

2018 - 2019 Quality Account

QUALITY ACCOUNT

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1. A Welcome from our Chief Executive Officer

Welcome to our Quality Account for 2018/19. This report highlights the quality of our services during the past 12 months and aims to give you a greater understanding of our Trust, our achievements and the ways in which we will continue to identify and implement further improvements.

University Hospitals Coventry and Warwickshire (UHCW) NHS Trust is a large busy Trust based across two hospital sites. In our latest Care Quality Commission (CQC) inspection, all ratings across both our hospitals had improved or been maintained since the last visit in April 2015. While overall the Trust's rating did not change from 'requires improvement', the majority of ratings awarded were 'good' or above. Inspectors found that the effectiveness of services, care and leadership organisation were 'good', with End of Life Care at the Trust receiving a rating of 'outstanding' for Caring and the Hospital of St Cross in Rugby receiving a rating of 'good' overall.

The Trust has been - and continues to be - on a journey of continuous improvement. Areas we have continued to develop during 2017/18 include reducing waiting times for patients being seen within our emergency department and continuing to recruit and train the staff we need to provide the best care possible. We strive to achieve excellence. We are an organisation that learns from mistakes, responds to constructive feedback about quality and safety and ensures our patients and carers are at the centre of everything we do.

This has been evidenced by our Patient Safety and Risk Team being named the Patient Safety Team of the Year by the Health Service Journal (HSJ). By embracing our mission statement of Care, Achieve and Innovate, incident reporting processes have been strengthened. Since the changes, the incident reporting rate at the organisation has increased from 31 to 44 incidents per thousand bed days – in the top 25 per cent nationally.

High quality care is reinforced by an organisational culture that embraces the Trust's values – Compassion, Openness, Improve, Respect, Partnership, Pride and Learn. Undeniably, the key to our success is our people. Without them a hospital is just bricks and mortar – meaning that it is paramount to ensure we have an engaged and empowered workforce with the right/up to date skills.

We have had the perfect opportunity to celebrate our extraordinary staff and thank them for the vital role they play as part of the 70th year anniversary of the NHS. This saw over 800 nominations – a record breaking number - put forward to recognise good practice in our Outstanding Service and Care Awards (OSCAs).

UHCW remains committed to being a safe organisation that provides high-quality care with the best possible clinical outcomes and experience. That will remain our focus through the coming year.

The information 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.



Professor Andrew Hardy
Chief Executive Officer

2. Introduction to Quality

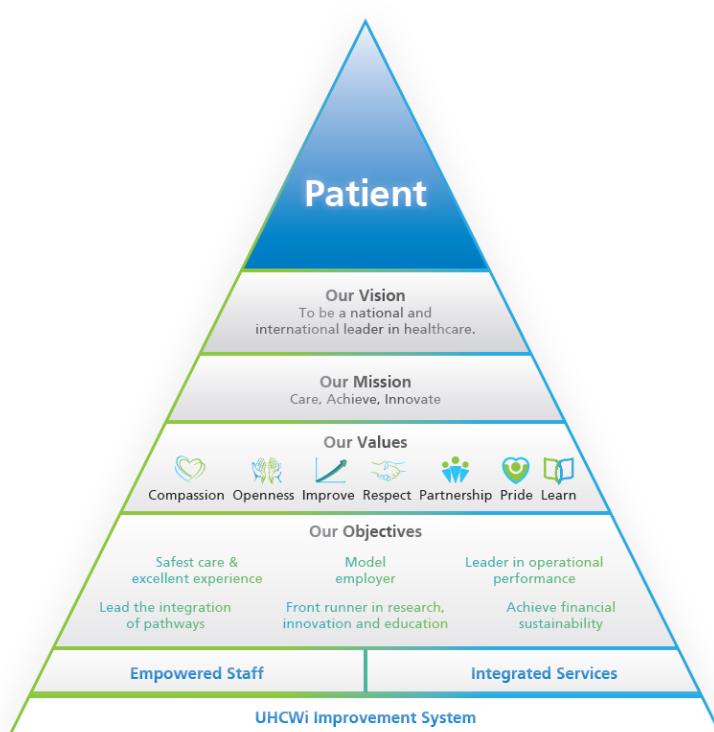
A Quality Account is a report about the quality of services by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public.

Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided.

2.1 Introduction to the Annual Quality Account

The Trust is on a journey to become a world class health care provider by 2021, and is committed to putting patients first in everything we do. There are a number of building blocks that support this ambition; these are articulated within the aims and objectives which are illustrated within the strategic framework below:



Another way to think about this is we aim to:

- Put patients and their families at the heart of every decision we make.
- Be regarded as a great place to work.
- Be a centre of excellence for patient treatment and research.
- Strive for joined up services across the community.
- Ensure our staff have opportunities to learn, innovate and improve.
- Ensure our staff and resources add value to the patient's journey and work to remove any waste in our processes.

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.

2018-2019 Quality Highlights

£14million awarded to UHCW to advance artificial intelligence cancer diagnosis

A £14m government grant to advance the use of artificial intelligence in cancer diagnosis was announced in November 2018.

It could bring to an end the misery of 'limbo' felt by thousands of people waiting for a cancer diagnosis.

Business Secretary Greg Clark confirmed that UK Research and Innovation will invest £14 million into a consortium led by the Trust - as part of the Industrial Strategy Challenge Fund.

The consortium 'PathLAKE' in partnership with University of Warwick and Philips will collaborate on a three year project that will involve experts from NHS hospitals and universities at; Belfast, Oxford and Nottingham.

The project will be hosted by the new UHCW Institute of Precision Diagnostics and Translational medicine to ensure rapid translation into clinical practice. Together they could revolutionise the future of cancer care by speeding up the detection of some cancers while being more accurate, as well as paving the way for personalised care.

University Hospital Coventry Day Surgery Unit offers Sunday hand trauma surgery

Surgery for hand injuries is being offered to patients in Coventry and Warwickshire on Sundays in a pioneering move to further enhance the patient experience.

The Trust is offering the new Sunday surgery option as part of a push towards seven day working weeks for the NHS. The Sunday surgery option is being offered to patients who need urgent hand trauma operations and are also well enough to come in and go home on the same day. This means if a patient injures themselves on a Friday, they do not have to wait long for their operation if their surgery is urgent.

NHS70: UHCW nurses named as national stars

Specialist nurses Hannah Martin and Paula Taylor from the Neurosciences Department have always been stars as far as staff and patients at the Trust are concerned, but now the two have received national recognition. The pair have both been named in a national list of 70 people and teams who have made an exceptional contribution to the NHS and the wider health and care sector.

Hannah, who cares for people living with Parkinson's, and Paula, who treats people with Adult Epilepsy, were named 19th and 21st respectively in a national poll by the NHS Confederation to mark the NHS' 70th birthday.

National Award for Patient Safety

This year the Trust won the Health Service Journal's Patient Safety Team of the Year at the annual Patient Safety Congress which was held in Manchester. The award was given in recognition to an organisation that has made 'outstanding improvements to patient safety.' To read more on this award go to the Patient Safety pages in section three of this Account.

Maternity staff presented with baby feeding award by Lord Mayor

The Lord Mayor of Coventry John Blundell and the Lady Mayoress Lindsey Blundell presented Maternity staff at the Trust with a plaque to celebrate being awarded Baby Friendly Accreditation from UNICEF.

The Trust has been awarded the accreditation as international recognition of its inspirational work to support infant feeding. The Baby Friendly Initiative, set up by UNICEF and the World Health Organisation, is a global programme which provides a practical and effective way for health services to improve the care provided for all mothers and babies. In the UK, the initiative works with public services to protect, promote, and support breastfeeding and to strengthen mother-baby and family relationships.

Please refer to UHCW NHS Trust's Annual Report 2018-19 for further updates on performance, i.e. Accident and Emergency and accountability reports. The Annual Report 2018-19 can be found: www.uhcw.nhs.uk.

2.2 Quality Account Improvement Priorities 2017-18: A progress update

Below are details of our progress and achievements against the Quality Improvement Priorities for 2018-19, as outlined in the 2017-18 Quality Account.

Priority 1A – Patient Safety: Year on year improvement against a baseline of (55%) for World Health Organisation (WHO) 5 moments for hand hygiene (ACHIEVED)

Rationale for inclusion:

Hand hygiene is an effective method to avoid transmission of dangerous pathogens, reducing incidents of healthcare associated infections (HCAI) (WHO, 2009).

Systematic reviews of HH suggest widely varying levels of behaviour. Boyce (2002) reported levels of between 5% and 81%, with an overall median rate of 40%, with similar findings reported in 2010 with levels of between 4% and 100% cited, again with an overall median rate of 40% (Erasmus et al., 2010).

Influencing factors on rates of hand hygiene (HH) include type of ward, opportunity or 'moment' of care, and healthcare professional employee (WHO, 2009). Data is notoriously difficult to source and compare due to a lack of standardisation, and varying local, national, and international guidelines against which behaviour is measured (Braun et al., 2009).

However, as standard practice, WHO launched their SAVE LIVES: Clean Your Hands campaign in 2009 with the objective that all healthcare workers should clean their hands at the right time and in the right way. Their definitive report establishing that effective hand hygiene (HH) can be performed using soap and water or alcohol-based hand rub, especially during 'five key moments' of patient contact.

In summary;

- The overall level of hand hygiene across the Trust, as measured by link staff, is 87.36%.
- When validated by the Infection Prevention Control (IPC) Specialist Team, compliance is 59.08%, noting the national mean average has remained around 40%

This has been achieved by;

- Development of the' link staff' role at ward and department level to provide improvement in hand hygiene practice and champion the WHO five moments of hand hygiene.
- In addition, the IPC Specialist Team have refocused their work to support and empower ward staff and provide high quality education, training and updates

Current position

The Trust set itself a goal to Increase its compliance to the WHO 5 moments of hand hygiene to 60% by 2018-2019 from a baseline of 55%. This was set to be achieved through: the use of bespoke educational resources, providing clear incremental targets identified for each clinical area, Increasing the validity of our adherence data by using peer-level measurement, using cross-over observers, ad-hoc infection prevention control (IPC) measurements, and on-going hand hygiene measurement training.

The Trust have achieved 87.36% compliance with hand hygiene practice using the WHO 5 moments observation tool measured by link staff for 2018/19. This well exceeds the target of 60% compliance set for the year.

In support, there have been active campaigns throughout the year, to improve practice and share learning alongside a robust staff induction process. Such campaigns have helped to maintain focus on getting the basics right, which is critical in delivering safe care for our patients.

WHO 5 moments for hand hygiene audits are carried out across all clinical areas on a monthly basis to provide assurance of practice standards. In addition to link staff carrying out audits, independent reviews are carried out by the IPC Specialist Team to assure the reliability and validity of results throughout the year. The validated score for the year end was 59.08%.

Matrons and their teams review the results and take action locally where necessary to continuously improve practice and celebrate success.

Priority 1B Patient Safety: - Reduce avoidable infections (PARTIALLY ACHIEVED)

Rationale for Inclusion:

A central line-associated bloodstream infection (CLABSI) is defined as a laboratory-confirmed bloodstream infection not related to an infection at another site that develops within 48 hours of a central line placement. Most cases are preventable with proper aseptic techniques, surveillance, and management strategies.

In summary;

- Key practice is to maintain a closed system; this is consistently above 98% compliance
- Preventing the spread of infection, consistently scores above 80%.

This has been achieved by;

- Increasing the availability of staff training
- IPC specialist team teaching on ward at the patient's bedside
- An established ward based audit programme to measure compliance and provide staff feedback for improvement

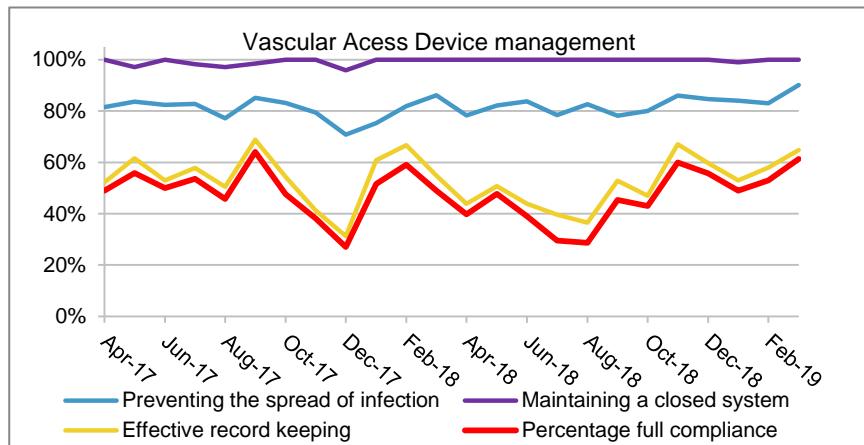
Current position

The Trust set itself a goal to build on the existing strategy for catheter related blood stream infection prevention and reduction that have been achieved and to further deliver a reduction in the number and severity of harm avoidable hospital acquired central line associated blood stream infections (CLABSI) .

The Trust has made progress on training staff, they are able to access either the High Dependency Unit workshop (HDU) or the Vascular Access workshop. Both courses are run bi-monthly and complement each other so every month one of the courses will be provided. In addition the infection control team undertakes teaching on ward areas as they audit, focusing on areas with poor compliance in order to support improvements.

Graph 1 shows sustained improvement against the Trust's own 70% compliance target. The full compliance figure averaged across the whole year was 47%, but reached 61% in March 2019. Full compliance is pulled down by poor scores for effective record keeping. The audit process has been improved to allow particular issues in record keeping to be identified and the areas thus identified will be the focus of further work over the coming year.

Graph 1



Priority 2– Clinical Effectiveness: To provide care in line with national and local evidence based guidance (NOT ACHIEVED)

Rationale for Inclusion:

The Trust is committed to providing good quality care based on the latest available evidence. Developing and reviewing guidance both on a local and national level is important to the Trust as it helps provide assurance and evidence that the quality of care is of a high standard, and also highlights pathways where process and care can be improved to benefit patients. Reviewing and implementing evidence based clinical guidance helps fulfil two of the five domains set in the National Health Service Outcomes Framework:

- Preventing people from dying prematurely
- Treating and caring for people in a safe environment and protecting them from avoidable harm

The Trust uses an electronic record management system called eLibrary to support the accessibility of local guidelines across the organisation and shares National Institute of Clinical Excellence (NICE) guidance across the Trust to support the development of clinical practice. Monitoring the review process and implementation of clinical guidance helps the Trust to identify areas for potential improvement.

Achievements:

- The status of clinical guidance is reported live on the Trust Intranet site. It allows clinical groups to view their performance and identify which guidelines are due for review.
- Clinical Specialties receive monthly status reports outlining which guidelines have expired and which are under review along with the implementation of NICE guidelines within the specialty. The reports are discussed across the Trust via Quality Improvement and Patient Safety meetings. Evidence summaries outlining the latest clinical evidence relating to guidance are produced by the Trust Library and Knowledge services and distributed to authors of guidelines to support evidence based practice when guidelines are updated.

Current position

The Trust set itself a goal to have a ≤4% yearly average of expired guidelines by 2018 (baseline 4.75%) and 90% compliance with NICE Guidance by 2019 (baseline 61.8%).

Local Clinical Guidelines:

Between April 2018 and March 2019 the mean percentage of expired clinical guidelines was 5.83%. The number of guidelines uploaded to the Trust eLibrary system varies month on month due to documents being added and removed. Calculation of the mean uses the monthly status of the number of expired guidelines and the total number of guidelines on eLibrary. This figure sits above the Quality Account priority of 4%.

NICE guidelines:

All newly released guidance from NICE is shared across the Trust each month to support clinical areas to assess the implementation of guidance. Currently the Trust reports that 77% of NICE guidance has been fully implemented and 15% partially implemented based on assessment tools provided by NICE.

Priority 3: Patient Experience: Establish a process for reviewing the patient environment and acting upon issues effectively with support from the process of Patient Led Assessments of the Care Environment (PLACE) (ACHIEVED)

Rationale for inclusion:

The maintenance of a high standard of patient environment is linked closely to minimising hospital acquired Infections (HAI). Any reduction in the patient environment will have a direct impact on the experience of patients using the service. The annual PLACE score feeds into the CQC, a reduction in current standards would have a detrimental effect on the outcome of CQC assessments undertaken at the Trust.

Achievements:

- Established mini PLACE programme across the Trust
- Established task and finish groups to drive improvements
- Providing funding to support developing a dementia friendly environment

Current position

The Trust set itself a goal to improve and maintain the required standards across both hospital sites University Hospital Coventry and the Hospital of St Cross, Rugby.

Mini PLACE Assessment Programme:

A Mini PLACE assessment programme commenced in the Trust in November 2018, The Trust's programme includes undertaking mini PLACE assessments with patients as partners six times a year to support the national PLACE process. Two mini assessments have taken place to date; 29th November 2018 and 23rd January 2019. The feedback from the groups assessed has been positive.

PLACE 2019:

NHS Improvement have advised that the review of the PLACE collection is well underway and on track for completion in March 2019. Individual working groups have been established to look at process, questions, design, dementia, patient experience and communication and changes are anticipated that will refresh and make a positive difference.

Progress from the Annual PLACE Task and Finish Groups:

- Work continues with small working groups looking at each element of the PLACE audits.
- Redecoration of public areas continues – these areas are being painted on a forth bridge approach.
- The electronic menu ordering system at St Cross was well received and this has been implemented on three wards at University Hospital.
- Dementia:
 - The building work in relation to the dementia friendly ward at St Cross is complete – the next step will be the provision of vinyl covering.
 - Extra funding was provided in 2018/19 from the Capital Programme to fund projects
 - The Estates Team are in the process of preparing a Guide to Enhancing Your Environment; (developed with the Dementia Strategy Group). This aims to ensure all future works are: dementia friendly, within a selected colour palette, using dementia friendly fixtures and fittings. The guide will also encourage any improvements to future Trust spaces to reflect upon the principal of this guide as standard practice going forward.

National Cleaning Standard (NCS) Audit Scores:

The contractual and performance monitoring system baseline for auditing cleanliness is a measurement against the 2004 NCS. Audits are based on an assessment of 49 individual elements that fall under the responsibility of either healthcare cleaning, nursing or estates. During the December 2018 reporting period the ISS team has audited a total of 93 areas at Coventry and 30 areas at Rugby St Cross across the various risk categories. The results are displayed in the table below.

Type of Area	NCS target	Trust Stretch target	Oct-18	Nov-18	Dec-18	Jan 19	Feb 19	Mar 19
Very High Risk	NCS 2004 Target – 95%	Improvement Target – 97.34%	97.53%	97.86%	97.88%	98.13%	97.74%	97.43%
High Risk	NCS 2004 Target – 90%	Improvement Target – 96.75%	94.65%	95.14%	95.47%	96.15%	95.33%	94.78%
Significant Risk	NCS 2004 Target – 85%	Improvement Target – 96.75%	94.44%	94.31%	93.77%	93.99%	92.87%	93.59%
Low Risk	NCS 2004 Target – 75%	Improvement Target – 94.66%					90.92%	85.71%

2.3 Quality Improvement Priorities for 2019-20

The Trust invited staff, patients and local stakeholders to take part in a deliberative event to support, identify and shape the 2019/20 Quality Account priorities. The event took place in November 2018.

Those represented at the included:

- Staff members
- UHCW Patient Partners
- Healthwatch Coventry
- Healthwatch Warwickshire
- The Carers Trust
- The Light House Trust
- West Indian Heritage Community Group

The priorities identified using a deliberative (co-development) approach for 2019 -20 are:

Priority 1 – Patient Safety

A) It is recognised that organisations who report more medication incidents have a greater opportunity for learning with the aim of reducing medication incidents.

The Trust will increase the reporting of medication incidents by 5% by the end of March 2020

B) A number of patients admitted to the hospital have medication that has been prescribed by their GP prior to admission that they have been self-administrating at home before admission to hospital. To support those patients to continue to self-administer their prescribed medication.

The Trust will develop and implement a Trust Policy that ensures the safe use and management of medicines that helps patients to participate in the self-administration of their prescribed medicines from home during their hospital admission by the end of March 2020

Priority 2 – Clinical Effectiveness

The SHMI (Summary Hospital-level Mortality Index) is a national indicator that measures the number of patients who have died following admission to hospital, or 30 days after discharge from hospital, against the number of expected deaths based on characteristics of the patients treated.

The Trust will reduce the number of patients who die to fall in line with or below the number of expected deaths for our organisation.

Priority 3 – Patient Experience

Patient information supports patients to make informed decisions about care and treatment; it's recognised that early access to patient information helps to support decision making and patient choice.

The Trust will audit all of its current patient information and make it accessible from the Trust website by the end of March 2020

2.4 Statements of Assurance from the Board

2.4.1. Review of Services

During 2018-19, the Trust was commissioned by Clinical Commissioning Groups (CCGs) to provide 66 General Acute Services, in addition to a range of specialised services commissioned by NHS England that fall within NHS England's Programmes of Specialised Care. The Trust has reviewed the quality of care of these services, with its Commissioners, in accordance with its contractual obligations.

2.4.2. Participation in Clinical Audits

During 2018-19, 63 national clinical audits and 7 national confidential enquiries covered relevant health services that the Trust provides.

During 2018-19 the Trust participated in 100% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in during 2018-19 are listed in the table below.

The table below shows the enquiries participated in, and 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.

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Did UHCW participate in 2018-19?	Participation 2018-19
Adult Cardiac Surgery Audit (CABG and Valvular Surgery)	✓	100%
Adult Community Acquired Pneumonia BTS	✓	Data collection currently in progress. Participation expected to be 100%.
British Association of Urological Surgeons (BAUS) Cystectomy Audit Nephrectomy Audit Percutaneous Nephrolithotomy (PCNL) Radical Prostatectomy Audit Urethroplasty Audit Female Stress Urinary incontinence Audit	✓	Data collection currently in progress. Participation expected to be 100%.
Cardiac Rhythm Management (CRM) (Cardiac Arrhythmia)	✓	100%
Case Mix Programme (Adult critical care)	✓	100%
NCEPOD Child Health Clinical Outcome Review Programme: Long-term Ventilation in Children, Young People and Young Adults	✓	Currently in process of identifying patient sample, awaiting start date for data collection.
NCEPOD Child Health Clinical Outcome Review Programme: Young People's Mental Health	✓	100% data submitted during 2017/18, awaiting publication of national report
Falls and Fragility Fractures Audit Programme (FFFAP): National Hip Fracture Database (NHFD)	✓	100%
Falls and Fragility Fractures Audit Programme (FFFAP): National Audit of Inpatient Falls	✓	Data collection currently in progress, submission due June 2019. Participation expected to be 100%.

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Did UHCW participate in 2018-19?	Participation 2018-19
Feverish Children (care in emergency departments) RCEM	✓	100%
Inflammatory Bowel Disease (IBD) Programme	✓	100%
Learning Disability Mortality Review Programme (LeDeR)	✓	100%
Trauma Audit & Research Network (TARN) (Major Trauma Audit)	✓	100%
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	✓	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) - previously CEMACH	✓	100%
NCEPOD Cancer in Children, teens and young adult study	✓	No applicable cases identified for inclusion during 2018/19
NCEPOD Acute Heart Failure Study	✓	100% data submitted during 2017/18, national report published November 2018
NCEPOD Perioperative Diabetes Study	✓	100%
NCEPOD Pulmonary Embolism	✓	100%
NCEPOD Acute Bowel Obstruction	✓	Data collection currently in progress, data submission April 2019. Participation expected to be 100%.
Myocardial Ischaemia National Audit Project (MINAP)	✓	100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Adult Asthma Secondary Care	✓	Data collection currently in progress, submission due May 2019.
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Chronic Obstructive Pulmonary Disease (COPD) Secondary Care	✓	92%*
National Audit of Breast Cancer in Older People (NABCOP)	✓	100%
National Audit of Cardiac Rehabilitation	✓	100%
National Audit of Care at the end of Life (NACEL)	✓	100%
National Audit of Dementia (care in general hospitals)	✓	100%
National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty) (Adult Cardiac Interventions Audit)	✓	100%
National Audit of Seizures and Epilepsies in Children and Young People	✓	100%

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Did UHCW participate in 2018-19?	Participation 2018-19
National Bariatric Surgery Registry (NBSR)	✓	100%
National Bowel Cancer Audit Programme (NBOCAP)	✓	100%
National Cardiac Arrest Audit (NCAA)	✓	50%*
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	✓	Data collection currently in progress. Participation expected to be 100%.
National Comparative Audit of Blood Transfusion Programme: Use of Fresh Frozen Plasma and Cryoprecipitate in neonates and children	✓	100%
National Comparative Audit of Blood Transfusion Programme: Management of Massive Haemorrhage	✓	100%
National Diabetes Footcare Audit (NDFA)	✓	100%
National Diabetes Inpatient Audit (NaDIA) – Organisational Questionnaire	✓	100%
National Diabetes Audit - NaDIA Harms	✓	100%
National Pregnancy in Diabetes Audit (NPID)	✓	100%
National Core Diabetes Audit (NDA)	✓	Data collection currently in progress, submission due in May 2019. Participation to be confirmed.
National Emergency Laparotomy Audit (NELA)	✓	100%
National Heart Failure Audit	✓	100%
National Joint Registry (NJR)	✓	100%
National Lung Cancer Audit (NLCA)	✓	100%
National Maternity and Perinatal Audit (NMPA)	✓	100%
National Mortality Case Record Review Programme	✓	Data collection currently in progress. *Participation expected to be 100%. (*for inpatient deaths over 18 years of age)
National Neonatal Audit Programme (NNAP)	✓	100%
National Oesophago-gastric (NAOGC) Cancer Audit	✓	100%
National Ophthalmology Audit	✓	100%
National Paediatric Diabetes Audit (NPDA)	✓	100%
National Prostate Cancer Audit	✓	100%
National Vascular Registry (NVR)	✓	87%*
Neurosurgical National Audit Programme	✓	Participation to be confirmed in March 2019

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Did UHCW participate in 2018-19?	Participation 2018-19
Non-Invasive Ventilation – Adults BTS	✓	Data collection currently in progress. Participation expected to be 100%.
Reducing the Impact of Serious Infections (Antimicrobial Resistance and Sepsis): Antibiotic Consumption	✓	100%
Reducing the Impact of Serious Infections (Antimicrobial Resistance and Sepsis): Antimicrobial Stewardship	✓	100%
Sentinel Stroke National Audit Programme (SSNAP)	✓	100%
Serious Hazards of Transfusion (SHOT) – UK Haemovigilance Scheme	✓	100%
Seven Day Hospital Services	✓	100%
Surgical Site Infection Surveillance Service	✓	Data collection currently in progress. Participation expected to be 100%.
UK Cystic Fibrosis Registry	✓	100%
Vital Signs in Adults (care in emergency departments) RCEM	✓	100%
VTE Risk in Lower Limb Immobilisation (care in emergency departments) RCEM	✓	100%

* The Trust has investigated why the participation rate was lower than expected in the audits that have been identified with an asterix. The reasons why this occurred have been provided in the table below.

Audit title	Participation Rate	Rationale for low participation rate
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Chronic Obstructive Pulmonary Disease (COPD) Secondary Care	92%*	Participation has increased from 70% (reported in 2017/18) to 92% this year due to some data being collected prospectively. However, participation is low due to issues with obtaining patient health records for the retrospective data collection. In addition, there have been cases coded as COPD and upon further review it has been found that they did not meet the audit criteria and this has led to a high number of exclusions and also impacted upon the specialty's time in collecting the data.
National Cardiac Arrest Audit (NCAA)	50%*	The Trust has achieved 100% participation from 1st April 2018 to 30th September 2018; however no data has been submitted for the period 1st October 2018 to 31st March 2019 due to a lack of staff resourcing available for the audit. However, data has been captured locally and the Trust will be able to submit the missing data retrospectively.
National Vascular Registry (NVR)	87%*	Whilst the Trust is participating in this national audit, it has been identified that not all cases, which meet the national criteria, have been submitted. This is being escalated locally and steps are being taken to ensure full participation. The Trust will also explore with the national body if any data that has been missed can be submitted retrospectively.

The table below identifies the national clinical audits included on the Quality Account list for 2018-2019; however the Trust did not participate, even though eligible, for the reasons outlined below:

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Rationale for Non-participation during 2018-2019
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Paediatric Asthma Secondary Care	New audit commences June 2019. UHCW to participate during 2019/20.
National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)	100% of cases submitted in 2017/18. No data collection during 2018/19. Project closed June 2018 as reflected within the Healthcare Quality Improvement Partnership (HQIP) National Clinical Audit and Enquiries Directory.
Medical and Surgical Clinical Outcome Review Programme: Dysphagia in Parkinson's Disease (NCEPOD)	New study commences in 2019/20, start date to be confirmed by NCEPOD. No data collection during 2018/19.
Medical and Surgical Clinical Outcome Review Programme: In-hospital management of out-of-hospital cardiac arrest	New study commences in 2019/20, start date to be confirmed by NCEPOD. No data collection during 2018/19.

The table below details the nineteen clinical audits included in the Quality Account list published by the Department of Health in which the Trust did not participate due to eligibility.

Of these nineteen audits, UHCW does not provide the relevant service in twelve audits, in two of the audits the Trust does not perform the procedure, the other five audits are not applicable to Acute Trusts.

Audit Title	Rationale for Non-participation
Elective Surgery (National PROMs Programme) (HSCIC)	Not eligible – service not provided at UHCW
Fracture Liaison Service Database (RCP London)	Not eligible – service not provided at UHCW
Mental Health Clinical Outcome Review Programme: Suicide, Homicide & Sudden Unexplained Death	Not eligible – not applicable to Acute Trusts
Mental Health Clinical Outcome Review Programme: The Assessment of Risk and Safety in Mental Health Services	Not eligible – not applicable to Acute Trusts
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Asthma (Adult and Paediatric) and COPD Primary Care	Not eligible – not applicable to Acute Trusts
National Chronic Obstructive Pulmonary Disease (COPD) – Pulmonary Rehabilitation Work stream	Not eligible – service not provided at UHCW
National Audit of Intermediate Care (NAIC)	Not eligible – service not provided at UHCW
National Audit of Pulmonary Hypertension (HSCIC)	Not eligible – service not provided at UHCW
National Cardiac Audit Programme (NCAP): National Congenital Heart Disease (CHD) (Adult & Paediatric)	Not eligible – procedure not performed
National Clinical Audit of Anxiety and Depression (NCAAD): Core Audit	Not eligible – service not provided at UHCW
National Clinical Audit of Anxiety and Depression (NCAAD): Psychological Therapies Spotlight	Not eligible – service not provided at UHCW
National Clinical Audit of Psychosis: Core Audit	Not eligible – not applicable to Acute Trusts
National Clinical Audit of Psychosis: EIP Spotlight Audit	Not eligible – not applicable to Acute Trusts
Paediatric Intensive Care Audit Network (PICANet)	Not eligible – procedure not performed
Prescribing Observatory for Mental Health (POMH-UK): QIP 19a Prescribing antidepressants for depression in adults	Not eligible – service not provided at UHCW
Prescribing Observatory for Mental Health (POMH-UK): Assessment of side effects of depot and LAI antipsychotic medication	Not eligible – service not provided at UHCW
Prescribing Observatory for Mental Health (POMH-UK): Monitoring of patients prescribed lithium	Not eligible – service not provided at UHCW
Prescribing Observatory for Mental Health (POMH-UK): Rapid tranquillisation	Not eligible – service not provided at UHCW
Prescribing Observatory for Mental Health (POMH-UK): Prescribing clozapine	Not eligible – service not provided at UHCW

The table below outlines participation in the National Clinical Audit and Patient Outcomes Programme (NCAPOP).

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%
2016 – 2017	100%
2017 - 2018	96%
2018 - 2019	100%

National Clinical Audits – Key Actions Taken in 2018-19

The table below provides 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
National Audit of Dementia 2017 Spotlight Audit: Content of delirium screen and delirium assessment	A working party is in place to oversee and fully implement delirium screening within the Trust. This will ensure all patients with delirium are properly treated in accordance with Trust Delirium Guidance
National Diabetes Transition Audit	A new Transition Pathway Guideline, developed and implemented within the Trust, ensures that paediatric patients with diabetes transition to adult care smoothly, and also ensures continuity of care as appropriate.
National Diabetes Inpatient Audit (NaDia)	Expansion of nursing/diabetes educator role ensures continuing training on diabetes care within the Trust. This helps to ensure that staff are fully informed on the appropriate treatment for patients with diabetes and that patients' needs are met.
Sentinel Stroke National Audit Programme (SSNAP)	The Speech and Language Therapy Team provide support to patients at meal times to help increase their confidence and provide guidance and assistance in meeting personal needs as part of their rehabilitation treatment pathway.
NCEPOD Non-Invasive Ventilation (NIV) Study	The Trust has had a clinical lead for their acute non-invasive ventilation (NIV) service for a number of years. The clinical lead has now been given allocated time in their job plan with clear objectives, including audit and governance for this service to ensure a high level of service for NIV patients.
National Comparative Audit blood use in patients with lower GI bleeding	A local guideline 'Management of Acute Upper Gastrointestinal Bleeding' has been created and implemented within the Trust. This guideline ensures there is a formal and consistent approach in treating patients with lower gastrointestinal bleeding.
National Paediatric Diabetes Audit (NPDA)	For patients newly diagnosed with diabetes, there is a new structured education programme which provides patients with information regarding the condition and how to manage it. For patients with pre-existing diabetes there are educational sessions regarding ongoing management of diabetes which are split into 3 categories according to the age of the patient to enable sessions to be more tailored to their needs. In addition to this there are pre-pump education sessions, transition from

Audit Title	Key Actions
	primary to secondary school education sessions and a 2 year Programme 'A day in the life of...' which is split into 6 sessions across UHCW, GEH and SWFT in order to provide patients with information relating to ongoing management of diabetes.
National Comparative Audit of Transfusion Associated Circulatory Overload (TACO)	Mandatory training for staff has been amended to ensure that it is clear that patients who have an episode of Transfusion Associated Circulatory Overload (TACO) should be considered at high risk of further events and measures should be taken to prevent future episodes of TACO. This ensures effective and timely management of patients with this condition.
Adult Asthma	The Trust has implemented an asthma discharge care bundle to help patients with asthma manage their condition effectively.
National Audit of Seven Day Services - April 2017	The Trust is working with NHS England (which leads the NHS) on a national seven day services programme which is designed to ensure patients that are admitted as an emergency, receive high quality consistent care, whatever day they enter hospital. The audit helps the Trust to identify what patient care services, across the whole organisation, need to be in place over seven days a week. Work continues to provide direction and drive to help different services in prioritising, developing and implementing actions to improve services for patients.
RCEM Procedural Sedation in Adults 2017/18	A process is now in place for procedural sedation within the Emergency Department which involves the allocation of three distinct roles to ensure the presence of a separate sedationist, proceduralist and nurse on all occasions to improve patient safety and effectiveness of care provided. A sedation checklist is in place to ensure patients are treated in accordance to best practice and they receive written discharge advice following this procedure.
Tamba Maternity Engagement Project	Patients now have a multiple pregnancy antenatal care plan in their medical notes, which ensures that all the relevant information before and during pregnancy is clearly recorded and to be seen by a midwife who specialises in multiple pregnancy in a midwife-led clinic. This ensures patients are given the appropriate care by a midwife with expertise in multiple pregnancies.

Local Clinical Audits – Key Actions Taken in 2018-19

The table below provides 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
Audit of adherence to Spinal Marking Guidelines	Findings from this audit have been shared with the Radiology Department and a process is now in place to clarify the counting method in a patient's spine, with ambiguous levels, to ensure the correct level of the spine is treated as appropriate. In addition, uploads of relevant/all images of the spine are discussed which ensures all X-Rays and scan reports are completed efficiently and a high standard of care is maintained. The findings from this audit have been shared and discussed with administration/preoperative staff on the neurosurgical ward and with theatres to ensure 'Blue Forms' and consent forms are filed correctly in patient healthcare records. This ensures patient records are kept up to date and a high standard of care is maintained.
Re-audit of thrombolysis	Training is provided to the out of hours nursing team in regards to being involved in decision making to drive changes in local practice. This reduces un-necessary delays in waiting times, admission and transfers by providing guidance to medical teams out of hours resulting in a more effective service for patients.
Re-audit of the accuracy of Parkinson's disease medication prescribing during hospital admission	A Parkinson's Disease Nurse Specialist (PDNS) has been appointed to the Trust, allowing early review of patients suffering from symptoms of Parkinson's Disease. On-going training for Parkinson's Disease is provided to Nursing staff on the wards and Junior Doctors during induction. The training focuses on the hospital areas A&E and AMU as patients admitted to these have a higher prevalence of Parkinson's Disease.

Audit Title	Key Actions
Audit of Venous Thromboprophylaxis in Stroke Patients	<p>Regular stock check of Flowtron to ensure availability, therefore reducing delays in patients receiving this treatment. This ensures the best care is provided and patient's needs are met.</p> <p>Teaching and supervision has been provided to stroke junior doctors on importance of early Venous thromboembolism assessment. This improves patient safety as it reduces the chance of Venous thromboembolism in stroke patients post admission.</p> <p>Teaching and supervision has been provided to ward nursing staff to highlight the importance for early application of Flowtron. This ensures that best care is provided and patient's needs are met.</p>
An audit of the management of patients with pelvic fractures.	<p>Redesign of patient information leaflet on pelvic fractures, to reflect updated information and ensure patients are fully informed.</p> <p>Development of new protocol for head to toe scanograms, to ensure that the Trust is meeting the full guidelines and those patients are treated in accordance with best practice.</p>
Audit of safety net advice given to parents/carers in the Children's Emergency Department at the time of discharge.	<p>The current Children Emergency Department clerking proforma now includes a safety net subsection. Providing clear and appropriate safety netting can empower and reassure parents/carers, prevent delays in warranted re-presentation and avoid unnecessary re-presentation.</p>
Audit of Acute Medicine Clerking Proforma Documentation and Audit of Urinary Tract Infection	<p>The Acute Medicine Clerking Proforma has been reviewed and updated by a working group including doctors, nurses and a pharmacist to improve clinical effectiveness and documentation.</p> <p>The update to the clerking proforma ensures that urine dipsticks test results are included on the clinical examination section of the clerking proforma. This will improve clinical effectiveness.</p>
Audit to assess the implementation of Personalised Asthma Action Plans for children admitted with asthma	<p>Salbutamol Reducing Regime now prints off with the discharge checklist on a separate page to allow this to be filed in the patients' healthcare records. This will improve clinical effectiveness.</p>
Re-audit of Completion of ReSPECT Forms	<p>UHCW provide training to healthcare professionals to reinforce why and how the ReSPECT forms should be completed. This covers the importance of the ReSPECT form when the patient is discharged from the hospital as the patient will be required to take the form with them. This ensures patients understand what they should do with the form in order to receive continuity of care in the community. This will improve patient experience both within and outside the hospital.</p> <p>There is now a link to the Mental Capacity Assessment on the Trust intranet homepage. This improves clinical effectiveness by ensuring the Mental Capacity Assessment is more accessible to staff.</p>
Re-Audit of Cardiac Arrest Trolley Equipment	<p>An annual re-audit will be carried out to ensure the cardiac arrest trolleys and grab bags have appropriate stock and to ensure daily checks on expiry dates and the contents are being undertaken. This ensures that all equipment is readily available for patients who require it.</p>
Audit of entitlement for Non Medical Referrers and GPs	<p>Improved levels of awareness amongst Non-Medical Referrers about the importance of compliance with the protocol and the consequences of not adhering to the protocol have been distributed throughout the radiology department. This ensures standards are not breached and a high standard of care is maintained for patients.</p> <p>The findings of this audit have been presented at the Breast Screening Monthly Meeting and discussed with the Ultrasound Lead, Governance Lead and Administration Manager where it was agreed that Ultrasound Scan requests should be vetted to ensure compliance. This ensures a high standard of care is maintained.</p>
Radiology Practitioners and Operators adherence to authorisation protocols	<p>Authorisation protocols have been updated to include additional clinical indications and appropriate projections for specific examinations. More comprehensive protocols allows for more streamlined care for patients. This ensures radiographers can be compliant with IRMER without 'reading into' requests. This has been communicated throughout the radiology department to ensure all staff are aware of the updates. Radiographers have been reminded that if a request does not offer enough information in order for it to be authorised as per the protocol, it should either be taken to a radiologist or more information should be obtained from the requesting physician. This improves compliance with IRMER and ensures that enough information is provided in order for the request to be authorised.</p>

Audit Title	Key Actions
Infection Screen Compliance within the Emergency Department	<p>Improvements in Patient Safety and Effectiveness to ensure patients suspected with Sepsis have early intervention and those without sepsis are not given antibiotics inappropriately.</p> <p>Appropriate use of tests leading to better use of resources and avoiding unnecessary treatment given to patients.</p>

2.4.3. Participation in Clinical Research

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

The number of patients receiving relevant health services provided or sub-contracted by UHCW during financial year 2017-2018, that were recruited to participate in research (approved by a Research Ethics Committee and the Health Research Authority) was 4653 total. The portfolio of trials available to recruit into, and their complexity, change each year, as such, our recruitment target for 2018-2019 is 4083 patients; we are currently at 126% of this target.

We are one of the leading research centres within the West Midlands, with a proven track record of delivering high quality research. We have developed our research base in recent years, moving from a position of little research activity to becoming very research active. We have actively developed our external collaboration with academic and industry partners thereby attracting significant research income. During 2018, the Trust was involved in 134 research grant applications submitted to external funders. Currently, 31 (23%) of these have been funded (with total value of more than £20 million) but this will rise as the outcome of applications becomes known (the outcomes for 30 grant applications are still outstanding as the decision making and award process can take many months).

A key award this year was a £14million government grant to advance the use of artificial intelligence in cancer diagnosis into a consortium led by University Hospitals Coventry and Warwickshire NHS Trust as part of the Industrial Strategy Challenge Fund. The consortium, 'PathLAKE', in partnership with University of Warwick and Philips will collaborate on a three year project that will involve experts from NHS hospitals and universities at Belfast, Oxford and Nottingham. The project will be hosted by the new UHCW Institute of Precision Diagnostics and Translational medicine to ensure rapid translation into clinical practice. Together they plan to revolutionise the future of cancer care by speeding up the detection of some cancers while being more accurate, as well as paving the way for personalised care. This new Centre for Artificial Intelligence (AI) will be based at University Hospital in Coventry where digital pathology was first used to diagnose cancer and the project will focus on breast, prostate, lung and colon cancers. The funding will also be used to establish a 'Data lake' where anonymous patient data will be collected and used in research to look for patterns and trends – helping to further advance cancer care and other treatments.

Our Research and Development team were recognised nationally this year as finalists in the Pharmatimes NHS Clinical Research Site of the Year, judged by the National Institute for Health Research (NIHR) and Association of British Pharmaceutical Industries. They were also 'Highly Commended' in the Health Service Journal Value awards and received a Silver award in the national 'Healthcare Heroes' awards.

Research activity continues to increase at the Trust with over 100 clinicians leading research. They are supported by research nurses, midwives, allied health professionals and administrators and increasing numbers of staff are undertaking research, clinical academic internships, higher degrees and PhDs. The Trust provides free research training for all staff now including a Principal Investigator masterclass, which is NIHR accredited course. This increasing level of participation in clinical research demonstrates UHCW NHS Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

In April 2017 the Coventry and Warwickshire Clinical Research Facility (CWCRCF) became a designated National Institute for Health Research (NIHR) CRF, and will receive £750k over a five year period to fund infrastructure and support costs associated with conducting experimental medicine and translational studies. To maintain our CRF status we are required to increase our portfolio of experimental medicine and translational studies, which we are confident we will achieve. Our first Phase I study is due to commence in

2019. The CRF is also supporting the Arthritis Therapy Acceleration Programme (A-TAP), which is a prestigious partnership between the Trust and the Universities of Oxford and Birmingham.

Patient and Public Involvement and Engagement (PPIE) in research has further expanded this year. The Patient and Public Research Advisory Group (PRAG) currently has 36 members (patient, carers and members of the public who use their own experiences and perspectives to advise researchers) who have advised on twelve research projects in the last year. Members of the Patients in Pregnancy Research (PIPR) group have continued to contribute to Reproductive Health research. We are also supporting a national Bile Acid Diarrhoea (BAD) support group to set-up a national Patient and Public Involvement (PPI) group for BAD. In addition, we continue to work with four Patient Research Ambassadors (PRAs) who raise awareness of research amongst patients, the public and healthcare staff. To ensure that PPIE in research is implemented and delivered in line with national standards and in conjunction with the Trust Patient Experience and Engagement Delivery Plan a Patient and Public Involvement Research Steering Group (PPIRSG) has been established. The steering group consists of lay members and Trust staff who have an active involvement in PPIE and reports to the Trust Patient Experience Delivery Group and Research & Development Strategy Committee.

In the last three years, (Jan 2016 to date) 896 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 innovating through research, development and learning. As such, we have a clear strategy to develop research. By delivering on our research strategy, we also contribute to the delivery of the other Trust strategic priorities.

2.4.4. Goals Agreed with Commissioners

In 2018/19, £11.4m (c2%) of the Trust's Contracted Revenue for its Commissioners was conditional upon achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) framework. Performance against the 2018-19 schemes has yet to be ratified with Commissioner's at the time of writing. Further details of the agreed goals can be found in Appendices 1 and 2 of this Quality Account.

2.4.5. Care Quality Commission (CQC)

The Trust is required to register with the CQC and its current registration status is Registered (without any compliance conditions) and licensed to provide services.

The CQC has not taken enforcement action against the Trust during 2018-2019.

The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

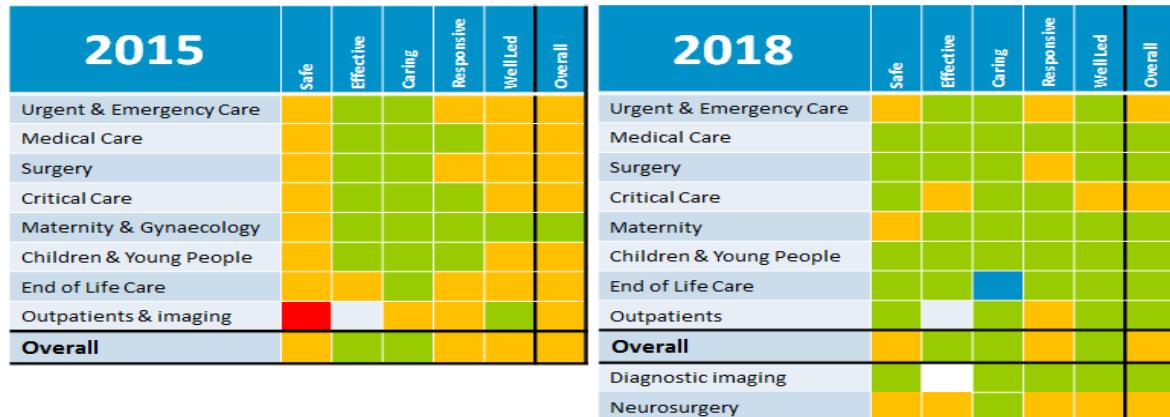
The Trust has made the following progress since a comprehensive CQC inspection visit in April 2018.

During April and May 2018 the CQC undertook a comprehensive inspection of all core services including follow up unannounced inspections of University Hospital Coventry and The Hospital of St Cross, Rugby. An additional inspection was carried out by NHS Improvement for use of resources. Following the inspection:

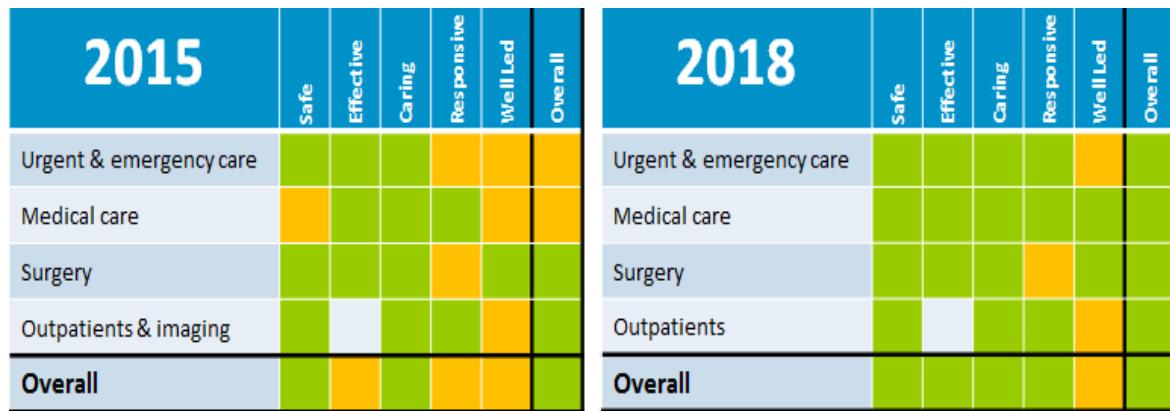
- On 31st August 2018 the CQC report was published. The Trust received an overall rating of 'Requires Improvement'. The hospital of St Cross Rugby received a rating of 'Good'.
- No services provided by the Trust were rated as 'Inadequate' and the End of Life Care service received a rating of 'Outstanding' for the Caring domain.
- The Trust have developed an action plan to address four 'must do' recommendations and additional 'should do' recommendations to continue to improve patient care.

The table below shows the improvements made since the since 2015 CQC inspection for University Hospital

across the core services inspected.



The table below shows the improvements made since the since 2015 CQC inspection for Hospital of St Cross across the core services inspected.

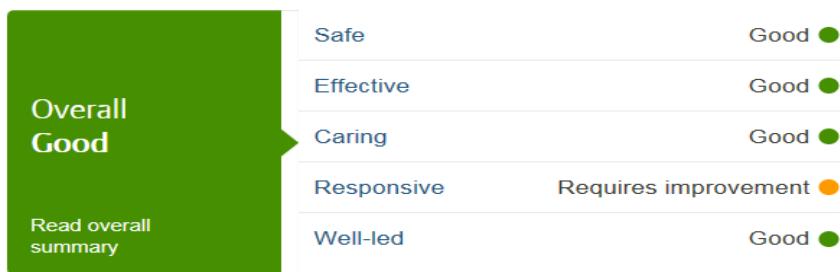


CQC Ratings:

University Hospitals Coventry and Warwickshire NHS Trust

CQC Inspection Area Ratings (Latest report published on 31 August 2018)

Safe	Requires improvement	●
Effective	Good	●
Caring	Good	●
Responsive	Requires improvement	●
Well-led	Good	●



University Hospital, Coventry



2.4.6. Data Quality

A number of the requirements of the Data Security and Protection Toolkit encompass data quality. To ensure that we meet the required standards, the data quality team provides training and advice to users of the Patient Administration System that is used to record patient information to support the provision of patient care and data submissions.

A suite of data quality reports for data reported both internally and externally are routinely produced. These are reviewed, with areas of concern highlighted and appropriate actions taken to rectify any issues.

The trust submitted records from 2018/19 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 for April 2018 to December 2018: which included the patient's valid NHS number was:

- 99.5% for admitted patient care
- 99.8% for outpatient care
- 96.9% for accident and emergency care

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

- 100% for admitted patient care
- 100% for outpatient care
- 99.7% for accident and emergency care

Data quality is high on the Trust's agenda to improve patient safety and experience.

To further support this agenda and improve data quality the following work streams are embedded:

- Data Quality and Performance Assurance Steering Group.
- Published Data Quality Policy and Data Quality (DQ) Framework
- Standard Operational Procedures for administration duties developed with comprehensive training packages.

Further to the above below are the key data quality priorities:

- Data quality performance dashboards are to be created targeting specific areas of poor data quality at group level
- Standardised processes embedded throughout the Organisation via effective training plans.
- Central administration training and regular meetings led by a central function.
- One central platform for all DQ reports and communication in development.

2.4.7. Data Security and Protection Toolkit

The Data Security and Protection (DSP) Toolkit is an online assessment tool that enables organisations to measure their compliance against the law and central guidance and to assess whether information is handled correctly and protected from unauthorised access, loss, damage and destruction. It also provides a key performance measure against data security and Information Governance requirements which reflect current legislation and national health and social care policies. The DSP Toolkit is the successor framework to the previous Information Governance Toolkit. It has been developed in response to the National Data Guardian's (NDG) Review of Data Security, Consent and Opt-Outs published in July 2016 and the government response published in July 2017.

The DSP Toolkit is split into 10 sections against the NDG 10 Data Security Standards. It comprises of 40 assertions and 140 evidence items; 32 of the assertions and 100 items of evidence are mandatory and are the focus of the assessment for 2018-19. Currently the DSP Toolkit functionality only allows organisations to publish a 'Standards Met' or 'Standards Not Met' 'performance measure where they have provided the relevant evidence for all the mandatory assertions and confirmed them complete. UHCW has met all 32 of the 32 mandatory assertions.

2.4.8. Clinical Coding Error Rate

All the primary and the secondary diagnostic and procedure figures exceed the recommended 95% for primary diagnoses and procedures as well as the 90% accuracy for secondary diagnoses and procedures required to achieve the highest level for Data Security and Protection Toolkit purposes at Advisory Level, this is an excellent result for the Trust.

Primary diagnosis correct	Secondary diagnosis correct	Primary procedures correct	Secondary procedures correct
97.00%	96.17%	95.92%	92.43%

The overall Healthcare Resource Group (HRG) error rate for this audit was seven episodes (six spells). The value of the HRG changes was £7,897 gross and £367 net which is an overall change of 3.0% absolute and just 0.1% net.

There are a number of areas where good practice was identified which supported accurate coding, these include:

- An excellent structure in the department has been introduced by the Clinical Coding Manager and Deputy Clinical Coding Manager which supports and encourages both the clinical coding process and staff development.
- Staff rotate areas of responsibility to ensure they have experience of coding in all areas and specialities.
- Regular meetings are held within the department to discuss any training issues or coding queries, after which notes or slides are kept on the hard drive for future reference.
- Nine members of staff including the Clinical Coding Manager and Deputy Clinical Coding Manager have successfully passed the National Clinical Coding Qualification UK examination to attained

Accredited Clinical Coder status and another four members of staff are planning to undertake the qualification this year.

- All clinical coding staff are up to date with standards refresher training (other than one newly appointed member of staff).
- The Trust has also attained the highest level, Advisory Level, for Data Security and Protection Toolkit purposes for Clinical Coding Training which again is another excellent result for the Trust.
- Coding staff are able to communicate with clinicians at all levels as and when required.
- The coding for deceased patients is reviewed by clinicians either at meetings or by individual emails and Clinical Coding Staff also attend specialty departmental meetings.

The department has a comprehensive Policy and Procedure Document, which was updated in January 2018.

2.4.9 Learning from deaths guidance 2017

The National Quality Board published Guidance on learning from deaths in March 2017 based on a CQC review into 'Learning, Candour and Accountability' December 2016.

The Department of Health and Social Care published the NHS (Quality Accounts) Amendment Regulations 2017 in July 2017 adding new mandatory disclosure requirements relating to "Learning from Deaths" to Quality Accounts.

The Trust has an in-depth mortality review process where each death of an inpatient aged 18 and above is subjected to an initial review of their care and graded according to the standard of care they received. Further, secondary reviews are conducted by an appropriate consultant or team if potential problems in care have been identified. This is to encourage learning from patient outcomes.

The number of deaths of inpatients who have died during 2018/2019 (year to date) is 2168. The number of in hospital deaths of patients over the age of 18 per quarter is illustrated overleaf.

2018/2019	Number of Deaths
Q1	522
Q2	474
Q3	528
Q4	644

(Data correct at 30/4/2019)

The number of deaths which have been subjected to an initial review of care to determine what problems (if any) there were in the care provided to the patient is:

Time Period	Completed	Incomplete	Total
2018/2019	1555	311	1867
Quarter 1	456	9	465
Quarter 2	399	14	414
Quarter 3	389	59	448
Quarter 4	311	229	540

(Data correct at 30/4/2019)

In cases where possible problems in care have been identified from the primary mortality review, a secondary review is conducted and shared with the multidisciplinary team to review the case and identify

areas for improvement. Cases where care was less than satisfactory are reported to the Mortality Review Committee for discussion and identification of actions to improve care.

The number of deaths during 2018/2019 for which a secondary mortality review or investigation has been carried out, which was judged at primary review or investigation as more likely than not to have been due to problems in the care provided to the patient is illustrated in the table on the following page.

Time Period	Completed	Incomplete	Total
2018/2019	129	41	170
Quarter 1	43	3	46
Quarter 2	40	8	48
Quarter 3	36	13	49
Quarter 4	10	17	27

(Data correct at 30/4/2019)

The learning identified from the Trust wide mortality review process is shared within the organisation through specialty led Quality Improvement and Patient Safety or Morbidity and Mortality meetings. This allows a multidisciplinary approach to sharing learning from deaths and dissemination across teams. Sharing of learning themes also takes place through the Mortality Review Committee and wider organisation through forums such as Grand Round and the Learning from Deaths Newsletter.

Learning themes identified from the Trust wide mortality review process include communication and handover of information between colleagues and teams and appropriate transfer of patients to other clinical areas.

The review of inpatient deaths and sharing of the learning identified has enabled improvements in the delivery of care for patients. The Trust has developed a number of evidence-based care bundles to support patient care with high risk conditions. The Sepsis Six assessment tool and care bundle has been implemented within the Trust along with others, supporting the treatment of patients with pneumonia, acute kidney injury and heart failure.

The delivery of patient care has been improved with the development of advanced practice teams to deliver quality evidence-based care in areas including hip fracture and acute kidney injury.

Specific patient pathways have been implemented to support the diagnosis and care of patients with conditions such as hip fracture and abdominal aortic aneurysm.

The Trust has also worked to improve the documentation of patient's co morbidities, which has had an impact on communication of information and data quality within the organisation.

2.4.10 Seven Day Services

The seven day services programme is designed to ensure patients that are admitted as an emergency, consistently receive high quality care, whatever day of the week they enter hospital.

To provide this, all hospitals are required to work towards 10 Clinical Standards, which are listed below:

- **Standard 1 - Patient Experience** - Where appropriate families and carers, must be actively involved in shared decision making
- **Standard 2 - Time to First Consultant Review** - All patients admitted as an emergency must have a consultant review within 14 hours.
- **Standard 3 - Multi-disciplinary Team (MDT) reviews** – All emergency inpatients must be assessed for complex or on-going needs within 14 hours by a multi-professional team.
- **Standard 4 - Shift handovers** – Handovers must be led by a competent clinical decision maker and take place at a designated time and place, with multi-professional participation.

- **Standard 5 - Diagnostics** - inpatients must have scheduled seven-day access to diagnostic services.
- **Standard 6 - Intervention / Key services** - Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions e.g. critical care.
- **Standard 7 - Mental health** - Liaison mental health services should be available to respond 24 hours a day, 7 days a week.
- **Standard 8 - On-going review** - Patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY
- **Standard 9 - Transfer to community, primary and social care** - Services, both in the hospital and in primary, community and mental health settings must be available seven days a week to ensure that the next steps in the patient's care pathway
- **Standard 10 - Quality improvement** - All those involved in the delivery of acute care must participate in the review of patient outcomes to drive care quality improvement.

Of the 10 Clinical Standards, 4 standards (Standards 2, 5, 6 and 8) have performance targets of 90% required to be in place by April 2020. The Trust reports on some or all of these twice yearly. The remaining 6 standards (Standards 1, 3, 4, 7, 9 and 10) require the Trust to demonstrate the progress it is making towards achieving them.

The results of the Trust's 7 Day Services Audit against clinical standards 2, 5, 6 and 8 are reflected in the table below:

- **Standard 2 - Time to first consultant review.** We are presently underperforming against this standard (66% against the 90% target). We are challenging specialty teams with putting plans in place to improve our performance.
- **Standard 5 - Diagnostics.** We consistently achieved this standard.
- **Standard 6 - Consultant directed interventions.** We consistently achieved this standard.
- **Standard 8 - Ongoing clinical review.** Shows that when combining the weekday (96%) and weekend (78%) audit results, overall we achieve the 90% standard, but we do need to improve our weekend performance to meet the aim of consistent high quality care 7 days a week.

Overall 7 Day Results				Weekday Results				Weekend Results			
Std 2	Std 5	Std 6	Std 8	Std 2	Std 5	Std 6	Std 8	Std 2	Std 5	Std 6	Std 8
66%	100%	100%	90%	66%	100%	100%	96%	65%	100%	100%	78%

Although the remaining 6 clinical standards (Standard 1, 3, 4, 7, 9 and 10) are not mandated for introduction by April 2020, the Trust continues to make good progress against them as follows:

- **Standard 1 - Patient Experience** – Is at the centre of the work of the newly established PEEC (Patient Engagement and Experience Committee), but specifically: The Trust receives direct feedback from patients via the Impressions Survey every day (including Saturdays and Sundays); and, the Patient Liaison and Advice Service has been extended until 8pm in the evenings and between 12:00 and 17:30 on Saturdays and 13:00 and 17:30 on Sundays.
- **Standard 3 - Multi-Disciplinary Team (MDT) review** – This is standard work within the Trust with each patient being the subject of established Board Rounds from which management plans and estimated date of discharge are provided and then further matured through the consultant ward rounds. There are local documented guidelines to ensure all assessments are completed as per the required standard.
- **Standard 4 - Shift Handovers** – Each clinical area has established shift handovers led by an appropriate clinician and the handovers have access to records and electronic boards. Nursing handover is done through an electronic handover system at changeover of all shifts; Multi-disciplinary Teams attend handover at twice daily board rounds. We are presently producing the documented policy.
- **Standard 7 - Mental Health** – As a system we are focused on improving mental health provision and liaison mental health services for adults and children and young people; these services are established. However, as a system we have recognized that improvements can and should be made towards an 'All Age' 24/7 service by 2020/2021. To that end there are established working

groups for the Arden Mental Health Assessment Team (AMHAT) as well as for our Child and Adolescent Mental Health Services (CAMHS) and UHCW plays an active central role in designing and delivering these services.

- **Standard 9 - Transfer to community, primary and social care** – Again UHCW is central to this requirement and is working closely with partners through the Clinical Commissioning Groups to identify out of hospital provision and to determine whether it is provided on an appropriate basis. This work overlaps with some of that under the umbrella of the Sustainability and Transformation Partnership (STP).
- **Standard 10 - Quality Improvements** – The Trust has a robust quality agenda which falls directly from its stated Strategy, Vision, Mission and Values. However, more specifically: mortality data is reported for weekday and weekends on a monthly basis through the Trust's governance structure and regularly to the Board; the Trust is reviewing how best to analyze complaints, incidents and other data to identify inconsistencies between weekends and weekdays.

2.4.11 Learning Disability Improvement Standards

All Trusts across England were invited to take part in NHS Improvement's (NHSI) preparation for the Learning Disabilities Standard in November 2018, as part of the process all trusts were asked to answer a number of questions relating to the delivery of services to people with a learning disability.

Trusts were provided with a template which consisted of pre populated drop down boxes, and standardised response boxes e.g. agree, strongly agree, disagree and yes, no answers etc. along with some free text boxes. An online portal was set by NHSI for the collection of all trust responses. The table below is the Trusts uploaded submission. (The submission in the table below is presented in full, as it was uploaded to the portal, for completeness this includes the prepopulated responses).

NHSI Question	Trust Response
Trust overview	
Trust/UHB turnover 2017/18	618.1 Million
Total number of beds at 31/03/2018	1106 General & Acute 70 Maternity 116 Daycase 1292 Total
Total number of admissions 2017/18	169,028
Total number of occupied bed days 2017/18	383,273 General & Acute based on KH03 submission, 416,474 Total based on KH03 submission
Total number of A&E attendances 2017/18	190,028
Total number of outpatient attendances 2017/18	665,209
Respecting and protecting rights	
Does your organisation have policies which require staff to regularly contact service users who have a learning disability (and referrers) on the waiting list and be flexible regarding scheduling?	No
If no, when will your organisation expect to have the above policies in place?	Will be compliant within a year
Does your organisation have procedures in place to ensure that the pathways of care for people with learning disabilities, autism or both are concordant with all current and contemporary guidance?	Y for LD and dual diagnosis - N for Autism alone
To what extent do you agree or disagree with this statement: Our organisation routinely monitors waiting times for people with learning disabilities and reports waiting list size and length of waiting times to the board.	1. Strongly Disagree
When will the organisation expect to be fully compliant with the above?	Will not be compliant within a year

NHSI Question	Trust Response
Do you currently hold a list of people with learning disabilities waiting for assessment and/or treatment?	No
How many people currently have a learning disability flag on the electronic patient record within your Trust?	1910 patients who have a record on PAS
What percentage of patients currently on your electronic patient record has a learning disability?	0.15% of active PAS records
Please describe how your organisation engages with people with learning disabilities and their carers/ families.	The Trust has a service level agreement with a specialist provider to deliver a range of services to support patients with learning disabilities; this includes supporting women to access Breast Screening Service, to enable women with Learning disabilities to be given a longer appointment time. We also check attendance and uptake to provider additional support if needed. An easy read letter is sent out with an easy ready leaflet, both produced by the Service's Nurse Practitioner. The leaflets have local pictures on depending on which area they are being screened at. This invite is sent in addition to the normal invite. We also request that women call if they can't get up the stairs onto the mobile units; we then offer a more accessible appointment at the Trust or City of Coventry Health Centre. Nurse Practitioners emails the relevant
Does your organisation operate any forums/meetings to engage with people with learning disabilities and their carers/families to inform service planning? Please describe.	The Trust's has an Independent Advisory Group, led by the Head of Diversity; it has representation from Grapevine, an organisation which helps people with learning disabilities. The Trust also has a Patient Partners Programme as part of its wider public patient involvement which includes quarterly We Care events held in the community.
Does your organisation have any service delivery outcome measures in place in order to understand how effective your services are for people with learning disabilities?	Not at present
If required, is your organisation able to isolate/disaggregate specific outcome data regarding patients with learning disabilities?	Yes - any patient registered with an learning disability is placed on the trust Pas
If no, when will your organisation expect to be fully compliant with the above?	The organisation is fully compliant
Please provide a description of any current service delivery outcome measures.	Deaths of patients with a learning disability are reviewed as part of the Trust wide Mortality Review process along with all deaths over the age of 18 years old. The learning from the mortality review is shared within the clinical areas and reported through Mortality Review Committee. The Mortality Review Process enables mortality outcomes data from Dr Foster intelligence to be linked to the Trust review process and learning disability data to identify further trends. Mortality review data is also shared with the LeDeR programme to support reviews.
To what extent do you agree or disagree with this statement: Service users in hospital should always have access to statutory and/or general advocacy services.	5. Strongly Agree
When will your organisation expect to be fully compliant with the above?	Fully compliant
Does your organisation regularly audit any restrictions and deprivations of liberty it places on people?	Yes
If so, is this supported by local policy within trust-run services?	Yes
When was the date of your last audit?	Deprivation of Liberty Safeguards are monitored on a weekly basis and discussed at the safeguarding team safety huddle. There is a bi-monthly report that is shared through the safeguarding committee in relation to the number of applications the trust has made.

NHSI Question	Trust Response
Number of incidences of use of physical restraint specifically applied to people with learning disabilities in 2017/18.	The Trust did not have a specific system in place to capture this data. A manual check was undertaken which identified no patients with LD had been restrained.
How many people with learning disabilities experienced use of restraint in 2017/18?	This data is not captured
Does your service conduct post incident reviews and debriefs following incidents where restrictive interventions including physical restraint have been used?	Yes: When a patient safety incident form has been submitted there is always a post incident review completed as part of the safety huddle.
How many adverse incidents did your organisation record relating to people with learning disabilities in 2017/18?	Learning disabilities are not recorded on Datix, however we are going to link this to the Pas system within the next 12 months which will allow Learning disabilities status to be recorded against the incident
Please describe any changes made to your service which emerged from the post-incident reviews.	We do not record in our incident management system whether a patient has learning disabilities so we are unable to identify specific cases to show learning
Does your organisation ensure that those staff, who have trained to be LeDeR reviewers, are actively released to undertake these reviews?	Yes all train reviewers actively take part in LeDeR reviews
Is your organisation currently meeting the commitment to ensure that staff trained to deliver LeDeR reviews, undertake the minimum of 2/3 reviews per year?	Yes the organisation is fully compliant
Does your organisation ensure it has representation at your local LeDeR strategy group?	Yes the organisation is fully compliant the Trust lead for safe guarding is the Trust representative
Does your organisation ensure LeDeR reviewers are afforded timely access to case notes in order to conduct LeDeR reviews?	Yes the organisation is fully compliant.
How many people with learning disabilities died whilst on an active caseload or within 3 months of case being closed or discharge in 2017/18?	9
How many deaths of people with learning disabilities took place in your organisation 2017/18 as a result of choking incidents, sepsis, epilepsy, gastrointestinal obstructions and pneumonia?	1 Aspiration pneumonia, 3 sepsis (based on diagnosis, not cause of death)
Following reviews, does your organisation implement actions to reduce preventable deaths?	Yes the organisation is fully compliant
How many action plans relating to deaths of people with learning disabilities were implemented in 2017/18?	All LD deaths that took place in the trust would have received a mortality review as part of the trust wide learning from death governance programme, all actions would have been addressed within that programme
Please provide examples of any best practice helping your organisation to learn from deaths.	The deaths of patients with Learning disabilities who die within the Trust are reviewed as part of the Trust wide mortality review process. No action plans specific to Learning disability deaths have been implemented and we have not received a complete review from an LeDeR review with actions. We are now undertaking LeDeR reviews.
Please describe any changes to your organisation's services as a result of learning from deaths.	No action plans specific to Learning disability deaths have been implemented and we have not received a complete review from an LeDeR review with actions. We are now undertaking LeDeR reviews.
Inclusion and engagement	
Do you have a dedicated post/position for a person(s) with learning disabilities or their carers/families on your Trust council of governors and/or any of your Trust Board sub-committees?	No, we do have a patient partners programme which provides opportunities for partners to be on a number of committees which is being rolled out across the Trust, partners currently sit on a number of committee

NHSI Question	Trust Response
Does your organisation have any dedicated forums to engage the views of people with LD and their carers/ families?	The Trust does not currently have a dedicated forum; however it seeks the views of people with LD through the Trust equality committee which has LD representation. The Trust also a supported internship programme which provides opportunities for learning
If yes, how often does this forum meet?	The IAG meets bi monthly, the supported internship formal meetings are s times per year
If other, please describe.	N/A
Which reasonable adjustments are offered by your organisation:	This would be considered on a case by case basis
Does your organisation's triage processes prioritise people with learning disabilities in distress?	No (awaiting content from Rob and Roz)
Does your organisation provide a low stimulus area/waiting area?	No, not at present, although the trust has recently developed sensitive communication rooms in some ward areas.
Does your organisation provide a changing place/ toilet facilities?	No not at the moment, although support would be provided on a case by case basis.
Does your organisation produce accessible information regarding the services it provides?	Yes
Does your organisation produce accessible appointment letters?	Not at present, however work is underway as part of the Accessible Information Standard, which has recently been implemented across the trust which identifies communication support, needs, and provides patients access to a communication support passport which identifies patient needs.
Does your organisation have facilities to support carer involvement?	Yes the trust has a published patient experience and engagement delivery plan, which provides opportunities for patient and carer involvement in a range of activities across the trust.
Is your organisation able to accommodate carers overnight on site (acute hospitals)?	Yes - on some wards
Does your organisation provide home visits (out patients) for people with learning disabilities instead of an outpatient appointment?	No, not at the moment
Does your organisation provide discounted/free parking for people?	No
How many designated learning disability Liaison Nurses do you employ (WTE)?	0: No directly employed individuals
Do you have a partnership agreement with another Trust to access learning disability liaison nurse services?	Yes
Does your organisation undertake Equality Impact Assessments (EIAs) and consider the impact on people with learning disabilities when planning changes to the way services are delivered?	At present a process is in place to ensure all policies have an EIA, work is to take place over the next 12 months to look at the business planning process
Please describe any learning/ best practice examples from undertaking EIAs for people with learning disabilities.	The Trust uses Grapevine. A representative attends the Independent Advisory Group meetings. We have called upon them for their views on a number of projects (i.e. the patient top 10 leaflets and the Trust's new website)/ They have also provided some training delivered by the H team (Grapevine).
To what extent do you agree or disagree with this statement: Members of the executive team regularly meet with and take advice from people with learning disabilities who use services; and with front line workers.	Disagree - exec engagement with supported interns programme
Does your Trust employ people with learning disabilities?	Yes

NHSI Question	Trust Response
If yes, what is the WTE of workforce employed with a learning disability (paid employment only)	4.92% - all disabilities - ESR National have been contacted
If yes, what is the pay banding for workforce employed with a learning disability?	Not available
To what extent do you agree or disagree with this statement: Our organisation makes reasonable adjustments to complaints processes, to avoid people with a learning disability having excessive form filling or having to write excessive amounts of detail during the complaints process.	5. Strongly Agree - We accept complaints verbally. We have a dedicated Patient Advice and Liaison Service who will help service users access the complaints process. We have a dedicated Patient Relations Liaison Officer who establishes any accessibility requirements at the point of acknowledging a complaint. Through our contact with Language Line (easy read) we have the ability to make reasonable adjustments where required. We signpost to independent and specialist support services.
Number of formal complaints regarding/ received by people with learning disabilities during 2017/18.	7 had made a PALS enquiry or a Formal Complaint
Workforce	
Does your organisation have a clearly identified operational lead(s) for improving service delivery to people with learning disabilities?	No
Does your organisation have a board level lead responsible for monitoring and assuring the quality of service being provided to people with learning disabilities?	Yes
Are people with learning disabilities, who have multiple long term conditions, assigned an identified coordinator/lead practitioner, either from your Trust, or from another NHS provider, on basis of a service level agreement?	Yes
If no, when will your organisation expect to be fully compliant with the above?	0-6 months/ 6-12 months/ Will not be compliant within a year
Does your workforce plan include data on current and future issues arising from retention / recruitment difficulties relating to the learning disabilities workforce?	No
Does your workforce plan include provisions to support the development of new roles in LD care such as: advanced practitioners, nursing associates, apprenticeships, consultant AHPs and nurses, medical prescribers and experts by experience / peer workers?	No
Please describe any other roles developed in relation to workforce planning for learning disabilities.	We have a service level agreement - Natalie
Please describe any good practice around workforce planning for learning disabilities.	We have a service level agreement - Natalie
Does your organisation provide internal training to help those who provide day to day care and support to understand how to recognise and respond to signs of emerging health problems for people with learning disabilities?	Yes - training provided through SLA agreement with a specialist provider
To what extent do you agree or disagree with this statement: Our staff are trained to recognise their responsibilities to make record, report and share reasonable adjustments to the delivery of care and support, when working with people with learning disabilities.	Tend to Agree
Does your organisation actively involve people with learning disabilities and their families to check the quality of the services being provided and develop improvement plans as a result?	Yes - Work is undertaken with Grapevine to ensure that services are developed in a sensitive manner

NHSI Question	Trust Response
Please describe the types of involvement people with learning disabilities and their families have within the organisation (e.g. Quality Checker).	Grapevine is an integral part of the IAG Group and can offer advice when requested.
Does your Trust induction programme invite people with learning disabilities to contribute to staff training?	Yes
Are staff trained in the use of a range of health screening tools which are adapted to the needs of people with learning disabilities?	Yes
If yes, please provide examples of the adapted health screening tools used.	Examples include the mii PAS-ADD to screen for mental health problems; or the DISDAT tool to assess for signs of pain or distress.
To what extent do you agree or disagree with this statement: Our staff are trained to identify a person at risk of abuse and help the person to understand and make sense of safeguarding processes and procedures.	5. Strongly Agree - Safeguarding Mandatory Training and Induction for all new starters
Do staff receive up-to-date training covering learning disabilities / autism awareness?	No
If yes, does this training include how to modify communication for people with learning disabilities/ autism?	Not Applicable
If yes, what percentage of staff were trained in this in 2017/18?	Not Applicable
Are staff trained on the Human Rights Act and anti-discriminatory practice?	Yes
To what extent do you agree or disagree with this statement: Our staff feel empowered to raise concerns about medication, in order to ensure that people are not over medicated.	Tend to Agree

2.5 Performance against NHS Outcomes Framework 2018-19

There are five domains within the NHS outcomes framework. These are areas of performance for which there are agreed national indicators. The Trust provides information to the Health and Social Care Information Centre which, in turn, provides us with a comparison against other Trusts. By publishing these figures you can compare our performance with the best, the worst and the average performing trusts in the NHS.

The Five Domains are:

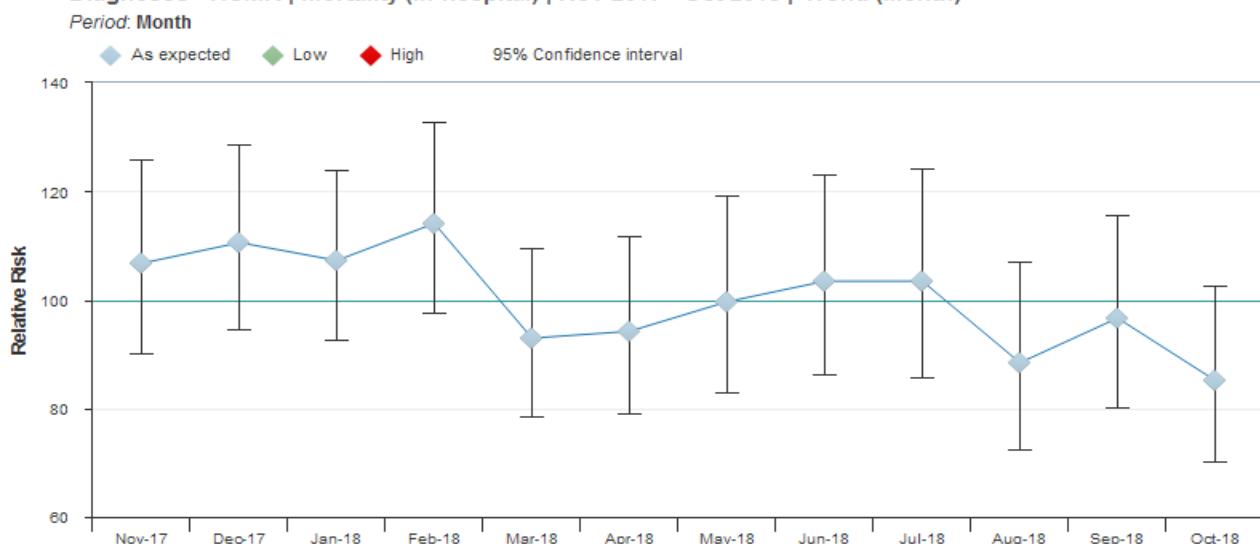
1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long-term conditions
3. Helping people to recover from episodes of ill health or following injury
4. Ensuring that people have a positive experience of care
5. Treating and caring for people in a safe environment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

Related NHS Outcomes Domain 1						
Indicator: Mortality Rates [source: NHS Digital]	July 2016-June 2017	October 2016-September 2017	January 2017-December 2017	April 2017 - March 2018	National Average	Lowest and Highest reported Trust April 2017-March 2018
a) The value and banding of the summary hospital-level mortality indicator ("SHMI") for the trust for the reporting period	1.0950 (Band 2) Within expected	1.9028 (Band 2) Within expected	1.0921 (Band 1) Higher than expected	1.1333 (Band 1) Higher than expected	1.00	0.6994 (Band 3) 1.2321 (Band 1)
b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.	38.7%	36.7%	34.1%	33.0%	32.5%	12.58% 59.02% (Peer acute providers)

At UHCW:

- The Trust monitors mortality rates using the national Hospital Standardised Mortality Ratio (HSMR: Provided by Dr Foster Intelligence) and Summary Level Hospital Indicator (SHMI: provided by NHS Digital), which measure mortality as to whether it is higher or lower than that which would be expected.
- Both 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 Trust's 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. If there are significantly more deaths or fewer deaths than expected, a mortality alert (either negative or positive) will be created.
- 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 positive or negative) will be created.
- For November 2017- October 2018 (latest available data), the HSMR is 100.6, which is within the 'expected' mortality range. The HSMR for October 2018 is 85.1, which is also within the expected range. The chart below shows the Trust's mortality performance trend over 12 months. It highlights a positive decreasing trend, but remains within the expected range.

Diagnoses - HSMR | Mortality (in-hospital) | Nov 2017 - Oct 2018 | Trend (month)



Graph: UHCW HSMR performance trend over 12 months

The Trust intends to continue to take the following actions to improve this percentage, and so the quality of its services:

- Palliative care is important to the Trust as it focuses on providing patients with relief from the symptoms, pain and stress of a serious illness. The national average for palliative care coding during this time is 2.4%. The Trust continues to monitor its position against the national average as an indicator of the delivery of palliative care services.
- The Trust has taken on board recommendations from the CQC and National Quality Board in relation to learning from deaths and has fully implemented a peer review process for reviewing case notes to learn from deaths across the Trust.
- The Trust has delivered improvements in the recording, identification and treatment of sepsis for both inpatients and those in the Emergency Department.
- The Trust routinely investigates diagnosis groups with higher than expected mortality to ensure data quality and review clinical care for areas of improvement and learning. This complements the Trust policy to review deaths of all inpatients over the age of 18 years.

Indicator: Patient Reported Outcome Measures Scores (PROMS) [source: NHS Digital]	2016-17	2017-18 Provisional	2018-19 Apr-Sep provisional	National Average 2018-19 Apr-Sep provisional	Lowest and Highest Reported Trust Average 2018-19 Apr-Sep provisional
Hip replacement surgery	0.453	0.484	0.468	0.481	-0.052 – 1.016
Knee Replacement surgery	0.348	0.332	0.319	0.343	-0.266 – 0.724

*Indicates the information is not available on the NHS Digital portal

The PROMs table has been updated with the latest available data from the NHS Digital PROMS website.

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 improve the 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: NHS Digital, 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	2017-18	8.36	*	*	*
the percentage of patients aged 16 or over readmitted to a hospital which forms	2018-19	9.32	*	*	*
the percentage of patients aged 16 or over readmitted to a hospital which forms	2017-18	7.64	*	*	*

Related NHS Outcomes Domain 3					
Indicator: emergency readmissions to hospital [source: NHS Digital, UHCW]	Year	UHCW	NHS England Average	Lowest Reported Trust	Highest Reported Trust
part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period	2018-19	6.95	*	*	*

*Indicates the information is not available on the NHS Digital portal

Related NHS Outcomes Domain 4					
Indicator: A positive experience of care [source NHS Digital]	2016-17	2017-18	2018-19	National Average 2018-19	Lowest and Highest Reported Trust
The Trust's responsiveness to the personal needs of its patients during the reporting period.	65.0	68.2	65.3	68.6	60.5 lowest 85.0 highest
The percentage of staff employed by, or under contract to, the trust during the reporting period who said if a friend or relative needed treatment they would be happy with the standard of care provided by this organisation	74%	72.4%	76.3%	70.9%	Benchmark group Worst Result: 39.8%* Best Result : 87.3%*

* Indicates Benchmark group of Best and Worst result group and are not scores of any specific trust.

The Trust considers that this data is as described for the following reasons:

Trust adopted full census survey of all staff for the 2018 NHS Staff Survey. Conducting a full staff census allowed us to ensure we gathered data across all staff groups, departments and demographic groups. 2921 staff participated in the staff survey and the response rate was 37.5%. We had adopted electronic mode for the survey this year for all staff except those on long term absence. We also conduct the Staff Friends & Family Test 3 times per year, where we continue to ask about staff's confidence in recommending trust as a place for treatment. The above scores are results of the national staff survey.

Some of the highlights from the National Staff survey 2018 are:

- Questions pertaining to Safety culture have consistently improved over past four years and the progress is encouraging. Questions pertaining to Staff engagement have also shown consistent improvement.
- The results are being reported as ten themes this year and Trust results are better than the National average for 8 of the 10 themes. Health & Wellbeing and Bullying & Harassment are two areas that are marginally lower than the National results.

The Trust has already identified and set in motion a team to focus on:

- Bullying and harassment and Health & Well Being.
-

Trust will sustain the efforts and monitor the progress through the year.

Related NHS Outcomes Domain 5					
Indicator: avoiding harm [source NHS Digital]	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>	2016-17				
	Q1	96.7%	95.7%	100%	
				80.61%	
	Q2	97.2%	95.5%	100%	
				72.14%	
	Q3	96.7%	95.6%	100%	
				76.48%	
	Q4	96.5%	95.5%	100%	
				63.02%	
Indicator: avoiding harm [source NHS Digital]	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>	2017-18				
	Q1	96.12%	95.20%	100%	
				51.38%	
	Q2	97.01%	95.25%	100%	
				71.88%	
	Q3	96.95%	95.36%	100%	
				76.08%	
	Q4	97.30%	95.23%	100%	
				67.04%	
2018-19					
	Q1	96.95%	95.62%	100%	
				75.84%	
	Q2	96.72%	95.49%	100%	
				68.67%	
	Q3	96.97%	95.65%	100%	
				54.86%	
	Q4	96.92%	Data not available until 04/06/19	Data not available until 04/06/19	
				Data not available until 04/06/19	

The Trust considers that this data is as described for the following reasons: the consistency and accuracy of the data collection is routinely monitored by the Trust's Performance and Informatics Department.

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

Related NHS Outcomes Domain 5					
Indicator: Reducing Infection [source NHS Digital]	2016-17	2017-18	2018-19	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 admission is day one)</i>	7.4	8.7	8.9	*	*

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

Please note that the 2018-19 rate has been calculated using C Difficile reported cases available on the PHE website and KH03 bed day data (35/391,159 x100,000).

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]	Oct 17 – Mar 18	Apr 18 - Sep 18	National Median (Acute non-specialist Trusts) Apr 18 - Sep 18	Lowest and Highest reported Trusts Apr 18 - Sep 18
The number of Patient Safety Incidents reported within the Trust in the reporting period	8751	8846	4,822	Lowest - 566 Highest – 23,692
Rate of Patient Safety Incidents reported within the Trust in the reporting period (per 1000 bed days)	44.6	45.71	42.4	Lowest – 13.1 Highest – 107.4
The number of such incidents that resulted in severe harm or death	2	8	7	Lowest - 0 Highest - 74
**Percentage of such Patient Safety Incidents that resulted in severe harm or death	0.02%	0.09%	0.2%	Lowest - 0.0% Highest – 0.9%

**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 of 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.

3 Overview of Organisational Quality

3.1. Patient Safety and Risk

The aim of incident reporting is to capture themes and trends from the low level incidents and resolve them, to avoid the potential for failures that can cause patients a higher degree of harm. The Trust online incident reporting system (Datix) allows any member of staff to report an incident and enables the early detection of trends and alerts to the Patient Safety Team of any Serious Incidents, enabling escalation and investigation.

The process for incident reporting is taught at Trust induction for all staff (clinical and non-clinical), further Datix training is given at levels appropriate to individual staff members’ roles and responsibilities.

The last twelve months have seen an increase in the reporting of patient safety incidents (PSI) from 16,832 to 18,282 in the last financial year. The reporting of all incidents is encouraged across the Trust regardless of the degree of harm, or no harm. 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.

The majority of patients within the Trust involved in a safety incident incur minor or no harm, which is an indication of an open, learning culture. 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.

Patient Safety Incidents can be classified in a number of different ways namely; by actual harm, by incident type and by the criteria for reporting as a Serious Incident to the Clinical Commissioning Group (CCG).

All patient safety incidents reported are summarised in a bi-monthly report to the Patient Safety and Effectiveness Committee (PSEC), in addition, a quarterly report detailing all Serious Incidents and Never Events is submitted to the Trust Board.

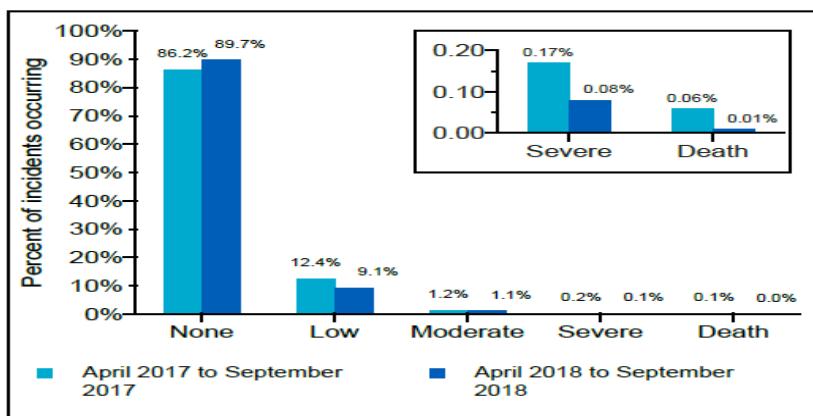
When published the NRLS Trust report for UHCW is shared with the PSEC.

The National Reporting and Learning System (NRLS) have an eligibility criteria for upload data from NHS trusts, this excludes Deaths reported which have been determined ‘Not as a Result of a Patient Safety Incident’.

The Trust have a robust investigation process for mortality review and patient safety incident investigations which together determine whether or not the death is as a result of a patient safety incident. The Trust operates a live reporting system which means that data regarding SI will be entered into the system at varying times during the investigation process, once confirmed.

The Risk Management software utilised by the Trust (Datix) is a live tool, all data extracted is at a moment in time and the data is continually re-based, this means that looking back retrospectively may not represent the same data. Likewise NRLS have what is known as cut off period for data submission, so data submitted after that time does not show in the published report.

The graph on the next page provides a comparison of incidents reported by degree of harm for Acute (non-specialist) Organisations (April 2017 – September 2017 and April 2018 – September 2018).



Degree of harm, April 2018 to September 2018

None	Low	Moderate	Severe	Death
7,935	806	97	7	1

Source - Data extracted from National Reporting and Learning Systems (NRLS)

The NRLS data above reports only one death had been confirmed as a result of a patient safety incident at the Trust at the time the NRLS extracted data for its report (30th November 2018). However, the Trust reported a further 11 deaths (Total 12) and 3 severe harm (Total 10) which were uploaded to NRLS. These are not captured in the snap shot NRLS report above due to the date of the data extraction. (NRLS do not issue any subsequent versions of reports after they are published).

The improvement work of the Trust within the Patient Safety domain was recognised by the Health Service Journal in 2018 when the Trust was awarded Patient Safety Team of the Year 2018.

Serious Incidents (SI)

In March 2015 NHS England (NHSE) published the revised Serious Incident Framework. This document defines Serious incidents in broad terms as ‘events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. Serious incidents can extend beyond incidents which affect patients directly and include incidents which may indirectly impact patient safety or an organisation’s ability to deliver ongoing healthcare.

We reported 128 SI incidents in 2018-19 (Data from STEIS).

Never Events

Never Events are defined as “serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers”.

During 2017-2018 regrettably UHCW reported five Never Events. We have responded to these incidents with robust investigations and scrutiny of our processes and procedures.

Zero never events have been reported for 2018/19.

The Trust has supported South Warwickshire NHS Trust with the review and investigation of a Wrong Site Surgery (Dental) incident reported by SWFT.

We continue to take active steps to try to eradicate the occurrence of Never Events in the organisation.

Duty of Candour

The Duty of Candour became part of a regulatory registration package which was implemented in October 2014. A Policy for Duty of Candour for keeping patients and their relatives informed of any investigation of incidents which have caused moderate harm and above has been implemented within the Trust.

The policy includes 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.

In October 2018 the Patient Safety Team utilized the UHCWi framework to host the Trusts first Kaizen event. The two day event reviewed the current process for Duty of Candour with Staff and Patients, this resulted in the rebranding of Duty of Candour to "Saying Sorry" and an action plan implemented to further support the organisation in meeting this regulatory requirement.

In 2019/20 the trust will focus on the education and training in place for our staff to support the effective delivery of this regulation.

3.2 Claims

The Trust reported 102 clinical negligence claims to NHS Resolution (NHSR) in the financial year 2018-2019 to date. In the financial year to date, NHSR, on behalf of the Trust, settled 30 claims.

The Trust is committed to minimising the opportunity for human error in medicine. In keeping with our open and honest culture staff are encouraged to report clinical adverse events in a timely manner so that they can be investigated to identify opportunities for future learning and improvement. Action plans are implemented seeking to avoid similar incidents occurring again.

3.3 Infection Control

UHCW continues to perform well against Department of Health (DH) targets. Compared to a group of 35 large teaching NHS Trusts the combined unweighted rank of UHCW for outbreaks of MRSA, MSSA and *C. difficile* and *E. coli* is 2nd reflecting the Trust's excellent performance in infection prevention and control across the board.

Clostridium difficile (C. diff)

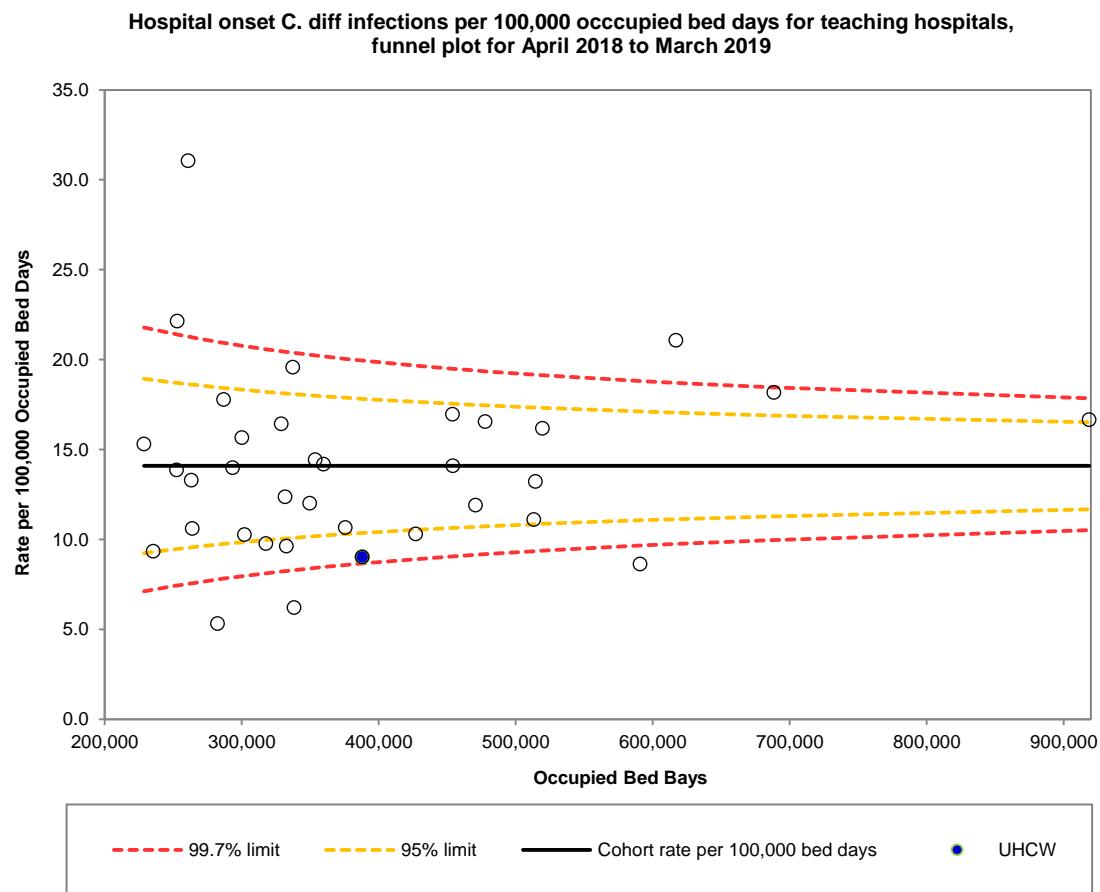
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UHCW reported 34 cases of *C. diff* against a DH set aim of having less than 41.

DH Target	Internal Target	Total cases Trust apportioned
41	37	35

The graph below (graph 2) shows the UHCW NHS trust position when compared to a group of 35 acute teaching Trusts trust apportioned cases of *C. diff* at the end of January 2019. This represents a significant improvement locally and places UHCW amongst the best performing Trusts of its kind. Across a group of 35 acute teaching trusts the rate for Trust apportioned cases of *C. diff* per 100,000 bed days was 14.1. UHCW had a rate of 9.02. Against this group UHCW's rate ranked fourth.

Graph 2

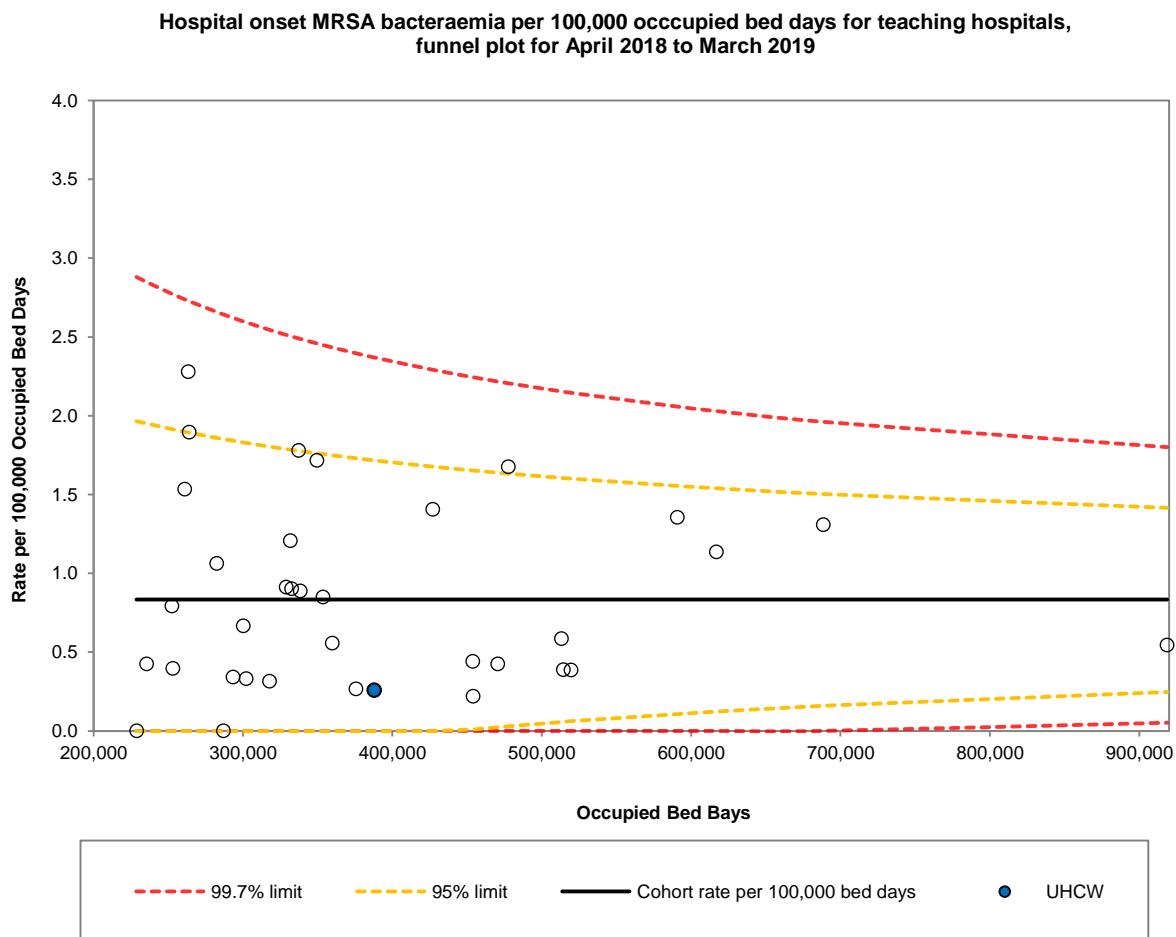


Methicillin Resistant *Staphylococcus aureus* (MRSA)

The Trust declared one case of MRSA bacteraemia for 2018-19. Across a group of 35 acute teaching trusts the average rate per 100,000 bed days is 0.83. The rate at UHCW is 0.26. The single case was deemed to be unavoidable as the patient was admitted with the infection, but there was a delay in taking the blood culture which breached the NHSi definition for community required and it was technically a hospital acquired bacteraemia.

The graph below shows the Trust position when compared to 35 large acute teaching trusts, for MRSA bacteraemia, within the 2018-19 financial years.

Graph 3

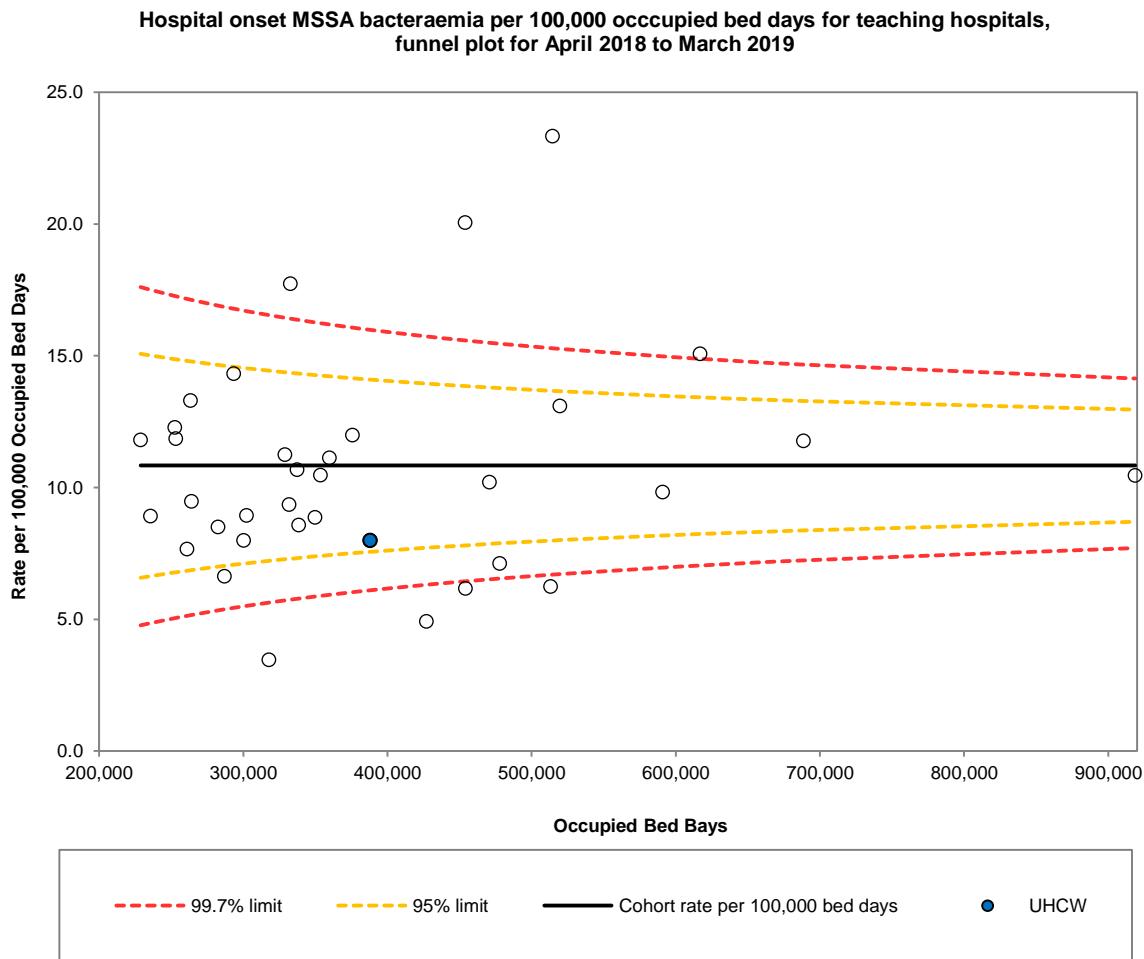


Methicillin Sensitive *Staphylococcus aureus* (MSSA)

The Trust continues to perform well when compared to other trusts. Across a group of 35 acute teaching trusts the average rate of Trust apportioned MSSA bacteraemia per 100 000 bed days was 10.8. UHCW's rate is 7.99, ranking 8th.

Graph 4 shows the Trust position when compared to these 35 acute teaching trusts.

Graph 4



Influenza and Norovirus

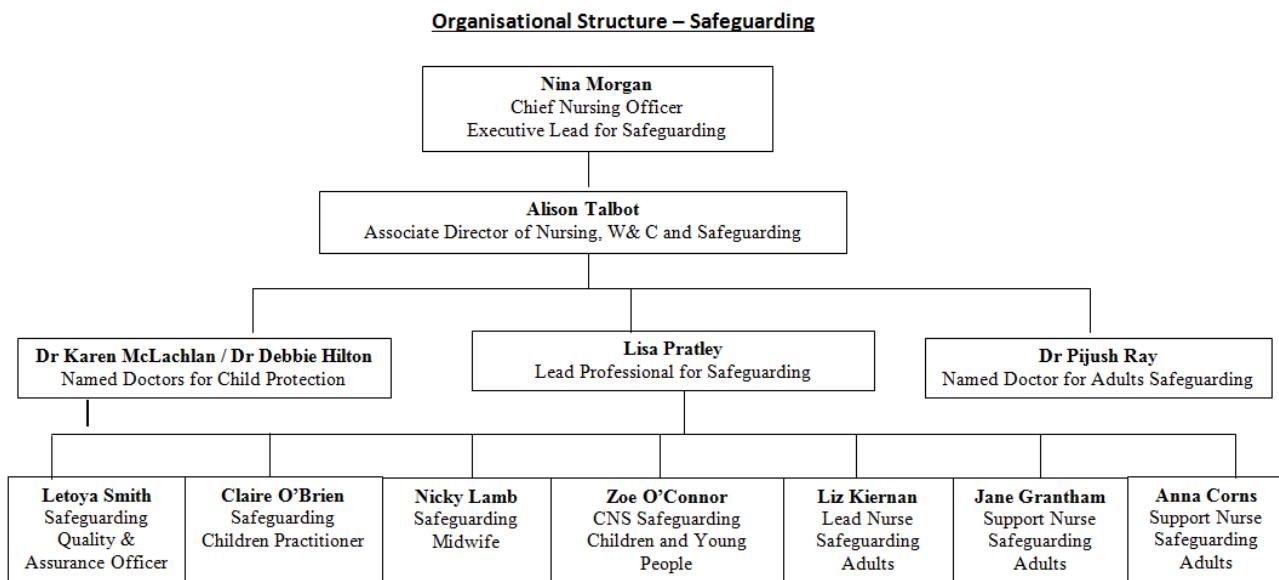
During 2018-19 national levels of both influenza and Norovirus were lower than the previous year. The Trust reported high levels of swabbing and positive detection of respiratory virus. Despite this, there was very little disruption to operational work and only a small number of incidents where an organism appears to have spread. This reflects positively on the infection prevention and control practices of staff throughout the Trust. UHCW were amongst the best performing Trusts for vaccine uptake by our staff. In line with the national and international picture the Trust saw mainly Influenza A strains which causes more illness amongst the younger age groups and Paediatrics was particularly affected by influenza like illness this year.

3.4 Safeguarding and Child Protection

The Trust continues to work collaboratively with partner agencies in order to ensure statutory safeguarding arrangements are met within children and adult services. The Trust is represented at both the Local Safeguarding Children Board and the Safeguarding Adult Boards. The Lead Professional for Safeguarding, the Named Nurse for Safeguarding Adults or the Named Doctor represent the Trust on all Safeguarding Board Subcommittees. The Serious Case Review Subcommittee is chaired by UHCW's Named Doctor for Child Protection and the Workforce and development sub group by the Named Nurse for Safeguarding Adults.

The Trust Safeguarding Team consists of a Lead Professional for Safeguarding, a Named Nurse for Safeguarding Adults, two Support Nurses for Safeguarding Adults, a Clinical Nurse Specialist for Safeguarding Children and Young People, a Safeguarding Children Practitioner, a Safeguarding Midwife and a Safeguarding Quality and Assurance Officer. The team is co-located and this allows for seamless

safeguarding advice and support to be available. In addition there is a named doctor for safeguarding adults and two named doctors for child protection.



The Safeguarding Team offer support, advice and guidance to all staff within the Trust, including volunteers and students. They also facilitate various learning opportunities for safeguarding adults and children, mental capacity and PREVENT.

Bespoke learning events are organised following serious case reviews and safeguarding incidents in order to share the findings and improve practice. The learning may also be shared in a newsletter format.

Training

All Trust employees are required to be competent in safeguarding children and safeguarding adults however there are different competencies depending on their job role. For the majority of staff they require safeguarding children level two and safeguarding adults level one, therefore this is delivered face to face on induction to the Trust. The Safeguarding Team aim to facilitate individual training needs by offering a range of training methods as detailed below.

Competency	Training offered via
Safeguarding Children level 1	<ul style="list-style-type: none"> • Workbook • E-Learning via ESR • Bespoke face to face
Safeguarding Children level 2	<ul style="list-style-type: none"> • E-Learning via ESR • Face to face
Safeguarding Children level 3	<ul style="list-style-type: none"> • Monthly face to face • Attendance at Local Safeguarding Children's Board training
Safeguarding Adults level 1	<ul style="list-style-type: none"> • Workbook • E-Learning via ESR • Face to face
Safeguarding Adults level 2	<ul style="list-style-type: none"> • E-Learning via ESR • Monthly face to face

Working Together to Safeguard Children (2018) and the Intercollegiate Document (2014) have both been incorporated into all safeguarding children training.

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. 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 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.

The safeguarding team has led this training throughout the trust with support from other cascade trainers. This training is included on induction for all new starters.

References

Department for Education (2018). Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children. London: HM Government.

Royal College of Paediatrics and Child Health (2014). Safeguarding Children and young people: roles and competencies for healthcare staff: intercollegiate document. 3rd ed. London: RCPCH.

3.5 Medical Revalidation

Medical Revalidation is a statutory requirement by which licensed doctors must demonstrate they are up-to-date and fit to practice.

It is based primarily on the outcome of annual appraisal through a doctor's connection with an organisation, known as a Designated Body. Each Designated Body has a Responsible Officer who is responsible for ensuring processes are in place to support medical appraisal and revalidation along with submitting recommendations to the General Medical Council. For UHCW this is Chief Medical Officer, Doctor Richard De Boer and to date 600 recommendations to revalidate have been submitted to the General Medical Council.

In line with NHS England's Framework for Quality Assurance the Trust is obligated to externally report Quarterly Appraisal Rates. Snapshots of compliance for the appraisal year 1st April 2018 - 31st March 2019 are as follows:

- Quarter 1 – 86.97%
- Quarter 2 – 91.14%
- Quarter 3 – 95.31%
- Quarter 4 -- 71%

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

- The introduction of database to validate ESR and RMS data with the Performance and Informatics team. This now eliminates the need of time consuming -manual cross referencing of data.
- The introduction of an Educational Appraisal Audit along-side Quality Assurance.

Trust objectives for 2019-2020 to continue to progress medical appraisal and revalidation are to:

- Increase medical appraisal rates by at least 2% for continued alignment with Key Performance Indicators.
- Support medical appraisers with the re-establishment of Appraiser Forums (formerly Appraiser Support Groups) and ensuring Appraiser feedback is shared with the Appraiser.
- Explore means of obtaining more supporting information in relation to Quality improvement activity to be prepopulated into a doctor's portfolio, specifically in relation to audit data and mortality reviews. This is to make the process of data collation less onerous on doctors.
- Develop and deliver online appraiser top-up training and a form of new starters training.

The Trust will continue to work to embed revalidation across the organisation to ensure it is viewed as a tool by which doctors can reflect on and develop their practice, and in turn deliver a higher quality of care to patients.

3.6 Innovation to Improve Patient Care

The Trust continues to grow and expand the role of Innovation with our approach outlined in the Organisational Development, Workforce & Innovation Strategy supporting our corporate objective of being a 'front runner in innovation'. To support this we have recently appointed Mr Joseph Hardwicke, Consultant Plastic Surgeon, as our new Clinical Lead for Innovation.

The key work streams are:

Innovation Ideas

Innovation Ideas is the work stream through which we offer an open channel to all members of the Trust to submit their ideas – with potential Innovation value. This is inclusive of the pre-established Innovation Call, Clinics and Den activities.

The activity of the Call, Clinic and Dens has continued to be streamlined and as such, the Call (our engagement with the Trust to submit ideas) is now continuously open. Our Clinics (supporting idea assessment for feasibility and viability) are done on a case by case basis (where appropriate UHCW teams are invited to meet with the Ideas person as and when they come through to us). Finally, the Den continues to be the channel through which viable ideas are presented to a senior panel for oversight of the Innovations.

As part of the work stream we offer a 'client lead consultancy' based approach to supporting that individual to make successful their innovation idea.

Our consultancy lead approach is inclusive of: Supporting the individual to make their idea both feasible and viable; Protecting the idea, ensuring a full Intellectual Property Right (IPR) service is offered through our embedded commercial management service, provided by MIDtech.

Working with the client and idea we support to connect them internally within the organisation to form working groups and champions to support their idea becoming a success. This approach is also inclusive of 'disrupting' the way we operate as an organisation – opening up dialogue to look at alternative methods of working. An example of such is our recent approval by the CEO and CWIO to look at options for App development both internally and externally to the Trust, after the previous Den – this work is ongoing.

The Innovation Team then also supports the Ideas person to connect with external collaborators, where appropriate, with Industry and commerce, academia, or the AHSN to form commercial relationships to successfully look at commercialising/producing their idea. The Innovation Team may also support with proof-of-concept for this.

2018/19 has seen two Innovation Dens dates, with a third planned for the end of the Financial Year:

- July 2018 – Success winner – Physiotherapy App, by Dr T Osicki
- December 2018 – Mandated to look at the options for Mobile Application Development and Adoption; following recognition of 60% of all ideas for Applications
- March/April 2019 - tbc

The team have also worked internally, with the Communications Teams and the Employment Engagement Officer to enable a number of news and engagement pieces to entice and inform all staff on the ongoing work in innovation. This has included:

- A revamping of the Innovation intranet (TrustNav) Pages
- A brand new newsletter – published quarterly
- The re-establishment of the Teams Twitter page
- Attendance at recruitments Market Place events
- A planned succession of Masterclasses for both Innovation and IPR – working with Leading Together to include within the Masterclass programme

The team have hosted five masterclasses: three in Innovation and two in IPR. (Current progress for numbers of ideas and their status can be found in figure 1.0 below.)

Innovation Adoption

The Innovation Adoption stream looks at how we can adopt in market ready innovations and/or innovations from Academia or Industry. To do this we work in collaboration with the AHSN.

2018 saw the AHSN change their approach to supporting Trusts to be aware of what Innovations there are available, of which included partial or full subsidy tariffs. Many of these have been backed by the NHS-E, and subsequently funded.

The Innovation Team have been working within the Trust to look at implementing new Innovation Adoptions which are subsidised through the Innovation Technology Payment covered by NHS-E, until March 2019. These are, with their current status:

- Ethicon Plus Antibacterial Sutures – antibacterial sutures to reduce surgical site infection. These are being used across the Trust despite not meeting the criteria (our surgical site infection rates are lower than those required to be part of this adoption)
- Endocuff Vision – to increase adenoma detection during endoscopy procedure implemented across the Trust
- SecurAcath – a device for securing catheters without adhesives or stitches implemented across our vascular services.
- Heartflow – A non-invasive procedure that creates a personalised, digital 3D model of the patient's coronary arteries to simulate blood flow and assess the impact of blockages on coronary blood flow. Work to implement this innovation is ongoing.
- PneuX – a ventilation tube and cuff pressure monitor, which is designed to stop ventilator-associated pneumonia (VAP), which is one of the leading causes of death in intensive care units (ICU). UHCW already using a product called Intellicuff – which was found to be more feasible as a product, in regards to its functionality, costs and similarity

Innovation Reconfiguration

Innovation reconfiguration looks at how we are implementing Innovation into our clinical pathways and services.

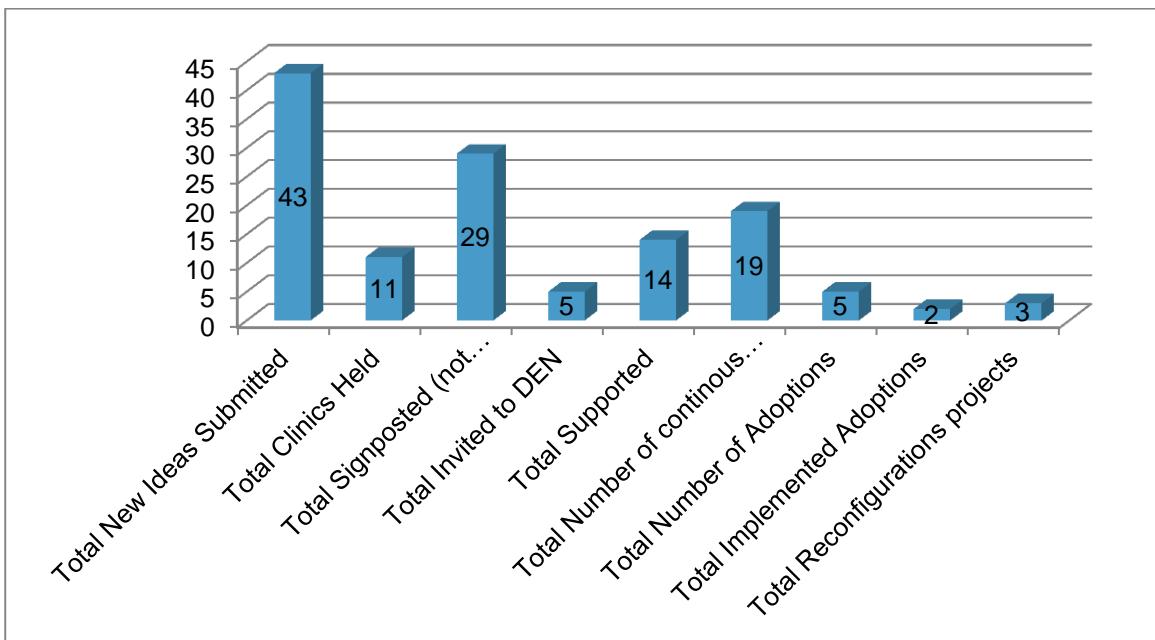
A first step towards this was the transfer of the Innovation Team function to the Chief Workforce and Information Officer portfolio in 2017. We have since reaped the benefits of working more closely with IT, UHCW and the Organisational Development Team as well as colleagues from the Electronic Patient Record Programme now under the auspices of Transformation. Although much broader than purely technology, the Trust has recognised that Transformation in the 21st century will require our organisation and therefore our staff to truly engage with and embrace technology to allow us to grow and improve as an organisation.

Continuing from the work that began in 2017/18 – the team have continued to work on the Innovation Blueprints of Video Virtualisation blueprint, Artificial Intelligence Blueprint, and then a Telehealth Blueprint.

This year the team have been involved in moving forward with these three innovation reconfigurations which are looking at:

- Video Virtualisation in UHCW@Home – looking at the use of consultations occurring through video conferencing technologies. A project group has been formed to take forward this project between Innovation, Enablement, ICT and Consultants in the UHCW@Home team and Infection control. This project is ongoing.
- Artificial Intelligence within our Gynaecological service – looking at the possibilities of AI potentially within the teams scheduling process. A project team has been established in Gynaecology. Collaboration has been achieved between the University of Warwick and Fetch.A.I. This project is ongoing.
- Telehealth through the development of an Internal Application group to support such activity. A working group has been established to look at the possibilities of forming an Applications group, through which Apps can be successfully adopted and/or developed both internally and externally to UHCW. This project is ongoing.

The below chart shows the numbers of Innovation Idea, Innovation Ideas, Innovation Reconfigurations from April 2018 to January 2019.



Innovation Hub

The Trust opened our brand new Innovation Hub in December 2018. Designed to facilitate transformational activity, the flexible space includes WeBex conference board facilities, improved Wi-Fi, data and electrical outputs, movable white board facilities that also act as dividing walls. The space encourages social interaction and provides an inspiring change of scenery for people to work together in, creating a culture of innovation. (Further information is contained in the performance section of the Annual Report)

3.7 Library and Knowledge Services (LKS)

The Secretary of State for Health has a duty, under the Health and Social Care Act 2012, to ensure “the use in the health service of evidence obtained from research”.

Health Education England published Knowledge for Healthcare: a Development Framework for NHS Library and Knowledge Services in England in December 2014 which sets out the clear vision:

“NHS bodies, their staff, learners, patients and the public use the right knowledge and evidence, at the right time, in the right place, enabling high quality decision-making, learning, research and innovation to achieve excellent healthcare and health improvement.”

The contribution of healthcare library and knowledge services to education, lifelong learning, research and evidence-based practice is widely valued, supplying the evidence base to the service to make decisions on treatment options, patient care and safety, commissioning and policy, as well as to support lifelong learning, undertake research and drive innovation.

Introducing the framework Prof. Ian Cumming, Chief Executive of Health Education England also noted:

Our ambition is to extend this role so that healthcare knowledge services become business-critical instruments of informed decision-making and innovation.

To this end, and in accordance with the principles of the NHS Constitution, Health Education England has agreed the following policy:

To ensure the use in the health service of evidence obtained from research, Health Education England is committed to:

- Enabling all NHS workforce members to freely access library and knowledge services so that they can use the right knowledge and evidence to achieve excellent healthcare and health improvement.
- Developing NHS librarians and knowledge specialists to use their expertise to mobilise evidence obtained from research and organisational knowledge to underpin decision-making in the National Health Service in England
- Developing NHS library and knowledge services into a coherent national service that is proactive and focussed on the knowledge needs of the NHS and its workforce.

Library & Knowledge Services at the Trust offer a wide range of services to meet the needs of the organisation and to fulfil the statutory requirements of the use of evidence based in research. Library & Knowledge Services is quality assured under the NHS Library Quality Assurance Framework (LQAF). For 2018-19 the Trust achieved 99% compliance with LQAF which is a celebrated achievement for the Trust.

Library Services: The Library underwent a refurbishment which resulted in a temporary closure and reallocation of staff and some of the library services. The planned work took place of the summer period. (To limit disruption to medical students using the facilities). The library reopened in October 2018 during National Libraries Week and hosted a One Stop Clinic. The clinic aimed to give staff one place at which to get their flu jabs, complete the staff survey, talk to occupational health as well as joining the Library with a tour of the refurbished facilities including the new Quiet Room - a direct response to user requirements.

In 2018-2019 the Library issued 4213 books for loan; obtained 276 books and 2172 journal articles from other sources all within 48 hours of the request received; completed a stock take and weeded the collection, adding 804 new books to the stock as well as 207 eBooks. The 24/7 access to the Library allows staff to undertake their statutory and mandatory training on the 16 networked Trust computers and 35 open access computers as well provided an ambient environment for completing revalidation and quiet study for all staff.

Health & Wellbeing: As part of the refurbishment of the Library a health & wellbeing space was created for all staff to use and access 24 hours a day in response to the comments received in the national staff survey. With evidence showing how important reading is to mental health wellbeing we asked staff for their interest in joining a book club; so overwhelming was the response that we are running two clubs each month. The jigsaw puzzle table was so popular that we now have two puzzles on the go at any time as well as other activities which include mindful colouring and mind puzzles. We also host a Knit & natter, crochet & chatter yarn club which ran monthly but by popular demand is now meeting every 2 weeks; the first batch of items have already been dispatched to the neonates.

eResources: The usage of eResources continues to grow providing value for money as we take advantage of consortia purchasing with other Trusts and the NICE Electronic and Print Content Framework Agreement. The wide range of eResources available through the Library can be found here <http://tinyurl.com/uhcwlib>; free OpenAthens registration is required to enable remote access to electronic resources. There were 2009 active OpenAthens accounts in 2018-2019 20% of total staff employed at UHCW NHS Trust. This is a decrease of 256 from the previous year following a review of expired and inactive accounts. In this period there were 31,919 OpenAthens logins compared to the previous year of 42,634, which is a 25% decrease; this may be related to the four months of the Library closure due to refurbishment. However, the data shows that users were spending longer on the resources once they had logged in showing the increased use of the evidence base.

Knowledge & Skills Training: In 2018-2019, we trained 200 individuals on a one to one basis and 418 staff in groups of 2 or more over 37 group sessions. This totaled 338 hours of training in Literature Searching, Critical Appraisal Skills, Introduction to eResources, Preparing for Interviews; Writing for Publication etc. This does not take into account any ad hoc training sessions or Market Place sessions covered at Trust Induction.

Patient Information Leaflets: During 2018-19, The Trust published 804 Patient Information Leaflets on eLibrary (new and updated). The Trust target of 90% compliance of Patient Information Leaflets being reviewed and in date has been achieved. Work has commenced on reviewing how we provide leaflets in larger print and in accessible formats for people with communication support needs.

Clinical Guidelines: 556 evidence summaries were provided to authors of clinical guidelines which support the quality of the evidence being provided within the evidence summaries for clinical guidelines.

Clinical Evidence Based Information Service (CEBIS):

The CEBIS team completed 243 referrals (1st April 2018 - 31st March 2019).

44 customers responded to the CEBIS impact survey, indicating that they felt CEBIS work had impacted, and/or was likely to impact in future, on multiple areas of Trust work:

Did/will the information provided on this occasion contribute to:	Number of respondents	%
Decision making and evidence-based practice	42	95.5%
Patient experience, patient-centered care, or health care	41	93.2%
Quality of care, innovation and service development	41	93.2%
Research, learning or continuing professional development	41	93.2%
Efficiency, financial management, safety or risk	37	84.1%

CEBIS Case Study

Research into emergency hospital admissions for palliative care patients

Reason for enquiry:

- Researchers were planning to investigate whether and how palliative care patient admissions to hospital can be avoided: what factors lead palliative care patients to attend emergency departments?

What Did CEBIS Do?

The CEBIS Specialists searched the existing literature to find out what research had been done already, and set up email alerts so researchers could keep up-to-date with new publications in this area. They found that:

- A UK study very similar to the one being planned at UHCW had recently been published.
- Much of the work in this area is from overseas and there is not much research focusing on clinicians' decision-making.

Impact:

- Provided the initial information needed for research planning: "a first leg-up to support research"
- "Modified the original research idea as some of the work is already being undertaken by other researchers. Excellent service."
- Saved the time of the research team, who were originally working in their own free time, until funding was secured.
- The project has received about £28,000 funding so far, and avoiding duplication of research means this money has not been wasted.
- Having this support available at the early stages of a project may encourage more people to undertake research in future.

3.8 Patient Experience

The Trust launched its Patient Experience and Engagement Five Year Delivery Plan in February 2018. The plan was developed following three co-development events with patients, staff and local stakeholders. The plan follows the priorities set at the co-development events which identified five key objectives for the Trust to deliver:

Objective One: Improve the way we listen, respond and use patient feedback to support improvements.

Objective Two: Improve the way we develop and manage patient information leaflets.

Objective Three: Ensure our staff place the Trust values at the centre of care improvements.

Objective Four: Ensure that patient voice is at the centre of care improvements.

Objective Five: Improve the patient care environment.

The full plan can be found at www.uhcw.nhs.uk.

Friends and Family Test (FFT)

The Trust has implemented the Friends and Family Test (FFT) in line with national guidance and it is 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:

- Kindness and Compassion Shown
- Cleanliness
- Privacy and Dignity

Lowest:

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

The following table's show how the Trust has compared nationally with both its FFT recommender and response rates for Inpatients A&E all four Maternity touchpoints by 2018-19 quarters:

Quarter One data:

	April 18 Recommender %	May 18 Recommender %	June 18 Recommender %
Inpatients	92.16%	93.08%	92.43%
A&E	82.65%	83.99%	83.83%
Antenatal (after 36 weeks) Experience	94.17%	91.92%	96.63%
Birth/Labour Experience	97.33%	94.34%	100%
Postnatal (hospital) Experience	96.51%	88.10%	92.16%
Postnatal (community) Experience	97.37%	98.18%	97.44%

	April 18 Response Rate%	May 18 Response Rate%	June 18 Response Rate%
Inpatients	22.3%	20.5%	20.8%
A&E	13.6%	12.2%	10.5%
Antenatal (after 36 weeks) Experience	22.34%	19.57%	18.74%
Birth/Labour Experience	16.27%	20.95%	10.74%
Postnatal (hospital) Experience	18.66%	16.60%	21.47%
Postnatal (community) Experience	17.72%	11.83%	17.61%

Quarter Two Data:

	July 18 Recommender %	August 18 Recommender %	September 18 Recommender %
Inpatients	92.73%	92%	91.28%
A&E	84.91%	82.70%	83.05%
Antenatal (after 36 weeks) Experience	88%	92.86%	78.05%
Birth/Labour Experience	96.72%	94.55%	78.87%
Postnatal (hospital) Experience	95.61%	88.24%	89.83%
Postnatal (community) Experience	96.39%	100%	96.43%

	July 18 Response Rate%	August 18 Response Rate%	September 18 Response Rate%
Inpatients	20.2%	19.3%	22.06%
A&E	9.7%	10.4%	10.8%
Antenatal (after 36 weeks) Experience	13.49%	11.09%	8.38%
Birth/Labour Experience	10.97%	10.89%	14.52%
Postnatal (hospital) Experience	20.50%	6.73%	24.13%
Postnatal (community) Experience	15.90%	10.58%	12.20%

Quarter Three data:

	October 18 Recommender %	November 18 Recommender %	December 18 Recommender %
Inpatients	90.96%	91.78%	91.45%
A&E	83.29%	83.59%	83.36%
Antenatal (after 36 weeks) Experience	92.73%	93.10%	92%
Birth/Labour Experience	85.71%	80.85%	77.61%
Postnatal (hospital) Experience	81.37%	87.04%	93%
Postnatal (community) Experience	97.96%	100%	100%

	October 18 Response Rate%	November 18 Response Rate%	December 18 Response Rate%
Inpatients	20.31%	20.31%	17.84%
A&E	9.9%	9.9%	9.3%
Antenatal (after 36 weeks) Experience	11.22%	12.75%	10.62%
Birth/Labour Experience	11.43%	10.33%	14.23%
Postnatal (hospital) Experience	20.82%	11.87%	21.23%
Postnatal (community) Experience	10.58%	6.05%	7.83%

Quarter Four data:

	January 19 Recommender%	February 19 Recommender%	March 19 Recommender %
Inpatients	92.07%	91.71%	91.92%
A&E	78.94%	77.22%	79.46%
Antenatal (after 36 weeks) Experience	92.73%	90.70%	90.14%
Birth/Labour Experience	77.42%	86.25%	84.71%
Postnatal (hospital) Experience	90.18%	92.06%	94.12%
Postnatal (community) Experience	100%	100%	95.59%

	January 19 Response Rate%	February 19 Response Rate%	March 19 Response Rate%
Inpatients	21.44%	21.6%	23.6%
A&E	11.6%	12.9%	12.6%
Antenatal (after 36 weeks) Experience	12.14%	10.24%	14.79%
Birth/Labour Experience	6.84%	19.05%	17.71%
Postnatal (hospital) Experience	24.72%	15%	24.79%
Postnatal (community) Experience	13.59%	8.03%	15.56%

Improving the results and findings of the Friends and Family Test

The Trust is committed to improving the response and recommender rate of the Friends and Family Test. A new questionnaire to supplement the FFT has been co-developed with patients, staff and local stakeholders. The questionnaire is based around the Trust values through the lens of the patient. This has now been implemented in outpatients. Plans to roll out to inpatients have been placed on hold while we wait for new national guidance on FFT, we expect to complete the values base FFT questionnaire roll out across inpatients by the end of 2019.

The Trust's real time feedback system, Impressions, has continued to capture feedback about the Trust services from patients, relatives, carers and visitors. The Patient Insight Team have commenced the use of an Action Log on Impressions which enables the trust to look at every verbatim comment left as part of the FFT survey process and act on all negative comments, through working with matrons and ward managers on all wards and in all patient facing areas. This ensures that the Trust is able to evidence how it is making changes based on patients and relatives feedback. This is monitored and managed by a dedicated member of the team to ensure feedback is listened and responded to in a timely and effective manner.

Surveys undertaken as part of the national NHS Patient Survey Programme

The National Patient Survey Programme is a mandatory overseen by the CQC. The Programme currently consists of the annual Inpatient survey, and bi annual surveys for: A&E Survey, Maternity Survey and Children and Young People's Survey. The Trust commissions Quality Health Ltd to carry out the surveys on its behalf. During 2017-18, the results of four national patient surveys were received as part of the Care Quality Commission's NHS Patient Survey Programme. The Trust has a robust action plan process, and has developed a thematic plan to support greater joined up working across the clinical groups.

The Trust took part in the 2018 Inpatient Survey and the 2018 NHS Urgent and Emergency Care Survey, once the results have been provided to the trust work will commence on developing a robust plan for any improvements required.

The Women's Experience of Maternity Care Survey was undertaken between April and August 2018. Results to be confirmed

Overview of the Patient Story Programme 2018-2019:

The Patient Story Programme is a tool which is used to share positive and negative patient stories with the Trust Board on a bi-monthly basis. We aim to get stories from different specialties each time so that Trust Board has the opportunity to hear about patient experiences across the Trust.

This year a range of patient stories have been shared with Trust Board, positive action has been taken as a result of the stories in a number of Groups. A brief summary has been captured in the table below.

Month	Overview of Story	Action Taken
May 2018	Mr H shares his hospital experience when he was cared for by the Trust's Critical Care Team. He highlights many individuals from the Critical Care Team and the wider multi-disciplinary team who made a difference and impacted on his experience positively.	This was shared with the Critical Care Team and wider multi-disciplinary teams and formed part of QIPS discussions to share good practice.
July 2018	Mrs H had suffered a second stroke so was understandably frightened to be back in hospital. Unfortunately her experience particularly in Ward 41 was not up to the standards the Trust strives to deliver.	Her daughter and husband shared her experiences through the Trust's formal Complaints Process and have also met with the leads from the areas. They also met with Chief Nurse, Nina Fraser after Trust Board and the Team of Ward 41 to ensure change.
September 2018	Mrs V's daughter was born at the end of May this year. It was a sensitive pregnancy, due to a foetal anomaly in a previous pregnancy, and naturally both parents were anxious. However, the care that they received from every team with Maternity they came into contact with was as they describe "excellent."	The Maternity Team shared this experience with all staff in Huddles and also shared this story with external parties when they came to review the service. The Team took this action to boost staff morale and to help ensure all staff strives to deliver these standards.
November 2018	Mrs W has been under the care of Mr Foguet since 2007 for the problems with her hip. Recently she went through a five hour operation to move a mass growth and a hip rescession by the team that miraculously seen her walk without crutches after three weeks. She details that Mr Foguet's team is first class and provides top class surgery and care.	This story of good practice was shared with the Orthopaedic Team involved in Mrs W care and Mrs W has also shared her story with patient groups she is involved with.
January 2019	Ms C was diagnosed with diabetes 39 years ago and she shared her story of being a patient of the Trust for a number of years. She has been cared for in General Surgery, the Wisdem Centre, Ophthalmology, Radiography, Outpatients, Breast Clinic, Gastroenterology, Hepatology and gave her views of what it is like to be a patient with a long term condition such as diabetes.	This patient is now part of the Patient Partner Panel and the theme of this story has formed the basis of the Patient Safety priority for 2019-20.
March 2019	Two daughters currently face a difficult race between their mum's end of life and a family wedding and even in this terrible predicament they have taken the time to thank the three consultants Dr Andrew Chan, Dr Beshar Allos, Dr Jas Bhogal and Ward 35 for the care their mum has received and for the support they have offered to the family at this difficult time. This story illustrates that these three individuals go above and beyond to give the best patient and family hospital experience they can give in this family's darkest time.	This story of good practice was shared with all teams involved.

Patient Partner Programme

The Trust involvement model was co-developed through three events with patients, staff and stakeholders. The Patient Partners Programme (PPP) has been established as a direct result of the events. In July 2018 the CEO and CNO officially launched the Trust's Patient Partner Programme.



There are three levels within the PPP each offering a wide variety of interesting tasks: Partners can choose to get involved in activities across all three levels and be active at both of our hospitals.

Thirty five Partners have been recruited to date and below are examples of some of the activities they have been involved in during the past 12 months:

- Asking patients about their experience of care using the Friends and Family Test cards;
 - Taking part in Rapid Process Improvement Workshops (RPIWs) run by the Trust's Kaizen Promotion Office;
 - Leading on the Patient Led Assessments of the Care Environments (PLACE) on wards and departments of the Trust;
 - Advised on the wording of new questions, based on the Trust's Values, on our Friends and Family Test cards;
 - Partner members of a variety of Trust Committees and Groups, including the Healing Arts Committee, Patient Experience & Engagement Committee, Patient Experience Delivery Group, Patient Insight and Safety Learning Group and End of Life Care Committee.

We Care Events

Through the co-development process participants highlighted the Trust needed to have a process for sharing with the public and local stakeholders the improvements that it had made to services following feedback from patients, as a result of this ‘We Care’ Events and a ‘We Care’ newspaper we established to provide different mechanisms for people to get to know how the Trust had listened and responded to their feedback.

Three We Care Events were held in June, September and January. The Events, held at both our hospitals as well as at a central location in Coventry, are designed to showcase back to the community we serve, developments and new initiatives at the Trust.

This year, staff enjoyed presenting and providing poster displays to the audience made up of over 70 patients, members of the public and voluntary organisations across Coventry and Warwickshire. Presentations included:

- The latest on the implementation of the Electronic Patient Record;
 - A new sleep service being provided at the Hospital of St Cross;
 - Car parking developments at University Hospital;
 - Improving treatment adherence for young kidney patients.
 - Outpatients Kitchen table event feedback
 - Rehabilitation services for Parkinson's disease

We care Newspaper

Following requests through the co-development events, for the Trust to be more transparent and responsive a newspaper was developed to keep patients and local stakeholders up to date with the changes and improvements being made to services and care quality across the Trust.



We Care

PRESENTED BY UHWC PATIENT EXPERIENCE

In this edition:

- Involvement Hub • Patient Panel • Compassionate Communication • Take a Breath • PALS Seminar • Blood Test

New Involvement Hub at University Hospital, Coventry
Issue 1 | Spring 2018

FREE
to patients

A new Involvement Hub has now opened in the main entrance of the University Hospital in Coventry. The Hub was officially opened on 12 March by Professor Andrew Hardy, Chief Executive Officer of University Hospitals Coventry and Warwickshire NHS Trust.

The Involvement Hub is a place where patients can meet with staff from across the Trust to discuss their care and treatment. It is also a place where patients can provide feedback on our services. It's essential that we create opportunities for patients to tell us what they think and to review our services as we continue to improve our services to meet their needs.

Feedback is important to us and we welcome feedback from all patients. The Involvement Hub management sessions or events such as drop-in clinics will give you the opportunity to speak directly with staff about your care and treatment. We encourage you to take this opportunity to speak with us about your care and treatment. We encourage you to take this opportunity to speak with us about your care and treatment.

The Involvement Hub is open to all patients who are currently receiving care and treatment from the Trust. We encourage you to take this opportunity to speak with us about your care and treatment. We encourage you to take this opportunity to speak with us about your care and treatment.

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We Care

PRESENTED BY UHCW PATIENT EXPERIENCE

IN THIS EDITION:
 • Meet our unsung heroes - Preventing IT Paralysis - Severe Awareness - The first 'We Care' event - Patient Safety Response Team

Meet Betty - one of our unsung heroes



This is the moment that 94-year-old Betty met twins Maggie and Harry. Her knitting has been keeping our premature babies warm for over 20 years. And she's still as close to her heart.

Living, pink, blue and yellow hats and cardigans. Betty and I "waited a long time to meet a baby born today".
 "I have made my day. I have made the Queen's day. I have made the Queen's day. But she has never forgotten me and has, herself, given birth to a new life."

She knitted for the first time when she was 70 years old, and she died within a few hours to Betty never having stopped.

But she has never forgotten me and has, herself, given birth to a new life.

God bless her.

She had planned to go up right now, but she will be back in a few days.

NHS turns 70

The NHS celebrated its 70th birthday on 5 July 2018. The NHS has provided health services to the people of England since 1948. It is the largest public sector employer in the UK, employing 1.5 million staff and providing services to 55 million patients and visitors every year. The NHS is run by the Department of Health and Social Care, and it is overseen by the National Health Service Commissioning Board, the Office of Health Improvement and Disparities, and the Office of Health Protection.

70 YEARS

We Care

PRESENTED BY UHCHW PATIENT EXPERIENCE

In this edition:

- New self-reflection form - A walk of life - Head Cancer Screening Programme - Change coming to Hospital at the Cross

Vision for Special Educational Needs and Disabilities School



The Orthopaedic department at University Hospitals Coventry and Warwickshire NHS Trust (UHCHW) has been providing orthopaedic services to children and young people in the West Midlands and surrounding areas in England since 1989 and developed further to include Rugby and North Warwickshire in 2002.

Orthopaedics is a specialist area in the UK which generally refers to the treatment of children and young people with physical disabilities and deformities. They were first established in the 1950s and 1960s as a result of the polio epidemics. In the 1970s and 1980s, orthopaedics began to expand to treat other conditions such as congenital limb deformities, hip dysplasia, scoliosis, and neuromuscular disorders. The Orthopaedic department at UHCHW has been providing services to children and young people with a range of conditions, including musculoskeletal problems such as scoliosis, limb deformities, and joint problems. They also provide services for children with neurological conditions such as cerebral palsy, spina bifida, and muscular dystrophy. The Orthopaedic department at UHCHW has been providing services to children and young people with a range of conditions, including musculoskeletal problems such as scoliosis, limb deformities, and joint problems. They also provide services for children with neurological conditions such as cerebral palsy, spina bifida, and muscular dystrophy.

SeeAbility 'Children in Focus' campaign

SeeAbility launched its 'Children in Focus' campaign in 2013 with the aim of raising awareness of the challenges faced by children with learning difficulties and disabilities. The campaign features a series of short films and articles that highlight the experiences of children with learning difficulties and disabilities, and the support they need to succeed in school and in life.

To find a local representative for your area, visit www.seeability.org.uk or call 0121 359 0500.

NHS
University Hospital
Coventry and Warwickshire

**FREE
not free!**

Welcome

Dear Patients and Families,

As you are aware, we are currently experiencing significant staff shortages across our Trust. This is due to a number of factors, including the impact of the COVID-19 pandemic, staff turnover, and recruitment challenges. We are working hard to address these issues and to ensure that our patients receive the best possible care and support.

Our priority is always to provide safe, effective, and compassionate care to all our patients. We are committed to maintaining high standards of clinical practice and to ensuring that our services remain accessible and responsive to the needs of our community.

If you have any concerns about your care or treatment, please do not hesitate to speak to your healthcare professional. They will be happy to answer any questions you may have and to provide you with the information you need.

Thank you for your understanding and support during this challenging time.

Yours sincerely,

Paula Lloyd
Chief Executive Officer



Patient & Public Involvement Panel

A Patient and Public Involvement Panel, for those patients and members of the public who would like to be kept informed of patient improvement initiatives, events, and opportunities to be involved at the Trust was established in 2018, as part of the feedback from the patient experience co-development events

Involvement Hub

The Trust launched its first patient and public Involvement Hub at the University Hospital site in 2018, to date over 22,000 surveys have been completed by patients and relatives using the kiosks. Staff and voluntary sector organisations also use the Hub to engage with patients and the public on a range of topics'



3.9 Complaints

During 2018-2019 the Trust received 680 formal complaints 450 of the 680 complaints were responded to within 25 Working days of receipt of the complaint.

In the same period, the Trust responded to 647 formal complaints and of these 131 were upheld 296 were partially upheld and 219 not upheld.

Parliamentary and Health Service Ombudsman (PHSO)

- 4 New requests received in 2018-2019:
- The PHSO decided 5 cases which were not upheld and 4 partially upheld

The table below shows the total number of complaints received by the Trust in 2018-19.

Total Number of Complaints	2015-16	2016-17	2017-18	2018-2019
University Hospital, Coventry	537	570	619	641
Hospital of St. Cross, Rugby	36	35	27	35
Other	1	1	4	4
Totals	574	606	650	680
Referred to the PHSO	25	30	19	4
Ratio of complaints to activity	0.65%	0.66%	0.69%	0.68%

The top 5 subjects of complaint (data below is subject for final data checks)

Clinical Treatment - Surgical Group	98
Communications	89
Clinical Treatment - Accident & Emergency	60
Clinical Treatment - General Medicine Group	58
Appointments	55
Totals:	360

For further information about complaints please access the Complaints and PALS Annual Report on the Trust's website: www.uchw.nhs.uk which will be available from July 2019.

3.10 Staff Experience

Engaging Our Staff

Improving staff engagement is a key priority for the organisation. We recognise the benefits this brings for increased productivity, better staff health and wellbeing and excellent patient safety/experience and have introduced the role of the Employee Engagement Officer to show our commitment to this. In addition over 135 staff have embraced the role of Change Maker since its introduction as a way of improving engagement in local areas.

During the year we held our first Blooming with Pride event take place where staff were invited to share why they were proud to work at UHCW – over 500 pride cards were displayed.

Surveys are an effective tool to engage, seek views and, most importantly, respond and make improvements based on feedback.

National Staff Survey

Each year, NHS staff are invited to take part in the NHS Staff Survey, the largest survey of staff opinion in the UK. It gathers views on staff experience at work around key areas including Appraisals and Development, Health and Wellbeing, Raising Concerns and Staff Engagement and Involvement.

The 2018 survey ran 1st October 2018 – 30th November 2018 and we invited all staff to participate. Conducting a full staff census ensured data was gathered across all staff groups, departments and demographic groups led to greater staff engagement and increased trust in the results because everyone had the opportunity to participate. 37% of staff completed the survey which was administered online this year and was supported by a series of "One-Stop Clinics where staff could access a computer to complete the survey whilst at the same time getting their flu vaccination.

This year the data is being reported under Ten Themes, a shift from last year where the data was reported as Key findings (see figure 1). The themes are scored on a scale of 0-10.

Themes	2018	2017	Change
Equality, diversity & inclusion	9.1	9.1	No change
Health & wellbeing	5.8	5.8	No change
Immediate managers	6.9	6.8	Improved
Morale	6.2	0	New
Quality of appraisals	5.9	5.8	Improved
Quality of care	7.6	7.5	Improved
Safe Environment - Bullying & Harassment	7.9	8	Dropped
Safe Environment - Violence	9.5	9.4	Improved
Safety Culture	7	6.8	Improved
Staff Engagement	7.2	7.0	Improved

■ Statistically Significant changes

The Survey measures staff engagement which at 7.2 has shown statistically significant improvements from 2017. This is along with significant improvements in quality of care and safety culture which is testament to the focus of our improvement journey in these areas.

An overview of our results by theme, against our comparator organisations is presented below.

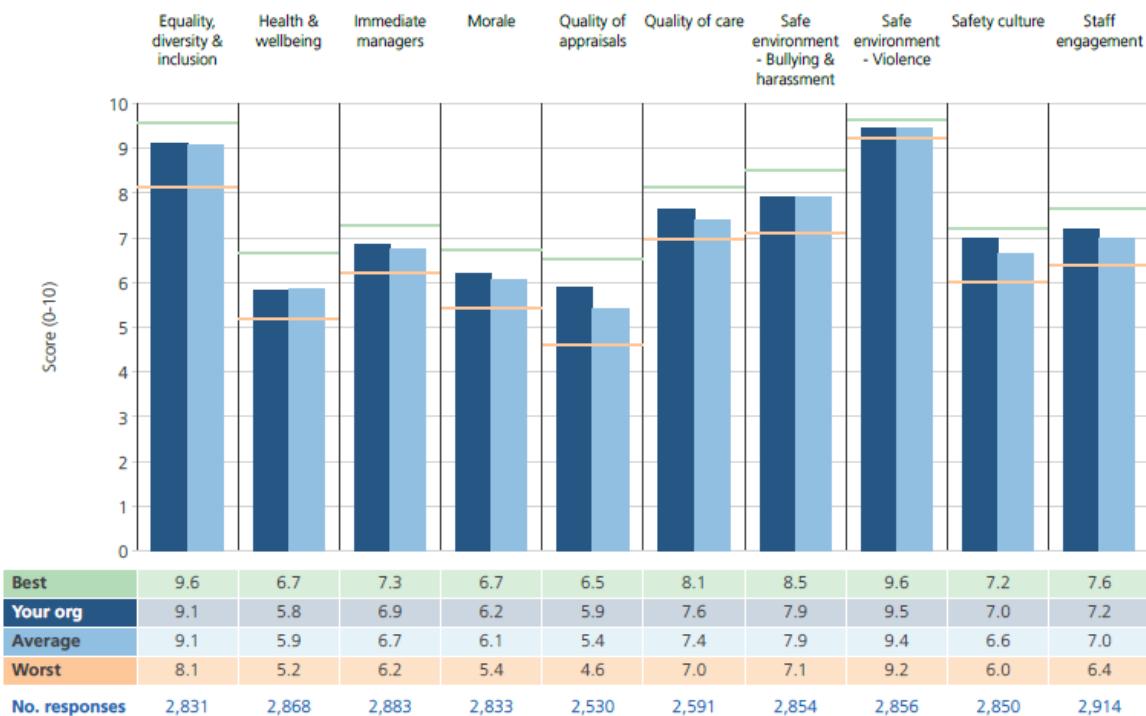


Figure 2

Our areas of focus are in respect to Health & Wellbeing and Bullying & Harassment, both of which are lower than our comparators. We already have concerted efforts and dedicated teams working on these identified areas of focus.

Staff Friends and Family Test

The Staff Friends and Family Test (SFFT) measures staff recommendations of the Trust as a place to work or be treated. We are required to undertake an SFFT each quarter (with quarter 3 being included in the NSS). We are required to ask all staff the SFFT questions on an annual basis, with the opportunity to undertaken identified samples in the remaining periods.

The results of the SFFT for 2018/19 are shown below.

2018/19	April-June 2018	July-Sept 2018	Oct-Dec 2018	Jan-Mar 2019
	Q1	Q2	Q3*	Q4
Recommending as a place of work	74%	72%	65.30%	64%
Recommending as a place of treatment	90%	87%	76.30%	86%

*Q3 results are derived from the National Staff Survey

Staff Impressions

Our First Impressions survey is sent to all new starters, to help us as an organisation to understand their recruitment and induction experience. Whereas our Last Impressions survey is sent to all staff who leave the organisation. Results from First and Last Impressions are shared with Clinical Groups each quarter, so that they can identify areas for improvement and ensure that all new staff are supported appropriately, whilst leaver feedback is used to make improvements where possible and improve our retention levels

Developing & Empowering our Staff

All staff participate in an annual appraisal where they have an opportunity to discuss their performance, demonstrate how they live our values, have a talent conversation and agree a personal development plan. We provide access to all mandatory training to ensure we staff are safe to work and can deliver the required level of patient care.

We are committed to developing our diverse staff and support them in delivering the best care possible to our patients. This commitment spans the delivery of clinical skills training, CPD and personnel development, and involves supporting newly qualified nurses through dedicated preceptorships programmes and Healthcare Support Workers to undertake a dedicated development programme entitled Effective Care Practice.

In 2018/2019 we supported over 180 numbers of staff to undertake their Care Certificate, whilst also supporting over 100 apprenticeships across the organisation.

We recognise that effective leadership is key to achieving our strategic vision, mission and objectives. Our in-house leadership programme, Leading Together, now in its fifth year, has supported over 850 leaders at all levels to develop their leadership capacity and capability, with our first leadership conference held in December 2018. We have also worked collaboratively with partner organisations to support our first cohort of Black and Minority Ethnic (BAME) Leaders to complete the prestigious Stepping Up programme.

As part of our UHCW Improvement System we have supported over 200 leaders through our Lean for Leaders programme, to introduce our lean improvement methodology and provide them with the knowledge and skills to utilise the method in their everyday work. In addition we have seen over 1,000 staff go through the UHCW i Passport Sessions which are designed for all staff to introduce the method and improvement tools.

In 2019/20 we will continue to focus on the development our leaders through the design and implementation of a multi-professional programme for aspirant leaders, alongside our continue commitment to work with partner organisations to support leadership development across our local healthcare system.

Valuing & Recognising Our Staff

We recognise the contribution that our staff make through our annual OSCA's (Outstanding Care Awards) – this year we had over 800 nominations. Staff are also able to nominate for our World Class Colleague award which is presented quarterly. The annual Long Service Awards are held for those staff achieving 25 years of NHS service.

Appreciation cards are promoted throughout the year for staff to recognise a colleague's contribution and a chance to say thank you.

3.11 Dementia Care

There are currently 850,000 people living with dementia in the UK, with numbers set to rise to over 1 million by 2025 and 2 million by 2051 (Alzheimer's Society 2018). This increase is also expected to be reflected in the number of people with dementia who are admitted to acute hospitals. For those patients who are admitted to the Trust the dementia team have continued over the last 12 months to provide support, guidance and advice to not only patients with dementia, but also their carers and staff.

It is clearly evident that all too often hospitals are frightening and disorientating for people with dementia, as well as being places where their overall health and wellbeing often deteriorates rather than improves. However, providing care and support can be a complex process mainly due to the large number of people living with dementia and the variation in symptoms each person faces. A dementia-trained workforce working within dementia-friendly hospital environments can dramatically improve someone's stay in hospital (Fix Dementia Care Hospitals 2016).

In response to the Prime Minister's Challenge on Dementia 2020 and the 2015-16 mandate from the Government to Health Education England (HEE) the Trust are actively facilitating the development of an informed and effective workforce that can respond effectively to the specific needs of people living with dementia.

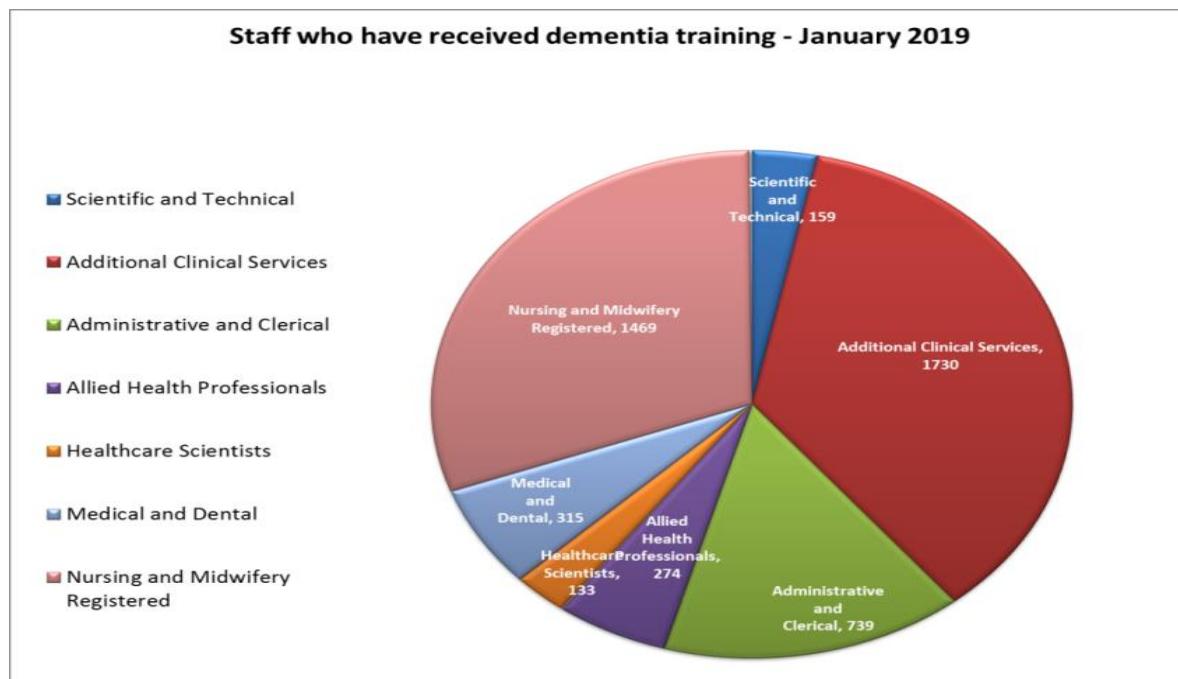
The Trust has a diverse work force with numerous roles that will have regular contact with service users who may have dementia. This therefore necessitates that such roles (including domestic staff, portering services, administrative staff, nursing and medical staff) should have the necessary skills to provide the best quality dementia care in their roles thus improving patient experience and our Trust vision to provide world class care to all. Education, training and skill acquisition are a hallmark of good dementia care. This year the team has developed an Educational Strategy to support and underpin these objectives based on The Dementia Core Skills Education and Training Framework (2015). This is a comprehensive resource to support health care staff who work with and care for people living with dementia which sets out the essential skills and knowledge necessary for all staff involved in the dementia care pathway.

The framework is structured into three distinct tiers (Tiers one-three) which provide a clear and structured approach to dementia education and training. Tier One Awareness is aimed at raising dementia awareness, in terms of knowledge, skills and attitudes for all those working in our hospital setting and is therefore relevant to the entire health-care workforce including ancillary, maintenance and administration staff. Tier two training is a more advanced level of training aimed at people who undertake more of a management role in caring for people with dementia. It includes specific sessions relating to medications used in dementia, the Mental Capacity Act and End of Life care. Although the Framework also refers to a Tier three level of training the target audience for this is key healthcare staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care. The learning outcomes and objectives for this Tier have therefore been reviewed to ensure all members of the dementia team and members of the Dementia strategy group possess the required skill and knowledge base.

The Dementia Team aim to facilitate staff training needs by offering a range of training methods as detailed below.

Competency	Training available via
Tier 1 training	Face to face fortnightly in house sessions bookable via ESR Within the newly qualified staff nurse preceptorship programme. Within the enhanced care programme for new Health Care Support Workers (HCSW). Within the medical induction for new Medical staff within the Trust Within the monthly ISS Induction sessions for new ISS staff Via E- learning packages in conjunction with North Warwickshire and Hinckley College Bespoke sessions are also negotiable within clinical areas for those unable to attend fortnightly sessions
Tier 2 training	Face to face full day study available 3 times a year (January, May and September)

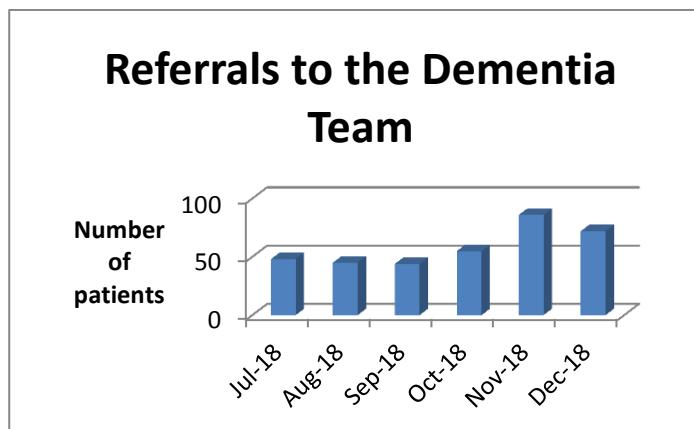
In line with our aim of facilitating the development of an informed and effective workforce that can respond effectively to the specific needs of people living with dementia, training and education is on-going. The chart below highlights the groups and number of staff who have already accessed training to January 2019.



In July 2018 electronic referrals were introduced within the Trust. This has made the referral process much simpler, more efficient and less time consuming for all staff and enabled the Dementia Team to prioritise patient referrals based on clinical need, in the first four months the team received 182 electronic referrals.

Patient referrals from clinical areas may be purely for advice and general support, however many others require a full comprehensive assessment and formulation of a detailed and sometimes complex plan of care. Consideration of the Mental Capacity Act (2005) is often an integral part of the assessment of patient need. Advice and support is often sought from the team when decisions maybe complex and unclear. In addition to this a significant amount of the team's time is spent supporting and signposting families and carers to additional support networks.

Referrals to the Dementia Team originate from throughout the hospital but as may be expected, the highest number of referrals often comes from those areas with a higher percentage of frail elderly patients, which is in line with the higher incidence of dementia and delirium in this group.



In addition to raising awareness of dementia through education the team has undertaken significant work towards embedding the Forget Me Not care bundle across the organisation. This care bundle enhances the application of person centred care.

For our Trust this information has been captured via completion of the individualised 'Getting to Know Me Form'. Although this document has been in use for several years the team has recently redesigned it making it more encompassing of the needs of people with dementia. It is designed to provide staff with an individualised care plan keeping the person at the centre of all care and thus promoting person centred care. In addition to this across the Trust the use of a blue pillowcase to aid easier identification of patients who may need extra assistance due to confusion.

As part of our commitment to providing world class care based on National guidance during the last 12 months the Trust participated in the National Audit of Dementia (care in general hospitals) – Round 4. Data collection has now been completed and results are awaited. Recent publication of NICE Guidance 'Dementia: assessment, management and support for people living with dementia and their carers' (2018) has required the team to map our current service delivery model against the newly published guidance. It is reassuring that our current provision which aims to put patients first in everything we do, every decision we make, every process we design and redesign in line with our trust organisational strategy indicates we are achieving 98% of the recommendations without any additional action required. Current work in progress relating to delirium accounts for the limited number of actions required.

Following on from extensive environmental work undertaken across the Trust 2017/2018, the team is now working collaboratively with the Trust's Estates department to facilitate PLACE. This work is based on developing and ensuring dementia friendly environments throughout the Trust. Activity coordinators have been employed on many of our wards. Their support for people with dementia has been invaluable in introducing meaningful person centred activities thereby improving social inclusion and a sense of wellbeing.

3.12 Performance against National Priorities 2018-2019

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 the Trust is required to submit information nationally.

INDICATORS	TARGET 2018/19	2018/19	2017/18	2016/17	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 an incomplete pathway	92%	85.1%	82.3%	86.5%	
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	86.9%	80.1%	82.37%	
Cancer: two week wait from referral to date first seen, comprising: - all urgent referrals (cancer suspected)	93%	94.1%	95.6%	96.0%	
- for symptomatic breast patients (cancer not initially suspected)	93%	94.3%	97.6%	97.5%	
All cancers: 31-day wait from diagnosis to first treatment	96%	97.1%	98.9%	99.4%	
All cancers: 31-day wait for second or subsequent treatment, comprising: - surgery	94%	96.8%	98.4%	97.2%	
- anti cancer drug treatments	98%	99.8%	100%	100%	
- radiotherapy	94%	97.7%	96.7%	96.2%	
All cancers: 62-day wait for first treatment from: - from urgent GP referral for suspected cancer	85%	82.2%	85.1%	83.3%	
- from NHS cancer Screening Service referral	90%	94.4%	95.5%	94.0%	
Clostridium Difficile – meeting the Clostridium Difficile objective	41	35	34	29	
Methicillin-resistant Staphylococcus Aureus (MRSA) bacteraemia – meeting the MRSA objective	0	1	1	1	

Performance against locally agreed priorities

INDICATORS	TARGET 2018/19	2018/19	2017/18	2016/17	Rating
Numbers of acquired avoidable Pressure Ulcers <i>This reports the number of incidences of grade 3 and 4 avoidable pressure ulcers acquired by inpatients in the care of the organisation</i>	Grade 3: 12 Grade 4: 0	Grade 3: 22 Grade 4: 0	Grade 3: 27 Grade 4: 1	Grade 3: 13 Grade 4: 1	
Harm Free Care <i>This is the % of inpatients treated that experienced 'harm free' care that were audited as part of the Patient Safety Thermometer. That is care free from pressure ulcers, falls, urinary catheter infections and VTE</i>	95%	96.1%	95.3%	96.3%	

INDICATORS	TARGET 2018/19	2018/19	2017/18	2016/17	Rating
Number of Serious Incidents <i>This is the total number of Serious Incidents that were reported to Steis within the month. These are the Serious Incidents as monitored by the QPS – Quality and Patient Safety Team</i>	180	132	124	135	
Delayed transfers of care <i>For 2018/19 this indicator is now measured by the number of days delayed within the month as a percentage of the total occupied bed days.</i> <i>% of medically fit patients who can be discharged but who are delayed due to one of the following reasons: A). Completion of assessment. B) Public Funding. C). Further non acute NHS care. D). Care Home Placement. E). Care package in own home. F). Community Equipment/adaptions. G). Patient or family choice. H). Disputes. I). Housing</i>	3.5%	4.00%	4.94%	6.95%	
Breaches of the 28 day readmission guarantee <i>This reports the number of patients whose operation was cancelled, by the hospital, for non-clinical reasons, on the day of or after admission, who were not rescheduled within 28 days</i>	0	100	194	142	
Friends and Family Test inpatient recommenders <i>The % is worked out by taking the number of respondents who chose the response "likely" or "extremely likely" against the total number of all types of responses</i>	95%	91.9%	92.4%	85.7%	
Friends and Family Test A&E recommenders <i>The % is worked out by taking the number of respondents who would recommend the service (response being "likely" or: "extremely likely") against the total number of all types of responses</i>	87%	79.5%	81.1%	79.3%	

Due to significant pressures that are being experienced nationally including our A&E Departments, the statutory 95% target has not been achieved in any month this financial year, with the best reported performance being 91% in September 2018. Our performance against this standard for 2018/19 was 86.9% which equates to 31,807 patients out of a total of 242,949 attendances at A&E being seen outside of the four hour standard. However, although this is 8.1% below the national 95% target, it is an improvement of 4.9% on the position from the previous year. In addition to which the Trusts minors pathway has significantly improved throughout the year and with the exception of February, has achieved the 95% four hour standard each month from November onwards.

Demand on the trusts A&E services based at the University Hospital and Rugby St Cross sites continues to increase with an additional 5763 patients being seen during the year; a 4.7% increase on the previous year. The Trusts Type 1 facilities exhibit a 5.5% increase and the adult ED facility a growth of 5.7%.

The Trust continues to take a number of actions during the year to improve the A&E performance including the further development of the resilience of the minors pathway to meet a local stretch target of 99% of patients admitted or discharged within four hours and also the further development of both medical and surgical pathways supported by NHS ELECT to provide high quality and efficient care for our ambulant patients. The Trust is also progressing the Patient Flow work stream which is working to improve length of stay, AM discharge profile, processes around ward/board rounds and the development of ward production boards.

Unfortunately, due to our performance challenges a continued number of patients waited longer than 18 weeks for their treatment and thus we have not met the 92% standard for the referral to treatment (RTT) measurement for incomplete pathways. Throughout the year, actions have been taken to try to reduce this, including weekly patient level tracking and setting clear targets for each of our Clinical Groups and monitoring performance against these.

Despite not delivering the 92% target, we have made significant progress against the 52 week wait performance measure. There were 27 breaches reported in April 2018 which, following targeted monitoring and action plans, resulted in no patients waiting over 52 weeks in December, a significant achievement. The Trust has continued to deliver against the 6 week wait for diagnostic tests and is performing better than the national average and peer Trusts for this performance indicator.

Performance against the 85% cancer 62 day standard was on target for the early part of the year; however the standard has not been met since September. This has been primarily due to inadequate theatre capacity in Urology to carry out prostate biopsies and robot assisted surgery. Actions are being taken to improve Urology performance. Late referrals from other trusts are also a contributory factor to underachievement of this standard and we are working with partners to ensure that late referrals to the Trust are minimised.

The Trust has enhanced its weekly patient level tracking meeting which includes additional support for tracking patients on an urgent suspected cancer pathway, resulting in improved patient pathways.

3.13 Raising concerns

The Trust's "Raising Concerns: Freedom to Speak Up" policy was adopted by the Trust in May 2017 and highlights two key features;

- "Speak up, we will listen"
- "Feel safe to raise your concerns"

Staff are encouraged to raise concerns about patient safety; bullying or harassment, fraud or other issues that they feel are to the detriment of patients, staff or the public.

Whilst staff are encouraged to raise concerns with their line manager in the first instance, where this is not possible, practical or has been unsuccessful, they are encouraged to contact any of the following;

- Freedom to Speak up Guardian
- Confidential Contacts
- Any chief officer
- The named non-executive director for speaking up
- The chairman of the Trust
- The local counter-fraud specialist

Contact is maintained by the Freedom to Speak up Guardian or Confidential Contacts with anybody raising concerns to ensure that they are kept informed and do not suffer detriment as a result of speaking up.

The Trust's policy is clear about respecting the confidentiality and, if necessary, anonymity of the person raising concerns and they are thanked for their feedback. Where possible (e.g. where this does not breach other people's right to confidentiality) feedback on action taken is shared and fed back.

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:

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

You can also share your views:

- emailing us at patientinsight@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.

Commentary from Joint Quality Account Task Group

The Quality Account Task Group consists of Healthwatch Coventry, Healthwatch Warwickshire, and Coventry City Council Scrutiny (HOSC). The Group held a meeting with Trust to discuss progress on last year's quality priorities and potential priorities for 2018-19 and members found updates on work undertaken very helpful. The Task Group provided input into the quality priorities for the coming year and was pleased that a suggestion from Healthwatch Coventry was included.

We look forward to continuing to work with the trust in the coming year and hearing about progress on the 2019-20 quality priorities.

After receipt of the draft quality account document we fed back suggestions for editing and changing the text to make it easier to understand. We also asked for missing information about complaints data and staff survey information. UHCW responded to these suggestions and requests.

The Trust is planning a summary public facing document but one of the aims the full quality account is to provide information for a public audience. It is possible to produce a document which is both easy to read and meets the requirements of the content which is specified by the regulations.

Last year's priorities

For the hand hygiene priority it is difficult to interpret what the Trust is saying within the document about how much has been achieved and the impact on patient care.

The Trust has partly achieved its priority of reducing avoidable infections which is disappointing. The Trust reports progress on staff training and compliance.

The clinical effectiveness priority of improving compliance with national guidance has not been achieved; with 77% of NICE guidelines fully implemented against a target of 90%. Some next steps around this would be helpful.

The patient experience priority of putting in place mini patient environment inspections on wards involving volunteers has been achieved. This is piece of work which Healthwatch Coventry has advocated following involvement in the national patient environment inspections known as PLACE. The next step will be reporting on outcomes/changes arising as a result.

Priorities for 2019-20

Two of the three priorities relate directly to patient experience. For the first time the trust held a workshop to enable patients/partners to discuss potential quality account priorities. This is indicative of a willingness to listen to patients and is welcomed.

Inclusion of a priority regarding supporting patients to take own medication on wards is a positive step as Healthwatch Coventry has received feedback from patients regarding management of their own/existing medication.

It is also important that patient information is reviewed and made as accessible as possible and existing information leaflets are not always easy to read/understand. Appointment letters are another area where work should be done around accessibility.

Other quality information

CQC rating showed improvement in individual service areas whilst the overall Trust rating remained 'requires improvement'.

The management of Parkinson's disease for in-patients has been identified an issue through an audit and there is synergy with feedback to Healthwatch here.

The Trust's work to address priorities set by its commissioners (CQUINs) would have benefited from more information to show what had or had not been achieved in the way the other trusts include this information.

The trust reports 76 serious incidents but no trend information was supplied. They report a drop in Never Events i.e. things that should never happen.

The Trust included information aimed at showing progress on expanding to 7 day services/working. This shows work to do regarding 7 day working and time to first consultant review and weekend availability of clinical review.

The learning disability section shows there are gaps with regards to how the trust is able to track care for patients with learning disability. Some actions are identified but there are other areas where actions should be developed for example around involvement.

UHCW is missing national targets for A&E treatment and referral to treatment times; for pressure ulcers and for readmission within 28 days.

Staff survey data shows improvement for many indicators and the trust highlights work to do regarding health and wellbeing and bullying and harassment.

The document describes how the Trust is seeking to build a culture of innovation.

Involvement of patients and public

Initiatives such as the Patient Partners Programme recruiting 35 volunteers, 'We Care Events' and the creation of the Involvement Hub show that the issue of Patient Involvement is being taken seriously. The Trust also describes how patient public involvement in research has been expanded.

The 5 year delivery Plan, Friends and Family Test, and the Patient Survey are further indications that UHCW is proactively seeking out patient voice. It is a shame roll out of new values based FFT survey has not happened for inpatients.

However, patients and public are not very evident in the quality account document. The document would benefit from more examples of where patient voice has actually changed things.

Patient stories to the Trust board described 4 positive experiences, one negative experience and one neutral. A balance would be an improvement.

The Trust dealt with around 66% of complaints within its target 25 day response time a drop from previous years. Healthwatch Coventry has also raised concerns regarding the responsiveness of the PALS service.

Missing information

There is little more than passing reference to equalities in the document. Healthwatch Warwickshire are engaged conversations with the Trust about cultural sensitivity in some of their activities, this should be reflected.

UHCW Response:

We welcome the response from the Joint Quality Account Task Group. The Trust is pleased to receive positive feedback about its process for developing the quality account priorities and the work it has undertaken to develop patient voice across the Trust. The Trust looks forward to working with NHSI on the learning disability standard once this is published.

Missing elements

The Trust is engaged in a number of equality initiatives, and these are documented in a section of the annual report 2018-19. The Quality Account forms part of the Annual Report and references the equality section of the annual report for further information on the progress being made in this area.

Commentary from Coventry and Rugby Clinical Commissioner Group as Lead Commissioner

NHS Coventry and Rugby Clinical Commissioning Group (CCG) welcome the opportunity to comment on University Hospitals Coventry and Warwickshire NHS Trust's (UHCW) Quality Account.

From the draft account provided, the CCG believe that the Quality Account for 2018-2019 contains an accurate reflection of the quality of services provided by the Trust, and whilst not all the data fields were complete in the draft, the CCG has reviewed the information presented against data sources available to the CCG through the quality, contracting and performance management of the contract, and confirm these as accurate.

The Trust has worked in the spirit of openness, candour and transparency with the CCG over the last year to further develop and strengthen relationships. Examples of this include the Trust invitations for the CCG participation in a range of quality and patient safety reviews, quality and safety learning forums and Trust Quality Committee's in order to promote transparency and an internal culture accepting of challenge.

The CCG is pleased to report that the timeliness and quality of responses to concerns raised by the CCG with the Trust has been of a consistent high standard and has improved on the previous year.

Increasing demand on Accident and Emergency (A&E) Services has again been a key challenge for the Trust this year although the CCG recognises the overall year on year improvement compared to 2017-2018. The CCG has conducted a number of unannounced assurance visits to the A&E Department throughout the year. Whilst the CCG was assured that the Trust has robust processes in place to ensure patients are managed safely, it is recognised that the experience of patients and their families and/or carers is an area that requires consistent focus. The CCG acknowledges the Trust's drive and commitment to improving the overall users experience by focusing on reducing waiting times for patients to be seen within the department, ensuring incidents are reported in a timely manner, investigated and lessons learnt disseminated, and promoting an open culture which aspires to fulfil their mission statement of Care, Achieve and Innovate. This

emergent open culture committed to patient safety is evidenced by the Trust's Patient Safety and Risk Team being named as the Patient Safety Team of the Year 2018.

The Trust continues to build on and refresh their strategy to improve the patients' experience and environment. The CCG commend the Patient Partner Programme, the "We Care" events and newsletter and the Involvement Hub as great initiatives in-year to give service user a louder voice. The Trust has also introduced a mini PLACE programme which includes six patient partners to help improve the patient environment which is linked to minimising Hospital Acquired Infections, the need to build a dementia friendly environment and give the patient a positive experience. This is an area that will be monitored with interest by the CCG in 2018-2019.

The annual PLACE score feeds directly into the Care Quality Commissioners (CQC) annual audit result. The CQC undertook a comprehensive inspection in 2018/19 resulting in an overall rating of "Requires Improvement" with The Hospital of St Cross, Rugby being rated as "Good". The CCG recognises the significant improvements the Trust has made across the five CQC domains in the last three years. The CCG have reviewed the Trust action plan and been assured that all actions are progressing as required.

Maintaining service delivery in the context of increasing urgent care demands and system wide pressures has contributed to the Trust failing to consistently achieve the national 18 weeks Referral to Treatment Time (RTT) performance target. The CCG expects the Trust to continue to improve patient pathways and provide ongoing assurance over the coming year, to robustly identify, assess and report patient harms caused as a direct consequence of RTT delays.

The Trust has worked hard to embed robust processes for the identification, reporting, review and learning from deaths in line with the recommendations in the national guidance (National Guidance on Learning from Death March 2017). The CCG is pleased to see the progress made with regard to engagement with the Learning Disabilities Mortality Review (LeDeR) programme and the progress made to improve the Hospital Mortality Standardised Ratio. It is expected that this work will continue to be embedded into the Trusts' mortality review process in 2019-2020.

The CCG is surprised that the Quality Account 2018-2019 does not contain more detail showcasing the work the Trust is involved in in relation to addressing health inequalities and how its contribution is positively impacting on the prevention agenda across each area of the local sustainability and transformation plan's (STP's).

Last year the CCG set out the expectation that it would look forward to seeing positive improvements in the Trust response to feedback from General Practice, and the Trust have put in place a new reporting system and process, that has been agreed with General Practice. Whilst in its early stages of implementation the CCG recognises the positive action taken by the Trust.

In conclusion, we recognise that the Trust has made positive progress in a number of areas last year and can confirm that we fully support the priorities identified by the Trust in their Quality Account for 2019-2020.

UHCW Response:

The Trust thanks its Commissioner colleagues for their considered response again this year and for supporting this year's priorities. It is pleasing to hear that the CCG has commended the Patient Partner Programme, and wider Trust Patient Experience and Engagement Programme. We value the contribution our Patient Partners have made this year, and will be building on the success of the wider Patient Experience and Engagement Programme for 2019-20.

The Trust recognises and takes seriously that a number of patients have had to wait longer than 18 weeks for their treatment or an initial outpatient appointment. We are continuing to work on this and would like to reassure our Commissioner Colleagues that we are committed to further improving patient pathways in 2019-20.

The Trust recognises the important work undertaken on equality and diversity and this is fully reported in Trust Annual Report. The Quality Account forms part the Annual Report and to avoid duplication a reference to the equality and diversity work undertaken by the Trust has been placed in the Quality Account rather than the full report. We recognise this will need to be made clearer in future Quality Accounts and will work with the commissioner to achieve this.

Statement of Director's Responsibilities in Respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011 and the National Health Service (Quality Accounts) Amendment Regulations 2012).

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

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

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

By order of the Board

Chair:



30/05/2019

Chief Executive Officer:



30/05/2019

External Auditors: External Assurance Report

INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT TO THE DIRECTORS OF UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

We are 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 2019 ("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 2019 subject to limited assurance consist of the following indicators:

- Percentage of patient safety incidents resulting in severe harm or death; and
- Percentage of patients risk-assessed for venous thromboembolism (VTE).

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 2018 to May 2019;

- papers relating to quality reported to the Board over the period April 2018 to May 2019;
- feedback from the Commissioners dated 14 May 2019;
- feedback from Local Healthwatch dated 14 May 2019;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009;
- the latest national patient surveys dated between June 2018 and January 2019;
- the latest national staff survey dated February 2019;
- the Head of Internal Audit's annual opinion over the trust's control environment dated April 2019;
- the annual governance statement dated May 2019;
- the Care Quality Commission's inspection report dated August 2018; and

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 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.

Basis for qualified conclusion on the Percentage of patients risk-assessed for venous thromboembolism (VTE) indicator

The scope of VTE indicator is in relation to those patients who have received a risk assessment on admission. The Trust does not define a time period for 'on admission' within its local VTE policies. Therefore, the Trust's indicator records all patients who have received a risk assessment, as opposed to distinguishing those who have received a risk assessment on admission.

Qualified Conclusion

Based on the results of our procedures, except for the effects of the matters described in the 'Basis for qualified conclusion on the Percentage of patients risk-assessed for venous thromboembolism (VTE) indicator' section above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations and supporting guidance;
- 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.

KPMG LLP

KPMG LLP
Chartered Accountants
One Snowhill
Snow Hill Queensway
Birmingham
B4 6GH

28 May 2019

Appendix 1

Commissioning for Quality and Innovation (CQUIN) Schemes: 2018-19

The CQUIN Programme was introduced in April 2009 as a national approach for creating financial incentives to facilitate quality improvement. The programme enables Commissioners to reward excellence by linking a proportion of healthcare provider's income to the achievement of quality improvement goals. The Framework aims to embed quality within commissioner-provider discussions and create a culture of continuous quality improvement, with stretching goals agreed in contracts on an annual basis.

For further information on the CQUIN Schemes, please contact a member of the UHCW Contracting Team on 02476 968398.

Clinical Commissioning Group (CCG) schemes
Improving staff health and wellbeing
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)
Improving services for people with mental health needs
Offering advice and guidance
Tobacco and Alcohol Screening and Advice
Improving the uptake of flu vaccinations for front line staff
Sustainability and Transformation Plan (STP) Engagement
NHS England Specialised Service schemes
Enhanced supportive care
Chemotherapy Dose banding
Medicines optimization
Cardiac Device Utilisation
Palliative Chemotherapy
Paediatric Networked Care
Neonatal community outreach
Cost Effective Prescribing of Products for Haemophilia A Patients
Paediatric Long Term Ventilated Patients
NHS England Dental and Screening schemes
Secondary Care Dental, Breast and Bowel Screening

Appendix 2

Proportion of the income during 2018-19 conditional on achieving quality improvement and innovation goals through the CQUIN payment framework.

Clinical Commissioning Group (CCG) schemes	£000s
Improving staff health and wellbeing	565
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	847
Improving services for people with mental health needs	847
Offering advice and guidance	847
Tobacco and Alcohol Screening and Advice	847
Improving the uptake of flu vaccinations for front line staff	282
Sustainability and Transformation Plan (STP) Engagement	4,236
Total	8,472
NHS England Specialised Service schemes	£000s
Enhanced supportive care	216
Chemotherapy Dose banding	324
Medicines optimization	378
Palliative Chemotherapy	324
Cardiac Device Utilisation	216
Paediatric Networked Care	152
Neonatal community outreach	324
Cost Effective Prescribing of Products for Haemophilia A Patients	216
Paediatric Long Term Ventilated Patients	324
Total	2,476
NHS England Dental and Screening schemes	£000s
Secondary Care Dental, Breast and Bowel Screening	438
Total	438
Total value of programme*	11,386

*January 2019 Forecast

Glossary

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.

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

Capacity – see Mental Capacity Act (MCA)

Care Bundles

A bundle is a structured way of improving the processes of care and patient outcomes: a small, straightforward set of evidence-based practices that, when performed collectively and reliably, have been proven to improve patient outcomes.

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.

Chief Inspector of Hospitals (CiH)

CQC appointed Ted Baker 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

Clinical Coding

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

Clinical Commissioning Group (CCG)

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

Clostridium Difficile (C.diff)

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

Commissioning

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

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

All primary care is commissioned by **NHS England**

Commissioning for Quality and Innovation (CQUIN)

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

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

DATIX

Online incident reporting tool to record patient safety incidents, complaints, claims and risks.

Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.

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 that need intermediate care services, renewed short term packages of care and access to rehabilitation facilitates in the community.

Duty of Candour

Every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress.

Dr Foster

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

The Friends and Family Test (FFT)

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

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

The Friends and Family Test gives patients the opportunity share their views of the care or treatment they have received providing us with valuable feedback. We use the feedback, alongside other information, to identify and tackle concerns at an early stage, improve the quality of care we provide, and celebrate our successes. From July 2013, and monthly thereafter, our FFT results will be published on NHS Choices allowing the public to compare us with other hospitals and assess whether we are improving over time.

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

General Medical Council

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

Healthcare

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

Healthwatch

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

High Quality Care for All

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

Hospital Standardised Mortality Ratio (HSMR)

The Hospital Standardised Mortality Ratio is the ratio of observed deaths to expected deaths for a basket of 56 diagnosis groups which represent approximately 80% of in hospital deaths. This subset 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.

Human Factors

Traditional safety tools such as policies, protocols and clinical training play a vital role in improving patient safety, but the complexity of healthcare makes it impossible to eliminate risk and error. Human Factors focuses on the creation of resilient systems to prevent error leading to harm.

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.

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 Methodology

Maximising customer value while minimising waste.

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.

Mental Capacity Act (MCA)

Legislation designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment.

MRSA and MSSA Bacteraemia

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

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

Some types of *Staph. Aureus* have become resistant to various antibiotics. These are known as methicillin resistant *Staph. Aureus* or [MRSA](#). Those types that are not resistant to certain antibiotics are known as methicillin sensitive *Staph. Aureus* or MSSA.

National Patient Safety Agency (NPSA)

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

National Reporting and Learning System (NRLS)

The system enables patient safety incident reports to be submitted to a national database. This data is then analysed to identify hazards, risks and opportunities to improve the safety of patient care.

National Research Ethics Service

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

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

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

NHS England's National Programmes of Specialised Care

Specialised care commissioned by NHS England rather than by local Clinical Commissioning Groups. The six NPoCs are:

- [Internal medicine](#) – digestion, renal, hepatobiliary and circulatory system
- [Cancer](#)
- [Mental health](#)
- [Trauma](#) – traumatic injury, orthopaedics, head and neck and rehabilitation
- [Women and children](#) – women and children, congenital and inherited diseases
- [Blood and infection](#) – infection, immunity and haematology

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. See <https://www.england.nhs.uk/patientsafety/never-events/> for a list.

NHS Choices

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

NHS Digital

NHS Digital 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 <https://digital.nhs.uk/>

NHS Litigation Authority (now NHS Resolution)

Manages negligence and other claims against the NHS in England on behalf of the Trust.

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.

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 and Advice 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.

Patient-led assessments of the care environment (PLACE)

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

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

PPMO (Performance and Programme Management Office)

Trust department comprising clinical coding, data quality, performance information and analysis, and corporate reporting to relevant bodies, such as NHS Improvement and NHS Digital.

Pressure Ulcer

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

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

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

- **Inherited pressure ulcer:** A patient is admitted to the Trust with pressure damage and this is identified or becomes apparent within 72 hours of admission
- **Acquired pressure ulcer:** the patient develops a pressure ulcer whilst a hospital in patient after the first 72 hours of admission
- **Grade 1 pressure ulcer:** The skin at this point is red and on the application of fingertip pressure the skin remains red.
- **Grade 2 pressure ulcer:** the superficial layer of the skin is damaged. It presents as a blister, abrasion or shallow crater and any of these can have blue / purple / black 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.

Private Finance Initiative (PFI)

A method of providing funds for major capital investments where private firms are contracted to complete and manage public projects.

QIPS - Quality Improvement Patient Safety

Meetings at which improvements to quality and patient safety are discussed.

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.

Rapid Process Improvement Workshops (RPIWs)

Part of UHCWi, where staff remove waste and streamline services for a particular process, such as discharge.

Registration – license to provide health services

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

Research

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

Root Cause Analysis (RCA)

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

Investigations identify *how* and *why* patient safety incidents happen. Analysis is used to identify areas for change and to develop recommendations which deliver improved services to our patients. The Trust has clinicians trained in the use of RCA techniques.

Secondary Uses Service

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

Serious Incident Requiring Investigation (SIRI)

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

- Unexpected or avoidable death of one or more patients, staff, visitors or members of the public
- Serious harm to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm (this includes incidents graded under the NPSA definition of severe harm);
- A scenario that prevents or threatens to prevent a provider organisation's ability to continue to deliver healthcare services, for example, actual or potential loss of personal/organisational information, damage to property, reputation or the environment, or IT failure;
- Allegations of abuse;
- Adverse media coverage or public concern about the organisation or the wider NHS;
- One of the core set of 'Never Events,' see <https://www.england.nhs.uk/patientsafety/never-events/>

Sign up to Safety

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

Teaching Trusts

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

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).

UHCWi

UHCW Improvement System. A structured approach to removing waste and puts the patient first. It involves front-line staff making improvements in their workplace.

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