015	2013/2014	2012/2013	Rating
– for symptomatic breast patients (cancer not initially suspected)	93%	98.8%	94.57%	94.78%	✅
Clostridium difficile – meeting the Clostridium difficile objective	54	41	47	76	✅
Methicillin-resistant Staphylococcus Aureus (MRSA) bacteraemia – meeting the MRSA objective	0	9	2	2	❗
Certification against compliance with required access to healthcare for people with learning disability	Green	Green	Green	Green	✅

*The Trust is still awaiting our new rating. It will be available on the Care Quality Commission (CQC) website following publication of the Trust's inspection report by the CQC. As the Trust has undergone a comprehensive Chief Inspector of Hospitals inspection by CQC it no longer receives a banding as part of the CQC Intelligence Monitoring Report.

Performance against locally agreed priorities					
Indicators	Target 2014/2015	2014/2015	2013/2014	2012/2013	Rating
Numbers of acquired avoidable Pressure Ulcers Incident reporting	Grade 3: 0 Grade 4: 0	Grade 2:63 Grade 3:21 Grade 4:1	Grade 2:43 Grade 3:16 Grade 4:0	Grade 2:61 Grade 3:13 Grade 4:1	❗
Incidence of 'Never Events'	0	3	4	4	❗
Hospital standardised mortality ratio (HSMR)	100	*	104.84	100.25	Not yet rated
Delayed transfers of care	3.5%	5.67%	4.37%	4.60%	❗
Breaches of the 28 day readmission guarantee*	0	119	118	36	❗
Friends and Family Test inpatient recommenders†	89%	90.82%	n/a	n/a	✅
Friends and Family Test A&E recommenders†	85%	81.9%	n/a	n/a	❗

* The HSMR figure is not published to the Trust until July 2015.
* Breaches of the 28 day readmission guarantee was previously reported as a percentage. This data reflects that submitted to NHS England via Unify and is the number of patients.
† Friends and Family Test was previously reported as a score. This has been updated to the percentage of recommenders for 2014/2015.

PART 4

Invitation to Comment and Offer Feedback

Your Views – Your Involvement

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

Quality Department
University Hospitals Coventry and Warwickshire NHS Trust
Clifford Bridge Road
Coventry
CV2 2DX

You can also share your views:
- emailing us at **feedback@uhcw.nhs.uk** or
- by visiting our website **www.uhcw.nhs.uk** and completing the Impressions survey or
- by visiting the NHS Choices website at **www.nhs.uk**

We look forward to hearing your comments and suggestions.

ANNEXES

ANNEXES – **Statements from Partners**

NHS Coventry and Rugby Clinical Commissioning Group Commentary

NHS Coventry and Rugby Clinical Commissioning Group (CRCCG) welcome the opportunity to comment on the 2014/2015 Quality Account from University Hospitals Coventry and Warwickshire NHS Trust (UHCW). We believe that this provides a good account of the quality of services at the Trust and meets the guidance set out by the Department of Health. As these were draft accounts not all fields were complete, however, we have reviewed the information in the draft and checked them against data sources that are available to CRCCG as part of contract/performance monitoring and confirm them as accurate.

This has been a particularly challenging year for the Trust with regard to the increased attendances at the Emergency Department and the associated increase in unplanned admissions that have, in turn, resulted in a failure to achieve the four hour wait and a number of associated targets. Although this is a problem experienced across many parts of the country, UHCW have found it particularly challenging. However, this is not an issue that the Trust can resolve on its own as it relies on partners in health and also in social care to work together in order to avoid unnecessary admissions and support the discharge of well patients. This remains one of the biggest challenges going into 2015/2016 and will require continued commitment and real partnership working to resolve. Meanwhile CRCCG will continue to monitor the safety of services in Accident and Emergency and the hospital generally, particularly at times of increased pressure.

It was disappointing that the Trust had nine incidents of MRSA, however, CRCCG were invited to participate in the Post Infection Review meetings and were assured that all appropriate steps had been followed. In addition, we were impressed by the level of scrutiny taken by the Trust, which included inviting an external review of their processes to ensure that they were taking all necessary actions.

CRCCG recognises that the Trust has made good progress in a number of areas and particularly notes the collaborative work they continue to do with the local authority and community trust to reduce the prevalence of pressure ulcers across the local population. This has been well received by the care homes and promises to deliver real benefits for patients. We would encourage the Trust to take a similar partnership approach across other areas such as falls prevention.

In addition, the Trust has worked hard throughout the year to maintain the cancer targets and so it was disappointing that they failed the final quarter. However, CRCCG recognises that their overall performance is above the average in England for patients receiving their first treatment within sixty two days from the date of their GP's referral. We are aware that late referrals from other trusts has impacted on their overall performance and we will support UHCW to address this, meantime CRCCG will continue to closely monitor the cancer pathways.

Although the Trust has made a steady improvement in safeguarding training throughout the year, they have not quite achieved the target and CRCCG is keen to ensure this is met and sustained.

Finally, CRCCG has been particularly interested in the Trust's programme of work, Together Towards World Class (TTWC) which aims to embed the values necessary for compassionate care. The benefits of this work are reflected in the recent Staff Survey and staff Friends and Family Test results. We recognise that organisational culture is fundamental to safe, high quality services and will be watching with interest as TTWC continues to be rolled out through the coming year.

In conclusion, we confirm that we fully support the priorities identified by UHCW for 2015/2016, particularly the focus on Getting Emergency Care right.

UHCW Comment:

UHCW welcome the supportive and considered response from our Commissioner colleagues. We agree that getting emergency care right is imperative for the Trust over the next year, and agree that we need to work in partnership with our colleagues in the community to achieve this and to prevent unnecessary admissions and to support the discharge of well patients.

We would also like to thank our Commissioner colleagues for their involvement in our Post Infection Review meetings and welcome their support in monitoring the cancer pathways. UHCW look forward to working collaboratively with the CCG in 2015/2016 in striving to become a world class organisation.

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

The organisations represented on this Task and Finish Group are not only committed to ensuring that this Trust provides a high standard of service in the areas of clinical quality, patient safety and patient experience, but that the Quality Account is used to demonstrate the influence of patients and staff in quality assurance as well as providing a tool for improvement for the Trust.

The Group welcome the opportunity to comment on the Trust's 2014/2015 Quality Account and would like to put on record their thanks for the continued willingness of the Trust to work with the Group to enable them to better understand the services provided, enabling them to make an informed statement on this document.

It is the belief of this and other Quality Account Task and Finish Groups across Coventry and Warwickshire that the intended audience for this document is the public, and that NHS Trusts have to face the dilemma every year of producing a document that answers a broad range of conflicting demands from different audiences. While this Quality Account is quite a long document, the language used is not clinical and the document generally is an easy read.

This commentary, although formally presented by Warwickshire County Council, reflects the views, input and contributions of those members of Warwickshire County Council and Warwickshire Healthwatch, Coventry City Council and Coventry Healthwatch and Rugby Borough Council.

We welcome the emphasis placed by the Chief Executive Officer on listening to patients and using this feedback to 'identify opportunities for improvement' and to 'spread good practice more widely'. The low scoring by staff of 'percentage of staff agreeing that feedback from patients/users is used to make informed decisions in their directorate/department' would reinforce the need to improve in this area.

The Group also welcomed the reference to the need to 'influence the wider care pathway through effective strategic partnerships'. The challenges faced by all health and social care providers over the past winter have demonstrated the need to work together.

A joint meeting was held with the five Task and Finish Groups across Coventry and Warwickshire to discuss complaints and to share good practice. UHCW participated in that meeting, and set out clearly in the Quality Account their commitment to using complaints to improve services.

We had an opportunity to meet with representatives of the Patient Advisors Team at the Trust, and commend the commitment of these volunteers. It was clear however that the Patient Advisors Team, and there appear to be many, do not have a clear role in the governance of the Trust, and are restricted in terms of their access to patients and wards. We look forward to seeing the outcomes of the recent review into Patient Advisors Team at UHCW.

Reflecting on Quality Priorities for 2013/2014

The Group note the achievements against the 2013/2014 Priorities for 'Getting Emergency Care Right – Ensuring patient flow through the hospital in order to improve efficiency in elective theatres'. This indicates mixed results, with more work needing to be done.

In 2014, concern was raised by the Group regarding the paediatric emergency environment which they felt warranted attention from both a patient experience and patient safety perspective. We visited the Children's Emergency Department this year and would like to congratulate the Trust and the staff for the transformation of this unit.

The Group welcomed the results that had been achieved in relation to infection control around Clostridium difficile and the work being done around infection control more generally. We are concerned to note the increase in the number of MRSA cases for the first time in many years.

Quality Priorities set for 2015/2016

We commend the priorities that have been selected for 2015/2016, particularly the inclusion of End of Life Care and the innovative approach to introduce "Always Events" across the Trust.

The ongoing commitment to effective handovers is welcomed and the Group received a presentation demonstrating the implementation of the Electronic Patients Records system. While we acknowledge the difficulty in changing a cultural approach to working, every effort must be made to ensure that 'partnership working between healthcare professionals' is improved.

General Comments

The Group note the Quality Highlights, including what has been achieved and the aims for the next 12 months, and agree that there should be a greater emphasis on the outcomes of launching and introducing programmes. The Quality Account clearly demonstrates the intention to engage with patients and families, and the processes put in place to do so, but there needs to be a greater emphasis

on demonstrating how this has changed the way the Trust works .The Group commend the innovative work being done by the Trust's Dementia and Frail Older People's team and the commitment by this team to improve the experience of these patients across all services, which has been recognised nationally.

We note the work being done in terms of Safeguarding and Child Protection and would have liked to have seen reference made to mental health wellbeing, and in particular what is being done in partnership to address self-harming in Coventry and Warwickshire.

UHCW Comment:

UHCW would like to thank the Task and Finish Group for this informed statement and would like to thank them for their continued commitment in wanting to understand the services we provide and for their willingness to engage with the Trust. We are pleased that this group is impressed with the hard work that has gone into improving the Children's Emergency Department.

We agree more needs to be done in improving flow through the organisation. To this end we are implementing 'Perfect Week' and are working with our partners Coventry and Warwickshire Partnership NHS Trust, Coventry and Rugby Clinical Commissioning Group and Coventry City Council to improve emergency care.

The Trust is working in partnership with the Child and Adolescent Mental Health Services (CAMHS) to improve the hospital experience for those aged 16 and under. Those children who present at the Paediatric Emergency Department with self-harm injuries are given the necessary support and the Trust is carrying out work to ensure that these patients are not kept in hospital longer than necessary.

Adults who present to the Emergency Department with self-harm injuries are referred to the Arden Mental Health Acute Team. This team supports those patients' with a mental health condition, including those who self-harm. This team will carry out a mental health assessment on a patient if deemed appropriate.

HEALTHWATCH COVENTRY

Healthwatch Coventry is the consumer champion for local health and social care services, working to give local people and users of services a voice in their NHS and care services. Local Healthwatch welcomes its role in producing commentaries on NHS Trusts' Quality Accounts. Along with colleagues from Warwickshire we have been involved in a task group to follow up on last year's quality priorities.

The version of this document we received in order to draft this commentary was not entirely complete, some of the data was not yet available.

Is the document clearly presented for patients/public?

NHS Trusts face the dilemma of producing a document that answers conflicting demands from different audiences, especially the need to produce a document which is accessible the public whilst using a Department of Health template which stipulates a lot of the content. Whilst this document is quite long, the language used is not clinical and the document is easy to read. The glossary is also useful as the use of some NHS terms and abbreviations is unavoidable.

Quality Highlights

Work to improve information for patients is welcomed. There has also been some good progress regarding getting more information about the services and work of Healthwatch displayed within the Trust. This is important as Healthwatch provides an advocacy service to people raising NHS complaints and a public information service. We look forward to the next stages.

We would like to see the Trust invest in a new website, which is more navigable and has clearer content.

The new Complaints Management Plan is a much needed step forward. We are pleased that this and other work addresses a number of Healthwatch recommendations from 2013 regarding access to and outcomes from complaints and Patient Advice and Liaison Service (PALS) queries. We look forward to working in partnership on some next steps.

Quality Data

All NHS Trusts should develop quality metrics to ensure that they can track and evidence the quality of their services.

We were expecting some commentary regarding the number of Level three pressure ulcers and the one Level four pressure ulcer recorded, as this exceeds the targets. The Trust has been commended for work on reducing pressure ulcers and this is highlighted elsewhere in the report.

We are concerned to note the increase in the number of MRSA cases for the first time in many years. No actions are specified in relation to this.

It is pleasing that UHCW has signed up to Safety pledges and there is a potential role for Healthwatch under Pledge four: collaborate.

Quality Priorities 2014/2015 – Progress report

Achievements against the 2014/2015 Priorities for 'Getting Emergency Care Right: Ensuring patient flow through the hospital in order to improve efficiency in elective theatres' indicate mixed results, with more work needing to be done.

Quality Priorities 2015/2016

The ongoing commitment to improving handovers is welcomed along with the honesty of the update on last year's work. However, we are not sure the Task/Action table addresses the issues, because it talks about 'participant wards' rather than ALL wards. Whilst we acknowledge the difficulty in changing a cultural approach to working, every effort must be made to ensure that 'partnership working between professionals' is improved.

We welcome the priority on End of Life Care. Here ensuring more effective communication and involvement of patients' relatives and carers is also important, but not mentioned.

'Always events' have the potential to be very powerful and Healthwatch would welcome working with the Trust as part of the definitions process. The involvement of patients and the public in driving this work is very important. Healthwatch can also be a mechanism for monitoring progress here.

Do the priorities reflect those of the local population?
The Account shows that the Trust has a number of mechanisms to gather feedback from patients and the public and Healthwatch is able to add to this through the intelligence we gather.

Patient concerns regarding car parking are being addressed through a significant piece of work to redesign the layout of the site. This work is very welcome and addresses recommendations made by Coventry Local Involvement Network in its report of 2012, following a large survey.

Patient dissatisfaction with food and drink is being flagged up by UHCW data and some proposed action might have been usefully included.

We hear feedback regarding communication with families and carers or hospital patients, which relates to a number of different contexts e.g. at discharge; at end of life etc. and therefore this is something the Trust should consider.

Has the provider demonstrated involvement of patients and the public in the production of the Quality Account?
We are pleased to see that this year's Account includes some examples of changes made as a direct result of patient/public involvement/feedback.

The Trust clearly demonstrates the intention to engage with patients and families, and processes to do so, but there needs to be a greater emphasis on how patient feedback helps set work priorities and on what has changed the way the Trust works.

We welcome the emphasis placed by the Chief Executive on listening to patients and using this feedback to 'identify opportunities for improvement' and to 'spread good practice more widely'. The low scoring by staff of 'percentage of staff agreeing that feedback from patients/users is used to make informed decisions in their directorate/department' would reinforce the need to improve in this area.

We look forward to continuing to work with UHCW in the coming year and hope that the references to working in partnership, throughout this document, will act as a springboard for some new joint partnership working between UHCW and Healthwatch.

UHCW Comment:
We welcome the response from Healthwatch about our Quality Account. We acknowledge that the version reviewed still had some content outstanding. Since that version, it has been updated by the Trust's Information Team and has been scrutinised by the Trust Board.

UHCW would like to reassure Healthwatch that a rigorous programme of work has been put in place to address the levels of level three and level four pressure ulcers and to improve our MRSA figures.

We are keen to improve our partnership working with Healthwatch Coventry to help improve our services and the patient experience of the population we serve.

ANNEXES –
Statement of **Directors' Responsibilities** in respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account each financial year. The Department of Health has issued guidance on the form and content of the Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011 and the National Health Service (Quality accounts) Amendment Regulations).

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

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

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Chair
2nd June 2015

Chief Executive Officer
2nd June 2015

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

We have been engaged by the Board of Directors of University Hospitals Coventry and Warwickshire NHS Trust ("the Trust") to perform an independent assurance engagement in respect of the Trust's Quality Account for the year ended 31 March 2015 ("the Quality Account") and specified performance indicators contained therein.

In accordance with section 8 of the Health Act 2009 ("the Health Act") and the National Health Service (Quality Accounts) Regulations 2010 and subsequent amendments thereto (the "Regulations"), the Trust is required to prepare a Quality Account annually. NHS Quality Accounts Auditor Guidance 2014/15 (the "Auditor Guidance"), published in March 2015 by NHS England, sets out the requirements for our limited assurance work, including the choice of indicators.

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance (the "specified indicators"); marked with the Ⓐ symbol in the Quality Account, consist of the following indicators as mandated by NHS England:

- Rate of clostridium difficile infections per 100,000 bed days for patients aged two or more during the reporting period (page 36)
- Percentage of reported patient safety incidents resulting in severe harm or death during the reporting period (page 37)

Respective responsibilities of Directors and auditors

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

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

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

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

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account has not been prepared in line with the requirements set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in Auditor Guidance, issued by NHS England in March 2015 and specified below; and
- the specified indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account have not been prepared in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Auditor Guidance.

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

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the financial year, April 2014 to May 2015;
- papers relating to the Quality Account reported to the Board over the period April 2014 to May 2015;
- feedback from the Health and Social Care Scrutiny Board of Coventry City Council and the Quality Accounts Task and Finish Group set up by Warwickshire County Council's Adult Social Care and Health Overview and Scrutiny Committee with Coventry City Council, Rugby Borough Council, Coventry Healthwatch and Warwickshire Healthwatch, involved in the sign off of the Quality Account dated 20 May 2015;
- feedback from the Commissioners NHS Coventry and Rugby Clinical Commissioning Group (CRCCG) dated 29 May 2015;
- feedback from Healthwatch Coventry dated 2 June 2015;
- the Trust's complaints report contained within the Patient Experience Annual Report 2014-15 which will be published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009;
- the latest national Care Quality Commission Inpatient survey dated 21 May 2015 and the Accident and Emergency Survey dated 2 December 2014;
- the 2014 national staff survey;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated April 2015;
- the annual governance statement dated 2 June 2015; and
- Care Quality Commission Intelligent Monitoring Reports dated July 2014, December 2014 and May 2015.

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

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

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales ("ICAEW") Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Assurance work performed
We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000') and the Auditor Guidance. Our limited assurance procedures included:

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

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

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

Limitations

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

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

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

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

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified above; and
- the indicators in the Quality Account subject to limited assurance have not been prepared in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Auditor Guidance.

PricewaterhouseCoopers LLP
Cornwall Court
19 Cornwall Street,
Birmingham
B3 2DT

29 June 2015

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

APPENDIX 1 – **CQUIN Schemes 2014-2015**

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

National/Local	Theme	Focus
National	Friends and Family	Implementation of the staff test in line with national guidance.
		Implementation of the test across outpatient and daycase services in line with national guidance.
		Maintaining an improved response rate for A&E and inpatient services.
National	Safety Thermometer	Maintaining the incidence of new pressure ulcers at 0.5% or below.
		Maintaining the prevalence of all pressure ulcers at 2.75% or below.
National	Dementia	Focusing on the assessment and appropriate referral of patients diagnosed with dementia.
		Ensuring continued clinical leadership and training.
		Supporting carers of people with dementia.
National	Falls management	Ensuring that an integrated approach to the management of falls and the risk of falls is developed and/or maintained in the local health economy.
National	Pressure ulcer management	Ensuring that an integrated approach to the management of pressure ulcers is developed and/or maintained in the local health economy.
Local	Reducing diagnostic waits	To agree an improvement trajectory in line with Keogh standards for three Imaging modalities; CT, Ultrasound, MRI (excluding examinations that require preparation).
Local	TTO submissions to pharmacy	To increase the proportion of TTO's received by Pharmacy before midday on the day of discharge and the day before discharge.
Local	Therapy assessment service	Improving the time between therapy referral and initial therapy assessment through the introduction of a seven day service on two medical wards.

National/Local	Theme	Focus
Local	Reducing medical outliers	To increase the number of patients who experience a timely discharge by reducing the number of medical outliers.
Local	Time to first consultant review	To agree a plan for delivering against the Keogh standards.
Local	End of Life Care	Year two of the End of Life Committee scheme and the rollout of the TRANSFORM programme to five wards.
Local	Improving outcomes for elderly elective surgical patients within Trauma and Orthopaedics	To improve the assessment and management of frail elderly surgical patients, >=75 years and develop effective referral processes between surgical and gerontology specialties.
Local	Improving outcomes for elderly elective surgical patients within Urology, Neurosurgery and Colorectal Surgery	To improve the assessment and management of frail elderly surgical patients, >=75 years and develop effective referral processes between surgical and gerontology specialties.
Local	Improving the assessment and care of frail elderly emergency patients	To improve the assessment and management of frail elderly emergency patients >=75 years.
Local	Implementation of education programme across UHCW and Primary Care	To improve the management and care of elderly patients across primary and secondary care through improved education.
Local	Reduced length of stay & improved care for patients admitted with fracture neck of femur patients	To increase in the proportion of people presenting with hip fracture who receive an x-ray; commencement of IV fluids; administration of IV analgesia; administration of thromboprothylaxis; and the use of pressure relieving mattresses in less than 4 hour of A and E arrival known as "the best practice standard".
Local	Endocrine Networks	To work collaboratively to scope arrangements for Networks in Specialised Endocrinology including surgery and describe pathways to support proposals for the network.
Local	Endocrine Outpatient coding	To establish a working group: 1. To audit identification of specialised endocrinology in OPD. 2. To generate proposals for coding solutions. 3. To pilot a process for outpatient diagnostic coding in Specialised Endocrinology.
Local	Shared haemodialysis care – patient involvement in the tasks of haemodialysis	To offer the choice to in-centre and satellite haemodialysis patients to become involved in tasks relating to their dialysis. To encourage patient involvement in elements of the tasks of in centre haemodialysis.
Local	Maintain performance "dashboards"	To collate and submit performance information against a range of metrics that underpins the care associated with BMT, PET-CT, Cardiology, Radiotherapy and Renal services.

APPENDIX 2 – **Glossary**

Acute Trust

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

Advocacy

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

Algorithm

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

AMBER Care Bundle

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

Appraisal

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

Always Events

Always Events refer to aspects of the patient experience that are so important to patients and families that health care providers must perform them consistently for every patient, every time. The Picker Institute leads on this national programme.

Audit Commission

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

British Deaf Association (BDA)

The BDA is a high profile national "Deaf People's Organisation" with a strong presence throughout England, Scotland, Wales and Northern Ireland.

Benchmark

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

Board (of Trust)

The role of the Trust 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 Officer is responsible for ensuring that the board is properly supported to govern the organisation and to deliver its clinical, quality and financial objectives.

Board Round

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

British Sign Language

British Sign Language (BSL) is the sign language used in the United Kingdom (UK), and is the first or preferred language of some deaf people in the UK.

Care Act 2014

The Care Act 2014 was created to make provision to reform the law relating to care and support for adults and the law relating to support for carers; to make provision about safeguarding adults from abuse or neglect; to make provision about care standards; to establish and make provision about Health Education England; to establish and make provision about the Health Research Authority; to make provision about integrating care and support with health services; and for connected purposes.

Care Quality Commission

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

From August 2013 the CQC began to change the way that it assesses the quality of hospital services. Longer inspections with larger teams (including professionals and patients) evaluate quality and contribute to the 'Rating'; ultimately every health and social care service will have such a rating.

Care Quality Review Group

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

Chief Inspector of Hospitals (CiH)

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

Clinical Audit

Clinical audit measures the quality of care and of services against agreed standards and suggests or makes improvements where necessary. It tells us whether we are doing what we should be doing. In addition to information in the Quality Account, the Trust publishes more information on clinical audit within the Quality Department Annual Report.

Clinical Coding

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

Clinical Commissioning Group (CCG)

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

Clostridium difficile (C.diff)

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

Commissioning

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

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

Commissioning for Quality and Innovation (CQUIN)

High Quality Care for All included a commitment to make a proportion of providers' income conditional on quality and innovation, through the Commissioning for Quality and Innovation (CQUIN) payment framework. The Trust has to meet agreed national and local performance targets; a proportion of our budget is only released by Commissioners if the Trust can show that it has met the targets.

Clinical Results and Reporting System (CRRS)

CRRS is an electronic patient record whereby patients' clinical results are uploaded and held.

Dashboard

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

Discharge

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

Do Not Attempt Cardio Pulmonary Resuscitation (DNA CPR)

If cardiac or respiratory arrest is an expected part of the dying process and CPR will not be successful, making and recording an advance decision not to attempt CPR will help to ensure that the patient dies in a dignified and peaceful manner. It may also help to ensure that the patient's last hours or days are spent in their preferred place of care by, for example, avoiding emergency admission from a community setting to hospital. These management plans are called Do Not Attempt CPR (DNACPR) orders, or Do Not Attempt Resuscitation or Allow Natural Death decisions.

Dr Foster

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

Equality Act 2010

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

• **Age:** Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 – 30 year olds).
• **Disability:** A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
• **Gender reassignment**: The process of transitioning from one gender to another.
• **Marriage and civil partnership:** The legally or formally recognising union of a man and woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Civil partners must be treated the same as married couples on a wide range of legal matters.

- **Pregnancy and maternity:** Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
- **Race:** Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
- **Religion and belief:** Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
- **Sex:** the gender of a person (e.g. man or a woman).
- **Sexual Orientation:** Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Electronic Staff Record (ESR)
As the workforce solution for the NHS, ESR supports the delivery of national workforce policy and strategy by providing Human Resources Directors and their teams with a range of tools that facilitate effective workforce management and planning; thereby enabling improved quality, efficiency and assurance of compliance against essential workforce standards.

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

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

The Friends and Family Test gives patients the opportunity to share their views of the care or treatment they have received providing us with valuable feedback. We use the feedback, alongside other information, to identify and tackle concerns at an early stage, improve the quality of care we provide, and celebrate our successes. For more information on the Friends and Family Test, please visit *www.nhs.uk/friendsandfamily*.

General Medical Council
Independent regulator for doctors in the UK. The purpose is to protect, promote and maintain the health and safety of the public by making sure that doctors meet our standards for good medical practice. *www.gmc-uk.org*.

Getting Emergency Care Right
This programme was designed by UHCW to improve patient flow across the hospital and improve the care and quality in our Emergency Department. To help implement this campaign the FREED metric was developed;

- **F**acilitate effective discharge.
- **R**ight person, right place.
- **E**arly specialist input.
- **E**liminate unnecessary diagnostics.
- **D**aily senior review.

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

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

Health and Wellbeing Boards

Every 'upper tier' Local Authority has a Health and Wellbeing Board to act as a forum for local commissioners across the NHS, social care, public health and other services. The boards are intended to:

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

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

Healthcare

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

Health Education England

Health Education England is responsible for the education, training and personal development of every member of staff, and recruiting for values.

Health Research Authority (HRA)

The HRA promotes and protects the interest of patients in health research and streamlines the regulation of research.

Healthwatch

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

High Quality Care for All

High Quality Care for All, published in June 2008, was the final report of the NHS Next Stage Review, a year-long process led by Lord Darzi, a respected and renowned surgeon, and around 2000 frontline staff, which involved 60,000 NHS staff, patients, stakeholders and members of the public. It was this report that described quality as having three components: Patient Safety, Clinical Effectiveness and Patient Experience.

Hospital Standardised Mortality Ratio (HSMR)

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

Health and Social Care Information Centre (HSCIC)

The HSCIC in the UK is an executive non-departmental public body of the Department of Health. Previously known as the NHS Information Centre, it produces national comparative data for secondary uses, developed from the long-running Hospital Episode Statistics which can help local decision makers to improve the quality and efficiency of frontline care. Its primary aim is to drive the use of information to improve decision making and deliver better care by providing accessible, high quality and timely information to help frontline health and social care staff deliver better care.

Human Factors

Human factors encompass all those factors that can influence people and their behaviour. In a work context, human factors are the environmental, organisational and job factors, and individual characteristics which influence behaviour at work.

Independent Advisory Group (IAG)

The IAG was set up in 2013 and has influenced the development of practices and policies that promote Equality, Diversity and Human Rights issues for both patients and staff.

Information Governance Toolkit

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

Intellectual Property

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

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

Intentional Rounding

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

ISS

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

IV (Intravenous)

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

Key Performance Indicator (KPI)

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

Major Trauma

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

Medical Revalidation

Medical Revalidation is a mechanism for doctors practicing in the UK to prove their skills are up-to-date and they remain fit to practice medicine. It is intended to reassure patients, employers and other professionals, and to contribute to improving patient care and safety.

MEWS (Modified Early Warning System)

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

MRSA and MSSA Bacteraemia

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

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

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

National Patient Safety Agency (NPSA)

The National Patient Safety Agency was an arm's-length body of the Department of Health, responsible for promoting patient safety wherever the NHS provides care. It's role has been transferred to the NHS Commission Board Special Health Authority. This ensures that patient safety is at the heart of the NHS and builds on the learnings and expertise developed by the NPSA, driving patient safety improvement.

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.

National Research Ethics Service

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

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

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

Never Event

Never Events are serious, often preventable patient safety incidents that should not occur if available preventative measures have been implemented. NHS England publishes a full list of Never Events each quarter.

NHS Choices

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

NHS England

NHS England is an executive non-departmental public body of the Department of Health. NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012.

NHS Next Stage Review

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

NICE – National Institute for Health and Care Excellence

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

Parliamentary and Health Service Ombudsman (PHSO)

The role of PHSO is to investigate complaints of individuals that have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England.

Patient and Advice Liaison Service (PALS)

The Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.

Pathway

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

Patient flow

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

Patient-led assessments of the care environment (PLACE)

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

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

Periodic reviews

Periodic and thematic reviews are reviews of health services carried out by the Care Quality Commission (CQC). The term 'review' refers to an assessment of the quality of a service or the impact of a range of commissioned services, using the information that the CQC holds about them, including the views of people who use those services.

Pressure Ulcer

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

Avoidable pressure ulcer: The person receiving care developed a pressure ulcer and the provider of care did not do one of the following: evaluate the person's clinical condition and pressure ulcer risk factors; plan and implement interventions that are consistent with the persons needs and goals, and recognised standards of practice; monitor and evaluate the impact of the interventions; or revise the interventions as appropriate.

Unavoidable pressure ulcer: means that the individual developed a pressure ulcer even though the individual's condition and pressure ulcer risk had been evaluated; goals and recognised standards of practice that are consistent with individual needs has been implemented. The impact of these interventions had been monitored, evaluated and recorded; and the approaches had revised as appropriate.

Inherited pressure ulcer: A patient is admitted to the Trust with pressure damage and this is identified or becomes apparent within 72 hours of admission.

Acquired pressure ulcer: the patient develops a pressure ulcer whilst a hospital in patient after the first 72 hours of admission.

Grade 1 pressure ulcer: The skin at this point is red and on the application of fingertip pressure the skin remains red.

Grade 2 pressure ulcer: the superficial layer of the skin is damaged. It presents as a blister, abrasion or shallow crater and any of these can have blue / purple / black discoloration.

Grade 3 pressure ulcer: full thickness skin loss involving damage or necrosis to subcutaneous tissue.

Grade 4 pressure ulcer: full thickness skin loss with extensive destruction extending to underlying structures; i.e. bone, muscle, tendon, or joint capsule.

Prescribed Connection

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

RAG Rate

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

Registration – licence to provide health services

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

Research

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

Root Cause Analysis (RCA)

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

Root Cause Analysis identifies *how* and *why* incidents happen. A team approach is usually taken and involves team members with the relevant knowledge and/or expertise as well as members of staff who were involved in the incident. The aim of any investigation is to learn from the event and to make recommendations to the Trust.

Secondary Uses Service

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

Serious Incident Requiring Investigation (SIRI)

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

- Unexpected or avoidable death of one or more patients, staff, visitors or members of the public;
- Serious harm to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm (this includes incidents graded under the NPSA definition of severe harm);
- A scenario that prevents or threatens to prevent a provider organisation's ability to continue to deliver healthcare services, for example, actual or potential loss of personal/organisational information, damage to property, reputation or the environment, or IT failure;
- Allegations of abuse;
- Adverse media coverage or public concern about the organisation or the wider NHS;
- For Acute Trusts 2014/15 the Never Event list was:
  - Wrong Site Surgery
  - Wrong Implant/prosthesis
  - Retained foreign object post-operation
  - Wrongly prepared high-risk injectable medication
  - Maladministration of potassium-containing solutions
  - Wrong route administration of chemotherapy
  - Wrong route administration of oral/enteral treatment
  - Intravenous administration of epidural medication
  - Maladministration of Insulin
  - Overdose of midazolam during conscious sedation
  - Opioid overdose of an opioid-naïve patient
  - Inappropriate administration of daily oral methotrexate
  - Falls from unrestricted windows
  - Entrapment in bedrails
  - Transfusion of ABO-incompatible blood components
  - Transplantation of ABO or HLA-incompatible organs
  - Misplaced naso- or oro-gastric tubes
  - Wrong gas administered
  - Failure to monitor and respond to oxygen saturation
  - Air embolism
  - Misidentification of patients
  - Severe scalding of patients
  - Maternal death due to post partum haemorrhage after elective caesarean section

Special Review

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

Summary Hospital Mortality Indicators (SHMI)

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

Trauma Audit and Research Network (TARN)

The TARN main aim is to collect and analyse clinical and epidemiological (the science that studies the patterns, causes, and effects of health and disease conditions in defined populations) data and thereby to provide a statistical base to support clinical audit to aid the development of trauma services and to inform the research agenda.

Teaching Trusts

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

Tissue Viability

The Tissue Viability Service at UHCW provides a specialist service to patients with a wide variety of complex wounds including pressure ulcer prevention and management, management of leg ulceration, management of traumatic injuries and complex non-healing wounds.

Transform Programme

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

World Health Organisation (WHO)

The World Health Organisation (WHO) is a specialised agency of the United Nations (UN) that is concerned with international public health.

University Hospitals **NHS**
Coventry and Warwickshire
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