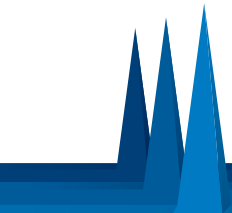




Annual Report **2009 - 2010**



We Care. We Achieve. We Innovate.

Welcome

Welcome to our Annual Report for 2009/10. The past year has been one full of challenges and opportunities but our aim throughout has remained the same - to provide excellent patient care through learning and discovery, and to be the first choice for people in Coventry, Warwickshire and beyond.

Our mission and pledge to our entire population is to “Care, Achieve, Innovate” which supports the NHS Constitution. In the past 12 months we have:

Care

- Performed rare surgery not undertaken anywhere else in the UK, to reconstruct a patient's windpipe using Teflon
- Launched the first telephone clinics in England for the follow-up appointments of kidney transplant patients
- Invested £170,000 in improving same sex accommodation at the Hospital of St Cross in Rugby

Achieve

- Performed a world first in kidney transplant medicine
- Won numerous accolades for initiatives within the Trust, including a Health & Social Care award for the work carried out in our Centre for Reproductive Medicine

Innovate

- Chosen by the Department of Health to form a community of excellence, in partnership with the University of Warwick, Coventry University, and other local NHS Trusts, to promote innovation and education in the NHS. The West Midlands South Health Innovation and Education Cluster (HIEC) will also include organisations from the commercial and charitable sectors and is one of 17 bodies being set up across the country.
- Held an international diabetes trial to enable advances in medicine

The services we provide at the Hospital of St Cross in Rugby are a vital part of our Trust and we have continued to grow these over the past 12 months. UHCW NHS Trust has had huge success in treating patients with Age Related Macular Degeneration (AMD), which has led to a high demand on our services.

We have responded by investing in a brand new £2m Lucentis facility, to be based at the Hospital of St Cross in Rugby. Building work has already begun on the dedicated wet AMD Service, due to open later this year. It will enable the Trust to treat more patients with AMD from across both Coventry and Rugby.

We are proud to work closely with our partners from Coventry University and Warwick Medical School, which is based at the University of Warwick. For example, this year has seen the launch of a pioneering device by the Trust and the University of Warwick that will accurately measure patients for hip replacements for the first time. This was invented by one of our consultants and could save the NHS thousands of pounds and improve efficiency for orthopaedic surgeons world-wide.

Patients from Coventry, Rugby and further afield also continue to benefit from our medical research into diabetes, lung disease and early labour in pregnancy, an area in which we are already one of the world leaders. Our hard work has been recognised nationally by the Healthcare Commission, who rated our quality of services and use of resources ‘good’ for the second year running. We are also

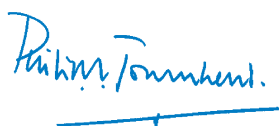
continuing to meet two week cancer waiting times and have worked hard to further reduce instances of MRSA and C-Difficile.

This puts us on a very firm footing as we move onwards with our application to become a Foundation Trust. This year we completed a 12 week public consultation on our Foundation Trust plans which was a huge success - you can read more about this later in the report. In addition, our membership is flourishing and we have already recruited over 5,000 public members and 8,000 staff members who are supporting our Foundation Trust plans.

There is no doubt that in the next year we will face many challenges, but we are confident that we can face them and provide the best and safest level of care for our patients.



Philip Townshend
Chairman

A handwritten signature in blue ink that reads "Philip Townshend." with a horizontal line underneath.

Award Winners

We are an award-winning organisation and have accrued numerous accolades for our innovative projects and dedicated staff. Below are just some of them:

ICT Excellence Awards

November 2009

The Best Added Value Project went to VitalPAC which improves patient safety by replacing traditional paper observation charts with electronic versions which then alert nurses and doctors if a patient's results are unusual.

Migraine Heroes Healthcare Awards - Best Healthcare Professional 2009

This award was given to neurologist Mohammed Belhag after he was nominated by a patient for helping her control her migraines without prescribing drugs or performing surgery.

British Medical Association Highly Commended Award

September 2009

MS specialist nurse Wendy Hartland wrote a book on falls aimed at those with MS aged between 20 and 40. This went on to become the most downloaded leaflet from the MS Trust website

Macular Disease Society Best Support Services Award

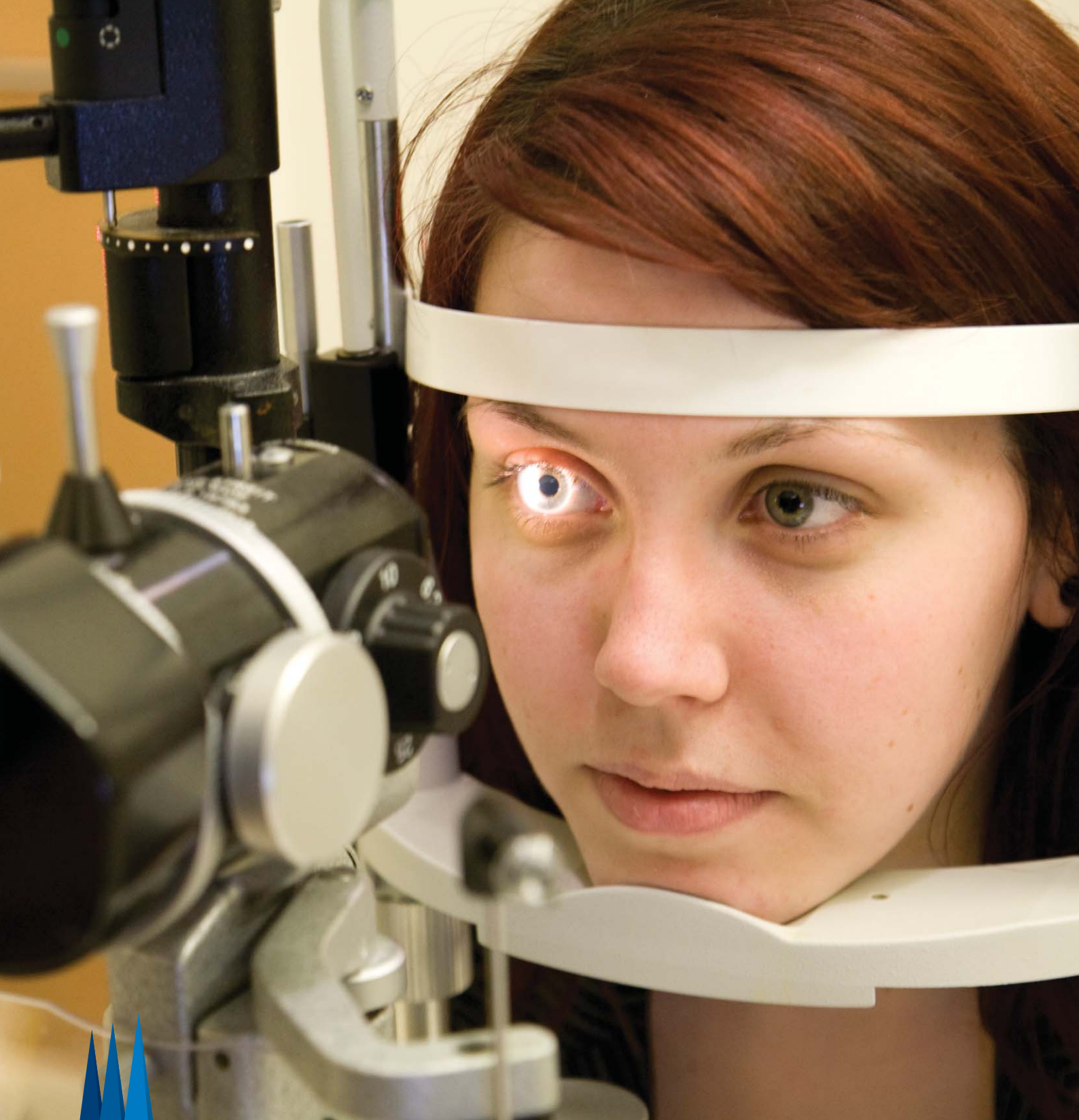
September 2009

Adrian Sexton and the Low Vision Department won the Macular Disease Society's Best Support Services Award after being nominated by patients.

Innovative Health and Social Care Technology Award

May 2009

The Centre for Reproductive Medicine won this award for dramatically reducing its multiple pregnancy rates using new technology.



The Trust at a glance

The Trust at a glance

University Hospitals Coventry and Warwickshire (UHCW) NHS Trust is one of the newest and busiest NHS teaching Trusts in the country, caring for over 1,000,000 people from across Coventry, Warwickshire and beyond.

We run University Hospital, Coventry and the Hospital of St Cross, Rugby, focusing on quality patient care, stringent infection control and specialising in cardiology, neurosurgery, stroke, joint replacements, IVF, diabetes, cancer care and kidney transplants.

We were first established as a Trust in 1992, expanded to include Rugby in 1998 and form part of West Midlands Strategic Health Authority (SHA).

Vital Statistics	2009/10	2008/09
Number of people attending an Outpatient appointment	527,326	483,212
Number of outpatient appointments	575,302	531,002
The number of people attending Accident & Emergency (A&E) including specialist Childrens A&E	156,865	150,101
The number of Inpatients and Daycases (based on Admissions)	133,909	128,313
Babies Delivered	5,790	5,721
Patients having operations in theatres	45,465	44,239
Number of staff working in our hospitals	Circa 6,400	Circa 6,400

Services provided at University Hospital

Accident and Emergency	Ear, Nose and Throat	Ophthalmology
Acute medicine	Endoscopy	Optometry
Adult obesity clinics	Gastroenterology	Orthopaedic Trauma
Age related medicine and rehabilitation	General Medicine	Orthodontics
Anaesthetics/ pain management	Gynaecology	Orthoptics
Audiology	Haematology	Paediatrics
Bone Marrow transplantation	Haemophilia	Pharmacy
Cardiology	Inpatient medical services	Physiotherapy
Clinical physics	Inpatient rehabilitation services	Renal medicine
Critical Care	Invasive cardiology	Reproductive medicine
Dermatology	Neonatal intensive and special care	Respiratory medicine
Diabetes and endocrinology	Neurology and neurophysiology	Rheumatology
Dietetic / weightloss clinics for children	Obstetrics	Speech and language therapy
Dietetics	Occupational Therapy	Trauma service
	Oncology and Radiotherapy	Urology

Surgical procedures

Bariatric surgery and balloon insertion

Breast surgery

Cardiothoracic surgery

Colorectal surgery

Day surgery unit

Ear, nose and throat

General surgery

Gynaecology

Hepatobiliary and pancreatic surgery

Maxillo facial surgery

Neurosurgery

Ophthalmology

Orthopaedics trauma

Plastic surgery

Renal transplantation

Upper gastrointestinal surgery

Urology

Vascular surgery

Diagnostics and screening

Biochemistry

Breast screening

DVT and Haematology

Echocardiography

Haematology

Histopathology

Laboratory Service

Microbiology

MRI and CT scanning

Neural Imaging

Nuclear medicine

Phlebotomy

Radiology services

Respiratory function testing

Vascular investigation

Services provided at the Hospital of St Cross

Acute medicine

Adult accident and emergency

Age related medicine and rehabilitation

Anaesthetics

Audiologists

Cardiac rehabilitation

Children's minor illnesses / injury service

Clinical physics

Dermatology

Diabetes and Endocrinology

Dieticians

Endoscopy Unit

Gastroenterology

Gynaecology clinics

Inpatient medical services

Inpatient rehabilitation

Occupational therapy

Orthopaedic services

Outpatient Services

Pharmacy

Physiotherapy

Repatriation service

Respiratory medicine

Rheumatology

Satellite renal dialysis unit

Surgical appliances

Surgical procedures

Ambulatory care

Neurology

Orthopaedics

Diagnostics and screening

Bone density, dxa scanning

Breast screening (routine)

Colorectal / bowel screening

Deep vein thrombosis and haematology (blood services)

Echocardiography

Electrocardiogram (ECG) services

Laboratory services

MRI and CT scanning

Phlebotomy (blood testing)

Radiology, emergency and routine (including x-ray support and ultrasound scanning)

Respiratory function testing

Retinal screening



Strategy

Strategy

We have recently rolled out a new long-term strategy for UHCW NHS Trust, which will guide our future direction and commitment to meet the health needs of the people we serve.

Our mission and pledge to our entire population is to “Care, Achieve, Innovate” which supports the NHS Constitution.

NHS Constitution

The Trust’s values mirror those in the NHS Constitution which is a legal document that sets out the rights and pledges that the public, patients and staff can expect from the NHS.

Care

Deliver the best care for our patients

Patient care is at the centre of our work, and we will focus on continually improving the quality of patient care and patients’ experience.

Achieve

Achieve excellence in education and training

We will support and inspire future generations of healthcare professionals by instilling a culture of achievement, education, training and development.

Innovate

Innovate through research and learning



Through continuous innovation, we will strive to lead in improving patient care, driven by clinical leadership, championing research and collaborating with our partners.

These mission statements are underpinned by measurable goals, which let the Trust see how we are doing. To ensure we are meeting these commitments to you, our progress will be reviewed every two years, the next review being in 2011.

To view our full organisational strategy, or give feedback, please email: communications@uhcw.nhs.uk or visit www.uhcw.nhs.uk

A Year of Achievements

The Care Quality Commission (responsible for regulating the quality of health and adult social care in England) published the Annual Health Check Rating in October 2009.

The Trust maintained a '**good**' rating for both quality of services and the quality of financial management. The rating is supported by the Trust improving its performance in 2008/09, achieving an 'Excellent' rating for new national targets and maintaining its rating against existing commitment targets.

Overall Rating

	2008/09	2007/08	2006/07	2005/06
Quality of Services	GOOD	GOOD	GOOD	EXCELLENT
Use of Resources	GOOD	GOOD	WEAK	FAIR

Use of Resources

The Use of Resources rating is based on the Audit Commission's Auditors' Local Evaluation assessment (ALE). This incorporates performance against five areas which is scored on a four point scale (level 1 being the lowest and level 4 being the highest score). Our scores for each of the five areas are outlined in the table below:

Quality of Financial Management

	2008/09	2007/08	2006/07
1. Financial Reporting	2	2	2
2. Financial Management	3	3	2
3. Financial Standing	3	3	1
4. Internal Control	3	3	3
5. Value for Money	3	3	2
Overall Score	3	3	1

Quality of services

The Trust's rating for Quality of Services is formed from three individually scored elements outlined in the table below:

Quality of Services		
Core Standards	Existing Commitments	National Priorities
ALMOST MET	ALMOST MET	EXCELLENT

Core Standards

The Trust Board declared compliance with 43 of the 44 Part Standards (relevant to Acute Trusts). Part Standard C11B (mandatory training) was declared as insufficient assurance. An action plan was put in place to address shortfalls in documentary evidence and internal processes which provided compliance by January 2010.

Key achievements

❖ The Trust maintained its excellent track record of achieving waiting time targets including:

- 18 weeks for 90% of admitted patients (achieved by December 2008)
- 18 weeks for 95% non-admitted patients (achieved by December 2008)
- 2 weeks for cancer patients from GP referral to first outpatient appointment
- 31 days for cancer patients from diagnosis to treatment
- 62 days for cancer patients from GP referral to treatment.

❖ The Trust further decreased its MRSA and C. diff cases for a fourth consecutive year – MRSA by 40% and C. diff cases by 50%.

❖ Patients rated their experience of care at the Trust as among the best in the country, with the Trust achieving the highest possible score for this target. The inpatient survey placed UHCW in the top 20% of Trusts for the following areas:

- Patients being offered choice of first hospital appointments.
- Patients not being placed on mixed sex wards and not sharing mixed sex facilities.
- Cleanliness of toilets and bathrooms.

❖ The Trust received the highest possible score for staff satisfaction, and the survey placed UHCW in the top 20% of acute trusts for the following areas:

- Staff agreeing that their role makes a difference to patients
- Staff feeling valued by their work colleagues
- Staff agreeing that they have an interesting job
- A low percentage of staff suffering work-related injury in last 12 months.

In 2008/09, although we improved our performance against the target to see 98% of patients in A&E within four hours, the target was under-achieved with a performance of 97.45%. This remains a key priority for the Trust and a range of measures have been implemented, including improvement of the discharge process so patients experience a smooth transition from hospital to home. These measures have already improved our performance in this area.

The Trust narrowly missed the cancelled operations target for 2008/09 with a performance of 0.89% against a target of 0.8%. We did, however, achieve the second measure of performance ensuring patients whose operation was cancelled were rebooked within 28 days.

The delayed transfer of care indicator was reintroduced to the Annual Health Check assessment for 2008/09. The construction and data period was not confirmed by the CQC until March 09, with the threshold for achievement being published alongside the ratings. The Trust underachieved against this indicator with a performance of 3.62% against the target of 3.5%.

In addition, the Trust narrowly missed achievement of the national priority indicator for stroke care, with an overall score of UnderAchieved. 56.76% of patients spent more than 90% of their stay at UHCW on the

stroke unit, against the target of 60%. We exceeded the second indicator for stroke care with 82.10% performance for the overall eight key fields in the stroke sentinel audit against a target of 65%.

NHSLA Risk Management Standards

The Trust maintained its Level 1 status for the Acute standards in September 2009 and maintained its Level 2 status for the Maternity standards in December 2009.

Looking Ahead

The 2009/10 Annual Health Check Rating will be published in October 2010. Whilst the overall rating for quality of services and use of resources is not yet known we have improved and maintained performance against a number of standards and targets:

Core Standards

2009/10 was the final year for Core Standards. It has been replaced nationally in 2010/11 by a new registration framework for all healthcare providers. As a result of this transition, the Core Standards assessment for 2009/10 was completed, nationally, for the period 1st April 2009 to 31st October 2009.

The Trust Board, on 25th November 2009, formally agreed that it was reasonably assured that the Trust was compliant with 43 of the 44 Part Standards relevant to Acute Trusts, and that there were no significant lapses against any of those 43 standards during the assessment period.

A year end assessment also identified that there had not been any unexpected lapses identified between the declaration date and 31st March 2010, which needed to be notified to the Care Quality Commission. The Trust was therefore fully compliant with all Core Standards for the year end position.

This was due to:

- For the remaining Part Standard C11B (mandatory training), the Trust made a more limited declaration of compliance, of Insufficient Assurance.
- This was due to discrepancies with data capture between the overarching training database and individual training records.

These discrepancies were subsequently investigated and resolved, by the declaration action plan date of 29th January 2010.

The Care Quality Commission has confirmed that the Core Standards assessment will not be scored for compliance for 2009/10 and there will not be an aggregated score for Quality of Services. The Care Quality Commission has also confirmed that they will not be completing inspections to check declarations or altering or qualifying declarations.

Because the Core Standards have been replaced by registration from 1st April 2010, the publication of the Trust's registration status will replace the score for Core Standards.

Key achievements:

❖ Yet again the Trust has maintained its excellent record of achieving waiting time targets ensuring a maximum wait of:

- 26 weeks for inpatient treatment
- 13 weeks for outpatient appointments
- 13 weeks for revascularization
- 2 weeks for rapid access chest pain clinics
- 6 weeks for diagnostics.
- 18 weeks for 90% of admitted patients, 95% of non-admitted patients, and patients directly accessing Audiology.

- 2 weeks for cancer patients from GP referral to first outpatient appointment
- 31 days for cancer patients from diagnosis to treatment
- 62 days for cancer patients from GP referral to treatment

- ❖ The Trust has continued to strive for improvements in infection control and in 2009/10 has exceeded its targets to reduce MRSA and C. difficile rates.
- ❖ For the second consecutive year the Trust has improved performance against the A&E 4 hour wait target, which remains a key priority for the Trust.
- ❖ The Trust has improved performance against the cancelled operations target and it is predicted the Trust will achieve this target in 2009/10.
- ❖ The Trust has improved performance against the delayed transfers of care target and it is predicted the Trust will achieve this target in 2009/10.

Quality of Financial Management

(Use of Resources)

We have completed a self-assessment against the quality of Financial Management criteria for 2009/10 and this indicates the previous level of performance has been maintained throughout this financial year. In addition, the assessment indicates that we have continued to make improvements against a number of criteria within each key area. This assessment is subject to review by the Trust's auditors and the final scores for 2009/10 will be published in October 2010 along with the Quality of Services score.

Quality Accounts

In *High Quality Care for All*, published in 2008, the Government proposed that all providers of NHS healthcare should produce annual 'Quality Accounts' just as they publish financial accounts. These will be reports to the public

on the quality of the services they provide within three domains:

- ❖ safety;
- ❖ effectiveness;
- ❖ patient experience.

The aim of Quality Accounts is to support the NHS in improving the quality of healthcare services by improving accountability to the public through engaging boards or their equivalents in understanding and improving the quality of care offered by their organisations. Each Quality Account should address the quality of the services offered by the organisation as a whole and should be presented as a short, readable document that is accessible to all members of the local community. The document is to be provided separately and we look forward to sharing the Quality Accounts with our patients and their relatives and carers.

Engaging with our local community

We continued to work hard to find out how our services were experienced by our patients and their carers, relatives and visitors. Many continued to give feedback by completing our online survey, Impressions. Throughout the last 12 months good levels of satisfaction have been recorded with regard to the cleanliness of the Trust, its premises and its staff. Amongst the lowest areas of satisfaction are parking, discharge arrangements and written and spoken information. We are working hard to bring about improvements in these areas and the discharge policy is being reviewed.

We also took part in the National Patient Surveys Programme and completed both In-Patient and Out-Patient Survey. In the Out-Patient Survey, patients indicated that they were more satisfied with nearly all aspects of the service since the last survey in 2005 including cleanliness, being kept informed of waiting times in clinic, the level of involvement they have in their treatment options and explanations of their tests. The In-Patient

Survey also recorded an improvement in some areas from the previous year including cleanliness, food and confidence in the doctors and nurses.

Our Patients' Council, made up of lay people who give feedback on a wide range of Trust issues, continues to meet, as does our Community Engagement Committee which has representation from NHS Staff, the third sector and voluntary organizations.

Membership

As part of our NHS Foundation Trust application, we now have over 5,000 public and 8,000 staff members.

Analysis of the membership shows it to be representative of the communities we serve and we are pleased to report that, unlike many other Trusts, we have achieved more than adequate representation of young people and ethnic minority groups. We shall build on this over the coming year working towards our ultimate membership target of 15,000.

We have been offering our members opportunities to get involved in a number of projects during the year, for example, giving us feedback on our proposed new website design. We anticipate there being many more similar opportunities over the coming year, such as input into the improvement of signage on our sites. To become a member visit www.uhcw.nhs.uk/foundationtrust/

Emergency Planning

The Trust has well developed and robust plans in place to deal with a range of emergencies and major incidents which may affect the Trust, directly or indirectly. These plans ensure that the Trust is able to respond to additional demands placed on services due to these unexpected events, and ensure those services are able to continue during any period of disruption. These plans have been tested and are continuously being exercised, and ongoing staff training is delivered to ensure staff understand their roles in an incident.

From May - December 2009, the Trust responded to the H1N1 Influenza Pandemic ("Swine Flu"), using its Pandemic Influenza Plan. The Emergency Planning Team has been heavily involved in managing this response and all staff have worked to ensure that the Trust is able to provide a high level of care to this specific patient group.

Sustainability

The Sustainability report 2009-2010 shows continuing progress and reiterates the Trust's commitment to carbon reduction by joining the national 10:10 Campaign. This sets a difficult target for us to reduce carbon by 10% in the year 2010. However, we are committed to both carbon reduction and being an exemplar for sustainability.

Giving healthy travel options to hospital services is key. To this end we are working with several sustainability partners to create new access routes to University Hospital via healthy travel options, thus ensuring that pedestrians and cyclists can access the site from more convenient points in a safe and secure environment.

Work on energy reduction continues through a review of all the energy data and adjusting heating and cooling systems to ensure maximum efficiency. To support this the Trust has been operating an energy awareness campaign linked to the carbon agenda to improve staff understanding of energy saving opportunities.

Improvements to the estate will be made, including fitting of alternative/renewable energy technology to reduce the carbon emissions over the coming years.



Our Staff

Our Staff

In 2009/10 we made a significant investment in the medical workforce, with a resulting 10% increase in consultant numbers across a range of specialities. Overall the clinical workforce grew by 5.5%, with investment across all professional groups. The transfer of the Therapy Services in Rugby resulted in a growth in Allied Health Professionals, support staff and administrators, who transferred employment to UHCW.

The non-clinical workforce includes the Health Care Purchasing Consortium (HPC) staff of which the Trust is host employer. The HPC accounts for almost 15% of the non-clinical workforce. During 2009/10, key senior management appointments have been made to enhance leadership capacity to deliver the ongoing success of the Trust.

Changes in the Workforce 2009/10 in Full Time Equivalent FTE), contracted hours including the HPC

	April 2009 Actual Staff in Post (FTE)	December 2009 Actual Staff in Post (FTE)	March 2010 Forecast Staff in Post (FTE)	2009 - 2010 Percentage Change
Consultants	282	310	310	9.9
All other Medical Staff	486	484	489	0.6
Nurses	1,697	1,753	1,765	4.0
Midwives	175	186	186	6.4
Healthcare Scientists and Technicians	480	505	505	5.2
Allied Health Professionals	275	311	320	16.4
Healthcare Assistants and Support Staff	1,125	1,194	1,196	6.3
Clinical Staff Subtotal	4,520	4,744	4,770	5.5
Management, Administration and Estate Staff	1081	1144	1158	7.1
TOTAL	5,601	5,888	5,928	5.8

In August 2009, we achieved the European Working Time Directive, which saw the working hours for junior doctors hours capped at a maximum of 48 hours per week in line with EU law.

The 2009-2014 Strategic Workforce Plan was also developed by the Human Resources team, in conjunction with clinical management teams, to provide an analysis of trends and a five-year headcount prediction. The plan was endorsed by the Executive Leadership Team in August 2009 and subjected to external scrutiny from NHS Coventry and NHS West Midlands. This is now being used as part of a fully integrated evidence-based planning methodology which will be further developed in 2010/11 as part of the Trust Business Planning process.

Equality and Diversity

We are committed to actively seeking to eliminate unlawful or unfair discrimination in the workplace and throughout our activities. We seek to treat all people equally and to demonstrate, as a health service provider, in a multi-cultural and ethnically diverse area, that we are a fair and equitable employer and meet the health needs of all groups. These commitments are an integral part of our Single Equality Scheme 2007-10, Equal Opportunities Policy, Dignity at Work Policy and associated guidelines and work practices.

We recognise that equality of opportunity is an essential component of good management practice, in addition to being a legal requirement, socially desirable and morally correct.

The Equality and Diversity Committee ensures our Single Equality 2007-10 Scheme continues to drive our actions. This year we made very good progress in a number of areas including:

- Producing 10 Equality and Diversity guidance booklets for staff covering all legislated equality themes.
- Providing development opportunities for BME employees.
- Delivering Equality and Diversity training to nearly 3,000 new and existing employees.
- Responding to local, regional and national consultations regarding all aspects of equality and diversity including the proposed Equality Bill.
- Working in partnership with other Trusts, local community groups and public bodies to identify and respond to the needs of various communities, e.g. working with Mamka, which is a local charity for Asian women with a focus on pregnancy.

We have maintained our status as a Two Ticks Disability Symbol User following an annual assessment by Job Centre Plus in February 2009. This review demonstrated our positive practices towards people with disabilities in the following areas:

- guaranteed interview scheme for people with disabilities
- mechanisms to discuss with disabled employees how they can develop and use their abilities
- making every effort to retain employees when they become disabled
- raising disability awareness amongst all employees

Staff Absence

There has been a sustained reduction in sickness absence over the last three years. The 2009 calendar year sickness absence figure is 4.51% and this is used as a proxy, as per DH guidance, for the financial year 2009/10. This compares with 4.8% for the financial year 2008/09.

With regard to performance management, staff absence is a core agenda item at Divisional Boards and HR Managers give a monthly update on performance. It is then reported on the Trust Performance Framework and is further reviewed at the quarterly Performance Meetings.

Staff Impressions

In 2009 we launched Staff Impressions, our own local staff survey, which gave all staff, volunteers and contractors the opportunity to feedback on the Trust.

We were pleased to see that 85% of survey respondents indicated that they had a mainly good impression of the Trust and 78% of respondents stated they would recommend the Trust as a place to work.

The results and individual comments from the survey have been used to develop a series of action plans intended to ensure that improvements are made in the key areas identified by our staff. We are intending on repeating the survey in 2010 to assess progress made against these action plans and to gather further evidence to inform management action.

The Trust has a process to keep staff informed on key measures including infection control, finance and patient commitments which it does on a monthly basis.

Ethnicity of the Workforce

The 2001 census results show that Coventry has a 16% Black and Minority Ethnic (BME) population with the largest BME group being Asian 11% (of which 8% are Indian). Our workforce profile includes 18% BME groups.

Recruitment Monitoring

Monitoring of job applications shows that 41% of the total were BME applicants. Of those short listed, 33% were BME applicants and of those successfully appointed 25% were BME applicants.

Of the total job applicants, 74% were female and 26% were male. Of those short listed 78% were female whilst 22% were male and of those candidates successfully appointed 79% were female, 21% were male.

Of the total job applications, 3.3% were from those declaring that they had a disability and 90% were from those declaring that they did not have a disability. Of those short listed 3.5% declared that they had a disability against 78% who declared they did not. Of those successfully appointed 3.2% were candidates declaring that they had a disability against 86% who declared that they did not.

Training and Research

The Trust continues to improve the provision and quality of learning for our staff, in partnership with local universities. In 2009/10 we offered more than 800 clinical placements to our nurses, midwives, allied health professionals and healthcare scientists of the future.

Our dedicated team ensures that we fulfil the regulatory standards of supervision and mentoring.

For a second time, the Trust was proud to co-host 'Making a Difference for Patient Care' in partnership with the RCN. This regional

conference for support workers was attended by 176 staff who were able to showcase their approaches improving the quality of patient care and also included deaf awareness training.

In April 2009 the Trust publicly signed the national Key Skills Pledge with a view to actively encourage our employees to gain the skills and qualifications that support their future employability and offer the opportunity to climb the career ladder.

The NVQ educational infrastructure, which we are part of, is subject to external audit by City and Guilds and Edexcel and this year achieved an A grade from City and Guilds.

Sixty staff are now engaged in the scheme with the benefit of raised standards in numeracy, literature and ICT skills. Additionally basic key skill programmes have been provided for 181 staff and a range of training interventions and programmes funded through the Joint Investment Funding (JIF). In 2009/10, we also introduced 24 care apprenticeships for young people from 16 - 24 years age to encourage local young people into healthcare professions and enable us to act as a corporate citizen within our community.

Medical Education

Again, another good year for medical education. It has been marred by the premature death of Yvonne Carter, Dean of the Medical School. However, she would be proud of the continuing progress of her school's main teaching hospital.

The range and quality of clinical attachments for medical students has continued to increase. A new eight week block has been established to deliver training for acute medical admissions and emergencies, which will occupy a major part of their jobs as new doctors. There is a recently established Foundation School centered on University Hospital with 192 doctors in their first two years, 99 of whom are employed with us and 300 specialist trainees (SPRs) employed across many specialities.

The Surgical Training Suite is a fabulous new facility within the main hospital basement which was opened earlier in the year by Professor Sir Liam Donaldson. It is equipped with state of the art facilities for rehearsing real surgery on frozen human body parts, with excellent IT. In addition, there is a wealth of prosected plastinated preserved human specimens which enable an exciting new anatomy course for the Medical School to be delivered entirely in Coventry.

Research

Research is an integral component of providing world-leading excellence in clinical care. It enables us to lead innovation and development so we can provide the highest quality patient management. It ensures that we are a leader rather than a follower in healthcare provision and attract and maintain highly skilled and motivated staff.

Research activity continues to increase. There are currently 196 Principal Investigators within

the Trust, leading over 400 research projects. There are over 50 research nurses, midwives and allied health professionals assisting with research projects and increasing numbers of staff are undertaking research, higher degrees and PhDs.

Our current major research themes are metabolic medicine, reproductive health, musculoskeletal and orthopaedics and cancer. These are complemented by additional areas of clinical research activity (for example cardiovascular, renal and respiratory medicine). To date, most research activity has been led by medical teams so we have set up initiatives to enhance research activity by other staff groups.

The Trust is required to report on its Research and Development activities annually to the Department of Health. In 2009, we received positive feedback that noted our increasing research activity and income and the impact of the Trust's research on practice.





Clinical Developments

Clinical Developments/Divisional Reports

Medicine and Emergency Division

The Emergency Department has continued to see a rise in attendance this year. In order to support our delivery of quality patient care we have grown our team of professionals to include three new consultants and experienced nurses and have introduced a specialist emergency nurse practitioner service to help treat minor injury and illness.

Our clinical audit results demonstrate the expert level of care we provide: our care for major trauma patients means that at UHCW 4.1 more patients per 100 survive than would be expected.

Other significant developments in the last 12 months are:

- We are redesigning one of our stroke pathways to provide diagnosis and treatment for urgent cases within 24 hours.
- The division is expanding its Rheumatology services to incorporate outpatient clinics in Leicestershire.
- There has been significant investment in nursing levels on the wards, following a review in April 2009. This investment was made to enable the division to provide the appropriate level of care to patients.
- An Elderly Care and a Dementia Nurse have now been appointed.

Developments in 2009/10

- Development of a specialist Hepatology service providing a non invasive alternative to liver biopsies through the investment in equipment funded by Coventry City Council.

- Working alongside commissioners we have helped develop new pathways for Dermatology and Respiratory medicine and will continue to develop services across secondary and primary care, where possible delivering services in local communities.

Potential Developments in 2010/2011

- Key work streams have been identified and agreed between the Trust and local Primary Care Trusts on condition specific areas such as community based Dermatology Clinics. There is also the potential to offer our services across the wider health economy and we are in discussion with our partners in Leicester for outreach Gastroenterology.

Specialised Networks

Specialised Networks provides services to the local population of Coventry and Warwickshire (circa 800,000) and tertiary services to a total population of circa 1.6 million extending as far as Worcester, Redditch and Herefordshire. In addition the division has recently begun providing some services to Leicestershire County and Rutland Community Hospitals (LCRCH) which extends the population covered even further and, in response to pioneering developments in renal transplantation, our catchment population has become international.

Growth in demand for specialised services at UHCW is a measure of the success and reputation of the specialities concerned (which include neurosciences, kidney, heart, cancer and haematology). Keeping pace with the continued growth in demand has however been a considerable challenge for the division.

- The division is one of the country's first 'gold standard' stroke service providers for people suspected of suffering from a stroke. As soon as these patients are brought into hospital they are treated as an emergency and are given a CT brain scan and clot busting drugs when needed.
- Already a pioneering hospital for kidney transplants, the recent successful development of cyrofiltration has further opened up the possibility of successful transplantation for patients that would otherwise not have had the opportunity to lead a normal life. This technique uses a system that remove plasma from the blood and chills it, turning proteins and antibodies into a gel-like substance that can be filtered away before the plasma is warmed up and returned to the patient. This enables patients with low blood pressure, that would have prevented them undergoing transplant surgery in the past, to now have access to this life enhancing procedure.
- Within Cardiology an initial arrhythmia service was introduced. It was made fully comprehensive in 2010 and includes the provision of implantable cardioverter defibrillators (ICDs), and cardiac electrophysiology services (EPS).
- For Cardiothoracic Surgery there has been national recognition of its surgery to repair the heart's mitral valve, which is now being undertaken in up to 98% of patients who need it. Previously, the alternative to this was replacement of the valve resulting in inferior heart function among other disadvantages. The Speciality has also has expanded its service to include providing tracheal surgery and laser therapy for airway obstruction.
- In 2009 clinical Haematology services underwent the biggest planned change in delivery of care for Haematology

patients across the Arden Cancer Network since formation of the Network. One core principle of the reorganisation was centralisation of inpatient care for patients from the whole of Coventry and Warwickshire on Ward 34 at University Hospital Coventry. This reorganisation went ahead and the number of beds on Ward 34 has been increased to accommodate the additional patients. Staffing levels have also been increased to comply with speciality quality standards.

- The autologous Stem Cell Transplant Unit based on Ward 34 at University Hospital achieved accreditation. This is a Europe wide accreditation system for all stem cell transplant units and UHCW was the first autologous unit in the UK to achieve this.

Surgical Services

Service redesign for patient pathways has been a key element of the redevelopment of the Clinical Nurse Specialist role in the surgery division. The teams have identified changes and new developments that significantly improve patient experience, productivity and efficiency. An example is the team redesign of the Colorectal nursing service, which has allowed them to increase the number of available appointments, provide additional ward based teaching on stomas for patients and staff, and new systems for patients with benign colorectal disease.

Surgery division has significantly redesigned its patient flow and bed base over 2009. This includes the development of the Enhanced Care Unit (ECU), which is key facility to provide surgical nursing and clinical expertise in a specific area to deal with the increasingly complex procedures and patients who have more complex health needs. The ECU takes patients from all specialities immediately after surgery, and gives additional support to intensive care and high dependency to ensure patients can be discharged in a smooth and timely fashion.

Women and Children's Division

The Women and Children's Division provides Paediatric, Gynaecology and Maternity services to the populations of Coventry and Rugby.

- The gynaecological services work hard to ensure that principles of best practice are embedded in the service. Nurse led services in early pregnancy, miscarriage management and colposcopy support the improving quality agenda for gynaecology.

Reproductive medicine activity has grown significantly and in 2009 the Centre for Reproductive Medicine was a regional winner of the NHS Innovations Award for its fertility treatment.

- The neonatal unit provides intensive, high dependency and special care facilities. Survival rates for babies receiving intensive care at UHCW benchmark very well against national comparative outcomes. The Neonatal service is contributing to the development of a 24 hour stand alone neonatal transport service for the Central Newborn Network and Trent Perinatal Network. Nursing staff from the Trust will work as part of this team ensuring that babies requiring transport between neonatal units will have the highest quality, expert practitioners available to do this.

The Paediatric High Dependency Unit has experienced a sustained volume and unprecedented volume of activity relating to children requiring enhanced respiratory support and those suffering major trauma.

- Maternity Services at the Trust have seen the largest increase in births across NHS West Midlands since 2005. The birth rate has been increasing by 6.4% and this trend is predicted to continue to 2012.

The Maternity Services focus on the national Maternity Matters

recommendations of offering women choice: choice of place of birth, choice of place of postnatal care, how to access care and type of antenatal care.

In 2008/9 120 women chose to birth their babies at home supported by the community midwifery service. Women have been given the choice of accessing postnatal care in children's centre post natal clinics along with selected home visits. All women are able to access a midwife directly. The Maternity Services were awarded NHSLA risk management Standard 2 in December 2009 which reflects that maternity services at the Trust are safe.

Diagnostics and Services

The Diagnostic and Services Division provides a broad range of services to the majority of both inpatient and outpatient clinical pathways delivered by the Trust.

The clinical support services provided by the division are complex in nature and, for the majority of patient pathways, are essential to the delivery of effective and safe patient care.

During the past 12 months the division has concentrated on enhancing the efficiency, timeliness and quality of the services they deliver. For example, the Radiology department has made improvements to the reporting process to allow the earlier booking of follow-up appointments, thereby improving the patient journey.

The division has also worked with other divisions within the Trust to further improve the efficiency of the patient pathway; working with the Surgery Division, the Theatre team has reduced the number of cancelled procedures by 20% for the second year running.

For the coming financial year the division plans to build on this work and continue to deliver a high quality, safe service whilst improving both efficiency and the patient experience.

Hospital of St Cross

The Hospital of St Cross has seen the significant investment programme initiated in 2008/9 continued into 2009/10 to provide additional local clinical services to the Rugby population and refurbish the current buildings on site.

The following projects have just been completed or are currently in progress:

- Introduction of 'Vitalpac', an award-winning electronic system where all patient vital signs are recorded on handheld PDAs and fed wirelessly into the main system. Any patient whose clinical signs start to deteriorate results in an electronic escalation message to the Advanced Nurse Practitioners and Senior medical staff for urgent attention.
- Provision of the Lucentis service for 'Wet Macular degeneration' for all patients in Rugby and Coventry. Building work has begun and this £2million development will be up and running by early summer 2010.
- Significant building work has been completed to provide single sex accommodation across the site. All wards have had additional toilets and bathrooms built to give each bed bay their own dedicated toilets and showers. The work was completed in December 09.
- Design plans are currently being completed as part of a large business plan to replace the theatres. The plan is to build five new theatres next to the surgical wards in the Withybrook Wing to give extra surgical capacity, larger theatre space and ultra clean modern theatres in the next 18 months to two years.
- This year has seen the arrival of neurosurgeons at St Cross. The team now have operating lists every week at the hospital and have inpatient beds on Cedar Ward.

- Mulberry Rehabilitation Unit has seen the development of Ortho-Geriatric Rehab in its unit with six dedicated beds for orthopaedic patients.

Efficiency

Over the last 12 months work has been undertaken to build on the Trust's decision to establish a co-ordinated approach to service improvement and efficiency via a programme called IMPaCT. This is one of the key vehicles by which the Trust will improve the quality and efficiency of the services it delivers through process and system redesign, and cultural transformation.

So far this work has resulted in:

- Sustained increase in the number of laparoscopic cholecystectomy operations performed as a day case rather than an inpatient from 12% in 2008 to 19% in 2009
- Development and initiation of the implementation of an electronic waiting list card to improve patient safety and planning
- Redesign of the Pre Anaesthetic Assessment Centre (PAAC) flow, releasing 3 hours per week of staff time
- Reduction of on the day waiting times for cardiac catheter patients from 4.5 to 1.5 hours
- Increases of up to 20% in direct patient care time for nursing staff
- Development and sign-up by all agencies to a new complex discharge model, which has been piloted, resulting in a reduction in the average length of stay on one ward to nine days.



Information Governance

Information Governance

(including Serious Untoward Incidents relating to data loss or confidentiality breaches)

Information Governance in the Trust is co-ordinated by the Information Governance Committee which reports to the Audit Committee.

The Information Governance Toolkit, against which NHS organisations are required to assess themselves annually, was completed and submitted to Connecting for Health on 31st March 2010, following approval by Trust Board.

We also reported one confidential information leak to the Information Commissioner's Office and two to the Strategic Health Authority (SHA) in accordance with the recommended reporting framework for the year 2009/10. Information Commissioner's Office confirmed that no further action was required (please see figures below).

A number of measures are in place to prevent the deliberate or inadvertent loss of data and our ICT Services team has devised a programme of audits for all of the systems it hosts to ensure that information security protocols are being adhered to. The ICT Security Policy has been approved to include the latest national directives and legislation on information security, together with a Teleworking Policy to safeguard the work that users do whilst on a remote site or at home.

The Chief Medical Officer is the Trust's board level Senior Information Risk Officer (SIRO), responsible for ensuring that organisational information risk is properly identified and managed. The SIRO is also responsible for providing information risk assurances to the Accounting Officer, namely the Chief Executive.

IG related incidents are reported in accordance with the Trust's Incident Reporting Policy and on Datix, the Trust's incident reporting system. The SHA accepted assurance of the Trust's commitment in continuing to take forward the Information Governance Assurance programme.

Reporting of the Trust's Personal Data Related Incidents

National guidance has been issued on Serious Untoward Incidents involving data, classifying incidents in terms of severity on a scale of 0 – 5 in terms of risk to reputation and/or risk to individuals. Figure 1 below shows the risk matrix used by all NHS organisations.

0	1	2	3	4	5
No significant reflection on any individual or body; media interest very unlikely	Damage to an individual's reputation; possible media interest e.g. celebrity involved	Damage to a team's reputation; some local media interest that may not go public	Damage to services / reputation; low key local media coverage	Damage to an organisation's reputation; local media coverage	Damage to NHS reputation; national media coverage
Minor breach of confidentiality; only a single individual affected	Potentially serious breach; less than five people affected or risk assessed as low e.g. files were encrypted	Serious potential breach and risk assessed high e.g. unencrypted clinical records lost, up to 20 people affected	Serious breach of confidentiality e.g. up to 100 people affected	Serious breach with either particular sensitivity e.g. sexual health details, or up to 1000 people affected	Serious breach with potential for ID theft or over 1000 people affected

Incidents Classified as 3-5 Severity Rating

The Trust had one incident classified as a severity rating of 3-5 during 2009/10 (please see figure 2).

SUMMARY OF SERIOUS UNTOWARD INCIDENTS INVOLVING PERSONAL DATA AS REPORTED TO THE INFORMATION COMMISSIONER'S OFFICE IN 2009-10				
Date of incident (month)	Nature of incident	Nature of data involved	Number of people potentially affected	NOTIFICATION STEPS
September 2009	Hard copy of bowel cancer screening patient letter was inadvertently attached to a diverticular disease information sheet and handed to approximately 10 people over several days. The letter did not include diagnosis information.	Patient identifiable	10	Reported to SHA & ICO
Further action on information risk	Trust received confirmation from Information Commissioner that no further action required.			

Figure 2

Incidents Classified as 1-2 Severity Rating

The Trust had one incident classified as a severity rating of 1-2 during 2009/10 (please see figure 3).

SUMMARY OF SERIOUS UNTOWARD INCIDENTS INVOLVING PERSONAL DATA AS REPORTED TO THE INFORMATION COMMISSIONER'S OFFICE IN 2009-10				
Date of incident (month)	Nature of incident	Nature of data involved	Number of people potentially affected	NOTIFICATION STEPS
30.3.10	Trust contacted by local media stating that a former patient had contacted them stating that they had received another patient's letter containing personal information. The letter was also sent to the GP. Some details were the same for both patients but birth months were different	Personal diagnosis data	2	Reported to SHA & PCT
Further action on information risk	Letters of apology sent to both patients and GP. Incident investigated and staff member counselled.			

Figure 3

Incidents classified as 0 Severity rating

(other personal data related incidents)

SUMMARY OF OTHER PERSONAL DATA RELATED INCIDENTS IN 2009-10		
Category	Nature of incident	Total
I	Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	2
II	Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	0
III	Insecure disposal of inadequately protected equipment, devices or paper documents	1
IV	Unauthorised disclosure	11
V	Other/near miss	5

Figure 4

These incidents did not lead to any formal disciplinary action being taken, however all were investigated and appropriate actions put in place where necessary.

Principles for Remedy

In 2009 the Trust revised its complaints policy in line with the new statutory changes, which came into effect in April 2009, and with the Parliamentary and Health Service Ombudsman Principles of Good Complaint Handling. The policy provides the opportunity for the complainant to discuss their concerns and expectations. Each complaint is raised with the individuals concerned and those with a responsibility for the service to ensure we learn from the experience. The emphasis is very much on resolving the complaint at a local level and a number of local resolution meetings were held last year in an effort to achieve this.

This year, the Trust received 484 complaints, 99% of which were resolved within our target of 25 working days. Although the new regulations advise there is no longer a desired response time we have opted to maintain, wherever possible, the previous 25 working days to ensure our complainants receive their reply within a reasonable timescale.

Under the new process the Parliamentary and Health Service Ombudsman are now the second stage in the complaints process. This year we had 20 cases assessed by them and one complaint investigated. At the end of the financial year 4 complaints were under consideration.

Charitable and Political Donations

The Trust does not make any charitable or political donations.



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

University Hospitals Coventry and Warwickshire NHS Trust Charity

University Hospitals Coventry and Warwickshire NHS Trust Charity (UHCW Charity) is a group of charitable funds held to benefit the patients of University Hospitals Coventry and Warwickshire NHS Trust (University Hospital in Coventry and the Hospital of St Cross in Rugby), Coventry and Warwickshire Partnership NHS Trust and NHS Coventry. The Trust Board of University Hospitals Coventry and Warwickshire NHS Trust is the corporate trustee of UHCW Charity.

These are managed together under one registered charity name and number, acting solely for public benefit and independently of the NHS bodies it supports. Through donations and by raising funds UHCW Charity enhances and improves patient care and facilities so our local community has the best possible healthcare, now and in the future. It does this by:

- Purchasing patient comforts, such as entertainment equipment;
- Supporting arts and crafts activities, toys and books;
- Funding improvements to the hospital environment to make it more welcoming to patients;
- Providing facilities for patients' family members, such as parents' rooms on the Neonatal Unit;
- Supporting a holistic approach to patient care, such as the Healing Arts Programme;
- Funding state of the art equipment;
- Contributing to clinical research;
- Helping staff to keep their skills and knowledge up to date; and
- Supporting staff welfare.

In 2009/10 UHCW Charity funding included:

- £800 to provide Nintendo Wiis to entertain people whilst having chemotherapy treatment;
- £2,000 to replace and purchase new toys and books for the Children's Ward;
- £5,500 to provide hoists and slings for the Intensive Care Unit;
- £6,500 for refurbishments to parent facilities in the Neonatal Unit;
- £23,600 for six Cairwave Mattress Therapy Systems for the Cancer Ward;
- £25,000 to refurbish mobile breast screening units; and
- £75,000 for a Volcano S51 with Innova Ivus for the Heart Research Programme.



UHCW Charity also introduced some new initiatives to support of people wanting to raise money or make donations in support our hospitals, wards or departments, including:

- **Online Fundraising Page**

You can now set up an electronic sponsorship form to email to friends and family which tells them what you are doing and why and will collect their donations for you. Set our page up at www.virginmoney/giving (choose UHCW Charity)

- **Two schemes to recognize a loved one**

- **Celebrate A Life** - A unique scheme, named after your loved one, so that you can ask family and friends to make their own individual contribution to UHCW Charity, in a variety of ways.
- **Blooms of Love** - On behalf of supporters, who wish to celebrate the life of a family member or friend, we plant spring flower bulbs in the hospital grounds. In bloom, they are a wonderful symbol of many loving relationships.

Making a donation online - By visiting <http://www.justgiving.com/uhcw/Donate> you can safely and securely make a donation to UHCW Charity at a time that is convenient to you.

For more information about UHCW Charity, including a copy of the Charity Annual Report and Accounts, email uhcwcharity@uhcw.nhs.uk

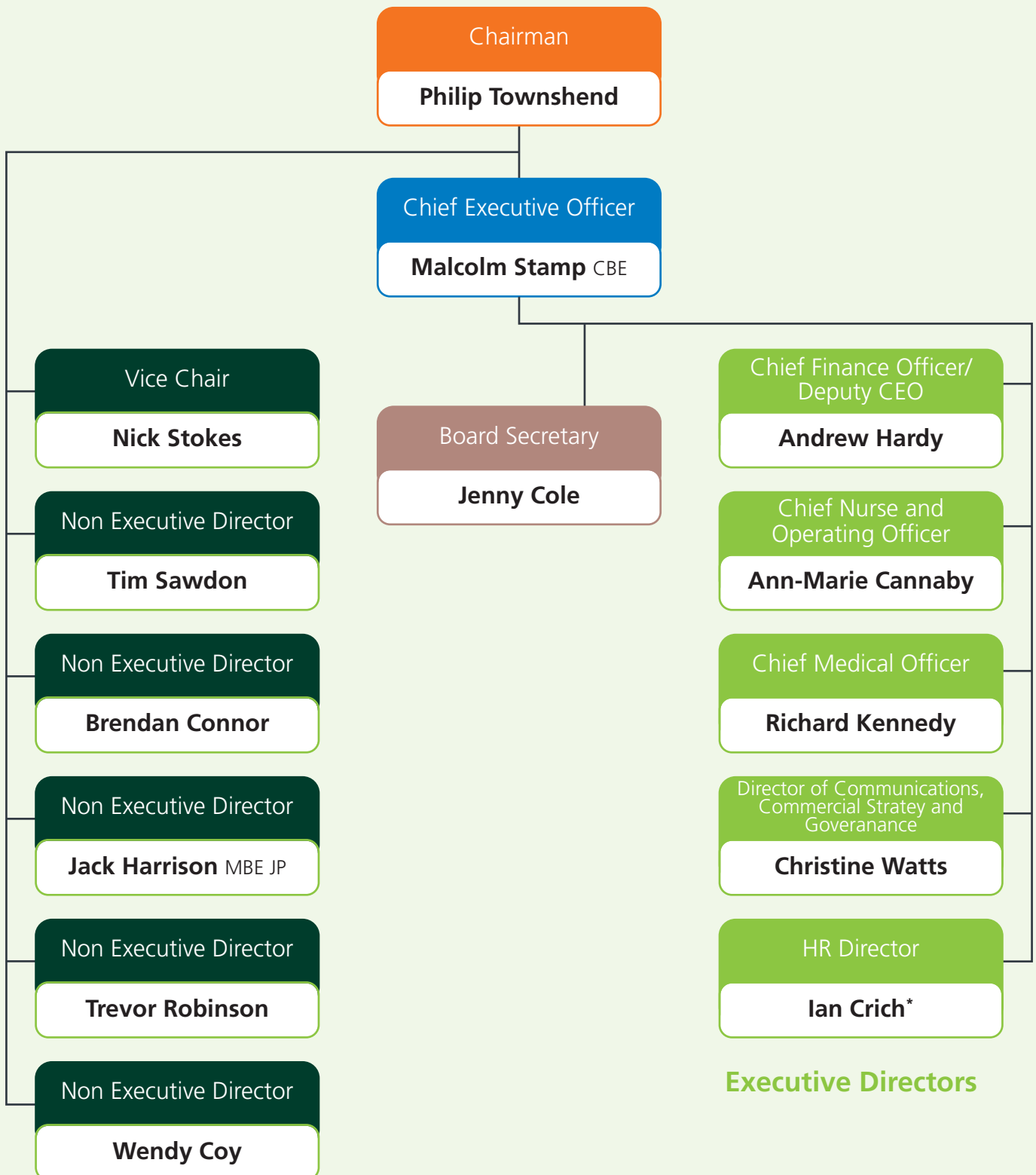




Organisational Structure

Organisational Structure

Our Trust is led by Philip Townshend, Chairman and Malcolm Stamp, Chief Executive Officer. They are supported on the Trust Board by five independent Non-Executive Directors, five Executive Directors and a Non-Executive Director nominated by the University of Warwick.



Non-Executive Directors

*Ian Crich, Director of Human Resources, is in attendance at Trust Board meetings but not in a voting capacity.

Trust Board Structure

In November 2009 the Trust appointed Mr Nick Stokes as Interim Vice-Chair. This position will be reviewed in light of the Senior Independent Director role after 12 months.

Biographical details of our Board members, are summarised on page 34-36. To view the register of interests for our Trust Board members please contact the Trust Board Secretary (details below).

The role of Trust Board is to manage the Trust by:

- Setting our overall strategic direction within the context of NHS priorities
- Regularly monitoring our performance against objectives
- Providing financial stewardship through value for money, financial control and financial planning
- Ensuring we provide high quality, effective and patient focused services through clinical governance
- Ensuring high standards of corporate governance, personal conduct and compliance with statutory duties, and
- Promoting effective dialogue with the local communities we serve.

Board Meetings

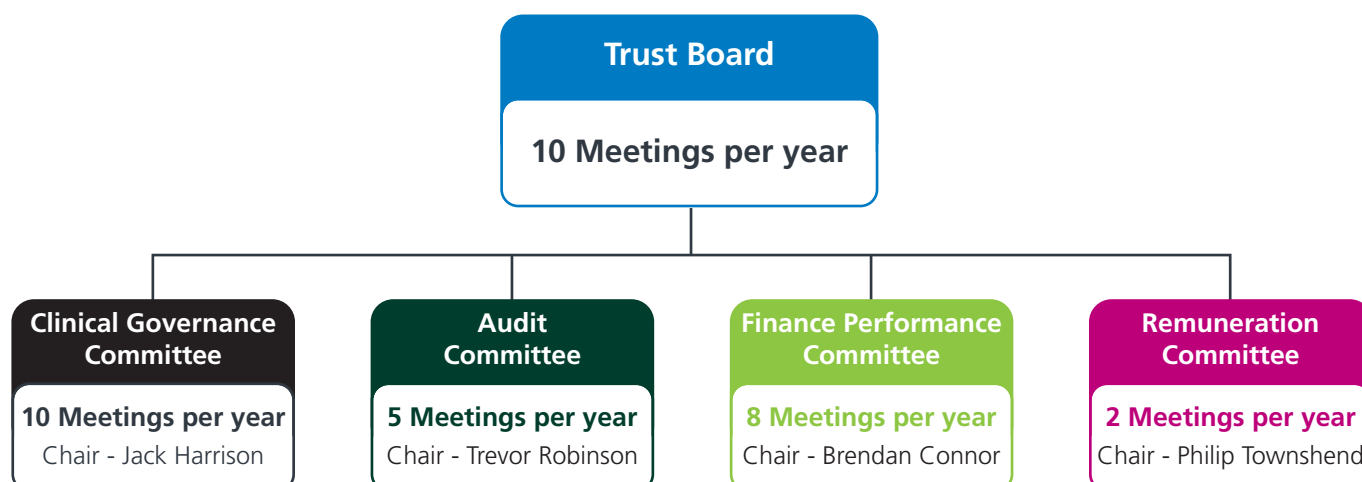
Monthly Board meetings are open to the public, with agendas, papers and minutes on our website <http://www.uhcw.nhs.uk/about/board> along with dates of future meetings.

Further information about public meetings is available from:

Board Secretary
University Hospitals Coventry &
Warwickshire NHS Trust
Clifford Bridge Road,
Coventry, CV2 2DX
Tel: 024 7696 7621

Sub-Committees

The Trust Board has established a number of Sub Committees to support the Trust Board in setting and monitoring the overall strategic direction.



Organisational Structure

Executive Directors



Malcolm Stamp
CBE
Chief Executive
Officer

Appointed December 2008, Malcolm is responsible for meeting all the statutory requirements of the Trust and is the Trust's Accountable Officer to Parliament.

He joined the NHS in 1974 and has held numerous Chief Executive posts including at Cambridge University Hospital, Norfolk & Norwich University Hospitals and Royal Liverpool University Hospital.



Andrew Hardy
Deputy Chief
Executive /
Chief Finance
Officer

Appointed Chief Finance Officer in June 2004, and Deputy Chief Executive in July 2008, Andrew is responsible for financial reporting, financial control, payroll and financial performance management.



Richard Kennedy
Chief Medical
Officer

Appointed August 2008, Richard is responsible for clinical governance and consultant appraisal and joined the Trust in 1988 as Consultant Obstetrician and Gynaecologist.

He is the former Director of the Centre for Reproductive Medicine (CRM) and continues as a Specialist Advisor to the Human Fertilisation and Embryology Authority.



Dr Ann-Marie Cannaby
Chief Nurse and
Operating
Officer

Appointed February 2005 and responsible for infection control, safeguarding children, nursing and midwifery and the operational running of the Trust, including all clinical and non-clinical services. Ann-Marie joined the NHS in 1989 and was previously Head of Nursing for Medicine and A&E Services for University Hospitals of Leicester NHS Trust.



Christine Watts
Director of
Communications,
Commercial
Strategy and
Governance

Appointed in May 2009 Christine joined the Trust from the private sector and is responsible for all its communications with its staff, patients, partners and community, commercial strategy and governance.

Organisational Structure

Non - Executive Directors



Philip Townshend
Chairman

Appointed 2001 until February 2011. Philip is chairman of the Trust Board, Charitable Funds Committee and Remuneration Committee.

He is also a practicing solicitor advocate and an elected councillor on Coventry City Council, where he is the Cabinet member for Corporate and Neighbourhood Services.



Nicholas Stokes
Non-Executive
Director and
Vice Chair

Appointed April 2004 to March 2012. Nicholas is also Director of Marketing and Communications at Coventry University and was previously Marketing Director of Lloyds Pharmacy Ltd.



Brendan Connor
Non-Executive
Director

Appointed June 2007 until June 2011 and chair of the Finance and Performance Committee. Brendan's experience includes being a board member of Advantage West Midlands and he is an independent member of West Midlands Police Authority and a Justice of the Peace.



Jack Harrison MBE JP
Non-Executive
Director

Appointed October 2007 until September 2011 and chair of the Clinical Governance Committee. Jack was also elected to Coventry City Council in 1996 and was Lord Mayor of Coventry for the municipal year 2009/2010. He is the chair of the licensing committee on Coventry City Council and the Chair of Governors at Caludon Castle School. He is a Justice of the Peace in the West Midlands.



Tim Sawdon
Non-Executive
Director

Appointed from June 2003 to May 2011. Tim is also an elected member of Coventry City Council, a member of the West Midlands Policy Authority and a practising optometrist.



Trevor Robinson
Non-Executive
Director

Appointed December 2008 to December 2012, Trevor took over as chair of the Audit Committee from April 2009. He has a strong background in public sector finance including having been the Finance Director of Centro and Financial Advisor to the Association of London Government.



Wendy Coy
Non-Executive
Director

Appointed for 12 months from 18 February 2010 to 17 February 2011, Wendy has 22 years' experience in Human Resources, taking in both the public and private sector.

From 2006 she has held the role of Head of Human Resources at Warwick Medical School, developing the Warwick Medical School and HR strategy, while also being responsible for Equality and Diversity for staff and students across the University of Warwick.

Sub Committees

The sub-committees are responsible for reporting to the Board on the most important areas of our business and their reports feature as a regular agenda item. Each formal sub-committee is chaired by a Non-Executive Director.

Voting Directors' Attendance at Board and Sub-Committee meetings September 2009 – March 2010

Following changes to the Trust Board Sub-Committee structure in July 2009, Board members portfolios were updated and Chair and membership arrangements for Board Sub-Committees were refreshed in September 2009. The table below is shown for part year September 2009 to March 2010.

NB Whilst all Trust Board members may be in attendance at Trust Board sub-committee meetings (with the exception of Remuneration Committee which is limited to Non-Executive Director members and only open to Executive Directors to attend by invitation), regular attendance is only required at certain designated committees for which they have been nominated by Trust Board to attend as part of the committees formal membership (these are denoted by an asterisk).

Committee Chairs are highlighted in bold.

Director	Notes	Trust Board		Remuneration Committee		Finance and Performance Committee		Audit Committee		Clinical Governance Committee	
		Actual	Possible	Actual	Possible	Actual	Possible	Actual	Possible	Actual	Possible
Malcolm Stamp		6*	6	1	1	2*	4	1	3	4*	6
Andrew Hardy		6*	6	0	0	4*	4	3	3	0	6
Tim Attack	COO until 12.02.10	2*	4	0	0	0	2	1	2	3*	5
Richard Kennedy		6*	6	0	0	2	4	0	3	3*	6
Ann-Marie Cannaby		6*	6	0	0	4	4	1	3	6*	6
Christine Watts	Voting from 01.03.10	1*	1	0	0	1	1	0	0	1*	1
Philip Townshend		4*	6	1*	1	0	4	0	3	0	6
Jack Harrison		5*	6	1*	1	1*	4	1	3	6*	6
Tim Sawdon		6*	6	1*	1	4*	4	3*	3	0	6
Nick Stokes		5*	6	0*	1	0*	4	0	3	2*	6
Trevor Robinson		6*	6	1*	1	3*	4	2*	3	4*	6
Brendan Connor		4*	6	0*	1	4*	4	2*	3	0	6
Wendy Coy	From 18.02.10	2*	2	0*	0	0	2	0*	1	1*	1

In November 2009, Mr N Stokes was appointed Vice-Chair of the Trust and his committee membership will be reviewed in light of this appointment.

Principal Board Sub Committees:

Audit Committee

Is responsible for reviewing the Trust's governance, risk management and internal control systems. It also receives reports from the Trust's internal and external auditors. Our Audit Committee is a non-Executive committee that is constituted in line with the best practice guidance contained in the NHS Audit Committee Handbook 2005. The Audit Committee meets bimonthly and is chaired by a qualified accountant who has significant public sector audit committee experience. Others in attendance include our external auditor, internal auditors, our Chief Finance Officer and other senior finance staff. Our local counter fraud specialist attends at least every second meeting and other staff attend as required. At least once a year, the non-Executive members of the committee host a private meeting with the external auditor and internal auditors.

Remuneration Committee

Is responsible for determining the remuneration and terms of service of the Trust's Executive Directors. The Remuneration Committee meets formally twice per year, and is chaired by the Trust Chairman. Others in attendance include our Board Secretary.

Clinical Governance Committee

Provides the Board with assurance about the effectiveness of arrangements for patient safety, quality and clinical risk management. The Clinical Governance Committee is chaired by a Non-Executive Director and has three additional Non-Executive Director members.

Finance and Performance Committee

Is responsible for reviewing our performance against key financial and operational targets, our key financial strategies and policies, and our financial management arrangements

Remuneration Report

Chairs and Non-Executive Directors

Chairs and Non-Executive Directors of NHS Trusts hold statutory office under the NHS and Community Care Act 1990. The appointment and tenure of office is governed by the NHS Trusts (Membership and Procedure) Regulations 1990. At present our Non-Executive Directors are appointed by the NHS Appointments Commission on behalf of the Secretary of State, usually for a period of up to four years; however, under Foundation Trust arrangements, they will be appointed by our Assembly of Governors.

Under the terms of the Act, Chairs and Non-Executive Directors are entitled to be remunerated by the NHS Trust, based on national pay rates set by the Secretary of State for Health, for as long as they continue to hold office.

For 2009/10 these rates were set as:

- a. **Current rates for Chairs** - Remuneration is payable to NHS Trust Chairs in one of three bands according to the turnover of the Trust. UHCW is classified in Band 1, which is remunerated at £23,366 per annum. The time commitment of Chairs is 3 - 3.5 days per week.
- b. **Current rate for Non-Executive Directors** - The current rate of remuneration payable to Non-Executive directors is £6,096 p.a. The time commitment for Non-Executive Directors is normally 2.5 days a month. Remuneration is taxable and subject to National Insurance contributions. Chairs and Non-Executive Directors are also eligible to claim allowances, at rates set centrally, for travel and subsistence costs incurred on NHS Trust business.

Executive Directors

The Trust Remuneration Committee, comprising of the Chairman and Non-Executive Directors, determines local remuneration policies and practices for the Trust's most senior managers (defined by the Chief Executive as Executive Directors who are voting members of the Trust Board). Executive Director pay levels are set locally by the Remuneration Committee, with the aim of attracting and retaining high calibre directors who will deliver high standards of patient care and customer service.

Where appropriate, terms and conditions are consistent with the NHS Agenda for Change Framework. All Executive Directors are employed on contracts of service and are substantive employees of the Trust. Their contracts can be terminated by either party with six months notice. The Trust's normal disciplinary policies apply to Executive Directors, including the sanction of instant dismissal for gross misconduct. The Trust's redundancy policy is consistent with NHS redundancy terms for all staff.

The only non-cash elements of the Executive Directors' remuneration packages are pension related benefits accrued under the NHS Pension Scheme and in some cases a leased vehicle or accommodation. Contributions to the NHS Pension Scheme are made by the employer and employee in accordance with the rules of the national scheme.

Individual objectives for Executive and Non-Executive Directors are set from the key business objectives of the Trust's strategy. However, the key objective of the Trust Board is always to provide a high quality of care to our patients in a safe environment.

Performance related pay is in place for some Executive Directors based on achievement of personal objectives. Arrangements for individuals may differ and include baseline salary increases or one-off payments. Details of remuneration and allowances, including salary and pension entitlements are published in the annual report on pages 39 and 40 for all voting Directors who have served the Trust throughout the year.

This will include details for those who left the Trust during 2009/10 such as Mr Tim Attack (Chief Operating Officer). Professor Yvonne Carter CBE (Non-Executive Director) also made the difficult decision to step down from her role due to ill health in July 2009. She died from breast cancer in October 2009, aged 50, and will be remembered for her dedication and commitment. For Executive Directors who continue to perform clinical duties (for example the Chief Medical Officer), pay is apportioned based on the number of programmed activities (clinical PAs according to their consultant contract), national Clinical Excellence Awards and management responsibilities. The information contained in these tables has been subject to audit review.

Remuneration

List of Senior Managers for 2009/10 (1/4/09 to 31/3/10) - Salaries relating to time as voting member of the Trust Board

				2009-10						2008-09					
Name Executives	Title	Date in Post		Salary as Director (Bands of £5000) £000	Salary for Clinical Duties (Bands of £5000) £000	Total Salary (Bands of £5000) £000	Other Remuneration (Bands of £5000) £000	Benefits in Kind Rounded to the nearest £000	Salary as Director (Bands of £5000) £000	Salary for Clinical Duties (Bands of £5000) £000	Total Salary (Bands of £5000) £000	Other Remuneration (Bands of £5000) £000	Benefits in Kind Rounded to the nearest £000		
		From (State if new in post from 01/04/09)	To (If no longer in post 31/03/10)												
Malcolm Stamp	Chief Executive			215-220	0	215-220	0	25.5	70-75	0	70-75	0	0		
Martin Lee	Interim Chief Executive		30.11.2008						65-70	105-110	175-180	0	0		
Andrew Hardy	Deputy Chief Executive and Chief Finance Officer			145-150	0	145-150	0	1.8	140-145	0	140-145	0	3.6		
Tim Attack	Chief Operating Officer		12.02.2010	110-115	0	110-115	65-70	0	45-50	0	45-50	0	0		
Ann-Marie Cannaby	Chief Nursing Officer and Operating Officer			115-120	0	115-120	0	0	100-105	0	100-105	0	0		
Nicholas Elliott	Interim Chief Operating Officer		23.11.2008						50-55	0	50-55	0	0		
Richard Kennedy	Chief Medical Officer			80-85	110-115	195-200	0	0	85-90	90-95	180-185	0	0		
Christine Watts	Director of Communications, Commercial Strategy and Governance	04.05.2009		95-100	0	95-100	0	0							
Ian Crich	Director of HR	01.03.2010		5-10	0	5-10	0	0							
Jackie Daniel	Interim Transitional Director		29.07.2008						30-35	0	30-35	0	0		
Chairman and Non Executives															
Philip Townshend	Chairman			20-25	0	20-25	0	0	20-25	0	20-25	0	0		
Tim Sawdon	Non Executive Director			5-10	0	5-10	0	0	5-10	0	5-10	0	0		
Yvonne Carter	Non Executive Director		31.07.2009	0-5	0	0-5	0	0	5-10	0	5-10	5-10	0		
Nick Stokes	Non Executive Director			5-10	0	5-10	0	0	5-10	0	5-10	0	0		
Brendan Connor	Non Executive Director			5-10	0	5-10	0	0	5-10	0	5-10	0	0		
Jack Harrison	Non Executive Director			5-10	0	5-10	0	0	5-10	0	5-10	0	0		
Trevor Robinson	Non Executive Director			5-10	0	5-10	0	0	0-5	0	0-5	0	0		
Wendy Coy	Non Executive Director	18.02.2010		0-5	0	0-5	0	0							
Total Remuneration				845	111	956	66	27.3	632	202	834	7	3.6		

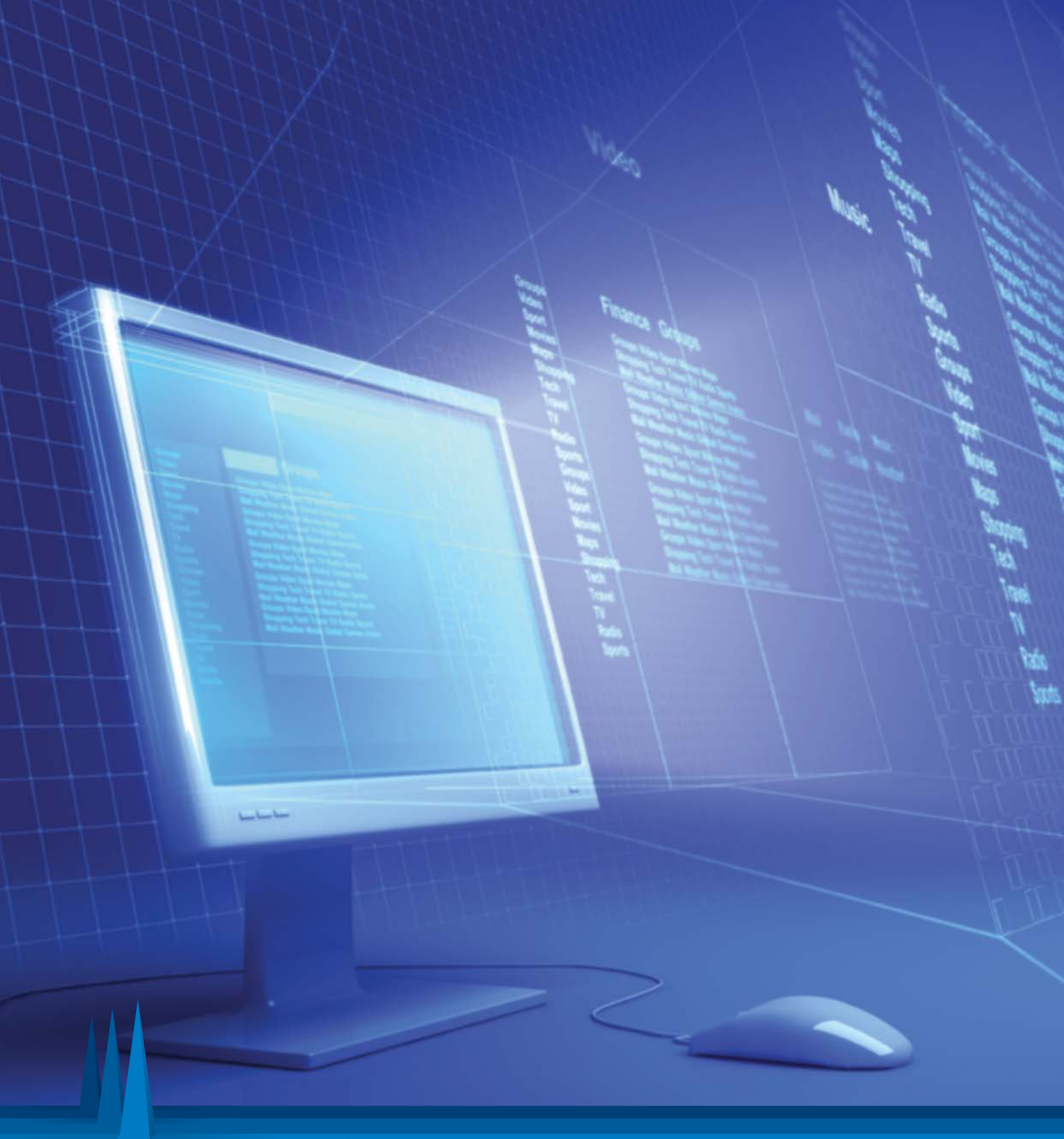
Where a director retains clinical responsibilities, salaries and emoluments are given both for their role as a director and for their clinical responsibilities. In these cases, clinical salaries include both basic salaries and payments in respect of Clinical Excellence Awards but only relate to the director's time as a voting executive during the year.

Remuneration

Senior Managers pension information

Name	Title	Date in Post		Real Increase in pension at age 60 (Bands of £2,500)	Real Increase in pension at age 60 lump sum at age 60 (Bands of £2,500)	Total accrued pension at age 60 at 31 March 2010 (Bands of £2,500)	Lump sum at age 60 related to accrued pension at 31 March 2010 (Bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2010	Cash Equivalent Transfer Value at 31 March 2009	Real increase in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
		From (if new in post from 01/04/09)	To (if no longer in post 31/03/10)	£000	£000	£000	£000	£000	£000	£000	To nearest £000
Malcolm Stamp	Chief Executive			0-2.5	0-2.5	95-100	285-290	2,312	2,086	122	0
Andrew Hardy	Deputy Chief Executive and Chief Operating Officer			0-2.5	5-7.5	30-35	90-95	435	366	50	0
Tim Atack	Chief Operating Officer		12.02.10	5-7.5	15-17.5	30-35	105-110	591	443	110	0
Ann-Marie Cannaby	Chief Nursing Officer and Operating Officer			0-5	10-12.5	30-35	90-95	475	394	61	0
Richard Kennedy	Chief Medical Officer			5-7.5	15-17.5	75-80	235-240	1,986	1,694	207	0
Christine Watts	Director of Communications, Strategy and Governance	04.05.2009		0-2.5	0	0-5	0	4	0	13	0
Ian Crich	Director of HR	01.03.2010		0-2.5	0	5-10	0	89	0	89	0

A Cash Equivalent Transfer Value (CETV) is assessed by actuary and is capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries. In addition, NHS employees joining the NHS defined benefits pension scheme after 1 January 2008 do not have a lump sum payment as part of their pension.



Financial Performance Overview 2009/10

Financial Performance Overview 2009/10

Statement from **Andrew Hardy**, Chief Finance Officer



Andrew Hardy
Chief Finance Officer

I am extremely pleased to be able to report that the year ended 31st March 2010 has been a successful year for the Trust in financial terms. It has met its key financial duty to break-even on its statement of comprehensive income (formerly the income and expenditure account), delivering a surplus of £158,000. The Trust's underlying performance (before impairments of non-current assets which do not count towards the Department of Health's breakeven performance target) was even better with a surplus of £3.255 million.

2009/10 was the first year of operating under International Financial Reporting Standards (IFRS). This has had a significant impact upon the Trust's financial statements as its PFI hospital is now reported on the statement of financial position (formerly balance sheet). This had the effect of adding approximately £39 million of net assets to the Trust's statement of financial position and of increasing operating expenses by around £7 million. The impact upon operating expenses was negated by the receipt of a non-recurrent transitional PFI support income. It should be noted however, that in terms of the Department of Health's break even performance target, the impact of bringing PFI hospitals onto the statement of financial position is also excluded.

One of the key factors underpinning the Trust's financial performance was the delivery of a significant cost improvement programme. During 2009/10 the Trust made savings of almost £13 million and this means that the Trust has now delivered efficiency savings of around £58 million over the last three years. Although the Trust's saving programme for 2009/10 slightly underperformed due mainly to increasing workload, the additional clinical activity undertaken generated additional income to offset this.

The Trust's continued success in meeting the financial challenges provides a firm basis for year on year improvements in the delivery of patient care and its progress towards Foundation Trust status.

Clearly this position could not have been achieved without the efforts of all staff groups throughout the organisation and on behalf of the Trust Board, I should like to place on record our thanks and appreciation for their hard work.

Financial Performance Overview 2009/10

Key financial challenges

The Trust commenced 2009/10 with three major financial challenges. Firstly, the Trust needed to identify £14.9 million of savings in order to achieve a breakeven position on its statement of comprehensive income in the year. Secondly, following designation as one of 17 financially challenged trusts by the Department of Health in 2007/08, the Trust needed to make the repayments against its working capital loan by the end of the financial year. Finally, the Trust needed to improve its liquidity in order to support its application for Foundation Trust status.

£14.9 million savings target

Each year, NHS organisations are required to make efficiency improvements as outlined in the NHS Operating Framework; in addition, any shortfalls against planned levels of income need to be covered. A savings programme was put into place and delivered across the Trust including plans to improve productivity and reduce the costs of procurement.

Repayment of Working Capital Loan

Following the Trust's designation as a financially challenged trust (FCT) in 2007/08, a cash solution was agreed between the Department of Health, the Trust, NHS West Midlands and both Coventry and Warwickshire Primary Care Trusts. Part of that solution was for the Trust to take a £16 million working capital loan repayable over a five year period; £2 million was repayable in year two (2009/10) through planned surpluses.

Improvement of the Trust's liquidity position

The Trust has for some years recognised that that it needed to improve its liquidity position in order to achieve a level 3 rating in the Monitor financial risk ratios, which would allow it to move forward with its Foundation Trust application. Following the agreement of the working capital loan, the Trust estimated that it still needed to significantly increase its net working capital position. Consequently, the Trust was granted a Capital Investment Loan of £15 million which was drawn down in December 2009, repayable in equal instalments over ten years.

Financial Performance Overview 2009/10

Performance against financial duties

The table below summarises the Trust's performance against its key financial duties and shows that the Trust met all of the four key targets:

Duty	Target	Performance
Breakeven on its Statement of Comprehensive Income <i>- this requires the Trust to ensure that total expenditure does not exceed the total income it receives</i>	Breakeven	£158,000 surplus (£3.255 million surplus after adjusting for impairments and £10.234 million after adjusting for impairments and PFI costs). Target achieved <i>(the Trust is permitted to generate a surplus)</i>
Remain within its approved External Financing Limit <i>- this requires the Trust to remain within the borrowing limits set by the Department of Health</i>	-£7,693,000	-£5,420,000 £2,273,000 undershoot Target achieved <i>(the Trust is permitted to undershoot its EFL)</i>
Achieve a capital cost absorption rate of 3.5% <i>- this requires the Trust to pay a dividend to the Department of Health equal to 3.5% of the average value of its net relevant assets</i>	3.5%	3.5% Target achieved
Remain within its approved Capital Resource Limit <i>- this requires the Trust to keep its net capital expenditure (after adjusting for asset disposals) within the limits set by the Department of Health</i>	£10,762,000	£3,851,000 £6,911,000 under spend Target achieved <i>(the Trust is permitted to under spend against its CRL)</i>

Financial Performance Overview 2009/10

In addition to its duties, the Trust is also required to comply with the Better Payment Practice Code. This requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust's performance against this target is summarised below:

	2009/10		2008/09	
	Number	£'000	Number	£'000
Total non-NHS trade invoices paid in year	69,061	263,219	63,856	266,334
Total non-NHS trade invoices paid within target	56,342	245,649	50,181	242,402
% of non-NHS trade invoices paid within target	82%	93%	79%	91%
Total NHS trade invoices paid in year	2,636	67,578	1,955	52,140
Total NHS trade invoices paid within target	1,800	60,004	1,409	44,810
% of NHS trade invoices paid within target	68%	89%	72%	86%

Financial Performance Overview 2009/10

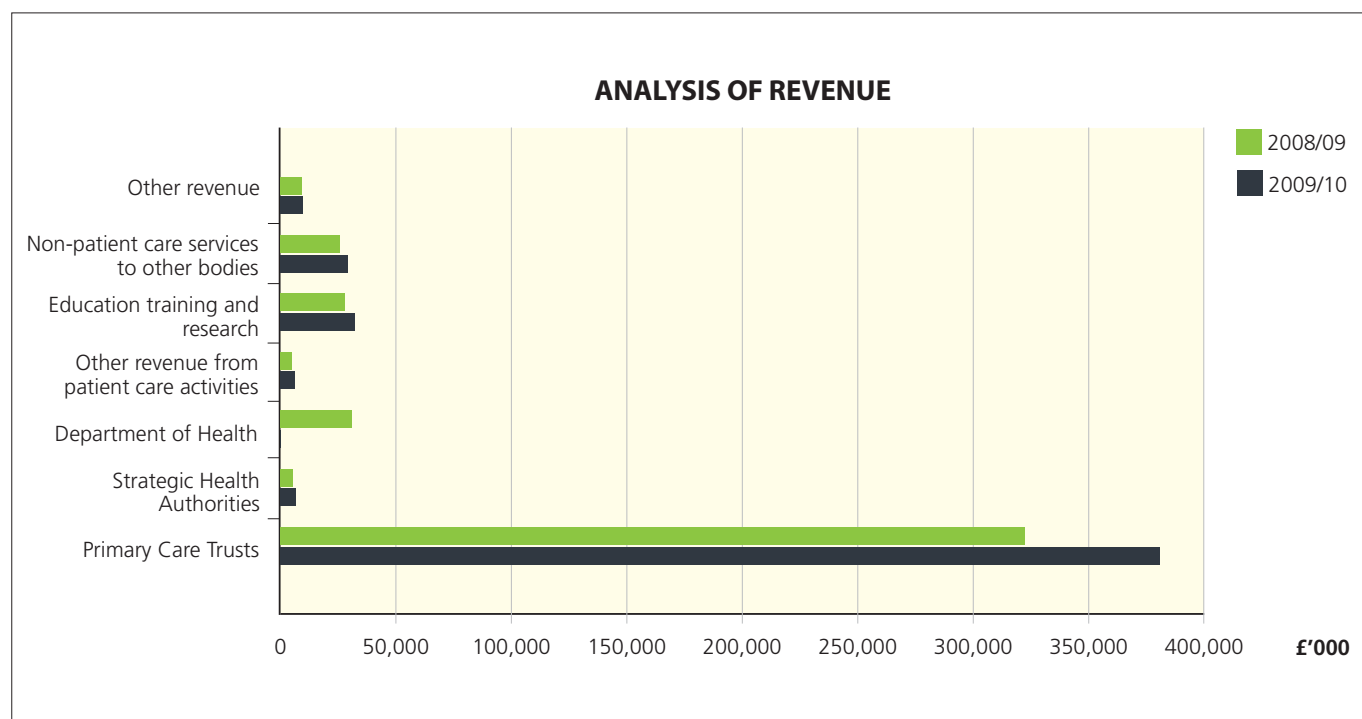
Financial Highlights

Revenue income

During 2009/10 the Trust recorded total revenue (including interest receivable) of £465 million. This represents an increase when compared with that of £427million in 2008/09.

This rise in revenue reflects a number of factors including inflation uplifts, changes to the national Payment by Results (PbR) tariff, increased levels of clinical activity (e.g. 18 week referral to treatment target), increased revenue for clinical training, education and research and increased charges for services provided to other NHS bodies.

The chart below compares revenue by category for 2009/10 with 2008/09. This clearly demonstrates that the majority of the Trust's income (more than 80% in 2009/10) is received from Primary Care Trusts for the provision of healthcare.



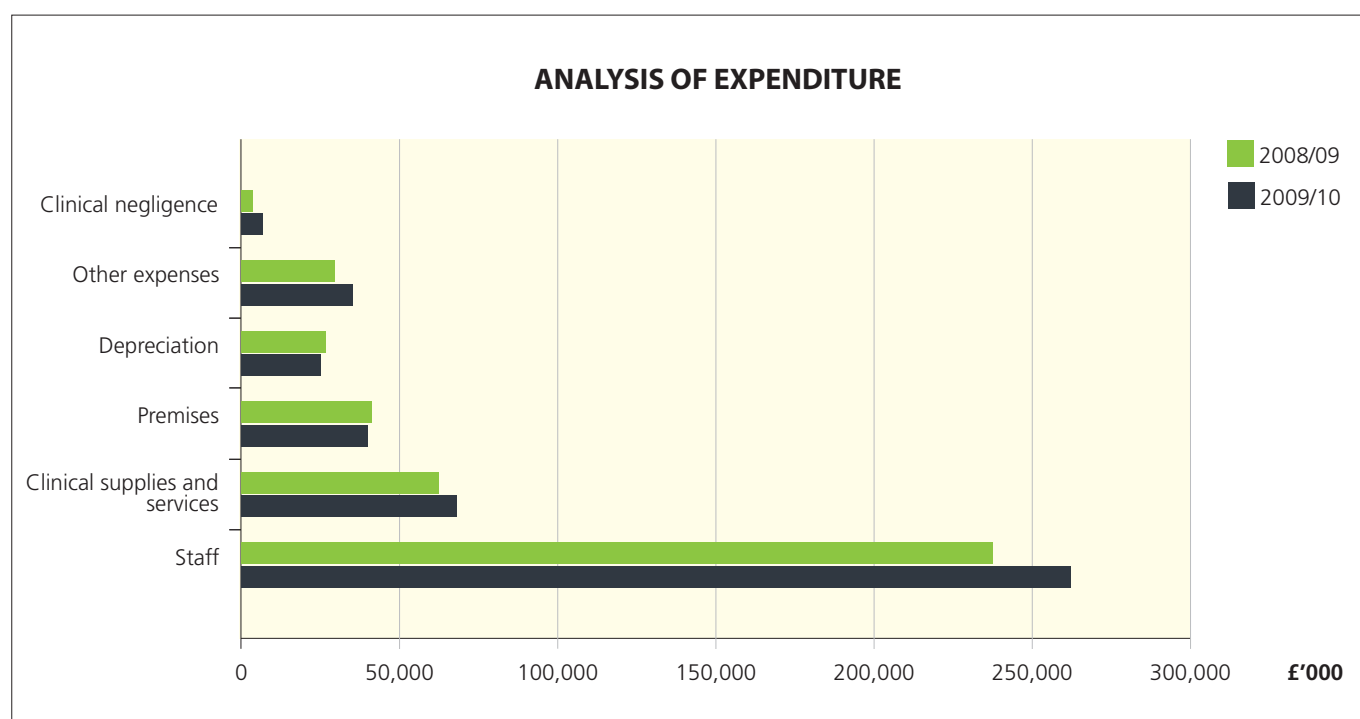
Financial Performance Overview 2009/10

Revenue expenditure

The Trust's total expenditure for 2009/10 (including dividends payable and finance costs) amounted to £465 million. The largest cost element relates to salaries and wages with the average number of people employed during the year being 6,050 whole time equivalents with a total cost of £262 million which equates to 56% of total costs. This compares with 5,730 whole time equivalents and £237 million in 2008/09. The increase in staff numbers across all staff groups is the result of a combination of factors, including the filling of previously vacant posts, the opening of additional beds to meet access targets and the development of new and existing services.

Clinical supplies and services (including drugs and other medical/surgical consumables) are also a significant cost element and amounted to £68 million which equates to approximately 15% of total costs. The Trust continues to pay the unitary payment for the University Hospital under the private finance initiative contract. These expenses amounted to £52 million in 2009/10 and represent almost 11% of total costs.

The chart below compares expenditure by category for 2009/10 with 2008/09.



Capital expenditure

In addition to the day to day operating expenses, the Trust also spent approximately £9.3 million (including a donated sum of £201,000) on purchasing new or replacement capital assets.

Whilst the Trust's PFI contract includes the initial provision and replacement of the majority of medical and other equipment in the University Hospital, the Trust continues to have responsibility for information technology assets and certain categories of medical equipment. During 2009/10 the Trust invested £3.6 million on new medical and other equipment and £2 million on IT infrastructure. In addition to this, the Trust also spent approximately £0.8 million on upgrading parts of its non-PFI estate.

Financial Performance Overview 2009/10

Financial outlook

The Trust plans to achieve a surplus at the end of the coming financial year of £1 million. There are two key financial challenges for the Trust, affecting both the short and longer term financial health of the organisation: the NHS Financial Framework for 2010/11 and the requirement to improve its liquidity/working capital position.

NHS Financial Framework

All NHS organisations are expected to identify and deliver cash releasing efficiency savings each year, which until 2009/10 have been 3%. However, given the economic climate and the overall need to reduce public expenditure, health service organisations are now expected to deliver savings programmes of at least 3.5%.

Improvement of the Trust's liquidity position

The Trust will continue to work to improve its liquidity and during 2010/11, the position is expected to improve further through the generation of a small surplus of £1 million and further sums generated through the sale of surplus property.

In addition, the retention of circa £3.6 million of internally generated cash (through depreciation charges) which is not required for capital investment will support the achievement of this objective.

Conclusion

As a result of the combined impact of the factors outlined above and the Trust's intention to generate a surplus of £1 million, the Trust plans to achieve a savings target of £25 million in 2010/11 on a recurrent basis.

Delivering against these key challenges is essential in supporting the Trust's application to become a Foundation Trust in 2010/11. Foundation Trust status brings with it a number of key financial freedoms not available to a NHS Trust, such as the ability to retain any surpluses generated and to enter into joint ventures with non-NHS organisations. However, a successful application is predicated upon long term financial health and viability, including a strong liquidity or cash position and the organisation's response to these key challenges will underpin this.



Andrew Hardy
Chief Finance Officer

Summarised Financial Statements

This summary financial statement on pages 49-54 does not contain sufficient information to allow as full an understanding of the results and state of affairs of the Trust and its policies and arrangements concerning directors' remuneration as provided by the full annual accounts; a copy of which is available free of charge by contacting the Chief Finance Officer as follows:

write to: The Chief Finance Officer
 University Hospital
 Clifford Bridge Road
 Coventry
 CV2 2DX
or telephone: **024 7696 7606.**

Financial Performance Overview 2009/10

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2010

	2009/10 £000	IFRS* Restated 2008/09 £000
Revenue		
Revenue from patient care activities	393,843	363,514
Other operating revenue	71,368	63,159
Operating expenses	(437,697)	(400,888)
Operating surplus (deficit)	27,514	25,785
Finance costs:		
Investment revenue	83	773
Other gains and (losses)	(32)	(83)
Finance costs	(21,281)	(22,608)
Surplus/(deficit) for the financial year	6,284	3,867
Public dividend capital dividends payable	(6,126)	(6,482)
Retained surplus/(deficit) for the year	158	(2,615)
Other comprehensive income		
Impairments and reversals	(84,440)	(51,968)
Gains on revaluations	54,810	3,235
Receipt of donated/government granted assets	201	149
Reclassification adjustments:		
- Transfers from donated and government grant reserves	(522)	(381)
Total comprehensive income for the year	(29,793)	(51,580)

IFRS: International Financial Reporting Standards

Financial Performance Overview 2009/10

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2010

	31 March 2010 £000	IFRS Restated 31 March 2009 £000	IFRS Restated 1 April 2008 £000
Non-current assets			
Property, plant and equipment	459,589	514,316	578,168
Intangible assets	153	264	375
Trade and other receivables	21,194	10,283	5,053
Total non-current assets	480,936	524,863	583,596
Current assets			
Inventories	7,852	7,327	6,216
Trade and other receivables	17,313	11,896	11,442
Cash and cash equivalents	751	1,306	925
	25,916	20,529	18,583
Non-current assets held for sale	4,178	3,288	5,000
Total current assets	30,094	23,817	23,583
Total assets	511,030	548,680	607,179
Current liabilities			
Trade and other payables	(31,368)	(43,932)	(37,824)
DH Working capital loan	0	(2,000)	0
Borrowings	(7,392)	(2,827)	(6,751)
Provisions	(728)	(943)	(948)
Net current assets/(liabilities)	(9,394)	(25,885)	(21,940)
Total assets less current liabilities	471,542	498,978	561,656
Non-current liabilities			
Borrowings	(287,742)	(295,104)	(297,279)
DH Working capital loan	(6,000)	(6,000)	0
DH Capital loan	(14,250)	0	0
Provisions	(2,489)	(2,463)	(2,220)
Total assets employed	161,061	195,411	262,157
Financed by taxpayers' equity			
Public dividend capital	24,074	28,631	43,797
Retained earnings	50,681	46,242	45,930
Revaluation reserve	84,432	118,343	170,080
Donated asset reserve	1,874	2,195	2,350
Total Taxpayers' Equity	161,061	195,411	262,157

Financial Performance Overview 2009/10

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Public dividend capital (PDC) £000	Retained earnings £000	Revaluation Reserve £000	Donated asset reserve £000	Total £000
Balance at 31 March 2008 (IFRS Restated)					
Restated balance	43,797	45,930	170,080	2,350	262,157
Changes in taxpayers' equity for 2008/09					
Total Comprehensive Income for the year:					
Retained surplus/(deficit) for the year	0	(2,615)	0	0	(2,615)
Transfers between reserves	0	2,927	(2,927)	0	0
Impairments and reversals	0	0	(51,968)	0	(51,968)
Net gain on revaluation of property, plant and equipment	0	0	3,158	77	3,235
Receipt of donated/government granted assets	0	0	0	149	149
Reclassification adjustments:					
- transfers from donated asset/government grant reserve	0	0	0	(381)	(381)
New PDC received	834	0	0	0	834
PDC repaid in year	(16,000)	0	0	0	(16,000)
Balance at 31 March 2009 (IFRS Restated)	28,631	46,242	118,343	2,195	195,411

Financial Performance Overview 2009/10

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Public dividend capital (PDC) £000	Retained earnings £000	Revaluation Reserve £000	Donated asset reserve £000	Total £000
Changes in taxpayers' equity for 2009/10					
Balance at 1 April 2009 (IFRS Restated)	28,631	46,242	118,343	2,195	195,411
Total Comprehensive Income for the year:					
Retained surplus/(deficit) for the year	0	158	0	0	158
Transfers between reserves	0	4,281	(4,281)	0	0
Impairments and reversals	0	0	(84,440)	0	(84,440)
Net gain on revaluation of property, plant and equipment	0	0	54,810	0	54,810
Receipt of donated/government granted assets	0	0	0	201	201
Reclassification adjustments:					
- transfers from donated asset/government grant reserve	0	0	0	(522)	(522)
PDC repaid in year	(4,557)	0	0	0	(4,557)
Balance at 31 March 2010 (IFRS Restated)	24,074	50,681	84,432	1,874	161,061

Financial Performance Overview 2009/10

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2010

	2009/10 £000	IFRS Restated 2008/09 £000
Cash flows from operating activities		
Operating surplus/(deficit)	27,514	25,785
Depreciation and amortisation	25,253	26,713
Impairments and reversals	3,097	(180)
Transfer from donated asset reserve	(522)	(381)
Interest paid	(21,208)	(22,537)
Dividends paid	(7,111)	(6,482)
(Increase)/decrease in inventories	(525)	(1,111)
(Increase)/decrease in trade and other receivables	(15,343)	(7,396)
Increase/(decrease) in trade and other payables	(11,843)	8,139
Increase/(decrease) in provisions	(247)	186
Net cash inflow/(outflow) from operating activities	(935)	22,736
Cash flows from investing activities		
Interest received	83	773
(Payments) for property, plant and equipment	(9,807)	(9,704)
Proceeds from disposal of plant, property and equipment	5,239	0
Net cash inflow/(outflow) from investing activities	(4,485)	(8,931)
Net cash inflow/(outflow) before financing	(5,420)	(13,805)
Cash flows from financing activities		
Public dividend capital received	0	834
Public dividend capital repaid	(4,557)	(16,000)
Loans received from the DH	15,000	16,000
Loans repaid to the DH	(2,750)	(8,000)
Capital element of finance leases and PFI	(2,292)	(6,625)
Net cash inflow/(outflow) from financing	5,401	(13,791)
Net increase/(decrease) in cash and cash equivalents	(19)	14
Cash equivalents (and bank overdrafts) at the beginning of the financial year	770	756
Cash equivalents (and bank overdrafts) at the end of the financial year	751	770

Financial Performance Overview 2009/10

MANAGEMENT COSTS

	2009/10 £000	2008/09 £000
Management Costs	18,257	16,184
Income	465,211	426,673

Management costs are defined as those on the management costs website at:
www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs/en.

Accounting policies

The Trust's accounting policies are in accordance with directions provided by the Secretary of State for Health and follow International Financial Reporting Standards and HM Treasury's Government Financial Reporting Manual to the extent that they are meaningful and appropriate to the NHS. This is the first year of implementation of International Financial Reporting Standards (IFRS) and therefore the prior year comparatives and opening balance have been restated as if IFRS had always been in place.

Statement of the Chief Executive's Responsibility as the Accountable Officer

The Statement of the Chief Executive's responsibility as the Accountable officer of the Trust is printed in full in the Trust's 2009/10 Annual Accounts.

Statement of Directors' Responsibility

The Statement of Directors' Responsibility is printed in full in the Trust's 2009/10 Annual Accounts.

Statement on Internal Control

The Statement on Internal Control is also printed in full in the Trust's 2009/10 Annual Accounts.

Disclosure of Information to Auditors

The directors confirm that as far as they are aware there is no relevant audit information of which the NHS body's auditors are unaware and that they have taken all the steps that they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that the NHS body's auditors are aware of that information.

External Auditor

The Audit Commission has appointed PricewaterhouseCoopers LLP as the external auditor to the Trust.

The auditors perform their work in accordance with the Audit Commission's Code of Practice and there are two key elements to their work:

- The audit of the annual accounts including a review of the Statement on Internal Control; and
- A review of the Trust's financial management arrangements which informs the Quality of Financial Management element of the Annual Health Check.

The total external audit fees/remuneration recorded in the accounts for 2009/10 is £247,000.

Auditors' Opinion

Independent auditors' statement to the Directors of the Board of University Hospitals Coventry and Warwickshire NHS Trust

We have examined the summary financial statement for the year ended 31 March 2010 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, the related notes and the information in the Directors' Remuneration Report.

This statement, including the opinion, has been prepared for and only for the Board of University Hospitals Coventry and Warwickshire NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 49 of the Statement of Responsibilities of Auditors and of Audited Bodies published by the Audit Commission in April 2008. We do not, in giving this opinion, accept or assume responsibility for any other purpose or to any other person to whom this statement is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report in accordance with directions issued by the Secretary of State.

Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements and the Directors' Remuneration Report and its compliance with the relevant requirements of the directions issued by the Secretary of State.

We also read the other information contained in the Annual Report and consider the implications for our statement if we become aware of any apparent misstatements or material inconsistencies with the summary financial statements. This other information comprises only the unaudited part of the Remuneration Report, the Chairman's Statement and the remaining elements of the Financial Performance Overview.

We conducted our work in accordance with Bulletin 2008/3 issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements and the Directors' Remuneration Report.

Auditors' Opinion - con't

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements and the Directors' Remuneration Report of the Trust for the year ended 31 March 2010 and complies with the relevant requirements of the directions issued by the Secretary of State.



Richard Bacon, Engagement Lead
For and on behalf of PricewaterhouseCoopers LLP
Appointed Auditors
Cornwall Court
19 Cornwall Street
Birmingham
B3 2DT

Date: 10 June 2010

- (a) The maintenance and integrity of University Hospitals Coventry and Warwickshire NHS Trust website is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.
- (b) Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Notes

CARE	ACHIEVE	INNOVATE
Deliver the best care for our patients	Achieve excellence in education and training	Innovate through research and learning
Patient care is at the centre of our work, and we will focus on continually improving the quality of patient care and patients' experience.	We will support and inspire future generations of healthcare professionals by instilling a culture of achievement, education, training and development.	Through continuous innovation, we will strive to lead in improving patient care, driven by clinical leadership, championing research and collaborating with our partners.

The Trust has access to interpreting and translation services. If you need this information in another language or format, we will do our best to meet your needs. Please contact 02476 967596.



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**University Hospitals
Coventry and Warwickshire NHS Trust**
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