

### A Year of Achievement

Once again it has been a very busy but exciting year at our hospitals. 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 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.

During the year, building work on the new 'super' hospital which is being built on the Walsgrave Hospital site continued at a pace and one of Europe's largest and most modern Clinical Sciences Centres opened to train healthcare professionals of the future.

We are also delighted that during the year we 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 our hospitals 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 together they have been key to our decision making about service improvements. This has resulted in some of the amazing stories outlined in this calendar.

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

Bryan Stoten Chairman

**David Roberts** 

Chief Executive

# Against All Odds

Miracle twins who were given just a 40 per cent chance of survival when they were born are looking forward to their 1st birthday thanks to the neonatal staff at Walsgrave Hospital.

Jack and Lewis Roper weighed just over 1lb each when they were born more than three months premature. The babies were immediately placed on a ventilator after the birth and both babies needed extra oxygen to keep them alive, and could not be cuddled or touched by their anxious parents until they were about a week old.

But after an agonising three-month wait, parents Bobbie and Andy were finally allowed to take the boys home. Mum Bobbie said: "When I got the boys home I just looked at them and cried. I am so grateful to all the staff at the hospital who literally saved their lives."

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.



January 2005

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### First Choice For Care

The University Hospitals Coventry and Warwickshire NHS Trust is a major healthcare provider for Coventry, Warwickshire, South West Leicestershire and beyond, serving a combined population of around one and a half million people.

As one of the largest organisations of its type in the UK, the Trust has 1,417 beds, around 6,500 staff and spends over £245 million a year on hospital services.

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

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

The Trust was granted University status in October 2000 and provides all aspects of acute and maternity care including the following regional specialties; 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.

The Trust's mission is to ensure patients receive 'the right treatment at the right time in the right place by the right people'.

It is underpinned by five principles and an aspiration to be recognised nationally and internationally as setting the standard for healthcare, teaching and research.

In short the five principles are; to provide healthcare as good as the best, in world class facilities, at the forefront of innovation, whilst being an employer of choice and at the heart of the community.



# One Stop for Stroke Care

John Stone is back on his feet after suffering a stroke thanks to new 'one stop' clinics introduced at Walsgrave and Rugby's Hospital of St Cross.

Every year more than 500 people in Coventry suffer a Transient Ischaemic Attack (TIA), which is also called a 'mini stroke'. The symptoms are very similar to a full-blown stroke and without treatment a quarter of people will go on to have a full-blown stroke within a few years. The new clinics are dramatically reducing the risk of patients suffering a major stroke by treating the TIA quickly. Patients visit the clinic once, to get rapid consultation with a specialist, diagnosis and in most cases treatment.

The clinic has also resulted in an average waiting time for a new referral of only nine days, and assessment for surgery appointments falling from an average of six months to less than two weeks.

Consultant Physician, Nick Balcombe explains: "The introduction of the 'one-stop' clinic has made a huge difference to the care people receive following a TIA, with faster access to specialist investigation and treatment. We know this will reduce the number of people who go on to suffer a major stroke." The stroke team have also made great improvements to the Stroke Unit at Walsgrave Hospital. These improvements have meant that many more people who are admitted following a stroke are able to receive the specialist care and treatment that they need.

John who is now on the mend says: "I attended the nurse led lifestyle clinic where the information I received was excellent and I am sure it helped to get me back on my feet again."



February 2005

### Star Performance

For the second year running, low death rates and short waiting times for operations have resulted in University Hospitals Coventry and Warwickshire NHS Trust being awarded two stars in the national performance ratings. This means our hospitals are performing well and met all but one of the governments targets

The published figures also show there has been considerable improvement in many areas including a move from below average to excellent performance for the length of time patients have to wait for an operation for coronary artery disease.

The Trust was classed as having average, above average or significantly above average performance for the following key areas:

- Low % of deaths within 30 days of surgery
- Low % of deaths within 30 days of a heart bypass operation
- Good thrombolysis treatment times
- Good hospital food and cleanliness
- High quality breast cancer treatment
- Meeting the (within) 2 week waiting times for cancer appointments
- Rigorous clinical governance systems

The Trust almost achieved three stars but unfortunately missed one of the key targets which was the % of people seen within four hours in A&E, by 1%. Much work has been done in the last 12 months to reduce the time people wait in A&E and in a patient survey, the service at Coventry and Warwickshire and the Hospital of St Cross was commended for clear information on treatments and attentive staff.

During the year proposals were approved by Coventry City Council's Health Scrutiny Committee to relocate A&E services from Coventry and Warwickshire Hospital to Walsgrave Hospital in 2005. This will bring an end to years of split site working. This means patients will also no longer have to be moved across the City from A&E if they require specialist care, which is currently only available at Walsgrave Hospital.

More than £3 million has been spent expanding the A&E department at Walsgrave Hospital to accommodate the move.



# Sean Counts His Blessings

A dad is counting his blessings after receiving not one, but two kidneys from members of his own family in life-changing live organ donations performed at Walsgrave Hospital.

Sean Prendergast from Rugby is married with four children, and has suffered with diabetes since he was 12. Paul explains: "Initially I had a kidney transplant from someone who had died but that did not work out and for about three years on and off I was on dialysis. The doctors suggested looking at live donation which means a member of my family donating a kidney. My brother came out as the best match."

The change in Sean's life was dramatic. Instead of his life revolving around dialysis, three days a week, five hours a day, he was free to lead a normal life.

His energy levels returned and he no longer felt tired and weak all the time. Spurred on by his new-found vitality, Sean decided to fulfil his dream of becoming a teacher.

But donated kidneys are not guaranteed for life and after more than a decade of loyal

service Sean's kidney began to fail.

This time it was Zita. Sean's sister who was tested and, after being found to be a good match, she agreed to give up one of her kidneys. Sean underwent his third operation in November 2003. He said: "I am so thankful that I have the family I do and for the expertise of doctors and nurses at Walsgrave Hospital who have transformed my life not once but three times."

During 2003/04 more than 18 live donor kidney transplants were performed at Walsgrave Hospital. Research into kidney failure also expanded with a large-scale study of renal diseases, particularly within the Asian community, where diabetes and other renal diseases are more common. Diabetic specialists and Coventry GPs are also collaborating in important research which aims to prevent kidney and heart diseases in diabetics.



March 2005

### 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.

The Trust's target was to reduce the number of people waiting for an operation to 5751 by 31st March 2004. At the end of March the final figures showed that the Trust had 5562 people waiting which is 189 less than the target. In 2002/03 the Trust's target was to reduce the number of people waiting for an operation to 5780 by 31st March 2003. This target was also exceeded as the number waiting at the end of March 2003 was 5568.

We have also worked hard to reduce the length of time patients wait for an operation. Already no patient waits over 9 months for an inpatient or day case operation and no heart patient waits more than 6 months for their surgery. We also met our target to have no patients waiting more than 17 weeks for their first outpatient appointment and many of

them were, in fact, seen within four weeks. We also achieved 90% 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.'



# Spring In His Step

Anthony Mason has a spring in his step thanks to a new operation which has been pioneered by surgeons at Coventry and Warwickshire Hospital.

The new keyhole knee implant surgery can be done with a 12cm cut rather than the 20 to 30cm cut needed for the old procedure. This means the thigh muscles are less damaged and the patient can recover more quickly and go home sooner. Often after four or five days in hospital instead of about 10 days .

The first person to have the new operation was Anthony Mason: "Before I had the surgery my knee was really sore and I limped. I've now lost the limp and I can go upstairs, which I could not do before."

Consultant Orthopaedic Surgeon Tim Spalding said: "This procedure is having a major impact on the length of time patients have to stay in hospital with many now routinely leaving hospital after as little as three or four days. One patient has left hospital after only 45 hours and this is our goal for the future. Last year over 411 knee replacements were carried out at Walsgrave and Rugby's Hospital of St Cross.

# New theatre enables patients to be cared for closer to home

A new £1million ear, nose and throat theatre at Walsgrave Hospital means patients no longer face a trip to Birmingham or Leicester for specialist microvascular reconstruction surgery. Maxillofacial surgeon Gary Walton, who specialises in head and neck cancer, has joined Walsgrave Hospital to head the new theatre.



April 2005

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# Ready to Listen

During any one year we receive many hundreds of compliments about the care 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.

Last year we received 335 complaints and we improved the number of complaints we concluded within 20 days. In 2002/03 the figure was 42%, and last year 61% (204) of complainants were concluded within 20 days. The delay in responding to the other complaints was due to the complexity of the complaints, necessitating a longer investigation. At the end of March 2004 there were 14 complaints still being pursued.

There were two requests for an Independent Review. Neither of these complaints were returned for local resolution and both requests for an Independent Review were refused by the Trust's Convenor.

Complaints are the best way we have of improving our services wherever possible and so we take them very seriously. An example of improving our services as a result of a complaint is that additional dedicated car parking spaces are now available for patients attending rehabilitation appointments who have mobility difficulties.

### Complaints figures for 2003/04:

Concluded within 20 working days

Total received

concluded within 20 working days	20
Concluded after 20 working days	11
Still being pursued as at 31 March 2004	1
Number of requests for Independent	
Review	

335

204



Number of Independent Reviews held during the year

### Dee's Cift of Life

Mother of two Dee Chantroll did not drink or smoke and considered herself too young for a heart attack - that was until one November morning.

Dee was preparing to go to work when she suffered a heart attack and was rushed to Walsgrave Hospital. She then underwent a five hour triple heart bypass operation and spent a further 3 weeks in hospital. After leaving hospital Dee attended the hospitals 10-week cardiac rehabilitation programme and is now back on the road to recovery.

Dee explains: "After the attack happened I was angry, because I don't drink or smoke and I thought I was too young to have a heart attack, but you have to realise it can happen to you. I cannot praise the staff at Walsgrave enough, they were fantastic and gave me back my life. I may never have seen my husband or children again, or seen my grandchildren grow up, which makes me determined to make the most of life."

Dee is just one of hundreds of people whose lives have been saved by undergoing heart

surgery at Walsgrave Hospital. During the year, the cardiac teams at the hospital were highlighted by the Dr Foster Good Hospital Guide for good survival rates for bypass surgery and aortic valve replacement was also regarded as being on a par with other large hospitals.

National statistics by the Royal College of Physicians also show that Walsgrave Hospital is among the best in the UK when it comes to ensuring patients suffering a heart attack get life saving clot busting (thrombolytic) drugs within 30 minutes of arriving at the hospital.

At Walsgrave Hospital over 84% of patients received the treatment within 30 minutes and over 75% of patients received their thrombolytic drugs within 20 minutes of arriving at hospital



May 2005

### Our Createst Asset

It has been a successful year for the recruitment of nurses and doctors with 87 new qualified nurses, 6 radiographers and 33 Consultants all being appointed. There are now over 6500 members of staff working in our hospitals and during the year we continued to introduce new initiatives to encourage their professional development as well as a good work/life balance.

During the year 2,413 staff attended training courses and the Trust continued to offer flexible working hours and good quality child care facilities including a new nursery at Walsgrave Hospital and holiday clubs at Walsgrave and Rugby Hospitals. Funding was also secured for an additional nursery facility at the hospital of St Cross, Rugby. There is also help with childcare costs through a childcare voucher scheme and discounts for out-of-School Clubs. This work was recognised when the Trust was awarded Practice Status under the Government's Improving Working Lives (IWL) initiative. The Trust is now aiming to achieve Practice Plus accreditation for IWL in the Spring of 2005. This year, we have introduced an innovative "home computing system for staff" who are now able to purchase computer equipment through a salary sacrifice system.

We believe that staff should not only know about the Trust's aims but that they are actively involved in making change and

developing the service. As well as the Trust's magazine Livewire, the Trust wide Team Brief system has now become a popular monthly communication system.

The NHS National Staff Survey 2003 was completed by a sample of 850 staff, with an improved response rate of 42%. The Trust is now taking forward the recommendations of the survey.

As part of the Health Promoting Hospital initiative the Trust has decided to make the hospital site a 'smoke free environment.' Hospital staff who smoke are being given support under the smoking cessation programme and have been provided with free nicotine replacement patches. As well as the smoking cessation and integral to the Health at Work in the NHS initiative we have extended the 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.

# A vision for St Cross Hospital

An MRI scanner, more operations, world class specialists and a dedicated rehabilitation centre could all be on their way to the Hospital of St Cross thanks to local people, community groups and healthcare staff who supported ambitious plans outlined by the Acute and Primary Care Trusts during 2004.

At a community fun day, local residents were asked to give their views on the vision to further develop healthcare services provided at St Cross Hospital while healthcare staff were canvassed for their comments during focus groups and at drop in information sessions.

David Roberts explains: "We want to make St Cross a 'Centre of excellence' for many services as well as continuing to expand the number of outpatient clinics, operations, diagnostic tests and rehabilitation services provided from St Cross. This means local people will have most of their hospital care provided locally, only travelling to the new hospital in Coventry for very specialist operations. Even then our vision would see those patients then returning to St Cross for their rehabilitation. Likewise we also want to develop specialist services at St Cross which

would mean Coventry residents having their operation at St Cross and then returning back to Coventry for their rehabilitation. We are looking forward to taking St Cross Hospital from strength to strength with the help of local residents and healthcare staff."

In the last 12 months the following developments have already taken place at the Hospital:

- New £1million operating theatre for joint surgery and a new orthopaedic ward
- 28 new Consultants including several eminent Professors are working at St Cross Hospital
- Expansion of the cataract service.



Meet Your

dioc Rehabilitation

- Cardiology echo procedures are now carried out on site for inpatients with plans to expand this service for outpatients.
- A rapid access chest pain clinic.
- New molecular laboratory ensures that patients benefit from the very latest in DNA analysis.

June 2005

### Our Createst Asset - 2

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. committed to widening We are 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.

The Trust has in place a policy on the employment of people with disabilities and has undertaken disability awareness training with staff. There is also a partnership with Remploy Interwork and their Retention Plus Scheme which provides practical advice in situations where health or disability are seriously affecting a person's ability to continue their job. The Trust retained its Employment Service's 'two ticks' symbol which

demonstrates that the organization is an employer which is positive about recruiting and retaining disabled people.

The Trust is moving forward on implementing the new Consultant contract and has made great strides towards the August 2004 deadline for Junior Doctors' hours. New ways of working are also being explored involving extending the skills of other staff groups and the Hospital at Night project is well underway.



Porter David Mellor has now trained as an occupational therapist thanks to the support from his family and the hospital Trust.

# Mia's First Steps

Baby Mia from Coventry is looking forward to wearing her first pair of shoes after receiving pioneering treatment at Coventry and Warwickshire Hospital to correct her club feet.

Mia was born with Talipes, a condition which affects 1 in 800 babies every year in the UK. She has undergone pioneering Ponseti treatment which involves easing the feet out of the twisted position over a period of time and then securing them each time with plaster casts. Eventually after a minor operation conducted under local anaesthetic the baby wears boots joined with a bar.

Ellie, Mia's mother says: "When Mia was diagnosed with club feet it was so upsetting for all of us but the staff have been so supportive and the treatment has been amazing. I am delighted that this treatment is available because it helps to correct club feet without the need for major surgery."

Mrs Dunn Orthopaedic Consultant says: "Mia and other babies like her have benefited hugely from this treatment. It is not as intrusive as the traditional treatment which involved a lot of surgery. This treatment allows a higher percentage of our patients to go on to recover from Talipes and lead normal healthy lives."

Parents are supported by staff on Smith Clarke Children's Ward while the child is undergoing the treatment. The ward has a parent's support network that is invaluable to parents as they are able to pick up the phone day or night and talk to a nurse. Support group meetings are regularly held to provide the opportunity for parents to benefit from each other's experiences.



July 2005

# 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 hospitals continues to be provided thanks to the hard work put in by the volunteers. Their enthusiasm and dedication chimes out and is an example to us all.

Just one example of the volunteers desire to make patients stay in hospital as pleasant as possible was the Ritz-style tea party held to mark Volunteers Week. Tea, coffee and cakes were served to patients from the usual refreshment trolleys but the volunteers were dressed up to the nines in black and white outfits rather than in overalls and the goodies were served on best china.

### 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 02476 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.



# World Class Hospital

The new 'super' hospital is an excellent example of the future of the NHS - that was the view of Health Minister Rosie Winterton during a whistle stop tour of the £400 million new hospital which is one of the UK's biggest hospital complexes and due to open fully on the Walsgrave hospital site in Summer 2006.

The new hospital is five storeys high, a quarter of a mile long and consolidates the Walsgrave and Coventry and Warwickshire Hospitals into a single state of the art hospital. The main hospital will have 27 theatres, over 1200 beds many of which will be single rooms, more intensive care beds and additional neonatal cots. More than 6,000 staff are expected to work in the new hospital providing some of the best healthcare the UK can offer.

The super hospital is being built under the private finance initiative and already a new Centre for Reproductive Medicine, Creche and Clinical Sciences Building

have opened and in the autumn of 2004 a new Mental Health Centre will open.

Mrs Winterton also heard from staff how many new doctors, nurses and other healthcare professionals were eager to join the Trust because of the super hospital and the excellent healthcare facilities it will provide for patients and staff.

### Stop Press ....

The new Hospital's Women and Infants unit will open on December 11th, 2004 marking the beginning of a new era in womens healthcare for Coventry and



Warwickshire. The Unit will provide state of the art care for women and their babies with new features including Coventry's first birthing pool and a transitional care nursery. For the first time in Coventry there will also be a dedicated facility for mums and dads to stay overnight with their baby in the special care unit.

August 2005

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### Little Things Which Mean a Lot

Former patients have teamed up with nursing staff to make life a more comfortable on the wards. After being invited to look around the ward and speak to patients and staff - the Critical Friends Group suggested simple changes which have improved the ward environment for everyone.

Patients' prescriptions have been moved to their bedside so nurses can check easily and quickly which painkillers were prescribed. Previously nurses had to go to the office to check the prescriptions before getting the pills. If the nurse was distracted by another matter, the patient potentially had an uncomfortable wait before relief arrived. Another change was replacing desk fans with ceiling fans to make it easier for nurses to get around lockers.

Caroline Rudd, Nurse Manager said: "To get the patient's perspective is enlightening."

Patient Pearl Barker added: "I have been in and out of hospital over the past 12 years so I feel well qualified to share my views about how a patient's stay in hospital can be made better."

### 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. 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 Monday and Thursday mornings
- Hospital of St Cross, Rugby Tuesday and Wednesday mornings
- or you can telephone FREEPHONE 0800 028 4203



### Fast Track Service for Diabetics

Over 1,000 patients have benefited from a new fast track service which enables them to be seen by a Diabetic Nurse Specialist within 24 hours of being diagnosed by their GP as suffering from diabetes.

The new Nurse Specialists are improving patient care in two ways. Firstly they train GPs, GP Practice Nurses and Community Nurses in Insulin therapy. Secondly the patients benefit because the GP can make direct referrals to see the Diabetes Nurse Specialists instead of the conventional referral to hospital, going on to a waiting list to see a consultant and then waiting for treatment.

Three clinics are held each week, two in English and one in Asian which is particularly important in the Asian community, where there have been dramatic increases in the number of patients being diagnosed with Diabetes.

Nurse Specialist Kirpal Marwa holds education sessions aimed at people who control their diabetes by diet or tablets and she offers general advice about diet, glucose monitoring and gives an annual review about what their test results mean. The Diabetes department has also produced literature and videos to help people understand what they need to do, particularly in the Asian community where there are many misconceptions about diabetes.

Mrs Uma Sehgal, who has had diabetes for nearly 15 years says: "I found the education sessions very helpful when I found out I had diabetes. My sugar levels tend to fluctuate and these sessions help me to try and deal with it."

Other innovations are the drop in clinics held on Thursdays where patients can pop along if they don't feel well, or have queries about their medication or perhaps want to get their sugar levels checked.



September 2005

### 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.

All Public Trust Board meetings start at 2pm, please contact 02476 538800 for dates and venues.



Bryan Stoten Chairman



David Roberts
Chief Executive



Martin Lee Medical Director



Alice Casey Chief Operating Officer



Andrew Hardy
Director of Finance



Hilary Scholefield

Director of Nursing & Quality



John Amphlett

Director of Corporate Planning



John Parkin
Commercial Director & PFI



Howard Shaw Director of Research & Development



Liz Thiebe Director of New Hospital Design



Lady Sonia Hornby Non-Executive Director

Tim Sawdon

Non-Executive Director



Philip Townshend
Non-Executive Director



Yvonne Carter Non-Executive Director



Mohammed Sarwar Non-Executive Director



Rita Stewart

Associate Non-Executive Director

# Leading the Way

One of the largest and most modern healthcare education centres in Europe has opened on the site of the new super hospital at Walsgrave Hospital to train healthcare professionals of the future.

Sir Richard Doll, the eminent scientist who discovered the link between smoking and lung cancer opened the new Clinical Sciences Centre. The Centre has first class teaching facilities including a mock operating theatre and ward, research laboratories and a state of the art library to create a leading edge knowledge centre for the NHS in the Midlands.

The Centre is also home for pioneering medical research by Warwick and Leicester Universities.

The Centre adds to the Trust's status as a major teaching hospital and as such it is actively engaged in undergraduate medical education with its main

academic partner the University of Warwick. There are 180 new students each year with some 800 students at any one time. This is in addition to the Trust being similarly engaged with the University of Coventry on the education of midwives, nurses and allied health professionals, with an annual intake of 360 students each year. The Trust has an active research portfolio with four major programmes Clinical & Cost Effectiveness, Diabetes and Cardiovascular Disease. Molecular Medicine and Reproductive Health. It is also very active in multi-centre trials and has a major programme of research for educational benefit.

During 2003/04 five new Professors joined the Trust



Sir Richard Doll opens the new Clinical Sciences Centre.

October 2005

### A Question of Quality

The Trust has solid structures in place to cover all aspects of clinical governance. Each element of clinical governance has its own group, who report to a trust-wide clinical governance committee. Each of these groups have programmes in place to ensure that clinical governance is delivered and monitored which have been developed and implemented in accordance with the national clinical governance reporting processes framework.

In May 2003 the Strategic Health Authority undertook a review of clinical governance in the Trust on behalf of the Commission for Health Improvement (CHI) - the review was extremely positive and CHI informed the Trust that clinical governance was no bar to the Trust achieving three stars in the annual performance rating.

- Patient & Public Involvement The Trust has its own Patient's Council who carry out reviews of quality throughout the Trust and its members sit on many clinical governance groups.
- Clinical Audit All specialties have programmes in place to audit their services and to ensure that the necessary actions arising from audit are undertaken.
- 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 two years. As a result the Trust was awarded first prize under the hospital care category in the Quality and Safety in Health Care awards.
- Staffing and Staff Management The Trust ensures staff are appropriately qualified and professionally registered.
- Training & Development The Trust has systems in place to assess and develop the training needs of staff.
- Clinical Information The Trust monitors
  the outcomes of care and continues to
  develop information technology systems so
  that clinical staff have the information they
  need to deliver care appropriately.



### Cift of life

Four year old Zachery had a special thank you for doctors and nurses at Walsgrave Hospital after they saved his life. Zachery was found unconscious in the pond at a caravan site while enjoying a family day out. After being resuscitated at the scene by ambulance crews Zachery was rushed to Walsgrave Hospital's Paediatric Assessment Unit where he received life saving treatment and then special care on the Children's Ward.

Zachery is just one of thousands of patients who are grateful to staff at all three hospitals for the care they receive and during the year this was reinforced when the Trust was commended in the National Patients Satisfaction Survey for being one of the top two Trusts in the UK for making improvements to its patient's experience of coming to hospital.

The independent survey showed that in the last two years there had been an:

- increase in patients rating their overall care as excellent or very good.
- increase in patients feeling they were treated with respect and dignity.
- increase in patients always understanding answers from doctors and nurses to important questions.
- increase in patients finding wards, toilets and bathrooms very clean



November 2005



Andrew Hardy
Director of Finance

The Trust has seen yet another challenging year in 2003/04, but has still maintained its enviable record of achieving a balanced income and expenditure position by generating a surplus of £5,000.

For the financial year 2003/04 the Trust also met every one of the ambitious financial performance targets set by the NHS Executive and noted below.

NHS Trusts are required to meet four specific targets:

- To achieve an I&F balance.
- To remain within a financing limit (EFL).
- To achieve a 6% return on assets employed.
- To remain within the capital resource limit.

The summary financial statements set out on pages 22,24,25,26,27,29 and 30 are merely a summary of the information in the full accounts of University Hospitals Coventry and Warwickshire NHS Trust for 2003/04. A full copy of which is available free of charge by contacting the Director of Finance on 02476 538914.

# INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2004

	2003/04 £000	2002/03 £000
Income from activities: Continuing operations	244,407	232,604
Other operating income: Continuing operations Operating expenses:	27,700	21,203
Continuing operations OPERATING SURPLUS	(267,346)	(244,661)
Continuing operations	4,761	9,146
Profit (loss) on disposal of fixed assets	(18)	(372)
SURPLUS BEFORE INTEREST Interest receivable Other finance costs	4,743 245	8,774 376
unwinding of discount Other finance costs	(78)	(17)
Change in discount rate on provision	(34)	(0)
SURPLUS FOR THE FINANCIAL YEAR Public Dividend Capital Dividend Payable	4,876 (4,871)	9,133 (9,127)
RETAINED SURPLUS FOR THE YEAR	5	6

### Helping People Back To Work

In less than nine months a new training scheme being run from Walsgrave Hospital has helped 9 people back into work including Ann Bibby who has returned to work after nearly thirteen years.

The innovative 6 week training scheme called Activate was created thanks to a £1.6million European Social Fund grant gained by the Public Sector Partnership Group, chaired by the Hospital Trust's Chief Executive. The Trust's commitment to the regeneration of Coventry by getting long term unemployed people back to work, means that so far 25 people have completed the training programme. Of those 25 people 9 have gained successful employment, with 5 going on to complete further training.

Thanks to the Activate Project, Ann Bibby is now enjoying her job as a radiography helper in the X-Ray department after spending 13 years at home looking after her son. Ann says: "I wanted to return to work and I kept getting plenty of interviews but couldn't seem to get

the job. I went to 'Solutions' in Coventry saw the leaflets about Activate and applied for a place on the scheme. The course really helped me. It gave me the confidence to go for the interview and helped me to perfect my interview technique and I'm positive it made the difference during my interview and helped me get the job."

Irene Davis, who is now a support worker in the theatres at Coventry and Warwickshire Hospital has also benefited from Activate. Irene had a period of illness that affected her confidence and she never dreamt that she would end up working in a hospital theatre. Irene says that she felt she couldn't lose when she gained a place on the course.

For more information about the course please contact 02476 602020 ext. 28763.



December 2005

### BALANCE SHEET AS AT 31 MARCH 2004

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES
FOR THE YEAR ENDED 31 MARCH 2004

	2003/04 £000	2002/03 £000
Surplus for the financial year before dividend payments	4,876	9,133
Unrealised surplus on fixed asset revaluations/indexation	11,868	20,370
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	97	2,402
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	(947)	(1,042)
Total gains and losses recognised for the financial year	15,894	30,863
Prior period adjustment - Pre-95 early retirement	0	(2,071)
Total gains recognised in the financial year	15,894	28,792

	31/03/04 £000	31/03/03 £000
FIXED ASSETS	151,944	152,505
CURRENTS ASSETS Stocks and work in progress Debtors Investments Cash at bank and in hand	5,186 13,109 0 8,985	4,679 22,112 0 5,739
CREDITORS: Amounts falling due within one year	(29,390)	(34,409)
NET CURRENT ASSETS (LIABILITIES)	(2,110)	(1,879)
TOTAL ASSETS LESS CURRENT LIABILITIES	149,834	150,626
PROVISION FOR LIABILITIES AND CHARGES	(5,612)	(4,171)
TOTAL ASSETS EMPLOYED	144,222	146,455
FINANCED BY: TAXPAYERS' EQUITY Public dividend capital Revaluation reserve Donated asset reserve Income and expenditure reserve TOTAL TAXPAYERS' EQUITY	77,900 42,298 6,029 17,995 144,222	91,156 45,657 6,535 3,107 146,455

### CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2004

# ENDED 31 MARCH 2004

CASH FLOW STATEMENT FOR THE YEAR

	2003/04 £000	2002/03 £000		2003/04 £000	2002/03 £000
OPERATING ACTIVITIES					
Net cash inflow from operating			DIVIDENDS PAID	(4,871)	(9,127)
activities	43,268	20,139	Net cash inflow before management	22 471	2 417
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE			of liquid resources and financing	23,471	3,417
			Net cash inflow before financing	23,471	3,417
Interest received	<u>245</u>	376	FINANCING		
Net cash inflow from returns on investments and			Public dividends capital received	4,000	0
servicing of finance	245	376	Public dividends capital repaid (not previously accrued)	(17,256)	(2,400)
CAPITAL EXPENDITURE			Public dividends capital repaid (accrued in prior period)	(10,534)	(81)
Payments to acquire tangible fixed assets	(15,171)	(7,971)	Net cash inflow (outflow) from financing	(23,790)	(2,481)
Net cash from capital expenditure	(15,171)	(7,971)	Tom Thursday	(20,170)	(2,101)
not cash from capital experiantale	(10,171)	(,,,,,,,	(Decrease) Increase in cash	(319)	<del>936</del>

#### 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 Trust Board complied with directions on senior managers pay contained in the letter from the Chief Executive of the NHS Trust, dated 11th April 2002. The Chief Executive was the highest paid Director.

The Chief Executive and the Executive Directors are appointed under open competition. An Appointment Panel comprising Non Executive Directors and external assessors appoints to Director positions. The performance of the Chief Executive is monitored by the Chairman. Executive Directors performance is monitored by the Chief Executive. The Chief Executive and Executive Directors are subject to the Trust's disciplinary procedure.

#### **AUDIT COMMITTEE**

The Audit Committee members in 2003/04 comprised of: Philip Townshend, Mohammed Sarwar, Tim Sawdon and Phillip Blundell.

### **EXTERNAL AUDITORS**

The Trust's external auditors are PricewaterhouseCoopers LLP and the total charge for work undertaken in 2003/04 was £174,000 (inclusive of VAT).

During the year, the Trust's external auditors, as part of their Code of Practice work, undertook reviews of NHS Plan implementation and the development of reference costs in addition to the audit of the Trust's financial statements.

The work on NHS Plan implementation comprised a review and assessment of performance against some of the targets in the Priorities and Planning Framework, 2003 - 2006. This work built on previous reviews undertaken and included drilling down behind the performance to look at issues behind the targets - for example, the extent to which WMAS has addressed the patient perspective and responded to the diversity agenda.

The review of reference costs focused on their method of collection and data quality in preparation for the introduction of payment by results.

### **MAJOR INCIDENTS**

The Trust has in place a major incident plan which is fully compliant with "Handling Major Incidents: An Operational Doctrine" and accompanying NHS guidance on major incident preparedness and planning.

#### MANAGEMENT COSTS

IVII (IVI (OEIVIEIVI OOO10		
	2003/04 £000	2002/03 £000
Management costs Income	9,294 272,492	8,917 253,807
Management costs as percentage of income	3.4%	3.5%

### BETTER PAYMENT PRACTICE CODE

MEASURE OF COMPLIANCE

	2003/04 No.	2003/04 £000	2002/03 £000
Total bills paid in the year	82,838	83,517	79,656
Total bills paid within target	76,633	72,488	70,588
Percentage of bills paid within target	92.51%	86.79%	88.58%

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

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

We have examined the summary financial statements set out on pages 22,24,25 26.27.29 and 30

This report is made solely to the Board of University Hospitals Coventry and Warwickshire NHS Trust in accordance with Part 11 of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 of the Statement of Responsibility of Auditors and 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 missatements 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 2004 on which we have issued an unqualified opinion.

Signature Date: 10 September 2004

Prienathane Coopers LIP

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

### DIRECTOR'S INTERESTS - 1 APRIL 2003 - 31 MARCH 2004

Bryan Stoten Chairman	(April 2003-March 2004)	Director: PMA (Public Management Associates). Trustee: Heart Save, PMA Foundation Member: Court of University Birmingham. NHS Confederation Council.  Senior Fellow - Warwick Business School. Professor - University of Central England.
Dr Jonathon Nicholls Executive Director	(April 2003-December 2003)	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.
Rita Stewart Associate Non Executive Director	(April 2003-March 2004)	Member of steering group - Coventry Society for the Blind.  Director - SENSE (The National Deafblind and Rubella Association).
Lady Sonia Hornby Non Executive Director	(April 2003-March 2004)	Partner - "Health Partnerships". Chairman - Kingwood Trust.
Mr Philip Townshend Non Executive Director	(April 2003-March 2004)	Directorships: Warwickshire Law Society Ltd, Princes Youth Business Trust., Groundwork UK Ltd, Coventry and Solihull Waste Disposal Co Ltd. Member: Coventry City Council
Prof Yvonne Carter Non Executive Director	(February 2004-March 2004)	Vice-Dean, Warwick Medical School, Warwick University Governor of the Health Foundation Elected member of Council of the Royal College of General Practitioners Member of the Board of the Coventry and Warwickshire Medical Research Fund General Practitioner and Honorary Consultant in Primary Care, CPCT
Mr Tim Sawdon Non Executive Director	(June 2003-March 2004)	Director: Mastgrove Ltd t/a Dollond and Aitchison, Member of the City Council.
David Roberts Chief Executive	(April 2003-March 2004)	Visiting Lecturer - Harvard University, Chairman - Sterling Planning Alliance
Mr Lionel Booth Medical Director	(April 2003-November 2003)	Daughter - an Assistant Solicitor with Bevan Ashford, Solicitors.
Alice Casey Deputy Chief Executive & Chief Operating Officer	(April 2003-March 2004)	Research Fellow, Keele University, Visiting Fellow of Warwick University Member of Standards Committee of Coventry City Council Member of Employer's Panel of Employment Tribunals for England

The remaining Directors recorded a nil return meaning they do not have relevant Directors interests.

### SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS

Name	Title	Age	Salary £000	Other Remuneration for loss of office (bands of £5000) £000	Golden hello/ compensation at 60 (bands of £5000) £000	Real increase in pension at 60 (bands of £2500) £000	Total Accrued pension at age 60 at 31/03/04 (bands of £5000)	Benefits in kind (Rounded nearest £100) £
David Roberts	Chief Executive	39	145-150	0	0	0-2.5	10-15	700
Jim Hayburn	Director of Finance (April 2003 to February 2004)	44	90-95	0	0	5.0-7.5	25-30	0
Hilary Scholefield	Director of Nursing and Quality	40	85-90	0	0	2.5-5.0	20-25	900
Janet Powell	Medical Director (April 2003 to February 2004)	••	••	••	••	••	••	••
Lionel Booth	Medical Director (April 2003 to November 2003)	••	••	••	••	••	••	••
Keith Waller	Development Director	•	•	•	•	•	•	•
John Amphlett	Director of Corporate Planning	46	80-85	0	0	2.5-5.0	25-30	0
Alice Casey	Chief Operating Officer/Deputy Chief Executive	51	115-120	0	0	0-2.5	15-20	300
Karen Martin	Director of Human Resources (April 2003 to November 2003)	41	30-35	0	0	0	10-15	800
Keith Boardman	Director of Computer & Network Services	58	65-70	0	0	0	30-35	1,700
Adrian Wilson	Director of Clinical and Biomedical Engineering	50	80-85	0	0	•••	•••	0
Bryan Stoten	Chairman	58	20-25	0	0	0	0	0
Rita Stewart	Associate Non Executive Director	•	0-5	0	0	0	0	0
Jonathon Nicholls	Non Executive Director (April 2003 to December 2003)	••	••	••	••	••	••	••
Philip Townshend	Non Executive Director	46	5-10	0	0	0	0	0
Phillip Blundell	Non Executive Director (April 2003 to June 2003)	61	0-5	0	0	0	0	0
Lady Hornby	Non Executive Director	67	5-10	0	0	0	0	0
Mohammed Sarwar	Non Executive Director	••	••	••	••	••	••	••
Tim Sawdon	Non Executive Director (from June 2003)	54	0-5	0	0	0	0	0
Martin Lee	Medical Director (from November 2003)	54	55-60	0	0	7.5-10	45-50	0
John Parkin	Commercial Director PFI (from July 2003)	43	55-60	0	0	0	0	0
John Aldridge	Head of Surgery	61	100-105	25-30	0	0	40-45	0
Liz Thiebe	Director of New Hospital Service Design	47	85-90	0	0	0	0	2,200
Mark Newbold	Head of Clinical Support Division	43	105-110	0	0	2.5-5.0	25-30	0
Howard Shaw	Director of Research and Development (from September 2003	3) 58	50-55	0	0	•••	•••	900
Yvonne Carter	Non Executive Director (from February 2004)	44	0-5	•	•	•••	•••	•

<sup>•</sup> 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 Data Protection Act.

<sup>•••</sup> Denotes that the member of staff was not employed by the Trust and pension details are therefore not available.

# 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 polices 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 the requirement 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 prevention and detection of fraud and other irregularities.

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

By order of the Board

David Robersts Chief Executive 23 July 2004 Andrew Hardy Finance Director 22 July 2004

The Statement of Directors Responsibility in respect of internal control is printed in full in the 2003/04 Annual Accounts for the Trust. A copy is available by contacting the Director of Finance on 02476 538914

# Same Day Test Results

Patients are having less time to worry while waiting for their test results to come back because Walsgrave hospital has introduced an electronic service which means test results are with their GP within 24hrs.

Previously patients would have visited their GP then gone to the hospital for the tests.

They would then have had to wait for the laboratory to process the tests and produce a paper report which would have been posted back to the GP. This process would have taken several days.

Thanks to the 24 hour electronic messaging project, the test results are now sent electronically to the GP's computer and results can be received on the same day as the test. The Hospital even knows when the message has been read by the GP and filed in the patient's electronic notes.

The messaging system is like e-mail, except all the information is encrypted in code so that it can't be intercepted and read. This is then decoded when it reaches the surgery. The system also flags up how important results are so it is easy to see if there are any problems that need to be looked at immediately.



