

2015 - 2016 Quality Account



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Section 1

A Welcome from our Chief Executive Officer



Welcome to our Quality Account for 2015-2016. This report provides you with an overview of the quality of the services we provided to our patients during 2015-2016, and an outline of our priorities for the forthcoming year.

University Hospitals Coventry and Warwickshire (UHCW) NHS Trust has some of the most skilled and professional staff working in the NHS. Our 9,600 staff work incredibly hard to provide excellent care for our patients, who come to our hospitals from across Coventry and Warwickshire and beyond. As Chief Executive Officer, I am proud to celebrate their achievements over the last year, as well as looking ahead to where we hope to be in March 2017.

The last year has seen a number of important developments to improve the quality of care we provide. Following our inspection by the Care Quality Commission's (CQC) Chief Inspector of Hospitals Team in March 2015, we have implemented a 'Getting the Basics Right' assurance programme across the Trust.

In July 2015, UHCW was announced as one of just five Trusts in England to work with the prestigious Virginia Mason Institute, to further improve the quality, safety and efficiency of the care we provide to our patients.

Last year, our top three priorities were **Patient Safety**; ensuring effective handovers between staff (continuing the progress made in 2014-15), **Clinical Effectiveness**; ensuring effective End of Life Care, and **Patient Experience**; implementing 'Always Events', i.e. those elements of good care that all our patients should receive.

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

Looking forward to our year ahead, our priorities for 2016-2017 focus on:

- **Patient Safety:** Reducing and improving medication errors;
- **Clinical Effectiveness:** Improving compliance with Care Bundles; packages of interventions to be followed for every patient to improve outcomes, and;
- **Patient Experience:** Implementing the Care Contact Time project across the Trust to increase the amount of time that staff spend with patients.

Over the next year, we will continue to listen to the views of our patients and staff to make further improvements as part of our objective to deliver excellent patient care and experience. Through our work with the Virginia Mason Institute, we are also looking at how we can identify, celebrate and replicate areas of outstanding practice across the Trust.

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.

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.

Professor Andrew Hardy
Chief Executive Officer

Section 2

Introduction to Quality

2.1 Introduction to the annual Quality Account

UHCW is on a journey to become a national and international leader in healthcare. There are a number of building blocks that support this ambition; these are articulated within the vision, mission, values, aims and objectives which are illustrated within the strategic framework for Quality below:



As part of this 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.

2015-2016 Quality Highlights

Our Perfect Week for Patients – Breaking Free

The Emergency Care Pathway at UHCW has been challenged for many years. The Emergency Care Intensive Support Team, recommend a technique known as the 'Perfect Week' to "reset the system" in struggling organisations and health economies. Essentially this requires the whole hospital to pause and focus on the key issues impacting upon poor performance and to spend a week fixing these issues.

The Emergency Care Intensive Support Team suggested that communication is a key issue for organisations attempting to run 'Perfect Week'. The Trust agreed a communication plan which briefed the organisation about the 'Perfect Week' from the point of planning.

The Communications Plan began with email and written briefings, but it quickly became apparent that this was not sufficient. Project leads found face-to-face communication the best method to engage staff about the 'Perfect Week' and so formal briefing sessions were organised as well as social events (tea and coffee/curry) and 1:1 meetings. Every conversation we had during the planning period included reference to the 'Perfect Week'.

Key achievements following the 'Perfect Week' include:

- **120** more patients were discharged during the Perfect Week.
- **20** more patients were discharged before 12noon each day compared to a poor performing week.
- **313** patients had been in hospital more than 14 days compared to **430** for the weeks before.
- **60** patients waited more than four hours in the Emergency Department during Perfect Week compared to **584** six weeks previously.
- There were **16** medical outliers i.e. due to the lack of beds in medical wards, many patients are placed in other departments' wards (usually in surgical wards). These patients are called "medical outliers". On a bad week, this figure stood at **160**.

The following key work-streams also derived out of 'Perfect Week' and are being implemented and developed at the Trust:

- Review and introduce weekend and evening cover for Physiotherapy, Occupational Therapy, Speech and Language Therapy and Integrated Discharge.

- Review and introduce improved administrative support to wards at weekends.
- Review and strengthen evening and weekend cover from partner agencies in health and social care.
- Resolve the outlier issue once and for all, ensuring robust medical care for all patients in the hospital.
- Introduce a focussed daily multi-agency discharge conference call seven days a week which focusses on problem-solving around specific patients.
- Review the Hospital Escalation Plan.
- Focus on FREED every day and review the publication of relevant metrics to support practice. The FREED campaign has five key steps all staff are responsible for to ensure patients receive good care:
 - Facilitate effective discharge**
 - Right person, right place**
 - Early specialist input**
 - Eliminate unnecessary diagnostics**
 - Daily senior review**
- Establish an annual programme of themed Perfect Weeks at strategic points across the year.

Virginia Mason

In July 2015, UHCW was chosen following a competitive process to benefit from the expertise of the Virginia Mason Institute as part of a new initiative launched by Health Secretary Jeremy Hunt and the NHS Institute.

The Virginia Mason Institute in Seattle, USA is world-renowned for transforming healthcare. Their mantra is that the perfect patient experience means the patient comes first above everything and everyone. It is expert in teaching other healthcare organisations how to implement and maintain a patient-centered approach that will help to increase quality, safety and efficiency using the same methods that made them so successful.

The first work stream the Trust is focusing on is 'Ophthalmology Outpatients: From referral to the patient in the room with the clinician.' The

Ophthalmology Team in Outpatients has already taken part in a Rapid Process Improvement Workshop which is a five-day workshop focused on a particular process from a value stream, where those who do the work are empowered to eliminate waste. This was very successful and identified a number of areas within the referral process which could be improved. This workshop also allowed the team to make the necessary changes which ultimately will lead to improvements to the patient experience in this area.

Accreditation for its Lean Competency System

In September 2015, UHCW became the first NHS organisation in the country to gain a prestigious accreditation for its Lean Competency System (LCS) from Cardiff Business School.

Lean is a business approach that helps improvement. Developed by Toyota, it aims to improve productivity by eliminating waste. For example, time could be saved by situating equipment closer to where it is needed, rather than staff travelling further to look for it.

The accreditation allows the Trust to award staff an official LCS qualification upon successful completion of learning sessions and demonstration of practical application.

Lean techniques are already being used in many areas of University Hospital, Coventry, and the Hospital of St. Cross, Rugby, to improve care for patients. They include a pre-operative assessment service at both hospitals to check that patients are fit for surgery, and reorganising the pharmacy workspace in University Hospital so that patients ready to leave hospital can get their prescriptions sooner.

Sign Up to Safety

This year the Trust won funding as part of a national safety campaign 'Sign Up to Safety.' It is a three year campaign aimed at reducing avoidable harm to patients by half and saving 6,000 lives. The Trust is investing in Human Factors education for staff who work in Theatres, Trauma and Orthopaedics and the Emergency Department.

Human factors can be defined as those factors that can influence people and their behaviour; such as environmental, organisational and job factors and individual characteristics which influence behaviour at work.

The Trust anticipates the outcomes following funding will be that it improves patient care, reduces harm to patients and the likelihood of Never Events and they will provide additional 'human factors' training and development for staff.

The Trust was one of only 67 successful bids out of 243 bids received by the NHS Litigation Authority. More details about this campaign are outlined in Part Three in the Patient Safety section.

Our Brilliant Staff

2016

- The Trust's Hospital Radio team has been shortlisted for four categories in the National Hospital Radio Awards.
- Tim Robbins has been awarded a Winston Churchill Memorial Fellowship which will entail six weeks of travel in the USA to learn from their healthcare systems (particularly the digital elements) and bring that learning back to the UK.
- Healthcare Assistant Pharbinder Athwal won a British Journal of Midwifery Practice award for Midwife or Peer Supporter in Improving Breastfeeding.
- Midwife Lyndsey Prue was shortlisted for a Tommy's Healthcare Hero Award. These are given to a midwife who has provided exceptional physical care or emotional support to parents in difficult times.
- Shortlisted for NHS England's Best Friends and Family Test Initiative in any other NHS-funded service – Maternity Services.
- Shortlisted for NHS England's Friends and Family Test Champion(s) of the Year - the Patient Experience Team.
- Two teams in the Research, Development and Innovation Department have reached

the finals of the PharmaTimes NHS Clinical Research Site of the Year 2016.

- In April the Tommy's Charity opened the UK's first national research centre dedicated to early miscarriage, UHCW is one of the three NHS Trusts involved in the Centre, which is the biggest in Europe (in partnership with Imperial College Healthcare Trust, Birmingham Women's Hospital Foundation Trust and Birmingham, Imperial and Warwick Universities).
- The Dementia Team were finalists for the Service Innovation Team of the Year Award at the Dementia Services Development Centre University of Stirling International Dementia Awards 2015.

2015

- The UHCW Lung Nursing Team won the Roy Castle Lung Cancer Team of the Year.
- Macmillan Gynae-Oncology Advanced Nurse Practitioner Vikki Jones was awarded the Macmillan Henry Garnett Award.
- Midwives Elizabeth Bailey and Alison Searle were shortlisted for a Royal College of Midwives Award in the category of Johnson's Award for Evidence into Practice for "Mind your Ps and Qs: Protected quiet time in the hour after birth."
- Chief Nursing Officer Mark Radford was recognised as one of the top leaders in nursing in the Nursing Times Inspirational Leaders list 2015 which recognised top leaders in the nursing profession.
- Therapist Sue Crewe-Smith was awarded a Winston Churchill Memorial Fellowship.
- Cardiology Research Registrar Doctor Chris McAlloon was awarded the Royal College of Physicians (RCP) and National Institute of Health Research (NIHR) Clinical Research Network Clinical Trainees Award in recognition of his outstanding contribution to research in the NHS.

The Award acknowledges the essential work of NHS physicians and trainees in sustaining and building clinical research in the NHS health service, despite competing demands on clinician time and resources.

- The Together Towards World Class organisational development programme was shortlisted for an Health Service Journal Award 2015 in the Staff Engagement category.
- The 2015 PharmaTimes Clinical Research site of the year award was won by UHCW's Research, Development and Innovation Team for the second year in a row.

2.2 Quality Account Improvement Priorities 2015-16 A progress update

The below details progress and achievements against the Quality Improvement Priorities for 2015-2016 which were originally outlined in the 2014-2015 Quality Account.

Priority 1 - Patient Safety: Ensuring effective handover between healthcare professionals

Rationale for Inclusion:

Accurate and timely handover of information about a patient, particularly when admitted and transferred between teams, is key in ensuring care and treatment is efficient, safe and appropriate.

Achievements:

- All Junior Doctors have been given extensive exposure to the handover tool and principles underpinning its use, through presentations and demonstrations. Additionally, presentations have been given at Grand Rounds, Specialty Quality and Patient Safety meetings, Clinical Directors meetings and at the Chief Officer Group meeting. Email communications have been circulated.
- We have started work on a new Junior Doctor Induction process for the summer of 2016, to ensure all staff have the

appropriate skill set to use current information technology systems appropriately and effectively, particularly e-handover. This work commenced in December 2015 and we are currently delivering one to two weekly classroom teaching sessions for 10 Junior Doctors for an hour at a time in the Clinical Sciences Building Training Suite, with them all logged in to a computer. The aim is to train all 400 Junior Doctors before progressing to other staff groups.

Ward 22 Hospital at Night (H@N) room has continued to be the hub for out of hours face to face handover, supported by the use of e-handover and iPads. With new changes to e-handover, the patient banner in Clinical Results Reporting System (CRRS) and e-discharge summary, a further updated launch took place in March 2015. This introduced a formal face to face handover meeting every morning at 8:30am in the seminar room off Ward 2. This involves a Junior Doctor representative from all medical wards, specialties and outlier wards who take a formal handover report from the H@N team.

- Rollout of electronic handover officially launched with iPads for use by on call staff between 5pm and 9am.
- E-learning training material for e-handover developed and implemented with revision of operational policy.
- The mobile device deployment (Workstations on Wheels or WoWs) supports embedding usage of CRRS functionality including e-handover. Over the last 6 months, 131 (87%) of WoWs have been installed.

Priority 2 - Clinical Effectiveness:
Ensuring effective End of Life Care Practices

Rationale for Inclusion:

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.

Achievements so far:

- Re-configuration of the Supportive and Specialist Palliative Care Teams to the unified Palliative Care Team has led to better Palliative Medicine and Nursing leadership.
- Leadership from the Chief Nursing Officer as the Chairman for the End of Life Care Committee (EOLC) has led to work disseminating Trust-wide by subgroups working on improving patient experience, bereavement services, education and training.
- VOICES (Views Of Informal Carers Evaluation Survey) being devised electronically by Lepidus and in-house as hard copy.
- Death Café to support bereaved staff. A Death Café is a national initiative and they are for people to come together informally and discuss death. The objective is 'to increase awareness of death with a view to helping people make the most of their (finite) lives.'
- Training needs analysis is being explored on a Trust wide education programme for end of life care looking at e-learning options and working with the Medical Education Team to establish a robust formal education programme for all staff.
- The Dove Campaign launched in November 2015 to identify dying patients ensuring respect and dignity in the last days and hours of life.
- Six carer beds are now available and were obtained through charitable funds to support relatives of patients who are in the last days of life.
- Volunteer Companion Service has been introduced which offers a companion to the dying with no significant other to support the patient in the dying phase.
- Collaborative working with partnership organisations. Phase 3 Quality End of Life Care for All (QELCA) is facilitated by the Palliative Care Team staff and hospice staff at Coventry and Warwick Myton Hospices facilitating educational and practical learning.
- QELCA training delivered this year at Coventry and Warwick Myton Hospice to senior ward nurses and Transform Programme Champions on Wards 52,11,42 and 43.
- Quality and governance reporting being achieved through the End of Life Committee and the Palliative Care Team monthly QIPS meetings.
- National End of Life Care Clinical and Organisational Audit completed between July and September 2015 retrospective for May 2015.

**Priority 3 – Patient Experience Always Events:
Implementing ‘Hello My Name Is’****Rationale for Inclusion:**

The ‘Hello my name is’ campaign was created by Dr Kate Granger, a young hospital consultant from Yorkshire who worked in elderly care, to improve the patient experience not only here in the UK, but across the world. Kate became frustrated with the number of staff who failed to introduce themselves to her when she was a patient in. Her campaign, started on the social media platform Twitter and has inspired nurses, doctors, therapists, receptionists, porters, domestics and staff in all roles.

The campaign is simple – reminding staff to go back to basics and introduce themselves to patients properly. Kate talks about this as “the first rung on the ladder to providing compassionate care” and sees it as the start of making a vital human connection, helping patients to relax, and building trust. Feedback from patients across the country shows how vital this is to them, saying that the smallest things make the biggest difference.

The #hellomynnameis campaign is something many areas of the Trust have adopted. However, we have now expanded it across both our hospital sites to ensure that no matter what department a patient goes to, they will get a friendly and attentive service from all of our staff. UHCW want staff introducing themselves to be an ‘Always Event’ something that should happen at every interaction a person has with staff.

Achievements so far:

- A successful launch of the #hellomynnameis campaign within the Trust during Patient Experience Week in February. This launch saw over 85,000 people interact with the campaign over Facebook and Twitter as well as over 1000 staff across both sites engage in pledging support.
- A short video has been made to use with staff to highlight the importance of introductions. This can be viewed at www.uhcw.nhs.uk.

The campaign team presented at a UHCW Grand Round which is a monthly meeting whereby all staff have the opportunity to share and learn from others in the Trust on a variety of topics. The team also presented to Trust Board to overwhelming support and positive feed back.

The Trust has amended its online version of its feedback survey to gather information as to whether staff introduced themselves.

A multi-disciplinary working group has been started to maintain momentum with the campaign.

2.3 Quality Improvement Priorities for 2016-2017

Quality Priority 1 - Patient Safety Increasing the reporting of medication errors and learning from reports.

Why is it a priority?

Recommendations by Sir Robert Francis QC and Professor Don Berwick on patient safety recommended taking steps to maximise the quality and quantity of adverse incident reports from healthcare organisations.

The National Patient Safety Agency report Safety in Doses [2007] defined medication error as "any incident where there has been an error in the process of prescribing, dispensing, preparing, administering, monitoring or providing medicines advice, regardless of whether any harm occurred or was possible."

Increasing reporting of medication errors enables the organisation to analyse, learn and then reduce risk of patient harm. Research indicates that organisations with a high reporting rate have a good safety culture and better risk management strategies. The Pharmacy Department, working with the Quality Department, will lead on a project to increase overall incident reporting whilst reducing the number of moderate and serious medication incidents.

The key drivers are:

- Reducing errors and harm to our patients.
- Understanding harm to our patients.
- Below average reporting of medication incidents locally.
- Limited capability to maximise organisational learning from these incidents.
- Mandate from the Medicines and Healthcare products Regulatory Agency.

Looking at data UHCW were below the average rate for reporting medicines related incidents (per 100 admissions) when ranked with other teaching trusts. In UHCW 0.68 medication incidents are reported per 100 admissions,

compared to a range from National Reporting and Learning System Data of 0.46-1.75 incidents per 100 admissions.

Our Goal

Promote the UHCW value of openness in order to increase reporting and increase the value of reports by learning where we need to improve and making steps to improve patient care. Initially we will focus on reducing harm from omitted doses of medicines as this is our most commonly reported incident.

Our Starting Point – baseline

Medication errors are the third most commonly reported Clinical Adverse Event within the Trust, with an increase of reporting in excess of 55% over the last 5 years. In organisations with a good safety culture the percentage of no or low harm incidents reported is expected to be high. At UHCW, low or no harm incidents have accounted for 98% of reported medication errors for the last four years (see table page 11).

How will we achieve our goals?

- Promote reporting of medication errors to all staff groups involved in patient care.
- Co-ordinate education and training support to improve the number and quality of medication error incident reports and safe medication practices.
- Analyse incidents reported to identify trends and themes in order to prioritise and address medication risks.
- Communicate risks identified through the Trust intranet, newsletters and posters.
- Audit omitted doses of medicines, looking at reasons for omission and the types of medications that are omitted.
- Commence quality improvement projects to reduce the number of omitted doses from critical medicines.
- Safety messages sent to staff from the Chief Medical and Quality Officer

Year	Number of medication errors reported	Increase on previous year - number (%)	Percentage No or low harm
2010	794	141 (21.5%)	83%
2011	852	58 (7.3%)	96%
2012	857	5(0.6%)	98%
2013	1089	232 (27%)	98%
2014	1149	60 (6%)	99%
2015	1789	640 (55%)	98%

How will we monitor and report progress?

Monitor the number of medication incidents reported, aiming to see a month on month increase, with a total increase of at least 20% over the year.

Monitor harm to patients, by monitoring the percentage of No/Low harm incidents aiming for this to be maintained at greater than 98% by the end of the year.

Audit the frequency and nature of omitted doses in order to understand contributing factors.

Present successful quality improvement projects to reduce omitted doses.

Progress against these measures will be monitored by the Medicines Safety Committee each quarter and reported to the Patient Safety Committee.

Leads

The project is being collaboratively led by Rebecca Mills (Medicines Safety Officer) Janette Knight (Pharmacy Governance Manager), Mark Easter (Director of Pharmacy), and Sharon Farthing (Nurse Practice Facilitator).

Quality Priority 2 - Clinical Effectiveness Improving Care Bundle Compliance

Why is it a priority?

Improved compliance with Care Bundles will lead to more effective and safer patient care.

A Care Bundle is a structured way of improving the processes of care and patient outcomes: a small, straightforward set of evidence-based practices — generally three to five — that, when performed collectively and reliably, have been proven to improve patient outcomes. The Institute of Health Improvement (IHI) developed the concept of “Bundles” to help healthcare providers deliver the best possible care for patients undergoing particular treatments with inherent risks.

The power of a Care Bundle comes from the body of science behind it and the method of execution: with complete consistency. It's not that the changes in a bundle are new; they're well established best practices, but they're often not performed uniformly, making treatment unreliable, at times unique to an individual.

A Care Bundle ties the changes together into a package of interventions that people know must be followed for every patient, every single time.

Our Goal

The Trust's goal is to provide improvements in patient care by minimising unwarranted variation in clinical care of acutely ill patients through increased compliance with clinical Care Bundles. In 2016-2017 we will ensure that Care Bundles are implemented for the high risk groups and high volume clinical pathways including pneumonia, myocardial infarction, heart failure, acute renal failure, sepsis and stroke.

Our starting point – baseline

A number of specialty groups have used Care Bundles since they were introduced into clinical practice in the NHS. These include Bundles for central venous line insertion, peripheral cannula care, the ventilator Care Bundle on General Critical Care Unit and the Saving Babies Lives Care Bundle in Neonatology. The Sepsis Six Bundle and the Acute Kidney Injury Pathway are

the subject of CQUINS (Commissioning for Quality and Innovation) for all acute admissions. The respiratory and cardiology services are currently developing Care Bundles for pneumonia and heart failure.

How will we achieve our goals?

We will establish the Acutely Ill Patient Management Committee (AIPMC) which will provide leadership and direction to bring together the clinical leads of the multiple work streams and facilitate development of further clinical Care Bundles as well as providing a forum to develop strategies to reduce episodes of “failure to rescue.” It is essential to ensure that all clinicians have an understanding of the benefits of Care Bundles and their benefit for patient safety. The committee will also link together the CQUIN projects and work being done in conjunction with the Sign up to Safety programme.

The respective work streams will be expected to report progress to the AIPMC on a monthly basis. Grand Round presentations, multidisciplinary undergraduate and post graduate teaching and ward based training will support the dissemination of the Care Bundles and promote the uptake and completion of the specific care bundle component.

How will we monitor and report progress?

Once each Care Bundle is agreed by the respective clinical group the Care Bundle proforma will be introduced into clinical practice. They will be available in all clinical areas and will be completed and included in the patient's medical record. The progress of each Care Bundle will be monitored. Each of the Care Bundle work streams will be expected to report their progress to the AIPMC on a monthly basis. The AIPMC will report to the Patient Safety Committee every three months. The performance will also be tracked by the Sign up to Safety initiative.

Leads

Chairs of the Acutely Ill Patient Management Committee and lead clinicians for each clinical Care Bundle.

Quality Priority 3 - Patient Experience

The measurement of direct care using a multi-professional team approach (Care Contact Time)

Why is it a priority?

The aim of measuring the direct care time spent with patients by clinical teams is to achieve efficient and effective high quality care that adds value by being delivered at the patient bedside. Delivering care at the bedside plays a pivotal role in promoting person centred care focused on improving patient experience and outcomes. The Care Contact tool is a national initiative which is based on Lean principles and part of the Safer Nursing Care Tool.

UHCW is the first acute Trust to have implemented an e-care contact tool which provides instant reporting on the time each clinical and multi-professional group spends directly with patients and provides data that can be utilised to reduce and eliminate time and tasks that add little value to the provision of care.

The initial work undertaken with the Nursing Teams in 2015, using the Manchester Care Contact Time Model generated a number of local ward based projects to improve direct care time. This includes medicines management, bedside documentation, nurse per bay and has influenced Trust wide initiatives such as vital signs observations and night time care management. However, there was a substantial loss of data because the Trust followed national guidance which encouraged that staff record data on paper-based clocks. Also only direct care time for nursing was calculated and data did not take into account direct care time by medical professionals.

The electronic clock and reporting system has been developed in collaboration with the Lead Nurses for Patient Experience, Quality and Safety, Information Technology and a range of multi-professional staff including, nurses, midwives, doctors and therapists.

Nationally the Manchester Care Contact Time Model has been advocated by NHS England as the preferred measurement system, which is paper based and requires administrative support to collect, collate and input data.

The development of the electronic tool supports accuracy in data collection, is less labour intensive, enables time to be measured across clinical teams and generates timely reports that can be utilised to improve efficiency, patient safety and experience outcomes. The implementation team has undertaken a pilot across the Trauma and Orthopaedic Clinical Group as phase one of the Trust wide roll out. To progress to phase 2 (Trust-wide data collection) the following will be required:

- Adequate information technology support and resource
- E -Training package
- Systems Gatekeeper
- Support of clinical group leaders
- Time to discuss report findings and shared learning across groups and professions
- Time to establish Plan Do Study Act (PDSA) cycles to improve direct care time

Our Goal

The main goal is to improve the time spent with patients by utilising multi-professional care contact time findings for all clinical groups and services. The electronic system will provide a process by which information can be obtained consistently and accurately, providing a standardised tool for the measurement of service improvement across the Trust.

Task/Action	By When
First nursing care contact time recorded across all inpatient adult, paediatric and midwifery wards	April - September 2015
Development of electronic and Application (App) reporting system	September 2015 - January 2016
Pilot conducted across Trauma and Orthopaedic wards to test data collection and reporting systems	February 2016
Evaluation of pilot to be presented at relevant committee	April 2016
Roll out plan by clinical group to be developed for Trust wide roll out	May 2016 - September 2016
Clinical Groups to establish Plan, Do, Study, Act (PDSA) service improvement projects to enhance multi-professional direct patient care time	September 2016 - February 2017

How will we achieve our goals?

- Educate and raise awareness regarding the value and how care contact time multi-professional toolkit can be utilised to add value to patient outcomes, safety and experience.
- Sufficient information technology resource -correct number of hand held devices enabling all staff to have access to the app.
- Develop a universal, simple, online training module accessible to all groups.
- Share progress in regard to local PDSA projects and evaluate outcomes.

Leads:

The project is being collaboratively led by Judith Smith- Lead Nurse for Quality and Safety; Diane Eltringham –Lead Nurse Professional Standards and Patient Experience and Karl O'Sullivan Smith- Senior Information Technology Manager.

How will we monitor and report progress?

Evaluate through the local improvement in direct care time which will be monitored twice a year.

2.4 Statements of Assurance from the Board

2.4.1 Review of Services

During 2015-2016 UHCW provided and/or sub contracted 66 relevant health services*. UHCW has reviewed all the data available on the quality of care in 66 of these relevant health services. The income generated by the relevant health services reviewed in 2015-2016 represents 88% of the total income generated from the provision of relevant health services by UHCW for 2015-2016.

*this number represents the number of services as detailed in the Trust's Acute Contract 2015-2016.

- Undertake follow-up audits to measure progress
- Provide training and support where required to improve care standards or compliance with best practice.

Further information on the actions the Trust has already taken in response to national and local audits can be found on page 20 onwards.

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

2.4.2 Participation in Clinical Audits

During 2015-2016 47 national clinical audits and 7 national confidential enquiries covered relevant health services that UHCW provides. During that period UHCW participated in 100% of national clinical audits and 100% of national confidential enquiries which the Trust was eligible to participate in.

The national clinical audits and national confidential enquiries that UHCW was eligible to participate in during 2015-2016 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 2015-2016 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. UHCW has investigated why participation was lower than expected in some audits, identified with an asterisk (*).

The reports of 37 national clinical audits and 93 local audits were reviewed by UHCW in 2015-2016 and UHCW is taking the following actions to improve the quality of healthcare provided:

- Share clinical audit outcomes with relevant clinical areas

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Did UHCW Participate in 2015-2016?	Participation 2015-2016
Acute Myocardial Infarction and other ACS (MINAP)		100%
Adult Cardiac Surgery Audit (CABG and Valvular Surgery)		100%
National Bowel Cancer Audit Programme (NBOCAP)		100%
Cardiac Arrhythmia (Cardiac Rhythm Management Audit)		100%
Adult critical care (Case Mix Programme)		100%
NCEPOD Child Health Clinical Outcome Review Programme - Chronic Neurodisability		Awaiting start of data collection
NCEPOD Child Health Clinical Outcome Review Programme - Young People's Mental Health		Awaiting start of data collection
Coronary Angioplasty (Adult Cardiac Interventions Audit)		100%
National Paediatric Diabetes Audit (NDPA)		100%
BTS Emergency Use of Oxygen		100%
Falls and Fragility Fractures Audit Programme - National Hip Fracture Database (NHFD)		100%
Falls and Fragility Fractures Audit Programme - Inpatient Falls		100%

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Did UHCW participate in 2015-2016?	Participation 2015-2016
Inflammatory Bowel Disease (IBD) Programme		100%
Trauma Audit & Research Network (TARN) (Major Trauma Audit)		100%
Maternal, Newborn and Infant Clinical Outcome Re-view Programme (MBRRACE-UK) (previously CEMACH)		100%
NCEPOD Acute Pancreatitis Study		100%
NCEPOD Physical and Mental Health Care of Mental Health Patients in Acute Hospitals		100%
NCEPOD Sepsis Study		100%
NCEPOD Gastrointestinal Haemorrhage Study		100%
NCEPOD Non-invasive Ventilation Study		Data collection not yet due
National Cardiac Arrest Audit (NCAA)		100%
National Comparative Audit of Blood Transfusion Programme - Use of Blood in Haematology		100%
National Comparative Audit of Blood Transfusion Programme - Audit of Patient Blood Management in Scheduled Surgery		100%
National Comparative Audit of Blood Transfusion Programme - Audit of the use of Blood in Lower GI Bleeding		100%

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Did UHCW participate in 2015-2016?	Participation 2015-2016
National Complicated Diverticulitis Audit (CAD)		100%
National Diabetes Footcare Audit (NDFA)		100%
National Inpatient Diabetes Audit		100%
National Pregnancy in Diabetes Audit (NPID)		100%
National Diabetes Audit (NDA)		100%
National Emergency Laparotomy Audit (NELA)		100%
National Heart Failure Audit		100%
National Joint Registry (NJR)		100%
National Lung Cancer Audit (NLCA)		100%
National Ophthalmology Audit		100%
National Prostate Cancer Audit		100%
National Vascular Registry (NVR)		100%

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Did UHCW participate in 2015-2016?	Participation 2015-2016
National Neonatal Audit Programme (NNAP)		100%
National Oesophago-gastric (NAOGC) Cancer Audit		100%
BTS Paediatric Asthma		100%
RCEM Procedural Sedation in Adults (care in emergency departments)		19%* (Estimated)
Sentinel Stroke National Audit Programme (SSNAP)		100%
UK Cystic Fibrosis Registry (Paediatric only)		100%
National UK Parkinson's Audit		100%
RCEM Vital Signs in Children (care in emergency departments)		100%
RCEM VTE Risk in Lower Limb Immobilisation (care in emergency departments)		100%

There was one national clinical audit that had a lower than expected participation rate, identified with an asterisk (*) in the table above. UHCW has investigated the reasons why this occurred as described below:

Audit Title	Participation Rate	Rationale for Low Participation Rate
National Clinical Audit of Rheumatoid and Early Inflammatory Arthritis	19%	<p>Low participation has been acknowledged and the Trust has responded to the British Society of Rheumatology to outline plans to improve participation. Discussions around the feasibility of implementing a dedicated early arthritis clinic continue. A new clinical nurse specialist is now in post and the Trust has agreed to fund 2 middle grade doctors which would help to reduce patient waiting times. It is hoped that this will subsequently improve participation in the audit. A poster has been created in order to remind Rheumatology staff to recruit all applicable patients at their first visit, which should help to increase our baseline participation. There is a plan to start putting the posters up in the Trust's Rheumatology Outpatients clinic when the next phase of the audit begins.</p> <p>The participation rate of 19% is only an estimate and is based upon the clinical teams anticipating they would see approximately 2 patients per week. Unfortunately, due to the audit methodology, it is difficult to identify the exact number of patients via clinical coding for inclusion in the audit.</p> <p>All of the 15 patients submitted at baseline also had at least one follow-up form completed, showing a follow-up completion rate of 100%.</p>

The following national clinical audits are included on the Quality Account list for 2015-2016; however the Trust did not participate for the reasons outlined below:

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Reason for non-participation during 2015-2016
BTS Adult Asthma	Audit did not take place in 2015-2016. Due to commence September 2016
Chronic Obstructive Pulmonary Disease (COPD)	Audit did not take place in 2015-2016. Due to commence early 2017
BTS Non-Invasive Ventilation - Adults	Audit did not take place in 2015-2016. Not collecting data during 2016-2017
BTS Paediatric Pneumonia	Audit did not take place in 2015-2016. Due to commence in November 2016

The following table details the nine audits included in the Quality Account list published by the Department of Health in which UHCW did not participate due to eligibility.

Of these nine audits, in four UHCW does not provide the relevant service, in two the Trust does not perform the procedure and the other three are not applicable to Acute Trusts.

Audit Title	Rationale for Non-participation
Chronic Kidney Disease in Primary Care	Not eligible – not applicable to Acute Trusts
Congenital Heart Disease Audit (Paediatric Cardiac Surgery CHD)	Not eligible – procedure not performed at UHCW
Elective surgery (National PROMS Programme)	Not eligible – service not provided at UHCW
National Audit of Inter-mediate Care	Not eligible – service not provided at UHCW
National Chronic Obstructive Pulmonary Rehabilitation Workstream	Not eligible – service not provided at UHCW
National Confidential Inquiry into Suicide and Homicide for People with Mental Illness (NCISH)	Not eligible – not applicable to Acute Trusts
Pulmonary Hypertension Audit	Not eligible – service not provided at UHCW
Paediatric Intensive Care Audit Network (PICANet)	Not eligible – procedure not performed
Prescribing Observatory for Mental Health (POMH)	Not eligible – not applicable to Acute Trusts

The following table outlines participation in the National Clinical Audit and Patient Outcomes Programme (NCAPOP) from 2010-2011 to present day.

Participation in the National Audit and Patient Outcomes Programme	
2010 - 2011	100%
2011 - 2012	95% (non-participation in 1 audit)
2012 - 2013	98% (non-participation in 1 audit)
2013 - 2014	97% (non-participation in 1 audit)
2014 - 2015	98% (non-participation in 1 audit)
2015 - 2016	100%
Comments on performance	UHCW is now participating in the National Cardiac Arrest Audit

National Clinical Audits – Key Actions Taken in 2015-2016

The following are brief summaries of some of the key actions the Trust has taken to improve the quality of healthcare as a result of the review of national clinical audit reports:

Audit Title	Key Actions
Royal College of Emergency Medicine (RCEM) Paracetamol Overdose	<p>The assessment of mental state is now part of Trust's Emergency Department documentation, allowing simpler recording of capacity to consent.</p> <p>The Paracetamol Overdose treatment pathway summary is now readily available on the Trust's website, to ensure the safe and timely treatment of patients, in line with national recommendations.</p> <p>The Trust's Emergency Department provides education at staff induction and regular teaching sessions for all nursing and medical staff on the correct treatment of Paracetamol Overdose, to ensure that patients receive the appropriate care and treatment.</p>
British Thoracic Society (BTS) Paediatric Asthma	<p>The Trust has updated the local asthma guideline, which contains a summary on diagnosing asthma and signposts to the most recent British Thoracic Society (BTS) guideline for in-depth guidance. This ensures that treatment is in line with national recommendations. All patients now receive a personalised symptom-based wheeze action plan as part of the salbutamol reducing regime on discharge.</p> <p>Additional Asthma UK action plans are provided to asthmatic patients seen by the Paediatric Respiratory Clinical Nurse Specialist (PRCNS) and these are available to print in the appendix of the new asthma guideline for Consultants/other healthcare professionals to use. The plans clearly stipulate concerning symptoms and how to respond. Locally the generic action plan is identified as a 'wheeze' action plan to cover patients with both asthma and viral induced wheeze. The PRCNS identifies patients at higher risk of relapse/who have uncontrolled asthma and targets the child and family with personalised asthma education. Patients can also be referred to the PRCNS on 'inpatient internal referral', and Consultants have access to the PRCNS for advice. This ensures that each patient is treated using an individualised care plan.</p> <p>All patients are assessed on inhaler technique using a Metered Dose Inhaler and large volume spacer. It is the responsibility of the prescriber to teach inhaler technique if using any other inhaler devices, but this is usually reserved for exceptional cases.</p> <p>There is an objective pathway within the Trust's new asthma guideline clearly stipulating treatment according to severity. Large posters have been created for display in the Trust's Paediatric Resuscitation Department and the Children's Emergency Department exhibiting the pathway.</p>

Audit Title	Key Actions
British Thoracic Society (BTS) Paediatric Asthma	<p>This ensures that patients receive an accurate measurement of severity at the time of presentation when they attend with an exacerbation of their symptoms.</p> <p>The Trust has implemented a discharge checklist used on the Paediatric wards.</p> <p>The checklist addresses documentation of: checking inhaler technique, supplying advice leaflets, supplying the wheeze plan or asthma action plan, informing child/parent of 'red flag' signs, and follow-up arrangements. The Trust is also working on a version of the checklist to use in the Children's Emergency Department. This will ensure consistent, effective treatment of paediatric patients with asthma.</p>
National Paediatric Diabetes Audit (NPDA)	<p>A structured education programme for staff and patients is in place and will be reviewed and developed over the next 2 years (it is part of the diabetes service work programme for 2016-2018).</p> <p>A psychology screening tool has been implemented and is now in use which helps to ensure patients receive the appropriate care and treatment.</p>
Sentinel Stroke National Audit Programme (SSNAP)	<p>Two ring-fenced beds are now available on the Stroke Unit to ensure that there is space to meet patient demand. This has resulted in patients being admitted more quickly to the Stroke Unit from the Emergency Department.</p> <p>The Stroke Specialist Nurse and the Ward Manager now have access to the Trust's online Emergency Department system (ExtraMed), in order to successfully identify potential Stroke patients in the Emergency Department. The Stroke team are now able to ensure that all suspected Stroke patients receive a swallow screen within 4 hours and a swallow assessment within 72 hours.</p> <p>All senior stroke nurses have received training to request CT scans for new patient admissions. This has helped to ensure that more patients are scanned within 1 hour of arrival at hospital.</p> <p>Following a successful pilot of an Early Supported Discharge Team (ESD), which supports patients in being discharged from hospital earlier, the Trust has now implemented this on an ongoing basis.</p> <p>The Trust has employed a new Psychology Assistant, who is now regularly assessing and treating patients on the ward, to ensure that Stroke patients requiring psychology input are receiving this.</p>

Audit Title	Key Actions
National Joint Registry (NJR)	<p>The Trust has put measures in place for Orthopaedic Surgeons to use a single type of prosthesis in partial knee replacement surgery to ensure a better outcome for patients.</p>
British Thoracic Society (BTS) Adult Community Acquire Pneumonia	<p>Pneumonia patients in general wards are identified at ward rounds and transferred to the Respiratory wards where they can receive appropriate care.</p> <p>Single antibiotic policy developed for Community Acquired Pneumonia patients, ensures the appropriate care and treatment is provided.</p> <p>The Trust has increased the number of respiratory nurses, with further plans to introduce an Advance Nurse Practitioner to increase the level of care and support provided to patients.</p> <p>Capacity is being increased at Rugby St Cross for post-discharge pulmonary rehabilitation services to reduce waiting times for patients.</p> <p>Results of spirometry tests, measuring lung function, are now available on the Clinical Results Reporting System (CRRS), making the data available to all clinical staff. This helps to assess and identify a number of respiratory conditions, including asthma, cystic fibrosis and Chronic Obstructive Pulmonary Disease.</p>
National Diabetes Audit (NDA)	<p>In conjunction with the Clinical Commissioning Group (CCG), the Trust's Diabetes Education Service has been restructured to include information regarding Type 2 Diabetes Care (excluding complex cases) which will be predominantly provided to patients in Intermediate Clinics. This ensures patients receive the appropriate care and treatment as recommended by the National Institute of Health and Care Excellence (NICE).</p> <p>The Trust has implemented a dedicated 'young adult clinic', the purpose being to ensure young adults diagnosed with diabetes are fully supported and receive vital information, care and treatment for their condition.</p> <p>A revised inpatient foot care pathway has been implemented; aiming to improve foot surveillance for inpatients with Diabetes.</p>

Audit Title	Key Actions
National Diabetes Inpatient Audit	<p>The Trust has worked with South Warwickshire NHS Foundation Trust and Rugby St. Cross Hospital to improve patients' foot care by developing a pathway chart, which assesses foot care during and after any hospital care.</p> <p>In order for patients with Diabetes to be identified earlier, consultant/specialist registrar ward rounds are done every morning, Monday to Friday. This aims to facilitate early review and safe discharge as well as review the diabetic emergencies early. In addition to this, an inpatient diabetes steering group has been formed to meet once a month to encourage service improvements and encourage multidisciplinary team working within the specialty.</p> <p>The Trust has increased specialist input into inpatient diabetes which will increase the level of care and support provided to patients.</p> <p>An Inpatient foot pathway has been agreed with the vascular team and tissue viability team which was implemented in 2015. This enables early identification of diabetic foot problems allowing early treatment and safe discharge and avoidance of amputations.</p> <p>Education within the Trust has increased for trained staff whereby a study day on diabetes is held once a month. This allows staff to complete online training modules such as 'Safe Use of Insulin' and 'Hypoglycaemia' which results in improved care for patients with diabetes in the hospital, which makes up more than 15% of all patients; overall improving outcomes, reducing length of stay and improving patient satisfaction.</p>

Local Clinical Audits – Key Actions Taken in 2015-2016

The following are brief summaries of some of the key actions the Trust has taken to improve the quality of healthcare as a result of the review of local clinical audit reports:

Audit Title	Key Actions
Re-Audit of Preterm Care	<p>Local guidelines for preterm care have been updated to include the national guidelines for Retinopathy of Prematurity (ROP) screening, an eye examination of the retina, following discussion with the Paediatric Ophthalmologists. This ensures that the Trust is following national recommendations for preterm care.</p> <p>An Antenatal Neonatal Counselling Clinic is now in place to ensure that mothers of preterm babies received antenatal counselling.</p>
Audit to measure current practice and diurnal variation in practice against thrombolysis guidelines	<p>An International Normalised Ratio (INR) bedside machine has been acquired in order to reduce laboratory waiting time for INR in warfarinised patients. Staff have been trained on the use of the machine. This ensures that thrombolysed patients on warfarin can be monitored sooner.</p> <p>Nursing staff have been trained in cannulation and venepuncture, so they can now take a more active role in the assessment of thrombolysed patients.</p>
Audit of Mental Health Act documentation in Emergency Department	<p>Information on holding powers has been incorporated into the Trust induction for junior doctors, to ensure that there is a clear understanding. This will ensure the correct procedures are followed.</p> <p>Mental Capacity Act documentation is now being recorded on the Trust's electronic Clinical Results Reporting System (CRRS) in the Emergency Department/Observations Area, and this functionality is being rolled out to the wider Trust. This will ensure information regarding Mental Capacity for patients is documented correctly and that patients are treated accordingly.</p>
Management of Suspected Non Accidental Injury (NAI)	<p>Reports have been completed for any paediatric cases in which there was suspicion of non-accidental injury or harm, and these reports have been disseminated amongst professionals. This ensures that concerns around child safeguarding are handled appropriately.</p>

Audit Title	Key Actions
Audit of the Outpatient Management of Constipation	<p>Leg and back examinations have been routinely incorporated into clinic examination, to ensure that patients with suspected constipation receive effective treatment, in line with national recommendations.</p> <p>Laminated copies of the Bristol Stool Chart have been placed in Observation folders on the wards and paper copies of the chart have been made available in the Out-patients department, to ensure that this information is available for patients to view/take away.</p>
Re-audit of Palliative Care in Parkinson's Patients	<p>'Planning for your future' leaflets are now available in the Trust's Parkinson's Disorder clinics. This has helped to initiate discussions of Advanced Care Planning with patients in clinic.</p> <p>A second Parkinson's Disease Nurse Specialist has been employed by the Trust, to develop a follow-up clinic for patients with Complex/Advanced Care. This has helped to ensure that Advanced Care Planning is discussed earlier. It has also ensured that patients with Parkinson's disease are able to avoid unwanted admissions to hospital at a later stage of the disease.</p>
Paediatric diabetes Best Practice Tariff audit	<p>A new Point of Care Testing (POCT) device is now in use, facilitating HbA1C measurement in clinic. This helps with monitoring children's blood glucose levels to ensure the correct treatment is provided.</p> <p>A psychology screening tool has been implemented in order to improve psychology services for children with diabetes.</p>
Audit of Soffban Plus	<p>For all patients who required continuous blood pressure monitoring whilst in Theatre, Operating Department Practitioners / Anaesthetists now apply a thin layer of Soffban Plus between the blood pressure cuff and patients skin to prevent tissue damage. This has improved levels of safety and enhances the patient experience.</p>
Audit of the Dementia Care Bundle	<p>Introduction of a new checklist to ensure that the needs of patients with dementia are more easily identified and observed.</p> <p>Specialised dementia awareness training provided to porters and support staff to improve patient experience.</p>

Audit Title	Key Actions
Audit of Total Knee Replacement alignment in obese patients	<p>Raising awareness to patients of the risk and frequency of problems with the alignment of the bones in the knee.</p> <p>Recommending fixing support structures on the inside of the bone as opposed to the outside, therefore improving the experience and outcomes of total knee replacements on patients with a BMI of over 35.</p>
Audit of Implant checking during orthopaedic procedure (Joint replacement)	<p>New guidelines developed and distributed to theatre staff across the Trust to reinforce the importance of checking implant labels before wound closure in simple and complex cases, and to ensure that the lead or assisting surgeon records the implant details on the theatre white board, in view of all present in the theatre. This multi-checking approach ensures patients are fitted with the correct implant and ensures patient safety.</p>
Re-audit of documentation and review of fluid balance charts on respiratory wards	<p>Importance of accurate documentation reinforced with night nursing staff and Health Care Assistants, avoiding the use of ambiguous terminology in patient notes.</p> <p>Desired balance and fluid management plans reviewed by both senior and junior doctors to ensure patients receive the appropriate amount.</p>
Do we need to provide cross-matched blood at Rugby for Primary Hip Replacements?	<p>Patients are now reviewed ahead of planned operations to check they meet the criteria for cross-match blood testing thus reducing the number of tests required and potential delays to surgery.</p>
Audit of Acute Pain Management in Paediatric Orthopaedic Patients - How are we performing?	<p>Increased education and awareness provided to junior doctors on induction to emphasise the importance of prompt and accurate analgesic prescribing for all paediatric patients admitted with a fracture to ensure effective pain management.</p>
Audit of Acute Kidney Injury	<p>An Acute Kidney Injury (AKI) alert system has been implemented in the Trust's electronic Clinical Results Reporting System (CRRS). CRRS creates an AKI flag which is an alert indicating that a patient has abnormal levels of creatinine. It advises clinicians to contact the Renal team if appropriate.</p> <p>The Renal Specialist Registrar will use the information reported on CRRS to create a database of inpatients who have received an AKI alert and will monitor this. The alert is an extra level of safety to make sure every patient with potential AKI is identified and ensuring the appropriate care and treatment is provided.</p>

Audit Title	Key Actions
Compliance with the standards for the diagnosis and management of the rare bleeding disorders (RBD)	<p>The Trust has implemented a process whereby patients who receive factor replacement therapy, will have their clinical indicated factor levels checked prior to receiving treatment. This ensures a quicker diagnosis and commencement of treatment.</p> <p>In patients where there is no specific contraindication, tranexamic acid is offered to reduce the risk of bleeding in patients.</p>
Re-audit of cardiac arrest trolley equipment	<p>The Trust ensured that a re-audit of adult and paediatric trolleys and grab bags and the resuscitaires in the neonatal department was conducted to comply with UHCW standards. Before this was conducted, checklists were amended as a result of this audit which allowed better auditing of equipment and captured the correct data. For the non-compliant equipment, the Resuscitation Team returned to re-audit and ensure all stock was replenished.</p>
Re-audit of Photodynamic Therapy (PDT)	<p>Patients are given information leaflets prior to them attending for Photodynamic Therapy (PDT); advising them of the discomfort the treatment can cause and providing advice on what precautions to take prior to treatment including the use of analgesia.</p>
Re-Audit of Surgical Safety Checklist	<p>The Surgical Safety Checklist has now been incorporated into the Trust's electronic Theatre system which ensures the relevant safety checks for patients are undertaken by theatre staff during and after surgical procedures.</p>
Audit of Compliance against communication, education and monitoring of Rheumatoid Arthritis patients from a therapy perspective	<p>All patients newly referred for therapy are now triaged within 24 hours and seen by an Occupational Therapist within one month.</p> <p>The Occupational Therapist ensures that patients are provided with educational and self-management advice during their first appointment after referral and are offered a place in the early arthritis group which provides ongoing support to patients.</p>

2.4.3 Participation in Clinical Research

Research is an integral component of providing world-leading excellence in clinical care and has been linked to improved patient outcomes. 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, develop 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 cutting-edge research focused on the needs of our patients.

The number of patients receiving relevant health services provided or sub-contracted by UHCW in 2015-2016 that were recruited during that period to participate in research approved by a research ethics committee was 3885 (pro rata to January 2016 as data reported two months in arrears, estimated 4,500 in year). While this will likely represent a reduction of recruitment on the previous year (5146 recruited in 2014-2015) our current portfolio consists of a greater proportion of interventional and more complex trials. We aim to exceed 4,500 patients recruited to National Institute for Health Research Portfolio trials in 2016-2017 and increase the number of patients recruited into commercial trials.

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 a highly research active university hospital. Our ambitious commercial research strategy has resulted in continual growth in income to over £930k in 2015-2016.

Our external collaboration with academic and industry partners continues to attract significant research income. The value of research grants awarded in 2014-15 was £6.3 million (£8.4 million in 2013-14). In 2015-16, 130 research grant applications were submitted to external funders. Currently, 22% of these have been funded (total value £3.9 million) but this will rise as the outcome of applications becomes known. We have actively increased our capacity and capability in the support of home-grown researchers with a dedicated staff offering comprehensive guidance and advice on every step of the research

pathway; from developing research ideas, protocol development, grant application, trial management and delivery through to data analysis and dissemination.

With more than 350 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 Research, Development and Innovation Team were awarded the PharmaTimes NHS Clinical Research Site of the Year in 2014 and 2015 through a competitive process judged by the National Institute for Health Research (NIHR) and Association of British Pharmaceutical Industries.

In July 2015 we held our inaugural Research, Development and Innovation Summit which provided an opportunity for research active staff across the Trust and our wider partners to network, collaborate and share learning and best practice. Building on the success of this event we plan to hold a full-day event in July 2016 to coincide with the launch of the Innovation Hub which is detailed further in Section 3.

Our current major research themes are reproductive health, trauma and orthopaedics, gastro-enterology and cancer. These are complemented by additional areas of clinical research activity and research activity continues to increase. There are over 100 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. This year has seen the introduction of the Interdisciplinary (Non Medic) Clinical Academic (INCA) programme in collaboration with Coventry University to facilitate and support nurses, midwives and allied health professionals develop essential research skills and to encourage and nurture the researchers of the future.

The Trust provides free research training for all staff and offers a comprehensive competency framework to ensure that staff are fully equipped to deliver high quality, patient centred care and contribute towards robust research outcomes.

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.

For regular updates and information you can follow UHCW research on Twitter: twitter.com/UHCWRDandI.

2.4.4 Goals agreed with Commissioners

A proportion of our income in 2015-2016 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 2015-2016 can be found in Appendix 1 of this Quality Account.

2.4.5 Care Quality Commission

University Hospitals Coventry and Warwickshire NHS Trust (UHCW) is governed by a regulatory framework that requires healthcare providers to be registered with the Care Quality Commission (CQC) and therefore licensed to provide healthcare services. The Trust's current registration status is 'registered with no conditions' and the CQC has not taken enforcement action against UHCW during 2015-2016.

The CQC has a statutory duty to assess the performance of healthcare organisations, providing assurance to the public about the quality of care through a system of monitoring. CQC assessors and inspectors frequently review all available information and intelligence they hold about trusts.

Following the CQC comprehensive inspection which took place in the Trust from 10 to 13 March 2015, an action plan was developed to address the high level specific areas of improvement identified in the CQC report that was published in August 2015. The progress against the action plan has been monitored by the Chief Inspectors of Hospital Programme Board and has been reported to the Trust Development Authority (TDA) and the Trust Board on a regular basis. All of the actions in the action plan are now complete.

The outcome rating of the overall review resulted as follows:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Individual site ratings of each area resulted as follows:

University Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Requires Improvement	Requires Improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Good	Requires Improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Requires Improvement	Requires Improvement	Requires improvement
Critical care	Requires improvement	Good	Good	Good	Requires Improvement	Requires improvement
Maternity and gynaecology	Requires improvement	Good	Good	Good	Good	Good
Services for children and young people	Requires improvement	Good	Good	Good	Requires Improvement	Requires improvement
End of life care	Requires improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires improvement
Outpatients and diagnostic imaging	Inadequate	Not rated	Requires Improvement	Requires Improvement	Requires Improvement	Requires improvement

On review, the CQC deemed Outpatients and Diagnostic Imaging 'inadequate' for the Safe domain. This was specifically in relation to services provided by Imaging services. In response the Imaging Department developed a specific action plan to address the issues highlighted by the inspection process. Progress against this action plan was monitored by the Chief Inspector of Hospitals Programme Board and is now reported as complete.

Hospital of St Cross, Rugby

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	Requires Improvement	Requires Improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Good	Requires Improvement	Requires improvement
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Requires Improvement	Good

During 2015-2016 the CQC made one inspection visit and one thematic review to UHCW.

The CQC undertook a multi-agency inspection of the Coventry health economy on 11 May 2015, as part of a national review of health services for children looked after and safeguarding. The Trust has received the report with no rating in December 2015 and a joint action plan, led by the Coventry and Rugby Clinical Commissioning Group has been submitted to the CQC.

In addition, a pilot Urgent and Emergency Thematic Review took place at the Hospital of St Cross in the Rugby Urgent Care Centre on 23 February 2016. This review covered the geographical area of the South Warwickshire System Resilience Group and a report will be issued in due course but with no rating.

2.4.6 Data Quality

The last year has seen prominent developments in Data Quality at the Trust; a Data Quality Model was developed that consisted of the Data Quality Strategy, Data Quality Policy, Data Quality Standards, and a Data Quality self-assessment tool. This has been rolled out to the major systems in the Trust, where the objective has been to engage with Information Asset Owners. This work will continue with other systems and will be reported and monitored through the Information Governance Committee.

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.

The Trust submitted records during 2015-2016 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:

- 99.4% for admitted patient care;
- 99.7% for outpatient care; and
- 97.7% for accident & emergency care: 97.7%.

- which included the **patient's valid General Medical Practice code** was:
- 100% overall in Admitted patient care, Outpatient care, and Accident & Emergency care.

2.4.7 Information Governance Toolkit

Version 13 of the Information Governance Toolkit had a number of changes specifically around the integration of Caldicott2 into the Toolkit. UHCW's Information Governance Toolkit assessment for 2015-16 was an overall score of 81% and was graded green and satisfactory. The Trust improved its performance from the previous year of 78% and achieved Level Two or above in all requirements. Mandatory information governance training for all staff still remains a challenge, but the Information Governance Unit continues to champion information governance across the organisation.

2.4.8 Clinical Coding Error Rate

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

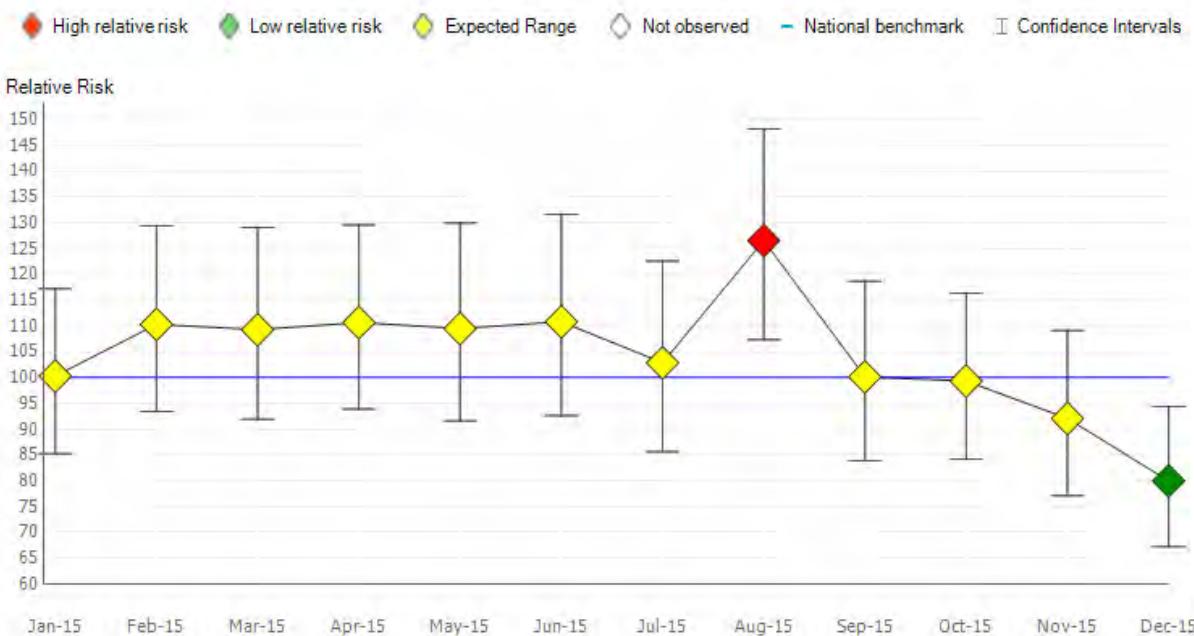
- Primary Diagnoses incorrect 2.5%
- Secondary Diagnosis incorrect 4.9%
- Primary Procedures incorrect 4.7%
- Secondary Procedures incorrect 3.8%

2.5 Performance against NHS Outcomes Framework 2015-2016

Related NHS Outcomes Domains 1 and 2					
Indicator: Mortality Rates [source: HSCIC]	January 2014 – December 2014	April 2014 – March 2015	July 2014 – June 2015	National Average (July 2014 – June)	Lowest and Highest reported Trust (July 2014 – June 2015)
a) the value and banding of the summary hospital-level mortality indicator ("SHMI") for the trust for the reporting period	1.038 (within expected)	1.039 (within expected)	1.054 (within expected)	1.00	0.661 (lower than expected) 1.209 (higher than expected)
b) the percentage of patient deaths with palliative care coded for the reporting period	11.6%	12.5%	14%	26.1%	0.0% 52.9%

At UHCW:

- The Trust monitors mortality rates using the national Hospital Standardised Mortality Ratio (HSMR; provided by Dr Foster Intelligence) and Summary Level Hospital Mortality Indicator (SHMI; provided by the Health and Social Care Information Centre), which measure mortality as to whether it is higher or lower than that which would have been expected.
- Both the SHMI and HSMR are not definitive measures of quality of care. They act as a warning system for deviance from the 'norm' and can provide indication for areas to investigate. They provide the Trust with 'alerts' when there has been significantly more deaths than expected. All alerts received from both monitoring reports are reviewed and discussed at the Mortality Review Committee.
- The SHMI uses a benchmark of 1 to monitor performance. If the value is higher than 1, then it implies that there have been more deaths than expected. If the value is below 1 then there have been fewer deaths than expected. An alert will only be generated if there have been significantly more or fewer deaths than expected. The SHMI value for the most recent three publications is within the 'expected' mortality range.
- The HSMR uses a benchmark of 100 to monitor performance. If the value is higher than 100 then there have been more deaths than expected. If the HSMR is below 100, it means that there are fewer deaths than expected. If there are significantly more deaths or fewer deaths than expected, a mortality alert (either negative or positive) will be created.
- For January 2015 to December 2015 the HSMR is 103.26 which is within the 'expected' mortality range (this is the latest available data). The HSMR for December 2015 is 79.95 which is a low relative risk for mortality (there have been significantly fewer deaths than expected). The chart below shows the Trust's mortality performance trend over 12 months. It highlights an improvement in mortality data from September 2015.



- UHCW has been working to improve its HSMR value. Investigation was undertaken into the diagnosis groups with the largest number of deaths to identify areas for improvement across all aspects – clinical, organisational, and coding. As a result of these investigations, the following are in progress:
 - Evidence based Care Bundles are being created by specialties for diagnosis groups with a large mortality rate. A care bundle is a set of interventions that, when used together, significantly improve patient outcomes. They aim to consistently deliver the best possible care for patients and have been proven to improve patient outcomes
 - Pre-admission pathways were also reviewed during these investigations and work with the Coventry and Rugby Clinical Commissioning Group is in progress to promote adequate community care to reduce avoidable hospital admissions.
 - Palliative care is important within the Trust as it focuses on providing patients with relief from the symptoms, pain, physical stress, and mental stress of a serious illness. UHCW has been one of the lowest Trusts for recording palliative care for several years. Work has been ongoing during the year to increase the number of patients receiving palliative care by our Specialist Palliative Care Team by accurately recording their activities. This includes twice daily ward visits to provide additional support to patients and nurses. This has resulted in an increase in the recording of palliative care. Between January 2014 and December 2014, the palliative care rate for deceased patients at UHCW was 8.78%. However, following the improvements in capturing activity within the Specialist Palliative Care Team this year, the palliative coding rate of deceased patients has increased to 23.81% (January 2015 - December 2015). The national average for palliative coding during this time is 24.77% indicating that UHCW is now reporting similarly to other Trusts. This has had a positive impact on the Trust's HSMR.

- Additionally, all inpatient deaths at UHCW (patients aged 18 and above) receive a mortality review completed by the specialty in charge of their care. This is to provide assurance that patients received a good quality of care – and in situations where care could be improved, actions and learning are shared across the Trust. Currently, 91% of patients have received a National Confidential Enquiry into Patient Outcome and Death (NCEPOD). A grade at primary review – this means that there has been a good quality of care. This is an improvement on previous performance. UHCW takes pride in ensuring that all potential areas for learning are highlighted and shared amongst the teams to promote better care and reduce patient harm.

Related NHS Outcomes Domain 3					
Indicator : Patient reported outcome measures scores (PROMS) [source: HSCIC]	2013/2014	2014/2015	Apr-Sep 2015 Provisional	National Average (Apr-Sep 2015 Provisional)	Lowest and Highest Reported Trust April-September 2015 provisional
Groin Hernia surgery	*	0.077	*	0.088	0.008 – 0.135
Varicose Vein surgery	*	*	*	0.104	0.037 – 0.130
Hip replacement surgery	0.449	0.454	0.520	0.454	0.359 – 0.520
Knee Replacement surgery	0.326	*	0.312	0.334	0.207 – 0.412

*PROMS Adjusted Health Gain Scores. Items marked with an asterisk are due to low numbers of patient records being submitted and therefore this information is suppressed on HSCIC. Full year 2015/16 information was not available from HSCIC when this account went to publication.

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

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

Related NHS Outcomes Domain 3					
Indicator: emergency readmissions to hospital [source: HSCIC, UHCW]	Year	UHCW	NHS England Average	lowest reported Trust	highest reported Trust
The percentage of patients aged 0 to 15 readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period	2013/14	7.87+	*	*	*
	2014/15	7.33+	*	*	*
	2015/16	7.54+	*	*	*
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	2013/14	7.76+	*	*	*
	2014/15	7.76+	*	*	*
	2015/16	8.09+	*	*	*

***Indicates the information is not yet available on the HSCIC portal, it is due to be released in August 2016*

+ 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]	2013/14	2014/15	2015/16	National Average 2015/16	Lowest and Highest Reported Trust 2015/16
The Trust's responsiveness to the personal needs of its patients during the reporting period.	74.2%	75.5%	*	*	*
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.**	62%	70%	76%	69%	HIGHEST 100% LOWEST 44%

**The Trust's responsiveness to the personal needs of its patients during 2015-2016 is not yet available on the HSCIC website.*

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:

**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 2015-2016. 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 <i>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</i>				2013/14
	Q1	95.8%	95.5%	100% 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%
2014/15				
	Q1	96.1%	96.1%	100% 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%
2015/16				
	Q1	96.6%	96.0%	100% 86.1%
	Q2	95.8%	95.9%	100% 75.0%
	Q3	96.2%	95.5%	100% 61.5%
	Q4	96.4%	95.5%	100% 78.1%

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 national VTE risk assessment tool originates from NICE guidance and states that all patients should be risk assessed on admission to hospital. Patients should be reassessed within 24 hours of admission and whenever the clinical situation changes. UHCW's average compliance across the year is 96.2% of patients receiving a VTE risk assessment on admission. The Trust has incorporated a number of system controls within its Clinical Reporting and Results System (CRRS) to enhance the quality of care to patients and this promotes completion of the risk assessment within 12 hours. Whilst, the Trust is conscious that it is not clinically appropriate to complete a VTE assessment within a defined period of time for all patients, when taking into consideration the number of patients whose VTE assessment was completed 24 hours or more after admission, the indicator would change slightly to 92.6%.

Related NHS Outcomes Domain 5					
Indicator: Reducing Infection [source HSCIC]	2013/14	2014/15	2015/16	National Average	Lowest to Highest Reported Trust
The rate per 100,000 bed days of cases of C.difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period. <i>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</i>	12.7	10.7	9.9	*	*

*National averages are not available from HSCIC until mid-July. It will then be available on the HSCIC website.

Please note that the 2015-16 rate has been calculated using C Difficile reported cases available on the HSCIC and KH03 bed day data (38/382,843x100,000).

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 NRLS]	Apr 14 – Sep 14	Oct 14 – Mar 15	Apr 15 – Sep 15	National Median (Acute non-specialist Trusts) April 15-Sep 15	Lowest and Highest reported Trusts April 15-Sep 15
The number of Patient Safety Incidents reported within the Trust in the reporting period	5532	6141	6,047	4.125	Lowest - 1,559 Highest - 12,080
Rate of Patient Safety Incidents reported within the Trust in the reporting period (per 1000 bed days)	28.74	31.67	32.18	38.25	Lowest - 31.65 Highest - 61.32
The number of such incidents that resulted in severe harm or death	19	14	37	17	Lowest - 2 Highest - 89
**Percentage of such Patient Safety Incidents that resulted in severe harm or death	0.3%	0.2%	0.6%	0.4%	Lowest: - 0.1% Highest - 2.9%

****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 or more person(s) receiving NHS funded healthcare’.

The ‘degree of harm’ for patient safety incidents is defined as follows:

- ‘severe’ – the patient has been permanently harmed as a result of the incident;
- ‘death’ – the incident has directly 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 through Trust induction and ad-hoc spot-checks on wards and departments
- Continue to provide immediate feedback to reporters
- Improve feedback to staff through a variety of media, e.g. email, posters, newsletters, Grand Round presentations, web pages.
- Ensure that action plans to address incidents are realistic and achievable and hence completed within their deadlines.

Section 3

Overview of Organisational Quality

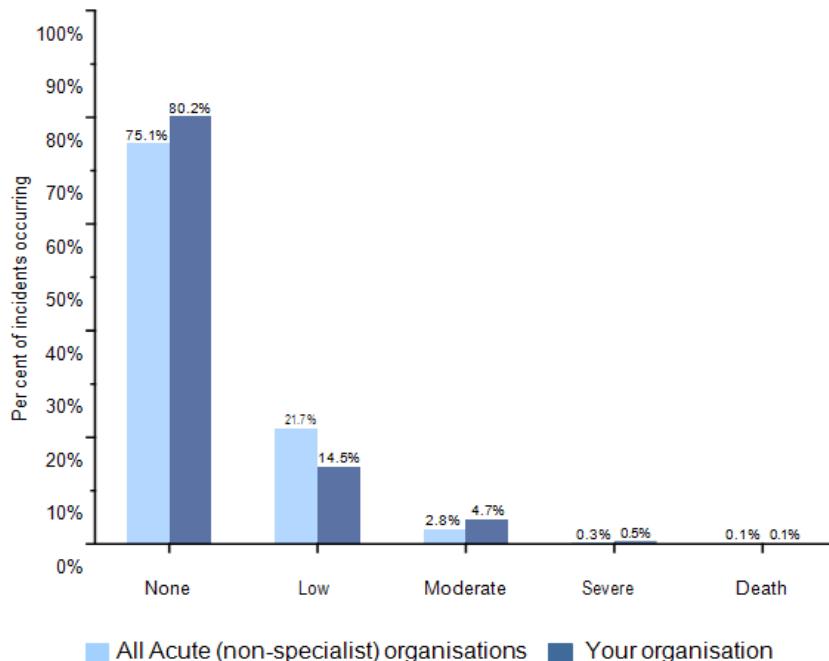
3.1 Patient Safety

The aim of incident reporting is to capture themes and trends from the numerous low level incidents and resolve them, to avoid the potential for aggregated failures that can cause patients a higher degree of harm. Our online incident reporting system (Datix) facilitates early detection of these trends and alerts the central Safety Team to any serious incidents, enabling escalation and swift investigation.

The last twelve months have seen an increase in the reporting of patient safety incidents within the Trust. The reporting of all incidents which impact on a patient's care is something which is encouraged, however minor the outcome. All reported incidents are investigated according to the type of incident and their potential for harm. Serious incidents are investigated using root cause analysis methodology.

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. The process for incident reporting is taught at Trust induction, which is a 3-day course which introduces all staff to the Trust's core values as part of the wider Together Towards World Class programme.

The majority of patients involved in a safety incident incur minor or no harm, which is an indication of an open and learning culture (refer to below chart). We share the outcomes of investigations and trend analysis across the organisation as well as with our commissioners, other local providers and with NHS England.



Degree of harm					
Your figures:	None	Low	Moderate	Severe	Death
	4,851	876	283	33	4

Serious Incidents

Serious incidents are defined as incidents where the consequences or potential for learning is so great that the use of additional resources to compile an investigation is appropriate.

We reported 182 serious incidents in 2015-2016.

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 and 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.

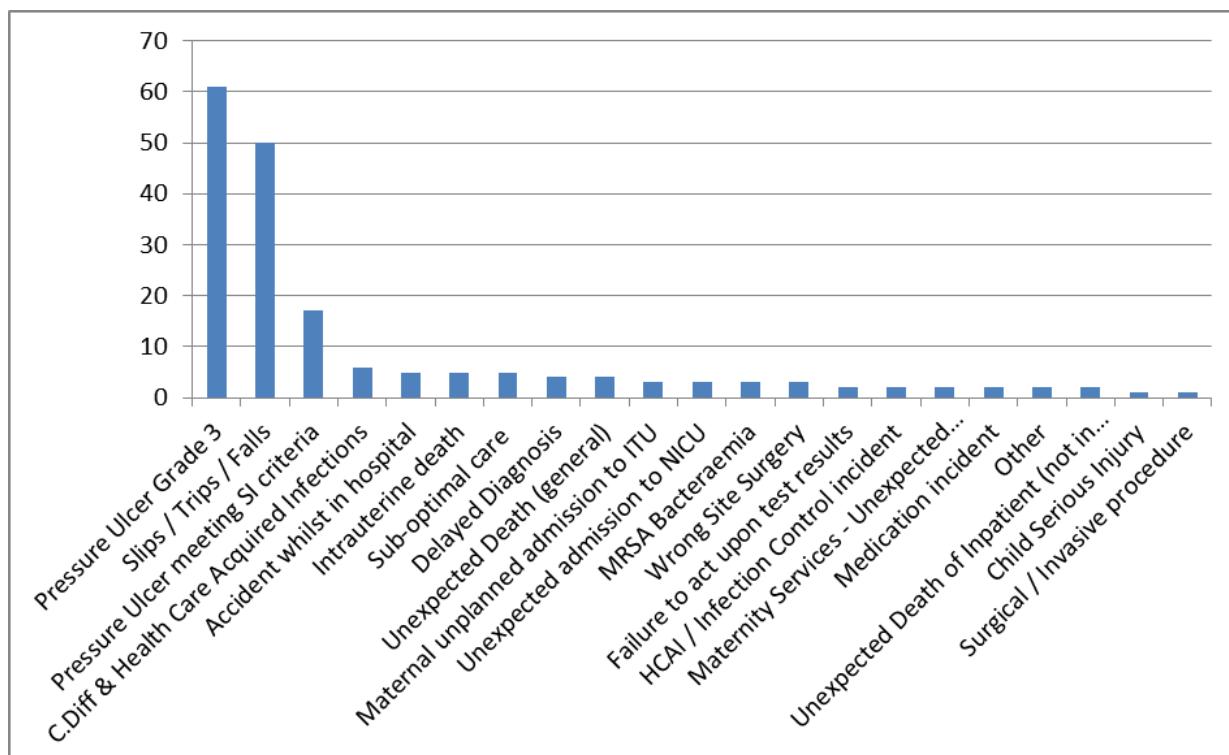
For Acute Trusts 2015-2016 the Never Event list was:

- Wrong Site Surgery
- Wrong Implant/prosthesis
- Retained foreign object post-procedure
- Mis-selection of a strong potassium containing solution

- Wrong route administration of medication
- Intravenous administration of epidural medication
- Overdose of Insulin due to abbreviations or incorrect device
- Overdose of midazolam during conscious sedation
- Overdose of methotrexate for non-cancer treatment
- Falls from unrestricted windows
- Chest or neck entrapment in bed rails
- Transfusion of ABO-incompatible blood components or organs
- Misplaced naso- or oro-gastric tubes
- Scalding of patients

This guidance is set out in the Serious Incident Framework set by NHS England.

Over 70% of these are made up of specific types of incident that are automatically reported as Serious Incidents, for example Infection Control incidents (e.g. MRSA bacteraemia, C Difficile-associated deaths and infection outbreaks such as Norovirus), pressure ulcers and all Never Events.

Chart illustrating serious incidents by type 2015-2016

We have a weekly Significant Incident Group meeting, which is attended by senior clinical and non-clinical staff as well as a commissioning representative, who ensure that our process conforms to the national Serious Incident Framework 2015. The group oversees the investigations and resulting action plans, all of which are monitored until completion.

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

- Review of the Trust's Patient Transfer Policy.
- Improving the safety of central line use on the general critical care unit.
- Patient "call bells" no longer used on quieter night-time settings.
- Introduction of an enhanced care team to provide one to one care for patients who require additional input during their hospital admission.
- An aide-memoire was put in the multi-birth room to remind staff about specific intrapartum care requirements for women with twin pregnancy.
- Weekly safety messages are circulated by the Chief Medical and Chief Nursing Officers.

Further details of the work undertaken are outlined in the Quality Department Annual Report 2015-2016.

A league table produced by Monitor and the NHS Trust Development Authority in February 2016 identified levels of openness and transparency within NHS Trusts and Foundation Trusts. The rankings that Trusts were measured on were:

- 1 – **outstanding levels** of openness and transparency
- 2 – **good** levels of openness and transparency
- 3 – **significant concerns** about openness and transparency
- 4 – **poor reporting culture**

UHCW received a rating as “good.” The league table was drawn together by scoring providers based on the fairness and effectiveness of procedures for reporting errors; near misses and incidents; staff confidence and security in reporting unsafe clinical practice; and the percentage of staff who feel able to contribute towards improvements at their Trust.

Never Events

During 2015-2016 regrettably we reported three “Never Events”. We have responded to these incidents with robust investigations and scrutiny of our processes and procedures.

All three cases were declared as “wrong site surgery”, which is defined by NHS England as: “a surgical intervention performed on the wrong patient or wrong site (for example wrong knee, wrong eye, wrong limb, wrong tooth or wrong organ); the incident is detected at any time after the start of the procedure.”

Two cases related to incorrect spinal levels (one of which occurred in 2013 but was detected in 2016 following imaging for further surgery) and one case related to hand surgery.

All cases occurred despite use of the World Health Organisation’s (WHO) Safer Surgery checklist.

On each occasion we have discussed the error with the patient involved and/or their next of kin

and offered to share the results of our investigations. The investigations were each led by a senior clinician using Root Cause Analysis (RCA) methodology. RCA reports are scrutinised by our Significant Incident Group, which has a representative from our commissioners, to ensure that all aspects are considered and that the associated action plans are 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. Details about Never Events are also published in the public Trust Board papers available on the Trust website at www.uhcw.nhs.uk/about-us/trust-board.

We continue to take active steps to try to eradicate the occurrence of Never Events in the organisation. Examples of actions we have taken are:

- Conducted a gap analysis against the 2015/16 Never Events list and supporting information.
- Commenced Human Factors education with staff who work in operating theatres.
- Set up a multi-disciplinary Theatre safety team.
- 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.

Duty of Candour

Following the Francis Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry and a series of other reviews, the Duty of Candour became part of a regulatory registration package which was implemented in October 2014.

Clinicians have an ethical Duty of Candour to inform patients about mistakes that cause serious harm to their patients. The Care Quality Commission's (CQC) Regulation 20 is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It sets out specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

In response to the Duty of Candour the Patient Safety Team has led on the production and piloting of a new Trust policy which is based on national and international evidence.

The policy includes clear information for staff on what they should do when they are involved in a serious incident and the support available to them to deal with the consequences of what happened and how to communicate with the patients or service users, their families and carers.

Following an incident to which the Duty of Candour applies, the patient involved will receive a verbal apology and a written information leaflet with a contact name and number and details of what will happen next. Following the investigation they will be given an opportunity to discuss the findings with a member of the clinical team.

Sign up to Safety

UHCW joined the national Sign up to Safety Campaign in 2014, which has the ambition of making the NHS the safest healthcare system in the world. 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.

As part of the campaign, in 2015 we bid for a one-off discretionary payment 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 and for the development of an innovative audio surgical safety checklist for our Theatres.

To date we have implemented human factors education and innovation in a number of ways:

- We have commenced selection of those staff who will become our Human Factors trainers.
- We have started to look at staff to staff "interactivity", that is, how staff communicate with one another and how this might relate to safety.
- The audio safety checklist has been piloted in theatres over one week and the evaluation is currently in progress. We will possibly need to repeat it for a longer period of time.
- We have started to add Human Factors education into our action plans for serious incidents
- We are working with a national company to look at how to make patient bathrooms safer as we found one of the reasons that patients were falling over in bathrooms was because the toilet paper dispensers were not easy to reach.

3.2 Claims

The Trust in the financial year 2015-2016 reported 101 clinical negligence claims to the National Health Service Litigation Agency (NHSLA), a decrease of 10 claims on the last financial year. In 2015-16 the NHSLA, on behalf of the Trust, settled 46 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.

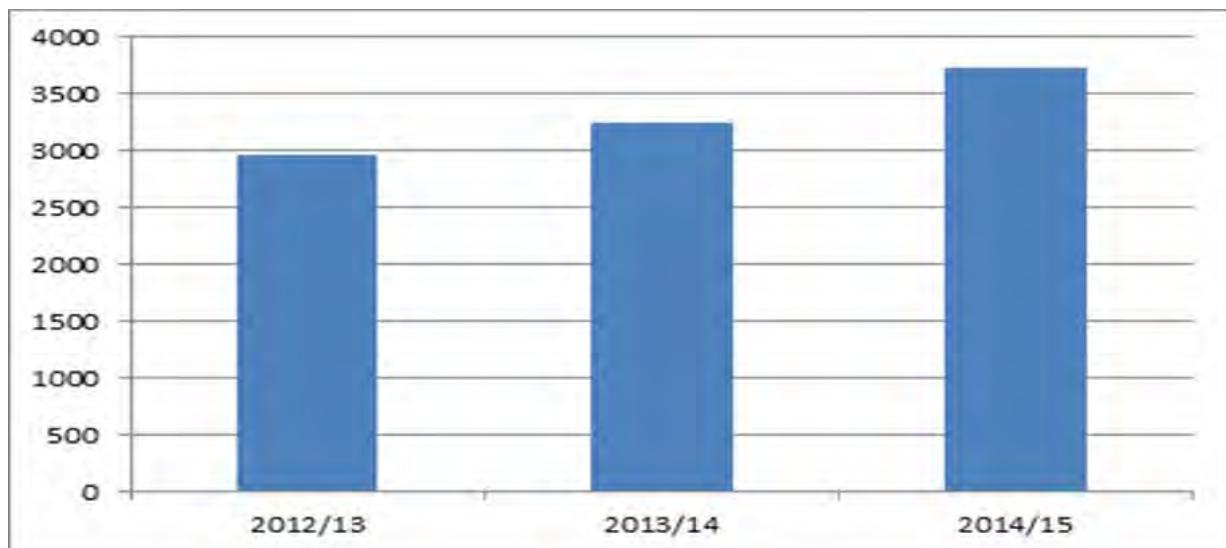
The Trust is committed to minimising the opportunity for human error in medicine and with this aim has committed substantial resources in implementing its clinical governance framework. Clinical adverse events are actively reported and as appropriately investigated; with action plans implemented seeking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

3.3 Dementia

According to the Alzheimer's Society, there are over 800,000 people in the UK living with dementia and at any one time this group occupies approximately 25% of general hospital beds. It is estimated that if current trends continue and no action is taken, the number of people with dementia in the UK is forecast to increase to 1,142,677 by 2025, an increase of 40% over the next 12 years.

We aim to ensure that we provide high quality, personalized, compassionate care for this vulnerable group of patients, making sure they are properly supported and reassured whilst they are in hospital and after discharge when they are in the community. We also recognise that careful planning for the future is required to ensure that the right care and support is available for patients with dementia both in hospital and within the community.

The recent Care Quality Commission inspection found that the Trust had demonstrated improvements in dementia care and overall a good experience for patients.

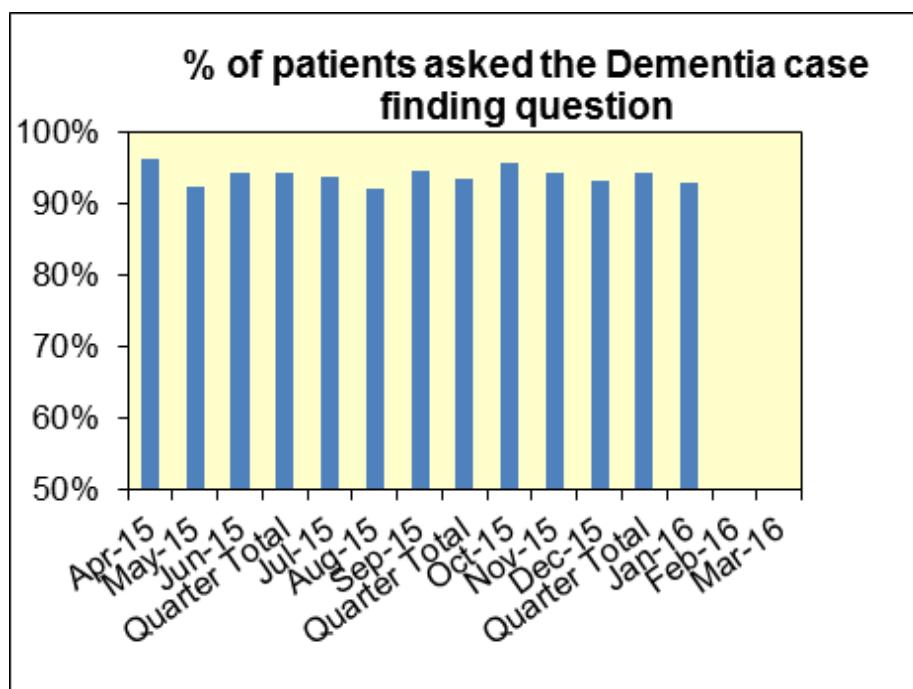
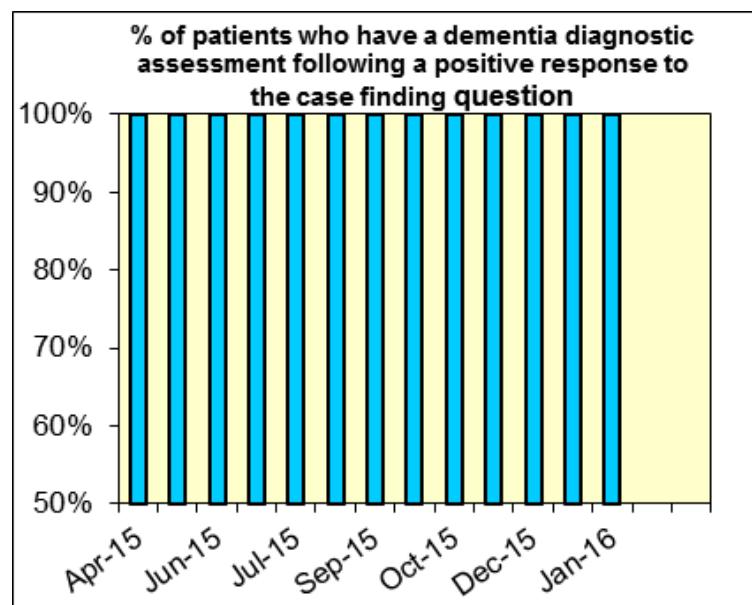


Graph of patients admitted to UHCW over the past 3 years with a diagnosis of dementia showing a steady increase in trend.

What we set out to do

Promptly identify patients with dementia

The Trust wants to make sure patients who have or may have dementia are appropriately identified on admission to hospital so they receive the right type of care and treatment. We know that it is important that early warning signs of dementia are identified therefore; we aim to promptly screen, assess, investigate and if necessary, refer patients over the age of 75 on to a specialist when they are admitted to hospital in an emergency. This forms part of the dementia CQUIN scheme and we have continually achieved our target. The graph below shows that over 90% of patients are screened and receiving suitable interventions:



The Trust has taken actions to improve this rate and thereby increase the quality of our service. A dashboard application helps the team track their progress. The Trust continues to meet the national standard for dementia screening to ensure our patients receive the appropriate care.

UHCW want to ensure that all staff have the knowledge, confidence and skills required, and access to specialist knowledge and advice so that we are able to provide the most effective care possible to our patients living with dementia. Dementia training is part of the dementia Commissioning for Quality and Innovation (CQUIN) payment framework and we have consistently achieved our target for the CQUIN set by the local Clinical Commissioning Group.

The Trust is committed to continually embedding good practice with regards to dementia care and all staff, whether clinical or non-clinical, are offered dementia awareness training to recognize the signs of dementia and to generally raise awareness of the issues affecting people with dementia and their families to help them provide the most appropriate care for this group of patients.

During 2015-2016 (between April 2015 and March 2016), 697 UHCW staff were trained on dementia. Training is delivered through classroom sessions; ward based one to one experiential learning and an e-learning module. More indepth dementia training is carried out in stand-alone sessions such as the recent workshop on 'Dealing with Challenging Behaviour' organised by the Dementia Team.

Staff are also trained in various techniques for managing patients with dementia such as the 'M' Technique. The 'M' technique is a simple method of structured touch. Each movement and sequence is done in a set pattern at a set pressure and set speed, which never change. The M technique is different from massage and is suitable for the very fragile; the critically ill, actively dying, or when the giver is not trained in massage. The 'M' technique works on skin receptors which send signals to the brain and has been described as 'physical hypnotherapy' and a 'spiritual dance'. Staff are also taught the VERA technique. The VERA technique is a helpful approach and an aid to memory for staff when working with patients diagnosed with dementia.

VERA stands for:

- V=** Validate, accepting that the behaviour exhibited has a value to the person and isn't just a symptom of dementia.
- E=** Emotion, paying attention to the emotional content of what the person's saying.
- R=** Reassure, can be as simple as saying 'it'll be okay' and smiling, holding their hand.
- A=** Activity, people with dementia need to feel occupied, active, see if you can engage them in some related activity.

Staff are also encouraged to participate in a nationally recognized qualification in dementia organized by the training department. We have invested in two Clinical Education Leads who work closely with our staff to support with their training.

The training methods have been improved to allow more interaction with trainees and provide more practical learning experience through ward based training. We will continue to further develop our educational program with a focus on developing staff awareness and understanding of effective care in dementia and hope to increase the percentage of staff trained in the coming year.

Promote dementia awareness across the Trust

As well as raising awareness of dementia through education, we have undertaken significant work towards embedding the Forget Me Not Care Bundle across the organization. This Care Bundle provides prompts for staff to ensure that care is focused on four key domains: communication, nutrition and hydration, a safe environment and personal information. The rationale for implementing the Care Bundle is to provide personal and individualized care to dementia patients. A recent audit of the Care Bundle identified areas of improvement for standardisation against fundamental standards in the care of patients with dementia. A further audit of the care bundle is ongoing on seven wards in the hospital which is due to complete in April 2016.

All wards and departments have identified Dementia Champions who receive additional regular training and support.

Their role is to support patients with dementia and staff by promoting good practice in this area and they also provide feedback to the dementia team. We hold regular dementia champions forums. Work has taken place to increase the number of attendees, to maintain momentum and effect change at ward level.

The 'Getting to Know Me' form, which is a key element of the forget me not care bundle is a document where information relevant to each person and their likes/dislikes is written by the person with dementia or their relatives to help staff provide person centered care right from the onset of their care. All patients with dementia are given a form for their carers to complete on admission to the Trust.

Support Carers of patients with dementia

We recognise that carers play a vital role in the care of patients with dementia and are committed to improving how we work with and support carers of our patients and reducing the risk of carer breakdown.

We have set up a Carers Support Group to explore better ways of communicating with and supporting carers. Carers also receive signposting to relevant services within the trust and in the community. Views of carers are fed back to the Dementia Steering Group to facilitate any necessary improvements to service.

Following discussion with ward staff patient nearest relative or primary carer are offered flexible visiting hours to enable them visit outside normal visiting hours in order to provide support with personal care, provide assistance at mealtimes if desired and be actively involved in discussions about their loved one's care, ongoing treatment and discharge.

As part of the dementia CQUIN scheme, we established a Carers' Survey which has provided much welcomed feedback on how to improve services for our patients with dementia. We have taken on board feedback from the survey and work is ongoing to address some of the points raised. We have improved information sharing with carers and now provide them with carer information packs. We also display relevant information on carer information boards provided on the wards.

Below are key findings from the Carers' Survey (December 2015 to March 2016):

- 90% of carers said they were provided with the Getting To Know Me form.
- 90% of carers said they asked how much involvement they would like with their relative's care.
- 100% of carers felt that the environment meets the needs of their relatives and were offered flexible visiting times.
- 100% of carers felt that staff were approachable and that they were able to ask for information about their relative.
- 65% said they had sufficient information about their relative's discharge plans.
- 65% of carers were offered an information leaflet from their relative's ward
- Overall, on a scale of 1-10, an average score of 9.0 was given for the care received by patients and their carers.

What we hope to achieve this year

- Consistent compliance with the dementia CQUIN targets.
- An increase in percentage of staff particularly nursing staff and junior doctors indicate that they have had dementia training and can access dementia specialist knowledge and advice.
- Continued evidence of dementia friendly environments throughout the Trust.
- Improved attendance at the Carers' Support Group sessions.
- Continued positive feedback from carers through the Carers Survey.
- Established links with the carers association to improve engagement with carers within the community.
- Further developed links with stakeholders to develop a multi-agency integrated care pathway for patients with dementia.

- Continually monitor the amount of time a patient spends in hospital i.e. length of stay, readmissions and discharge destinations involving those with dementia to ensure patients are appropriately referred on to specialist services.
- Evidence that the Care Bundle is used consistently across the Trust.
- Conduct the National Dementia Audit in 2016.

How we will monitor progress

We will monitor progress of our planned improvements and measures of success through the monthly Dementia Steering Group which reports progress to the Trust Quality Governance Committee. This will be used as a forum to share latest guidelines and review feedback from surveys and audits in order to develop action plans for continued improvement.

3.4 Infection Control

End of year performance against Department of Health (DH) Targets.

Clostridium difficile (C.diff)

UHCW ended the year 2015-16* below both the national and internal stretch targets set for Clostridium difficile.

DH Target	Internal Target	Total cases apportioned
42	40	38

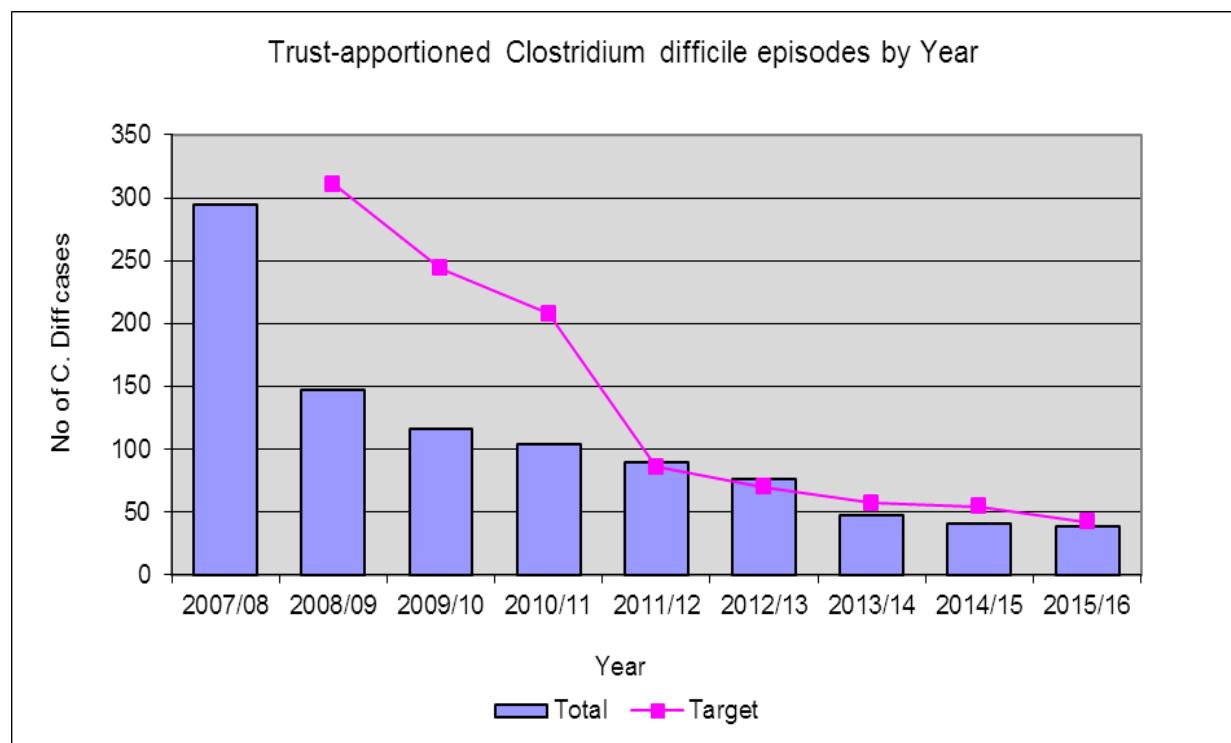
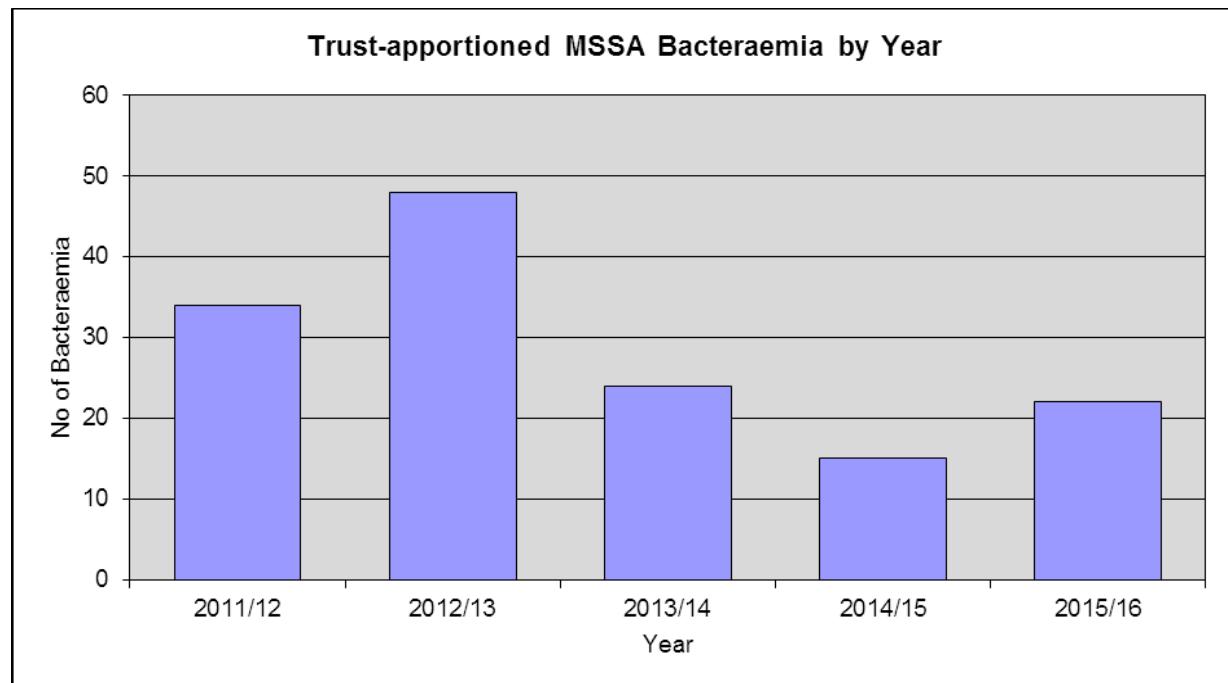


Chart showing reduction in C. diff numbers

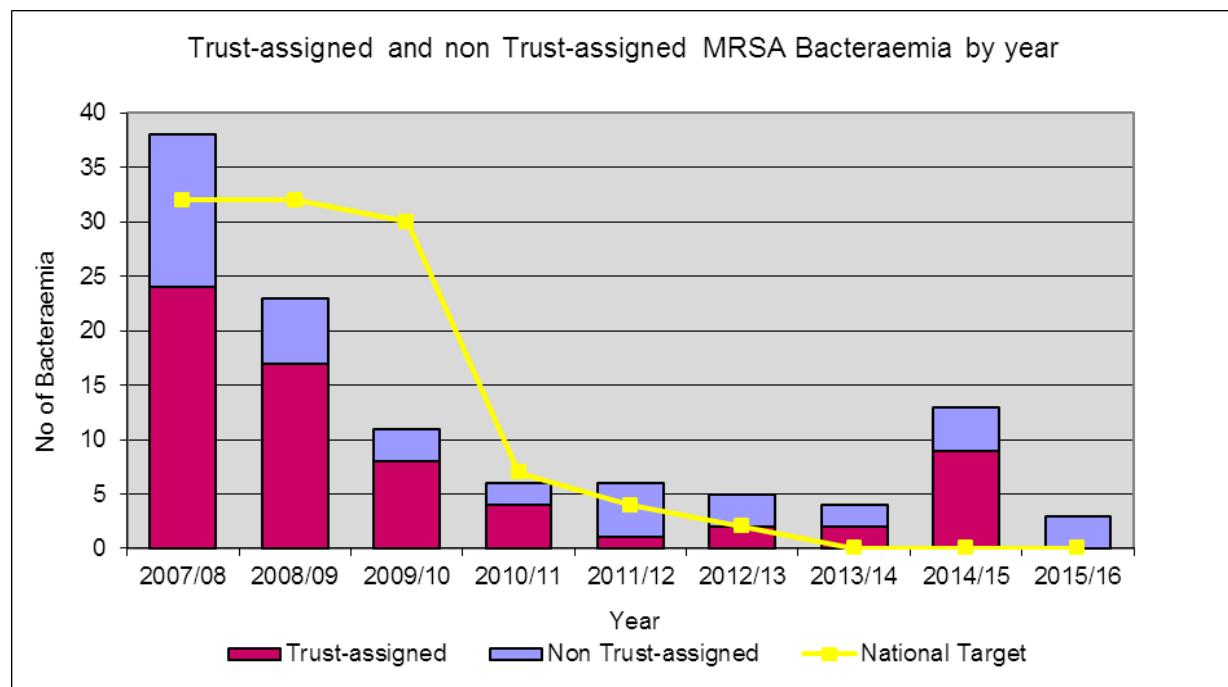
Methicillin-sensitive Staphylococcus aureus (MSSA)

The Trust continues to perform well against national targets. Our MSSA numbers remain consistently low and are in the best performing quartile nationally.



MRSA

UHCW declared zero MRSA Bacteraemia attributed for 2015-2016. The Infection Prevention and Control Team continue to work further on aspects of practice to maintain this.



Influenza and Norovirus

Influenza levels were high this year and staff at UHCW managed this well, reducing potential harm to other patients.

Norovirus was experienced at very low levels. UHCW had no ward closures this year as again staff managed extremely well and we saw only areas partially closed and very limited disruption to service delivery.

When benchmarked against other large acute teaching Trusts UHCW performs well, the table below shows Teaching Hospital Comparisons – April-2015 to March-2016:

Hospital	Hospital Code	MRSA Rate per 100,000 Bed Days	MSSA Rate per 100,000 Bed Days	CDI Rate per 100,000 Bed Days	MRSA Ranked	MSSA Ranked	CDI Ranked
Chelsea & Westminster Hospital	RQM	0.00	2.45	3.67	1	1	1
University Hospitals Coventry & Warwickshire NHS Trust	RKB	0.00	5.78	9.98	1	4	5
Salford Royal	RM3	0.00	7.36	6.06	1	9	2
University Hospitals of Leicester	RWE	0.20	4.94	11.86	5	3	7
Norfolk & Norwich University Hospitals	RM1	0.58	4.05	16.20	8	2	13
Royal Liverpool & Broadgreen University Hospitals	RQ6	0.75	9.81	10.94	11	15	6
Oxford University Hospitals	RTH	0.93	6.72	14.14	16	7	9
Brighton & Sussex University Hospitals	RXH	0.35	7.76	16.57	6	12	15
Cambridge University Hospitals	RGT	0.64	6.43	17.05	10	6	17
Hull & East Yorkshire Hospitals	RWA	0.58	10.65	13.24	7	18	8
Southampton University Hospitals	RHM	1.06	7.44	9.83	20	10	4
Guy's & St. Thomas'	RJ1	0.61	10.04	15.52	9	16	12
St. George's Healthcare	RJ7	0.92	10.98	8.85	15	19	3
Sheffield Teaching Hospitals	RHQ	0.00	13.74	14.89	1	26	11
Wirral University Teaching Hospital	RBL	0.85	6.81	20.43	13	8	24
King's College Hospital	RJZ	0.89	7.76	18.17	14	11	20
Royal Free Hampstead	RAL	0.94	5.96	21.33	17	5	26
University Hospital of South Manchester	RM2	1.20	11.96	14.35	22	21	10
Lancashire Teaching Hospitals	RXN	1.01	9.12	19.25	18	14	22
University Hospitals Bristol	RA7	1.24	12.42	16.56	24	24	14
University College London Hospitals	RRV	0.81	12.11	36.32	12	22	28
University Hospital Birmingham	RRK	2.14	10.15	17.63	27	17	19
Imperial College Healthcare	RYJ	2.03	8.98	21.14	26	13	25
Central Manchester University Hospitals	RW3	1.25	13.74	16.74	25	25	16
The Newcastle upon Tyne Hospitals	RTD	1.05	17.35	19.65	19	27	23
Bradford Teaching Hospitals	RAE	2.80	12.31	17.34	28	23	18
Leeds Teaching Hospitals	RR8	1.22	11.89	24.30	23	20	27
Nottingham University Hospitals	RX1	1.18	20.88	18.71	21	28	21

Taken from National MESS database

Team innovation and research

UHCW Infection Prevention and Control Team had five posters accepted for the Infection Prevention Society national conference. One was overall winner and two were requested to be submitted as articles to leading healthcare journals. One other poster was chosen to be an oral presentation at the conference.

Doctor Carolyn Dawson, Post Doctoral Researcher was invited to Brazil to attend the prestigious novice healthcare researcher international workshop. We continue to work with other agencies to seek novel solutions to healthcare related issues. We have begun work on the Urgh factor research and the WHO five moments behavioural and education study.

The @uhcw_ Inf_Con twitter account remains popular with 2664 followers. The team are involved in teaching at Birmingham City, and Coventry Universities.

3.5 Safeguarding Vulnerable Adults and Child Protection

The Safeguarding Team consists of a Named Nurse for Child Protection, a Named Nurse for Safeguarding Vulnerable Adults, a Support Midwife and a Safeguarding Administrator. The team is co-located and this allows for seamless safeguarding advice and support to be available. In March 2016 the Safeguarding Team advertised a post to increase the capacity to support the Adult Safeguarding Agenda. A post to increase the team capacity in relation to the children's agenda commenced in March 2016.

Adult Safeguarding Training at Level 1 continues to be delivered via the Trust induction package that all new staff are required to attend, with staff required to take a refresher course every three years. Updates are accessed 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 2 which can be accessed online via the Electronic Staff Record.

The team provides a full day of Safeguarding Training once a month which has evaluated very positively, and covers the following areas:

- Mental health awareness
- Mental capacity
- Deprivation of Liberty Safeguards (DoLS)
- The use of restraint
- The PREVENT Agenda
- Domestic violence

This particular session is delivered at Level 3 (child protection). This training has been available since January 2015, and there is a monthly rolling programme in place.

Training compliance for Level 1 (adults) has risen from 85.29% in April 2015 to 90.22% in February 2016. Training compliance for Level 2 (adults) has risen from 86.14% in April 2015 to 92.94% in February 2016. This meets the 90% compliance target set for Level 1 and 2 training which was set by the Coventry and Rugby Clinical Commissioning Group this year.

PREVENT Training

PREVENT training forms part of the Government's agenda to prevent vulnerable people being drawn into terrorism. The

Government has outlined a duty that all health workers will receive PREVENT training. This training is being delivered by the Named Nurse for Safeguarding Adults, who is also a Train the Trainer in PREVENT. There are plans to create an internal pool of trainers that can also support with the delivery of PREVENT. At present 42.56% of staff have received this training and the number is increasing steadily month by month. The training is included in the Safeguarding Training Day and there are plans for it to be included in the mandatory training suite.

Raising awareness of the health sector contribution to the PREVENT strategy amongst healthcare workers is crucial. The NHS is one of the best placed sectors to identify individuals who may be groomed in terrorist activity, with 1.3 million people employed by the NHS and a further 700,000 private and charitable staff delivering services to NHS patients, we have 315,000 patient contacts per day in England alone. Staff must be able to recognise signs of radicalisation and be confident in referring individuals who can then receive support.

Child Protection

Level 2 Child Protection training is also delivered at Trust Induction. Updates are available online, or as bespoke sessions, upon request. Compliance with Level 2 training attendance has risen from 79.43% in February 2014 to 92.16 % in January 2016. The cohort of staff requiring Level 3 child protection competences has been increased. This has resulted in a decrease in the compliance figures; however, a training strategy is in place, which will address this. Prior to the cohort being increased, Level 3 compliance was at 94.42%. Working Together to Safeguard Children (2015) and the Intercollegiate Document (2014) have both been incorporated into relevant training.

For those staff that require Level 3 training, they are encouraged and supported to attend training sessions provided by the Coventry Safeguarding Children Board. In addition, UHCW delivers Level 3 training events to which both multi-agency and multi-disciplinary delegates are invited.

UHCW averages 47 referrals to children's social care each month. Of these more than half result in some social care activity i.e. meetings or assessment. Most referrals to social care are submitted by community midwives.

This is in line with national data. Regular audits are undertaken to ensure that practice is in line with policy. A recent Safe Sleep Audit demonstrated there is 100% compliance. Forthcoming audits include both single agency and multi-agency activity. A UHCW Female Genital Mutilation Audit is due in April 2016 and a Domestic Violence Audit is due in May 2016.

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. Learning events are organised following serious case reviews and safeguarding incidents and this is shared with the relevant teams and departments. Lessons learnt are disseminated to all relevant staff and appropriate changes to practice are introduced.

There has been significant resource committed to the creation and support 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 Officer, Professor Meghana Pandit. To date she has made recommendations to revalidate 464 of the Trusts 589 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 Trust

must provide NHS England with assurance of its appraisal rates on a quarterly basis. Percentages reported below for the appraisal year 1st April 2015 - 31st March 2016 reflects those who have successfully completed and those where the RO accepts that appraisal postponement was reasonable:

- Quarter 1 – 86%
- Quarter 2 – 75%
- Quarter 3 – 81%
- Quarter 4 – 90%

For the last quarter (1st January – 31st March 2016) 217 appraisals due, 119 doctors did not hold an appraisal meeting in this period. 14 have a valid reason for postponement (e.g. sick leave, maternity, etc.) 53 were still within the 15 month window and 8 have since left the Trust. Overall 423 appraisals were completed this year meaning compliance was at 83%.

Achievements to strengthen and standardise the revalidation and appraisal process made during this year include:

- The use of Medical Practice Information Transfer (MPIT) form went live in Human Resources (HR) in August 2015 to meet requirement 1.1.5 of the Core Standards laid out in the FQA.
- Delivery of five in-house appraiser top-up training sessions to retrain 44 appraisers who first completed a course in 2012, since there is a need for training to be updated on a 3 yearly basis. This along with the delivery of two new medical appraiser training sessions has maintained the Trusts appraiser to appraise ratio. There are currently 96 trained appraisers in the Trust.
- NHSE Independent Verification Visit – Representatives from NHSE Regional Medical Directorate (Midlands & East) visited the Trust on 4th March 2016 to undertake a review of processes that support Medical Revalidation. Initial feedback was positive however we are still awaiting formal feedback in the form of a report and action plan, which will be implemented into the action plan to Trust Board.

In addition to anything highlighted by the NHSE Visit and to further continue progress the Trusts objectives for 2016/2017 in relation to medical appraisal and revalidation are to:

- Ensure educational appraisals have been undertaken by all named Educational and Clinical Supervisors to facilitate formal approval with the GMC.
- Increase appraisal rates with better utilisation of RMS report functions and sharing of information with Groups to ensure timely capture of breached appraisals. UHCW will continue 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 FQA in order to strengthen our processes further.

3.7 Equality, Diversity and Human Rights

Equality, Diversity and Human Rights is vital to ensuring that our patients receive the most appropriate and relevant services and treatment to match their needs. It is also key to a workforce that is reflective of the communities that it serves and able to respond to those needs.

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.

We now have in place a number of activities and new initiatives that not only progress the Equality, Diversity and Human Rights agenda but also demonstrates our ability to be exemplars of best practice and employers of choice.

Independent Advisory Group for Equality and Diversity (IAG)

The IAG was set up in 2013 and we are both pleased and encouraged by the commitment shown to the group by its members. Membership of the group includes representation from:

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

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.

Supporting Staff and Patients

The Equality and Diversity Team and the IAG have implemented and delivered a number of training programmes and activities to develop knowledge, skills and understanding. The Team has worked in partnership with internal departments and external agencies supporting staff to better understand the needs of our patients and workforce, making respect and dignity key elements in all that they do.

To achieve this we have:

- Produced a training video in partnership with the Voluntary Services Department and Patient Experience Team to support staff when working with blind/visually impaired and deaf/hearing impaired patients.
- Secured funding to provide all wards with a 'Toolbox' containing resources that will enable blind/visually impaired and deaf/hearing impaired patients to be more independent and access important information whilst staying in hospital.
- Delivered Dignity at Work Training to over 300 staff, further developing their understanding of issues that can negatively impact on the working environment.
- Supported several departments in developing their own 'Staff Charter' setting out how they will behave and treat each other in line with the Trust's values.
- Provided Equality and Diversity training as part of the Trust's mandatory training programme as well other bespoke training programmes, such as the mental health, mental capacity and restraint day.
- Provided feedback regarding cultural menus for patients.
- Consulted with Coventry Refugee and Migrant Centre to identify specific needs/issues for refugees, migrants and asylum seekers.
- Organised a series of activities and events for NHS Equality, Diversity and Human Rights Week in May 2015.

This year UHCW has been involved in three key initiatives which exemplifies our commitment to making meaningful changes to our practice to ensure true engagement and accessibility for members of our community from Protected Characteristic groups. These initiatives not only support our local agenda but also align with national aims to address gaps and issues as they relate to specific groups.

British Sign Language (BSL) Charter

On Thursday 7 May 2015 UHCW signed up to the British Sign Language Charter at an event held at the Henry Fry Community Centre (Coventry Deaf Club). Over 100 people attended, not only from Coventry and the surrounding areas but from other parts of the country including Sheffield and Bristol. The Trust was the first public sector organisation in the West Midlands to commit to the charter pledging to:

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

And to support the BSL Charter, the E&D team in consultation with Coventry Deaf Community has developed a draft action plan.



(From left to right) Monica Mabbett (Equality and Diversity Assistant), Barbara Hay (Head of Diversity), Andy Hardy (Chief Executive Officer), Andrew Blincow (Coventry & Warwickshire Association for the Deaf) Linda Day (Vice-Chair of British Deaf Association), Robin Ash (British Deaf Association)

The Chief Executive Officer and Head of Diversity signed on behalf of the Trust, the Vice-Chair for the BDA and a representative from Coventry and Warwickshire Association of the Deaf signed on behalf of the Deaf community.

The Chief Executive Officer also took the opportunity to engage with the Deaf community listening to their experiences and considering the possible solutions that were suggested.

Changing Futures Together – Supported Internship Programme

UHCW has worked in partnership with The Employment Support Service (TESS), which is part of Coventry City Council's Employment Team to develop a Supported Internship Programme for young disabled people from Hereward College.

This initiative has provided eight young people with learning disabilities the opportunity to complete work placements in a variety of departments and settings at UHCW during the nine month programme.



The Interns work alongside staff and are supported by dedicated Job Coaches/experienced Employment Advisors. All interns are treated in the same way as employees, receiving a full induction, occupational health checks and risk assessments. The aim of Supported Internship is to enable Interns to gain work experience through on-the-job training and provide them with the skills and knowledge required for paid employment. They are also working towards a nationally recognised qualification.

The Interns take on various roles to support patient care either on the wards, administration or facilities. In striving in line with the Together Towards World Class organisational development programme, this programme strengthens the social responsibility we have as one of the largest employers in Coventry and Warwickshire. Workforce Race Equality Standard (WRES) In April 2015 the NHS Equality and Diversity Council (EDC) introduced the WRES to ensure employees from BME backgrounds have equal access to career opportunities and receive fair treatment in the work place.

UHCW's WRES report of September 2015 identified a number of areas where action is re-required in order to ensure that the systems we

have in place are robust enough to gather the data required for the WRES reporting template.

A small working group has worked together to ensure a joined up approach and to develop a plan that is both achievable and provides relevant and appropriate outcomes to meet the needs of our BME staff.

The actions identified are directly related to the WRES reporting template but also support the Trust's TTWC programme and the Trust's objectives to be an Employer of Choice and to Deliver Excellent Patient Care and Experience.

3.8 Innovation to Improve Patient Care

There are many ways to tackle a challenge. The UHCW Innovation Team was created to support staff with their ideas for how something can be done differently and better. In 2015-2016 we continued to receive a steady flow of staff ideas with 58 ideas formally disclosed.

Approximately half of those had Intellectual Property which could potentially be protected and/or exploited.

Examples of staff ideas:

Experience Innovation: Ideas for the way in which we interact, communicate and engage relevant audiences to enhance the delivery of our services.

The Tissue Viability Nurses wanted to do something different for 'Global Stop The Pressure Ulcer Day' in November 2015. We helped them create a 'living installation' using life-size mock-up scenarios in the main Outpatients waiting area. This format was far more engaging than just handing out leaflets.

Product Innovation: Ideas for how new or existing devices and equipment could function and perform better to fill a clinical need.

A shoulder surgeon has developed an idea for a modification of the reverse shoulder implant in an attempt to overcome the problem of restriction in motion. Having filed for a patent, we are now in commercialisation negotiations with the market leader in musculoskeletal healthcare.

Configuration Innovation: Ideas about creating superior processes, systems or networks by considering how they are best arranged or combined.

Working with Radiology

Working with members of the Radiology Department helped identify areas of highest risk as well as which actions would have the highest impact, the majority of which were information technology related.

Intellectual Property

Staff provide an important source of ideas, particularly for small-scale, easy-to-implement innovations. The responsibility to exploit Intellectual Property which derives from staff ideas lies with the Research, Development and Innovation Department.

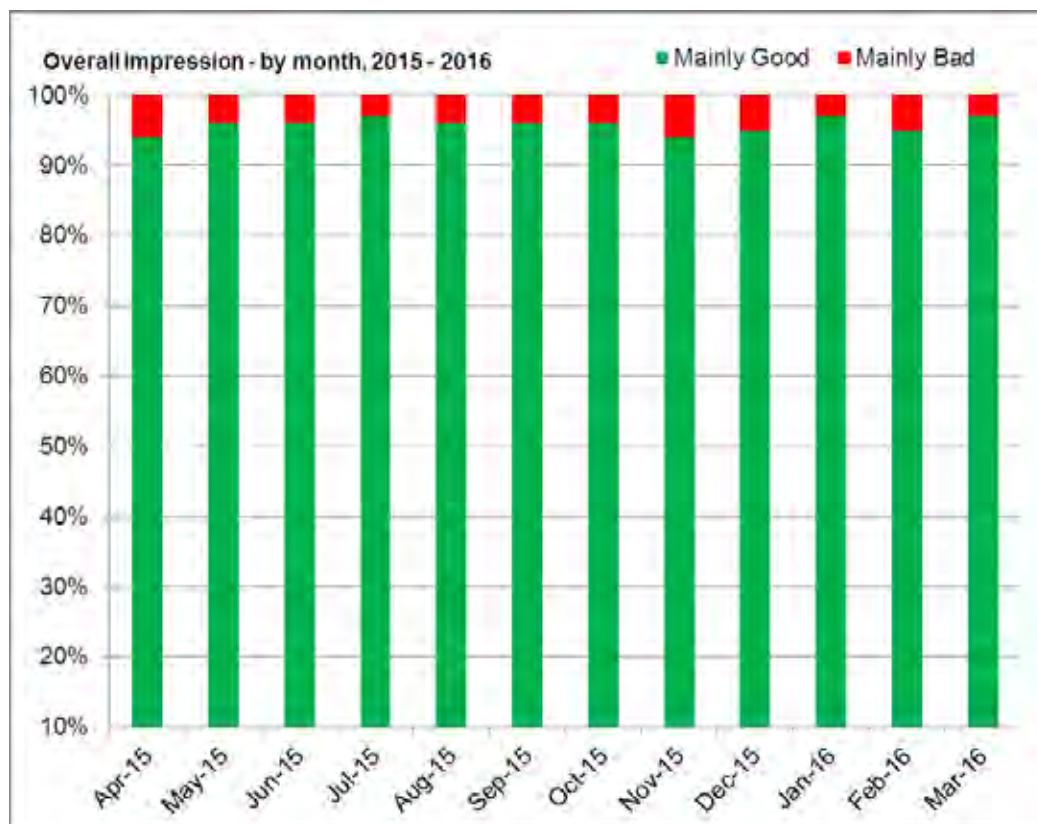
During 2015-16, we have revised the 'division of proceeds' element of the Intellectual Property policy to be more attractive to staff in terms of the revenue share they could receive if their ideas turn into commercialised innovation.

Innovation Hub

The Innovation Team has created an aspirational vision of what an Innovation Hub within UHCW would look like, including who would use it and why, and what partnerships and out-comes it would aim to deliver. With continued support from Chief Executive Officer, Andrew Hardy as Executive Sponsor, Trust Board and Chief Officers, implementation work has already begun on making the Innovation Hub a reality. A soft launch is scheduled for July 1 2016.

3.9 Patient Experience

The Trust's real time feedback system, Impressions, has continued to capture feedback about its service from patients, relatives, carers and visitors. Amongst the 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 2015-2016 are shown here:



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/appropriate, acted upon to develop services in line with what our patients want.

Friends and Family Test (FFT)

The Trust has implemented the Friends and Family Test (FFT) in line with national guidance and as such, 2015-2016 has been the first full year to see it used throughout all its services.

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 respecting [the patient's] privacy and dignity
- Staff treating [the patient] with kindness and compassion
- Feeling safe in our care

Lowest:

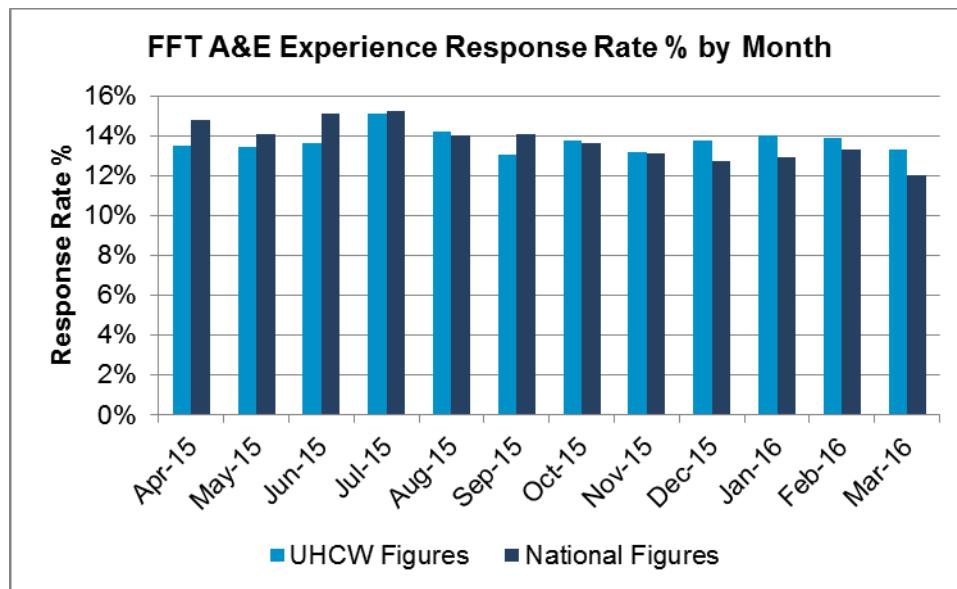
- Parking
- The standard of food and drink
- Doing things on time

Inpatient and 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. Several measures have been taken to improve response rates including:

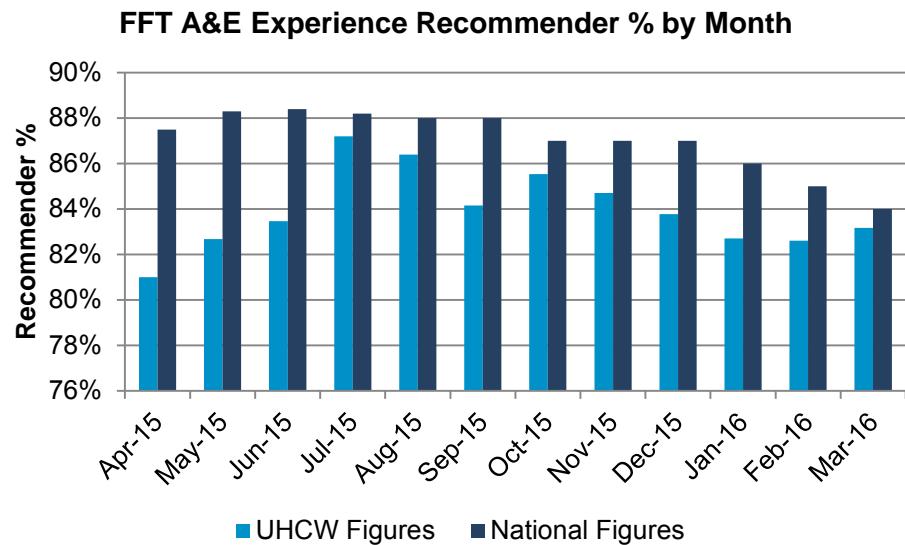
- The reinstatement of the FFT Implementation Group with expanded membership to include broader representation from staff groups. Its primary remit is to ensure response rates are maintained and improved.
- The introduction of FFT Champions at a ward and departmental level is being explored.

FFT Inpatient Experience Response Rate % by Month:



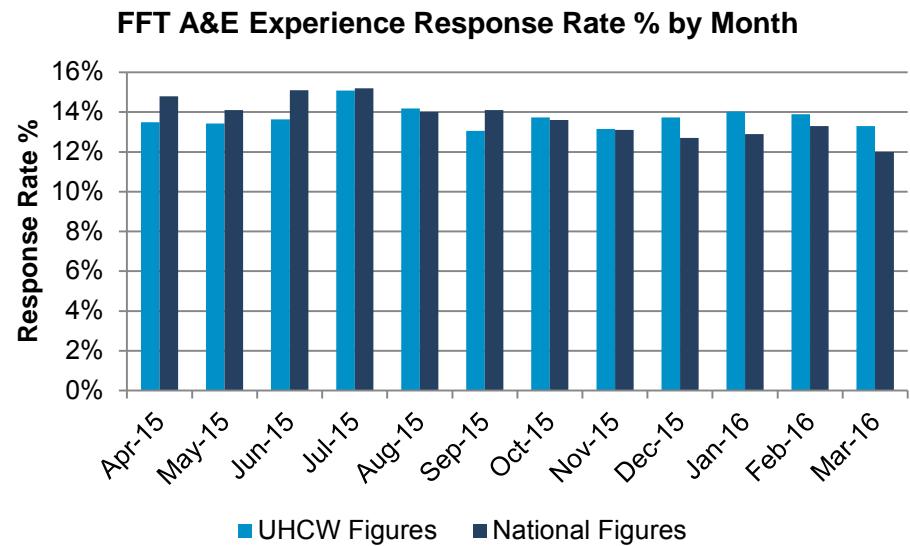
Month	UHCW Figures	National Figures	Comparison
Apr-15	25%	26%	1% ↓
May-15	24%	26%	2% ↓
Jun-15	29%	27%	2% ↑
Jul-15	26%	27%	1% ↓
Aug-15	24%	25%	1% ↓
Sep-15	26%	25%	1% ↑
Oct-15	25%	24%	1% ↑
Nov-15	27%	24%	3% ↑
Dec-15	23%	23%	0% ↔
Jan-16	26%	24%	2% ↑
Feb-16	28%	24%	4% ↑
Mar-16	24%	23%	1% ↓

FFT Inpatient Experience Recommender % by Month:



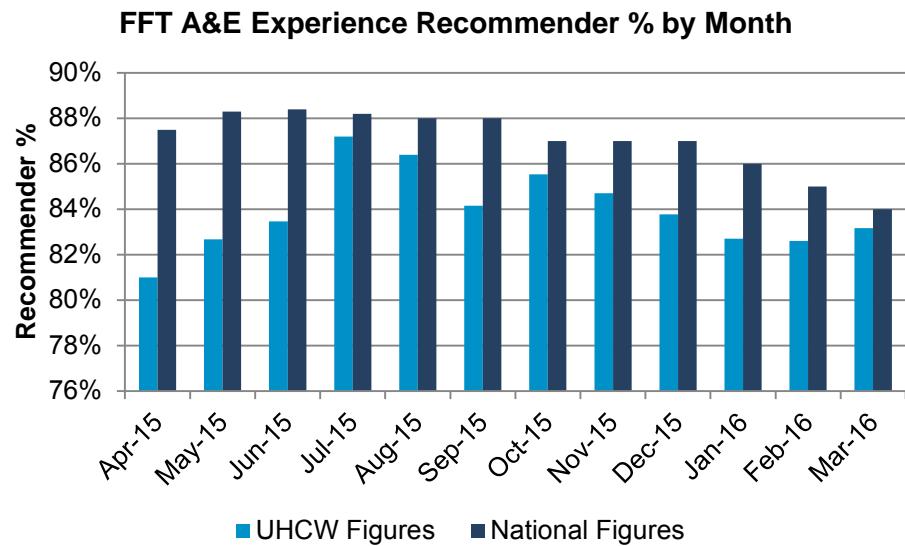
Month	UHCW Figures	National Figures	Comparison
Apr-15	91%	95%	4% ↓
May-15	90%	95%	5% ↓
Jun-15	90%	96%	6% ↓
Jul-15	91%	96%	5% ↓
Aug-15	91%	96%	5% ↓
Sep-15	92%	95%	3% ↓
Oct-15	91%	95%	4% ↓
Nov-15	90%	95%	5% ↓
Dec-15	90%	95%	5% ↓
Jan-16	89%	95%	6% ↓
Feb-16	92%	95%	3% ↓
Mar-16	89%	95%	6% ↓

FFT A&E Experience Response Rate % by Month:



Month	UHCW Figures	National Figures	Comparison
Apr-15	13%	15%	2% ↓
May-15	13%	14%	1% ↓
Jun-15	14%	15%	1% ↓
Jul-15	15%	15%	0% ⇔
Aug-15	14%	14%	0% ⇔
Sep-15	13%	14%	1% ↓
Oct-15	14%	14%	0% ⇔
Nov-15	13%	13%	0% ⇔
Dec-15	14%	13%	1% ↑
Jan-16	14%	13%	1% ↑
Feb-16	14%	13%	1% ↑
Mar-16	13%	12%	1% ↑

FFT A&E Experience Response Rate % by Month:



Month	UHCW Figures	National Figures	Comparison
Apr-15	81%	88%	7% ↓
May-15	83%	88%	5% ↓
Jun-15	83%	88%	5% ↓
Jul-15	87%	88%	1% ↓
Aug-15	86%	88%	2% ↓
Sep-15	84%	88%	4% ↓
Oct-15	86%	87%	1% ↓
Nov-15	85%	87%	2% ↓
Dec-15	84%	87%	3% ↓
Jan-16	83%	86%	3% ↓
Feb-16	83%	85%	2% ↓
Mar-16	83%	84%	1% ↓

Maternity Friends and Family Test

Antenatal question: the Trust is pleased to note that for 10 months its recommender rate was higher than the national average.

Birth question: the Trust is pleased to note that for 11 months its recommender rate was higher than the national average. However, with the exception of June, July and August, its response rate was below this average.

Postnatal in hospital question: the Trust is pleased to note that for 10 months its recommender rate was higher than the national average.

Postnatal in community question: the Trust is pleased to note that for 9 months its recommender rate was higher than the national average.

Surveys undertaken as part of the national NHS Patient Survey Programme

During the 2015-2016, the results of three national patient surveys were undertaken/received as part of the Care Quality Commission's NHS Patient Survey Programme: the annual Inpatient Survey, Maternity Services Survey and the first Children and Young People's Survey.

Whilst the Trust is pleased to note a significant improvement in the scores in a large number of questions in the Maternity Services Survey, the results of its Inpatient Survey remain mixed. The Trust is also disappointed to note that, consistent with the national picture, the response rate for with its first national Children and Young People's Survey is low.

Analysis of all the surveys undertaken during 2015-2016 allows the Trust to conclude:

Patient, relative and carer satisfaction levels remaining high particularly with staff respecting patients' privacy and dignity, treating patients with kindness, compassion, politeness and respect.

There continues to be high levels of dissatisfaction with parking, timeliness (e.g. waiting for test results or TTOs – To Take Outs) and food and drink.

You said we did in 2015-2016

In line with the Trust's vision to become a national and international leader in healthcare and our organisational development programme to provide a world class experience for our patients, during 2015-2016, the Trust has continued to listen and act upon the views of its patients, relatives and carers. Based directly on this feedback, areas and departments have carried out the following in the past 12 months:

Hello My Name Is Campaign: The national and international Hello My Name Is campaign was launched as a Trust wide Always Event reminding all staff to always introduce themselves to patients.

Parking: At University Hospital, on and off site developments have continued with the completion of the redesign of the off-site pinchpoints including the roundabout at the junction at the Ansty Road/Hinckley Road/Clifford Bridge Road, the redesign of onsite roads along with the re-routing of traffic.

Food and Drink: Work has continued with ISS, our PFI partner, to improve the menu and the way in which food ordering is carried out across the Trust. A menu review resulted in new menus being introduced in April 2015 with a greater meal snack choice and the implementation of a seven day menu cycle.

Increase in Birthing Partners: In response to requests from women, two birthing partners are now allowed.

WiFi access: WiFi access is now available for patients at the Hospital of St. Cross.

Complaints

During 2015-2016 we received 574 formal complaints.

83% of the 574 complaints were responded to within 25 working days of receipt of the complaint.

40% of the complaints responded to at the time of reporting were upheld. There are still **three** complaints received in 2015-2016 that are yet to be answered.

Parliamentary and Health Service Ombudsman (PHSO)

- New requests received in 2015-2016 – 25
- The PHSO decided 15 complaints in 2015-2016 – seven partially upheld and eight not upheld.

Total number of complaints	2011/12	2012/13	2013/14	2014/15	2015/16
University Hospital Coventry	450	431	459	457	537
Hospital of St. Cross, Rugby	44	42	26	21	36
Other	3	10	5	0	1
TOTALS	497	483	490	479	574
Referred to the PHSO	25	23	16	14	25
Ratio of complaints to activity	911,206	914,700	966,763	900,392	997,149
	0.05%	0.05%	0.05%	0.05%	0.06%

The top 5 subjects of complaint

All aspects of clinical treatment	331
Communication/information to patients (written and oral)	107
Attitude of staff	58
Failure to follow agreed procedure	4
Admissions, discharge and transfer arrangements	40

For further information about complaints please access the Complaints and PALS Annual Report on the Trust's website: www.uchw.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:

Site	Year	Cleanliness	Food - Overall	Food – Ward	Food- Organisation	Privacy Dignity and Wellbeing	Condition, Appearance and Maintenance
University Hospital	2014	98.17%	88.13%	89.96%	77.37%	97.74%	93.07%
	2015	100.00%	95.24%	N/A*	N/A*	94.58%	97.45%
Hospital of St Cross	2014	99.47%	86.19%	92.51%	76.53%	91.15%	96.12%
	2015	100.00%	88.97%	N/A*	N/A*	92.75%	96.15%
National Average Acute/ Specialist	2014	97.26%	88.79%	89.1%	85.9%	87.73%	91.97%
National Average Acute/ Specialist	2015	97.57%	88.48%	N/A*	N/A*	86.02%	90.11%

*Due to changes in scoring for 2015 as compared to 2014 a comparison cannot be defined. There are also changes to the way the PLACE audits will be scored in 2016.

The table above shows improvements in all areas across both sites with the exception of a 3.16% reduction in the privacy and dignity score at the 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 for 2015

Although improvements were made in 2015-2016, a series of initiatives will be adopted across the organisation to improve PLACE audit scores, these include:

- Catering services – the on-going review of both patient and visitor services will continue.
- Regular food tasting sessions are programmed for staff and visitors to taste the patient menu food.
- Work continues to develop a decoration/enhanced maintenance program to address:

- Public spaces on a twice yearly basis - some areas four times per year, i.e. main entrances and public toilets due to footfall.
- Emergency Department bi-annually.
- General Critical Care annually.
- Ward 50 and the Renal unit annually.
- Ash Renal unit annually.
- Off site Renal Units annually.

UHCW worked with Healthwatch Coventry to consider how to strengthen lay involvement in the PLACE assessment process and ensure that more lay assessors were available for the next round to balance the assessment teams. A workshop was run by Lincoln Dawkin, Director of Estates and attended by Healthwatch volunteers. This enabled volunteers to be briefed on the PLACE methodology, how to record findings and discussion of how best to organise the assessments. The input of Volunteer Assessors is imperative when contributing to improvements to the NHS. Following this successful workshop the number of volunteer PLACE Assessors increased and notification has been issued for the 2016 PLACE audits.

Site Access and Car Parking

Work has been progressing during 2015-2016 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. The following have been completed:

- A new taxi rank.
- A new larger main entrance patient drop off zone.
- 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.

There are a further two elements which are being planned to increase both staff and visitor parking and are due for completion by the end of 2016.

These are:

- An extension to the A&E decked car park.
- A new raised deck to a section of the car park by the Facilities Management (FM) Building.

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 now completed and 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.

2015 National Staff Survey

The 2015 NHS Staff Survey involved 297 NHS organisations in England, with over 741,000 NHS staff being 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 2015 were eligible to participate in the survey that was carried out between mid-September and 30th November 2015. 2015 saw the Trust utilise the newly introduced option of electronic surveys, so depending on their staff group, 850 randomly selected staff were sent either a paper copy of the survey or a link to the online survey via email. Quality Health, our national staff survey administrator, sent the surveys and emails alongside a letter from our Chief Executive Officer and reminder copies of the survey and emails, for those who had not returned their survey within a four week period.

Response rate

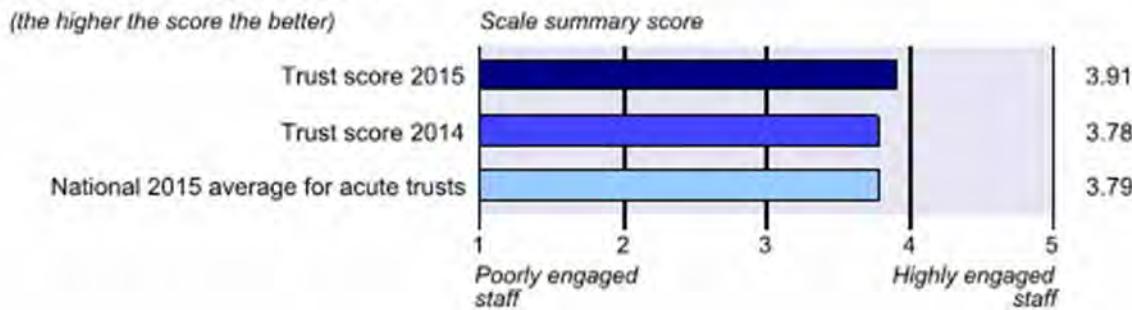
The Trust's response rate has improved slightly this year to 39% (332 staff), an increase of 2% from 2014, although below the national average for Acute Trust's which was 41%. The national average for Acute Trusts has slightly fallen from 42% in 2014.

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 3.91.

This is an increase from 3.78 in 2014 and is above the national average for Acute Trusts which stands at 3.79. On a national scale, the overall staff engagement indicator has increased slightly from 3.70 (2014) to 3.79 (2015).

OVERALL STAFF ENGAGEMENT



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 favorably.

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

Key	
	Positive finding, increase in score compared to 2014
	Negative finding, decreased in score compared to 2014
—	Because of changes to the format of the survey questions this year, comparisons with the 2014 score are not possible

Top Five Ranking Areas

Area	2015 UHCW Percentage Score or Scale Summary Score	2015 Acute Average Score
Percentage of staff agreeing that their role makes a difference to patients / service users	93%	90%
Recognition and value of staff by managers and the organisation	3.60 —	3.42
Staff satisfaction with resourcing and support	3.51 —	3.30
Percentage of staff appraised in last 12 months	93%	86%
Percentage of staff reporting errors, near misses or incidents witnessed in the last month	94%	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 Four Ranking Scores

Area	2015 UHCW Percentage Score	2015 Acute Average Score
Percentage of staff / colleagues reporting most recent experience of violence	41% !	53%
Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months	16% !	14%
Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month	31% !	31%
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	28% !	28%

Where Staff Experience Has Improved

The table below highlights the five key findings where staff experiences have improved at the organisation since the 2014 survey.

Area	2015 UHCW Percentage Score or Scale Summary Score	2015 Acute Average Score
Staff motivation at work	4.03 ↑	3.89
Effective use of patient / service user feedback	3.76 ↑	3.51
Support from immediate managers	3.82 ↑	3.66
Percentage of staff experiencing discrimination at work in the last 12 months	10% ↑	15%
Staff recommendation of the organization as a place to work or receive treatment	3.90 ↑	3.76

Where Staff Experience Has Deteriorated

The table below highlights the one Key Finding that has deteriorated at the Trust since the 2014 survey.

Staff feedback already forms the basis of actions being undertaken under the Together Towards World Class programme. Therefore, a decision has been taken not to complete separate actions plans from the National Staff Survey results.

However, our results have identified that focus needs to be given to the Trust's response to not only the percentage of staff/colleagues reporting violence, but also to staff experiencing physical violence and aggression. To date, there are no specific actions under the Together Towards World Class programme that would address this area therefore separate actions will be led in the area by the Trust's Security Manager, with a report being provided to Quality Governance Committee in March 2016.

Area	2015 UHCW Percentage Score	2015 Acute Average Score
Percentage of staff / colleagues reporting most recent experience of violence	41% !	65%

Staff Friends and Family Test

Background

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 – November 2015) where results were gathered through the National Staff Survey.

Staff Friends and Family – Service/ Treatment Provider

2015-2016 Results - “How likely are you to recommend our Trust to friends and family if they needed care or treatment?”

Period	Recommender	Non-recommender	Unsure
2015 Qtr 4 (1371)	87%	4%	9%
2015 Qtr 3 (332)	76%	5%	18%
2015 Qtr 2 (1655)	89%	3%	7%
2015 Qtr 1 (288)	81%	7%	13%

In Quarter 3 (through the National Staff Survey) 76% of respondents said they would recommend the Trust as a place to receive treatment. Whilst this is a decrease from Quarter 2 (89%) we remain above the national average of 69% recommending their Trust.

Staff Friends and Family – Workplace

2015-2016 Results – “How likely are you to recommend our Trust to friends and family as a place to work?”

Period	Recommender	Non-recommender	Unsure
2015 Qtr 4 (1371)	71%	12%	16%
2015 Qtr 3 (332)	68%	8%	24%
2015 Qtr 2 (1655)	80%	8%	11%
2015 Qtr 1 (288)	65%	17%	18%

In Quarter 3 (through the National Staff Survey) 68% of survey respondents said they would recommend the Trust as a place to work compared to a national average 59%.

Whilst it is disappointing to see a reduction in the percentage of recommenders in Quarter 3, it is important to note that the different survey methodologies used across the quarters. In summary, the National Staff Survey is only received by a random sample of 850 staff, therefore restricting those involved in responding to the Staff FFT in Quarter 3 whilst in Quarter 1 and Quarter 2 all staff have had the opportunity to participate providing a wider representation of views. The results gained in Quarter 4 through Staff Impressions will provide an opportunity to further review patterns of recommenders.

3.12 Performance against National Priorities 2015-2016

Quality and Patient Safety Indicators give Trusts, Commissioners and the general public, comparable data on how we are performing. Because the indicators are standardised, and have to be measured in specific ways, they provide an opportunity for performance to be compared over time and across the NHS. The local indicators are agreed by the Trust Board and where appropriate agreed with our Commissioners. The below table of indicators are ones where UHCW is required to submit information nationally.

Indicators	Target 2015/16	2015/16	2014/15	2013/14	Rating
CQC Fundamental Standards	n/a	Licensed without conditions	Licensed without conditions	Licensed without conditions	
Maximum time of 18 weeks from point of referral to treatment in aggregate - patients on a incomplete pathway	92%	89.67%	88.10%	94.01%	
Maximum time of 18 weeks from point of referral to treatment in aggregate - admitted	90%	72.09%	75.13	91.84	
Maximum time of 18 weeks from point of referral to treatment in aggregate - non-admitted	95%	88.36%	94.41%	97.55%	
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	89.17%	90.37%	93.93%	
Cancer: two week wait from referral to date first seen, comprising: all urgent referrals (cancer suspected)	93%	96%	97.3%	94.41%	
- for symptomatic breast patients (cancer not initially suspected)	93%	93%	98.8%	94.57%	
All cancers: 31-day wait from diagnosis to first treatment	96%	99.1%	99.3%	99.49%	
All cancers: 31-day wait for second or subsequent treatment, comprising: -surgery	94%	97%	98%	99.08%	
- anti cancer drug treatments	98%	100%	100%	100%	
- radiotherapy	94%	96%	95.5%	95.80	
All cancers: 62 day wait for first treatment from:- urgent GP referral for suspected cancer	85%	82.7%	84.6%	85.01	
- from NHS Cancer Screening Service referral	90%	93.7%	95.4%	95.92%	

Indicators	Target 2015/16	2015/16	2014/15	2013/14	Rating
Clostridium Difficile - meeting the Clostridium Difficile objective	42	L38	41	47	
Methicillin-resistant Staphylococcus Aureus (MRSA) bacteraemia - meeting the MRSA objective	0	80	9	2	
Certification against compliance with required access to healthcare for people with learning disability	Green	Green	Green	Green	

Performance against locally agreed priorities

Indicators	Target 2015/16	2015/16	2014/15	2013/14	Rating
Numbers of acquired avoidable Pressure Ulcers Incident reporting	Grade 3: 0 Grade 4: 0	Grade 3: 21 Grade 4: 0	Grade 3: 21 Grade 4: 1	Grade 3: 16 Grade 4: 0	
Incidence of 'Never Events'	0	3	3	4	
Hospital standardised mortality ratio (HSMR)	100	*	109.18	104.84	Not yet rated
Delayed transfers of care	3.5%	6.67%	5.67%	4.37%	
Breaches of the 28 day readmission guarantee	0	112	119	118	
Friends and Family Test inpatient recommenders	89%	89.23%	90.82%	n/a	
Friends and Family Test A&E recommenders	85%	83.17%	81.9%	n/a	

* The HSMR figure for 2015/16 is not published to the Trust until July 2016.

Section 4

An 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 NHS Choices website at www.nhs.uk

We look forward to hearing your comments and suggestions.

ANNEXES

Statements from Partners

NHS Coventry and Rugby Clinical Commissioning Group Commentary

NHS Coventry and Rugby Clinical Commissioning Group (CCG) welcome the opportunity to comment on University Hospitals Coventry and Warwickshire NHS Trust's 2015/16 Quality Account. The CCG believe that the Quality Account for 2015/16 meets the required content as set out in national guidance and is a good reflection of the quality of services provided by the Trust. Whilst not all data fields were complete in the draft account, the CCG has reviewed the information presented against data sources available to the CCG as part of contracting and performance and can confirm them as accurate.

The Trust has experienced a number of challenges this year, the first being in relation to the achievement of Accident and Emergency four hour waits target which is also recognised as a challenge for the majority of acute trusts nationally. This will continue to be one of the biggest challenges the Trust will have over the next year. It will require effective partnership working with community providers and social care through the System Transformation Plan to support achievement of this target. As a CCG, we will ensure patients remain safe through continued assurance visits to the Trust.

Nationally, achievement of 62 Day Cancer waits is also a challenge. Locally, the Trust has undertaken significant work to streamline cancer pathways and reduce unnecessary delays. This has begun to show improvements and we are optimistic that this will have a positive impact on achievement of this target in the coming year.

Nationally, achievement of 62 Day Cancer waits is also a challenge. Locally, the Trust has undertaken significant work to streamline cancer pathways and reduce unnecessary delays. This has begun to show improvements and we are optimistic that this will have a positive impact on achievement of this target in the coming year.

Patient feedback is an important part of monitoring and service improvement. We are pleased with how the Trust has made significant progress handling and responding to complaints. The Trust's strengthening of their PALS Service has made a significant difference. However, the Trust has further work to do in order to ensure learning and feedback from complaints is translated into practice. This will be a priority for the Trust in 2016/17.

During 2015/16 the Trust strengthened their Safeguarding Team and is planning to increase capacity further in 2016/17. This is extremely positive and we are confident this will enable them to achieve their training targets. However, we are disappointed that the PREVENT Agenda has not progressed as we would have hoped, as this is a key national priority.

Whilst the end of year position is not available at time of writing, evidence to date indicates the Trust has progressed well against their national CQUINs for Dementia, Delirium and Acute Kidney Injury (AKI) for 2015/16. However, we are disappointed that the Trust has not progressed a local CQUIN in relation to communicating with patients and General Practitioners post discharge. We see this as a key improvement area and will work with the Trust this year, with the aim of exploring improvement strategies.

The Trust has excellent Maternity Services, who have listened to feedback from patients and responded by implementing innovative practices. They have also shared a gap analysis completed against the recommendations within the national Better Births Report. Their focus for 2016/17 will be to further strengthen Maternity Services through effective multi-professional partnership working.

Patient Safety remains a priority for the CCG. We are delighted that the Trust was successful securing a place on a national project being piloted by the Department of Health to work alongside the Virginia Mason Institute. The CCG fully supports the initial work streams that have been identified by the Trust. These include Ophthalmology, Theatres and Serious Incident reporting.

We believe this complements the Trust's participation in the national Sign up to Safety campaign. This should have a significant positive impact in terms of patient safety and we will follow the Trust's progress with great interest. In conclusion, we recognise that the Trust has made good progress in a number of areas and can confirm that we fully support the priorities identified by the Trust for 2016/17.

UHCW Comment:

UHCW would like to thank our Commissioners for their response to the 2015-16 Quality Account. We are committed to working effectively with our partners in the community and social care to strive to achieve the Accident and Emergency four hour wait target. The Trust is in agreement that further enhancements need to take place in relation to how learning from complaints and concerns leads to improvements in patient experience. We continue to look forward to working with the CCG on a number of projects in 2016-17 and welcome their continued support in helping to realise our vision of becoming World Class.

Joint Quality Account Task Group Commentary

The Quality Account Task Group is made up of Healthwatch Coventry, Healthwatch Warwickshire, Coventry City Council Scrutiny and Warwickshire County Council Scrutiny. The Group met with the Trust and discuss progress on last year's priorities and to discuss what should be included as priorities this year. Overall this document is clear and easy to read within the constraints for the template information Trusts' must use when writing a quality account.

The version we received to provide our commentary was not complete – with national data related to NHS outcomes and other data was not available. This year more data was unavailable to us than has previously been the case and this was problematic.

However, we know from our ongoing work that this year a major challenge for UHCW and the wider health and social care system has been the flow through the hospital from A&E, to admission and through to discharge. The hospital is operating at a very full level of bed occupancy. This has been impacting on A&E waiting times and the Trust's ability to achieve the 4 hour target which has been missed for a number of consecutive months. There have also been issues regarding meeting cancer referral waiting time targets and other outpatient referral targets during the course of the year, which impacts on patients negatively.

Effective joint work and plans across NHS and social care organisations are needed in order to address issues with patient flow.

The stated proposal to introduce weekend and evening physiotherapy is welcome. It should aid recovery and the discharge process, although there is no indication that outcomes are to be measured.

It is pleasing that UHCW have reversed previous increases in cases of MRSA and the focus on Ophthalmology outpatients through the Trust's Virginia Mason work is welcome as this reflects feedback received by Healthwatch.

The section outlining responses to the CQC inspection report of 2015 would benefit from more detail about what actions the Trust has taken to address the points highlighted by the CQC for example in the imaging department.

Last year's priorities

Priority 1: Handover – This seems to be work in progress across what is a large Trust, where consistency of use of the tools developed is important.

Priority 2: End of Life care - From the information provided it seems that a lot of good work has been done regarding End of Life Care.

Priority 3: Always events - During the year there has been a change and focusing of the original goal set last year of implementing Always Events. The Hello my Name Is initiative is positive and chimes with patient feedback but it is unclear how extensive the adoption has been across the Trust.

There is an opportunity to work with patients and relatives to establish a broader set of patient focused always events.

2016/17 Priorities

The Quality Account Task Group provided feedback on a long list of potential quality priorities and provided challenge about setting priorities which are sufficiently challenging and do not replicate existing work plans for example related to the Trust's CQC inspection in 2015. We feel we have been partly successful in this.

Priority 1: Increasing the reporting of medication errors

The information provided about this goal is clear and well evidenced with a clear measurement in place.

Priority 2: Improving care bundle compliance

There is much evidence to support the implementation of care bundles and an expectation that Trusts will do so (hence the CQUIN targets already in place). Therefore it seems that this priority is to a certain extent business as usual.

Priority 3: Care Contact Time

The recording system described is e-based and there does not seem to be an element of patient feedback. This makes this priority seem to be about time use efficiency rather than patient contact. Whilst efficient and effective care is important this is a patient experience priority and therefore should capture an element of patient experience.

Other issues

Pressure ulcers are the 1st and 3rd highest serious incidents even though there has been a widespread pressure ulcer prevention campaign over last couple of years. Slips trips and falls represent the 2nd largest number of serious incidents and therefore would benefit from detail about how the Trust will work on this.

It is good to read details of work related to dementia awareness and the commitment from the Trust to addressing care for patients who have dementia. The trust is sizeable and therefore there is a large ongoing task of training staff which requires resourcing.

Carer's of Dementia patients have a support group as well as completing a carers survey. This idea could be extended to the carers of patients more generally.

Communication issues with deaf patients, people with learning disability and people with English as a second language have been flagged to Healthwatch. The work to develop resources, support for staff and sign up to the BSL Charter are welcome and should be built upon further. There is a big emphasis in the document on Friends and Family Test data and less information about other Trust initiatives to gather patient experience or to carry out different levels of patient engagement activity. We would have liked to see a commitment to developing the Trust's patient engagement strategy within this document.

The Trust is clearly carrying out significant work related to quality, however much of this is driven from management or other initiatives and there is scope for developing patient involvement and engagement to drive changes and quality. This will enable the Trust to be in a better position to involve patients and the public in the quality account and setting priorities for quality.

The complaints data was not available to us at the time of writing. For next year we would like to see the emphasis shift to a focus on learning from complaints.

We look forward to continuing to work with the Trust in the coming year.

UHCW comment:

We welcome the response from the Joint Quality Account Task Group. The Trust agrees that effective joint working and plans across NHS and social care organisations is required to meet the challenges around patient flow through the hospital and UHCW are committed to this. The Trust would like to work further with Healthwatch in further developing our patient involvement and engagement strategy and we look forward to working with the Joint Task Group again in 2016-17.

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

NB: sign and date in any colour ink except black

Chair

A handwritten signature in blue ink, appearing to read "ASd Regd".

Date

1/6/16

Chief Executive Officer

A handwritten signature in blue ink, appearing to read "J. M. P. G.".

Date

01-06-16

External Auditors

Independent Auditors' Limited Assurance Report to the directors of University Hospitals Coventry and Warwickshire NHS Trust on the Annual Quality Account

We are required to perform an independent assurance engagement in respect of University Hospitals Coventry and Warwickshire NHS Trust's Quality Account for the year ended 31 March 2016 ("The Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to limited assurance consist of the following indicators:

- Friends and Family Patient Element Score; and
- Percentage of patients risk assessed for venous thromboembolism.

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

Respective responsibilities of the Directors and the auditor

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

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

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

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

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

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

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

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

- Board minutes for the period April 2015 to June 2016;
- papers relating to quality reported to the Board over the period April 2015 to June 2016;
- feedback from the Commissioners dated 25/05/2016;
- feedback from Local Healthwatch dated 07/06/2016;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated 30/06/2016
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;
- the latest national patient survey dated February 2016;
- the latest national staff survey dated February 2016;
- the annual governance statement dated 01/06/2016;
- the Care Quality Commission's Intelligent Monitoring Report dated 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.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; 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 2016:

- 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 in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

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30 June 2016

Appendices

Appendix 1

CQUIN Schemes 2015-2016

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. For further information on CQUIN Schemes for 2016-17 please contact a member of the UHCW Contracting Team on 024 76968471.

National/ Local	Theme	Focus
National	Acute Kidney Injury	Acute Kidney Injury diagnosis and treatment in hospital and plan of care to monitor kidney failure after patient discharge.
National	Sepsis Screening (a)	All appropriate patients arriving via emergency department or direct emergency admissions to be screened for Sepsis.
National	Sepsis Antibiotic Administration (b)	Administration of intravenous antibiotics within 1 hour for patients screened who have severe sepsis or septic shock.
National	Dementia and Delirium – Find, Assess, Investigate, Refer and Inform (FAIRI) (a)	Assess patients aged 75 years and over for Dementia or Delirium where there is an episode of emergency or unplanned care.
National	Dementia and Delirium - Staff Training (b)	Ensure appropriate dementia training is available to all staff.
National	Dementia and Delirium - Supporting Carers (c)	Biannual survey to assess whether the carers of people with dementia or delirium feel adequately supported.
Local	Reducing proportion of avoidable emergency admissions: Developing an integrated General Practitioner Assessment Unit and Emergency Ambulatory Care clinic	To ensure patients with ambulatory care conditions that do not normally require admission to hospital receive highly responsive urgent care services.
Local	Developing an Acute Frailty Unit to improve the management of frail elderly patient	Development of an Acute Frailty Unit to ensure frail and elderly patients are assessed and cared for in the most clinical appropriate setting.
Local	Improving psychological support to patients with cancer.	Increase psychological input into acute cancer services with the appointment of a dedicated psychologist to improve psychological care in line with national cancer standards.
Local	Improving the effectiveness of rehabilitation after critical illness	Undertake a review of patients admitted to critical care who receive a rehabilitation assessment a) within 24 hours and b) at discharge from critical care and c) number of patients who have a rehabilitation prescription on discharge. Action plan to improve the effectiveness of rehabilitation.
Local	Facilitating effective discharge	To improve the timeliness of inpatient discharge process.
Local	Communicating with patients and GPs after discharge	To review the specific type of clinical information to be shared with patients and their GP post discharge, for a number of clinical pathways.

Appendix 2

Glossary

Acute Trust

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

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.

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 healthcare 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.

BDA (British Deaf Association)

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's Board is to take corporate responsibility for the organisation's strategies and actions. The Chair and non-executive directors are lay people drawn from the local community and are accountable to the Secretary of State. The Chief Executive 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 inwards to support the safe and timely discharge of patients, helping to address the risks inherent in prolonged admissions.

Breaking Free

The Breaking Free campaign was introduced to introduce the perfect Week initiative to improve hospital flow. The perfect week methodology is a way of resetting a broken system relying on a mixture of social movement theory, multiple rapid improvement methodology and strong leadership and support mechanisms. It has been developed to help solve poor flow in hospitals resulting in overcrowding in emergency departments. One week of intense improvement activity can improve flow across the whole hospital resulting in safer, higher quality care and it can then be sustained.

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.

CiH (Chief Inspector of Hospitals)

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's Annual Report and on the Trust's website: www.uhcw.nhs.uk

Clinical Coding

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

CCG (Clinical Commissioning Group)

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

C.diff (Clostridium Difficile)

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 healthcare 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**.

CQUIN (Commissioning for Quality and Innovation)

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.

CRRS (Clinical Results and Reporting System)

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 facilities in the community.

DNA CPR (Do Not Attempt Cardio Pulmonary Resuscitation)

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.drfoster-health.co.uk for more information

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.

End of Life care

It explains what you can expect from end of life care, including palliative care to control pain and other symptoms and to offer psychological, social and spiritual support.

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 recognized union of a man or a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship
- **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.

FFT (The Friends and Family Test)

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 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. From April 2014, NHS England introduced the Staff Friends and Family Test (FFT) in all NHS trusts providing acute, community, ambulance and mental health services in England. NHS England's vision for Staff FFT is that all staff should have the opportunity to feedback their views on their organisation at least once per year.

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;

- Facilitate effective discharge.
- Right person, right place.
- Early specialist input.
- Eliminate unnecessary diagnostics.
- Daily 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

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.

HRA (Health Research Authority)

The HRA promotes and protects the interests 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.

HSMR (Hospital Standardised Mortality Ratio)

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.

HSCIC (Health and Social Care Information Centre)

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.

IAG (Independent Advisory Group)

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.

Lean

Simply "lean", is a systematic method for the elimination of waste. Lean also takes into account waste created through overburden and waste created through unevenness in work loads.

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. aureus* or MSSA.

'M' Technique

The 'M' technique is a simple method of structured touch. Each movement and sequence is done in a set pattern at a set pressure and set speed, which never change. The M technique is different from massage and is suitable for the very fragile; the critically ill, actively dying, or when the giver is not trained in massage. The 'M' technique works on skin receptors which send signals to the brain and has been described as 'physical hypnotherapy' and a 'spiritual dance'.

NPSA (National Patient Safety Agency)

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. Its role has been transferred to the NHS Commissioning Board Special Health Authority. This ensures that patient safety is at the heart of the NHS and builds on the learning and experience 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

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

NCEPOD (National Confidential Enquiry into Patient Outcome and Death)

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.

PDSA (Plan, Do, Study, Act)

The PDSA Cycle is a systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a product or process. The cycle begins with the Plan step. This involves identifying a goal or purpose, formulating a theory, defining success metrics and putting a plan into action. These activities are followed by the Do step, in which the components of the plan are implemented, such as making a product. Next comes the Study step, where outcomes are monitored to test the validity of the plan for signs of progress and success, or problems and areas for improvement. The Act step closes the cycle, integrating the learning generated by the entire process, which can be used to adjust the goal, change methods or even reformulate a theory altogether.

These four steps are repeated over and over as part of a never-ending cycle of continual improvement.

Pressure Ulcer

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

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

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

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

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

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

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

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

tissue.

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

Prescribed Connection

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

Primary Care Trusts were replaced by **Clinical Commissioning Groups (CCGs)** from 1 April 2013 (see CCG entry).

Protected Characteristics Groups: see **Equality Act**

QIPS (Quality Improvement Patient Safety) meetings

The Quality Improvement Patient Safety meetings are where patient safety, clinical audit and patient experience issues, including complaints are shared and discussed with specialties, so that lessons can be learned.

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.

RCA (Root Cause Analysis)

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.

Safeguarding

To protect an adult or child from harm or damage with an appropriate measure.

Safer Nursing Care Tool

Is a toolkit which has been designed by the Chief Nurses of University College London Hospitals and Sheffield Teaching Hospitals to help hospitals set appropriate nurse staffing levels and this has been endorsed by the National Institute for Health and Care Excellence (NICE).

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.

SIRI (Serious Incident Requiring Investigation)

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 2015-2016 the Never Event list was:
 - Wrong Site Surgery
 - Wrong Implant/prosthesis
 - Retained foreign object post-procedure
 - Mis-selection of a strong potassium containing solution
 - Wrong route administration of medication
 - Intravenous administration of epidural medication
 - Overdose of Insulin due to abbreviations or incorrect device

- Overdose of methotrexate for non-cancer treatment
- Falls from unrestricted windows
- Chest or neck entrapment in bed rails
- Transfusion of ABO-incompatible blood components or organs
- Misplaced naso- or oro-gastric tubes
- Scalding of patients

This guidance is set out in the Serious Incident Framework set by NHS England.

Sign Up to Safety Campaign

Sign up to Safety is a national initiative to help NHS organisations and their staff achieve their patient safety aspirations and care for their patients in the safest way possible. At the heart of Sign up to Safety is the philosophy of locally led, self-directed safety improvement.

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.

VERA approach

A helpful approach and an aid to memory for staff when working with patients diagnosed with dementia is VERA (must be associated with Vera Lynn and the 1940's) – this stands for:

V= Validate, accepting that the behaviour exhibited has a value to the person and isn't just a symptom of dementia.

E= Emotion, paying attention to the emotional content of what the person's saying.

R= Reassure, can be as simple as saying 'it'll be okay' and smiling, holding their hand.

A= Activity, people with dementia need to feel occupied, active, see if you can engage them in some related activity.

Virginia Mason Institute

The Virginia Mason Institute in Seattle is world-renown for transforming healthcare. Their mantra is that the perfect patient experience means the patient comes first- above everything and everyone. They are experts in teaching other healthcare organisations how to implement and maintain a patient-centred approach that will help to increase quality, safety and efficiency using the same methods that made them so successful. A "value stream" is a specific project i.e. the Ophthalmology Outpatients project which follows the Virginia Mason Institute improvement process. A Rapid Process Improvement Workshop (RPIW) ran by Virginia Mason Institute and the Trust is a five-day workshop focused on a particular process from a value stream (i.e. patient referral to the Ophthalmology Outpatient clinic) where those who do the work are empowered to eliminate waste i.e. inefficiencies in the service.

WHO (World Health Organisation)

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

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