University Hospitals Coventry and Warwickshire

NHS

NHS TRUST ANNUAL REPORT 2000–2001

Message from the Chairman

I wrote last year of the emerging challenges for all health service bodies, but with hindsight, the pace of change proposed has been far greater than I could possibly have envisaged.

During the last year, the government, in the National Plan, has developed its agenda for rejuvenating our health care services on a holistic basis, supported by significant announcements on resource availability.

Before I write this report next year, there will have been radical change with the introduction of Primary Care Trusts and Strategic Health Authorities, bringing with them a major change in the role the current regional offices of the National Health Service Executive.

Over the last year, we have seen an increasing focus upon the installation of clinical governance at the heart of all of our thinking, and we spent much time towards the end of the year preparing for our first inspection visit by the Commission for Health Improvement.

During all of the preparatory work, we found ourselves looking at things from new and exciting perspectives, and I am sure that we shall receive much helpful feedback on how to continue improving our services for our patients.

As with any organisation of the size and complexity of the Trust, over a period of time you face challenges and setbacks. But I do hope that the positive aspects of our year also come through in this report. To highlight just a few:

- We now have two Medical Directors in the Trust, working side by side to develop us into a University Teaching Hospital at the same time as progressing our Clinical Governance agenda and securing our day to day health care work.
- We are progressing a major expansion of our Radiotherapy Services, which will result in three new linear accelerators for the treatment of cancer.
- We are working closely with colleagues based in the community to develop practices that make the appropriate care environment available for individual patients.
- We have at last received the go ahead to progress the Coventry New Hospitals Project to the speediest conclusion possible.

Against this context, it gives me significant pleasure to record publicly the appreciation of the Trust Board for all the hard work of every member of staff; the Trust could not continue to be successful and face the challenges ahead without such a dedicated and loyal workforce.

GARY REAY,
Chairman

Action on Cataracts

During 2000, the Coventry & Warwickshire Hospital Ophthalmology Department, in partnership with Rugby PCG, George Eliot Hospital in Nuneaton and Warwick Hospital, was successful in a bid under the Action on Cataracts programme, which provides capital money to enable cataract surgery to be carried out closer to the patient's home.

Traditionally, cataract surgery has only been carried out at Coventry & Warwickshire Hospital, but now the department's staff are taking day case operating sessions to both Hospital of St Cross in Rugby and George Eliot. This will improve the patient pathway, particularly for elderly patients, who had previously needed to travel to Coventry, with many being forced by social circumstances to stay overnight.

The initial consultation and pre-operative assessment will be carried out together in a "One Stop" clinic, which is run by the Cataract Nursing Team led by Sister Frances Edmonds. Through improvements in the information contained within referrals and a new initiative that has piloted direct referrals from Community Optometrists, patients are now able to attend this clinic in preparation for surgery.

Ideally, patients will also leave the clinic with a confirmed date for their surgery under the Booked Admissions directive. The initiative has resulted in less visits to the hospital, an improvement in the overall waiting time for cataract surgery and a more efficient quality service for the patients involved.

Work to extend the success of the One-Stop clinics and local cataract surgery will continue through 2001 and 2002.

Achieving Our Objectives

The end of the financial year 2000/01 again provides me with the opportunity to commend the continuing hard work and dedication of everyone involved with the Trust. Over the last twelve months this has enabled us to take a significant step towards achieving many of our long term strategic objectives, as well as a number of key Government targets.

Not only does this represent significant success in these areas, but it also places us in a much stronger position to meet the challenges that I acknowledge we will face in the coming year. I would like to explain those challenges in more detail and share with you some of our more recent achievements.

Although we have been assisted greatly by the additional intermediate care and nursing home facilities put in place by other health services, the pressures on staff have still been enormous. In particular, there were major additional demands for our services during the winter months and I am very grateful for the professional and dedicated way in which the Trust staff have coped.

The coming months will see us working more closely with the Local Authority, to encourage more nursing home provision in the community, especially for elderly mentally infirm patients. At the same time we shall be coordinating our resources with those of our colleagues in primary care, to be able to respond to the fluctuations in demand for our services.

The number of vacancies for nursing staff has reduced from 170 to 100 since this time last year and, with the number of nurses completing their training starting to increase significantly towards the end of the year, we expect to see an even greater reduction over the next 12 months. Our Nurse Bank has been extremely successful and, on average, 95% of all vacant nursing shifts are filled with staff from the nurse bank.

At the end of October 2000, the Trust was formally designated as a University Teaching Hospital, changing its name to University Hospitals Coventry and Warwickshire NHS Trust. We had already, since 1998 seen an increase in consultant numbers of 30%, and we now look forward to further substantial expansion. Already, we have secured the funding to bring forward appointments to a number of posts that will be required as teaching and research activities develop.

It is expected that the government will announce a further increase in the number of medical students in the new Leicester and Warwick Medical School and planning is now well advanced for the construction of a £18 million clinical sciences building, to be completed in late 2003 on the Walsgrave Hospital site, which is also the location for the new £220 million hospital to be opened two years later.

Whilst the new hospital plans are advancing at a pace, our existing facilities are undergoing a corresponding development, which has included the recent commencement of work in the Radiotherapy and Oncology Department, to provide three new state of the art linear accelerators at a capital cost of £6 million.

At the Hospital of St Cross in Rugby, a new Renal Dialysis Unit has recently opened. Also at Rugby the Radiology Department has taken delivery of breast screening equipment provided from the New Opportunities Fund. The department's new £1.2 million mobile MRI scanner is also believed to be the first mobile unit owned by the NHS; as well as providing a service at Walsgrave Hospital, it will be moved, on a weekly basis, to Warwick Hospital and Nuneaton's George Eliot Hospital.

By the end of the year we had reduced our inpatient and day case waiting list to 5,887, against the Government's target of 6,104, which is a fantastic achievement, bearing in mind all of the pressures we have faced. At the same time, we successfully reduced the numbers of patients waiting for more than thirteen weeks for their first out-patient appointment to our target level of 2,200.

Once again, I would like to thank all staff for their hard work and dedication, as everyone has played their part in these very significant achievements. I believe they are continuing evidence of our commitment to providing the people of Coventry and Warwickshire with the very best in health care.

DAVID LOUGHTON
Chief Executive

An independent point of view

As a Non-Executive member of the Trust Board, I have been in the privileged position of being able to take an independent view of the Trust, as it frames the policies that will influence how health care is provided to the people of Coventry and Warwickshire.

These are not just policies that are about the present, but those that will affect developments well into the foreseeable future, placing a level of responsibility on everyone involved to make decisions based on forecasts and reasoned assumptions.

The Trust's executive team are not only responsible for planning, but also overseeing the day to day running of a major acute regional hospital, which has 500,000 patients, for which it has consistently provided the highest possible levels of care.

I have observed the Trust Board as it met some of the most challenging situations, making decisions that have to be based on cold facts, but always on the basis of a policy of not turning people away who should be in hospital.

That is the spirit that they have engendered in everyone, a determination to provide the care that people need whatever the factors involved, even at a time of overflow in Intensive Care, when extra beds are somehow found in other wards, because the requirement is there.

Although I was not part of the Quality Standards Committee, I was associated with the team involved with the planned new hospital building, serving on the project board for the new hospital from 1995 until the proposal was accepted last year.

After so many ups and downs, it is marvellous to think that it is now underway and is, in fact, ahead of schedule, fully justifying the hard work of all those who have been involved, preparing and planning so carefully.

My accountancy background meant a natural role on the Finance and Audit Committee, especially as it was delegated the responsibility for a closer examination of the figures than the Board would be able to give in the time available to it.

I have been amazed that, with increasing patient numbers and complexity of the provision of care, the Trust has consistently managed to meet the government's ever more stringent financial targets over the years.

It reflects great credit on those responsible for the management of the Trust and the work of the care providers.

FRANK BUNTING
Non-Executive (Associate) Director

Benchmarking for quality of care

As part of the Government's strategic intentions for nurses, midwives and health visitors, in its White Paper, *Making a Difference*, it suggested clinical practice benchmarking as one method of improving the quality of care that had already proven effective in the North West.

Last year, a number of nurses representing all regions, joined other professionals and consumers, to develop and prepare the benchmarks. The aim was to produce national benchmarks for the "fundamental and essential aspects of care" and to be empowered to introduce it at regional level.

Meanwhile, the Trust had set up a local team concerned with the care of older people, ready for the launch of the National Service Framework for Older People, with its task originally seen as standard setting.

Last October when the draft benchmarks were issued for consultation, the team were given an introductory talk about the process and decided to take the lead in establishing the Trust's first benchmarking group, to improve fundamental and essential care for older people, last October, in advance of the national launch in March of this year.

This new initiative was headed by Jo Richmond, one of the Trust's Practice Facilitators. She had also been selected as a Regional Facilitator for Clinical Benchmarking. From July she will lead on the implementation across Coventry and Warwickshire of the Essence of Care, the toolkit for clinical practice benchmarking.

The Lead Nurse for Care of Older People, Jan Grainger, and the standard setting group decided to utilise the benchmarks, they invited Jo Richmond to help in the process of implementing them in all of the eight clinical areas:

- Privacy and Dignity
- Food and Nutrition
- Personal and Oral Hygiene
- Continence
- Pressure Ulcers
- Record Keeping
- Principles of Self Care
- Safety of Patients with Mental Health Needs

An action plan is agreed by the group to develop areas that need to be changed. Each of these benchmarks is scored. The scoring is based upon the production of evidence which identifies best practice. Clinical areas can compare and share best practice.

One specific aspect identified from the Privacy and Dignity benchmark had been the use of open backed nightwear, a practice that is now being questioned. Another is the use of bed screens as doors, creating the perception of private space.

Re-scoring for the first benchmark will take place in September, when the results will be established and the reaction to the project reviewed against the guidelines in place.

It was also decided to co-opt staff from Community Dental Services into the work being done to establish best practice for Oral Hygiene.

The success of this initiative has resulted in a lot of enquiries from other trusts, including Shrewsbury, Stoke on Trent and South Warwickshire, to assess how effective the project has been, compare it with their own and learn from our experience, emphasising the importance of the work carried out by members of the group.

Linear Accelerator Development

Over the last twelve months, funding has been secured for a project to upgrade the equipment used in the Coventry Radiotherapy and Oncology Centre, which involves an overall cost of £6.3 million for the development, with a proportion coming from The New Opportunities Fund.

The project was centred around the fact that two of the three existing linear accelerators that are used in the delivery of radiotherapy services had now reached the end of their useful lives, with consideration being given to the best option for their future configuration within the Trust

Following the establishment of a project team to consider the best way forward, a Strategic Outline Case was submitted to the NHS Executive West Midlands Regional Office in October 1999. Building on this, the team then prepared a Full Business Case, which was submitted to the Trust Board for approval.

Analysis of the various options outlined within the Strategic Outline Case were taken forward for detailed evaluation and the preferred option which emerged was for the construction of two new bunkers, the replacement of the two oldest Linear Accelerators and the installation of a new, additional machine.

The construction of the bunkers and the associated accommodation commenced in mid February this year, with the installation of the first Linear Accelerator planned for early December and the completion of the project in May 2003.

Staff representation

The Trust recognises that it is to the mutual benefit of both it and its employees, for employees to be represented by Trade Unions and therefore recognises the following Unions and Associations as representing and having sole bargaining rights in respect of their members who are employed by the Trust:

- Association of Clinical Biochemists
- Amalgamated Engineering and Electrical Union
- British Association of Occupational Therapists
- British Dietetic Association
- British Orthoptic Society
- Chartered Society of Physiotherapists Hospital Physicists Association
- Manufacturing, Science & Finance Union
- Royal College of Midwives
- Royal College of Nursing
- Society of Radiographers
- Transport and General Workers Union
- Union of Construction, Allied Trades and Technicians
- Unison

The Trust believes that fully representative unions lead to good industrial relations and will therefore encourage its employees to belong to an appropriate Trade Union, although membership is not a condition of employment. Arrangements reached through the Joint Negotiating Committee (JNC) will also be binding for non-union employees within the Trust.

The Trust agrees that it will not negotiate with any unions other than those listed above, concerning matters covered in the Recognition and Procedure Agreement

The Trust and the Unions have a common objective in ensuring the efficiency and success of the Trust and agree that their pursuit of this common objective under this agreement shall be by negotiation for the purpose of reaching agreements and avoiding disputes.

The Trust recognises the rights of the Unions' members to elect from their numbers, up to seven representatives from the Staff Consultative Committee, to act on their behalf on the JNC.

Colorectal screening goes ahead

Launched last September, the national pilot scheme for the new Colorectal Cancer Screening Programme has now received over 54,000 completed home testing kits. Instigated by the National Screening Committee of the Department of Health, the results are fully justifying the decision to implement the scheme.

The Trust's proposal to act as a pilot site was accepted because it offered the necessary mix of numbers and with the hospitals at Nuneaton and Warwick it had the infrastructure needed to carry out the programme, supported by the resources of a major regional hospital, without affecting other core services.

Based at the Hospital of St Cross, the aim of the pilot scheme is to carry out screening for colorectal (bowel) cancer, over a two-year period, of everyone between the ages of 50 and 69. So far, the response from the public has been extremely positive.

Designed to test for early signs of colorectal cancer, the kits are being distributed to local men and women who fall within the above age range and who are registered with GP practices throughout the Coventry and Warwickshire area.

Pictured at the launch were: Project Manager Sue Elwell, Project Manager Ron Parker and Lead Nurse Pat Ramsell.

The simple, non-invasive tests can be completed at home and returned by post. If the results register any abnormalities, then individuals will be contacted and offered further investigation and, if necessary, treatment.

With colorectal cancer accepted as the second most common cause of cancer death in the UK, it has been proven that early diagnosis can significantly improve prognosis and make treatment simpler and much more effective.

Identifying and treating a cancer before the symptoms begin to show, gives people a much better chance of survival. Colorectal screening cannot guarantee that you will not get cancer, but it can reduce the risk of dying from it and, if the early results of the Coventry and Warwickshire pilot are anything to go by, the programme will benefit people throughout the country.

Improving the Service

Nurse recruitment

The expansion of Cardiac Critical Care and Renal Services has created an increasing need for specialist nurse recruitment, a problem addressed by the allocation of post registration funding for nurse education from the university.

As the requirement for nurses continues to grow, there has also been a corresponding rise in the number of overseas nurses recruited by the surgery division, many of whom are now in the process of converting to Registered Nurse status.

Bed management

Although the Bed Management System, put in place last September, initially created improvements, the need for emergency admissions continued throughout winter and well into the new year, maintaining the pressure on services in this area.

While the system has helped keep cancellations to the minimum, work is continuing to increase bed capacity and development plans are in place for the coming year.

Spotlight on Rugby

Diabetes and blindness

Based in Rugby, a new Retinal Screening team is working closely with GPs and the Ophthalmic Department at Coventry and Warwickshire Hospital.

Initially concentrating on GP practices in the north of Coventry, the new Retinal Screening programme for the Coventry area was launched in December and the extremely good uptake so far has led to plans for broadening the service provision to GPs throughout the city.

Because of the high risk of people who suffer from diabetes developing early blindness, the programme was designed to use retinal screening in the early identification of the condition, with the plan being to screen every diabetic patient on an annual basis.

With Retinal screening expected to be one of the standards in the National Service Framework for Diabetes, when it is published during the next twelve months, it will reinforce the value of this vital service that the Rugby team are providing for local GPs and their patients.

Cataract plans underway

With pre-operative treatment of cataract patients now beginning to be carried out at the Hospital of St Cross, the plan to have all Cataract Day Surgery carried out at Rugby by September 2001, is on line to hit the target.

The next phase will be to transfer operations and post-operative treatment from the Walsgrave Hospital to the Hospital of St Cross, ensuring that every aspect of their cataract operations will be provided for Rugby people at their own hospital.

Developments for older people

The Trust is implementing the standards outlined in the National Framework for Older People. Dr Nick Balcombe is leading the programme at Rugby and working closely with Professor Sinclair, who is leading the team for age related illnesses and strokes, to establish the same standards across the Trust.

He is also working in partnership with North Warwickshire Community Trust, Social Services and voluntary agencies such as Age Concern, to ensure that this happens throughout every aspect of care.

New Consultants

A fifth Consultant Physician has been appointed with an interest in Medicine and Rehabilitation. A Consultant Dermatologist now heads the service in Rugby, working with colleagues at Walsgrave. A Consultant Physician has been appointed with an interest in Gastroenterology, working closely with the team at Walsgrave.

Intermediate Care

Under the Intermediate Care Manager, Rugby now provides several services, including a Reactive, Fast Response Facility and Halfway Home. These are designed to help avoid unnecessary admission to hospital and speed up discharge to an appropriate placement.

There is also a proposal for a Rapid Assessment Clinic, to help with future levels of admission.

Winning standards

During February, the Hospital of St Cross was audited by the Patient Environment Audit Team (PEAT) and, under the Standards for Cleaner Hospitals, did exceptionally well, receiving a "green light" for all of its services, including full marks for catering, for quality and presentation of food.

Interior dècor also played an important part, with the hospital using the history and lifestyle of Rugby as a theme for a number of paintings commissioned from local artists who have just finished their degree course. These will be displayed in the main areas.

Not only does the maintenance of these standards make people proud of where they work, they can also, as we have shown, win awards. Such standards are now the clear target for the whole of the Trust.

Booking Together Project

Launched in October 2000, the Booking Together Project aims to change the procedures for the booking of patients, for both admissions for surgery and out patient appointments.

As part of the Government's strategy for modernising the NHS, the expectation is that by 2005 all patients will have the choice of their date for admission or an out patient appointment.

During November 2000, Health Minister John Denham stated:

"The aim of the Project is to make booking hospital appointments and treatment as easy as booking travel tickets and hotel reservations."

Direct Booking

Within seven specialties at the Trust the appointments process for outpatient clinics has already changed, to offer Direct Booking to GPs and patients.

When a GP decides that their patient needs to be referred for a consultant opinion or investigation by one of the participating specialties, they complete a Direct Booking referral form and fax it to the call centre at Coventry and Warwickshire Hospital.

The patient then phones a free phone number (0800 252060) to the call centre, later that day, or the next and is offered a choice of available dates for their outpatient appointment at the relevant clinic.

Susequently, confirmation of the chosen appointment date and time and patient information leaflets are sent to the patient.

Twenty seven GP practices are currently using the Direct Booking process, which will be extended as further specialties join the scheme.

Booked Admissions

Patients who need day case or inpatient surgery in the specialties participating in the Booking Together Project, now have the facility to choose their admission date, at the time the decision for surgery is made.

This is currently available for day cases in General Surgery, Orthopaedics, Ophthalmology, Maxillo-facial, Urology, Cardiology and pain relieving procedures. It is also available for both inpatient and day case operations in Gynaecology.

Reducing the Waste

Patients' own drugs, better known in the pharmacy department as PODs, can often be wasted when patients come into hospital, because, while they may move wards, their drugs may not.

To reduce this pharmaceutical waste, the pharmacy department is working with the Medical Division to ensure that patients' own drugs can either be used by them during their stay or taken home when they are discharged.

To do this, a Pharmacy Technician will make sure that the PODs are checked as correct, current medication and that they are appropriate for the patient to use. The technician will then ensure that these are kept for the patient and given to them, together with any new medication, when they go home.

Pharmacy are working with the Medical Division to reduce drug waste

The Medical Division and the pharmacy department are keen that these medications are not thrown away and will be measuring this service to illustrate its benefits to patients and general practitioners.

Employment of People with Disabilities

It is the policy of the Trust to take positive steps towards the employment of people with disabilities, by implementing the new laws and measures introduced by the Disability Discrimination Act 1995, aimed at ending discrimination faced by people with disabilities.

To support its commitment, the Trust will undertake to act within the spirit of the Employment Service's Disability Symbol. The use of the symbol will help the Trust to demonstrate to employees that it is serious about good employment opportunities for people with disabilities.

It will make it clear to potential job applicants with a disability that the Trust welcomes them on the basis of their abilities and show employees, the business community and the general public that it puts a priority on making the most of its employees.

The Trust will actively encourage people with disabilities to apply for posts and will aim to ensure that all applicants are assessed solely on objective and job related criteria.

Employees with disabilities will enjoy the same opportunities as other staff, to develop full and rewarding careers. The Trust undertakes major initiatives in the area of training and development as part of the Investors in People Standard.

These initiatives will ensure that all employees have equal opportunities in terms of selection for promotion or transfer, training and career development. Specific action will be taken to ensure that equality of opportunity is provided for people with disabilities.

Employees may become disabled, have a disability which alters in some way whilst they are in employment, or the job content of an employee with a disability might change. The Trust is committed to retaining staff and initiatives that are in place to support this commitment will be equally applied to employees with disabilities.

The Trust will develop and maintain links with the Employment Service's Disability Service Team, for advice and assistance in supporting employees with disabilities and with retaining those who become disabled.

Improving understanding of disability amongst employees, to an appropriate level, can make a difference as to how well employees with disabilities are integrated into the Trust, as well as enabling employees to be more confident and effective in dealing with customers who have disabilities. Specific action will be taken to develop and maintain disability awareness and understanding within the Trust.

The Director of Personnel is nominated as the Disabled Persons Advisor for the Trust, with a particular responsibility for the recruitment and career aspects of people with disabilities and will be the Trust's lead link with the Employment Service's Disability Employment Advisors.

Coventry New Hospitals Project

On the afternoon of Thursday 13th July 2000, the Secretary of State for the Environment, Transport and the Regions, John Prescott, lifted the Holding Direction which until then prevented Coventry City Council from granting planning permission for the new hospital. Detailed proposals for the project were prepared in 1998 by the then Walsgrave Hospitals NHS Trust and Coventry Healthcare NHS Trust and approved by the Department of Health.

Public Sector projects of the size of the New Hospital have to be run in line with European Union rules, which are intended to give equality of opportunity throughout the whole of Europe. The first step in this process is to advertise the details of the project in the Official Journal of the European Community (known as OJEC).

Following a formal OJEC advertisement, the Trust announced on Friday 10th November 2000 that it intended to progress negotiations with a shortlist of 3 bidders

- Catalyst Healthcare (Walsgrave) Ltd
- Kvaerner Innisfree
- The Hospital Company

After several months of negotiation with these three Bidders, The Trust announced on Friday 23rd March 2001 that it would be inviting two of them to develop Best and Final Offers, namely:

- Skanska Innisfree (Skanska having taken over Kvaerner Construction during the project)
- The Hospital Company.

Detailed discussions are now underway and Trust clinical teams are working closely with both Bidders to develop the design proposals.

The current timetable shows the key dates as follows.

OJEC Advertisement	15th July 2000
Award of Contract	July 2002
Clinical Sciences building complete	Autumn 2003
Mental Health Facility complete	Autumn 2004
New Acute hospital complete	Early 2006

Patient's Charter figures

National figures show how University Hospitals Coventry and Warwickshire NHS Trust is consistently providing the best possible standards of patient care. Every member of staff has been instrumental in maintaining the level of service needed to meet the national targets set by the government in its Patient's Charter.

Outpatients waiting time

Percentage of outpatients seen within 13 weeks
2000/2001 – 76%

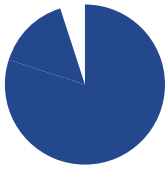
A & E admission

Percentage of patients admitted through A & E in 2 hours
2000/2001 – 58%

Inpatient waiting time

Percentage of patients waiting less than 6 months for an operation:

- 2000/2001 – 86%
- 1999/2000 – 88%
- 1998/1999 – 85%
- 1997/1998 – 87%

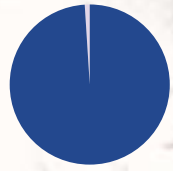


Outpatients waiting time

Percentage of outpatients seen within 26 weeks
2000/2001 – 95%

30 minute clinic wait

Percentage of patients seen within 30 mins of their appointment
2000/2001 – 79%



Inpatient waiting time

Percentage of patients waiting less than 12 months for an operation:

- 2000/2001 – 99%
- 1999/2000 – 99%
- 1998/1999 – 99%
- 1997/1998 – 100%

Assessing Ourselves

With staff in the Trust committed to providing the highest quality standards of care, clinical audit is the best objective method that clinicians have to assess their work and make changes, where necessary, to improve our services.

The Clinical Audit Department helps clinical staff to evaluate their clinical practice. The department concentrates on facilitating formal programmes for audit, on the basis that if projects are appropriately selected and undertaken it is more likely that real and substantial contributions to improving patient care will result.

Between April 2000 and March 2001, the Trust reported on 194 evaluations of clinical practice, with each clinical discipline represented. The majority of these audits assessed local services against national standards, with 70% resulting in improvements to clinical practice guidelines or service arrangements.

184 projects have been selected this year and new monitoring arrangements for clinical governance within the Trust should help to ensure that many more of these projects have worthwhile outcomes.

The Trust needs to find new ways to elicit and evaluate what patients and the public think about our services, such as developing effective multi-disciplinary audit (where doctors, nurses, and other healthcare professionals work together to evaluate care) and making sure that clinical audit continues beyond the hospital into general practice and the community.

In a new initiative, pump priming monies will be used to support projects that can demonstrate original thinking in this area during the next twelve months.

The following are twelve of the best clinical audit results from this year:

- Breast screening continues to meet national targets.
- Chemotherapy services have developed to meet British Standards Institute guidelines.
- Oncology and radiotherapy have developed evidence-based guidelines for the majority of cancer sites.
- The Pharmacy Department has employed an admission and discharge pharmacist to help elderly patients on four or more drugs.
- Review of Radiological errors has helped to minimise risks.
- A Falls Co-ordinator has been employed in the community to work with elderly people who suffer a fall.
- Maternity services have improved to encourage breast feeding and deal with pregnancy loss.
- Research evidence has been used to improve the management of post-operative pain in children.
- Average times for thrombolysis for acute myocardial infarction meet national standards.
- The uptake for renal transplantation meets national standards.
- Fast track care is being developed for elderly patients who fall and break their hip.
- A care plan from clinic to day surgery has been developed for cataract surgery.

Working Together

Sister Lorraine Owen with John Troughton

Assessing the need to reduce inappropriate admissions through the Emergency Assessment Unit and associated admission wards, a proposal was made, by the Consultants, to attach a Social Worker to the team, to help establish and facilitate the best programme of care for each patient.

In order to evaluate the effectiveness of the project and establish if, in fact such an innovation would help, it was decided that the Trust would fund a six month pilot scheme, to commence in November 2000.

It was determined that the complete evaluation of the project would be carried out by Warwick University to measure its success and establish if it justified the creation of a full time post by Social Services.

Following a period of induction John Troughton was seconded to the unit, with the first aspect of his role being to develop methods and working relationships with nursing and medical staff in the unit and the respective admission wards.

In order to help facilitate a patient's discharge, he has promoted links with other agencies and services, including GPs and District Nurses, which also help determine if preventative action could have been taken prior to admission and the problem resolved without the need for hospitalisation.

Working as part of the emergency assessment team he receives early notification of each patient, enabling him to establish details about their background and personal situation, if they are known to their local Social Services and if their current level of care is sufficient.

By approaching each case holistically and establishing social background and family history, a patient's needs can be responded to more speedily and effectively and the most appropriate package of care coordinated between hospital and community services.

This relationship with each patient continues through extended links with the Intermediate Care Services, working with them to provide acceptance to Youell Court, a local facility, and through Hospital at Home, ensuring continuity of treatment and the provision of appropriate physiotherapy.

While reducing the need for admission, his intervention could also mean a reduction in the time needed for effective in-patient analysis and assessment in the unit or associated wards, from up to two weeks to within five days.

Through liaison with the Chronic Obstructive Pulmonary Disease (COPD) nurse, he is able to let her know if a patient has respiratory problems, linking in their treatment with their GP and the Community Services COPD nurse. This also enables a patient to be transferred more quickly and directly to appropriate services within the hospital, such as the Respiratory Ward.

Together with the more practical operating benefits, including the freeing of nurses from the need to establish the social issues concerning each patient, the project is improving links between Social Services and their nursing and medical colleagues, widening the understanding, on both sides, of the value of each other's role.

John is now seen very much as part of the team and included by Ward Managers in the training of new staff, to illustrate the need for social aspects to be included in the overall assessment of a patient's needs.

There are plans to introduce an observation ward to the Emergency Assessment Unit, which would make the role even more valuable, perhaps with another social worker attached to the admission ward, coordinated through the main unit.

With the scheme effectively linking the work of social services with the established medical model, of doctors, nurses and consultants, this could form a pattern that could work in the community setting.

Clinical Governance

The concept of clinical governance was introduced to the Health Service in 1999, to support the Government's aim to build a modern and dependable health service, providing a fast, responsive, high quality service consistently in all parts of the country.

Clinical governance established the need to focus on the activities involved in delivering high quality care to patients, its core functions can be described as follows;

- Ensuring good quality of care;
- Identifying and building upon good practice;
- Assessing and reducing the risks from untoward events;
- Ensuring that health workers are trained and supported to perform their role;
- Ensuring an effective system to protect patients through professional self-regulation.

Clinical governance is a long term process for improvement and following the Trust's own baseline assessment and the visit by the Regional Office in 1999, the Trust initiated an action plan to consolidate the framework of clinical governance and embed its principles in the organisation.

The Medical Director has overall responsibility for clinical governance, and each Divisional Director and Clinical Director have delegated responsibility to implement and ensure clinical governance in their Divisions. The Quality Standards Committee (QSC) is a sub-committee of the Trust Board; it meets monthly and has the task of making operational the Trust's Quality Strategy. The QSC's membership includes Executive and Non-executive Directors and other key managers and clinicians in the Trust; invited representatives from the Health Authorities, Community Health Councils and Primary Care Groups are in attendance. The QSC's remit is to oversee the development of effective systems to support clinical governance by co-ordinating quality initiatives across the Trust, receiving reports on quality assurance from the Divisions and specialty leads; the QSC provides reports and recommendations to the Trust Board.

Each clinical Division has established its own clinical governance strategy and processes. Each Division provides a monthly report to the QSC and each Divisional Director, Senior Nurse and Clinical Director attend the QSC twice a year to present their report. The reports are required to address the following areas of clinical governance, with particular emphasis upon actions taken and learning lessons:

- Clinical Audit and effectiveness;
- Clinical Adverse Events and risk management;
- Complaints and independent reviews;
- Quality issues arising from legal claims and Coroner' inquests;
- Evidence based clinical practice;
- Implementation of National Service Frameworks (NSF's) and NICE guidance;
- Review of clinical guidelines and protocols;
- Evidence of personal development and appraisal for all staff;
- Continuous Professional Development and educational development plans;
- Evidence of monitoring of professional qualifications and registration;
- Standards of record keeping and medical records.

The Trust has formal clinical audit programmes in most specialties and currently 20% of clinical audit projects are multi-disciplinary. The Trust participates in national clinical audit projects and the confidential enquiries: Confidential Enquiry into Maternal Deaths, Confidential Enquiry into Still Births and Deaths in Infancy and National Confidential Enquiry into Peri-Operative Death. The use of research evidence is one of the priorities for undertaking clinical audit projects and 54% of the Trusts projects for 2000/01 were based on national standards / guidelines and/ or published research evidence, proposed projects mean this will rise to 74% in 2001/02. A Clinical Effectiveness Policy is also being developed to structure the implementation of NICE guidelines and National Service Frameworks.

Each Health Improvement Priority (HImP) has a local HImP group and each NSF has a local NSF implementation group established by the Health Authority with membership from the Trust where appropriate. The planning and implementation of the HImP priorities and NSF's within the Trust is linked to clinical governance and quality through the Quality and Standards Committee. For example, for the Coronary Heart Disease NSF, the local implementation group reports to the Quality and Standards Committee, who monitor progress and clinical standards. Similarly, the lead clinician for cancer reports to the Quality and Standards Committee.

Through the Staff Appraisal process, many staff groups, both professional and non professional, have Personal Development Plans which reflect both the skills that they need to fulfil their work role and take into account their personal development needs. This is being further supported by the introduction of Professional Portfolio's for most Professional Staff groups, which hold records of their Continuing Professional Development and reflective practice.

As a result of the introduction of Clinical Governance, the Allied Health Professionals within the Trust have developed a networking group, the focus of which is shared learning and looking at ways in which they can work together on issues related to staff development and education. This is a model of good practice, which the Trust is looking to develop with other staff groups.

In order to formalise the Trust's approach to user involvement, during the summer of 2000 the Trust's existing User Involvement Strategy was incorporated into a Trust wide Patient and Public Involvement Programme. Under the Programme a Board, Team and three specific sub groups; Services to Older People, Disability and Cancer services were set up.

- Services for Older People Sub Group - This sub group decided that it was best to link in with other groups already established within Coventry & Warwickshire and with the Better Government for Older People for Coventry and Warwickshire Project Team in particular. This group has conducted a letter writing exercise in which older people were asked for their views on the Trust's services. An Action Plan has since been drawn up to address the issues raised and distributed to Divisional Directors. Progress on the Action Plan is to be monitored by the Quality & Standards Committee.
- Disability Sub Group - This group has been set up specifically to facilitate the implementation of the Trust's Strategy for Ensuring Access to Services for People with Disabilities (which was drafted as a result of the Disability Discrimination Act). Members of the Group are to meet in 2001 with representatives of the Sense West office to gain advice on implementing the Strategy. As part of the Strategy, Disability Access Audits, using local disabled people, have been carried out at the Hospital of St Cross and Coventry & Warwickshire Hospital. The audit at Walsgrave Hospital is due for completion late in 2001.
- Cancer Services Sub Group - This sub group will be convened in due course.

The Board will also be responsible for overseeing the implementation of Chapter 10 of the NHS Plan, Changes for Patients and for the setting up of a Patient Advocacy and Liaison Service (PALS) and a Patient Forum in particular.

In addition to the above initiatives, an inpatient satisfaction survey is sent out at mealtimes asking for patients' satisfaction level with a variety of the Trust's services. The results will be reported annually to the Quality & Standards Committee (first report sent September 2000).

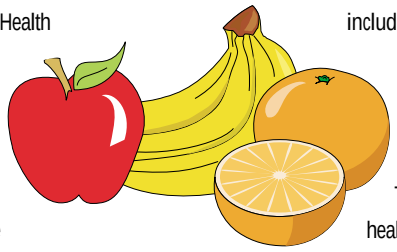
Individual Divisions and specialties also conduct their own user involvement activities on an ad hoc basis. These include:

- Customer satisfaction surveys;
- Post discharge questionnaires;
- Patient Stories;
- The Centre for Reproductive Medicine has a Quality Focus Group. The Group is chaired by a former patient and is comprised of four former patients, two organisers of the local Infertility Patient Support Group and four members of staff;
- Various Support Groups.

The Trust remains fully committed to providing a high quality service to all its patients and to creating the environment in which clinical care can flourish. The foundations of clinical governance have been firmly established and the Trust will continue to build on those foundations during 2001/02.

A Healthy Diet

As part of the National Service Framework for Coronary Heart Disease, Coventry Dietitians together with Coventry Health Authority's Department of Public Health, have been involved in the preventive aspects of coronary heart disease, particularly regarding improving diet and nutrition and tackling obesity.



During the year, Health Promotion Services have funded a small scale weight management programme, which involved a clinical psychologist working with a dietitian. This created a lot of interest from patients with severe obesity, who wanted to participate in the therapy.

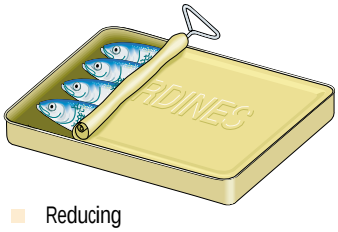
Dietitians continue to accept around one thousand referrals each year for people with obesity and an audit carried out this year demonstrating the effectiveness of dietetic intervention in helping people to manage their weight.

A mapping exercise has also been carried out to identify what services exist locally to help in weight management, including initiatives to increase physical activity, to promote healthy eating and to support weight reduction and management.

This identified gaps and priorities for development which are to be included in a strategy to tackle obesity and a Healthy Eating Plan for Coventry.

The key points of a healthy diet are:

- Reducing the amount of fat in the diet, particularly the amount of saturated fat.
- Increasing the amount of fruit and vegetables eaten to at least 5 portions each day.
- Increasing the amounts of fibre-rich starchy foods such as bread, potatoes, pasta, and rice eaten by half as much again.



- Reducing the amount of salt that is eaten on average by around a third.
- Increasing the amount of fish eaten to at least two portions each week, one of which should be an oily fish.

Eating Matters

Coventry Dietitians were successful in receiving funding from the Trust's Quality Monies, to produce Eating Matters information packs for each ward. These were developed by a multidisciplinary group and contain information about meal ordering, ordering food and products for patients' special dietary needs and identifying patients at risk of malnutrition.

Dietitians have been working with the Catering Manager to implement the new NHS menu in line with the national guidelines. Better Hospital Food is a key part of the NHS Plan and sets new standards in nutritional care, providing the basis for the practical use of food as part of treatment.

Renal Dietetic Service

The renal dietetic service has expanded to provide dietetic support to renal clinics in Rugby and Nuneaton, as well as extra pre-dialysis clinics and education sessions at the Coventry & Warwickshire Hospital site.

Diabetes

Coventry dietitians have updated their dietary information to incorporate current evidence on dietary aspects of diabetes. Dietetic advice is based on a normal healthy balanced diet, tailored to individual needs.

It could include advice on meal ideas, weight control, sugar intake, fat intake, glycaemic index of foods, antioxidants, salt intake, alcohol, use of sweeteners, physical activity, hypoglycaemia, and how to manage diet during illness.

Translation of nutrition information into Asian languages

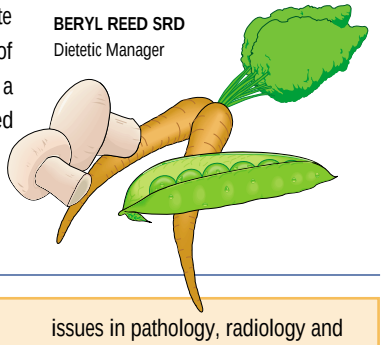
Various leaflets on diet and nutrition were translated into Asian languages. This will increase accessibility of dietary information to some of the Asian community in Coventry.

Recruitment

Although recruitment of State Registered Dietitians has become more difficult nationally, we have continued to be fortunate in being able to recruit to most of our posts, with only a job share (half time) position vacant.

Four student dietitians have successfully completed their clinical training with us in Coventry, returning to University to complete their studies. Two State Registered Dietitians, who have not practiced for some years, are undertaking refresher training facilitated by Coventry Dietitians, enabling them to return to dietetic practice in the NHS.

BERYL REED SRD
Dietetic Manager



Developing the Workforce

Targeting resources

Because of the difficulty in recruiting Medical Laboratory Scientific Officers, the pathology department has had to look at different ways of managing the workload, by shifting responsibilities to suit different specialisations.

One of the avenues of approach has been to look at the introduction of support workers, who carry out a range of tasks at different levels, some of which may have previously been undertaken by qualified scientific staff.

With the introduction of new equipment into the laboratory, there is now an opportunity to look at these different roles and create a career structure for unqualified staff, linked to a National Vocational Qualification.

The framework needed to carry out this approach and formulate the new working practices has been established and a project team has now been formed and is preparing to take the project forward for implementation.

Professional and personal development

The acute national shortage of allied health professionals, including dietitians, radiographers, physiotherapists and occupational therapists, has meant that the Trust faces a heavy challenge regarding the recruitment of these specialist staff.

In view of this, there is a lot of work that has been done towards the recruitment of staff in respect of flexible working and in the encouragement and implementation of various Return to Work initiatives, together with moves to value and make more use of existing staff, by investing in their development.

A Training and Development Group has been formed to take forward key professional development issues in pathology, radiology and physiotherapy, to aid Continuous Professional Development, the retention of staff and the sharing of good practice.

An individual training plan has been developed for each grade of staff, to be used in conjunction with appraisal and Continuous Professional Development. Although this evidence is not required by all professional bodies at present, the Trust has always regarded it as a priority to be prepared for that development.

Integrated Diagnostic Services

The Trust's Pathology Department receives around 2,200 patient samples per day and hosts the largest blood-based transfusion unit in the West Midlands. In the past, any temporary instrument malfunction or staff shortage placed heavy demands on a laboratory workflow that has usually operated at full capacity. During the year, the Trust has completed a major equipment upgrade and replacement project.

The Trust accepted that, with increasing workloads predicted, a radical update of its analytical services was needed, while recognising that this also offered the opportunity for introducing the most technologically advanced instrumentation for complete integration of analytical functions.

Part of the first phase of the Walsgrave installation showing the HST system: the film maker and two haematology analysers.

Total laboratory refurbishment represents a substantial financial investment and from the outset it was clear that the selected equipment must be appropriate for both current and future needs. In this case, it was anticipated that the new instrumentation would be in place for at least five years.

During that time, sample throughput and analysis requests would increase significantly. So, as well as establishing the usual selection criteria for performance, ease of use and economy, it was important that the new analysers should demonstrate extensibility and reconfiguration capabilities to meet future changes in workflow patterns.

A comprehensive project plan was produced to rationalise the entire procurement process and ensure that every detail of the selection procedure was documented and approved by all the relevant parties at every stage. The invitation to tender elicited a huge response from global suppliers and a specification assessment exercise was initiated.

A joint tender from two major suppliers was accepted for the contract for the major haematology and biochemistry applications, combining their particular expertise in haematology, clinical chemistry and immunochemistry. It offered a consolidated approach for an integrated workflow package. This package represented a synergistic working relationship whereby all the benefits of advanced instrumentation and data management from each discipline could be tailored exactly to the individual laboratory requirements for maximum efficiency and economy.

In September 2000, the first instruments went on-line, a fully automated haematology system (HST), comprising two fully automated and tracked haematology analysers and a film maker; it included a biochemistry line consisting of a modular analytics system, three modules handling clinical chemistries and homogeneous immunoassays and an ion selective electrode module, for electrolyte measurements of sodium and potassium.

Recently, a fully automated ESR module, for measuring the sedimentation rate of blood, the first to be installed in the UK, was added to the haematology line, integrating fully with the HST system which performs the entire process of complete blood counts. Both systems incorporate intelligent data processing in core units that interface multiple analysers to produce one integrated database and link with both the laboratory computer and the Trust's intranet system.

Reliability was a major issue, with haematology throughput previously at full capacity and up to 1,500 blood counts per day sometimes creating work backlogs. The new system now runs at only 15% capacity, with totally reliable automated operations including results validation and quality control procedures.

Downtime is minimal and daily maintenance takes only a few minutes. The system links with the Clinical Results Reporting System allowing clinicians to access data from any ward PC, eliminating the need to phone through the results.

Just a few steps away, the biochemistry line is running 24 hours a day, also at a fraction of its full capacity. Two of the units are programmed to handle the main bulk of the test routines and the third unit processes the less common tests, such as for paracetamol.

With 75% of urgent requests now turned around in under one hour this has important implications for clinical decision making, particularly in the admissions units where patient assessment is crucial. In addition, it is anticipated that the range of tests will expand in the near future, with therapeutic drugs as one area of interest, the new system provides unlimited test capacity.

The analytical systems have been connected to the most advanced fully automated pre-analytical modular system available. This will prepare samples ready for processing and is one of only two in the UK, the other being at the Royal Free Hospital in London.

From September 2001, the existing analysers will be replaced with two modules for heterogeneous immunoassay and ElectroChemi-Luminescence technology. In addition to the in-house workload, they also process tumour marker tests for the Hospital of St Cross and HCG pregnancy tests, for measuring hormone levels in blood, for the George Eliot Hospital at Nuneaton.

Despite their sophistication, the haematology and biochemistry analysers are easy to use, a fact that is of particular importance when staff are working at night or at weekends, when on-site technical back-up may not be immediately available.

Only minimal training was necessary to ensure that every level of staff can use the analysers, while

Despite space limitations, automated instumentation has transformed workflow operations in this busy pathology laboratory.

Equality Statement

During the last year, the principles of equality and diversity have been enhanced across the Trust with the development and implementation of an agreed Dignity at Work policy. This is supported by a programme of training sessions, which has included Trust Board members. Influencing both the behaviour and attitudes of staff within the Trust, the programme will be cascaded to all staff over the next year. All front line staff are also receiving training in customer care, ensuring all users receive an appropriate service including equality of access and opportunity.

In order to ensure these high standards are maintained, the Trust, in liaison with staff representatives, has agreed an action plan to monitor and implement further equality indicators. This forms part of the National Improving Working Lives standard and is supported within the Trust by Mr Manjit Singh, Non-Executive Director. As part of the action plan, equality will be monitored over a number of areas including Training and Development, Recruitment, Discipline and Grievance.

The Trust is committed to ensuring equality in all areas of its service. The current policy statement Equal Employment Opportunity has stood the test of time well and is due to be reviewed in 2001. These measures will provide a further stepping stone in developing an organisation with equality inherent within its culture.

increased automation has allowed technical staff to be freed to carry out more diverse and specialised functions.

The change in status to a university hospital has already resulted in an increased number and range of tests requested in the pathology department and the development of molecular biology and clinical sciences interests within the Trust will offer tremendous potential for analytical services in pathology.

The Trust saw the procurement process for the Pathology Department as a valuable exercise for future developments and the careful selection procedure is now reaping benefits in terms of system performance and integration.

The entire procurement had been achieved with optimal cost and operational efficiencies. The proposal was to replace all the equipment within the same budget limits, whereas, in fact, the outlay and running costs have been reduced.

Until the new hospital is built, one serious problem is lack of space, with the logistics of trying to fit such complex technology into such a restricted area extremely worrying. But the new systems are compact, enabling work area organisation to be optimised.

Apart from the benefits of automated test and results processing, procedures such as sample preparation, transportation between analysers and slide preparation previously required hands-on operations in the middle of complex workflows. Now there is complete integration of analytical functions and specimen flow and the benefits for laboratory working and diagnostic services in general are significant.

User friendly touch screens and barcode processing ensure smooth and efficient operation.

Pre-analytical modular system and Biochemistry analyers

Nursing progress

Leadership

The Trust's commitment to strengthening nurse leadership continues, with developments that include the Royal College of Nursing's Clinical Leadership Development Programme, which it is running for the second year.

It has also supported the training of one of its Senior Nurses, Gillian Arblaster, Head of Clinical Practice, to be a regional trainer for the National Leading Empowered Organisations' three day programme, which some of the Trust's charge nurses and sisters are progressively completing.

This is part of the Government's initiative to provide leadership development for more than 33,000 nurses and midwives over the next twelve months.

Nurse recruitment

As part of the drive to overcome the problems of nurse recruitment, a designated nurse, Carol Woods has been working with other trusts in the region, guiding the development of different recruitment initiatives.

A regional pilot scheme for nurse recruitment has been established, with a nurse on the board, providing help in developing its overall strategy for nurse recruitment throughout the area.

These have included a campaign to attract more overseas nurses to come to the UK, which has resulted in the fact that there are now quite a number of international nurses, from the Philippines and India, working as part of the local teams.

In her role as Director of Nursing and Quality, Janet Monkman recently visited China on a partnership initiative, to establish links between our requirements and the Chinese Government's own training and development strategy for nursing.

It has also been one of the most successful in implementing the Government's Return to Nursing programme.

Quality and standards

Janet Monkman was the lead in supporting the Commission for Health Improvement's visit to the Trust, ensuring that all the necessary information was gathered and provided to the Commission, for which we are awaiting the outcome.

As part of the drive to include Clinical Governance in every aspect of the provision of care throughout the Trust, her role on the Quality and Standards Committee has also been pivotal in establishing the monitoring of quality and compliance within the Clinical Governance agenda.

The early part of the year saw a successful Quality Conference, led by nursing, which demonstrated good practice throughout the Trust.

One of the Trust's nurses, Jo Richmond is a representative on the Regional Benchmarking Group, which is responsible for setting the standards in relation to the Essence of Care, the principles of which are now being rolled out across the Trust.

Training and education

External verification of the Trust's NVQ training programme has improved from level C to level A.

A consistent number of nurses are studying at degree or masters level, all of whom are carrying out research work that will have an ultimate benefit for the Trust. Quite a number of articles having already been published.

With Medical Education now such an important part of the role of the newly configured Coventry and Warwickshire Workforce Development Confederation, it was recognition of Janet Monkman's work in this area that led to her appointment as Chief Executive of the Coventry and Warwickshire Workforce Development Confederation, one of three in the West Midlands.

We all wish her well in this important role and thank her for the contribution she has made and will continue to make to the provision of care for the people of Coventry and Warwickshire. We also welcome her replacement, Hilary Schofield, who joins the Trust from Kettering, where she was Director of Nursing.

Employment strategy

The Trust faces a period of continual change over forthcoming years, which will present a major challenge to the personnel function, requiring input into the following issues:

- New Hospitals Project.
- The NHS Plan.
- Development of the Leicester/ Warwick Medical School.
- Collaborative working across the Coventry Health Economy.
- Agenda for Change.
- National Payroll/Personnel project.
- Changes in legislation.

Overarching the above are the priorities outlined within the National Human Resources Strategy 'Working Together - Securing a Quality Workforce for the NHS', specifically:

- Health Improvement Programmes.
- Clinical Governance.
- Recruitment and Retention.
- Equality in the Workplace.
- Creating healthy workplaces.
- Staff Involvement.
- Improving Working Lives.

The Trust therefore has a clear strategic direction aimed at integrating its culture, people and systems in order to address successfully the above issues.

Strategic direction

The key aim for the Trust is to 'ensure the availability of appropriately skilled and motivated staff in the numbers required to achieve service and performance objectives'.

Committed to the principles of Staff Involvement and Improving Working Lives, the Trust will work towards achieving this aim in full partnership with all staff groups, their representatives and colleagues within the local Health Economy.

The main objectives that will form the basis for the direction for the human resource function will include planned investment in the development of people, equipment and facilities to support the achievement of the NHS plan.

They will also include planning the workforce in line with the Trust's service development strategy, working with education and training providers to ensure the necessary levels of skills, while looking at the way pay, contracts and new methods of working can help in retaining staff or increasing their numbers

Summary of key tasks

- Continue work towards achievement of Investors In People Standard.
- Recognise Pledge Status in respect of Improving Working Lives.
- Implement revised personnel policy 'Dignity in the Workplace'.
- Undertake second staff opinion survey and measure progress against original action plan.
- Monitor progress against controls assurance standards.
- Further develop flexible approach to training and development.
- Implement Continuing Professional Development across all staff groups.
- Secure appropriate working patterns for all staff groups with specific reference to the Working Time Directive and New Deal for Doctors in Training.
- Ensure management of Health and Safety is embedded within all Trust objectives.
- Further development of Occupational Health Services including appointment of whole time Consultant Occupational Health Physician.
- Review Childcare provisions.
- Establish one year project for centralised nurse recruitment team.

Following the recent reorganisation within the Trust, the personnel function has reviewed its structure and is currently working with a centralised lead function and operational managers and teams within each Division. This structure will support achievement of the above actions and enable a high quality response to both the service needs of the Trust and the increasing National Human Resource agenda.

A model service

Opened in February, the new satellite dialysis unit at the Hospital of St Cross is making the lives of Rugby's kidney patients just a little easier, by removing the need for them to make the often difficult journey to and from the Walsgrave site at Coventry three times a week.

Staff at the new dialysis unit (from the left) support worker Jean Ferris, clinical nurse manager Caron Timothy, associate manager John Thompson, consultant Dr Simon Fletcher, technical manager Paul McCabe, staff nurse Joanne Wright and sister Jane Heron.

The new unit is not only more convenient, it is also bright and fresh, helping create a more relaxed atmosphere for what is, in itself, a quite stressful time for patients.

The unit is the first of several planned for Warwickshire, to provide more accessible treatment for local patients and to ease the pressure on the facilities at Coventry, which has been increasing, along with the ever growing number of patients being put on dialysis.

This follows the model of services provided in France and Germany, where more complex procedures such as surgery, transplants and emergency dialysis are carried out at a central point, with patients being able to go for dialysis to small satellite units near their homes, when their condition has stabilised.

With its eight dialysis stations, the unit has a capacity to cater for up to thirty two patients, with the twelve already benefiting from the new unit expected to rise to sixteen in the near future. At the same time, more specialised nurses are being trained.

Over the last five years, the number of patients needing haemodialysis in Coventry and Warwickshire has risen from eighty to one hundred and seventy five, with that figure expected to double again in another five years time.

One reason is that with fewer kidneys available for transplantation, waiting times for these operations have gone up from six months to two and a half years. Another factor is that people are living longer, with a corresponding increase in kidney failure in the elderly.

This has also been one of the reasons that there are now no upper age limits for people to be accepted on to the dialysis programme, whereas fifteen years ago it was restricted to those under sixty five.

There has also been a dramatic increase in the incidence of people suffering from diabetes in the UK and, with a high percentage of these developing kidney failure, diabetes has been the root problem behind approximately forty percent of those needing dialysis locally.

Fifteen years ago, with only about three or four people in Rugby needing dialysis, it would have been difficult to justify developing such a unit. With that figure now in the region of thirty, there has been no question about the need for the service and the benefits it will provide.

As the unit reaches its operational capacity it is also hoped that it will actually be able to absorb patients who currently use the Coventry facility, thereby releasing extra places there to satisfy the ever growing local need.

Women and Children's Services

Improvements to Patient/Staff Areas

During the past twelve months a number of improvements have been made to patient and staff areas in the Women's Hospital and on B5, the Children's Ward, including:

- CCTV cameras have been installed on Ward B5 and the Labour Ward to improve security.
- The walkway between the Antenatal/Gynaecology Clinic and the Women's Hospital was covered in and automatic doors installed at both entrances to improve disabled access to the Hospital and clinic and also protect patients from the elements when they are moving between the two areas.
- The corridor accessed by the Cloud Nine Shop and several wards have been redecorated
- New easy chairs and dining chairs were purchased for all wards
- A staff toilet was installed for the Labour Ward
- Vertical Blinds have been installed in the Staff Room adjacent to Labour Ward and Day Rooms on Ward M3, M5 and M6
- Medical Gases were installed in several rooms on Ward M1
- A new television was purchased for the Day Room on Ward M6
- Bathrooms on Ward M5 and M3 were brought up to the required standard for disabled access

Neonatal Unit

Recognised as one of the busiest units of its kind within the West Midlands, the Neonatal Unit, based in the Women's Hospital, incorporates the Special Care Baby Unit and the Neonatal Intensive Care Unit.

During the past six years considerable expansion of the service has taken place, together with the replacement of much of the old and outdated equipment, with last year seeing the unit continue to build upon these previous successes.

The year started with the donation of an additional infant flow driver, which is a ventilator designed to help sick newborn babies to breath and a sophisticated incubator from the Blue Peter / BLISS winter appeal, in which viewers of the programme donated used stamps.

A number of opportunities to bid for government capital monies presented themselves throughout the year, which, to our great pleasure were rewarded with a total contribution to the unit in excess of £200,000. This enabled us to bring forward the replacement of a number of pieces of equipment with state of the art technology.

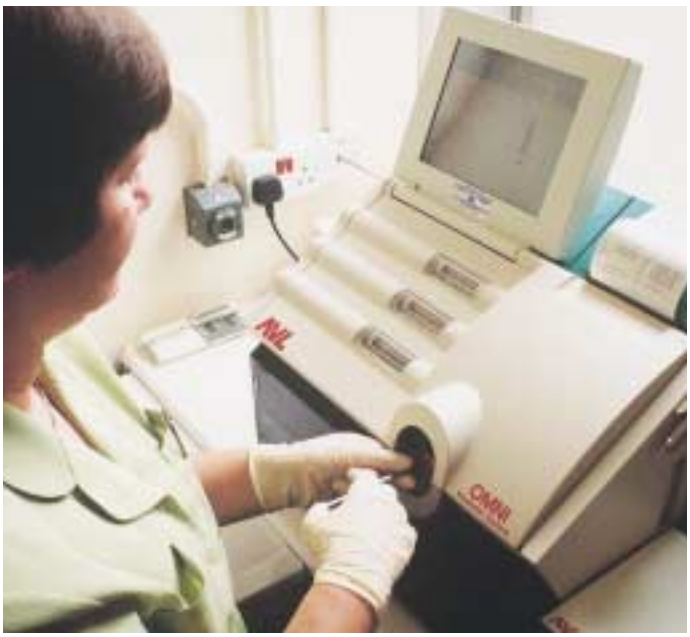
Despite the importance of modern medical equipment in providing neonatal care, the people who work within the unit are our greatest asset and the unit can again report a year of progress. Having achieved additional investment of £100,000 to support the appointment of five extra neonatal nurse posts, these have now been filled, with the nurses finishing their additional training courses this summer.

In 1996 the neonatal unit developed an innovative response to the changing climate of care within the units that demanded nursing staff with enhanced skills. This role has become known as the Advanced Neonatal Nurse Practitioner (A.N.N.P) and is a model used in other neonatal units across the country.

We had previously been successful in acquiring funds to establish this grade of staff and have been able this year to recruit an additional trained person, together with a person who is undergoing training which will complete this autumn. This brings the unit's complement up to four ANNPs.

Parents and families are of course at the heart of our endeavours and we are constantly seeking ways to improve the quality of service that we offer. A recent audit of parental satisfaction raised a number of suggestions that we were able to respond to, including the purchase of a cooled water fountain for use by parents whilst visiting.

One common factor was a suggestion that we update our old parent information booklet. Following a poster presentation at the Trust's annual Clinical Governance conference, we were awarded a prize of £2,000 to be used to fund the printing of the booklet, which is presently at the final draft stage.



Consultant paediatrician Dr Katheryn Blake carries out a blood gas analysis using the latest technology for monitoring the progress of babies in intensive care

Complaints

During 2000/1 the Trust received hundreds of compliments regarding the services it provided and many suggestions on service improvements. These suggestions, together with actions taken following the investigation of complaints received, have led to a number of changes and improvements to the services we provide,

- The introduction of a fast response to requests for transport facilities;
- The installation of new recording systems for appointments;
- Improved communication boards in orthopaedic outpatient clinics;
- Reinforcing the importance of individuals' attitudes and behaviour.

We received 367 complaints between April 2000 and March 2001 of which 69 were still being pursued at year end and 72 completed within nationally set timescales. Many complaints were resolved during meetings with hospital staff, however all received a written response from the Chief Executive in accordance with procedures.

There were 23 requests to convene an Independent Review from complainants dissatisfied at Local Resolution; 20 were referred back for further local resolution, no further action was taken on 2 cases, and 1 Independent Review Panel was convened from a request in the period.

External expenditure relating to the Convener's and Independent Lay Chairman's offices in 2000/1 amounted to £6,400.

Another Year Of Pharmacy Developments

With the granting of University Hospital status and the potential increase in clinical trials, a senior technician has been appointed to co-ordinate drug trials within the department. Trial dispensing is now more streamlined, staff are kept up to date via newsletters and a new clinical trial dispensing area has been provided in the Coventry & Warwickshire Hospital Pharmacy.

The volume of chemotherapy, total parenteral nutrition (TPN), epidurals and patient controlled analgesic (PCA) units produced by the aseptic laboratory has increased dramatically this year. To aid efficiency a PCA filling pump has been purchased and a TPN compounder is to be introduced in the coming year.

Producing PCA's in the Aseptic Laboratory

Clinical pharmacists have also had a busy year. Within the department, continuing personal / professional development files have been commenced and are now being completed by all pharmacists and technicians.

A cardiology pharmacist is now working in the pre-admission clinics, taking the drug history and writing the drug kardex ready for admission. In addition they counsel the patient on which drugs should be stopped before admission and the changes that will occur following surgery.

Clinical pharmacists are participating in a renal hypertension clinic, where they counsel patients on new drug therapy and possible lifestyle modifications to help reduce their blood pressure. Where appropriate they adjust drug doses to optimise therapy.

The mental health pharmacist has been involved in patient education sessions, where patients were encouraged to ask questions and find out more about their medication.

Another project, introduced, as part of a Health Promotion Foundation course, to help patients know how and when to take medicines, has won recognition from community healthcare professionals.

The contribution pharmacy makes to Risk Management within the Trust was presented as a poster for a National Clinical Governance day at Aintree Hospital in Liverpool. This work was subsequently awarded second prize in the Coventry Research Poster Competition, under the Professions Allied to Medicine category.

This year has seen a concerted effort to develop standard operating procedures (SOPs) for the department. This follows the introduction of a new policy by the Council of the Pharmaceutical Society of Great Britain to make SOPs covering the dispensing process mandatory by January 2005.

The pharmacy department is working towards enabling pharmacists to spend more time with patients. To facilitate this, eighteen technicians have attended training sessions as part of a technician checking accreditation scheme, with nine of them now accredited and the remainder working towards it.

Training has been introduced for Pharmacy Assistants, to enable them to become more involved in stock top-ups and also to allow them to dispense. The development of a formalised procedure regarding this is under way.

Electronic ordering within the pharmacy department continued to advance, with the introduction of the LINK system. This facilitates unattended ordering and provides automatic stock availability from wholesalers.

The NHS plan has offered the pharmacy department many opportunities, such as helping in the development of services in the Coventry Walk - In Centre, where new Patient Group Directives needed to be operational.

Funding has been sought and approved to appoint an admissions / discharge pharmacist. The post holder will work to ensure that in-patient medication is confirmed or planned early in their stay and that they have the medicines they need as soon as they are ready to be discharged.

The pharmacy at the Hospital of St. Cross continues with its high commitment to the community drugs team and their clients. Practice has been modified so that the pharmacy is following new NHS guidance on supervised consumption for addicts for the first three months of treatment.

The Mental Health Unit has increased its services to Avenue Clinic in Nuneaton. They are now supplying medication and pharmaceutical advice to two new wards for old age psychiatry. The Mental Health Unit has also conducted an audit of prescribing standards on Drug Kardexes.

Checking Cytotoxic Therapy in the Aseptic Laboratory

Breast screening initiative

The moves to extend the age range for the breast screening programme from the current 50-64 to include women between 50 and 70, has created an increase of 40% in the number of screening sessions that would be required throughout the country, a rise that comes at a time of chronic national shortages of radiographers and radiologists.

In the face of this problem, the National Cancer Team, Royal College of Radiologists and College of Radiographers have been looking at a way of establishing a skill mix that would enable them to create a four tier structure in mammography, restructuring roles to allow the team to work more effectively.

This would mean non state registered assistant practitioners taking over some basic processes, under the supervision of state registered practitioner radiographers, qualified to degree level.

In turn, State Registered Radiographers can train to become advanced practitioners, who provide film reading and assessment work under the supervision of lead practitioners, (consultant radiologists and breast physicians), who have undergone additional training. The whole structure is underpinned by a set of national occupational standards.

The Warwick, Solihull and Coventry Breast Screening Programme is one of four development sites that are helping to write the standards and pilot the training and introduction of this new structure, while monitoring its development, to identify any areas requiring reappraisal.

National Service Framework for Coronary Heart Disease.

Published in March 2000, the National Service Framework (NSF) for Coronary Heart Disease (CHD) contained a wide range of standards, goals and milestones to ensure the delivery of high quality, streamlined care for patients.

By October 2000, the Trust had already met the requirements of an early milestone, with the development of a process by which clinical standards are set and monitored. It had also mandated the existing Quality and Standards Committee, to monitor clinical standards.

The development of guidelines for the care of patients with CHD is one of the NSF milestones to be reached by April 2001. Guidelines for cardiac rehabilitation have been in place for some time, while those for the care of patients with Unstable Angina were produced and circulated at the end of 2000.

To address the overall issue of guideline development, a number of Local Implementation Team sub-groups were set up, wherever possible with multi-disciplinary representation from primary and secondary care and having the remit of developing guidelines to meet the April 2001 milestone.

These groups first met in February 2001 and guidelines have now been produced for the referral of patients for revascularisation, management of Myocardial Infarction and diagnosis of Heart Failure. They are currently undergoing consultation and ratification will be sought as soon as possible. A proposal for a Coventry-wide model of heart failure care has also been produced.

Clinical audit on a wide range of cardiac conditions and procedures is required by April 2002, with most of the criteria discussed in the National Service Framework already being met by the Trust. Outstanding areas of care that require the development of audit strategies are heart failure and cardiac rehabilitation.

Both cardiac surgery and angioplasty data is collected using the Patient Analysis Tracking System and information fed to the appropriate national bodies. A wide range of data is collected and analysed about the management of patients with heart attacks and unstable angina who are admitted to Walsgrave Hospital's Coronary Care Unit (CCU).

As a result of the quality of data collection, the Trust has been selected as a pilot site for the Royal College of Physicians Myocardial Infarct National Audit Project , with the project involving the CCUs at both Walsgrave and Rugby St Cross.

The NSF sets out a number of immediate priorities that require urgent action, with the first of these being the time taken for a patient with a heart attack to be treated once admitted to the Trust (door-to-needle time). Latest figures demonstrate that thrombolysis time targets have been met at Walsgrave and Rugby St Cross. From April 2001, Door-to-Needle data from both sites has been combined, to give a Trust-wide view of performance.

The work carried out for the West Midlands Thrombolysis Project, which resulted in the presentation of a Beacon award, included hosting a Beacon learning day in December, which allowed the Trust to share the experiences of reducing door-to-needle times through introduction of Clinical Nurse Practitioners. The Trust also shared good practice with a presentation and poster at a regional Beacon Fair in March 2001.

Another strategy being explored to improve treatment times is the introduction of nurse-initiated thrombolysis. This has been approved in principle by the cardiologists and the development of a protocol and training package is now near completion.

The second immediate priority regards the prescription of secondary prevention medication to patients who have had a heart attack. Recent audit data suggests that the Trust is close to meeting the targets set.

The Trust successfully bid for regional funding to develop a Rapid Access Chest Pain Clinic, a number of which are to be set up throughout the country as one of the immediate priorities of the NSF. With the commencement of partial operation in March, it is hoped that the clinic will be fully operational in the near future.

The NSF recommends an expansion of cardiac rehabilitation services, to cater for patients undergoing angioplasty, or suffering from heart failure or stable angina. The Trust is currently considering how best to meet the challenges that the NSF sets in these areas.

A number of waiting list targets are laid out in the NSF, with particular reference to the Trust's provision of outpatient services, cardiac investigations and revascularisation. There are a number of developments that will aid the Trust's progress towards these targets.

These include the appointment of a fifth cardiologist, the opening of an additional cardiac intensive care bed and the opening of the Rapid Access Chest Pain Clinic. Together with these developments, close monitoring of progress towards meeting these targets will be, as always, vital.

One of the key themes underpinning the NSF is the development of a local network of care. Steps have been taken to build up links between the Trust and representatives from agencies in both primary and secondary care. Work will continue in the coming year to try and develop the local cardiac network and the possibility of a joint Local Implementation Team for Coventry and Warwickshire will be re-examined.

Quality Award

The Coventry Radiotherapy and Oncology Centre has implemented a quality management system in line with national recommendations and the international quality standard BS EN ISO9002.

The scope of the quality system covers the delivery of radiotherapy and chemotherapy according to the direction of the prescribing clinician, together with the provision of a radiotherapy physics service.

At the end of March 2000, the Centre was assessed externally against ISO9002 and has been recommended for certification. The final report included the following quotes:

"The quality system was, in general, found to be very well controlled, with evidence that procedures clearly define the processes audited. Some areas of the system are very well developed for a system that is new, for example, management review and analysis of incidents and complaints for trend analysis."

"All staff involved in the audit were knowledgeable about the quality system requirements and were also extremely professional, helpful and friendly."

A lot of time and effort has been put into developing and implementing the quality system, which was very much a team effort and congratulations are due to all staff working within its scope, particularly those involved at assessment.

The quality system is ongoing, with regular monthly Quality Management Group meetings. The external assessment body will carry out surveillance visits every six months and will be working with us to ensure the development and improvement of our system.

A revised standard, ISO9000:2000, is to be introduced later this year, with a changed emphasis that will be focussing on customers and improvement.

Paul Elkin, Director of Finance.

Financial year 2000/2001

These financial statements are a summary of the information contained in the Trust's annual accounts for 2000/01. A full copy of the Annual Accounts can be obtained from Mr Paul Elkin, Director of Finance, University Hospitals Coventry and Warwickshire NHS Trust, Clifford Bridge Road, Walsgrave, Coventry CV2 2DX.

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust.

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers' memorandum issued by the NHS Executive.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

3 August 2001
Chief Executive

Statement of Directors' responsibilities in respect of the accounts.

The Directors are required, under the National Health Services Act 1977, to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure of the Trust for that period. In preparing those accounts, the Directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The Directors confirm they have complied with the above requirements in preparing the accounts.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

By order of the Board

3 August 2001
Chief Executive

3 August 2001
Director of Finance

Income & Expenditure Account

82% of the income we receive comes from the Health Authorities and Primary Care Groups with whom we have agreements to provide services.

The money we recieve from the NHS Executive to cover costs of training doctors, nurses and other staff.

58% of our spending relates to the 4,700 staff we employ.

The materials, equipment and supplies & services used by us in delivering services.

The amount spent on maintaining our buildings.

The amount by which our fixed assets have depreciated in value during the year.

Payments to the Government in respect of the assets vested in the Trust when it was established.

INCOME	£'000	%
Health Authorities & Primary Care Groups	167,980	82
Private patients	2,689	1
Education, training & research	17,732	9
Other income	17,239	8
TOTAL INCOME	**205,640**	**100**
EXPENDITURE		
Staff costs	119,993	58
Supplies & services	34,791	17
Premises	5,840	3
Establishment & transport	3,598	2
Depreciation	7,272	4
Other	26,323	12
TOTAL OPERATING EXPENDITURE	**197,817**	**96**
Interest	104	0
PDC dividend	7,699	4
TOTAL EXPENDITURE	**205,620**	**100**
NET SURPLUS FOR THE YEAR	**20**	

Balance Sheet

	31.3.01 £'000	31.3.900 £'000
Fixed assets	135,216	132,445
Current assets	22,374	19,738
Current liabilities	-16,253	-16,188
Assets less current liabilities	141,337	135,995
Less:		
Provisions for liabilities & charges	-11,317	-8,056
TOTAL ASSETS EMPLOYED	**130,020**	**127,939**
Financed by:		
Public dividend capital	99,657	99,830
Revaluation reserve	25,073	24,559
Donation reserve	3,921	3,164
Income & expenditure reserve	1,369	386
TOTAL CAPITAL & RESERVES	**130,020**	**127,939**

Cash Flow Statement

	£'000
INFLOW:	
From operating activities	14,678
OUTFLOW:	
Interest payment	- 104
Dividend payment	-7,699
Capital investment	- 7,535
DECREASE IN CASH BALANCES	**660**

Total Recognised Gains & Losses

	£'000
Surplus for the year before dividend	7,719
Asset revaluations	1,519
Net increase in the value of donated assets	715
Prior period adjustment	-3,115
TOTAL RECOGNISED GAINS	**6,838**

Signed on behalf of the Board on:
3 August 2001

Chief Executive:

Director of Finance:

Public Sector Payment Policy

The NHS Executive requires that Trusts pay their non-NHS trade creditors in accordance with the CBI prompt payment code and Government accounting rules. The target is to pay non-NHS trade creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier.

The Trust's performance in 2000/01 was as follows:

	Number of Bills	Value of Bills £'000	1999/00 £'000
Total bills paid in year	84,571	62,754	53,663
Total bills paid within target	69,416	48,678	39,296
Percentage of bills paid within target	82.08%	77.57%	73.23%

Capital Investment in 2000/01

PROJECT	£'000
Lift Works	174
Information technology	1,072
Linear Accelerators	332
Medical equipment replacements	3,109
Boiler replacement	183
Post graduate expansion	573
Renal Dialysis equipment	113
Other minor maintenance and improvement schemes	2,084
TOTAL	**7,640**

Management Costs

In the interests of demonstrating efficient use of public funds, all NHS Trusts are required to publish details of their management costs. In order to ensure comparability between Trusts, the NHS Executive has established a single methodology to be followed by all Trusts, and the information is collected using the Audit Commission's definition of management costs.

Details of the Trust's management costs are given in note 6.5 to the Accounts, and are reproduced as follows:

	Cost £'000	% of Total Income	1999/00 % of Total Income
Management costs	7,040	3.4%	3.7%

The Trust increased its management costs by £90,000 (1.3%) in 2000/01, on the previous years total, when pay awards are taken into account this is an overall reduction in real terms of approximately 1.4%. The Trust exceeded its management cost target (set by the West Midlands NHS Executive) by £148,000 (2.1%)

Our charitable funds

Many NHS Trusts and Health Authorities receive donations which are held on trust and invested and expended in accordance with the Charities Act and guidelines issued by the Charity Commissioners.
A summary Income & Expenditure Account and Balance Sheet in respect of these funds are set out below.
A full set of accounts for 2000/01 is included within the annual accounts.

Income & Expenditure Account

82% of the money we receive into our Charitable funds comes from donations received from individuals and organisations.

Income earned from investing the funds we receive.

70% of the total expenditure from our charitable funds relates to improvements in the amenities available for patients.

9% of our spending relates to improving amenities for our staff.

Funds used to support the numerous research activities of our clinical staff.

	2000/01 £'000	1999/00 £'000
INCOME		
Grants & donations	748	730
Legacies	221	156
Dividends & interest	129	142
TOTAL INCOME	**1,098**	**1,028**
EXPENDITURE		
Patients' welfare & amenities	381	369
Staff welfare & amenities	164	216
Research	359	473
Other	0	321
Administration	35	40
TOTAL EXPENDITURE	**939**	**1,419**
Loss on investment assets	271	70
NET MOVEMENT IN FUNDS	**-112**	**-461**

Balance Sheet

	2000/01 £'000	1999/00 £'000
ASSETS		
Investments	2,503	2,618
Current assets	154	79
Current liabilities	-316	-244
TOTAL NET ASSETS	**2,341**	**2,453**
RESERVES		
Restricted funds	151	182
Unrestricted funds	2,190	2,271
TOTAL RESERVES	**2,341**	**2,453**

Auditor's Report on the charitable funds summary financial information in the Annual Report:

We have examined the summary financial information which has been prepared by the Director of Finance. Our examination comprises a comparison of these statements with the full financial statements and an assessment of their presentation.

In our opinion the summary financial information is consistent with the full financial statements and accounts of the charity for the year ended 31 March 2001 on which we have issued an unqualified opinion.

PricewaterhouseCoopers

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

7 August 2001

The Trust Board

The Trust Board aims to comply fully with the Codes of Conduct & Accountability for the NHS issued by the Secretary of State for Health in April 1994.

Membership

The Trust Board comprises a Non-Executive Chairman, six Non-Executive Directors and five Executive Directors. The membership of the Board in the past year has been as follows:

Trust Board Membership

Mr G Reay .....Chairman
Mr F Bunting.....Non-Executive Director (April - October 2000)
Dr J Nicholls.....Non-Executive Director (December 2000 - March 2001)
Mrs L Riley.....Non-Executive Director
Mr P E H Wilson.....Non-Executive Director
Mrs R Stewart .....Non-Executive Director
Mr C Walters .....Non-Executive Director
Mr M Singh .....Non-Executive Director
Mr D C Loughton.....Chief Executive
Mr P J Elkin .....Director of Finance
Mr P F Marsh. .....Development Director
Dr J Chandy.....Medical Director (April - July 2000)
Dr J Macartney .....Medical Director (August 2000 - March 2001)
Mrs J Monkman .....Director of Nursing & Quality

NUMBER OF MEETINGS HELD DURING 2000/01 : 10

Role

The primary role of the Trust Board is to...

- set the strategic direction and key corporate objectives of the Trust
- monitor the Trust's performance against those objectives
- be responsive to the local community and accountable to the Secretary of State for the services provided by the Trust
- ensure that the Trust complies fully with the Codes of Conduct and Accountability for the NHS issued by the Secretary of State for Health in April 1994.

The Board meets monthly and all meetings are open to the public and press. The Board has adopted a schedule of matters specifically reserved to itself for decision, and has established five sub-committees with delegated powers and authority to assist in the discharge of other key functions. These are as follows:

FINANCE & AUDIT COMMITTEE

The Finance & Audit Committee comprises three Non-Executive Directors - Mr F Bunting (April-October 2000), Mr M Singh (November 2000-March 2001), Mrs L Riley and Mr C Walters, and is normally attended by the Director of Finance and the Head of Audit Services. The Committee meets on a monthly basis and pays particular attention to the adequacy of the Trust's systems of internal control. This is achieved through reviews of the annual internal and external audit plans, and regular reports from the Head of Audit Services and the Trust's external auditors, PricewaterhouseCoopers. The opportunity to discuss any matter with the Committee in the absence of Executive Directors is regularly afforded to the Trust's external auditors. The Committee also monitors the financial performance of the Trust on behalf of the Trust Board, and received regular financial statements from the Director of Finance and the Clinical Divisions.

QUALITY STANDARDS COMMITTEE

The Trust Board has delegated the responsibility for Clinical Governance monitoring to the Quality and Standards Committee. The Committee is chaired by the Trust chairman, Mr Gary Reay with membership including Executive and Non Executive Directors, Clinicians, members of the public and representatives from Health Authorities and Primary Care Groups. The Quality Standards Committee meets on a monthly basis and receives reports from the Divisions to assist them with the monitoring of clinical governance on: clinical audit, clinical incidents, risk management, quality issues from legal claims and coroners inquests, review of clinical guidelines and protocols, staff development and appraisal, standards of record keeping and medical records, evidence of monitoring of professional qualifications and implementation of national service frameworks. The Committee also receives reports from representatives from key services on clinical governance.

RESEARCH & DEVELOPMENT COMMITTEE

The Trust has established a Research & Development Committee to promote the ethos and practice of high quality research within the Trust. Chaired by Mr Wilson, Non-Executive Director, it has been developing a strategy to fit with the Trust's own strategic objectives and the wider research environment within the NHS. The Committee has established a data base of research activity within the Trust, and all proposals for new research are reviewed by the Committee. A key task for the Committee is securing a competitive level of NHS research funds for the Trust and attracting external sources of funding for its new projects.

COVENTRY NEW HOSPITALS PROJECT BOARD

The Trust Board has a formal sub committee to act as the Project Board for the Coventry New Hospitals project. It consists of two Non-Executive Directors and four Executive Directors and is attended by all the relevant technical staff and the Trust's professional advisers, along with the representatives of Coventry and Warwickshire Health Authorities, staff organisation representatives, Community Health Councils and Coventry Healthcare NHS Trust. The Project Board meets as demanded by the Project Schedule on average about every four weeks. It controls the project processes, receives regular progress reports and formulates relevant recommendations for the full Trust Board on a monthly basis.

REMUNERATION & TERMS OF SERVICE COMMITTEE

The remuneration and terms of service of Executive Directors of the Trust are determined by the Remuneration & Terms of Service Committee, which comprises solely of the Chairman and Non-Executive Directors of the Trust. The Committee reviews the salaries of Executive Directors each year and agrees with the Chief Executive at the commencement of the year performance criteria against which all Executive Directors will be measured.

The remuneration of the Chairman and Non-Executive Directors is determined nationally by the Secretary of State for Health in common with all NHS Trusts.

University Hospitals Coventry and Warwickshire NHS Trust Activity 2000/01

DIVISION/SERVICE	FCEs	OUTPATIENT & A&E ATTENDANCES	OTHER ACTIVITY
Medical Division			
General medicine	21,871	38,468	
Rehabilitation	137	473	
Dermatology	78	27,473	
Rheumatology	1,203	13,674	
Paediatrics	3,065	8,537	
Obstetrics	8,186	11,094	
Gyneacology	5,475	17,315	
GP maternity	1,412		
Community midwifery			79,075 contacts
Neonatal intensive care & special care baby unit			7,979 cot days
Endoscopy		7,725	
Accident & Emergency		110,336	
Emergency assessment unit		26,941	
Paediatric assessment unit		7,810	
Clinical Support Division			
Clinical haemotology	1,108	5,547	
Radiotherapy	86,243	1,106	3,050 New Courses
Bone Marrow Transplants	8		
Radiology			206,479 Examinations.
CT & MRI scanning			15,950 Scans,
Pathology			1,151,182 Requests
Dietetics			18,750 Contacts

DIVISION/SERVICE	FCEs	OUTPATIENT & A&E ATTENDANCES	OTHER ACTIVITY
Surgery Division			
Cardiac surgery	1,213	2,537	
Thoracic surgery	868		
Neurosurgery	814	2,209	
Neurology	706	5,372	
Cardiology	3,707	9,230	
Renal dialysis - patients on dialysis	283		
Renal transplant	29		
Intensive care			109,210 TISS points
Neurophysiology - telemetry		1,438	
Neurophysiology outpatients		66	
General surgery	10,622	26,016	
Urology	4,289	10,688	
ENT	3,112	13,594	
Pain Relief	1,272	1,866	
Orthopaedics	9,755	58,556	
Ophthalmology	4,290	33,337	
Oral surgery	2,660	9,915	
Orthodontics		7,389	
Plastic surgery	88	3,576	
Core Services Division			
Catering			1,530,148 Meals
			796,965 Staff meals

Directors' Interests

Board Directors are required to declare interests which are relevant and material to the NHS Board of which they are a member. The Trust maintains a register of the interests of all Board members and senior clinical and management staff, which is available for public scrutiny. Relevant interests declared by Board members are as below:

NAME & POSITION	DETAILS OF INTEREST
Frank Bunting	
Non-Executive Director	
Westham Fund, Barford	Treasurer
Harbury Charities	Secretary/Treasurer
Paul Elkin	
Director of Finance	Nil
David Loughton	
Chief Executive	Nil
Dr Jim Macartne	
Medical Director	
Private practice at Warwickshire Nuffield Hospital	
Peter Marsh	
Development Director	Nil
Mrs Janet Monkman	
Director of Nursing & Quality	
Tile Hill College	Vice Chairperson
Gary Reay	
Chairman	
University of Warwick research	
Institute Appeal Committee	Member
Ministerial Advisory Board of the	
NHS Purchasing & Supply Agency	Member
Dr Jonathan Nicholls	
Non Executive Director	
Warwick University	Registrar
Warwick Retails Services Ltd	Member
The University of Warwick Press Ltd	Member
Warwick University Training Ltd	Member
University of Warwick Construction Ltd	Member
Warwick Conferences Ltd	Member
Graduate Residences of Warwick Ltd	Member
The University of Warwick Science Park Ltd	Member
AdsFab Limited	Member
Careers Services Unit	Member
The National Centre for Work Experience	Member
Mrs Lesley Riley	
Non Executive Director	
Rugby & District Home Start	Chairperson
Mr Manjit Singh	
Non executive Director	
N.C.H. Action for children	Assistant Director of Social Work
The Swanswell Charitable Trust	Director
Mrs Rita Stewart	
Non-Executive Director	
Coventry Society	
for the Blind	Member of Steering Group
SENSE (The National Deafblind	
and Rubella Association)	Director
Colin Walters	
Non-Executive Director	Nil
Peter Wilson	
Non-Executive Director	Nil

Directors' Remuneration

	Remuneration as Director £'000	Other Remuneration £'000	2000/01 Total £'000	1999/00 Total £'000
Non-Executive Directors' remuneration	50	-	50	51
Executive Directors' remuneration:				
basic salaries	388	69	457	453
benefits	21	-	21	16
performance related bonuses	-	-	-	-
pension contributions paid	19	3	22	17
SUB TOTAL	**478**	**72**	**550**	**537**
Compensations for loss of office	-	-	-	-
Pensions for Directors and former Directors (other than from NHS pension scheme)	-	-	-	-
TOTAL	**478**	**72**	**550**	**537**

The remuneration of the Chairman & Non-Executive Directors is non-pensionable.

The remuneration of the Chairman and Chief Executive are as follows:

	Remuneration as Director £'000	Other Remuneration £'000	2000/01 Total £'000	1999/00 Total £'000
Chairman:				
basic salary	20	-	20	20
benefits	-	-	-	-
TOTAL	**20**	**-**	**20**	**20**
Chief Executive:				
basic salary	118	-	118	103
benefits	4	-	4	4
performance related bonuses	-	-	-	-
SUB TOTAL	**122**	**-**	**122**	**107**
pension contributions	**6**	**-**	**6**	**4**
TOTAL	**128**	**-**	**128**	**111**

The Chief Executive was the highest paid member of the Board.

Directors' remuneration fell within the following ranges:

	2000/01 Number	1999/00 Number
£0 – £5,000	2	–
£5,001 – £10,000	5	6
£15,001 – £20,000	1	1
£20,001 – £25,000	–	1
£30,001 – £35,000	1	–
£60,001 – £65,000	1	1
£70,001 – £75,000	1	–
£75,001 – £80,000	–	1
£85,001 – £90,000	–	1
£90,001 – £95,000	2	–
£105,001 – £110,000	–	1
£120,001 - £125,000	1	–
TOTAL	**14**	**12**

The increases in pay for Trust Board Directors and other senior managers within the Trust for 2000/01 were limited to a pay envelope increase of 3.25% of the managerial pay bill, in accordance with the Chief Executive of the NHS's letter of 16 March 2000 to the Chief Executives of all NHS Trusts and Health Authorities.

Director's Control Assurance Statement

The Board acknowledges and accepts its responsibility for maintaining a sound system of internal control including risk management, and for reviewing its effectiveness.

As part of the NHS Controls Assurance Project, I as Chief Executive confirm that for the year ending 31 March 2001, and in accordance with NHS Executive circulars HSC 2001/05 and HSC 1999/123 and supporting guidance, the Board has reviewed and endorsed an action plan resulting from an organisation-wide self-assessment against relevant risk management and organisational control standards produced by the NHS Executive. The Board will oversee implementation of the action plan.

I confirm that in the Board's judgement the Trust has attained Level 1 of the NHS Executive's "control and risk maturity matrix".

By order of the Board

3 August 2001.....Chief Executive

Non Medical Education and Training (NMET) monies

University Hospitals Coventry and Warwickshire NHS Trust is the lead body for Coventry & Warwickshire Education Consortium. The consortium includes the following bodies:

- University Hospitals Coventry and Warwickshire NHS Trust
- George Eliot Hospital NHS Trust
- South Warwickshire General Hospital NHS Trust
- North Warwickshire NHS Trust
- South Warwickshire Combined NHS Trust
- Coventry Healthcare NHS Trust.

The Trust is accountable to consortium members for the day to day operational effectiveness of its functions within the terms of delegated authority agreed by consortium members. Accountability for the effective use of consortium funds resides equally across all NHS members of the consortium. Income totalling £12,411,000 for NMET is contained within the Trust's annual accounts and shown in detail at note 2.

Independent Auditor's Report on the Summary Financial Statements:

We have examined the summary financial statements set out on pages 16,17 and 19 and the summary directors' statement on internal financial control.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements and the summary directors' statement on internal financial control with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion the summary financial statements and the summary directors' statement on internal financial control are consistent with the statutory financial statements of the Trust for the year ended 31 March 2001 on which we have issued an unqualified opinion.

PricewaterhouseCoopers

PricewaterhouseCoopers
Cornwall Court, 19 Cornwall Street, Birmingham B3 2DT.
7 August 2001.

Summarised Statement of Directors' responsibility in respect of internal financial control

The Chief Executive as Accountable Officer, together with the other directors, has a responsibility for ensuring that an effective* system of internal financial control is maintained and operated in connection with the organisation's resources. To be effective the system must provide reasonable assurance of:

a) the safeguarding of assets against unauthorised use or disposal;
b) the maintenance of proper accounting records; and
c) the reliability of financial information used within the organisation or for external publication.

No system can provide absolute assurance against material mis-statement or loss but the system should provide reasonable assurance that material errors, irregularities or fraud are either prevented or would be detected within a timely period.

The Chief Executive as Accountable Officer, together with the other Directors, have a responsibility for reviewing the effectiveness* of the organisation's system of internal financial control. In carrying out the review in accordance with the NHS Executives directions set out in EL(97)55 (as Amended), Directors are required to confirm that the "minimum control standards" laid down by the NHS Executive (available with full accounts) have been in existence within the organisation throughout the financial year.

The Directors confirm that they have undertaken the review and the above requirements have been met.

the auditor's report on the full internal financial control statement is attached.

By order of the board

3 August 2001 _____ Chief Executive

* The judgement on "effectiveness" is informed by the work of he internal auditors and managers who have responsibility for the development and maintenance of the financial control framework and by the comments made by the external auditors in their management letter and other reports.

Research & Development and the New Medical School

Professor Janet Powell, Medical Director - Medical Education and Research

Research and development

The Research & Development Department has had to meet several challenges during the past year, many of which are adapting to the rapidly changing requirements for research governance in the wake of the Alder Hey and Bristol enquiries.

The Research Governance Framework was introduced by the Government in March 2001, to partner clinical governance. It places firm responsibilities on those involved in undertaking, sponsoring and hosting research.

There have been other changes too. In the future, funding for research and development is to be met through new processes, namely Support for Science and Priorities and Needs, whilst Health Technology Assessment programmes will expand and continue to offer funding opportunities.

There have also been changes in issues relating to consent for research, together with national requirements for improved practices by research ethics committees.

In this world of change, the Coventry department has continued to perform well.

The Trust Board has approved a policy for research and development and we are well advanced in reaching the new standards for research governance. The department has also introduced streamlined systems and processes that not only ensure that the Trust meets its governance obligations and manages its research income and expenditure appropriately, but also provides help and support to research staff.

The partnerships with the Universities of the Leicester and Warwick Medical School are firm, and a second Medical Director, Professor Janet Powell, has been newly appointed to facilitate the changes in educational and research aspirations and attainments.

Partnership with the University of Warwick

In changing the name of the Trust to the University Hospitals Coventry and Warwickshire NHS Trust, our closest academic partner became the University of Warwick.

The vision associated with the development of an entry of medical students at the University of Warwick campus was to see advances in population and primary care medicine and molecular medicine.

This strategy has led to three University groups, led by Professor Jeremy Dale in Primary Care, Professor Ed Hillhouse in Molecular Endocrinology and Professor Steve Thornton in Obstetrics, the appointments will also be reflected in the Trust's research strategy.

The three principal research areas will be reproductive health, metabolism, diabetes and endocrinology and the development of services at the primary and secondary care interface.

We hope that other appointments in the past year will also spearhead new core research areas.

The appointment of Professor Adrian Wilson to the chair of Medical Physics should act as a focus for research in radiotherapy and oncology, while that of Professor Alan Sinclair in Elderly Medicine should focus attention on research relating to equal opportunities of access for health care for the elderly.

This latter core theme complements the expertise in Sociology and Social Science at the University of Warwick as well as the expected National Service Framework for Care of the Elderly.

In order to accomplish major new research initiatives, achieve national and international recognition and bid for competitive national priorities and needs research funding in the future, we hope that we will develop sufficient academic and clinical strengths to form NHS/ academic collaboratives in the areas of diabetes, reproductive health and in ageing and equal opportunities to health care.

Medical Students

The government has spearheaded initiatives to increase the number of doctors in Britain and there has been widespread expansion in medical schools, new medical schools and increasing medical student numbers.

The first cohort of sixty seven medical students, all with previous degrees in Biological Sciences, arrived at the University of Warwick in October 2000, with twice that number anticipated for October 2001.

By the year 2003 we can expect the number of graduate students entering the medical curriculum at Warwick each year, to have risen to somewhere between 160 and 175.

New Medical School Building

The new medical school buildings at the University of Warwick campus are almost complete. At the same time, we are in the final stages of selecting a bidder to develop a new Clinical Sciences Building, for the Trust and the University, which is to be based at the Walsgrave site and expected to open in October 2003.

Together with the Trusts' Training and Development facilities, the new building will house a state-of-the-art skills laboratory to cater for all health professionals, Postgraduate Medical facilities and a modern Health Sciences Library. In all it will provide first rate educational facilities for all staff within the Trust.

By the time this building opens, we will be hoping to see the appointment of many more clinical academic staff. However, even before that time, we hope to make some key appointments, including a Professor of Therapeutics and a Professor of Orthopaedic Surgery during the course of the next six months.

There will be further academic appointments in Reproductive Health and Medical Education, together with new NHS appointments in Gastroenterology and Paediatrics. In addition to these, teaching sessions will be used to facilitate consultant expansion in order to spread the teaching load.

Research Events 2000-2001

For the first time the Trust's Research & Development Committee organised a research methods training day, which was attended by fifty would-be researchers. If we can harness their enthusiasm and intelligence into the research activity of this Trust, we shall be assured of going from strength to strength in the coming years.

University Hospitals Coventry and Warwickshire NHS Trust

Clifford Bridge Road
Walsgrave
Coventry CV2 2DX.