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**University Hospitals**  
**Coventry and Warwickshire**  
NHS Trust

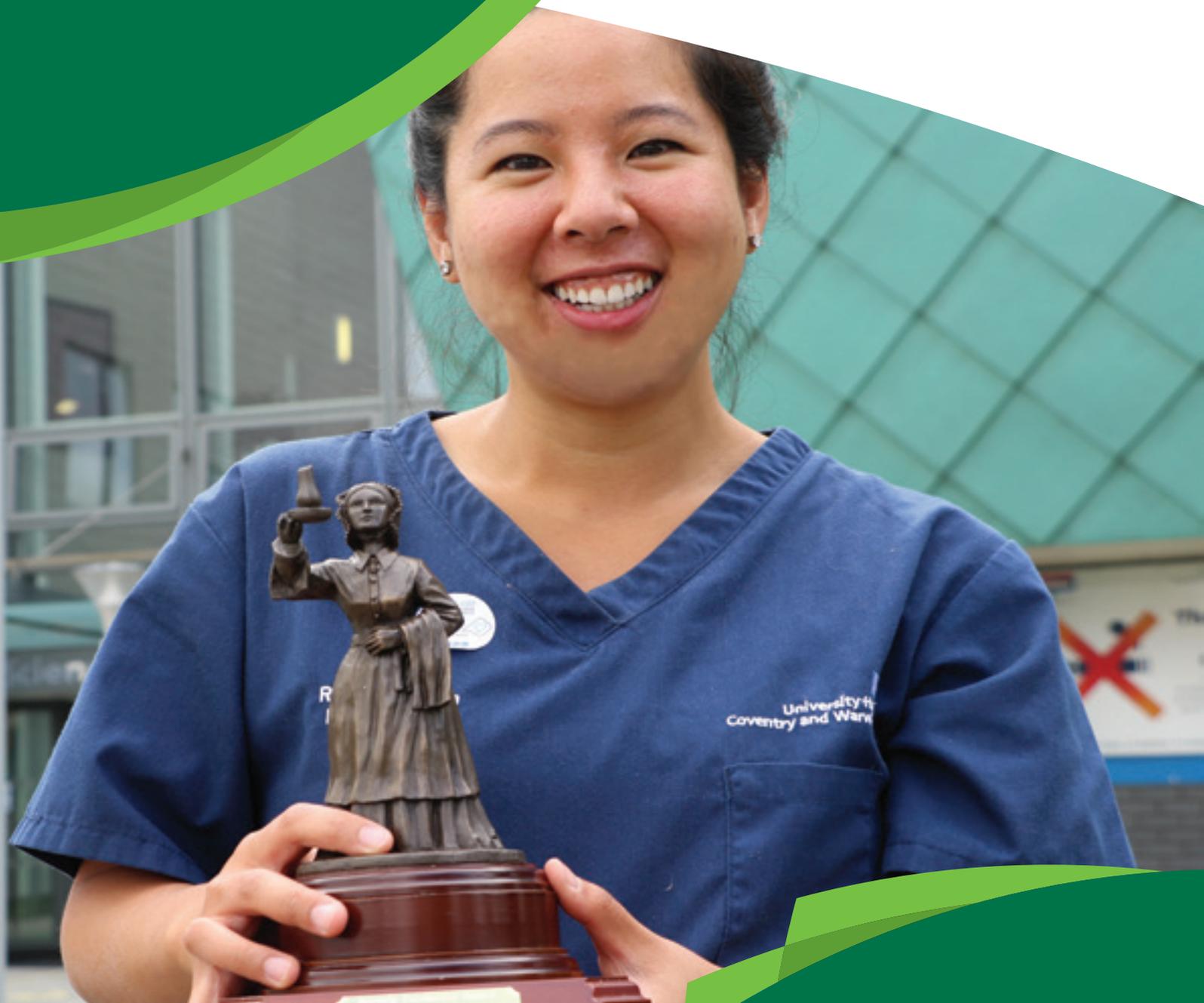
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# Quality Account 2022-23



Soundtrack for life.  
Patients selecting music  
for the birth of their baby.



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# Foreword: Andy Hardy, Chief Executive Officer

**Welcome to our Quality Account for 2022-23. 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 Trust's in the country, offering both general and specialist services across our two hospital sites, University Hospital, Coventry and the Hospital of St Cross, Rugby.

The Trust has been - and continues to be - on a journey of continuous improvement. Over the last year we have continued to reduce our waiting lists after becoming the first teaching Trust in the country to eliminate the number of patients waiting more than 104 weeks for elective surgery, while extending visiting hours to enable inpatients to spend more time with family and friends.

Better never stops as we aim to deliver our ambition to be more than a hospital and we are always striving to achieve excellence in all that we do.

Working towards building a better future for healthcare, UHCW NHS Trust has entered into a new partnership with the Virginia Mason Institute (VMI) – following our initial five-year collaboration which began in 2016 – and we are now one of only two healthcare Trusts in Europe formally accredited to provide training and certification for other NHS organisations across the country.

Enabling us to support the NHS at being the best we can for our patients, we also became the first university hospital in the UK to be awarded the internationally acclaimed Pathway to Excellence® designation, demonstrating our commitment to leading the way in enhancing quality of care, patient and staff safety and the future of healthcare delivery.

Following an inspection from the Care Quality Commission (CQC) into our Maternity service in November 2022, our teams were commended for their collective focus on continuous improvement. UHCW NHS Trust became the first Maternity service to achieve the highest possible rating of outstanding for the well-led category as part of the CQC's National Maternity Services Inspection Programme, with the rating for 'safe' and the overall rating both remaining as Good. Providing good healthcare is only one way to improve people's health and wellbeing. Our move to an Integrated Care System enables us to work closely with partners to address other factors that might affect people's health such as housing, education and access to employment. It also supports us to tackle the inequalities people face in accessing services, their experience of services and the outcomes of care.

With this in mind, it was a particularly proud moment to see the Trust win the Health Service Journal's Innovation and Improvement in Reducing Healthcare Inequalities award for developing a pioneering approach and software to ensure patients are prioritised based on clinical outcomes, taking into account clinical, operational and social factors, with the project described by judges as a great illustration of turning a national health inequalities policy into practice.

Alongside our accomplishments, we have invested heavily in the future of the Trust. A £15 million redevelopment of our Accident and Emergency services has further improved the Trust's emergency care pathway, while ongoing investments into ground-breaking robotic-assisted surgical systems ensure we are at the forefront of providing world class care.



As always, I would like to thank all our staff, volunteers, partners 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 communities.

**Professor Andy Hardy,**  
Chief Executive Officer



## Quality Account Improvement Priorities 2022-23 and Achievements

The Trust continues to focus on Quality Improvement and regularly receives reports on progress on safety (such as improvements in Maternity and the quarterly Patient Safety reports), Clinical Effectiveness (such as learning from deaths reports to Board) and Patient Experience (such as Patient Experience and Engagement Report). The breadth of improvement work is vast, however, as a Trust we have focused on three areas to prioritise in 2022-23. Below are the details of our progress and achievements against these areas.

### **Priority One: Patient Safety**

The priority was to implement and embed the new Patient Safety Strategy and enhance patient involvement in safety. This priority had three workstreams:

1. In line with the National Patient Safety Strategy, UHCW NHS Trust will roll out Patient Safety Level 1 and 2 training.
2. Embed Human Factors tools and methods into learning from incidents by utilising the Human Factors Programme, in collaboration with front line teams.
3. Increase the involvement of patients in safety by reviewing the contact the team have with patients or their next of kin during a Serious Incident Investigation.

**Achievements:**

1. Level 1 training is now available to every Trust employee.
2. To embed Human Factors tools and methods into learning from incidents a comprehensive review was undertaken which included a review of 50 Serious Incident Investigations. This will form part of an annual review of improvement work to assist the Quality Learning Improvement Committee to consider recommendations and improvement work.
3. Due to a national delay in the implementation of the Patient Safety Incident Response Framework (PSIRF) (now by Autumn 2023) Patient Partner involvement, will be rolled over into the priorities for 2023/2024. Patients and their next of kin continue to be involved in Serious incident investigations with meetings scheduled to share the outcome of an investigation and associated learning when requested.

**Priority Two: Clinical Effectiveness**

The aim for this priority was 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. In order to achieve this priority the two areas of focus were identified:

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.

**Achievements:**

1. In November 2022 a visit by Professor Tim Briggs (Chair of GIRFT and National Director of Clinical Improvement for the NHS) took place, providing an opportunity for providers across the Integrated Care Board (ICB) to share their GIRFT improvement work with the national team. Improvements identified at the review include the length of stay for primary hip and knee replacements, which is in line with the GIRFT standard.
2. Following a review of existing processes associated with New Techniques and Procedures, in October 2022 it was relaunched as New and Novel Procedures (NNP). The NNP process sets out the approach to be taken for the introduction of new clinical techniques and procedures within the Trust to enable health professionals to embrace innovative technologies whilst protecting patients, maintaining safety, and reducing risk to the Trust.

**Priority Three: Patient Experience**

Working with our Patient Partners, the aim of this priority was to involve Patient Partners 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.

**Achievements:**

A Patient Portal workstream is being developed as part of the EPR Programme to design the Trust's future Patient Portal. This will be accessed in the form of an app on a patient's mobile device. The scope of the Patient Portal workstream is currently being explored examining functionality such as accessing parts of the patient's own health record such as test results, making and changing appointments, the ability to receive appointments by e-mail rather than letter and in the future, being able to make contact with clinical teams to ask questions about their care. The portal will remain a priority for next year's quality accounts due to the benefits it will bring to patient experience.

# Quality Account Improvement Priorities 2023-24

The Trust is proposing the following priorities for the coming year, for each of the priority areas there is an overarching aim which is described within the section for each priority.

## Patient Safety Priority:

Aim: Improve how we investigate and learn from patient safety incidents including implementing new approaches for investigations such as after action reviews, recruiting patient safety partners and using our data better.

Improvement areas	How will we measure success
<p>As part of the Trusts implementation of the Patient Safety Incident Response Framework (PSIRF) we will improve our approach to investigation We will:</p> <ul style="list-style-type: none"> <li>• Create an accountability structure for patient safety review, investigation and learning to reflect PSIRF requirements ensuring a just, compassionate culture in which staff are confident to speak up in line with our Freedom to Speak up Guardian principles.</li> <li>• Identify a central investigation team and utilise new approaches to investigation such as “after action reviews”, to facilitate a rapid review of incidents, supporting those staff involved in, and affected by, the incident, ensuring that identified learning is put into place. This approach should promote a safe culture for staff to report incidents.</li> <li>• Ensure learning from Never Events, such as nutrition via a nasogastric tube is monitored and shared as part of Trust wide improvement work.</li> <li>• Work alongside our Patient Partners to develop a framework for “Patient Safety Partners” to support our patient safety programme of work; ensuring the programme delivers compassionate engagement and involvement of those affected by patient safety incidents.</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of PSIRF</li> <li>• Safety improvement activities underpinned by data and intelligence gathered from investigations.</li> <li>• Elimination in nutrition related Never Events concerning nasogastric feeding.</li> <li>• Monitor themes of incidents raised by patients and their families through the complaint process.</li> <li>• Recruitment of Patient Safety Partners.</li> <li>• Delivery of bespoke training for Patient Safety Partners.</li> <li>• Patient Safety Partner involvement in the investigation process.</li> </ul>
<p>As part of the implementation of PSIRF the Trust will develop a “patient safety incident response plan” (PSIRP) which will focus on those areas where we have high volume and/or high severity of harm. We will:</p> <ul style="list-style-type: none"> <li>• Mature our approach to analysis and data reporting so that we can improve the way in which we measure quality and safety improvements ensuring triangulation with other data sources including staff concerns (freedom to speak up) and patient concerns (complaints and the Patient Advice and Liaison Service (PALS)).</li> <li>• Create a “patient safety incident profile” for the Trust which will detail the patient safety issues most pertinent to the organisation to guide improvement efforts.</li> <li>• Develop a Patient Safety Incident Response Plan (PSIRP) which will set out how UHCW will seek to learn from patient safety incidents reported by staff and patients, their families, and their carers as part of our work to continually improve the quality and safety of the care we provide.</li> </ul>	<ul style="list-style-type: none"> <li>• Launch of new patient safety dashboards and reports with meaningful measurements of improvement.</li> <li>• Reduction in the volume and severity of harm recorded for the incident types detailed in our PSIRP.</li> </ul>

**Clinical Effectiveness Priority:**

Aim: Further improve our processes in implementing best practice such as the National Institute for Health and Care Excellence (NICE) guidance and our processes around timely review of all deaths in hospital.

Improvement areas	How will we measure success
<p>We will ensure that care, treatment, and support is delivered to patients in line with legislation, standards, and evidence-based guidance, including NICE and other expert professional bodies, to achieve a holistic approach to care with effective outcomes. The Trust will review the processes in place to develop, manage, and access clinical documents and will seek to improve the timeliness of review, ensuring that best practice evidence underpins their content.</p> <p>We will:</p> <ul style="list-style-type: none"> <li>• Implement national clinical guidance where applicable and practical using an assessment framework that includes patient information, training needs for those delivering care and service needs demonstrating when further local guidance is required.</li> <li>• Engage with clinical teams at a multidisciplinary level to develop local clinical guidelines and procedures that are of good quality and based on best available evidence.</li> <li>• Design a clear governance framework to ensure robust consultation and approval of local clinical documents including guidelines and procedures.</li> <li>• Improve access to clinical documents for clinicians to support delivery of care.</li> </ul>	<ul style="list-style-type: none"> <li>• Timely review and approval of clinical documents (measured).</li> <li>• Evidence that clinical document content reflects best practice and NICE guidance.</li> </ul>
<p>The Trust will seek to improve its process for mortality reviews and learning from deaths by ensuring that the processes in place to learn from cases of mortality are robust and identify learning that supports a holistic approach to improvement in patient care.</p> <p>We will:</p> <ul style="list-style-type: none"> <li>• Ensure that mortality performance data (HSMR/SHMI) is based on sound robust clinical data using case mix factors that represent the population we serve and accurate documentation of patient's health including comorbidities.</li> <li>• Seek to improve our overall HSMR performance through mortality rates comparable to other Trusts of a similar size, service, and population.</li> <li>• Participate in associated national programmes of work e.g. LeDer (Learning from lives and deaths – people with learning disabilities and autistic people) and apply learning and best practice from national data reports.</li> </ul>	<ul style="list-style-type: none"> <li>• Timely review of all deaths in hospital.</li> <li>• Reduction in HSMR rate.</li> <li>• Participation in LeDer where applicable ensuring learning informs best practice.</li> </ul>

**Patient Experience Priority:**

Aim: Improve how we communicate with our patients by co-designing a Patient Portal improving our telephony response and our care environment through developing our plans for a bereavement suite.

Improvement areas	How will we measure success
<p>Communication is one of the most important components of the work that we do for our patients. Effective exchange of information between our staff and our patients allows us to have a greater understanding of what the other person thinks and how they feel and is essential to our delivery of integrated care.</p> <ul style="list-style-type: none"><li>• We will work with our Patient Partners to innovate and design a Patient Portal as part of our EPR work programme; this will create improved, secure two-way communication channels and will allow patients to book and change their own appointments.</li><li>• We will ensure our Patient Portal is accessible to our patients and will recognise and appreciate preferences and digital literacy, adapting our approaches as required.</li><li>• Through targeted activities we will seek to reduce the number of complaints and PALS that we receive where communication features as a theme; ensuring that data raised in complaints and PALS is utilised in our improvement offer.</li><li>• We will implement a working group to improve telephone answering within the Trust in order to improve the experience of our patients and families accessing our services.</li></ul>	<ul style="list-style-type: none"><li>• Patient Portal launch - we will measure how the portal is used by our patients and seek to improve based on patient feedback received.</li><li>• Seek to reduce complaints and PALS received where communication is a key feature of the complaint.</li><li>• Mystery Shopper exercise to determine our responsiveness to telephone enquiries from patients, their carers and their families.</li></ul>
<p>Following the receipt of the Trust’s annual results for the Patient Led Assessments of the Care Environment (PLACE) implement an action plan for improvement in collaboration with our Patient Partners.</p> <ul style="list-style-type: none"><li>• Maximise opportunities to co-design our environments with our patients.</li></ul>	<ul style="list-style-type: none"><li>• Devise an action plan for areas identified within PLACE assessment that require improvement.</li><li>• Co-design a designated Bereavement Suite to be available for families.</li></ul>



# Care Quality Commission (CQC) - UHCW NHS Trust rated as Good

The Trust remains rated as good overall and good in all five domains, with the exception of responsive. Following the CQC inspection in 2019, the Trust has made improvements based on recommendations in the CQC report and continues to have regular contact with the CQC through provider engagement meetings, providing assurance of how services have developed to improve patient care and experience. The Maternity service was re-inspected in November 2022 (see below).

## RKB University Hospitals Coventry and Warwickshire NHS Trust Ratings for the whole trust - last rated 11 February 2020).

	Safe	Effective	Caring	Responsive	Well-led	Overall
University Hospital Coventry	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↔ Feb 2020	Requires Improvement ↔ Feb 2020	Good ↔ Feb 2020	Good ↑ Feb 2020
Hospital of St Cross	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↑ Feb 2020	Good ↔ Feb 2020
Overall, Trust	Good ↑ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Requires Improvement ↔ Feb 2020	Good ↔ Feb 2020	Good ↑ Feb 2020

The Trust is currently registered with the CQC to provide Regulated Activity (RA), which is defined as “an activity involving, or connected with, the provision of health or social care”.

A review of the Trust’s CQC registration was completed in September 2022 to ensure compliance with Regulation 6: Requirement where the service provider is a body other than a partnership (HSCA 2008 (RA)) and Regulation 12: Statement of Purpose (CQC 2009). The review covered changes to the Trust’s registration between September 2021 and 2022, Registered Locations, Regulated Activity, and CQC Service Types. Two changes to the Trust’s registration were made between September 2021 and 2022, this included:

- Change of Nominated Individual from previous Chief Nursing Officer to Chief Quality Officer.
- Registration of third provider location – Urgent Treatment Centre, located in Coventry

There are currently no conditions placed on the Trusts CQC registration, and the CQC have not taken any enforcement action against the Trust during 2022/2023. The Trust has also 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 two DMA meetings with the CQC (detailed below), each of which has focused on an individual core service, mapped to our clinical groups and specialties:

- Surgery – 5 September 2022
- Urgent and Emergency Services – 2 November 2022

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 with colleagues from Quality, Diagnostic Imaging and Pharmacy, to seek assurance on a range of topics, recent examples of innovative practice, risks and mitigations have been shared with the CQC during these discussions.

In addition, the CQC attended a public Trust Board meeting on 8 June 2022 and visited Ward 43 (Neurosurgery) and Maternity as part of their routine engagement strategy.

Outside of routine engagement and DMA meetings, the Trust has responded to queries from the CQC and provided assurance where required.

### **Maternity Inspection 2022**

The maternity service at UHCW NHS Trust was inspected by the CQC as part of their National Maternity Service Inspection Programme (NMSIP). On 9 November 2022 the CQC carried out a short notice announced focused inspection of the maternity service, looking only at the safe and well led key questions.

During the inspection all areas within the Maternity Department were visited including Antenatal Clinic, Obstetric Ultrasound Department, Maternity Triage, Labour Ward, Birth Centre, Day Assessment and Postnatal Ward. They spoke with 35 staff members including leaders, Obstetricians, Midwives, and Maternity Support Workers and received feedback from women using the service on the day of inspection.

The final report was published on Friday 10 March 2023 with the overall rating of the service remaining as Good, the Safe domain rated as Good and the Well Led domain moving from Good to Outstanding. We are the first Trust in the country to achieve this for the NMSIP.

The report outlined that “Staff feel proud of the organisation, spoke highly of the culture, were clear about their roles and accountabilities and put women and families at the centre of their care.” Also that teams are focused on ensuring women and birthing people had choice and control over the way their care is planned and is based on what mattered to them, and their individual needs and preferences. Other highlights of the report include: Staff were committed to continually improving services and safe innovation was celebrated.

- The Trust becoming the first university hospital in the UK to be awarded the internationally acclaimed Pathway to Excellence ® designation.

- The work being undertaken by the Tommy's National Centre for Miscarriage research in partnership with three universities and three other hospitals.
- Staff training being responsive to patient needs and using cutting-edge technology and real-life human factors to enhance safety considerations.
- The establishment of one-stop clinics, drop-ins and education classes for vulnerable women.
- A Neonatal Outreach Community Service (NCOS) being established in September 2022.
- People could access the service when they needed it and did not have to wait too long for treatment.
- Diversity and inclusion being treated with high importance across the services.
- Staff assessed risks to women, acted on them and kept good care records.

Action plans will be created to directly address areas of improvement identified in the report. This includes continuing the progress already made to create a dedicated Bereavement Suite in our Maternity footprint.

## Review of Services

The Trust was commissioned by the Integrated Care Board to provide 56 General Acute Service during 2022-23. 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 legislation and central guidance 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 33 mandatory assertions and achieved a 'Standards Met' rating.

## Clinical Audits

During 2022-2023, 62 national clinical audits covered relevant health services that the Trust provides.

During this period the Trust participated in 96% of national clinical audits which it was eligible to participate in.

Details of the eligible audits applicable to UHCW NHS Trust and the compliance during 2022-2023 are listed in the table below. UHCW compliance of the mandatory audit programme can be found in the table next page:

Eligible audits applicable to UHCW NHS Trust as published in the Department of Health's Quality Account List	Did UHCW NHS Trust participate in 2022-2023 ✓ Yes ✗ No	Participation 2022-23 (%)
Child Health Clinical Outcome Review Programme	✓	100%
Elective Surgery: National PROMS Programme	✓	100%
Emergency Medicine QIPS (Quality Improvement Patient Safety) Infection prevention and control	✓	100%
Emergency Medicine QIPS Mental health self-harm	✓	100%
Epilepsy 12 - National Clinical Audit of Seizures and Epilepsies for Children and Young People	✓	100%
Falls and Fragility Fracture Audit Programme Fracture Liaison Service Database	✓	100%
Falls and Fragility Fracture Audit Programme National Audit of Inpatient Falls	✓	100%
Falls and Fragility Fracture Audit Programme. National Hip Fracture Database	✓	100%
Gastro-intestinal Cancer Audit Programme National Bowel Cancer Audit	✓	100%
Gastro-intestinal Cancer Audit Programme National Oesophago-gastric Cancer	✓	100%
Inflammatory Bowel Disease Audit	✓	100%
LeDeR - learning from lives and deaths of people with a learning disability and autistic people (previously known as Learning Disability Mortality Review Programme)	✓	100%
Maternal and Newborn Infant Clinical Outcome Review Programme	✓	100%
Medical and Surgical Clinical Outcome Review Programme	✓	100%
Muscle Invasive Bladder Cancer Audit	✓	100%
National Adult Diabetes Audit National Diabetes Core Audit	✓	100%
National Adult Diabetes Audit National Diabetes Foot care Audit	✓	100%
National Adult Diabetes Audit National Diabetes Inpatient Safety Audit	✓	100%
National Adult Diabetes Audit National Pregnancy in Diabetes Audit	✓	100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme Adult Asthma Secondary Care	✓	100%
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme Chronic Obstructive Pulmonary Disease Secondary Care	✓	100%
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme Pulmonary Rehabilitation Organisational and Clinical Audit	✓	100%
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme Paediatric Asthma Secondary Care	✓	100%
National Audit of Breast Cancer in Older Patients	✓	100%
National Audit of Cardiac Rehabilitation	✓	100%
National Audit of Care at the End of Life	✓	100%
National Audit of Dementia	✓	100%
National Bariatric Surgery Registry	✓	100%
National Cardiac Arrest Audit	✓	100%
National Cardiac Audit Programme National Congenital Heart Disease Audit	✓	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 2022-2023 ✓ Yes ✗ No	Participation 2022-23 (%)
National Cardiac Audit Programme Myocardial Ischaemia National Audit Project	✓	100%
National Cardiac Audit Programme National Adult Cardiac Surgery Audit	✓	100%
National Cardiac Audit Programme National Audit of Cardiac Rhythm Management	✓	100%
National Cardiac Audit Programme National Audit of Percutaneous Coronary Interventions	✓	100%
National Cardiac Audit Programme National Heart Failure Audit	✓	100%
National Child Mortality Database	✓	100%
National Clinical Audit of Psychosis	✓	100%
National Early Inflammatory Arthritis Audit	✓	100%
National Emergency Laparotomy Audit	✓	100%
National Joint Registry	✓	100%
National Lung Cancer Audi	✓	100%
National Maternity and Perinatal Audit	✓	100%
National Neonatal Audit Programme	✓	100%
National Obesity Audit	✗	0%*
National Ophthalmology Database Audit	✓	100%
National Paediatric Diabetes Audit	✓	100%
National Perinatal Mortality Review Tool	✓	100%
National Prostate Cancer Audit	✓	100%
National Vascular Registry	✓	100%
Neurosurgical National Audit Programme	✓	100%
Paediatric Intensive Care Audit	✓	100%
Perioperative Quality Improvement Programme	✓	100%
Respiratory Audits Adult Respiratory Support Audit	✓	100%
Respiratory Audits Smoking Cessation Audit- Maternity and Mental Health Services	✓	100%
Sentinel Stroke National Audit Programme	✓	100%
Serious Hazards of Transfusion UK National Haemovigilance Scheme	✓	100%
Society for Acute Medicine Benchmarking Audit	✗	0%**
Trauma Audit and Research Network	✓	60%
UK Cystic Fibrosis Registry	✓	100%
UK Parkinson's Audit	✓	100%

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

\* **National Obesity Audit (NOA)** – The required mandatory data fields for the clinical audit are not able to be mapped to the Trust's current electronic patient record, therefore requires manual data collection. Due to workforce challenges, data collection has not been possible.

\*\* **Society for Acute Medicine Benchmarking Audit (SAMBA)** – The Trust did not register with the national body to participate in the audit this year due to workforce challenges impacting the ability to participate. The Trust will take part in the clinical audit in 2023-24.

There are ten 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 ten audits, UHCW NHS Trust does not provide the relevant service in two audits and the remaining eight audits were not applicable to Acute Trusts.

### **National Clinical Audits – Key Actions Taken in 2022-2023**

The reports of five national clinical audits were reviewed in 2022-2023 and the Trust plans to make the following actions to improve the quality of care for patients:

- The Trust has recruited a specialist on-site tobacco dependency treatment service team which is dedicated to all hospitalised tobacco dependent patients and work in partnership with Healthy lifestyle Coventry to provide a continuous support even after discharge.
- Trust has reviewed the nutritional management of patients undergoing surgery for Oesophago-Gastric cancer to ensure that all patients have access to appropriate dietetic input as recommended by NICE.
- The Trust is providing 7-day specialist advice to all patients admitted with an asthma/COPD exacerbation.
- The Trust is continuously evaluating and implementing the national initiatives to reduce stillbirth and neonatal deaths and monitor their impact on reducing preterm birth, particularly the most extreme preterm groups.
- The Trust has introduced monthly governance meetings to plan appropriate QI (Quality Improvement) interventions, and to monitor the impact of these using the real-time data reported in the National Hip Fracture Database (NHFD) run charts.
- The Trust now provides stroke rehabilitation at home for all comprehensive stroke services and access to specialists, including access to an early supported discharge team with full coverage of the population.

## **CQUIN Programme 2022/23**

Throughout 2022/23, the Trust participated in the Commissioning for Quality and Innovation (CQUIN) programme, which recommenced from the start of the financial year after a two year pause due to the COVID-19 pandemic. The CQUIN programme is a framework that supports improvements in the quality of services and the creation of new, improved patterns of care.

The 2022/23 programme consisted of 15 Integrated Care Board (ICB) and eight Prescribed Specialised Services (PSS) schemes. Of these, nine ICB and four PSS schemes were relevant to the Trust, all of which were taken forward and delivered against.

Through the delivery of the CQUIN programme, several schemes have demonstrated a high level of clinical quality. These were identified as improvements made in response to the CQUIN, or as a continuation against existing clinical quality standards. These include:

- **CCG7: Timely communication of changes to medicines to community pharmacists via the discharge medicines service.** On 1 November 2022, the Trust went live with the electronic Discharge Medicines Service (DMS). This allows clinicians to communicate medication changes with a patient's chosen community pharmacy within 48 hours following discharge via electronic messages. By referring patients to community pharmacy on discharge with information about medication changes made in hospital, community pharmacy can support patients to improve outcomes, prevent harm and reduce readmissions.
- **CCG9: Cirrhosis and fibrosis tests for alcohol dependent patients.** In June 2022, the Gastroenterology and Alcohol Liaison Teams implemented a new pathway to enable admitted patients diagnosed with alcohol dependence to be referred for a test to diagnose cirrhosis or advanced liver fibrosis. Following its implementation, several hundred patients have been referred and scanned, which has led to an increase in the number of early liver disease diagnoses being made. Early diagnosis allows for more effective treatment and leads to better prospects of recovery.
- **PSS4: Delivery of Cerebral Palsy Integrated Pathway assessments for cerebral palsy patients in specialised children's services.** The Paediatric Cerebral Palsy Service has been recognised as the highest performing trust in the country against delivery of the CQUIN scheme. Working in partnership with community teams, they have established an effective process to ensure patients receive Cerebral Palsy Integrated Pathway (CPIP) assessments and enter these on the national database. Early intervention identified through CPIP assessments can prevent deformity, pain and need for complex 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 2022-23 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 2022 to January 2023, which included the patient's valid NHS number was:

- 99.8% for admitted patient care
- 99.9% for outpatient care
- 96.8% for accident and emergency care

The percentage of records in the published data between April 2022 to January 2023 which included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care
- 100% for outpatient care
- 99.9% 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 in hospital deaths of patients over the age of 18 per quarter is illustrated on the next page.

2022/2023	Number of Deaths	Number of Reviews Completed	Number of Structured Judgement Reviews Completed
Total	2011	1617	121
Q1	482	477	58
Q2	537	521	34
Q3	600	483	24
Q4	392	136	5

### Mortality Outcomes Data (SHMI and HSMR)

University Hospitals Coventry and Warwickshire 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.

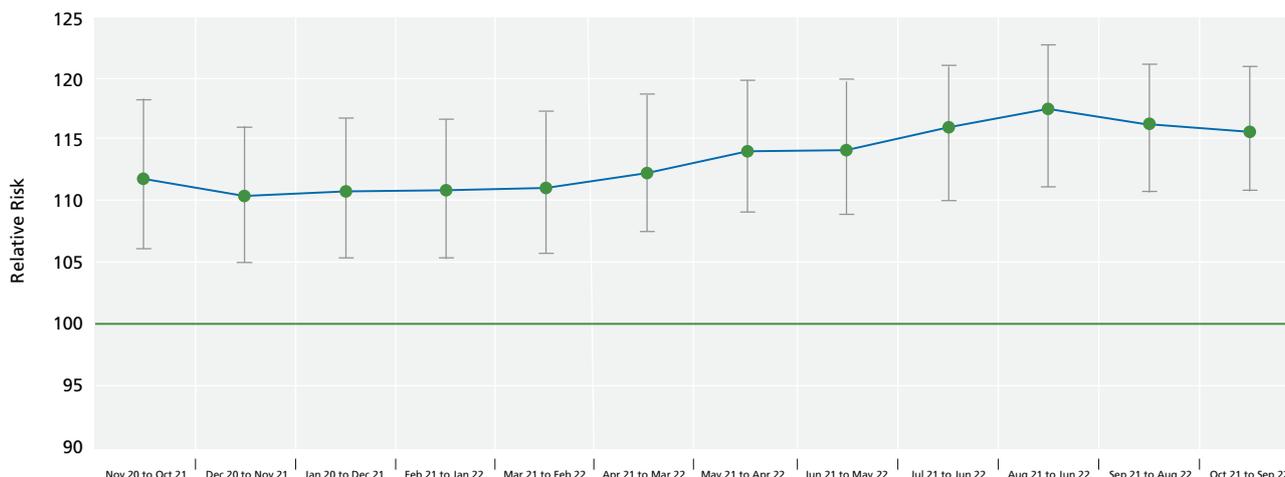
Indicator: SHMI Mortality Rates [source: NHS Digital]	UHCW Most recent rolling 12 month period (October 2021- September 2022)	Highest reported Trust Most recent rolling 12 month period (October 2021- September 2022)	Lowest reported Trust Most recent rolling 12 month period (October 2021-September 2022)
SHMI value	1.0991 Band 2 (within expected range)	1.234 Band 1	0.6454 Band 3
Observed deaths	2,555	3,115	1,065
Expected deaths	2,325	2,525	1,650

Graph: UHCW HSMR performance trend over 12 months Indicator:

Mortality Rates [source: NHS Digital]	November 2021 – October 2022	National Average	Lowest and Highest reported Trust November 2021 - October 2022
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.	34%	41%	12% – Lowest Reported Trust 65% – Highest Reported Trust

## Diagnoses - HSMR | Mortality 9in hospital) | Oct-21 to Sep 22 | Trend (rolling 12 months)

● As expected ● Low ● High □ 95% Confidence interval



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 compliments the Trust policy to review deaths of all inpatients over the age of 18 years.

Periods of unusually high relative risk are investigated through the Mortality Review Committee. For example, in October 2022 a review of deaths in July 2022 resulted in a task and finish group chaired by the Chief Medical Officer/ Chief Quality Officer, and Clinical Directors to identify themes and drive improvements.

The group improved key areas of work with documentation of comorbidities, training on documentation for accurate clinical coding, and significant improvement in the number of completed primary mortality reviews.

### 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 meeting national reporting criteria are investigated by an independent authority, the Healthcare Safety Investigation Branch. Any learning identified from Perinatal and Paediatric mortality is shared at the Mortality Review Committee and across the organisation including action plans within Trust Board reports.

## 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.

Below shows the results for enhancing quality of life for people with long-term conditions from the past few years. Please note data was not available for 2020-21 in line with national reporting and the impact of COVID-19. UHCW NHS Trust did not submit PROMS data for hip replacement surgery and knee replacement surgery for the full year of 2021-22. We are currently awaiting data for the PROMS scores for 2022-23 from NHS Digital.

Indicator: Patient Reported Outcome Measures Scores (PROMS) [source: NHS Digital]	2021-22	2022-23	National Average 2022-23	Lowest and Highest reported Trust 2022-23
Hip Replacement Surgery	Did not submit data for 2021-22	Data not yet available*	Data not yet available*	Data not yet available*
Knee Replacement Surgery	Did not submit data for 2021-22	Data not yet available*	Data not yet available*	Data not yet available*

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

## Emergency Readmissions

Below shows the results for helping people to recover from episodes of ill health or following injury.

### 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 form part of the trust during the reporting periods.	2020-21	8.8	11.9	5.1	19.5
	2021-22	9.4	12.5	3.3	18.4
	2022-23	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.	2020-21	16.5	15.9	1.1	31.5
	2021-22	14.7	14.7	2.1	18.8
	2022-23	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:

Indicator: A positive experience of care [source NHS Digital]	2020-21	2021-22	2022-23	National Average 2022-23	Lowest and Highest Reported Trust 2022-2023
The Trust's responsiveness to the personal needs of its patients during the reporting period.	63.9	71.7	Data not available until August 2023	Data not available until August 2023	Data not available until August 2023
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.	76.6%	70.6%	68%	61.9%	Lowest 39.2% Highest 86.4%

### 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 2022-2023 the Trust received 510 formal complaints, of those received 82% were responded to within 25 Working days of receipt.

### Parliamentary and Health Service Ombudsman (PHSO)

- 17 new requests were received in 2022-2023. This has reduced from the previous year by five which equates to 30%, after experiencing a year-on-year increase.

### Year by year complaints received comparison

Total Number of Complaints	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-23
University Hospital, Coventry	619	641	545	343	382	499
Hospital of St. Cross, Rugby	27	35	31	19	10	6
Other	4	4	14	2	4	5
<b>Totals</b>	<b>650</b>	<b>680</b>	<b>590</b>	<b>362</b>	<b>396</b>	<b>510</b>
Referred to the PHSO	19	4	7	8	22	17

### The top themes of formal complaints and PALS received

The table below shows the top themes and categories of the complaints received during 2022-23:

Top 3 Complaint Themes	Top Sub-Categories of Complaint Themes
Communications	<ul style="list-style-type: none"> <li>Communication with relatives/carers</li> <li>Communication with patient</li> <li>Failure to provide adequate care (inc. overall level of care provided)</li> </ul>
Clinical Treatment - Surgical Group	<ul style="list-style-type: none"> <li>Delay or failure in treatment or procedure</li> <li>Delay or failure to diagnose (inc e.g. missed fracture)</li> <li>Incorrect procedure</li> </ul>
Patient Care including Nutrition / Hydration	<ul style="list-style-type: none"> <li>Failure to provide adequate care (inc. overall level of care provided)</li> <li>Communication with relatives/carers</li> <li>Care needs not adequately met</li> </ul>

The table below shows the themes and categories of the PALS enquiries received during 2022-23:

Top 3 PALS Themes	Top Sub-Categories of PALS Themes
Communications	<ul style="list-style-type: none"> <li>Communication with patient</li> <li>Communication with relatives/carers</li> <li>Other - Communications</li> </ul>
Appointments	<ul style="list-style-type: none"> <li>Appointment Cancellations</li> <li>Appointment - availability (inc urgent)</li> <li>Appointment - failure to provide follow-up</li> </ul>
Values and Behaviours (staff)	<ul style="list-style-type: none"> <li>Attitude of Medical Staff</li> <li>Attitude of Nursing Staff/midwives</li> <li>Failure to act in a professional manner</li> </ul>

### Patient Insight and Involvement

In 2022/23, the Patient Experience and Engagement Committee has continued to meet on a monthly basis.

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 providing 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 themes and trends which are identified in Friends and Family feedback, Complaints and Patient Advice and Liaison Service (PALS) enquiries.

The Friends and Family Test (FFT) feedback helps service providers and commissioners to understand whether patients are happy with the service provided or where improvements may be required. There are FFT settings throughout the Trust where data is collected that include: Inpatients (including day cases), Accident and Emergency (including Walk In Centres, Minor Injury Units and Urgent Treatment Centres), Maternity and Outpatients.

All eligible NHS Trusts in England participate in the NHS National Survey Programme, asking patients their views on their recent health care experiences. The findings from the surveys provide organisations with detailed patient feedback on standards of service care and can be used to help set priorities for delivering a better service for patients. The National Surveys which have been implemented by the Trust in 2022/23 are: Cancer, Adult Inpatient, Urgent and Emergency Care and Maternity. In addition to the National Survey Programme, the Patient Insight and Involvement Team have supported in implementing departmental surveys which have been undertaken during the past year to support learning from what our patients tell us. In 2022/2023, local surveys have included: Outpatient Therapy, Audiology Service, Oncology Psychology Service, and the Integrated Discharge Team. The Patient Partners also completed a visiting time survey for patients in September 2022 and the findings have made changes to the existing visiting hours across both hospital sites to allow for extended visiting hours from 2-8pm seven days a week.

The Patient-Led Assessments of the Care Environment (PLACE) were recommenced following the COVID-19 pandemic. With the support of UHCW staff, Patient Partners and patient representatives, the assessments were carried out to review the environment and food in the Trust. The findings of the assessments were submitted to NHS Digital in November 2022 and the national submission results will be published in March 2023. PLACE re-assessments were undertaken during February 2023 for the areas that were identified that required improvement.

In 2022, the Trust continued the UHCW Talks Programme. This programme is designed to improve access to knowledge of our services and for subject matter experts from the UHCW workforce the opportunity to go out into the community to provide education sessions, guidance and listen to the experiences of people.

Patient Stories have continued during 2022/23, these allow our patients, carers or loved ones the opportunity to share their story and provide their personal experience to allow the Trust to identify ways to improve our services. In 2022, there have been six stories recorded and presented to Trust Board.

## Learning Disability Improvement Standards

All Trusts across England were invited to take part in NHS Improvement's (NHSI) Learning Disabilities Standard, 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 prepopulated 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.

By taking part in the standards the Trust is able to measure the quality of care they provide to people with learning disabilities, autism or both, as well as recognising the importance of how the Trust listens, learns and responds in order to improve care.

The Trust is currently working on a number of improvements following the submission, some of these are:

1. Promoting the hospital passport to ensure we get to know the patient and undertaking an audit on the use of the passport.
2. Revised the dependency rating scale which is a tool to ensure the patient has appropriate level of support whilst in hospital, which includes specialist Learning Disability Nurses and carers known to the patients.
3. Purchased sensory items for patients to be used, which will be available through a catalogue and available to patients who are in hospital.
4. Developed easy read leaflets for a range of clinical procedures.

The Trusts uploaded submission can be found in Appendix 1.

# Reducing Infection

The Trust recognises effective Infection Prevention and Control (IPC) practices as being 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. The reduction of Healthcare associated infections (HAIs) remains a key priority; our annual work programme and IPC Board Assurance Framework reflect the actions and work in place to support this.

Indicator: Reducing Infection [source NHS Digital]	2020-21	2021-22	2022-23	National Average	Lowest to Highest Reported Trust
The rate per 100,000 bed days of cases of Clostridioides difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	22.2	21.5	24.1	*	*

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

## Improvement action highlights:

- In 2022/23 the pandemic has continued to require focus and direction from the IPC service and we remain ready to respond to emerging changes in COVID-19 and other respiratory viruses. Practices and procedures have been implemented in line with the national guidance which is regularly monitored.
- We continue to monitor hand hygiene performance to ensure we are reducing the risk of cross infection. During 2022/23 an electronic tool has been developed to document and analyse assessments. This data is used to develop a plan for ongoing education and training, both locally (at ward or department level), and Trust wide.
- The Adenosine Triphosphate Programme (ATP) has been extended to include nursing and residential homes in Coventry and Warwickshire. This is a hygiene monitoring system used to check the cleanliness of the environment. The Clean4Green programme has been successfully used across 12 facilities, increasing clinical teams engagement in environmental cleaning. The innovation project, supported with funding from National Health Service England (NHSE) has received positive feedback from those involved as well the wider Integrated Care Board.
- A Coventry and Warwickshire wide Urinary Tract Infection group has been formed, chaired by UHCW IPC. This group focusses on care standards and the reduction of infections. Initial work is developing a standard catheter passport tool, educational resources for patients and carers and improving processes in laboratory testing.

## Infections

### Clostridioides difficile (C.diff)

Each infection that develops in hospital is investigated to ensure where possible, that the reason for the infection is identified. The root cause analysis process during 2022-23 was strengthened through the development of a HCAI forum to discuss healthcare associated cases with a panel of specialists. The purpose of this forum is to review all HCAI in terms of how they occurred, identify any trends and develop agreed action plans where learning or improvements have been identified.

During 2022-23 a ceiling threshold was set by NHSE of no more than 65 cases of C.diff. During this period the Trust reported 85 cases, a position which is reflected nationally, with a 25% increase in cases reported across England.

UHCW have joined a regional NHSE group focusing on further analysis of data, improvement strategies and education and training resource development.

Other actions put in place for 2023/24 to prevent C.diff infections include further emphasis on antibiotic prescribing. The Trust will be participating in the Global Antimicrobial Stewardship Accreditation Scheme (GASMAS) and undertaking a review of all stewardship and governance against international and national guidance.

### **Methicillin Resistant Staphylococcus Aureus (MRSA) Blood Stream Infections**

The Department of Health objective is a zero-tolerance approach to avoidable MRSA blood stream infections (BSI). The Trust has reported 0 cases of MRSA BSI in 2022-23.

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 which is continued for the duration of a patients stay and monitored weekly by IPC.

Strategies for reducing risk of MRSA BSI will continue to be integrated into the IPC annual programme of work including sustained focus on MRSA screening and interventions to reduce the risk of infection or spread of MRSA.

### **Gram Negative Blood Stream Infections (GNBSI)**

Since April 2017, there has been an NHS ambition to halve the numbers of healthcare associated Gram-negative blood stream infections (GNBSI). The top three Gram-negative GNBSI 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.

During 2022/23 there have been 205 Trust apportioned GNBSI episodes that fulfil definitions of hospital onset healthcare associated (HOHA) case or a community onset healthcare associated (COHA) case against a ceiling target of 201. E-coli remain the predominant causative organism for overall GNBSI cases.

Work is in progress to identify any learning from cases identified so this can be integrated into or reduction plans as we move into 2023/24.

## **Incident Reporting**

The aim of incident reporting is to capture themes and trends from 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 enables the Trust to detect any harm caused to a patient and trends. If incidents are categorised as moderate harm and above, this prompts escalation and investigation including 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 several different ways; namely by actual harm, incident type and by the criteria for reporting as a SI to the Integrated Care Board (ICB).

The Trust is required to report all incidents nationally via The National Reporting and Learning System (NRLS). There is an eligibility criteria for uploading data from all NHS trusts, which excludes Patient Safety Incidents related 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 22394 Patient Safety Incidents between 1 April 2022 to 31 March 2023 to NRLS. This is an increase of 6520 Patient Safety Incidents compared to the previous year. An increase in reported incidents give confidence that the system we are working in is safe.

At UHCW NHS Trust, all reported incidents are investigated according to the type of incident and the potential for harm. All incidents that resulted in moderate harm or above were reviewed and responded to by the Patient Safety Response Team (PSR), to identify immediate learning, support staff and act 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 captures 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.

88 deaths because of a Patient Safety Incident were reported to NRLS data between 1 April 2022 to March 2023 and 46 Severe Harm incidents at the time of reporting. It should be noted that NRLS will be replaced in September 2023 with Learn from patient safety events (LFPSE). Organisations, staff and patients will be able to record the details of patient safety events, contributing to a national NHS wide data source to support learning and improvement.

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 22394 incidents reported by the Trust 0.59% resulted in severe harm or death.

Data	No Harm	Low	Moderate Harm	Severe Harm	Death	Total
UHCW	16157	5702	422	46	88	22394

It is noted that incidents which 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.

### Serious Incidents (SI)

In March 2015 NHSE published the revised SI Framework. This document defined 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.

SI 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 SI are investigated using Root Cause Analysis (RCA) methodology in accordance with the National SI Framework to ensure that lessons are learned. SIs are monitored by a weekly multi-disciplinary Serious Incident Group (SIG), chaired by the Chief Quality Officer. SIG also ensure that where required SIs are externally reported to the Integrated Care Board (ICB) and National Strategic Executive Information System (StEIS).

The Trust registered 109 SIs from April 2022 to March 2023 (data from StEIS).

In August 2022 NHSE published the new Patient Safety Incident Response Framework (PSIRF), which will replace the current Serious Incident Framework.

There will be a 12 month period where organisations prepare for the transition to PSIRF, which should be completed by Autumn 2023. During this preparation phase, organisations must continue using the current Serious Incident Framework.

### 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 2022 to March 2023 the Trust reported four Never Events. All incidents were initially reviewed by the PSR Team to identify and share immediate learning. These cases have also been robustly investigated via the SI process or are under investigation. The root cause and recommendations for learning have also been shared across the Trust via Quality Improvement and Patient Safety (QIPS) meetings.

Learning from these incidents and actions put in place include, ensuring the use of visual controls to improve instrument counting in surgical procedures and the use of safety checklist adherence.

### Saying Sorry also known as Duty of Candour

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

## Avoiding Harm

Treating and caring for people in a safe environment and protecting them from avoidable harm is another measure the Trust records in line with the NHS Outcomes Framework, below are UHCW NHS Trust’s results:

Indicator: Avoiding Harm	2020-21	2021-22	2022-23	National Average 2022-23	Lowest and Highest Reported Trust 2022-2023
The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	Data not available as submission suspended due to COVID-19	Data not available as submission suspended due to COVID-19	96%	*	*

\* Data is not available as this indicator is no longer reported to NHS England.

## Guardian of Safe Working

The 2016 terms and conditions of service for Doctors and Dentists in training had been introduced. This includes a new system for monitoring junior Doctors' working hours and ensuring they work safely. Junior doctors will have a work schedule, which will set out their rota template and the training opportunities they must have in their placement. When their actual work varies significantly or regularly from this schedule, they should file an exception report to indicate that something has gone wrong. Exception reports will be sent to the trainee's educational supervisor and copied to the guardian of safe working hours.

## Safe Staffing - Nursing

The Safer Nursing Care Tool (SNCT) is used to determine the acuity levels (care needs) of patients. Departments are required to input acuity level data twice daily to ensure the sometimes-fluctuant care needs of patients can be captured. Twice daily staffing meetings review data from the SNCT, contained in the live Health Roster to support decision making for safer staffing.

Registered Nurse (RN) to patient ratio data is used alongside acuity and activity levels in real time to support professional judgement decisions. A tolerance of 0.5 RN per patient is an accepted variation in line with NICE guidance and reported ratios are an average across a month. Where there are deviations, mitigations are captured and recorded as part of the safer staffing process. Where areas are consistently below thresholds, a review is undertaken to determine causation to ensure that the worked staffing model is appropriate for the needs of the area including if temporary increases in staffing are required.

## Freedom to Speak Up

The role of Freedom to Speak Up Guardians (FTSUG) and the National Guardian for the NHS were established in 2016 following recommendations from Sir Robert Francis' Freedom to Speak Up Inquiry. Freedom to Speak Up Guardians support workers to speak up when they feel that they are unable to do so by other routes. They ensure that people who speak up are thanked, the issues they raise are responded to and that the person speaking up receives feedback on the actions taken.

Freedom to Speak Up Guardians, are appointed by the organisation they support and abide by the guidance issued by the NGO. They work proactively to support their organisation to tackle barriers to speaking up.

UHCW employs one full time Freedom to Speak Up Guardian and 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. 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.

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

### Speak Up Activity

Overall, in 2022/23 the number of concerns that have been raised by staff has increased. There were 61 staff members who raised concerns with 38 phone calls. For the same period during 2021/22 there were 31 concerns raised with 59 phone calls seeking informal advice or signposting.

The launch of a new and bespoke UHCW SpeakUp app in October 2022 has shown an increase in activity.

Common issues raised, were related to working relationships. Themes indicate poor behaviours, poor cultures, incivility, alleged bullying, harassment, racism, discrimination, and aggressive behaviours. These themes are reflective of the conversations the Guardian/Ambassadors hold with staff, prior to employees considering grievances, predominantly enabling and empowering staff to Speak Up to their peers, and or managers. The FTSU database records all raised concerns providing themes and trends. It reflects a year upon year increase in contacts made with the Guardian, with the highest number of contacts from Admin/Clerical and Nursing from Emergency Medicine, Medicine and Core Groups.

In response to concerns raised, there is a 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.

## Governance

All aspects of quality within University Hospitals Coventry and Warwickshire need to be underpinned by good governance and we work hard to maintain our clinical governance mechanisms and Board oversight of the operation of the Trust. This is embodied in the work of the four Board Committees - Audit and Risk Assurance; Finance and Performance; Quality and Safety and People, who ensure that the Board, with its mix of expert Executives and Independent Non-Executives can take a detailed look at key aspects of UHCW's operations and be alerted to any risks or threats to quality, safety and good performance.



Our Freedom to Speak Up  
Guardian meets regularly  
with UHCW Chairman

## Appendix 1: Learning Disability Standards Submission

(The submission in the table next page is presented in full, as it was uploaded to the portal, for completeness this includes the prepopulated responses).

Trust Overview	Submission
Did you include the findings of your Improvement Standards benchmarking in your Quality Account last year?	No
Do you have an improvement action plan, following previous rounds of benchmarking against the Improvement Standards?	Yes: Patient journeys being developed for individual patients. Relationships strengthened with Learning Disability services. <b>Action plan was devised:</b> Easy read leaflets to be made available for core leaflets and available on request as required. UHCW map directions to be made into easy read format. Virtual tours of ward environments to be available on the Internet page. – This has been stood down following feedback To increase awareness for staff to add Alerts to patients records to flag LD and communication needs. To work with Grapevine and Human Resources (HR) to devise generic questions to be used that LD patients would want to be included in the interview process. To involve patients with LD in Patient Safety agenda. Accessibility of PALS for LD patients.
Please also describe one successfully completed improvement action, in response to previous benchmarking.	Accessibility of PALS improved through enabling direct call into the service and easy to complete request for contact form. One patient journey developed. Training programme available as e-learning and face-to-face.
Do you plan to include the results of the Improvement Standards collection in your next Quality Account?	Yes
Total number of inpatient adult beds, at 31/03/2021	942 General & Acute beds 44 Adult Critical Care beds 76 Maternity beds 1062 Total Adult beds
Total number of inpatient children and young people beds, at 31/03/2021	61 Paediatric beds
Total number of inpatient beds, at 31/03/2021	1123 Inpatient beds
Total number of adult occupied bed days (excluding leave), during 2020/21	294042
Total number of children and young people occupied bed days (excluding leave), during 2020/21	26182
Total number of occupied bed days (excluding leave), during 2020/21	320224
Total number of bed days (excluding leave) occupied by adults with a learning disability, during 2020/21	1658
Total number of bed days (excluding leave) occupied by children and young people with a learning disability, during 2020/21	7
Total number of bed days (excluding leave) occupied by people with a learning disability, during 2020/21	1665
Total number of outpatient attendances by adults during 2020/21	563699
Total number of outpatient attendances by children and young people during 2020/21	41456

Trust Overview	Submission
Total number of outpatient attendances during 2020/21	605155
Total number of outpatient attendances by adults with a learning disability during 2020/21	1381
Total number of outpatient attendances by children and young people with a learning disability during 2020/21	129
Total number of outpatient attendances by people with a learning disability during 2020/21	1510
Total number of complaints received, regarding the care and treatment of adult patients, during 2020/21	690
Total number of complaints received, regarding the care and treatment of children and young people, during 2020/21	64
Total number of complaints during 2020/21	754
Total number of complaints received, regarding the care and treatment of adults with a learning disability during 2020/21	1
Total number of complaints received, regarding the care and treatment of children and young people with a learning disability during 2020/21	1
Total number of complaints received, regarding the care and treatment of people with a learning disability during 2020/21	2
Total number of complaints during 2020/21 concerning the care and treatment of adults, children, or young people with autism (regardless of age) who do not also have a learning disability.	3
Total number of patient deaths in hospital or on an active caseload; or within 3 months of their case being closed or discharged during 2020/21.	2168
Total number of children, young people and adults with a learning disability who died whilst on an active caseload, within 3 months of their case being closed or discharged, during 2020/21.	14
Does your Covid recovery plan include specific provision concerning the needs of people with a learning disability and/or autistic people.	Yes: The development of a health inequalities tool by our Chief Medical Officer and Performance and Informatics Team to ensure better access includes those with LD and/or autism
Total number of patients on the EPR at 31/03/2021	1537061 (Total PAS MPI including patients now deceased) 1358683 (PAS MPI excluding deceased patients)
How many children, young people and adults had a learning disability flag on the Trust EPR at 31/03/2021?	2652 (including deceased patients) 1841 (excluding deceased patients)
Does your electronic patient record allow you, with the patient's consent, to flag and identify autistic people, who do not also have a learning disability but who may similarly require reasonable adjustments?	Yes

Trust Overview	Submission
Do you provide Health and Justice services, that are accessed by people with a learning disability and/or autistic people? If yes, do you provide: Prison healthcare services Healthcare in young offender institutions Healthcare in children and young people's secure settings (secure children's homes, secure training centres etc.) Liaison and diversion services Immigration Removal Centres Sexual Assault Referral Centres	No
Please indicate which STP/ICS your Trust are members of (up to three):	Coventry and Warwickshire STP
<b>Respecting and protecting rights</b>	
If required, is your organisation able to isolate/disaggregate specific outcome data regarding patients with a learning disability?	No
If required, is your organisation able to isolate/disaggregate specific outcome data regarding autistic patients?	No
Are you readily able to identify children, young people and adults with a learning disability and/or autistic patients, who are on waiting lists for assessment and/or treatment?	No
How many adults with a learning disability were awaiting a first appointment on 31/03/2021?	151
How many children and young people with a learning disability were awaiting a first appointment on 31/03/2021?	8
Total number of patients with a learning disability who were awaiting a first appointment on 31/03/2021	159
To what extent do you agree or disagree with this statement: 'Our organisation routinely monitors waiting times for children, young people and adults with a learning disability, and autistic people, and reports data concerning waiting list numbers and lengths of wait to the board.'	Tend to agree
Does your organisation have policies which require staff to intermittently contact children, young people and adults who have a learning disability and/or autistic people, on waiting lists to see if the situation is becoming more urgent?	No
Do you monitor/compare the emergency readmission rates for children, young people and adults with a learning disability, with those of people without learning disabilities?	No. Readmission rates are routinely monitored but there is no distinction made between Children and Young People (CYP) with learning disabilities and those that do not.
Does your organisation regularly audit any restrictions and/or Deprivations of Liberty it places on children, young people and adults with a learning disability and/or autistic people?	No
Have you undertaken an audit of restrictive practices in the last 12 months?	No
Do you have a policy on the use of force to hold or restrain children, young people and adults with a learning disability and/or autistic people, who lack the competence or capacity to consent?	No

Trust Overview	Submission
How many patient safety incidents did your organisation record concerning children, young people and adults with a learning disability or autistic people during 2020/21?	A total of 109 incidents have been reported for patients who appear on the learning disability list. Please note there may be multiple incidents for the same patient* There is currently no mechanism to track those cases who have been formally diagnosed with Autism this is being explored by the CCG
How many Serious Incidents Requiring Investigation were identified regarding children, young people and adults with a learning disability or autistic people during 2020/21?	There was one serious incident investigation completed for a patient who appears on the LD list. There is currently no mechanism to track those cases who have been formally diagnosed with Autism this is being explored by the CCG.
Number of internally raised safeguarding referrals concerning children, young people and adults with a learning disability or autistic people, in your care, during 2020/21.	Do not capture at present - no data available
Number of externally raised safeguarding referrals concerning children, young people and adults with a learning disability or autistic people, in your care, during 2020/21.	Do not capture at present - no data available
Total number of safeguarding referrals raised concerning children, young people and adults with a learning disability or autistic people, in your care, during 2020/21.	Do not capture at present - no data available
Please describe any improvements made to your service during 2020/21, which were introduced as a result of investigations concerning people with a learning disability or autistic people in your service.	Hospital Passport reviewed and promoted across all clinical areas in order that the document is utilised. Wayfinding mechanisms reviewed and additional resources developed including wayfinding map.
How many deaths of people with a learning disability took place in your organisation during 2020/21 as a result of the following:	
Choking incidents	0
Sepsis	3
Epilepsy	0
Gastrointestinal obstructions	1
Covid-19	5
Non-Covid respiratory condition	4
Other causes	2
Please provide examples of any best practice which has helped your organisation to learn from the deaths of people with a learning disability.	Ongoing feedback from the Integrated Care Board in relation to local LeDer reviews and action plans are being developed in relation to communication with families and patients.
Is your organisation represented on the local Learning Disability Mortality Review Programme (LeDeR) steering group?	Yes
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
Does your Trust monitor the rates of use of Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) decisions for people with a learning disability?	No

Trust Overview	Submission
<p>How many children, young people and adults with a learning disability had a DNACPR authorisation in place at the time of their death, during 2020/21</p>	<p>Not available for children and young people.  Only available on Coventry adult patients. Not available on every patient.  This data is not available and to obtain would rely on 2 factors:  1 – the identification on CRRS of the learning disability.  I do not have access to this data.  2 – the CRRS Resus tab being completed.  We know that only 80% of these results data completed at 3 days after admission, even in a retrospective study, we would only capture 20 – 80% of those with a resuscitation status.  3 – a copy of or the original ReSPECT form being filed in the patients notes.  We do not utilise DNACPR authorisations, we promote a shared decision making conversation with the summary outcome documented upon the ReSPECT form.  The Form is a patient held document and documented decisions are always determined on an individual basis.</p>
<p>Please describe the systems used in your Trust to safeguard people with a learning disability from the inappropriate use of DNACPR determinations.</p>	<p>The ReSPECT process promotes the utilisation of MCA and legal proxy if required. An IMCA would be appointed in the absence of these.  We have patient information leaflets that are targeted to this audience to promote understanding for the patient and the carer and clinician. Available via e-library.  As with all treatment plans, appropriate referrals to safeguarding teams, carers with legal power of attorney for health and welfare or carers with appropriate knowledge of the patient's wishes in the event of impairment of capacity.  Ultimately, the decision to resuscitate (or not) is a clinical decision but should always be legally communicated to the above stated.  Learning Disability review all current inpatients and support the clinical groups.</p>
<p><b>Inclusion and engagement</b></p>	
<p>Do you have a dedicated post/position for a person(s) with a learning disability or their family carers on your Trust council of governors and/or any of your Trust Board sub-committees?</p>	<p>No</p>
<p>Please describe how your organisation engages with children, young people and adults with a learning disability, autistic people and family carers.</p>	<p>This past year the department has developed a Survey Monkey that is sent to all children and young people/parents on discharge. An action plan has been developed and is discussed at our Group QIPs/Group Board with an action plan.</p>
<p>To what extent do you agree or disagree with this statement: 'Members of the executive team regularly meet with and take advice from children, young people and adults with a learning disability, autistic people, family carers and the front line workers who support them.</p>	<p>Tend to disagree</p>
<p>Which reasonable adjustments are routinely available and offered by your organisation:</p>	<p>Examples of the things we have done range from extra time for appointments/interviews/assessments, use of different colour filters, pictures communications (PictoComm™), audio leaflets, large print, easy read, allowing cares/support to stay with patients outside visiting times and disability passports.</p>
<p>Does your organisation's triage processes prioritise children, young people and adults with a learning disability, or autistic people?</p>	<p>No</p>

Trust Overview	Submission
Does your organisation provide a low stimulus area/waiting area?	Yes. There is a Children's Emergency Department that has a waiting area that house children and young people. The waiting room itself has all children and young people that are waiting to be seen by a clinician and can become quite loud at times. However, there is a sensory room available within the main children's department where children can wait to be seen. It has sensory equipment and is much quieter than the waiting area. If the sensory room is in use, then children can wait in a cubicle.
Does your organisation provide Changing Places toilet facilities?	Whilst we don't currently have these facilities plans are being drawn up to provide one at Coventry and also one at St Cross, Rugby.  Funding was available via the department of health – however this was suspended during Covid. They have advised us that they are still reviewing our application for funding but also confirmed that it is not guaranteed.
Does your organisation produce accessible appointment letters?	Yes
Does your organisation provide appointments at times of day and duration to make it easier for children, young people and adults with a learning disability, or autistic people (and their families) to attend?	Yes. There are appointments after 16:00hrs for school age children, however, they are not specifically for CYP with learning disabilities.
Is your organisation able to accommodate carers overnight on site (acute hospitals)?	Yes. There are overnight facilities for parents and carers with bedrooms for PHDU patients and a bed at the cot side. There are kitchenettes on every ward.
Does your organisation provide home visits for children, young people and adults with a learning disability, or autistic people, instead of an outpatient appointment?	Yes. There are certain nursing specialities that provide home visits for CYP, but not specifically for CYP with learning disabilities.
Parents or family carers of children, young people and adults with a learning disability, or autistic people, spend significant amounts of time supporting them in hospital and are involved in complex decision making. What additional provision do you have in place to support their wellbeing and resilience?	All parents/carers have overnight beds to sleep, and are able to use the bathroom facilities. Parents are entitled to breakfast at the bed/cot side and have a concessionary car parking pass when resident.
If learning disability liaison services are available in your area, on the basis of a service level agreement with another trust, do you provide or receive these services?	Provide
How many learning disability liaison staff (WTE) are provided on the basis of service level agreements with other trusts?	1.6WTE
Who do you have a partnership arrangement with?	CWPT – Coventry and Warwickshire Partnership NHS Trust
How many staff providing learning disability liaison services do you employ at the following pay bands?	
Band 2	0
Band 3	0
Band 4	0
Band 5	0
Band 6	0
Band 7	0
Band 8	0

Trust Overview	Submission
Do you have a policy which makes it clear that reasonable adjustments should be provided to autistic people who do not also have a learning disability?	No
Are children, young people and adults with a learning disability, who have multiple long-term conditions, assigned an identified coordinator/key worker, either from your Trust, or from another NHS provider, on the basis of a service level agreement?	Yes. The inpatients have a nurse assigned specifically to care for each patient and continue with caring for that particular child each day they are on duty. Any child with complex care needs have an Advanced Care Plan that is developed by the community nursing team which the inpatient wards have access to. Children with an oncological condition have a specialist nurse who is a designated key worker whether they have learning disabilities or not.
Does your Trust employ people with a learning disability or autism?	Yes
If yes, what is the WTE of workforce employed with a learning disability or autism (paid employment only)?	47.8
To what extent do you agree or disagree with this statement: 'Our organisation notes the requirements of "Ask Listen Do", and makes reasonable adjustments to the complaints processes, to avoid people with a learning disability or autistic people having excessive form filling or having to write excessive amounts of detail during the complaints process.'	Strongly agree
Is your organisation using "Ask Listen Do" good practice resources to improve feedback, concerns and complaints for children, young people and adults with a learning disability, autistic people and families?	Yes
<b>Workforce</b>	
Does your organisation have a board level lead responsible for monitoring and assuring the quality of service being provided to children, young people and adults with a learning disability and/or autistic people?	Yes
Which professional role best describes the executive role of your board member who leads on quality assurance for learning disabilities and autism?	Nursing
How many registered learning disability nurses (WTE) do you employ?	10.53
Band 5	5.92
Band 6	3
Band 7	0.61
Band 8	0
Other banding	1
Please describe any trust initiatives to include people with a learning disability or autism, or their families, in workforce recruitment and selection.	We don't include people with LD or autism in recruitment and selection at present, but it is being included in the LD workforce planning task group
Does your workforce plan include data on current and future issues arising from retention / recruitment difficulties relating to the learning disabilities workforce?	Yes

Trust Overview	Submission
<p>Please describe any innovative roles developed during 2020/21, in relation to meeting the needs of children, young people and adults with a learning disability or autistic people.</p>	<p>Practice educator in paediatrics who is looking at improvements to the environment, equipment and documents. And undertaking training for staff in CYP.</p> <p>A wider talent mapping/mandatory development piece of work is being developed to consider roles to meet the needs of children and young people and adults who have a LD/autisms.</p> <p>We have the annual supported intern programme aimed at students who have a statement of special educational needs (8 places per year) the students are with us from September to July. Programme is successfully in supporting the students to gain employment upon completion.</p> <p>We are working with the discovery centre school which is a school for secondary school students with autism and communication difficulties. We are supporting the school to ensure that all students have access to careers advice and guidance including work experience. We have organised two work experience weeks for around 20 students in years 10 and 11.</p> <p>Princes Trust programme has delegates with autism or learning disabilities. 5-week employability programme with 8 – 10 days' work experience and 2 – 3 times per year.</p>
<p>Does your workforce plan include provisions to support the development of new roles in learning disabilities care?</p>	<p>No</p>
<p>Do your staff have access to up-to-date training covering learning disabilities / autism awareness?</p>	<p>Yes. ESR training and Learning Disabilities Training.</p>
<p>If yes, what percentage of your staff undertook this during 2020/21?</p>	<p>Safeguarding Adults level 1 95.36%</p>
<p>Does your Trust induction programme invite children, young people and adults with a learning disability or autism to contribute to staff training?</p>	<p>No</p>
<p>Does your organisation provide training to help others, such as families or personal assistants, who provide day to day care and support, to understand how to recognise and respond to signs of emerging health problems for children, young people and adults with a learning disability or autistic people?</p>	<p>No</p>
<p>Does your organisation actively involve people with a learning disability or autism and their families in checking the quality of the services being provided and developing improvement plans as a result?</p>	<p>Yes</p>
<p>If yes, please describe the types of involvement children, young people and adults with a learning disability or autism and their family carers have within the organisation (e.g. Quality Checker).</p>	<p>This past year the department has developed a Survey Monkey that is sent to all children and young people/parents on discharge. An action plan has been developed and is discussed at our Group QIPs/Group Board with an action plan.</p>
<p><b>Antenatal services</b></p>	
<p>Does your trust deliver the NHS Fetal Anomaly Screening Programme (FASP)?</p>	<p>Yes</p>
<p>If yes, do your sonographers, midwives and ultrasound practitioners who are involved in delivering the FASP, have access to training on supporting personal informed choice?</p>	<p>Yes</p>

Trust Overview	Submission
If yes, who provides this training?	Online update annually (e-If learning)
What proportion of your sonographers, midwives and ultrasound practitioners accessed this in the two-year period April 2019 - March 2021	100%
Are your sonographers, midwives and ultrasound practitioners able to access training on the conditions screened for within the FASP?	Yes
If yes, who provides this training?	Online training package (e-If for learning)
What proportion of your sonographers, midwives and ultrasound practitioners accessed this in the two-year period April 2019 - March 2021	100%
Do your sonographers, midwives and ultrasound practitioners have access to specialist learning disability practitioners, to help understand the implications of having a child with one of the conditions screened for within the FASP?	No – referred to screening midwives
Do your sonographers, midwives and ultrasound practitioners have access to people with lived experience of the conditions screened for within the FASP, or to parents who understand the implications of having a child with one of them?	No – referred to screening midwives
Have you received any complaints in 2020/21, concerning people's experiences of receiving a positive screen result, through the FASP?	No
Have you undertaken any audits or evaluation in 2020/21, concerning the process by which parents are informed of FASP screening results and provided with support and information to assist with decision making where a fetal anomaly is suspected?	No
<b>Cancer services</b>	
Do you provide cancer services (inpatient, outpatient, diagnostics, day case etc.) that are accessed by people with a learning disability, or autistic people?	Yes
Do you have a policy which specifies the need for reasonable adjustments to be made to usual cancer pathways, for people with a learning disability and/or autistic people?	No. We do not have a policy and there also is not a general policy to add to
Is there a designated lead, for learning disability / autism within your cancer services?	No. However the Equality and Diversity team can be contacted for advice.
Do your cancer services operate flexible appointment scheduling, for people with a learning disability and autistic people?	Yes. All patients are treated individually, and adjustments are made when appropriate
Please describe how you provide targeted and coordinated help that addresses the needs of people with a learning disability and autistic people, at all stages of the cancer pathway, including palliative and end of life care.	All patients should be offered a holistic needs assessment which identifies individual patient need People with learning disabilities and carers have the option of a referral to Mencap for support who are currently working in partnership with Macmillan.
Do you provide: Accessible appointment letters for cancer services	No. However if requested letters can be addressed to the carer where appropriate.

Trust Overview	Submission
<p>Accessible information setting out the stages of the cancer journey, so patients and families know the order that things are done.</p>	<p>Yes. All patients will have access to a keyworker which tends to be the cancer Clinical Nurse Specialist and verbal and non-verbal information is given at the appropriate parts of the pathway.</p>
<p>Easy-read information on types of cancer and personalised treatments.</p>	<p>Yes. A variety of easy read information is available via the Cancer Information and Support Centre, including what is cancer, chemo, and radiotherapy, after treatment and end of life.</p>
<p>Are staff in your cancer services trained in assessing people's capacity to make decisions regarding their treatment?</p>	<p>Cancer services is trust wide, all staff have access to e-learning on ESR and face to face learning disability training.</p>
<p>Where people with a learning disability or autistic people, are assessed as lacking capacity to make decisions concerning serious medical treatments, and decisions need to be made in their best interests, are staff in your cancer services able to instruct independent mental capacity act advocates.</p>	<p>Yes. All staff should have completed Mental Capacity Act Training.</p>
<p>Describe how you have used insight and feedback (including complaints, compliments, concerns, Friends and Family test etc.) from people with learning disability, autistic people and their families to improve your cancer services?</p>	<p>Cancer services will use feedback gained from all patients including those with the identified disabilities to improve service provision.</p> <ul style="list-style-type: none"> <li>• Patients will be supported by their keyworker which tends to be the Clinical Nurse Specialist who will complete a holistic assessment to identify individual need.</li> <li>• They will work closely with the patients carer to ensure that all information is transferred.</li> <li>• Patients and their carers are encouraged to visit the Cancer Information and Support Centre for information on chemo and general cancer care (Macmillan easy reading)</li> <li>• People with learning disabilities and carers have the option of a referral to Mencap for support who are currently working in partnership with Macmillan.</li> </ul>
<p>Please describe any examples where you have co-produced improvements to your cancer services, with people with a learning disability, autistic people and their families.</p>	<p>Macmillan Cancer support and Midland Mencap Cancer Research Project</p>





## 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](mailto:insightandinvolve@uhcw.nhs.uk) or
- by visiting our website [www.uhcw.nhs.uk](http://www.uhcw.nhs.uk) or
- by visiting NHS Choices website at [www.nhs.uk](http://www.nhs.uk)

We look forward to hearing your comments and suggestions.

# Feedback from our Stakeholders

## Warwickshire's Adult Social Care and Health Overview and Scrutiny commentary

There is nothing at all about Armed Forces Covenant measurements and quality. The Covenant provides a legal framework including medical care. In my experience if it isn't measured, then quality against National guidelines is impossible to assess.

### UHCW NHS Trust Response:

The Trust would like to thank the Scrutiny Group for your review and comment on the Quality Account. The content for the Quality Account is directed by guidance from NHS England. UHCW will review the information that can be included for Armed Forces Covenant in future Quality Accounts. The Trust presently do not have an ability to capture which patients have a military connection; however, a mandatory field is set to be introduced into EPR that will remedy this going forward (from October 2023).

### Healthwatch Coventry Commentary

This document details processes and types of data collected and submitted across NHS organisations to identify where an NHS trust sits in relation to others, or as a marker of quality in some other way. Some of this is difficult to understand for a lay audience and it can feel like the emphasis is on the process rather than the learning, outcome, or change.

The document we received to produce this commentary was an early draft without the latest figures for 2022-23 as they are not yet available.

Our role as Healthwatch focusses on people's experiences of using NHS and social care services - seeing things from a patient, and family/unpaid care, point of view.

From our perspective the culture of an organisation in how it responds to, learns, and develops from what it hears for people is key. Therefore, we are asked to review quality accounts to consider if they:

1. reflect people's real experiences as told to Healthwatch
2. show 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.

### Experiences we heard

This year we raised the following with the Trust based on what we heard from local people:

- Improving communication with patients and their family carers – for both people who are inpatients in the hospital and those waiting for outpatient appointments/treatment.
- Challenges with capacity of the Patient Advice and Liaison Service and its ability to respond to people in a timely and a suitable way – this is in the context of increased demand due to more people needing to find out about their treatment/waiting times etc
- Issues with the effectiveness of complaints handling at the Trust -reported to us in terms of quality of communication about the subject of the complaint, communication about the timeframe for the Trust's response and instances of people waiting for a response for a long time.

We see some of what we have raised reflected in the priorities the trust has set for the year ahead – for example related to improving telephone responses and a working group on phone answering and "Mystery Shopper" exercise. From our conversations with the Trust, we understand the analogue phone system is a limitation and so we would like to see this updated.

Seeing how much feedback/complaints relate to communication is good quality measure for improvement although other methods will also be needed. The population the Trust serves is very diverse and therefore there are many considerations for effective communication.

We had conversations with the Trust regarding complaints handling and have been advised the Trust has an action plan. We would like to see this explained in the quality account and reflected in priorities. The quality of responses regarding complaints or PALS contacts is important and the Trust should consider how it will measure and track this kind of quality, a response time target will not measure this.

The topics we raised with the trust this year are similar to those we raised with the Trust in 2021-22 and so we would like to see more progress related to communication.

### **Learning culture**

The Trust had a positive CQC inspection of maternity services in recent months. It has also taken part in audits and quality related processes fully. Some sections of the document highlight how learning has been taken from such processes.

It would be helpful to have more information about how outcomes will be measured for the actions from clinical audit. How will the trust know if anything has changed/improved?

The appended learning disability standards submission is difficult to read and leaves us wondering what difference this makes for people with learning disability. A narrative section in the report exploring how the Trust is improving communication and care of people with learning disability would be more useful.

Structures related to patient experience are described along with pieces of work undertaken because of input. Involvement of patients and the public is demonstrated through the patient partners programme. The Trust provides information about reinstating patient experience related activity after the period affected by COVID-19. It is positive to hear of the activity such as visits to wards to look at the ward environment and work to talk to patients. Follow up from ward environment inspections is reflected in the priorities for the coming year along with codesign with patients and this is positive.

Friends and Family Test surveys are mentioned but no findings are discussed.

Information is not included about what was learnt from complaints, nor are themes from complaints – a link to separate document will be added. We think the themes should be in the quality account as they are an important aspect of quality.

### **Priorities set**

The quality priorities set in this year's document are similar to those from last year and the information on activity related to last year's priorities is limited. The reasons for this are not explored.

We hope the Trust will invest sufficient resource into the patient experience priorities and activity so that this year the full programme can be delivered. Patient public engagement activity is a skilled area of work and can only be successful with the right level of staffing and other resources to support the work.

Since the enactment of the 2022 Health and Care Act the breadth of an acute Trust's role has increased to include responsibility for the health of the local population and a key role within the Integrated Care System, we look forward to working more with the Trust in this context.

### **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 2023.

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 publicly at the time this Quality Account was published.

At the time of publishing this report the Trust are exploring alternative telephony systems for our Switchboard service to ensure that we can effectively respond to calls received from our patients and the public.

The Complaints Team would like to assure Healthwatch that we are continually reviewing how we can measure and improve the quality of our complaint responses and the service that is provided. Themes and trends for complaints have now been included in the Positive Experience section.

The Trust are pleased to have re-commenced the Patient Led Assessments of the Care Environment (PLACE) during October 2022.

We appreciate the feedback from Healthwatch regarding how the trust is improving communication and care of people with learning disabilities. This section has been updated to include the work that is currently in progress.

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 regard 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.

The Trust would like to assure Healthwatch that the outcomes of clinical audit activity are measured as part of the clinical audit cycle through re-audit of the standards to see if improvements put in place have been effective.

### **Coventry and Warwickshire Integrated Care Board**

NHS Coventry and Warwickshire Integrated Care Board (ICB) welcomes the opportunity to comment on the draft University Hospitals Coventry and Warwickshire NHS Trusts' (UHCW) Quality Account.

The ICB believes that the Quality Account for 2022-2023 contains an accurate reflection of the quality of services provided by the Trust. The ICB has reviewed the information presented in the draft Quality Account against data sources available to the ICB as part of contract quality and performance management reporting and confirm that this accurate.

It is acknowledged that there has continued to be many challenges for both the Trust and across the system in recovery since the pandemic. Ongoing restoration of services with an increased focus on reducing waiting times has been a priority. Demands on inpatient services have continued to be a challenge this year, with a clear focus towards continuous improvements in delivering of services working alongside system partners. The aim of which is to enable sustainable improvements to be achieved across the system. We acknowledge the enormous amount of work undertaken as a result of these challenges and would like to thank staff and volunteers for their continued endurance, compassion and commitment shown by all staff.

The Trust has worked throughout this time with the ICB in the spirit of openness, transparency and in collaboration to develop and strengthen the working relationships and establish new ways of working over the last 12 months. This has been demonstrated by a number of invitations by the Trust for ICB representation on a range of quality and patient safety related learning forums, committees, and groups. Engagement activities have included quality assurance meetings throughout the year and onsite supportive visits to the maternity unit at UHCW during the last year.

There has been significant amount of work undertaken by the Trust to promote an internal culture that drives improvements. The ICB is pleased to report the timeliness of responses to quality concerns raised with the Trust. There has been of a consistently high standard and approach, with a willingness to learn, underpinning the Trust core values and strategic objectives.

There is recognition of the significant achievements the Trust has had in relation to its ongoing commitment on embedding a culture of continuous quality improvement. Examples of this include achievements in 'Pathway to Excellence' and the Maternity services recent overall rating of the service remaining Good overall. The work outlined in the Quality Account supports the ongoing investment in a quality improvement approach and sustaining existing successes.

We acknowledge and support the Trust's continued focus on patient's 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 already taken place within the Trust to meet the immediate and essential actions as recommended from the Ockenden report. This patient safety work will further support staff to implement improvements and strengthen sustainable safety systems for Maternity and Neonatal services. The Trusts intention to create a culture where staff feel safe and supported to speak up is recognised. We look forward to continuing to work with the Trust and our system partners on the implementation of the Patient Safety Incident Response Framework (PSIRF) during this year.

We applaud the Trust on the work undertaken in the Getting it Right First Time (GIRFT) Programme to reduce unnecessary variation and improve outcomes, which demonstrate a wider commitment to a system, quality improvement approach to improve patient care and experience.

We acknowledge the work with patient partners in developing the Patient Portal workstream to design the Trust's future Patient Portal as part of the Electronic Patient Record (EPR) Programme. This will benefit patients experience to feel empowered to access parts of their own health record. This will include access to test results, making and changing appointments, the ability to receive appointments by e-mail rather than letter and in the future, being able to make contact with clinical teams to ask questions about their care. 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, which include ensuring that underrepresented communities are included. We are pleased that there has been strengthened relationships with Learning Disability services and actions developed to enhance people's experiences with a continued focus for quality improvements for the coming year.

The Trust's continued engagement with the national clinical audit programme is well evidenced. It is reassuring to see the Trust acknowledges areas identified through these processes for ongoing improvement. We acknowledge the delivery of the Commissioning for Quality and Innovation (CQUIN) programme, which demonstrates a high level of clinical quality and areas for further improvements across several of the schemes.

In conclusion, the ICB commend the work undertaken to date and endorse the new quality priorities for 2023-2024 and we look forward to continuing our collaborative approach to quality improvement within our local system.

**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 continued challenges for the Trust across the system in recovery since the COVID-19 pandemic.

The Trust is committed to continuing to be open and transparent with its ICB colleagues and would like to thank the ICB for endorsing the 2023-24 Quality Priorities.

We would like to thank our ICB colleagues for the onsite supportive visits to the maternity unit during the last year. These were well received by all those involved, and we are committed to continually driving quality improvement in partnership with the ICB.

We look forward to continuing to work with the ICB on the implementation of the Patient Safety Incident Response Framework (PSIRF) during this year.



# 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).

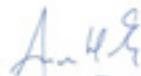
In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- 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:



**Dame Stella Manzie DBE**  
Chair



**Professor Andrew Hardy**  
Chief Executive Officer





