



**University Hospitals
Coventry and Warwickshire**
NHS Trust

Quality Account 2021-2022

QUALITY ACCOUNT

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Foreword- Andy Hardy, Chief Executive Officer

Welcome to our Quality Account for 2021-22. This report highlights the quality of our services during the past 12 months and aims to give you a greater understanding of the 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 one of the largest hospitals in the country offering both general and specialist services across our two hospital sites, University Hospital, Coventry, and the Hospital of St Cross, Rugby.

Throughout 2021-22, the NHS has faced the combined challenge of dealing with the ongoing Covid-19 pandemic alongside increased patient needs as restrictions were lifted.

While this has placed many pressures on the Trust and our staff, we have continued to innovate and adapt in order to address the needs of our patients.

The NHS Accelerator Programme lived up to its name with new ways of working introduced, including additional lists at weekends to treat as many patients as possible as we addressed elective surgery waiting lists

At the same time, we continued to invest in our facilities with the new Modular Theatres opened at the Hospital of St Cross as well as the Maple Unit, a new £1 million purpose-built Haematology and Oncology centre.

As well as emphasising our commitment to Rugby, this meant people in the town could now have chemotherapy treatment at their local hospital for the first time.

UHCW NHS Trust also again showed how we are leading from the front on a global basis when it comes to Interventional Radiology with a state-of-the-art £5.5 million Theatre Suite at University Hospital.

The opening cements our place as an international leader in healthcare when it comes to showcasing the latest techniques in Image Guided Surgery, allowing world leading specialists to carry out targeted microsurgery with incredible results.

We are also pleased to have opened our new 1,600-space car park which means we are now able to offer a permit to all staff that request one.

Car parking has historically been one of the biggest issues we face as a Trust and this landmark development means we are now able to offer an additional 275 spaces to patients and visitors.

Improving the patient experience is at the forefront of everything we do and this year saw the introduction of a Meet and Greet team offering a warm welcome at University Hospital. We also continue to utilise technology to connect patients with loved ones.

As always, I would like to thank all our staff, volunteers and patient support groups for their effort, compassion and dedication.

The information contained within this report has been subject to internal review. 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. The next 12 months promises to be equally exciting and challenging and I look forward to continuing to work with you all to deliver the best possible care for our community.



Professor Andy Hardy
Chief Executive Officer

Quality Account Improvement Priorities 2021-22 Achievements

Below are details of our progress and achievements against the Quality Improvement Priorities for 2021-22, as outlined in last year's 2020-21 Quality Account.

Priority One: Patient Safety

In line with the National Patient Safety Strategy, UHCW NHS Trust will engage with creating Patient Safety Partners (PSPs) to be involved at all levels of our organisation from wards to the board. The Trust will embed the Framework for Involving Patients in Patient Safety which aims to involve patients and their carers in their own safety, as well as being partners, alongside staff, in improving patient safety within our organisation.

UHCW NHS Trust will aim to include two PSPs on their safety-related clinical governance committees and these PSPs will receive training to support them in their roles in line with the national programme.

Achievements:

- In line with National Patient Safety Strategy, the implementation of recruiting PSPs to support with service and pathway designs, safety governance, strategy and policy has been postponed following a national directive. Guidance is now expected in July 2022.
- Regional and System work, in conjunction with the Clinical Commissioning Groups, continues to progress in line with the current strategy. It is intended that a regional PSP will be the approach adopted to support with system wide triangulation and standardisation in relation to transitions and integration of care pathways.

Priority Two: Clinical Effectiveness

UHCW NHS Trust aims to improve communication to demonstrate that care and treatment is based on national guidance and the best available evidence. The priority therefore for 2022-2023 is to improve how the Trust evidences the implementation of National Institute for Health and Care Excellence (NICE) guidance to demonstrate when NICE guidance has improved services and assess the impact of challenges to the implementation of some recommendations.

Achievements:

- UHCWi Improvement methods and tools were used to demonstrate how we currently share newly published NICE guidance with clinical teams and identify where improvement in the process can be made so clinical teams have more time to implement changes in guidance.
- A team of professions from across the Trust, including consultants, quality officers, pharmacists and library knowledge specialists, were involved in a Rapid Process Improvement Workshop (RPIW) held in July 2021 to identify and test new ways of gathering and sharing NICE guidance. The week long process involved investigating and testing ideas to improve how information is shared with clinical teams.
- A new assessment tool was developed, to support clinical teams in assessing how new NICE guidance may be implemented by services across the Trust Testing of the new assessment tool is in progress.
- The Trust policy for implementing NICE guidance will be updated to reflect changes to process.
- Exploration of the use of technology to support early notification when guidance is published and automation of some parts of the communication process, so more time is spent implementing guidance.

Priority Three: Patient Experience

Speaking with our Patient Partners, the Trust will develop priorities to help ensure that the voice of our patients is heard with a particular focus on underrepresented groups in order to:

- Shape and design the services that we provide.
- Improve care experiences for all of our patients.
- Close the healthcare gap for under-represented groups to improve the prevention and management of health for these communities.

Achievements:

- The Patient Advice and Liaison Service commenced recording patient demographics for patients who access their services, with consent. These are being monitored on a monthly basis to identify any themes and trends in order for the services to be accessible for all of our patients. Capturing people's demographics is essential if the Trust is going to make improvements for under-represented communities.
- An Easy Read online form to access the Patient Advice and Liaison Service has been implemented to further improve patient accessibility to the service.
- A focused project was commenced to help tackle health inequalities by engaging with our staff and communities through local radio stations.
- UHCW Patient Partners are now involved with all improvement work in order to ensure that our patient's voice is at the heart of all projects that aim to better the patient experience for all.
- The Patient Insight and Involvement Team have launched a UHCW Community Partner Programme. Similar to the Patient Partner Group the Trust will work with community organisations to gain real insights which can be fed back into the organisation to make meaningful change and improve the patient experience for many different groups of people.

Quality Improvement Priorities for 2022-23

Priorities for 2022-2023 have been developed together with representatives from UHCW NHS Trust's Patient Partners, Healthwatch Coventry, Healthwatch Warwickshire, Grapevine, Coventry Refugee and Migrant Centre, Carers Trust, Diabetes UK Coventry, Voluntary Action Coventry, and members of staff.

The priorities identified for 2022 -23 are:

Patient Safety Priority

In order to implement and embed the new Patient Safety Strategy and enhance patient involvement in safety the trust will deliver the following three priorities:

1. In line with the National Patient Safety Strategy, UHCW NHS Trust will roll out Patient Safety Level 1 and 2 training, this will be monitored by the Electronic Staff Record (ESR) and compliance shared. This training is scheduled to become mandated (awaiting national timescale).
2. The Trust will embed Human Factors tools and methods into learning from incidents by utilising the Human Factors Programme, in collaboration with front line teams. The Human Factors Accident Classification System will be used to identify common themes and trends from incident investigations, allowing the patient safety team to target improvement interventions at the widespread underlying causes of incidents. The Human Factors lead will support staff to implement improvements that address these underlying issues with the aim of strengthening the broader resilience of our safety systems, rather than just focusing on fixing issues relating to very specific events.
3. Increase the involvement of patients in safety – The Patient Safety Team are currently reviewing the contact the team have with patients during a serious incident investigation. The proposal is to increase contact through the serious incident process by further developing the Patient Support

Liaison Specialist role. Furthermore, the touch point communication process will be measured and patient and their relatives will have opportunity to provide feedback.

Clinical Effectiveness Priority

To improve the effectiveness of services through the implementation of clinically effective, efficient and innovative care, informed by best practice.

UHCW NHS Trust aims to improve the delivery of patient care through improvements identified through best practice, evidence based reviews and benchmarking of services.

The priority therefore for the coming year is:

1. For all relevant services to fully participate in the Getting it Right First Time (GIRFT) Programme and implement recommendations from national reports and local review.
2. To implement a robust process for assessing the effectiveness of new or novel procedures and implementing them to support innovation and best practice.

Patient Experience Priority

Working with our patient partners, we will seek to involve them in the design and development of a Patient Portal that will be implemented alongside our innovative Electronic Patient Record (EPR). This will be an exciting opportunity to transform the way in which our patients interact with our services and their clinicians and vastly improve their ability to manage their own health and care by:

1. Enabling patients to complete forms prior to an appointment that are designed to update discrete information in their health records, including: medications, allergies, health issues, procedures family and social history along with general health questions.
2. Improving visibility of their health information by providing them with online access to their own health record.
3. Providing better communication channels through secure messaging and the ability to book and change their own appointments.

To measure this priority the EPR Team will:

- Baseline the current processes aligned to patient appointments and visits that could be avoided if patients' were able to utilise a portal to receive, results and other health information. The EPR Team will also work closely with the Clinical Research Team to understand the benefits of leveraging a Patient Portal to support Clinical Trials and Studies.
- The EPR Programme will identify patient advocates who are truly representative of our local communities and who can work alongside the Programme during the implementation period to shape and design a patient portal that truly serves the needs of our local population.

UHCW NHS Trust rated as Good by the Care Quality Commission (CQC)

UHCW NHS Trust remains rated as good after the most recent CQC inspection in October and November 2019. This is testament to the improvements made since our previous inspections, the impact of our UHCWi programme, the professional way we support patients and the dedication shown to providing the highest standards of care.

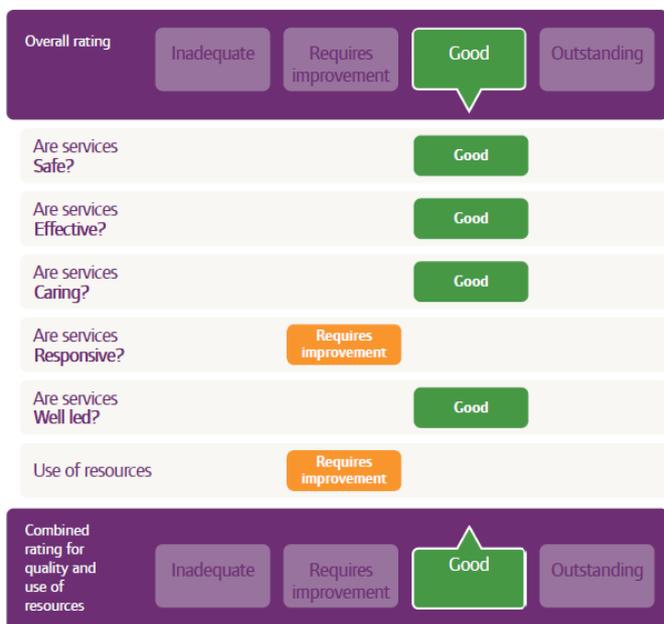
Since the CQC inspection we have made a number of improvements to our services based on recommendations from the CQC report and we continue to have regular contact with the CQC through provider engagement meetings, providing assurance of how our services have progressed to improve patient care and experience.

The Trust Post Inspection CQC Action Plan has been reported through Quality and Safety Committee and approved for closure in April 2021. The action plan has also been shared with the Clinical Commissioning Group (CCG).



Last rated
11 February 2020

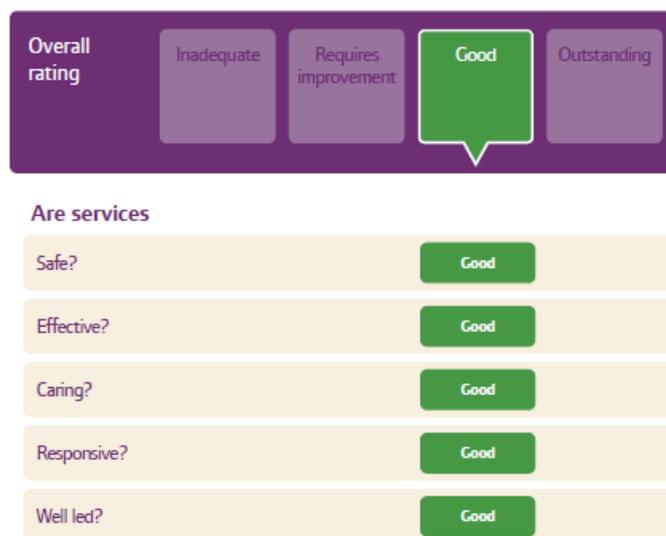
University Hospitals Coventry and Warwickshire NHS Trust



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11 February 2020

University Hospitals Coventry and Warwickshire NHS Trust

Hospital of St Cross



UHCW NHS Trust is registered with the CQC with no conditions attached to the registration. The CQC has not taken any enforcement action against the Trust during 2021/2022 and the Trust has not participated in any special reviews or investigations during this period. The Chief Quality Officer is the CQC nominated responsible person for supervising the management of the regulated activity provided.

In March 2020, CQC suspended their routine inspection programme in response to COVID-19 and developed new approaches to monitor services using a mix of on-site and off-site methods. This included the piloting of the Transitional Monitoring Approach (TMA) and its formal replacement the Direct Monitoring Approach (DMA). The DMA is a structured approach to engagement with the Trust and is a supportive conversation about the challenges the Trust is experiencing. They are not inspections or replacements for inspection activity; they are an opportunity for CQC to understand:

- The challenges services and the systems around them are experiencing.
- How services are being managed and any innovations in development.

The Trust has participated in three TMA/DMA meetings with the CQC (detailed below), each of which has been focused on an individual core service, mapped to our clinical groups and specialties:

- Maternity – 26 April 2021
- Medicine – 21 June 2021

A third DMA meeting has been planned with Urgent and Emergency Services.

In preparation for DMA meetings, clinical groups and specialties collated evidence to demonstrate how they were supporting the key lines of enquiry (KLOEs) under each of the five domains; Safe, Effective, Caring, Responsive and Well Led.

The Trust has continued to engage with the CQC during routine engagement meetings, where we have shared our current risks and challenges as well as proposed mitigations. Recent examples of innovative practice, particularly in response to COVID-19, have also been shared with CQC during these discussions. Outside of routine engagement and DMA meetings, the Trust has responded to queries from the CQC and provided assurance where required.

In January 2021, the Trust was invited to and participated in a consultation on the CQC's new strategy.

Review of Services

Review of services during 2021-22, the Trust was commissioned by Clinical Commissioning Groups to provide 56 General Acute Services. In addition the Trust also provides a range of specialised services which are commissioned by NHS England that fall within NHS England's Programmes of Specialised Care.

Data Security and Protection Toolkit

The Data Security and Protection Toolkit is an online assessment tool that enables organisations to measure their compliance against legislative law and central guidance and to assess whether information is handled correctly and protected from unauthorised access, loss, damage and destruction. It is also the key performance measure against data security and Information Governance requirements which reflect current legislation and national health and social care policies.

The Data Security and Protection Toolkit is split into 10 sections against the National Data Guardian's 10 Data Security Standards. Currently the Data Security and Protection Toolkit functionality allows organisations to publish a 'Standards Met' or 'Standards Not Met' rating where evidence has been provided for the mandatory assertions.

UHCW NHS Trust has met all 38 mandatory assertions and achieved a 'Standards Met' rating.

Participation in Clinical Audits

During 2021-2022, 54 national clinical audits covered relevant health services that the Trust provides. **During this period the Trust participated in 97% of national clinical audits which it was eligible to participate in.**

Details of the eligible audits applicable to UHCW NHS Trust during 2021-2022 are listed in the table below. UHCW compliance of the mandatory audit programme can be found in the table below:

Eligible audits applicable to UHCW NHS Trust as published in the Department of Health's Quality Account List	Did UHCW NHS Trust participate in 2021-2022	Participation 2021-22
British Association of Urological Surgeons (BAUS) Cystectomy Audit Nephrectomy Audit Percutaneous Nephrolithotomy (PCNL) Radical Prostatectomy Audit Female Stress Urinary incontinence Audit	✓	100%
Case Mix Programme (Adult critical care)	✓	100%
Emergency Medicine Quality Improvement Programmes (QIPs): RCEM Fractured Neck of Femur	✓	100%
Emergency Medicine QIPs: RCEM Pain in Children	X	0%*
Emergency Medicine QIPs: RCEM infection control	✓	100%
Emergency Medicine QIPs: Severe sepsis and septic shock (care in emergency medicine)		On Hold Nationally
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	✓	100%
Inflammatory Bowel Disease (IBD) Audit	✓	100%
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	✓	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK)) - <i>previously Confidential Enquiry into Maternal and Child Health (CEMACH)</i>	✓	100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Adult Asthma Secondary Care	✓	100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Chronic Obstructive Pulmonary Disease (COPD) Secondary Care	✓	100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Paediatric Asthma Secondary Care	✓	100%
National Audit of Breast Cancer in Older People (NABCOP)	✓	100%
National Audit of Cardiac Rehabilitation	✓	100%

Eligible audits applicable to UHCW NHS Trust as published in the Department of Health's Quality Account List	Did UHCW NHS Trust participate in 2021-2022	Participation 2021-22
National Audit of Care at the end of Life (NACEL)	✓	100%
National Audit of Seizures and Epilepsies in Children and Young People	✓	100%
National Audit of Seizure Management in Hospitals (NASH)	✓	100%
National Bariatric Surgery Registry (NBSR)	✓	100%
National Cardiac Arrest Audit (NCAA)	✓	100%
National Cardiac Audit Programme (NCAP): Cardiac Rhythm Management (CRM) (Cardiac Arrhythmia)	✓	100%
National Cardiac Audit Programme (NCAP): Myocardial Ischaemia National Audit Project (MINAP)	✓	100%
National Cardiac Audit Programme (NCAP): Adult Cardiac Surgery Audit (CABG and Valvular Surgery)	✓	100%
National Cardiac Audit Programme (NCAP): National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty) (Adult Cardiac Interventions Audit)	✓	100%
National Cardiac Audit Programme (NCAP): National Heart Failure Audit	✓	100%
National Comparative Audit of Blood Transfusion against NICE Guidelines	✓	100%
National Core Diabetes Audit (NDA)	✓	100%
National Diabetes Footcare Audit (NDFCA)	X	0%*
National Early Inflammatory Arthritis Audit (NEIAA)	✓	100%
National Emergency Laparotomy Audit (NELA)	✓	100%
National Gastro-intestinal Cancer Audit Programme (NGICAP): National Oesophago-gastric Cancer (NAOGC) Audit	✓	100%
National Gastro-intestinal Cancer Audit Programme (GICAP): National Bowel Cancer Audit Programme (NBOCAP)	✓	100%
National Head and Neck Cancer Audit	✓	100%
National Joint Registry (NJR)	✓	100%

Eligible audits applicable to UHCW NHS Trust as published in the Department of Health's Quality Account List	Did UHCW NHS Trust participate in 2021-2022	Participation 2021-22
National Lung Cancer Audit (NLCA)	✓	100%
National Maternity and Perinatal Audit (NMPA)		Data currently being validated, participation expected to be 100%
National Neonatal Audit Programme (NNAP)	✓	100%
National Ophthalmology Audit	✓	100%
National Paediatric Diabetes Audit (NPDA)	✓	Data currently being validated, participation expected to be 100%
National Pregnancy in Diabetes Audit (NPID)	✓	100%
National Prostate Cancer Audit	✓	100%
National Smoking Cessation Audit	✓	100%
National Vascular Registry (NVR)	✓	100%
National Diabetes Transition Audit		100%
Neurosurgical National Audit Programme	✓	100%
Sentinel Stroke National Audit Programme (SSNAP)	✓	100%
Serious Hazards of Transfusion (SHOT) – UK Haemovigilance Scheme	✓	100%
Surgical Site Infection Surveillance Service	✓	100%
Trauma Audit & Research Network (TARN) (Major Trauma Audit)	✓	100%
UK Cystic Fibrosis Registry	✓	100%
UK Parkinson's Audit	✓	100%
UK Registry of Endocrine and Thyroid Surgery	✓	100%

The Trust has investigated why the participation rate was lower than expected in some audits.

*Emergency Medicine QIPs: RCEM Pain in Children – Data submission deadline for this audit was October 2021 for year 1 of a 2 year audit. Unfortunately on this occasion the deadline was not met and data for year 1 was not submitted. Remedial actions are in place to collect and submit 2021-22 data by July 2022. This data will be reported on in the National Report releasing in 2023.

*National Diabetes Foot care Audit (NDFA): Data submission deadline for this audit was August 2021. The time period preceding the August 2021 deadline was affected by Covid-19 and foot care clinics were cancelled. Data is being collected and will be included in future NDFA reports. There is also work underway to move data collection from paper to an online tool to reduce waste and improve data quality.

There are fifteen clinical audits included in the Quality Account list published by the Department of Health in which the Trust did not participate due to ineligibility. Of these fifteen audits, UHCW NHS Trust does not provide the relevant service in 11 audits, in two of the audits the Trust does not perform the procedure, and the remaining four audits were not applicable to Acute Trusts.

National Clinical Audits – Key Actions Taken in 2021-2022

The reports of five national clinical audits were reviewed in 2021-2022 and the Trust plans to make the following actions to improve the quality of care for patients:

- An educational programme is provided to all Type 1 Diabetic patients, to provide guidance on Living with Diabetes and promote healthy life styles.
- A young diabetes clinic aimed at teenagers has been created to help those diabetic patients transition from Paediatric Diabetic services to Adult Diabetic Services.
- Paediatric diabetic patients receive a three monthly review of their average blood glucose (sugar) levels HbA1C. These results are monitored to identify children with ongoing high levels of HbA1C so that their treatment can be modified quickly.
- Annual Paediatric Diabetes Review clinics which run between October and November each year. Requests for annual review investigations will be made even if patients have missed their clinical appointments.
- A new Delirium Assessment Tool and Care Bundle has been implemented to increase staff knowledge and ensure those presenting with delirium symptoms are cared for appropriately.
- Two whole time equivalent Chronic Obstructive Pulmonary Disease (COPD) Clinical Nurse Specialist posts have been recruited to. These Clinical Nurse Specialists will have capacity to provide daily support to patients in the Emergency Department (admission avoidance support) and develop links with the community team to set up pathways of care.
- Working as a multi-disciplinary within the Hip Fracture Team is promoted and has improved within clinical teams to aid post-operative recovery of hip fracture.
- Therapy staff have developed plans in collaboration with clinical colleagues for 'prompt mobilisation after hip fracture surgery.'

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. This system is used to record information about patients 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 put right any issues. The Trust submitted records from 2021-22 to the Secondary Uses Service, (SUS), for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data between April 2021 to January 2022, which included the patient's valid NHS number was:

- 99.8% for admitted patient care
- 99.9% for outpatient care
- 97.6% for accident and emergency care

The percentage of records in the published data between April 2021 to January 2022 which included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care
- 100% for outpatient care
- 99.8% 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:

- A Data Quality Assurance Group is held on a recurring basis to provide assurance that there is a consistent approach to reviewing and monitoring compliance of the Data Quality Policy across the Trust.
- Published Data Quality Policy and Data Quality Framework.
- Standard Operational Procedures for administrative duties developed with comprehensive training packages.
- A Data Quality Dashboard is available Trust-wide to act as one central platform for data quality compliance metrics, validations and publication of national data standards.

Learning from Deaths

UHCW NHS Trust has an in-depth mortality review process that supports the national guidance on Learning from Deaths published in 2017. For each patient admitted to hospital aged 18 and above who dies, an initial review of their care is undertaken and graded according to the standard of care they received. A Structured Judgment Review is conducted by an appropriate consultant or team if potential problems in care have been identified in the initial review process; this is to encourage learning from patient outcomes and identify where improvements in services can be made.

The Medical Examiner supports the medical certification of death process and reviews the records of patients that have died to identify immediate learning or problems in care that require further scrutiny. The Medical Examiner Team also supports bereaved families and carers through the bereavement service. The number of deaths of inpatients who have died during 2021-2022 (year to date) is **1814**.

The number of in hospital deaths of patients over the age of 18 per quarter is illustrated below.

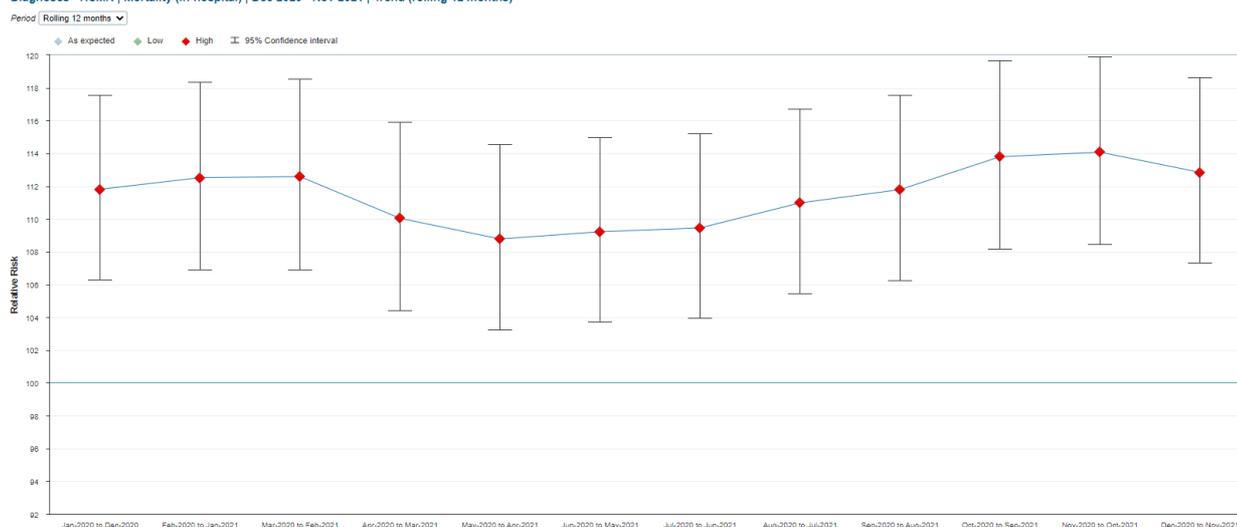
2021/2022	Number of Deaths	Number of Reviews Completed	Number of Structured Judgement Reviews Completed
2021/2022	1814	1430	53
Q1	403	389	2
Q2	507	473	26
Q3	588	461	22
Q4	316	107	3
(Data correct 22.02.2022)			

Mortality outcomes data (SHMI and HSMR)

- UHCW NHS Trust uses the National Hospital Standardised Mortality Ratio (HSMR) and Summary Level Hospital Indicator (SHMI), which measure mortality in terms of the number of patients who die following a hospital stay at the Trust and the number that would be expected to die based on the average population and the characteristics of the patients.
- 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. SHMI uses a benchmark of 1 to monitor performance. The HSMR uses a benchmark of 100 to monitor performance.

Indicator: SHMI Mortality Rates [source: NHS Digital]	UHCW Most recent rolling 12 month period (10 February 2022)	Highest reported	Lowest reported
SHMI value Nov 2019- Oct 2020	1.0769 Band 2 (within expected range)	1.1909 Band 1	0.7132 Band 3
Observed deaths	2,480	3,105	1,210
Expected deaths	2,305	2,605	1,700

Diagnoses - HSMR | Mortality (in-hospital) | Dec 2020 - Nov 2021 | Trend (rolling 12 months)



Graph: UHCW HSMR performance trend over 12 months

The Trust routinely investigates diagnosis groups with higher than expected mortality to ensure data quality and identify clinical care for areas of improvement and learning. This complements the Trust's Mortality Policy to review deaths of all inpatients over the age of 18 years.

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 patients receiving palliative care across all admissions during this time is 4.9%, the Trust is below national average at 3.1%. The Trust continues to monitor its position against the national average as an indicator of the delivery of palliative care services.

COVID-19 Mortality

UHCW NHS Trust recorded its first COVID-19 related death on the 22nd March 2020. A COVID-19 death relates to a patient who passed away within 28 days of a positive result and has COVID-19 listed as either part one or part two on their death certificate. The cumulative total number of observed deaths related to COVID-19 (since March 2020), up to and including 22 February 2022, is 939. The Trust monitors deaths related to COVID-19 through the Mortality Review Committee and learning from the Mortality Review Process is shared at the committee as well as within the clinical areas quality improvement and patient safety meetings (QIPS). All patients have a primary Mortality Review and a further Structured Judgment Review where required.

Perinatal and Paediatric mortality

All perinatal deaths receive a mortality review using the national tools provided in the Perinatal Mortality Review Tool (PMRT) and are reported to MBRRACE- UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries. Parent's perspectives are included in all reviews.

Neonatal and Child deaths in hospital are reviewed by the Paediatric Team and reported to the child death overview panel and Mortality Review Committee.

Any patient safety incidents relating to Perinatal Mortality that meet national reporting criteria are investigated by an independent authority, the Healthcare Safety Investigation Branch (HSIB). Any learning identified from Perinatal and Paediatric mortality is shared at the Mortality Review Committee and across the organisation including action plans which are received at Trust Board.

Patient Reported Outcome Measures (PROMS)

The NHS Outcomes Framework is a set of indicators developed by the Department of Health and Social Care to monitor the health outcomes of adults and children in England. The framework provides an overview of how the NHS is performing. There are five domains within the national NHS outcomes framework. These are areas of performance for which there are agreed national indicators.

The Trust provides information to NHS Digital which, in turn, provides us with a comparison against other Trusts; by publishing these figures we can compare our performance with the best, the worst and the average performing trusts in the NHS.

UHCW NHS Trust did not submit PROMS data for hip replacement surgery and knee replacement surgery for the full year of 2021-22. The Trauma and Orthopaedic Team is seeking guidance from Quality Health about future reporting of these PROMS scores.

Emergency Readmissions

Below shows the results for helping people to recover from episodes of ill health or following injury. Please note 2021-22 data was not available when this Quality Account was compiled:

Related NHS Outcomes Domain 3					
Indicator: emergency readmissions to hospital [source: NHS Digital]	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 30 days of being discharged from a hospital which forms part of the trust during the reporting period	2019-20	10.4	12.5	2.4	56.8
	2020-21	8.8	11.9	5.1	19.5
	2021-22	Data not yet available*	Data not yet available*	Data not yet available*	Data not yet available *
the percentage of patients aged 16 or over readmitted to a hospital which forms part of the trust within 30 days of being discharged from a hospital which forms part of the trust during the reporting period	2019-20	13.4	14.7	4.1	23.1
	2020-21	16.5	15.9	1.1	31.5
	2021-22	Data not yet available*	Data not yet available *	Data not yet available *	Data not yet available *

**Indicates the information is not available on the NHS Digital portal. There is an ongoing review by NHS Digital of Emergency Readmissions that has been on hold during the pandemic. During the review this indicator is designated as an experimental statistic.*

Positive Experience

Another of the domains within the national NHS outcomes framework the Trust measures against is ensuring that people have a positive experience of care, shown below. Please note data was not available for 2020-21 in line with national reporting and the impact of COVID-19 and 2021-22 data was not available when this draft Quality Account was compiled:

Indicator: A positive experience of care [source NHS Digital]	2019-20	2020-21	2021-22	National Average 2021-22	Lowest and Highest Reported Trust 201-22
The Trust's responsiveness to the personal needs of its patients during the reporting period.	64.4	63.9	Data not available until August 2022	Data not available until August 2022	Data not available until August 2022
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%	76.6%	70.6%	66.9%	Lowest 43.6% Highest 89.5%

Complaints

Improving the experience of each individual patient is at the centre of the NHS Constitution. Obtaining feedback from patients and taking account of their views and priorities is vital for the delivery of high quality services and for driving real service improvements.

Formal complaints are escalated to, and managed by the Trusts Complaints Team in accordance with the NHS Complaint Handling Regulations. Complaint Officers meet group representatives weekly and themes and escalations or concerns are shared. Organisational trends and themes are reported to Trust Groups via monthly reports, quarterly and annual reporting to Trust Board.

The Patient Advice and Liaison Service (PALS) is a core service that provides timely and appropriate access to help, advice and information to the users of the service. PALS also facilitate self-advocacy and will assist with discussions and negotiations between service users and representative of the Trust.

During 2021-2022 the Trust received 396 formal complaints, of those received 94.7% were responded to within 25 Working days of receipt. The total number of formal complaints has reduced from previous years due to improvements in the initial triage of complaints when received by the Trust with an emphasis on local resolution in the first instance.

Parliamentary and Health Service Ombudsman (PHSO)

- 22 new requests received in 2021-2022.

Year by year complaints received comparison

Total Number of Complaints	2016-17	2017-18	2018-2019	2019-2020	2020-2021	2021-2022
University Hospital, Coventry	570	619	641	545	343	382
Hospital of St. Cross, Rugby	35	27	35	31	19	10
Other	1	4	4	14	2	4

Totals	606	650	680	590	362	396
Referred to the PHSO	30	19	4	7	8	22

The top 5 themes of formal complaints received.

Theme	Number
Communications	62
Clinical Treatment - Surgical Group	45
Patient Care including Nutrition / Hydration	43
Clinical Treatment - General Medicine Group	39
Clinical Treatment - Accident & Emergency	37

Further information can be accessed via the Complaints and PALS Annual Report on the Trust's website: www.uchw.nhs.uk (available from July 2022).

Patient Insight and Involvement

In 2021 the Patient Experience and Engagement Committee was reinstated. The Committee is responsible for considering all matters that relate to improving patient experience and engagement across the Trust and providing updates on matters relating to patient experience and engagement, as well as assurance to the Trust Board.

The Committee is supported by Teams from across the Trust as well as our Patient Partners which has driven improvements in the main reception area of University Hospital, the Trust's website, action based on feedback from the National Survey programme, supported the implementation of Communication Boards on all ward areas and receives assurances from the Trust's Estates Team in regards to environmental changes. The Committee allows the Trust to triangulate data and learn from common themes which are identified in Friends and Family feedback, Complaints and Patient Advice and Liaison Service (PALS).

The Patient Insight and Involvement Team have continued with the 'Thinking of You initiative' which supports patients to stay in touch with friends and family outside of the Hospital whilst visiting restrictions in response to COVID-19 remain in place. The 'Thinking of You' initiative enables friends and family of patients to send a letter and photos to their loved one on our wards by completing a simple form on the Trust's website. To date over 4000 messages have been delivered to patients by the Patient Insight and Involvement Team.

The PALS service continued to operate throughout the pandemic moving to a virtual service in the initial phases and re-introduced face-to-face service over the summer of 2021. PALS specialise in providing responsive support to our patients and visitors alongside escalation of themes to ensure the organisation receives real time feedback on our patient's experiences. NHS England and Improvement reinstated the Friends and Family Test survey in 2021, however the Trust continued to collect this feedback to ensure the changes we were making in response to COVID-19 kept the patient at the heart of everything we do.

The Patient Insight and Involvement Team have led on a number of Departmental surveys during the past year to support learning from what our patients tell us. Departments that have undertaken local surveys in their areas include; Infection Prevention and Control, Heart Failure, Respiratory, Neonatal Community Service and Gynaecology. The Trust has continued to support NHS England and Improvements National Survey Programme as well as our commitment to listen and act upon the patient's voice. Patient Stories continued to be shared with the Trust Board throughout 2021-22 to ensure to enable the Board to hear about people's experiences in a number of Departments as the Trust reinstates services following COVID-19.

Reducing Infection

The Trust recognises effective Infection Prevention and Control (IPC) is central to keeping our patients, visitors, and staff safe. We strive to ensure every patient is afforded high standards of IPC and that the primary consideration in delivery of care is safety. Reduction of healthcare associated infections (HCAIs) remains a key priority for the Trust.

Improvement action highlights:

- We have created a system of measurement to gather patient and public feedback on matters relating to IPC. This includes a quarterly “Confidence in Care” survey which seeks to understand patients experience regarding mask wearing, hand hygiene and signage. We do this by undertaking audits and working alongside patient experience teams. All our clinical groups have been involved in the Team Green 2020+ Programme during 2021/22 which utilises technology to improve cleaning protocols and infection prevention and control practices within our organisation.
- All clinical areas monitor and measure hand hygiene performance to ensure we are reducing the risk of cross infection. We use a standardised format to do these assessments, and ensure that observers receive training and support to do this effectively. This data is used to develop a plan for ongoing education and training, both locally (at ward or department level), and Trust wide.
- We have introduced a rapid test in our emergency admission areas which can be used to identify patients who have a respiratory virus (including COVID-19). This enables us to identify those patients with respiratory virus more quickly and helps ensure they receive appropriate care in a timely manner. It also allows us to place those patients in an appropriate area so that their infection status does not pose a risk to others.

Infections

Clostridioides difficile (C.diff)

Each C.diff infection that is acquired in hospital is investigated to ensure, where possible, that the reason for the infection is identified. We also identify any learning and ensure this is shared with relevant clinical teams across the trust. The investigation process involves discussion with staff from different disciplines involved in the care of the patient to ensure an in-depth investigation is carried out. A target was set during 2021-22 that the Trust should have no more than 70 cases of C.diff and during this period the Trust met this with a reported 69 cases of C.diff.

Some of the actions put in place for 2022-23 to prevent C.diff infections include a collaborative approach between the IPC team, our IPC medical leads and specialist Pharmacists to improve practice on prescribing of antibiotics as well as updated educational support to wards and departments.

Methicillin Resistant Staphylococcus Aureus (MRSA) Bacteraemia

We continue to work to prevent bacteraemia (blood stream infections) including bacteraemia caused by MRSA. UHCW has an extensive programme of screening patients for MRSA, and if found to be positive patients are offered decolonisation treatment to reduce the risk of becoming unwell with MRSA. Decolonisation is continued for the duration of a patients stay.

MRSA can be found on the skin. We ensure high standards of IPC practices including hand hygiene and aseptic procedures are used when we are inserting any devices such as cannula for intravenous medicines in order to prevent MRSA getting into the bloodstream and causing a bacteraemia.

The Trust has reported a total two cases of MRSA bacteraemia in 2021-22 although our target was to have 0 cases. An investigation review is undertaken for each MRSA bacteraemia by the medical and nursing teams from the area, clinical commissioning group infection control team, and the specialty clinical lead and management teams. The investigation follows a nationally recognised framework and the actions and lessons learnt are implemented and communicated across the organisation through a weekly safety huddle as well as being reported to appropriate committees.

Gram Negative blood stream infections

Since April 2017, there has been an NHS ambition to halve the numbers of healthcare associated Gram-

negative blood stream infections (BSI). The top three Gram-negative BSI causative organisms are *Escherichia coli*, *Pseudomonas aeruginosa* and *Klebsiella species*. 70% of these infections originate within the community, and 30% within hospitals. Elderly patients are known to have an increased incidence of these types of infections. .

In 2021-22 a threshold target was set for hospital trusts in regards to Gram negative BSI's. The Trust was above the expected trajectory for the year and therefore the focus for 2022-23 will be to establish a robust investigation process into each case, similar to that which is in place for MRSA bacteraemias. As urinary catheters increase the risk of these type of infections, we have developed a new catheter care working group in collaboration with our partners from across the wider healthcare system which will oversee focused work on the care of urinary catheters both in hospital and community settings to support the reduction in infections.

Incident Reporting

[Please note some of this section reports on 2020-21 information as 2021-22 is not available until September 2022].

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's online incident reporting system (Datix) allows any member of staff to report an incident. This allows us to detect trends and alert the Patient Safety Team. This also prompts the escalation and investigation of Serious Incidents (SIs), where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations so significant, that a more comprehensive response is required. Patient Safety Incidents can therefore be classified in a number of different ways; namely by actual harm, incident type and by the criteria for reporting as a SI to the Clinical Commissioning Group (CCG).

The Trust is required to report all incidents nationally via The National Reporting and Learning System (NRLS). There is an eligibility criteria for upload data from all NHS trusts, which excludes Patient Safety Incidents relating to deaths which are 'Not as a Result of a Patient Safety Incident', i.e. where the incident did not contribute to the outcome for the patient. The reporting of all incidents is encouraged across the Trust regardless of the degree of harm and Datix training is provided to staff across the Trust to support in the identification of immediate learning and sharing of learning at safety huddles.

Since the last report the Trust has exported 15,939 Patient Safety Incidents between the 1st April 2020 to 31st March 2021 to the NRLS. This is a decrease of 696 Patient Safety Incidents compared to last year however there is no evidence to suggest potential under-reporting within the Trust, and the Trust awaits a formal comparative benchmark report.

At UHCW NHS Trust, all reported incidents are investigated according to the type of incident and their potential for harm. All incidents that resulted in moderate harm or above were reviewed and responded to by the Patient Safety Response team, to identify immediate learning, support staff and stop the line on any immediate safety issues.

The Trust shares the outcomes of these investigations and trend analysis across the organisation. The trends of Patient Safety Incidents are monitored monthly via the Patient Safety and Effectiveness Committee (PSEC) which reports to the Quality and Safety Committee (Q&SC). In addition, a quarterly report detailing all Serious Incidents and Never Events is submitted to Trust Board meetings.

Data collection

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 the NRLS has what is known as a cut off period for data submission, so data submitted after that time does not show in the published report. The publication of this year's Explorer

tool is delayed for testing the new annual format, therefore the Trust have not received the annual comparative data set (*NRLS (September 2021) Official Statistics Release*).

The NRLS data from 1st April 2020 to 31st March 2021 reported 13 deaths confirmed as a result of a Patient Safety Incident and 27 Severe Harm incidents at the Trust, at the time of the extraction by the NRLS for its report (30th May 2021).

Following the publication of revised guidance from National Patient Safety Team at NHS England/Improvement in February 2021, the Trust were required to retrospectively report **all** ‘probable’ or ‘definite’ hospital-onset healthcare associated COVID-19 infection death is defined as within 28 days of death and/or COVID-19 is cited on either Part 1 or Part 2 of the death certificate. This led to a deep dive of all reported hospital acquired COVID-19 infections against the NRLS harm criteria and retrospective reporting of harmful incident.

In total, of the 16,903 incidents reported by the Trust 0.36% resulted in severe harm or death during April 2020 to March 2021, there was no change in comparison to April 2019 to March 2020.

Data	No Harm	Low	Moderate Harm	Severe Harm	Death	Total
NRLS	11,978	3,613	308	27	13	15,939
UHCW	12,995	3,692	154	30	32	16,903

12 month raw data extract

It is noted that incidents that do not meet the NRLS definition are excluded from the upload, such as community acquired pressure ulcers. However, the Trust continues to encourage openness and the reporting of these incidents, ensuring they are reviewed appropriately. This may reflect the difference in the number of incidents recorded by the NRLS and the Trust.

Serious Incidents (SI)

In March 2015 NHS England (NHSE) published the revised Serious Incident (SI) 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. All SIs are investigated using the Root Cause Analysis (RCA) methodology in accordance to the National SI Framework to ensure that lessons are learned.

The National SI framework remains under review nationally. SIs are then monitored by the weekly multi-disciplinary Serious Incident Group (SIG), chaired by the Chief Quality Officer. SIG also ensure that where required the SIs are externally reported to the Clinical Commissioning Group (CCG) and National Strategic Executive Information System (StEIS).

The Trust registered 80 SIs from April 2021 to March 2022 (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.”*

From April 2021 to March 2022 the Trust reported five Never Events. All incidents were initially reviewed by the Patient Safety Response team to identify and share immediate learning. These cases have also been robustly investigated via the SI process. The root cause of these investigations and recommendations for learning have also been shared across the Trust via quality improvement and patient safety (QIPS) meetings.

Saying Sorry also known as Duty of Candour

The Trust has a policy for Saying Sorry, (Duty of Candour), which ensures patients and their relatives are informed of any investigation of incidents which may have caused moderate harm.

During 2021/2022, the Patient Safety Team has taken the following actions to support in the delivery and compliance of the requirement:

- Continued development of a Patient Support Liaison role to support clinical groups and patients and/or families in eligible cases, in line with National Patient Safety specialties system working.
- Daily support from a member of the Patient Safety Team is available to staff carrying out a Duty of Candour conversation.
- The Trust has implemented a process, for inviting patients and or their families who have been involved in patient safety incident to share their story with the Trust Board.
- Continued work on the Serious Incident Investigation template, against the Healthcare Safety and Investigation Branch (HSIB) national investigation report template, to improve the readability of reports for patients and their families.

Speak Up

Raising Profile of the Guardian Role

The Freedom to Speak Up Guardian is supported by Freedom to Speak Up Ambassadors (previously known as Confidential Contacts) who have a key role in helping to raise the profile of Raising Concerns 'Speaking Up' and bring about cultural change at UHCW NHS Trust. Staff can confidentially speak to the Guardian or Ambassadors if they have questions about a public interest concern or have concerns that have been previously raised with their managers which have not been dealt with satisfactorily or effectively. The Trust made progress on increasing the Ambassador numbers from eight in April 2021, to a current number of 14. Any learning from raised concerns internally or from the National Guardian Office case reviews, are shared at Trust Board where the Guardian delivers a biannual report.

Supporting Staff with COVID-19 Concerns

In addition to the Question and Answer sessions provided for employees by the Chief Officers the Communications Team provides additional support in ensuring the profile of the Guardian/Ambassadors' roles are available through internal communication channels, such as the staff intranet. Encouraging staff to raise concerns through all existing channels, the Guardian and Ambassadors, continued to support staff to speak up utilising the Raising Concerns Policy during 2021-22.

Supporting Staff to Speak Up

Overall in 2020/21 there were a total of 49 formal concerns and during 2021-2022, 31 formal concerns were raised and 59 phone calls seeking informal advice or signposting.

The number of formal concerns has decreased with an increase in informal concerns which indicates an increased awareness in the Guardian Role and Raising Concerns Policy.

Common issues raised relates to working relationships; themes indicating poor behaviours, incivility and bullying. This is reflective in staff seeking advice from the Guardian/Ambassadors, prior to considering grievances. Conversations enabling and empowering staff to Speak Up to their peers, and or managers, has become a large part of the Ambassador role.

Phone calls to both the Guardian and Ambassadors require signposting staff to information on UHCW NHS Trust's internal e-Library page which directs staff to relevant Trust policies and links to Professional Bodies such as Nursing and Midwifery Council (NMC) or General Medical Council (GMC).

In response to Concerns raised with the Freedom to Speak Up Guardian or Ambassadors, there is process whereby the concern is escalated to the senior management team for the department this relates

to, so the concern can be addressed locally and feedback can be given to the individual who had initially raised an issue. There is a three month and six month follow up to understand any lessons learnt, changes in practice, and understand if further concerns have been highlighted. A number of Trust departments have embraced 'Speaking Up' at the end of their department huddles, to encourage all staff to raise concerns at the earliest opportunity.

The Trust has a Non-Executive Director (NED) Board and Lead for Freedom to Speak Up, playing an active role in monitoring the organisation's culture at Trust board level, and supporting the Guardian personally.

During 2021-22, the UHCW Guardian has developed a bespoke Raising Concerns app which will provide an additional avenue to raise concerns. This app enables staff to raise concerns anonymously, but at the same time allows the Guardian to analyse reasons behind choosing to raise concerns in this manner and actively address the issues highlighted. UHCW NHS Trust's Speak Up app will be available to all employees from mid 2022.

2022-2023 Plans:

- UHCW NHS Trust to continue to promote Raising Concerns throughout the Trust.
- Re-launch of the Freedom to Speak Up Ambassador role which links the Ambassador role closer to the Guardian role.
- Launch the Trust's bespoke Raising Concerns App.
- Discussions linking UHCW Raising Concerns Policy to employee ESR online portal for all employees to access, inclusive of Bank staff, Temporary Contracts staff.

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

You can also share your views:

- emailing us at insightandinvolve@uhcw.nhs.uk or
- by visiting our website www.uhcw.nhs.uk or
- by visiting NHS Choices website at www.nhs.uk

We look forward to hearing your comments and suggestions.

Commentary from Stakeholders

Healthwatch Coventry Commentary

Healthwatch Coventry represents the interests of patients and public in local NHS and social care services. We are asked to consider if a trust's quality account shows the following:

1. reflects peoples' real experiences as told to Healthwatch
2. shows a clear learning culture in the Trust that allows people's real experiences to help the provider get better
3. contains priorities for improvement that are challenging enough and is it clear how improvement will be measured

The version we received to produce this commentary did not contain most of the data.

Overall

The COVID-19 pandemic, COVID-19 vaccination and NHS backlog recovery schemes have been the dominant features of the year.

We welcome the opening of more car parking at the Walsgrave site. Over the years we have been putting forward patient public feedback about getting to the hospital including issues with the site layout and insufficient parking.

Last year's priorities

Priority 1 – Patient Safety

To recruit two Patient Safety Partners on their safety-related clinical governance committees...

This was postponed due to COVID-19 and delayed national guidance. However we feel the Trust could potentially have progressed this in other ways related to drive behind the role of developing the perspective of patients/people within patient safety. This could have been reported here

Priority 2 - Clinical Effectiveness

To improve how the Trust evidences the implementation of National Institute for Health and Care Excellence (NICE) guidance...

From the information gives it isn't possible to understand what the actions led to and how they were beneficial for patients.

Priority 3 – Patient experience

...ensure that the voice of our patients is heard with a particular focus on underrepresented groups in order to:

- *Shape and design the services that we provide.*
- *Improve care experiences for all of our patients.*
- *Close the healthcare gap for under-represented groups to improve the prevention and management of health for these communities.*

It is positive that the PALS service has begun to collect patient demographic information. We had previously asked what demographic information the Trust collects.

Has any feedback been gathered on the new online form – is it working from patient point of view?

Were any outcomes recorded from the information on local radio stations and from the involvement of patient partners?

Community partner programme – there are some similarities to other work/ideas being taken forward by other organisations in the local system. There are opportunities to co-ordinate and join up.

Priorities for 2022-23

Healthwatch Coventry took part in a priority setting online workshop along with people from other organisations and individuals. The focus of this workshop was providing information about the priorities the Trust had identified rather than gathering ideas or information from participants.

Priority 1 – Patient Safety

Gathering patient and relative feedback is welcomed. This should be built into oversight and review processes. It is also important to let people know how their feedback has made a difference.

Priority 2 - Clinical Effectiveness

Some information to help a lay audience understand this work better would be helpful. Information about how outcomes will be identified and measured is needed. Audit against guidelines is a good way to support and implement these as it gives an objective base from which to change practice.

Priority 3 – Patient experience

We welcome steps to ensure that different people and communities can feed into the development of the Patient Portal as this is essential to its effective design. It is hard for individual people to represent the experience and view of others and so a broad based mechanism for involvement is best. There are multiple factors which may prevent local people from accessing the portal which will need to be understood. Patients and people should be at the heart. UHCW should also see which partner agencies which have related understanding or have done pieces of work and link up.

Other quality information

Most of the 2020-21 data was not available in the version of the document we saw.

The trust continues to be rated as 'Good' by the Care Quality Commission, with CQC inspections suspended due to the pandemic.

The trust does not highlight issues as part of the document – for example last year staffing levels were highlighted as an issue. This seems to be a gap in the content.

Involvement of patients and public

The figures for complaints, ombudsman cases and PALS contacts were not in the draft we received.

We know from our work that this has been a very busy period for the hospital PALS service.

The most frequent topics of contact with Healthwatch Coventry regarding the Trust this year were related to communication, waiting times and treatment/care.

People told us about problems:

- getting through to the hospital and finding out about loved ones being treated on hospital wards and their discharge plans
- waiting times for treatment
- the usefulness of information regarding planned operations and treatments and queries about waiting times

The trust describes its 'thinking of you' initiative to get messages from loved one to those in hospital, however this was about sending information rather than receiving it.

We have sought conversations with the Trust about:

- ways to improve communication with patients
- developing the information sent out to people about their appointments where there is a long waiting period
- an idea for a joined up piece of work to develop useful localised information for people who are waiting for treatment and avoiding people being directed to different organisation in the system e.g. hospital back to GP

We look forward to an interesting year as health and care reorganisation continues and will continue to work with the trust.

UHCW NHS Trust Response:

We welcome the response from Healthwatch Coventry and the Trust would also like to thank Healthwatch Coventry for its contribution in this year's Quality Account Priority setting workshop held in February 2022. The Trust is really pleased that it was able to open its new car park this year and improve traffic flow around the Trust for our patients, visitors and staff which we appreciate has been a concern raised for a number of years with Healthwatch Coventry.

Healthwatch Coventry received a draft of this Account and at that time not all data was validated hence why it was not included. All data included in this version is validated and is the most recent data available that the Trust can share publically at the time this Quality Account was published.

At the time of publishing this report the Patient Experience Team is scoping the proposed UHCW Community Partner Programme and working with internal and external teams to better co-ordinate public involvement and engagement and planning the best way to implement this new Programme. The Patient Safety Team would like to assure Healthwatch Coventry that they are committed in introducing Patient Safety Partners and are currently working with system partners, like other Trust's and the Integrated Care Board to scope and decide whether this should be a joint approach between all organisations across Coventry and Warwickshire.

The Trust is continually reviewing the content of its Quality Account to make it readable and relevant to all audiences; however it is important to highlight that the Trust has to also be mindful of meeting statutory requirements required in regards to a Quality Account.

UHCW NHS Trust looks forward to working with and moving forward with the conversations Healthwatch Coventry has outlined, in 2022-23.

Coventry and Warwickshire Clinical Commissioning Group Commentary

NHS Coventry and Warwickshire Clinical Commissioning Group (CCG) welcomes the opportunity to comment on the draft University Hospitals Coventry and Warwickshire NHS Trusts' (UHCW) Quality Account. The Quality Account has been produced in the most unprecedented circumstances and CCG wishes to acknowledge the enormous amount of work undertaken during the pandemic and would like to thank staff for their continued endurance, compassion and commitment shown.

The CCG believes that the Quality Account for 2021-2022 contains an accurate reflection of the quality of services provided by the Trust. Whilst not all the data fields were complete, the CCG has reviewed the information presented against data sources available to the CCG as part of contract quality and performance management reporting.

It is acknowledged that there has continued to be many challenges for both the Trust and across the system with the ongoing pandemic and the increase in patients' needs following the lifting of restrictions. The Trust has continued to respond in both a positive and innovative way to manage the changing situation.

The Trust has continued to work throughout this time with the CCG in the spirit of openness, transparency and in collaboration to develop and strengthen the working relationships established through new ways of working. Whilst we have stood down quality assurance visits, we have undertaken onsite infection control and prevention supportive visits to both UHCW and Rugby St Cross during the last year. We have also maintained regular virtual quality assurance meetings throughout the year and look forward to building on these relationships as we move towards the Integrated Care System (ICS) and revised collaborative ways of working during the year ahead.

We applaud the Trust on the work undertaken with the NHS Accelerator Programme, and the investment in facilities at both Coventry and Rugby so that more patients could be seen and access services more quickly once services were restored. We welcome and support the plans for all relevant services to participate the Getting it Right First Time (GIRFT) Programme going forward to reduce unnecessary variation and improve outcomes, The CCG look forward to the joint working with wider healthcare partners across the ICS, which will further enhance peoples' whole pathway experiences. The Trust's continued engagement with the national clinical audit programme is well evidenced. It is reassuring to see the Trust acknowledges and responds to areas identified through these processes for improvement.

We acknowledge and support the Trust's continued focus on patient safety and welcome the plans to embed human factors tools and methods to ensure learning from incidents and events. We are aware of the work taking place within the Trust to meet the immediate and essential actions as recommended from the Ockenden report. It is worth noting that this patient safety work will further support staff to implement improvements to address any underlying issues with the aim of strengthening the broader resilience of sustainable safety systems for Maternity and Neonatal services and create a culture where staff feel safe and supported to speak up.

We note that the Trust has not specifically highlighted in the Quality Account the early identification and management of sepsis which has been an area of scrutiny for the CCG. We recognise the work that has already taken place and would highlight the importance of continued work on improvements for early recognition of people who might present with sepsis as part of the improvement plans.

The work planned to involve patient's representative in the design and development of a Patient Portal alongside the Electronic Patient Record (EPR) project will empower people to manage their own health by supporting them to manage and interact in a positive way to access services. The CCG look forward to hearing about this work as it progresses. We welcome the focus on meeting the requirements of the Accessible Information standard as an area for improvement. We note the Trust has implemented work to help ensure that the voice of patients is heard and are pleased that the Trust plans to build on this work to make further improvements to meet the needs of our local population, which would include underrepresented communities.

In conclusion, the CCG commend the work undertaken to date and look forward to their continued determination in providing a quality service and endorse the new quality priorities for 2022- 2023. We look forward to continuing our collaborative approach to quality improvement and confirm that the CCG fully supports the priorities identified by the Trust in its Quality Account for 2022 – 2023.

UHCW NHS Trust Response:

The Trust thanks its Commissioner colleagues for their measured and positive response to what has been reported in this year's Quality Account and for recognising the hard work undertaken by Trust staff this year as they manage the consequences of the pandemic. The Trust is committed to continuing to be open and transparent with its CCG Colleagues and would like to thank the CCG for endorsing the 2022-23 Quality Priorities.

We would like to thank our CCG colleagues for the onsite infection control and prevention supportive visits and for the regular quality assurance meetings, these were well received by all those involved and we are committed to continually driving quality improvement in partnership with the CCG. The Trust is also committed in its part in the Integrated Care System as demonstrated in our new Organisational Strategy and look forward to working with partners in the Integrated Care System on many future projects, including GIRFT, Patient Safety Partners and the EPR Programme.

Although not a focus area of UHCW NHS Trust's Quality Account the Trust recognises the importance of the Ockenden Report. The Trust's Maternity and Neonatal Services offer a high standard of care which we are very proud and the Trust has been able to assure and give evidence that "immediate and essential actions" outlined in this report are already been met by and has been evidenced by the Maternity and Neonatal Teams.

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



Chief Executive Officer



University Hospital
Clifford Bridge Road
Coventry CV2 2DX

Hospital of St Cross
Barby Road
Rugby CV22 5PX

www.uhcw.nhs.uk

024 76964000