


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

University Hospitals Coventry and Warwickshire NHS Trust  
Clifford Bridge Road  
Coventry CV2 2DX

Tel : 024 7660 2020  
Fax : 024 7662 2197  
Email : [info@uhcw.nhs.uk](mailto:info@uhcw.nhs.uk)  
[www.uhcw.nhs.uk](http://www.uhcw.nhs.uk)



blueprint for the future

# chairman's report

I became Chairman of the University Hospitals Trust on 1st December 2001 at a time when our staff and patients had become used to "bad news" stories about our hospitals.

Yet my own involvement with the NHS over the last 30 years had taught me to have a high regard for the University Hospitals Coventry and Warwickshire NHS Trust. Indeed when the, now notorious, Commission for Health Improvement Report was published the Trust was on the point of receiving a good 2 star report in the government's performance league tables. As a result of the report, however, these stars were denied us. It is good then to be able to report that we have regained one of those stars within the year and we will improve on that position in the coming twelve months. Certainly we have a high calibre staff, able to deliver on that objective. We have recently linked our Cancer Services with the internationally renowned Memorial Sloane Kettering Hospital in Manhattan to widen our perspective on oncology and radiotherapy whilst seeking similar partnerships with colleagues internationally in the areas of cardiothoracic surgery, cardiology, and diabetes.

Our work in the field of diabetes is particularly successful and I am delighted that the University of Warwick currently works so closely with us in this field. I look forward to major developments building on these strengths in the future.

Perhaps one of the most challenging areas of care for the Trust is that of Accident and Emergency. The demand for these services is no longer "seasonal" and Gary Ward, Clinical Director for A & E and his colleagues experience enormous pressures on a daily basis. It is not uncommon for consultants to be on duty well into the early hours and return back to work by mid morning to cope with further pressure. The present split site working between the Coventry and Warwickshire Hospital and the Walsgrave Medical Assessment Unit imposes its own difficulties and we look forward to a time when in our new hospital those unnecessary pressures can be removed.

The new hospital is itself now becoming a reality. The site is already heavily worked by construction vehicles and although we are more than aware of the pressures that this is imposing on our staff and patients, as well as local residents, nonetheless despite the current difficulties, we all now look forward to occupying a 21st century hospital which will allow us to practice 21st century medicine.

By 2006 this Trust will, I believe, offer one of the finest acute health care systems available in Western Europe and North America. Already we carry out excellent clinical work in inadequate circumstances. The combination of our highly motivated staff, the remarkable increase in NHS funding recently announced by the Chancellor of the Exchequer and the new facilities that will become available to us will make Coventry and Warwickshire one of the centres of excellence for acute hospital provision in the UK. The priorities of heart disease, cancer, accidents and improved access for patients through a massive reduction in waiting times underpin our current planning. The freedoms offered by Foundation Hospital status to which the government is now committed, look especially attractive.

In conclusion, I must pay tribute to David Loughton, the Chief Executive of this Trust for the last 10 years. David delivered some astounding achievements: a new Medical School, in association with the highly respected University of Warwick, a PFI investment of a third of a billion pounds and, in recent years, the rescue package which he put together for St Cross Hospital in Rugby once threatened with closure. David's achievements have been remarkable enough but most especially since he announced his resignation in March of this year, he has never let up on the pressure to improve services and take the Trust forward. As the Health Services Journal said of him, "the NHS can ill-afford to lose managers of his calibre".

The new Chief Executive, David Roberts, joins us from City Hospital in Birmingham where he has been Acting Chief Executive for the last two years. David Roberts' own achievements are substantial, and I look forward to working with him in the coming years to build on the foundations now put in place, and securing for the Trust the premier position to which our citizens are entitled and its staff deserve.



Bryan Stoten  
CHAIRMAN



# introduction

As one of the largest organisations of its type in the UK it has 1,337 beds, around 6,000 staff and spends over £200 million a year on hospital services.

*The Trust operates from three sites: Walsgrave Hospital and Coventry & Warwickshire Hospital in Coventry and the Hospital of St Cross in Rugby.*



The University Hospitals Coventry and Warwickshire NHS Trust is the major tertiary acute hospital for Coventry, Warwickshire and south West Leicestershire, serving a combined population of around one million. It also provides a number of specialities on a regional basis to a much larger population:

- Renal dialysis and transplantation centre
- Neurosurgery
- Cardiothoracic surgery and invasive cardiology
- Cancer Services
- Major trauma for the eastern part of the West Midlands
- Neo-natal Intensive Care

The Walsgrave Hospitals Trust was established in 1993 by the merger between the former Walsgrave Hospital NHS Trust with Coventry and Warwickshire Hospital. In April 1998 Walsgrave Hospitals NHS Trust merged with Rugby NHS Trust incorporating the Hospital of St Cross. The Trust was granted University Trust status in October 2000 and is now known as University Hospitals Coventry and Warwickshire NHS Trust (UHCW).

The money to provide hospital services came from local Health Authorities and Primary Care Groups, who have the task of assessing all the health needs, setting

priorities and allocating funds to meet these as well as government health targets. From April 2002 the changes in the NHS will mean that most of the money for a hospital service comes from Primary Care Trusts. With a more local base they will work closely with the Trust to make sure that local health priorities are met and the changes needed to modernise the NHS take place across the whole range of health services in their area.

The Trust is in the final stages of negotiation to secure a £330 million new hospital for acute and mental health services as well as a Clinical Sciences Building to support medical training in partnership with the Joint Medical School of the Universities of Warwick and Leicester. Building is already underway, allowing the handing over of the Clinical Sciences Building to receive medical students in October 2003.

Allied with this the Trust is building on its expertise for Research and Development in healthcare with its Coventry and Warwick University partners. We aim to become a centre that is internationally recognised for the quality of hospital services, research and development and healthcare professional teaching - an organisation that compares itself not just with the best in the country but with the best in Europe and North America.

# our vision for the future



University Hospitals Coventry and Warwickshire NHS Trust aims to provide hospital services that do not just compare with the best in the United Kingdom but with the best in Europe and North America.

We have already started to work with partners in Europe and the United States who are renowned for providing world class healthcare in certain areas. We then compare what we do well and what we can learn from them.

To begin with we are looking at cancer care and treatment but others will follow. We want to provide the most up to date treatment which uses the latest proven techniques to improve results and patient satisfaction.

With the prospect of a new hospital in the next few years providing the latest facilities, equipment and techniques for hospital care we will have the best possible environment to do this. At the same time we want to provide those services in a way that is easy for patients to understand and allows people to make informed choices about the options for treatment and care that they have.



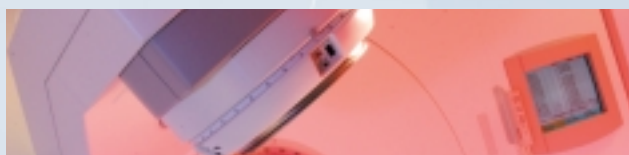
We want to provide the most up to date treatment which uses the latest proven techniques to improve results and patient satisfaction.



Our research programmes as a University Hospital will reflect the strengths of our University partners, building on the work we have achieved so far. We intend to establish an international reputation for excellence in selected medical and health research areas, attracting people with the very best academic and healthcare skills.

To achieve this aim we must also work in partnership with others, dissolving traditional boundaries between organisations and forming teams which work closely together to benefit patients and those who care for them.

This is a challenging vision of the future, but one we believe we can achieve and one we believe is right for the people we serve.



# planning, transition, change and achievement

We have also been improving our Clinical Governance systems to guarantee clinical safety and ever improving quality for the patients we see and treat.

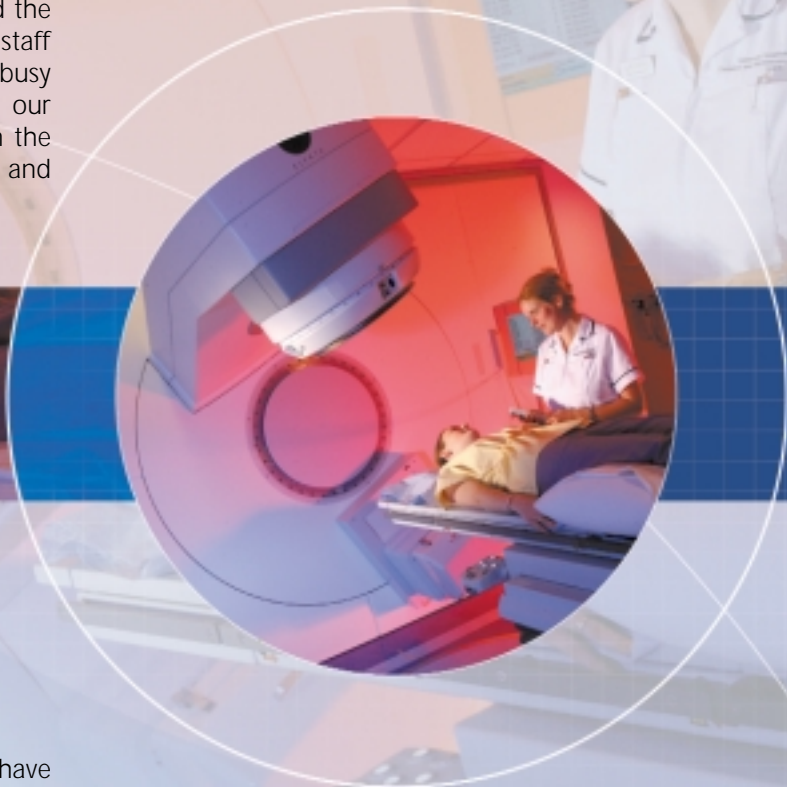
This will be my last annual report for the Trust after 17 years as General Manager and Chief Executive. Once again I must thank everyone who works at our three hospitals for their hard work in the very challenging year we have faced. Despite the many internal and external pressures they have once again, as always, put patients at the forefront of everything they do enabling us to meet our key targets and objectives for the year.

At the same time we have laid a firm foundation for the future, continuing to develop our plans for a new £330 million super-hospital for Coventry and beyond. Building has already started and we are on course to provide the most modern environment for patients and staff together with a Clinical Sciences Building which will ensure the best facilities for the teaching and training of medical students. In tandem we have also been building up our resources and skills to foster research and development in the Trust in partnership with Warwick University and the Leicester and Warwick Medical School.

To meet the new demands in the NHS Plan we have been strengthening arrangements to involve further clinical staff in the management of the Trust. This in turn will make sure that the Trust continues to develop its services in line with latest and best health practice. Following a visit and report by the Commission for Health Improvement we have also been improving our Clinical Governance systems to guarantee clinical safety and ever improving quality for the patients we see and treat. The report meant that we were 'zero star' rated for the year. I am pleased to say that this year we have been awarded one star for our performance. This is a creditable performance and one on which the Trust will build in the future.



Against this background of planning, transition and change we have at the same time reduced the time that people have to wait for operations, increased the number of beds for patients and employed more staff to treat and care for people. Staff have been busy improving the environment and cleanliness of our hospitals. Our reputation for clinical excellence in the important treatment areas of cancer, heart disease and older people continues to grow.



In every formal report I have given over the years I have been proud to outline our work for the people we serve and thank those who have made it possible. This year in particular they have met and overcome many challenges. During my career in Coventry and in the last year in particular, I have been fortunate to receive a great deal of support from people within the Trust and the wider health community. I would like to thank them for this support - to me it has been a personal demonstration of an organisation that, above all, cares for and is passionate about the wellbeing of others.

I know that with their commitment, skill and dedication, the future for hospital services is bright for the people of Coventry and beyond.

David Loughton  
CHIEF EXECUTIVE

# clinical governance and quality



Clinical Governance refers to the quality of health care offered within a healthcare organisation. It is defined as 'a framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding the standards of care by creating an environment in which excellence in clinical care will flourish'. Essentially it is 'doing the right thing for patients, first time'.

The term covers a wide range of activities, which together mean that patient safety is assured and improved where needed. Within the Trust teams based on specialities use information gathered from a wide range of sources to monitor the results of care and treatment, ensure that the treatment given is up to date and effective, and improvements made where needed. The Quality Standards Committee monitors the work in these areas, which is in turn a sub-committee of the Trust Board. Each division within the Trust has its own programme of Clinical Governance and Audit and reports to the Quality Standards Committee throughout the year.



➤ Sources of information about the quality of patient care and treatment include.

Clinical Audit  
Clinical Adverse Event reporting  
Complaints from patients and relatives  
Legal Claims and Coroner Inquests  
National Service Frameworks  
NICE guidance  
Review of clinical guidelines and protocols against current best practice  
Risk Management  
Continuous Professional Development and Peer review  
Computer information systems  
Clinical Research.  
Community Health Council visit reports  
Reports from specialist groups and committees

# clinical governance and quality

## ➤ Commission for Health Improvement Review

In the spring and summer of 2001 the Commission for Health Improvement carried out a review of clinical governance at the Trust. Their report found five areas of concern requiring immediate attention. An action plan was drawn up by the Trust together with other NHS partners and patient representatives. This plan was agreed with the Commission for Health Improvement and the Regional Office of the National Health Service Executive. Work on carrying through the action plan was supported by a wide range of expert agencies and support from within and outside the NHS, including the Modernisation Agency, Terema and the Clinical Governance Support Unit.

## ➤ Placing a fifth bed in four bedded bays at Walsgrave Hospital

This practice was stopped in August 2002 and over 80 further beds were opened to make sure emergency patients were accommodated safely. Further work has taken place within the Trust and with our health and social service partners to make sure that we have the resources and effective arrangements to meet the demand for hospital services.



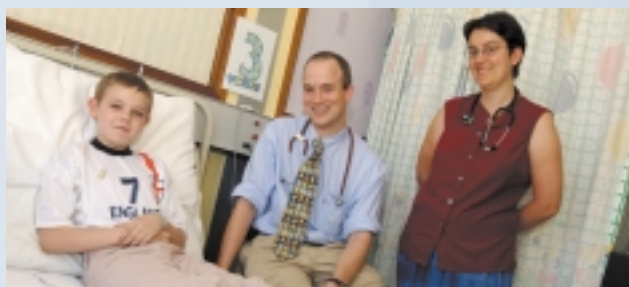
### ➤ The apparently above average death rates for some types of patients

A team headed by the Director of Public Health for Coventry Health Authority investigated the apparently high death rates in some areas. The most significant reason for these rates was data errors in computer systems where some emergency admissions were coded as elective or routine. Acting on the recommendations of the investigation clinical teams, will be auditing patient deaths and using the information making any improvements needed to the management of patients within our revised clinical governance arrangements.



### ➤ The management of critically ill patients between the three hospitals

Procedures and protocols for managing these patients between our three hospitals have been revised. An independent expert team reviewed arrangements for Accident and Emergency patients and made a series of recommendations to improve their management.



# clinical governance and quality



## ➤ Relationships between some consultants and managers

An independent expert carried out a further assessment across a wide range of staff and our external partners to find out the nature and extent of these concerns. The Trust is now embarking on a programme of revised management arrangements, organisational development and clinical governance arrangements. This will guarantee the structure and culture of the organisation supports the highest possible involvement of clinical staff in management, service development, delivery and improvement and clinical governance.

In tandem with this is a Trust-wide programme of team development carried out by experienced and acknowledged experts to improve team working and produce patient benefits.

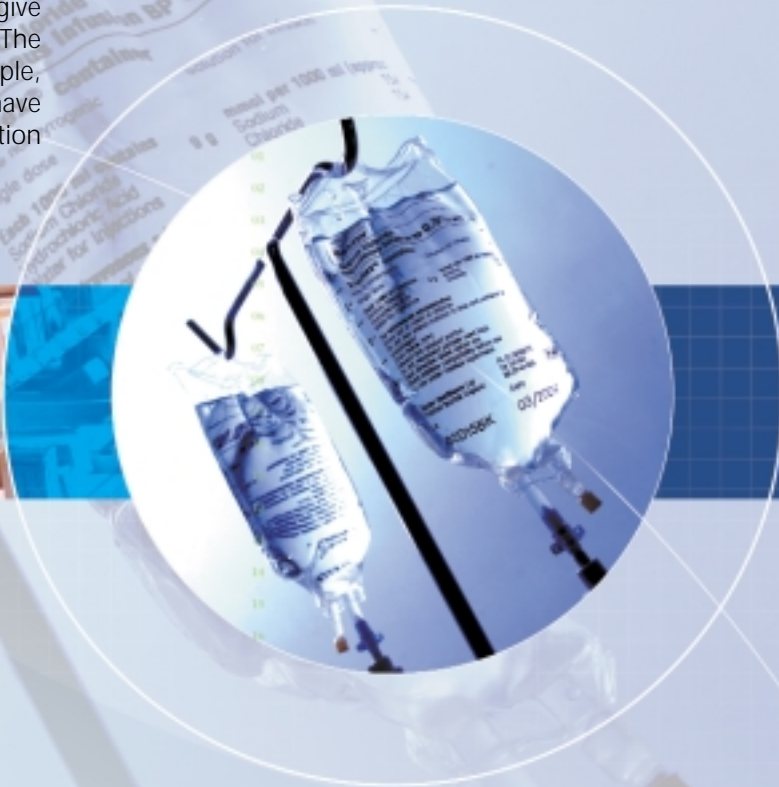
## ➤ Better Clinical Governance across the organisation

The Trust has also looked at how it can improve support for clinical governance to ensure that the very best practice becomes standard throughout the whole of our activities. The resulting programme 'Patients First' will build on revised arrangements through more staff communication, training and a dedicated unit to promote excellence in clinical governance.



## ➤ Strengthening the Patients' Voice

Last year the Trust approved a programme of Patient and Public Involvement. This was designed to give patients a greater say in improving hospital care. The three groups looking at the key areas of Older People, People with Disabilities and Cancer Services have continued and produced recommendations for action by the Trust.



Inpatient satisfaction surveys have also been carried out, providing useful information on areas where action to improve service quality should be concentrated. In future years these annual surveys will give information on the effectiveness of improvement action taken. In addition to surveys across the whole Trust individual directorates and departments use a variety of ways to give more patient friendly care and treatment. These include satisfaction surveys, patient's diaries, focus and support groups.

This year saw preparation for the Patient Advice and Liaison Service, set up to help patients find their way through hospital care and offer support and advice for people who have concerns. The service started in April 2002 and proved an immediate success. This year will see the development of the service with outreach surgeries in the community.

In advance of the NHS Plan which requires each Trust to have a Patient's Forum by 2003 we have been working to establish a Patients' Council this year. This will provide a patient's view for a wide variety of our activities and will be reviewed in 2003 to see what changes if any need to be made before we establish a Forum.

Our activities to obtain patients' views are in addition and in conjunction with Community Health Councils so that their expertise and views are used to the full in improving service quality and development.

# learning from complaints

Our work for this year will concentrate on improving both the quality and speed of our response to people with concerns together with improved follow-up systems to make sure that improvements needed are put in place quickly.

During any one year we receive many hundreds of compliments about the services that patients have received. We also have people who write to us offering suggestions on how services could be improved and we have people who are unhappy with the hospital care and treatment they have received. Complaints are taken seriously by the Trust and are addressed to achieve two main aims:

- The resolution of the complaint, including an explanation of our investigation and if appropriate an apology
- Learning from mistakes that are made to prevent them happening in the future.

## ➤ For example

- A complaint following the stillbirth of a baby over 30 weeks gestation has led to fortnightly scanning of mothers who are more than 28 weeks pregnant.
- A complaint about the treatment of a patient with dysphagia (swallowing difficulties) led to a working group of all the health professionals involved in this type of care reviewing practice and treatment. This led to the rewriting of the policy on the management of dysphagia.
- Administrative systems supporting clinical care have been altered to prevent appointments not being given to patients.
- In ophthalmology urgent appointments are made through the Consultant's Secretary to ensure that this important group of patients are followed closely
- Also in ophthalmology people leaving hospital now always have a follow up appointment



## ➤ Facts and figures on complaints for the year.

Number of complaints received	452
Number resolved within nationally set timescales	88
Number of requests for Independent Review	19
Number of Independent Review requests returned for local resolution*	14
Number of Independent Reviews held in the year*	5

*\*these figures may not total the number of requests for independent review in any one year because of the time taken to convene independent reviews*

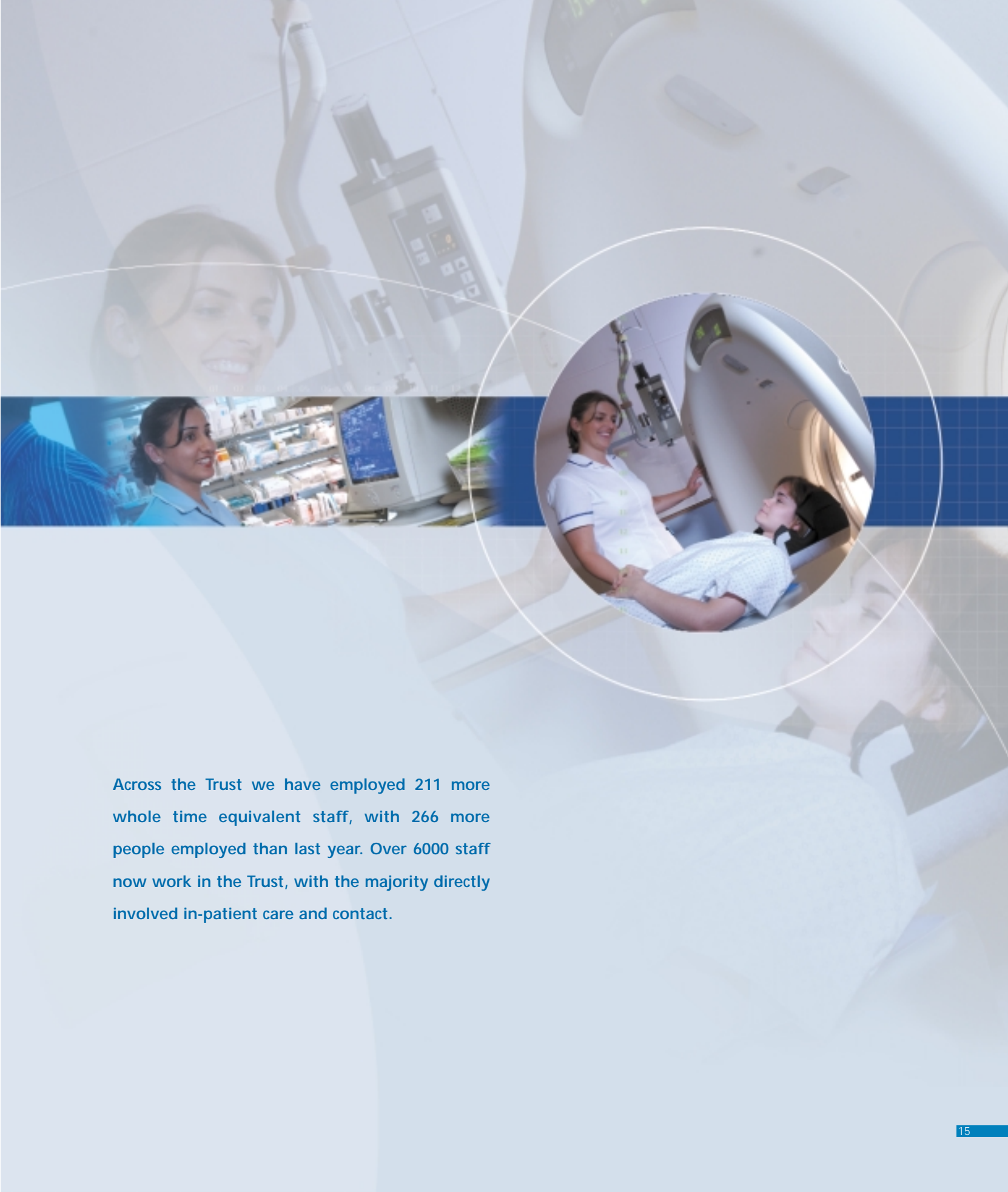
# our staff

This Trust along with the rest of the NHS faces huge challenges if we are to meet the requirements of the NHS Plan and drive for modernisation. Fundamental to meeting this challenge is the right number of people with the right skills providing the best possible care for patients. Alongside, this our programme of organisational development will provide increased flexibility and teamwork with the patient as the focus for treatment and care. In a world where skills are in high demand, we must also make the Trust a good place in which to work and pursue a career, using the dedication and commitment of our staff while at the same time allowing them to strike the right balance between work and personal life.

We have increased the number of people we employ to meet the challenges faced in the NHS Plan and increase the capacity of hospital services. 13 more consultants have been appointed specialising in:

- Colorectal Cancer screening
- Colorectal surgery
- Haematology
- Radiology (three posts)
- Accident and Emergency
- Anaesthetics (two posts)
- Cardiology
- Neurosurgery
- Renal Medicine
- Urology





Across the Trust we have employed 211 more whole time equivalent staff, with 266 more people employed than last year. Over 6000 staff now work in the Trust, with the majority directly involved in-patient care and contact.

# our staff

Our Post Graduate Medical Centres run a wide range of events and courses for medical practitioners within the local health community and junior medical staff come to the Trust as part of their training for a wide range of specialities.

## ➤ Developing staff

At a time of rapid expansion and modernisation, training and staff development is vital if patient care and treatment is to meet the highest standards. Our training department has a wide programme of courses leading to NVQ qualifications and Certificate and Diploma level awards. Staff development begins at our induction programme, which all new employees attend. A programme of Individual Development Review is in place within the Trust with departments encouraged and supported in achieving and maintaining Investors in People status.

Professional development and training is undertaken within the Trust and with Coventry and Warwick Universities. The Trust runs a Preceptorship course for newly qualified nurses, giving them a wide range of experience and practical application of the skills learnt during their training.

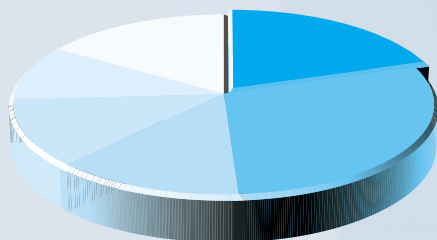
## ➤ Consulting staff

We consult quarterly with Trades Union and Professional Organisations on a whole range of issues affecting staff working practice and conditions through the Joint Consultation Committee (JCC). More informal discussion takes place monthly at the Industrial Relations Forum before presentation to the JCC. Views and opinions of staff are sought during the usual day to day business of the hospital and through a variety of meetings and forums. Formal consultation with senior medical staff is through the Local Negotiation Committee.





➤ Trust staff establishment by group



Qualified nursing and midwifery	29%
Admin and clerical	20%
Nursing and professional support	16%
Ancillary and Domestic	13%
Tech and Prof	12%
Medical staff	10%

# our staff

## ➤ Asking staff

We carry out staff surveys to find out what we are doing right and what we need to do better to improve their satisfaction with the organisation.

Our staff expressed satisfaction with many aspects of their work including:

- Equal opportunity employment
- The approachability of managers and supervisors
- Dignity in the workplace
- Teamwork
- The level of responsibility given to do their job
- Staff appraisal
- Job security

Areas that they felt needed improvement were:

- Coping with the stress of the job
- Flexible working and support for childcare
- Information on our main aims for the future and key targets
- Communication



We have responded to these concerns by:

- Making available training and awareness courses on stress management
- Developing guidelines for flexible working at the Trust
- Identifying a childcare co-ordinator to provide information and advice
- Appointing a Head of Communications to review and improve both internal and external communications.

# our staff



## ➤ Communicating with staff

With over six thousand staff across three sites, effective communication is vital, particularly at times of change. The Trust produces a Newsletter for staff four times a year and this is supported in some departments by their own newsletter.

A monthly core Team Brief is now produced which forms the basis of team briefing throughout the Trust and a monthly information sheet 'Board Report' outlining matters discussed and decided at the Board has been introduced. Other written papers included 'CHI update' distributed to staff explaining the actions taken as a result of the CHI report and action plan.

Electronic means of communication have been used more widely with a redesign of the Intranet site, regular news and updates are placed on there. Email has also been used more as a fast and reliable means of staff communication.

## ➤ Equal opportunities

We provide care and treatment for patients in an area rich in ethnic diversity. The best way of making sure that we meet all our patients cultural and spiritual needs is to have a workforce reflecting this diversity. Our employment policies aim to do this. We monitor the ethnic origins of job applicants and provide advice and checks during job selection to make sure that everyone from our community has an equal opportunity for employment and advancement within the Trust.



Work this year will concentrate on further improving internal communications as part of an overall corporate communications strategy for the Trust.



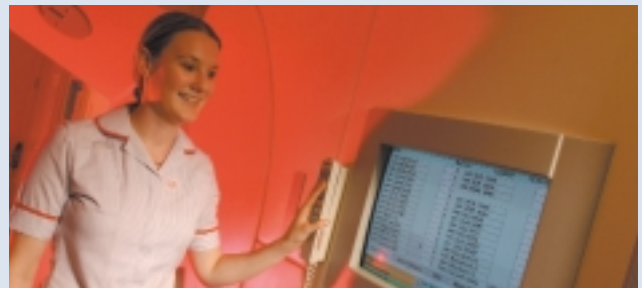
In the same way we monitor and encourage applications from people with disabilities. Our policies make sure that as well as equality of employment opportunity people with disabilities have equal opportunity for career development and promotion through implementing laws and measures introduced by the Disability Discrimination Act 1995.

### ➤ Improving Working Lives

An integral part of the NHS Plan, Improving Working Lives is a programme, which is designed to improve the quality of working lives in the NHS. This year the Trust has achieved Level I by demonstrating commitment to and evidence of, progress towards the Working Lives Standard.

# research and development

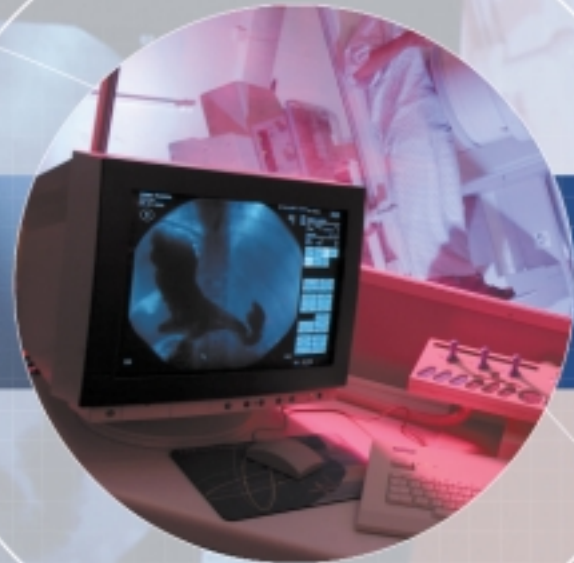
Research and Development in medicine is an important part of a University Hospital Trust's work. Developing new treatments, understanding more about diseases and how to prevent or treat them provide the keys for future success. Together with our partner Universities of Warwick and Coventry we have been developing a research strategy and agreeing how the NHS and academic bodies can work together to make the best use of the resources we have.



Our strategy builds on both our previous success and the strengths of our partner universities. Two important areas for the Trust are research into reproductive health and the complications of diabetes. We intend to concentrate on high quality rather than high volume, excellent research governance and high financial probity. Leading this strategy is a committee, which this year has been expanded to involve a wider range of health professionals, under the chairmanship of Dr Jonathon Nicholls, non-executive director of the Trust and Registrar of Warwick University.



All the research carried out within the Trust is subject to scrutiny by an Ethics Committee to ensure that ethical and governance standards within the Trust meet current legislation and good practice guidelines.



The Trust has also worked hard to increase our involvement in national research trials that take place in different centres for large numbers of patients. In this way we make a contribution to the effective treatment for a range of diseases.

# the new coventry hospitals a blueprint for the future

After years of planning and consultation the dream of a brand new super hospital for Coventry is now a reality. After a rigorous selection process Skanska Innisfree were selected as our preferred partner.



Work at Walsgrave Hospital site has already begun on the New Clinical Sciences building which will provide the most modern facilities in the country for housing the Medical School. It is due for completion by Autumn 2003 and will include:

- Library areas
- Lecture Theatre
- 14 Seminar Rooms
- 3 IT training rooms
- Clinical Skills room
- 2 syndicate rooms
- 8 skills training rooms
- Research laboratories
- IT, catering and office infrastructure

There will also be a number of close-to-patient teaching areas in the main hospital (average 1 per ward or outpatient clinic) where students can be given practical training in proximity to patients.







# the new coventry hospitals a blueprint for the future

The buildings will be energy saving, patient-friendly, designed to support staff in delivering modern hospital care, with built in flexibility to adapt to future changes in practice or patient demands.



The whole hospital complex, which is being built under the Private Finance Initiative, will cost £330 million - the largest hospital project in the UK outside London. The hospital complex will have an acute mental health building, due for completion in Autumn 2004 and a general hospital building due for completion in 2006. The new hospital will bring together services presently provided at Walsgrave and Coventry & Warwickshire hospitals. It will have more acute hospital beds than we have now.



Agreement with our partners on all commercial matters was agreed earlier in the year and work is now taking place so that final signing of contracts can take place later this year.

Under another ground-breaking arrangement with our partners the new super hospital will have the latest hi-tech investigation, diagnostic and treatment equipment. This will speed up the diagnosis and treatment for patients, giving a fast and effective service.



Following national negotiations and agreements on arrangements for non-clinical staff under Private Finance Initiatives, the Trust is working closely with our partner and government and will be the first nationally to put these agreements into practice.

Staff will be using the time before transfer of hospital services to re-design services centred around the patient which uses the new state-of-the-art building to give our patients care that measures up against not just the best in this country but the best in Europe and North America.

summary

# financial statements 2001/02

## ➤ 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 Department of Health.

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.

Chief Executive



2nd August 2002

## ➤ 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 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.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

Chief Executive



2nd August 2002

Acting Director of Finance



2nd August 2002



## ➤ INDEPENDENT AUDITORS' REPORT TO THE DIRECTORS OF UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST ON THE SUMMARY FINANCIAL STATEMENTS

We have examined the summary financial statements set out on pages 28 to 41.

### ➤ 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 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 are consistent with the statutory financial statements of the Trust for the year ended 31 March 2002 on which we have issued an unqualified opinion.

Signature: *PricewaterhouseCoopers*

Date: ..... 2nd August 2002

Name: PricewaterhouseCoopers

Address : PricewaterhouseCoopers  
Cornwall Court  
19 Cornwall Street  
Birmingham  
B3 2DT

## ➤ INCOME & EXPENDITURE ACCOUNT

These financial statements are a summary of the information contained in the Trust's annual accounts for 2001/02. A full copy of the Annual Accounts can be obtained from Mr John Adcock, Acting Director of Finance, University Hospitals Coventry and Warwickshire NHS Trust, Clifford Bridge Rd, Walsgrave, Coventry. CV2 2DX.

- 87% of the income we receive comes from the Health Authorities and Primary Care Groups with whom we have contracts to provide services.
- The money we receive from the NHS Executive to cover the costs of training doctors, nurses and other staff.
- 64% of our spending relates to the 4,874 staff we employ.
- The materials, equipment and supplies 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.

## ➤ FINANCIAL POSITION

The Trust has been through an extremely challenging financial year in 2001/02 particularly in light of the implementation of the Commission for Health Improvement (CHI) Action Plan. However, it has produced a financial surplus of £5000. This has principally been achieved through the following non-recurrent measures:

	£000
HA Funding Support	1,800
Balance Sheet Flexibility	2,000
Authorised Capital To	
Revenue Transfer	2,000

### INCOME

	2001 - 02 £000	%	2000 - 01 £000
Health Authorities and Primary Care Groups	184,718	87	167,980
Private Patients	2,439	1	2,689
Education, Training & Research	5,856	3	17,732
Other Income	18,042	9	17,599

### TOTAL INCOME

211,055      100      206,000

### EXPENDITURE

Staff Costs	134,910	64	119,993
Supplies & Services	38,078	18	34,791
Premises	6,981	3	5,840
Establishment & Transport	4,165	2	3,598
Depreciation	8,123	4	7,272
Other	10,031	5	26,323

### TOTAL OPERATING EXPENDITURE

202,288      96      197,817

Exceptional gain	12,377		0
Exceptional loss	-12,377		0
Other Finance Costs	679	1	464
PDC Dividend	8,083	3	7,699

### TOTAL EXPENDITURE

211,050      100      205,980

### NET SURPLUS FOR THE YEAR

5      20

The Trust has had a particularly challenging SaFF round to develop robust plans for 2002/03 in light of:

- : the full year impact of the CHI Action Plan;
- : commencement of the transition plan towards the New Hospital Project;
- : the implementation of the new Chief Executive's franchise plan;
- : delivery of a £4.4m cost improvement programme.

To support the Trust over the period leading up to the new facilities opening and to implement the CHI Action Plan the Trust has secured significant additional central support.

## ➤ BALANCE SHEET

	31/3/02 £000	31/3/01 £000
Fixed Assets	143,843	135,216
Current Assets	15,581	22,374
Current Liabilities	<u>-19,203</u>	<u>-16,253</u>
Assets less current liabilities	140,221	141,337
Less:		
Provisions for liabilities & charges	-497	-11,317

**TOTAL ASSETS EMPLOYED** 139,724 130,020

Financed by:

Public Dividend Capital	104,090	99,657
Revaluation Reserve	29,336	25,073
Donation Reserve	4,652	3,921
Income & Expenditure Reserve	1,646	1,369

**TOTAL CAPITAL & RESERVES** 139,724 130,020

## ➤ CASH FLOW STATEMENT

	£000
<b>INFLOW:</b>	
From operating activities	13,819
Interest received	255
Public Dividend received	4,341
<b>OUTFLOW:</b>	
Interest payment	-679
Dividend payment	-8,083
Capital Investment	-8,881

**DECREASE IN CASH BALANCES** 772

## ➤ TOTAL RECOGNISED GAINS & LOSSES

	£000
Surplus for the year before dividend	8,088
Asset revaluations/indexation	4,595
Net increase in the value of donated assets	671

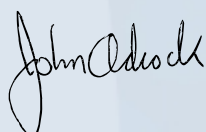
**TOTAL RECOGNISED GAINS** 13,354

Signed on behalf of the Board on 2nd August 2002

Chief Executive



Acting Director of Finance



## ➤ CAPITAL INVESTMENT IN 2001/02

PROJECT	£000
Sterile Services improvements	478
Medical beds reconfiguration	503
Information technology	1,055
Linear Accelerators	2,211
Medical equipment replacements	4,238
Maternity Improvements	267
Medical Records Expansion	296
Renal Dialysis equipment	274
Other minor maintenance and improvement schemes	1,682
<b>TOTAL</b>	<b><u>11,004</u></b>

## ➤ BETTER PAYMENTS PRACTICE CODE

The NHS Executive requires that Trusts pay their non-NHS trade creditors in accordance with the CBI better payments practice 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 2001/02 was as follows:

	Number of Bills	Value of Bills (£000s)	2000/01 (£000)
Total bills paid in the year	88,635	68,612	62,574
Total bills paid within target	78,971	57,522	48,678
Percentage of bills paid within target	89.10%	83.84%	77.57%

## ➤ 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	2000/01 cost £000	2000/01 % of Total Income
Management Costs	7,629	3.6%	7,040	3.4%

The Trusts target for management costs in 2001/02 was £7,114,000

## ➤ 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 balances in respect of these funds are set out below. A full set of accounts for 2001/02 is included within the annual accounts.

- 64% 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.
- 42% of the total expenditure from our charitable funds relates to improvements in the amenities available for patients.
- 13% of spending relates to improving amenities for our staff.
- Funds used to support the numerous Research activities of our clinical staff
- In order to protect the value of the funds we receive and to earn additional income, we invest the funds in government securities and equities.

	2001/02 £000	2000/01 £000
<b>INCOME</b>		
Grants & Donations	680	748
Legacies	274	221
Dividends & Interest	107	129
<b>TOTAL INCOME</b>	<b><u>1,061</u></b>	<b><u>1,098</u></b>
<b>EXPENDITURE</b>		
Patients' welfare & amenities	603	381
Staff welfare & amenities	189	164
Research	607	359
Other	0	0
Administration	29	35
<b>TOTAL EXPENDITURE</b>	<b><u>1,428</u></b>	<b><u>939</u></b>
Loss on investment assets	<u>-145</u>	<u>-271</u>
<b>NET MOVEMENT IN FUNDS</b>	<b><u>-512</u></b>	<b><u>-112</u></b>
<b>BALANCE SHEET</b>		
	2001/02 £000	2000/01 £000
<b>ASSETS</b>		
Investments	2,209	2,503
Current Assets	47	154
Current Liabilities	-427	-316
<b>TOTAL NET ASSETS</b>	<b><u>1,829</u></b>	<b><u>2,341</u></b>
<b>RESERVES</b>		
Restricted funds	108	151
Unrestricted Funds	1721	2,190
<b>TOTAL RESERVES</b>	<b><u>1,829</u></b>	<b><u>2,341</u></b>



## ➤ 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:

Mr G Reay .....	Chairman
Mr B Stoten .....	Chairman
Mr F Bunting .....	Non-Executive Director
Dr J Nicholls .....	Non-Executive Director
Mrs L Riley .....	Non-Executive Director
Mr P Townshend .....	Non-Executive Director
Mrs R Stewart .....	Non-Executive Director
Mr C Walters .....	Non-Executive Director
Mr M Singh .....	Non-Executive Director
Mr P Wilson .....	Non-Executive Director
Mr D C Loughton .....	Chief Executive
Mr P J Elkin .....	Director of Finance
Mr P F Marsh .....	Development Director
Mr L Booth .....	Medical Director
Dr J Macartney .....	Medical Director
Dr J Powell .....	Medical Director
Dr M Harrison .....	Medical Director
Mrs J Monkman .....	Director of Nursing & Quality
Mrs H Scholefield .....	Director of Nursing & Quality

### NUMBER OF MEETINGS HELD DURING 2001/02 : 11

### ➤ 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 of three Non-Executive Directors, 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 Chief Internal Auditor 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 receives regular financial statements from the Director of Finance and the Clinical Directorates.

#### ➤ 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 Non Executive Director, Mrs Lesley Riley 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 Directorates 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, practice and governance of high quality research within the Trust. Chaired by Dr J Nicholls, Non-Executive Director, it has been developing a strategy to expand focussed research activity to support the new role of the Trust within the Leicester-Warwick Medical school and the wider research environment within the NHS. As the major acute hospital of a new medical school, we have received an award of £750,000 to improve the capital infrastructure for research. The Committee has established a database of research activity within the Trust. The committee reviews new research proposals for scientific content and financial risk. Key tasks for the Committee are to increase the number of research active professionals, to secure a competitive level of NHS research funds for the Trust and to attract external sources of funding for new projects.

#### ➤ PRIVATE FINANCE INITIATIVE PROJECT BOARD

The Trust Board has as a formal sub committee to act as the Project Board for the Private Finance Initiative project. It consists of two Non-Executive Director 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 Trust. The Project Board meets as demanded by the Project Schedule on average about every three weeks. It controls the project processes, receives regular progress reports and formulates relevant recommendations for the full Trust Board on a monthly basis.

#### ➤ REMUNERATION COMMITTEE

The remuneration and terms of service of Executive Directors of the Trust are determined by the Remuneration 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, and applied in accordance with appropriate notification.

The Trust has complied with the Secretary of State's letter of the 9th April 2001 regarding manager's pay not exceeding 3.7% increases during the year.

## ➤ UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST - ANNUAL ACCOUNTS 2001/02

### ➤ Salary and Pension entitlements of senior managers

Name and Title		Age	Salary	Other	Golden Hello compensation for loss of office	Benefits in kind	Real increase in pension at age 60	Total accrued pension at age 60 at 31st march 2002
			£	£	£	£	£	£
D. Loughton	Chief Executive	48	122,438	0	0	3,326	1,703	24,457
P. Elkin	Director of Finance	46	94,206	0	0	3,764	1,378	30,063
P. Marsh	Development Director	51	93,430	0	0	3,746	3,173	33,343
J. Monkman	Director of Nursing	42	14,224	0	0	1,133	0	0
H.Scholefield	Director of Nursing	38	47,313	0	0	0	0	18,792
J. Powell	Medical Director	56	63,655	0	0	2,843	1,577	19,956
J. McCartney	Medical Director	55	74,618	0	0	0	7,135	43,566
L.Booth	Medical Director	61	28,181	0	0	0	2,777	44,711
M.Harrison	Medical Director	63	23,205	0	0	0	0	0
R.Stewart	Non Executive Director	*	5,294	0	0	0	0	0
F.Bunting	Non Executive Director	72	1,250	0	0	0	0	0
P.Wilson	Non Executive Director	69	2,998	0	0	0	0	0
J.Nicholls	Non Executive Director	45	5,294	0	0	0	0	0
C.Walters	Non Executive Director	64	5,294	0	0	0	0	0
P.Townshend	Non Executive Director	**	**	**	**	**	**	**
M.Singh	Non Executive Director	**	**	**	**	**	**	**
L.Riley	Non Executive Director	59	5,294	0	0	0	0	0
G.Reay	Chairman	46	13,217	0	0	0	0	0
B.Stoten	Chairman	56	4,956	0	0	0	0	0
K.Martin	Personnel Director	41	25,648	0	0	3,251	3,333	11,210
R.Faulkner	Personnel Director	*	*	*	*	*	*	*
J.Cook	Director of Planning & Performance	42	5,247	0	0	508	0	0
J.Midgley	Head of Legal Services	37	55,145	0	0	0	702	1,820
J.Richardson	Head of Communications	47	17,633	0	0	0	12,549	12,549
K.Boardman	Director of Computer & Network Services	57	62,776	0	0	2,853	(1,451)	27,127
A.Shayler	Divisional Director	49	56,428	0	0	5,525	905	17,993
A.Walker	Divisional Director	41	30,074	0	0	2,218	17,359	17,359
R.Cave	Divisional Director	*	*	*	*	*	*	*
G.Burley	Divisional Director	37	66,487	0	0	3,827	(2,160)	12,773

\*\* Denotes that the Trust has been unable to obtain approval to disclose personal details and therefore has withheld this information in compliance with the Data Protection Act.

\* Denotes consent to disclosure withheld.

## > 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
Mrs Hilary Scholefield: Director of Nursing & Quality	Nil.
Dr Michael Harrison: Medical Director	Chairman and Medical director of Midlands Health Consultancy Network Ltd. Non-Executive Governor of the University of Wolverhampton.
Dr Lionel Booth: Medical Director	Nil.
Dr James McCartney: Medical Director	Private Practice at Warwickshire Nuffield Hospital.
Dr Janet Powell: Medical Director	Nil
Paul Elkin: Director of Finance	Nil
David Loughton: Chief Executive	Nil
Peter Marsh: Development Director	Nil
Mrs Janet Monkman: Director of Nursing & Quality	Tile Hill College, Vice Chairperson.
Brian Stoten: Chairman	Director, PMA Trustee, Heart Save. Trustee, The Foundation of Lady Katherine Leveson. Senior Fellow, Warwick Business School. Professor U.C.E.
Gary Reay: Chairman	University of Warwick research Institute Appeal Committee – Member; Ministerial Advisory Board of the NHS Purchasing & Supply Agency – Member.
Mrs Lesley Riley: Non Executive Director	Rugby & District Home Start Chairperson
Mr Manjit Singh: Non executive Director	Nil
Mrs Rita Stewart: Non-Executive Director	Coventry Society for the Blind – member of steering group. SENCE (The National Deafblind and Rubella Association) Director.

**NAME: POSITION****DETAILS OF INTEREST**

Dr Jonathon Nicholls: Non-Executive Director

Registrar, Warwick University – Member Warwick Retail Service Ltd, Director, non financial interest.  
The University of Warwick Press Ltd, Director, non financial interest.  
Warwick University Services Ltd, Director, non financial interest.  
Warwick University Training Ltd, Director, non financial interest.  
University of Warwick Construction Ltd, Chairman, non financial interest.  
Warwick Conferences Ltd, Director, non financial interest.  
Graduate Residences of Warwick Ltd, Director, non financial interest.  
The University of Warwick Science Park Ltd, Secretary, non financial interest.  
AdsFab Ltd, Director, non financial interest.  
Coventry School Foundation, Governor.  
Careers Services Unit Ltd, Director, non financial interest.  
National Centre for Work Experience, Director, non financial interest.

Cllr Phillip Townshend: Non-Executive Director

Councillor

Colin Walters: Non-Executive Director

Nil

Peter Wilson: Non-Executive Director

Nil



## UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST ACTIVITY 2001/2002

	FCE	Consultant OP Attendances	Other		FCE	Consultant OP Attendances	Other
<b>Medical Division</b>				<b>Surgery Division</b>			
General Medicine	22775	38710		Cardiac Surgery	1087	2384	
Rehabilitation	113	344		Thoracic Surgery	875		
Dermatology	46	27790		Neurosurgery	785	2140	
Rheumatology	793	12528		Neurology	627	5594	
Paediatrics	3476	8467		Cardiology	3234	9203	
Obstetrics	7958	11406		Renal Dialysis Patients On Dialysis			300
Gynaecology	5285	17304		Renal Transplants	39		
GP Maternity	1395			Intensive Care			126810
Community Midwifery			74502				Tiss Points
			Contacts	Neurophysiology - Telemetry			2808
Neonatal Intensive Care & SCBU			8580	Neurophysiology		51	
			Cot Days	General Surgery	10103	24277	
Endoscopy		7578		Urology	4322	9569	
Accident & Emergency			108521	ENT	2863	12474	
Emergency Assessment Unit			28012	Pain Relief	1475	1811	
Paediatric Assessment Unit			8416	Orthopaedics	10515	56431	
				Ophthalmology	4290	33538	
				Oral Surgery	2810	10481	
				Orthodontics		6624	
				Plastic Surgery	84	3226	
<b>Clinical Support</b>				<b>Core Services Division</b>			
Clinical Haematology	1226	6130		Catering			1362180
Radiotherapy		1080	2924				Meals
			New Courses				820873
Bone Marrow Transplant	14						Staff Meals
Radiology			199508				
			Examinations				
CT & MRI Scanning			15359 Scans				
Pathology			1224112				
			Requests				
Dietetics			19877				
			Contacts				

## ➤ STATEMENT OF DIRECTOR'S RESPONSIBILITY IN RESPECT OF INTERNAL CONTROL

The Board is accountable for internal control. As Accountable Officer, and Chief Executive Officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Trust's objectives, and for reviewing its effectiveness. The system of internal control is designed to manage rather than eliminate the risk of failure to achieve these objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing risk management process designed to identify the principal risks to the achievement of the Trust's objectives; to evaluate the nature and extent of those risks; and to manage them efficiently, effectively and economically. The system of internal control is underpinned by compliance with the requirements of the core Controls Assurance standards:

- Governance
- Financial Management
- Risk Management [Risk Management System standard for 2001/2002]

I plan to have the necessary procedures in place by the beginning of the financial year 2003/2004 necessary to meet the Treasury guidance. This takes into account the time needed to fully embed the processes that the Board has agreed should be implemented.

The actions taken so far include:

- The Trust has undertaken a self-assessment exercise against the core Controls Assurance standards (Governance, Financial Management and Risk Management). An action plan has been developed and implemented to meet any gaps.
- The Trust has in place arrangements to monitor, as part of its risk identification and management processes, compliance with other key standards, including relevant Controls Assurance standards covering areas of potentially significant organisational risk.
- The Trust's standing orders and standing financial instructions were reviewed, updated and issued to senior managers within the Trust. In addition a staff guide to standing orders and standing financial instructions was distributed to all staff.

➤ In addition to the previously outlined actions, in the coming year it is planned to:

- Finalise and implement the new corporate governance accountability framework and ensure that committees are co-ordinating clinical and non-clinical risk issues, advising the Trust Board of significant priorities, developments and issues and communicating these within and outside the Trust together with action plans to address them.
- Finalise the new Risk Management Manual and ensure wide circulation within the Trust and to key local stakeholders including Primary Care Trust's, Health Authorities and neighbouring Trusts.
- Develop guidance for staff and managers on undertaking risk assessments and ensure regular training is provided in risk management processes within the Trust.
- Establish risk management objectives and a system of annual review for Trust managers and cascade this within the Trust.
- Develop a set of organisational, divisional and department risk indicators.
- Review required performance data and reporting requirements for all committees/sub-committees, including the Trust Board and incorporate them within the corporate governance framework.
- Establish an annual Trust Board objective setting process together with an annual review of terms of reference for Trust Board sub committees and ensure that an annual report is produced by each committee on compliance against objectives.
- Review and revise the Trust's aims and values, in consultation with key stakeholders and disseminate internally and externally.
- Undertake a review of all paperwork relating to incident reporting and policies to ensure standardisation.
- Implement the revised non-executive director induction course.
- Review mechanisms/forums for stakeholder involvement within the Trust and ensure appropriate systems are in place to bring together a variety of perspectives into a robust business planning process.

As Accountable Officer, I also have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control has taken account of the work of the Executive Management Team within the Trust who have responsibility for the development and maintenance of the internal control framework, and of the internal auditors. I have also taken account of comments made by external auditors and other review bodies in their reports.

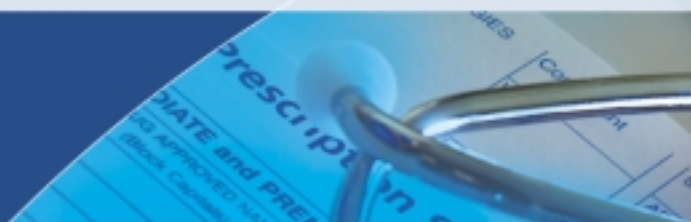
Signed ..... 

Date : 2nd August 2002

Chief Executive Officer  
(on behalf of the board)

# if you want to know more

This annual report contains only the briefest outline of all the work we do. Much more information is available from other sources throughout the year.



## ➤ The trust address is:

University Hospitals Coventry and  
Warwickshire NHS Trust  
Clifford Bridge Road  
Coventry CV2 2DX

Tel 024 7660 2020  
Fax 024 7662 2197

## ➤ The trust Internet Website address is:

<http://www.uhcv.nhs.uk>

This contains information on the Board Members, recent Board Minutes and the latest news, together with detailed information about our performance.

Information on the Trust's Commission for Health Improvement Report on Clinical Governance and the subsequent action plan is available on:

<http://www.chi.nhs.uk>

Vacancies and career opportunities at the Trust are available on our Website or by writing to the Director of Human Resources at the Trust address.

General information about the NHS is available on the national Website:

<http://www.nhs.uk>





Advice and information about personal health is available from

**NHS** CALL 24 HOURS ON  
**Direct 0845 4647**

Or through their Website:

<http://www.nhsdirect.nhs.uk>

If you have any comments, would like further information about the Annual Report or the work of the Trust you can contact:

John Richardson, Head of Communications at the address above, telephone 024 7653 5288 or by email, [john.richardson@uhcw.nhs.uk](mailto:john.richardson@uhcw.nhs.uk)



notes