

gift of life

Annual Report
& Summary Accounts

Includes
2004 Calendar

02
03

please take one
FREE

A busy year

Once again it has been a very busy but exciting year at the hospital. We have reduced the time that people have to wait for operations and appointments, further developed our world renowned services and employed more staff to treat and care for people. Our hospitals have been rated as amongst the cleanest in the country and we have refurbished many departments. Our reputation for clinical excellence in the important treatment areas of cancer, heart disease and older people continued to grow along with our success in the field of research into new treatments and the prevention of diseases.

We are delighted that during the year we received good reports from external review bodies including the Commission for Health Improvement. We also scored well in the government's star rating, but more important were the hundreds of thank you letters we had from patients for the care they received. Our view is that to really achieve improvements in our services we need to listen to the views of the people who use the hospital and the people who deliver the care. Therefore, our philosophy of patient focused care has been further developed to encourage patient involvement and staff views have been key in decision making about service improvements. This has resulted in some of the amazing stories outlined in this calendar.

A major event in 2002/03 was the start of building work on the new hospital being built on the Walsgrave Hospital site. The new medical school is also near completion and already patients and staff are benefiting from the new Centre for Reproductive Medicine and creche.



I do hope you enjoy reading the articles contained within this calendar and when you are browsing through the pages please remember that many of these developments would not been possible without the 100% commitment of our excellent staff and volunteers.

Bryan Stoten
Chairman

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

First choice for care

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 people. As one of the largest organisations of its type in the UK, the Trust has 1,337 beds, around 6,500 staff and spends over £200 million a year on hospital services.

The Trust which was established in 1998 operates from three sites:

- Coventry and Warwickshire Hospital in Coventry
- Walsgrave Hospital in Coventry
- Hospital of St. Cross in Rugby

The Trust was granted University status in October 2000 and provides a number of specialist healthcare services on a regional basis. These include: renal dialysis and transplantation centre; neurosurgery; cardiothoracic surgery and invasive cardiology; cancer services; major trauma for the eastern part of the West Midlands and neo-natal intensive care.

Our aim is to make University Hospitals Coventry and Warwickshire NHS Trust the first choice for patients and a place where people choose to work.

Our key aims are:

- to achieve extraordinary patient satisfaction by providing the best possible health care services
- to develop and enhance our leading edge services
- to be a centre of excellence and innovation
- to provide and support education, training and work/life balance for all staff
- to encourage patient and public involvement in the development of services



Life Changing

Mary Johnson was preparing to go to the Caribbean to celebrate her silver wedding when she found out she had breast cancer.

Mary explains: I had gone to the hospital for routine breast screening and following a biopsy it was confirmed that I had breast cancer. I have now had a mastectomy of the left breast, chemotherapy and radiotherapy. I am also going to have a breast reconstruction operation.

This involves taking tummy muscle and moving it up inside my body with veins still attached to reconstruct the breast. The care and support I received from everyone in the breast care team at Walsgrave Hospital was second to none. The surgeons were fantastic and the oncology nurses are absolutely brilliant and always

go the extra mile for you. You get calls anytime day or night asking things like: Have you taken your drugs? Is there anything I can help with? They make you feel important at what is possibly the lowest point in your life and nothing is ever too much trouble.

Mary's views have been echoed by the Commission for Health Improvement, who during 2002 highlighted the Breast Unit at Walsgrave Hospital as offering exemplary patient care and an example of good practice for other hospitals across the UK to follow. During the year the Unit has expanded to include three more surgeons with established reputations for breast cancer care and is also leading the field in breast cancer research for new treatments.

January

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Star performance

All three hospitals have been commended for providing quality healthcare in the national performance star ratings. The Trust was awarded 2 stars, which means we are performing well overall. It is the hard work of our staff which has contributed to the Trust attaining its two stars rating less than 18 months after being zero rated.

The Commission for Health Improvement (CHI) is now responsible for determining the star ratings and so the result was particularly important as it was a CHI report in 2001 which resulted in the Trust being made a zero star hospital.

After a recent review CHI has now lifted the restrictions placed upon the Trust as a result of their original report and has said based on the significant improvements in the last two years it can now see no reason why the Trust should not go on to achieve 3 stars.

As well as achieving key performance targets for waiting times and reducing death and re-admission rates, the Trust has received praise from patients after surveys showed they felt they were being given safe, high quality, co-ordinated care with good information and choice. Patients also commented that the hospitals had good standards of privacy and dignity.

The Trust achieved all of the national performance targets for the following areas:

- Waiting times for operations and outpatient appointments
- A&E emergency admission waits
- Total time in A&E
- Cancelled operations not admitted within 28 days
- Hospital cleanliness
- Financial management
- Improving working lives



Taking no chances

Henry likes a bet on the horses but he was taking no chances when it came to his heart bypass operation.

Henry aged 73, from Birmingham explains: During one of my days out I realised I was becoming breathless and then suffered pains in my chest. I had tests at the hospital and was diagnosed as needing a triple bypass operation.

Surgeons at Walsgrave Hospital used a pioneering procedure called 'beating heart' surgery. This involves using special devices which enabled me to have the operation without having to be connected to a heart and lung machine. Being on a heart and lung machine can pose risks when

used on patients needing multiple bypasses like me. The operation involved taking a vein from my arm to be used to replace the artery in my heart. Just two months later I am back at the races and the only flutter I have is the one on the horses not my heart.

Norman Briffa, Consultant Cardiac Surgeon explains: We were one of the first hospitals in the UK to pioneer the 'beating heart' or 'off pump' surgery. There are risks for older or very sick patients who are put on a heart and lung machine for a prolonged period and in Henry's case we needed that time because we were carrying out three bypasses in one operation. By using the 'beating heart' procedure we were able to carry out Henry's operation successfully with less risks to him.

february

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What a result

Patients waiting for an operation at our hospitals are benefiting from even lower waiting times. Instead of just meeting the Government's target to reduce the number of people waiting for an operation, we exceeded it by carrying out an extra 4,000 operations. This means our hospitals now have some of the shortest waiting times in the country.

Our target was to reduce the number of people on the waiting list to 5780 by 31st March 2003. At the beginning of January 2003, there were almost 9,500 people waiting. By the end of March the Trust had 5568 people waiting which is 200 less than the target.

As well as having less people on the waiting list we have worked hard to reduce the length of time patients wait for an operation. Already no patient waits over 12 months for an inpatient or daycase operation and no heart patient waits more than 9 months for their surgery. We also met our target to have no patients waiting more than 21 weeks for their first outpatient appointment and many of them were, in fact, seen within four weeks. We also achieved 89.6% of patients not waiting more than 4 hours in A&E .

The environment in which patients are cared for is just as important as the treatment they receive and the time they wait. That is why staff at all three hospitals work very hard on a daily basis to ensure patients visit clean and welcoming hospitals.

In the last year this work was recognised when our hospitals were rated as among the cleanest hospitals in the country by NHS inspectors (PEAT). In the words of the PEAT Team the cleanliness of our hospitals is a 'credit to all staff.'





Simple Pleasures

Just a few months ago, Margaret Wood would not have even contemplated picking up a newspaper...

... because her vision was so bad she could not even negotiate steps never mind read small print.

Thanks to a new cataract clinic launched at Hospital of St Cross in Rugby, Mary now has a new lease of life.

Mary explains: I had surgery on both eyes to remove cataracts and it has made a tremendous difference to my life. It was fantastic to be able to have the surgery at my local hospital because it made it easier for my family to take me to and from hospital for all my appointments. Since my

operation I have taken up reading again and going out and about. I was unable to do this before because I couldn't see properly. Thanks to the surgery that has all changed.

The twice weekly clinic allows the dedicated cataract team to carry out up to 27 operations per fortnight.

Surgeon Chris Dunbar explains: It was decided to introduce day case cataract surgery at Hospital of St Cross because previously this procedure was only available at Coventry & Warwickshire Hospital and so offering the surgery at St Cross has proved to be far more convenient for patients living in the Rugby area. It made sense for them to attend this hospital rather than travel into Coventry.

march

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Ready to listen

During any one year we receive many hundreds of compliments about the services that patients have received. We also have people write to us offering suggestions on how services could be improved and we have a small number of people who are unhappy with their hospital experience. Complaints are addressed as quickly and thoroughly as possible to achieve two main aims:

- To provide the complainant with an explanation of the investigation into their concerns and if appropriate an apology.
- Learn from mistakes that are made to prevent them happening in the future.

Improvements made to our services last year as a result of complaints include more porters receiving training in resuscitation techniques and changes were made to the handover procedures for medical staff on the Labour Ward.

We also improved the rate at which we respond to complaints. In 2001/02 the percentage of complaints responded to within 20 days was 19%, last year this was more than double with over 42% of complainants receiving a response to their complaints within 20 working days.

Complaints figures for 2002/03:

Total received	357
Concluded within 20 working days	150
Concluded after 20 working days	178
Still being pursued as at 31 March 2003	29
Number of requests for Independent Review	10
Number of Independent Review requests returned for local resolution	22
Number of Independent Reviews held during the year	3



Little Miracles

Life is busy and noisy for the Peake family who after several years wait welcomed Jacob and Luckia into their family.

The twins are just two of more than 200 little miracles born at Walsgrave hospital last year thanks to the skill of the Centre for Reproductive Medicine team.

Sharon Peake explains: We always wanted children and after five failed attempts at in-uterine insemination and one miscarriage, we were losing hope of ever having a family of our own. We then called upon the expertise of Richard Kennedy and his team to undergo IVF treatment and a few months later, Jacob and Luckia were born. I can't put

into words how it feels to have two healthy babies and it's a bonus that they're one of each.

Richard Kennedy explains: Twelve years after the birth of Louise Brown, the first test tube baby, our vision of having a fertility centre for Coventry came to fruition. Since the Centre opened in 1990, we have seen well over 1,000 births. We see couples from around the West

Midlands and sometimes further afield. Causes of infertility are numerous and diverse and can range from problems with sperm to scar tissue on fallopian tubes, endometriosis, fibroids or polycystic ovaries for which a range of treatments including laser surgery, IVF and ICSI are available.

Now in 2003, the new purpose built Centre for Reproductive Medicine has become the first building opened as part of the £359 million new hospital complex.

The new centre truly takes the service into the 21st century.

april

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Our greatest asset

There are over 6,500 members of staff working at our hospitals and we think they are our greatest asset. Throughout 2002/03 we continued to implement new initiatives to support their professional needs with 3,700 staff attending training courses and another 173 staff gaining National Vocational Qualifications.

We also think there should be a balance between work and home life and so we offer flexible working hours, good quality child care facilities including a new nursery at Walsgrave Hospital and holiday clubs at Walsgrave and Rugby Hospitals. There is also help with childcare costs with the introduction of a childcare voucher scheme. This work was recognised when the Trust was awarded Practice Status under the Government's Improving Working Lives initiative.

We also believe that staff should not only know about the Trust's aims but that they are involved in making changes. As well as the Hospital's magazine and Team Brief, the Chief Executive holds breakfast meetings with staff to hear views on services and facilities.

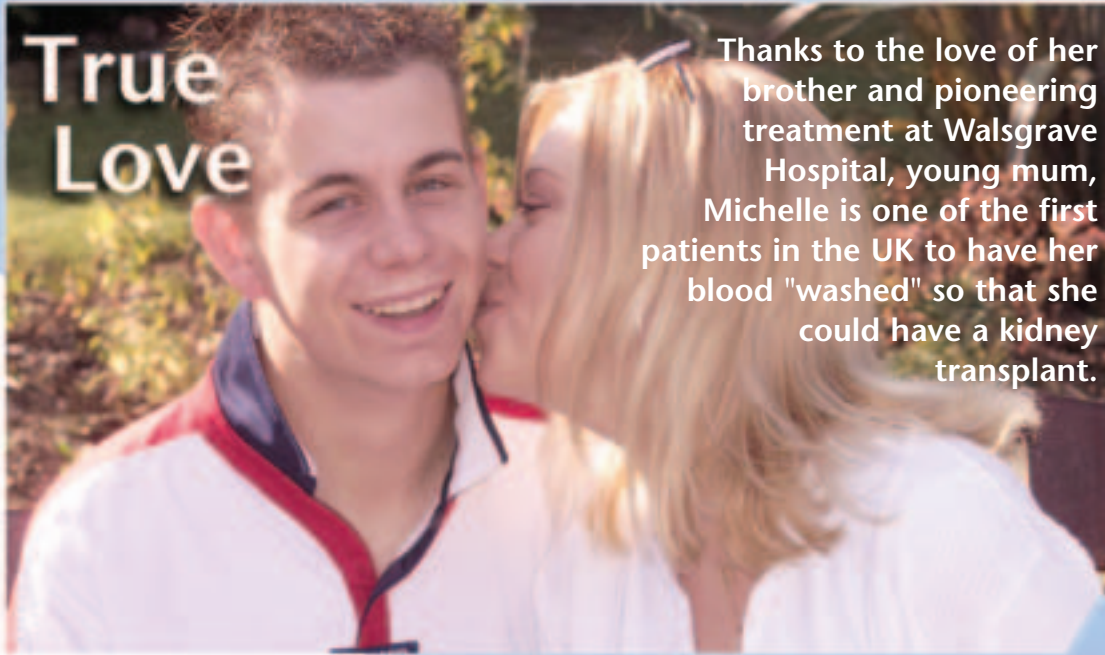
As part of the Health Promoting Hospital and Health at Work in the NHS we have introduced a staff smoking cessation support programme, a flu vaccination programme and held a staff Healthfayre aimed to raise awareness of healthy eating, exercise and relaxation techniques. Staff counselling services, stress awareness workshops, sharps awareness training and Incident Management Sessions are also in place to protect the welfare of our staff.

The Trust is committed to ensuring that current and potential employees are not disadvantaged by their ethnic origin, gender, age, sexual orientation or disability and has robust equality/diversity policies. We are committed to widening employment opportunities for disabled people by ensuring that



selection decisions and policies are based on objective criteria and not on unlawful discrimination, prejudice or unfair assumptions, and in retaining staff who become disabled, ensuring that their skills and experience are used to their full potential. To support this commitment, the Trust has in place a policy on the employment of people with disabilities and has undertaken disability awareness training with staff.

We have retained our Employment Service's 'two ticks' symbol which demonstrates that we are an employer who is positive about recruiting and retaining disabled people. It has been a very successful year for the recruitment of nurses and doctors. Successful overseas recruitment drives resulted in another 58 qualified nurses of the highest standard coming to work for the Trust. Six additional Consultants also joined the Trust and over the next year this figure will rise by another 40 Consultants. The Trust has also achieved 81% compliance of junior doctors' hours in training.



True Love

Thanks to the love of her brother and pioneering treatment at Walsgrave Hospital, young mum, Michelle is one of the first patients in the UK to have her blood "washed" so that she could have a kidney transplant.

antibodies being removed from her blood and mixed with powerful anti-rejection drugs before being replaced. Once this was successful, we could remove one of Toby's kidneys to transplant it into Michelle. I am thrilled that the operation was a success and that Michelle can now look forward to seeing her daughter grow up. The Kidney Transplant Unit at Walsgrave Hospital has the highest 'living donor' transplant rate in the UK and is at the forefront of transplant research.

Michelle tells her story:
Twelve hours a week for seven years, I had to have dialysis, but now I am looking forward to getting married and living life to the full with my little girl. I developed dangerous antibodies when my kidneys failed while giving birth to my

daughter Shannon, now aged seven. It meant I would be likely to reject any kidney transplant, even though a number of my family members were a perfect match and my brother Toby had offered to give me one of his kidneys. Without a transplant I was given just ten

years to live. The only hope I had was the 'blood washing' treatment developed here in the UK by Dr Higgins and his team.
Dr Higgins explains: Plasma exchange or 'blood washing' was performed every other day for 10 days before Michelle's transplant. This involved the

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A tireless army



Behind every good hospital, there is sure to be a tireless army of volunteers and our hospitals are lucky to have some of the most committed people of any.

From fundraising to chaperoning patients, our volunteers provide the little things which make life more pleasant for patients, visitors and staff. In addition much new equipment at the hospital continues to be provided thanks to the hard work put in by the volunteers. The contribution volunteers make to our hospitals is 'incalculable'. Their enthusiasm and dedication shines out and is an example to us all.

Interested in becoming a volunteer?

Could you spare as little as 2 hours a week to help make life a bit brighter for patients. Anybody who is aged from 18 upwards, available during the day from 10am-4pm, Monday - Friday, can be a volunteer. If you are interested please contact **024 76 622224**, between the hours of 9am - 5pm Monday to Friday or leave a message on the 24hr answer machine service and your call will be returned the next working day.

What a PAL!

The Patient Advice and Liaison service (PALs) guides patients, their family and friends through the different services available within the hospital and helps them sort out any concerns they may have about the care they receive. It solves problems there and then wherever possible. Members of the PALs team are available at the Help Desks in the main entrance of all three hospitals:

- Walsgrave Hospital, Monday to Friday, 9am - 5pm
- Coventry and Warwickshire Hospital on Monday and Thursday mornings
- Hospital of St Cross, Rugby on Tuesday and Wednesday mornings
- or you can telephone **FREEPHONE 0800 028 4203**.



Baby, baby

Baby Jaden is just one of over 4,000 babies born at one of the busiest birthplaces in the country - Walsgrave Hospital.

Mum, Jackie explains: Even though this is my second baby I was very nervous about the birth but the midwives here put me at ease immediately. Carmel our midwife was with us throughout and thanks to her the whole experience of having our beautiful son is something we will never forget. Carmel

adds: The best thing about working here is the thrill we have as midwives every day - of sharing with families one of their most intimate moments, as they see their new child taking its first breaths.

Of course it is not just the birth which we are involved in, the care before and after babies

come into the world is also a key part of our work. During the year Midwife Kay Hayward joined our team to help women stop smoking during pregnancy. Kay has had amazing results with 135 mums quitting the habit.

A home from home feel to the delivery suites is also proving a hit with mums. Beanbags, recliner chairs and hand held ultrasound scanners are all helping mums to remain mobile and deliver naturally. And finally we have two midwives who offer support to mums who want to breastfeed. This has significantly improved the number of mums who breast feed particularly in the Special Care Unit where 99% of mums express milk for their babies until they are strong enough to take to the breast.

June

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Trust Board

Led by the Chairman and Chief Executive, the Trust Board is the decision making body for the Trust and comprises Executive Directors who are paid by the Trust for particular roles within the organisation. They are supported by the Non Executive Directors who are members of the community and who are appointed by the Independent NHS Appointments Commission. 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
- Ensures 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

As part of the Trust's commitment to openness and accountability, you are invited to attend any Public Board meeting. Meetings currently scheduled are:

12 November 2003
14 January 2004
10 March 2004
12 May 2004
14 July 2004

All public Trust Board meetings start at 2pm: They are usually held at Brookfield House, Hospital of St Cross, Rugby. However the venue may occasionally change to one of the other hospital sites and you are therefore advised to contact the Chief Executive's office on 024 7653 8800 for confirmation.

MEMBERSHIP OF THE TRUST BOARD IN 2002/03 HAS BEEN:

Bryan Stoten ■	Chairman
Dr Jonathon Nicholls ■	Non Executive Director
Rita Stewart ■▲	Non Executive Director
Lady Sonia Hornby ■	Non Executive Director <i>(July 2002 - March 2003)</i>
Mr Phillip Townsend ■▲	Non Executive Director
Mr Phillip Blundell ■▲	Non Executive Director <i>(July 2002 - March 2003)</i>
Mr Mohamed Sarwar ■▲	Non Executive Director <i>(July 2002 - March 2003)</i>
Mrs L Riley ■▲	Non Executive Director <i>(April 2002 - June 2002)</i>
Jim Hayburn	Director of Finance <i>(December 2002 - March 2003)</i>
Paul Elkin	Director of Finance <i>(April 2002 - May 2002)</i>
John Adcock	Director of Finance <i>(June 2002 - August 2002)</i>
John Smith	Director of Finance <i>(September 2002 - November 2002)</i>
David Loughton	Chief Executive <i>(April 2002 - August 2002)</i>
David Roberts	Chief Executive <i>(September 2002 - March 2003)</i>
Hilary Scholefield	Director of Nursing
Dr Lionel Booth	Medical Director
Alice Casey	Chief Operating Officer and Deputy Chief Executive <i>(June 2002 - March 2003)</i>
Peter Marsh	Development Director <i>(April 2002 - January 2003)</i>

Truly a Miracle



At only 45 and a regular at the gym, the risk of having a stroke could not have been further from Kim Beddow's thoughts.

Kim came home from work one day with a violent headache and went to bed. When he woke up he was blind in his left eye and this was followed by the classic symptoms of a stroke including paralysis and loss of speech. Kim explains: The doctors believe the problem

was caused when I hit my head some weeks before at work causing lesions on the brain. I didn't require surgery to treat the stroke but I had a new blood thinning treatment which has been pioneered by Surgeon Chris Imray and his team.

Within weeks, the symptoms were reversed and I am now

leading a full life again including being back at the gym.

Other UK hospitals are now looking to Chris and his team to learn more about the pioneering treatment of patients who have suffered a stroke. Chris explains: Most strokes are caused by the narrowing of blood vessels to the brain, and

surgery allows the part of the artery that has narrowed to be removed. In some cases a plastic panel is inserted to allow the flow of blood to resume as normal. After surgery, we use an ultrasound machine to track natural debris in the blood, which is known to cause further strokes. This debris can then be eliminated with the use of blood thinning drugs.

Over 350 patients have benefited from this treatment and we have proven that when the debris is stopped, the likelihood of another stroke is virtually nil.

July

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A Question of Quality

The Trust continues to improve the Clinical Governance systems and processes to guarantee clinical safety and ever improving quality for the patients we see and treat.

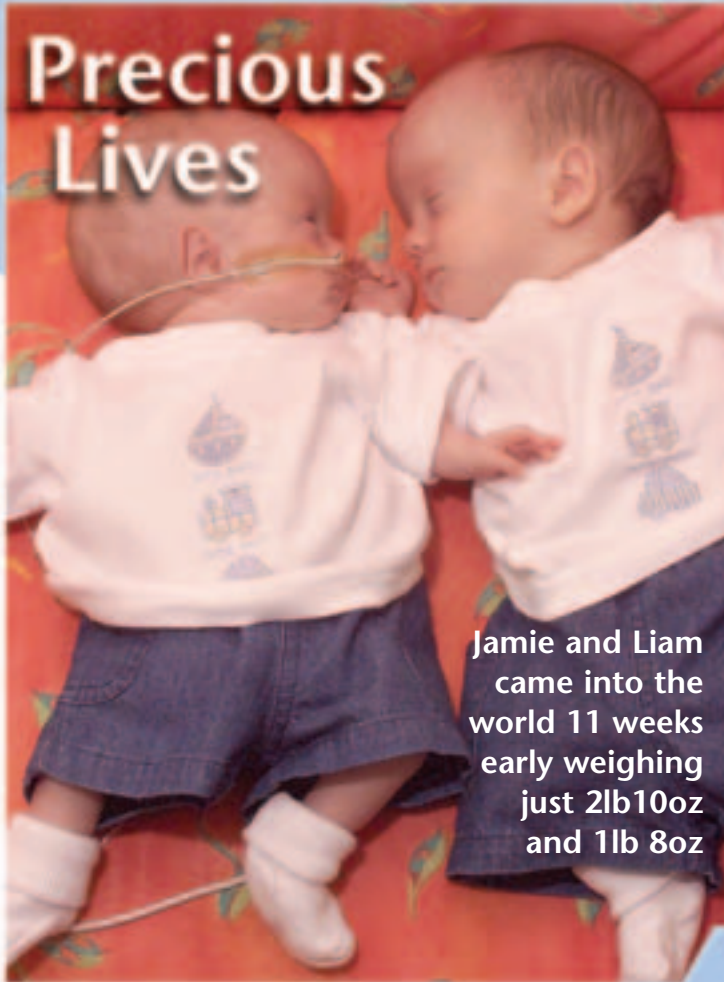
The Assurance & Governance Committee monitors Clinical Governance on behalf of The Trust Board. Each speciality within The Trust has its performance of Clinical Governance monitored and reports to the Assurance & Governance Committee throughout the year.

The Trust has solid structures in place to cover all aspects of Clinical Governance. Each element of Clinical Governance has its own committee, who also report to Assurance & Governance, and each of these groups have Development Programmes in place to ensure that all of the measures required to ensure clinical governance is both delivered and monitored are in place.



The Clinical Governance elements are;

- Patient & Public Involvement - The Trust has its own Patient's Council.
- Clinical Audit - All specialities have programmes in place to audit their services.
- Clinical Effectiveness Trust systems ensure that the care given is based on the best available evidence from such bodies as the National Institute for Clinical Excellence (NICE).
- Clinical Risk Management - Improving patient safety has been a major focus of the work in clinical governance over the last year.
- Staffing and Staff Management - The Trust is ensuring that it has the appropriate staff, in the required numbers and in the right place.
- Training & Development -The Trust has systems in place to assess training needs of staff and that staff are appropriately developed in order to fulfil their own ambitions.
- Clinical Information - This ensures all our clinical staff have the appropriate information to ensure they can not only deliver care appropriately but to monitor and audit how effective their care has been.



Precious Lives

Jamie and Liam came into the world 11 weeks early weighing just 2lb10oz and 1lb 8oz

Jamie and Liam weighed less than a bag of sugar when they were born, with Liam almost half the weight of his brother.

The brothers were just two of thousands of babies whose lives have been saved thanks to the expertise of staff in the Neonatal Unit at Walsgrave Hospital.

Mum Margaret explains: Jamie and Liam were born very premature and were so tiny they fitted into the palm of my hand. It was a very upsetting time but the staff in the Neonatal Unit were fantastic and with lots of specialist care from the doctors and nurses we have two beautiful baby sons to complete our family.

The Neonatal Unit at Walsgrave Hospital has one of the highest success rates of

survival and quality of life for premature babies in the UK. The Unit admits 650 babies a year ranging from less than 1lb 8oz in weight to around 11 pounds and from 24 weeks gestation.

As well as caring for the tiny tots while they are in the Unit, parents and the babies continue to be supported when they leave hospital by the Community Neonatal Team.

The team also make home visits to offer practical help and support on issues such as feeding and general well being.

august

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Balancing the books

FINANCIAL POSITION

The Trust has been through another challenging year in 2002/03 with an almost complete change in management team over the financial year. In addition the Trust implemented the full year effect of the Commission for Health Improvement (CHI) Action Plan, whilst signing the New Hospitals Project (NHP) Agreement, starting the transition plan and actually moving into some of the new facilities that the project will deliver. The Trust maintained its enviable record of achieving a balanced income and expenditure position, generating a surplus of £6,000 in 2002/03. In order to maintain financial balance the Trust received planned non-recurrent support of some £17.5m in 2002/03, this being used to support the NHP (£14.1m) and the CHI action plan and other cost pressures (£2m). The Trust also provided brokerage of £1.4m to the Strategic Health Authority via a SaFF reduction.

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 11th April 2002 regarding manager's pay not exceeding 3.6% increases during the year.

The summary financial statements are merely a summary of the information in the full accounts of University Hospitals Coventry and Warwickshire NHS Trust for 2002/03. A full copy of which is available free of charge by contacting the Director of Finance on 02476 538800.

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 March 2003

	2002/03 £000	2001/02 £000
Income from activities:		
Continuing operations	232,604	192,964
Other operating income:		
Continuing operations	21,203	17,836
Operating expenses:		
Continuing operations	(244,661)	(202,288)
OPERATING SURPLUS:		
Continuing operations	9,146	8,512
Exceptional gain: on write-out of clinical negligence provisions	0	12,377
Exceptional loss: on write-out of clinical negligence debtors	0	(12,377)
Profit (loss) on disposal of fixed assets	(372)	0
SURPLUS BEFORE INTEREST	8,774	8,512
Interest receivable	376	255
Other finance costs - unwinding of discount	(17)	(679)
SURPLUS FOR THE FINANCIAL YEAR	9,133	8,088
Public Dividend Capital dividends payable	(9,127)	(8,083)
RETAINED SURPLUS FOR THE YEAR	6	5



No Accident

When Olivia hurt her foot on a nail while out playing...

... little did she know that she would be one of the first children to benefit from the 'innovative diversional therapy' on offer in the Accident and Emergency department at Coventry and Warwick Hospital.

Light displays, mobiles and diversional toys are used to distract children while they are examined and treated with the minimum of distress.

The waiting areas have also been specially designed for children and are away from the main hustle and bustle of the A&E department, which can often be daunting for young children.

The brightly coloured facilities have been highlighted as a role model for other hospitals across the country by the Department of Health.

Mum Heidi explains: A&E can be especially stressful for young children like Olivia but the mobiles, toys and light displays helped take her mind off being examined and treated. It is a

simple idea which makes a big difference.

The department has also been rated by patients as among the best 20% in the country for waiting times, clear information on treatments and staff who take the time to listen to patients. These were the findings of the national patient survey results published by the Commission for Health Improvement.

The A&E department at Coventry and Warwick Hospital treats almost 65,000 people a year and of those 15,000 are children.

september

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Balancing the books

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 March 2003

	2002/03 £000	2001/02 £000
Surplus (deficit) for the financial year before dividend payments	9,133	8,088
Unrealised surplus (deficit) on fixed asset revaluations/indexation	20,370	4,595
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	2,402	1,244
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	(1,042)	(573)
Total gains and losses recognised for the financial year	30,863	13,354
Prior period adjustment - Pre-95 early retirement	(2,071)	0
Total gains and losses recognised in the financial year	28,792	13,354

BALANCE SHEET AS AT 31 March 2003

	31.3.03 £000	As restated 31.3.02 £000
FIXED ASSETS	152,505	143,843
CURRENT ASSETS		
Stocks and work in progress	4,679	4,580
Debtors	22,112	10,395
Investments	0	0
Cash at bank and in hand	5,739	606
	32,530	15,581
CREDITORS:		
Amounts falling due within one year	(34,409)	(19,203)
NET CURRENT ASSETS (LIABILITIES)	(1,879)	(3,622)
TOTAL ASSETS LESS CURRENT LIABILITIES	150,626	140,221
PROVISIONS FOR LIABILITIES AND CHARGES	(4,171)	(2,568)
TOTAL ASSETS EMPLOYED	146,455	137,653
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	91,156	104,090
Revaluation reserve	45,657	29,336
Donated Asset reserve	6,535	4,652
Income and expenditure reserve	3,107	(425)
TOTAL TAXPAYERS' EQUITY	146,455	137,653

Gift of Life

Firefighter Paul Hayward arrived at Walsgrave Hospital in a coma after suffering two aneurysms in his brain.

His condition was so poor that only one of the most successful brain surgery teams in the UK could save his life. Paul tells his story: "I was at home when I collapsed. I had two aneurysms which were caused when blisters on blood vessels in the brain burst. Mr Choksey and his team operated on me and I have since learned that this was probably

the reason I am back fighting fires today. Mr Choksey's philosophy is 'never give up' and despite being assessed as having a minimal chance of survival, he was determined I was going to live."

The Neurosurgery team at Walsgrave Hospital make up one of only three specialist Neurosurgery Centres in the West Midlands and their survival rates

are among the best in the country. Nationally the accepted figure for the % of Grade 5 critically ill patients (those in coma) who survive after an aneurysm rupture is 5%. At the Walsgrave Hospital the number of patients who recover is eight times higher, at just over 40%. Mr Choksey explains: "We believe that even the most

critically ill patients should be given every opportunity to survive so we fight to save them. Paul is a perfect example of 'never giving up'."

The Neurosurgery team also have a zero tolerance approach to infection, when performing surgery to insert shunts. Shunts are required when patients develop hydrocephalus. The average worldwide infection rate is about 8%. Our team has an infection rate approaching zero. The team sets a high standard which means the Trust has the one of lowest shunt infection rates ever reported.

october

m		4	11	18	25
t		5	12	19	26
w		6	13	20	27
t		7	14	21	28
f	1	8	15	22	29
s	2	9	16	23	30
s	3	10	17	24	31

Balancing the books

CASH FLOW STATEMENT FOR THE YEAR
ENDED 31 March 2003

	2002/03 £000	2001/02 £000
--	-----------------	-----------------

OPERATING ACTIVITIES

Net cash inflow from operating activities	20,139	13,819
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RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:

Interest received	376	255
Interest paid	0	(679)

Net cash inflow/(outflow) from returns on investments and servicing of finance	376	(424)
--	-----	-------

CAPITAL EXPENDITURE

Payments to acquire tangible fixed assets	(7,971)	(8,888)
Receipts from sale of tangible fixed assets	0	7

Net cash inflow (outflow) from capital expenditure	(7,971)	(8,881)
--	---------	---------

2002/03 £000	2001/02 £000
-----------------	-----------------

DIVIDENDS PAID

(9,127)	(8,083)
---------	---------

Net cash inflow/(outflow) before management of liquid resources and financing	3,417	(3,569)
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Net cash inflow (outflow) before financing	3,417	(3,569)
--	-------	---------

FINANCING

Public dividend capital received	0	4,513
Public dividend capital repaid (not previously accrued)	(2,400)	0
Public dividend capital repaid (accrued in prior period)	(81)	(172)

Net cash inflow (outflow) from financing	(2,481)	4,341
--	---------	-------

Increase in cash	936	772
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Child's Play



Little Simran was born with a weak hip which left undetected could have caused years of pain and made her first steps much more difficult.

Thankfully Simran was born at Walsgrave hospital and so has benefited from an innovative screening programme which is not just preventing babies growing up with severe hip problems but also saving the NHS millions of pounds on

potential hip replacements in later years.

Consultant Orthopaedic surgeon Mr John Clegg explains: Within the first few hours of a baby being born, they will have what is known as the 'clicky hip' test. This involves

manipulating the babies hips to check for any irregularities or weakness. We then take this one step further and routinely screen all newborns using an ultrasound machine. This is much more accurate and picks up problems immediately. We

can then put the babies in a soft harness for a few weeks and in most cases this corrects the problem and prevents the child from needing to have painful surgery in later years.

The Childrens Unit at Coventry and Warwick Hospital provides emergency and specialist care to 7,500 children under 16 each year.

november

m	1	8	15	22	29
t	2	9	16	23	30
w	3	10	17	24	
t	4	11	18	25	
f	5	12	19	26	
s	6	13	20	27	
s	7	14	21	28	

Balancing the books

MANAGEMENT COSTS

	2002/03 £000	2001/02 £000
Management costs	8,917	7,629
Income	253,807	210,800
Management costs as a percentage of income	3.5%	3.6%

BETTER PAYMENT PRACTICE CODE - MEASURES OF COMPLIANCE

	2002/03 No.	2001/02 £000	2001/02 £000
Total bills paid in the year	89,426	79,656	68,612
Total bills paid within target	82,889	70,558	57,522
Percentage of bills paid within target	92.69%	88.58%	83.84%

The Better Payment Practice Code requires the Trust to aim to pay all valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.





The new hospital project is one of the UK's biggest hospital complexes with building and equipment costs of £359 million. The new hospital will consolidate the Walsgrave and Coventry and Warwickshire Hospitals into a single state of the art hospital and new Medical School.

Due to be completed in 2006, the new hospital will be five storeys high and a quarter of a mile long. For the first time in Coventry, accident and emergency services will be on the same site as the specialist services, which are often required for emergency patients. This will mean patients

requiring emergency care will no longer have to be transferred across the City.

As part of the new hospital development, a number of other facilities will also be provided: The Myton Hospice Charity is to build and operate a hospice. A Housing Association will provide purpose built

residential accommodation. A children's day nursery has already been built and opened and a new Clinical Sciences building (Medical Education Centre) is well underway and due to open in autumn 2003.

A new Mental Health Unit will open in 2004. The new hospital project is a private finance initiative and the contract has been let to a Consortium led by Skanska.

december

m	6	13	20	27	
t	7	14	21	28	
w	1	8	15	22	29
t	2	9	16	23	30
f	3	10	17	24	31
s	4	11	18	25	
s	5	12	19	26	

DIRECTOR'S INTERESTS – 1 APRIL 2002 - 31 MARCH 2003

Bryan Stoten

Chairman

Director PMA

(Public Management Associates)

Trustee: Heart Save

Lady Katherine Leveson

PMA Foundation

Member: Court of University

Birmingham

NHS Confederation Council

Senior Fellow - Warwick Business School

Professor - University of Central England

Registrar - Warwick University

Director - non-financial interest:

Warwick Retail Service Ltd

The University of Warwick Press Ltd

Warwick University Services Ltd

Warwick University Training Ltd

Warwick Conferences Ltd

Graduate Residences of Warwick Ltd

AdsFab Ltd

Careers Services Unit Ltd

National Centre for Work Experience

Chairman – non-financial interest:

University of Warwick Construction Ltd

Secretary – non-financial interest:

The University of Warwick Science Park Ltd

Governor - Coventry School Foundation

Member of steering group

- Coventry Society for the Blind

Director - SENSE (The National Deafblind

and Rubella Association)

Partner - "Health Partnerships"

Chairman - Kingwood Trust

Member of Coventry City Council

Directorships:

Birmingham Airport Holdings Ltd

Warwickshire Law Society Ltd

Princes Youth Business Trust

CV One Ltd

Mr Phillip Blundell

(July 2002-March 2003)

Non Executive Director

Mr Mohamed Sarwar

(July 2002-March 2003)

Non Executive Director

Lesley Riley

(April 2002-June 2002)

Non Executive Director

Jim Hayburn

(Dec 2002-March 2003)

Director of Finance

Paul Elkin

(Apr 2002-May 2002)

Director of Finance

John Adcock

Director of Finance

(June 2002-August 2002)

John Smith

Director of Finance

(Sep 2002-November 2002)

David Loughton

Chief Executive

(Apr 2002-August 2002)

David Roberts

Chief Executive

(Sep 2002-March 2003)

Hilary Scholefield

Director of Nursing

Mr Lionel Booth

Medical Director

Alice Casey

Chief Operating Officer

(June 2002-March 2003)

Peter Marsh

Development Director

(Apr 2002-January 2003)

Nil

Nil

Nil

Nil

Nil

Nil

Nil

Nil

Visiting Lecturer - Harvard University
Chairman - Sterling Planning Alliance

Nil

Daughter is an Assistant Solicitor with
Bevan Ashford, Solicitors

Honorary Research Fellow

– Keele University

Member of Employer's Panel

of Employment Tribunal for England

Nil

Dr Jonathon Nicholls

Non Executive Director

Rita Stewart

Non Executive Director

Lady Sonia Hornby

Non Executive Director

(July 2002-March 2003)

Mr Phillip Townshend

Non Executive Director

SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS

Name and Title		Age	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Golden hello/ compensation for loss of office	Benefits in kind	Real increase in pension at age 60 (bands of £2500)	Total accrued pension at age 60 at 31 March 2003 (bands of £5000)
			£000	£000	£000	£000	£000	£000
David Loughton	Chief Executive (April to August 2002)	49	70-75	0	0	3	0.0-2.5	25-30
Dave Roberts	Chief Executive (September 2002 to March 2003)	38	75-80	0	0	0	0.0-2.5	10-15
Paul Elkin	Director of Finance (April to May 2002)	*	15-20	*	*	3	(2.5)-0.0	30-35
John Adcock	Director of Finance (June to August 2002)	43	0-5	55-60	0	3	2.5-5.0	15-20
John Smith	Director of Finance (September to November 2002)	51	25-30	0	0	0	***	***
Jim Hayburn	Director of Finance (December 2002 to March 2003)	43	35-40	0	0	0	2.5-5.0	15-20
Hilary Scholefield	Director of Nursing	39	80-85	0	0	0	0.0-2.5	20-25
Mike Harrison	Medical Director	64	75-80	0	0	0	***	***
Janet Powell	Medical Director	57	95-100	0	0	2	10.0-12.5	30-35
Lionel Booth	Medical Director	62	115-120	0	0	0	7.5-10.0	50-55
Peter Marsh	Development Director (April 2002 to January 2003)	52	95-100	0	0	2	0.0-2.5	35-40
Keith Waller	Development Director (February to March 2003)	48	10-15	45-50	0	1	0.0-2.5	15-20
John Cook	Director of Planning & Performance (March to September 2002)	43	30-35	20-25	0	2	0.0-2.5	10-15
John Amphlett	Director of Strategic Partnerships and Corporate Development (October 2002 to March 2003)	45	35-40	0	0	0	2.5-5.0	20-25
Alice Casey	Director of Human Resources / Chief Operating Officer	50	80-85	0	0	0	2.5-5.0	10-15
Karen Martin	Director of Human Resources (April to July 2002 and October 2002 to March 2003)	40	40-45	5-10	0	1	0.0-2.5	10-15
Keith Boardman	Director of Computer & Network Services	57	65-70	0	0	1	0.0-2.5	25-30
Adrian Wilson	Director of Clinical Physics and Biomedical Engineering	49	65-70	0	0	0	***	***
Glen Burley	Divisional Director (April 2002 to January 2003)	38	55-60	0	0	3	0.0-2.5	15-20
Tim Powell	Divisional Director (February to March 2003)	45	5-10	35-40	0	2	0.0-2.5	10-15
Nick Forster	Divisional Director (March 2003)	48	0-5	35-40	0	2	0.0-2.5	10-15
Andrew Shayler	Divisional Director	50	55-60	0	0	6	0.0-2.5	15-20
Andrew Walker	Divisional Director	41	60-65	0	0	4	2.5-5.0	15-20
Bryan Stoten	Chairman	57	15-20	0	0	0	0	0
Rita Stewart	Non Executive Director	*	0-5	0	0	0	0	0
Jonathon Nicholls	Non Executive Director	46	5-10	0	0	0	0	0
Phillip Townshend	Non Executive Director	45	5-10	0	0	0	0	0
Phillp Blundell	Non Executive Director (July 2002 to March 2003)	60	0-5	0	0	0	0	0
Lady Hornby	Non Executive Director (July 2002 to March 2003)	*	0-5	0	0	0	0	0
Mohammed Sarwar	Non Executive Director (July 2002 to March 2003)	**	**	**	**	**	**	**
Lesley Riley	Non Executive Director (April to June 2002)	60	0-5	0	0	0	0	0

*Denotes consent to disclosure withheld.

**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 that the member of staff was not employed by the Trust and pension details are therefore not available.

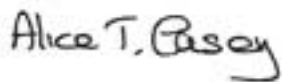
Balancing the books

DIRECTORS' STATEMENTS

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.



(signed on behalf of the Chief Executive)
Chief Operating Officer. Dated: 8th August 2003

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:

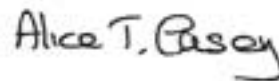
- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and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

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

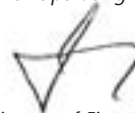
The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They 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



(signed on behalf of the Chief Executive)
Chief Operating Officer. Dated: 8th August 2003



Director of Finance. Dated: 8th August 2003

Balancing the books

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 organisation'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 principle risks to the achievement of the organisation'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:

- (i) Governance
- (ii) Financial Management
- (iii) Risk Management

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

organisation 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.

The assurance framework is still being finalised and will be fully embedded during 2003/04 to provide the necessary evidence of an effective system of internal control.

The actions taken so far include:

- (i) A Risk Register is in place and there is a good appreciation of key risks facing the organisation by the Board.
- (ii) Developing structures and systems for risk management. Regular training for staff in these areas is being undertaken.
- (iii) Establishing a Non-Clinical Risk Management Committee, which meets monthly and reports via the Assurance and Governance Committee to the Board.
- (iv) There is a well developed process of independent review by internal audit, CHI, and the Risk Pooling Scheme for Trusts (RPST).
- (v) The Trust has been successful in achieving Level 1 compliance in both the CNST Risk Management Standard and RPST external assessments.
- (vi) Self assessments and action plans have been developed against the 21 controls assurance standards, nine of which have been subject to internal audit review, including the three core standards.

- (vii) The Internal Audit reviews undertaken in the last two years have found the Trust to have relatively good core standards compliance.
- (viii) The Clinical Governance Strategy is continuing to be implemented.

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

- (i) Qtr 3: Focus on the clear identification of the critical risks associated with the delivery of the key corporate objectives and the enhancement of organisational controls to manage them.
- (ii) Qtr 3: The arrangements for obtaining assurance on the adequacy and effectiveness of those controls that mitigate principal risks need to be put in place, and the Board will establish procedures for assurance reporting.
- (iii) Qtr 3: Consider the replacement for the recently departed Head of Corporate Affairs who was instrumental in taking the Trust forward in the area of risk management.
- (iv) Qtrs 1-4: Continue to implement the action plans arising from the controls assurance assessments undertaken in 2002/03. These being monitored via the Non-Clinical Risk Management Committee.



(signed on behalf of the Chief Executive & the Trust Board)

Chief Operating Officer. Dated: 8th August 2003

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 8 to 17.

This report is made solely to the Board of University Hospitals Coventry and Warwickshire Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission.

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 2003 on which we have issued an unqualified opinion.

Date: 8 August 2003

Signature: 

PricewaterhouseCoopers LLP
Cornwall Court
19 Cornwall Street
Birmingham
B3 2DT



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Coventry and Warwickshire
NHS Trust



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