

Annual Report

2010 | 11



We Care, We Achieve, We Innovate

Contents

Last year the Trust delivered over 6,000 babies

Welcome 1-3

Awards 4

Trust at a glance 5-6

Strategy 7-8

Achievements 9

Periodic Review 10-12

Looking Ahead 13-14

Performance 15-18

Patient and Public Involvement 19-20

Summary Performance 21-22

Our Staff 23-25

Equality and Diversity 26-27

Training and Research 28

Medical Research 29

Clinical Development 30-34

Information Governance 35-38

UHCW NHS Charity 39-40

Organisational Structure 41-52

Remuneration 53-56

Financial Performance 57-70

Auditors' Opinion 71





Our mission Deliver the best **care** for our patients. **Achieve** excellence in education and training. **Innovate** through research and learning.

We Care, We Achieve, We Innovate

Welcome from the Chief Executive and the Chairman of UHCW NHS Trust

Welcome to our Annual Report for 2010/11. It has been a year with notable successes against a backdrop of political and national change, a change in our own leadership and a challenging financial environment. That said, we have a lot to be proud of - delivering over the last 12 months against our mission to Care, Achieve and Innovate to deliver high quality, safe services and patient experience of a high quality for the populations of Coventry, Warwickshire and beyond.

University Hospitals Coventry and Warwickshire's Strategy 2009 - 2015 in Action:

Deliver the best **CARE** for our patients

- Our infection rates continue to be a top priority, which is reflected in our continued excellent performance in driving down the numbers of healthcare associated infections like MRSA and Clostridium Difficile, to one of the lowest across the West Midlands
- The Trust was recognised as being one of the top five in the country for some of its orthopaedic operations in the Dr Foster Good Hospital Guide, 2010.
- A new, high technology, Macular Unit was opened at the Hospital of St Cross
- Our mortality rates have significantly reduced from 111 for 2008/9 to 89.7 for March 2010 to February 2011.
- We published our first Quality Account which set out our priorities of infection prevention and control, safe discharge and improving information for patients. The 2010/11 Quality Account highlights our priorities as sepsis, nutrition and caring for patients with dementia. For more information on this please access the Annual Report section of the Trust website.
- We have worked with our neighbouring health partners to strengthen paediatric

services across Coventry and North Warwickshire and since 1st November 2010, the clinical leadership for doctors and nurses within paediatric services at George Eliot Hospital has been provided by UHCW colleagues.

- Innovative and ground breaking care makes a positive difference to our patients, for example, surgeons used a special type of cement to stabilise the vertebrae of a horse rider after he was in collision with a car. This procedure meant he could recover and return home within days, rather than spend weeks in traction in hospital, and gained the Trust regional accolade.

ACHIEVE excellence in education and training

- The Trust became one of the first in the country to meet a Government target to prevent patients from developing potentially fatal blood clots. Venous thromboembolism (VTE) is one of the leading causes of death in hospitals resulting in up to 25,000 preventable deaths each year nationally. VTE includes deep vein thrombosis (DVT) which is when a blood clot forms within a major leg vein and pulmonary embolism when a DVT breaks off and travels to the lungs. The Government set a commitment for 90% of adult inpatients to be risk assessed for VTE, which it started measuring quarterly from January 2011.

UHCW implemented an innovative electronic solution achieving the 90% target (three months ahead of the January 2011 deadline) and was nominated as a finalist for an e-Government Award.

- Seriously injured patients receive vital scanning quicker in Coventry than any other hospital nationally. A national database of all units receiving trauma shows patients at Coventry's University Hospital are scanned within 35 minutes compared to up to 90 minutes elsewhere in the UK. As a result of the excellent teams working at University Hospital, patients arriving here with trauma have the best chance of surviving their injuries in the West Midlands and the Trust is the fourth best in the UK for survival after major trauma.

INNOVATE through research and learning

- The Institute of Head and Neck Studies and Education, run by Hisham Mehanna, a professor at UHCW, undertakes research aimed at improving survival and decreasing the side effects of treatment for head and neck and thyroid cancer. It is a leader of research in the human papillomavirus and its connection with head and neck cancer. The work of the Institute has received research grants from the Department of Health, Cancer Research UK and

Macmillan Cancer Research, and has been commended for its work nationally and internationally.

- Two of our infection prevention and control nurses designed a commode that benefits patients and keeps infections low. Joan Goodbody and Melanie Gallo have designed a commode that is comfortable, fits every toilet perfectly, meets all the Department of Health guidelines on decontamination and is easy enough for staff to use and clean. Their design is in place at the hospital.
- A granddad from Nuneaton became the first person to stay awake during complex brain surgery at University Hospital in Coventry. He was able to chat to surgeons throughout the two hour operation to remove a tumour the size of a golf ball that was located dangerously close to a part of his brain that controlled his movement and speech. Surgery of this delicacy is performed by only a few surgeons in the UK.

These are just some of the highlights of our last year, delivered against widely publicised NHS cost saving and reform programmes. We are proud of our staff who also managed this year's seasonal flu and increasing numbers of people coming to our A&E department.

This was one reason why we joined up with NHS Coventry to deliver a new campaign to raise awareness of when to use A&E, named "Get The Right Treatment", and when to use other services such as the walk in centre and GP out of hours. We have also continued to work closely with NHS Warwickshire, Coventry University and Warwick Medical School at the University of Warwick.

We remain committed to become a Foundation Trust (FT) as we believe it gives our local population greater say in how their health services are run. We want to be a FT by 2012 and look forward to keeping you updated on this - you can still become a member and details of how to do this are given on page 10.

Over the next 12 months the NHS will face significant changes as reported nationally. It is understandable that people may worry at such a time but we are confident that we can face these changes so our staff can continue to provide high quality and safe care for our patients. It may not be easy but everyone is clear on one point - high quality patient care, patient safety and patient experience are and will continue to be, our highest priorities and we will not lose sight of that. None of the progress during this past year would have been achieved without the dedication and commitment of all our staff and volunteers, and our thanks go to them for their hard work.



Philip Townshend
Chairman



Andrew Hardy
Chief Executive Officer



Award Winners

As an award-winning organisation we are pleased to share some of these innovative projects:

We are an award-winning organisation and are pleased to share some of these innovative projects and staff:

- Natasha Wileman and Margaret Goodman were shortlisted and won a West Midlands NHS Innovation Awards 2010 for their Teggy Mouthcare device which allows patients to brush their teeth without a sink.
- Tissue viability nurse Vanessa McDonagh won the Novice Practitioner category at the Molnyckle Health Care Wound Award for organizing the Trust's first Pressure Ulcer Awareness Week
- A cardiopulmonary exercise project testing the assessment of fitness for vascular surgery, led by two physiologists, Joanna Shakespeare and Julie Aughton, has been nominated for the 2011 Advancing Healthcare Awards for Allied Health Professionals and Healthcare Scientists.
- Work on reducing extremely premature birth, led by Consultant Laurence Wood, has been nominated for a BMJ Group Award 2011 and 2011 Department of Health Innovation Award.
- A cross-disciplinary team made up of members from haematology, ICT, training and communications who managed and implemented the VTE assessment programme and tool across the Trust was shortlisted for the 2010 E-Government National Awards.
- An Orthopaedic invention by consultant Richard King for more accurately measuring hips before a replacement operation called "KingMark" was nominated for an HSJ Award (Acute and Primary Care Innovation category) and a 2011 Patient Safety Award. Mr King was also shortlisted for a NHS West Midlands Leadership Award.
- Consultant Dinesh Verma was runner-up for the Health Enterprise East's Innovation Award for his invention, Personal Ophthalmic Diagnostic System, incorporating innovative Tele Eye Screening Tool (iTEST) for self/remote monitoring of visual functions.
- Maggie Denton was shortlisted for a West Midlands NHS Innovation Awards 2010 for her privacy and dignity sign.

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	2010/11	2009/10	2008/09
Number of people attending an outpatient appointment	548,927	527,326	483,212
Number of outpatient appointments	598,538	575,302	531,002
The number of people attended Accident & Emergency (A&E) including those in specialist Children's A&E	161,462	156,865	150,101
The number of Inpatients and Day cases (based on Admissions)	135,813	133,909	128,313
Babies Delivered	6,006	5,790	5,721
Patients operated in theatres	43,797	45,465	44,239
Number of staff working in our hospitals	Circa 6,400	Circa 6,400	Circa 6,400

Services provided at UHCW

Services provided at University Hospital

General Acute Services

Accident and Emergency.
Acute Medicine.
Age Related Medicine and Rehabilitation.
Anaesthetics.
Assisted Conception.
Audiology.
Cardiology Critical Care.
Dermatology.
Diabetes and Endocrinology.
Ear, Nose and Throat.
Gastroenterology.
General Medicine.
General Surgery.
Breast Surgery.
Upper Gastrointestinal Surgery.
Hepatobiliary and Pancreatic Surgery.
Colorectal Surgery.
Gynaecology.
Haematology.
Maxillo Facial Surgery.
Neurology and Neurophysiology.
Obstetrics.
Ophthalmology.
Optometry.
Orthodontics.
Orthoptics.
Paediatrics.
Pain Management.
Plastic Surgery.
Renal Medicine.
Reproductive Medicine.
Respiratory Medicine.
Rheumatology.
Orthopaedics Trauma.
Urology.
Vascular Surgery.

Specialised Services

Bone Marrow Transplantation.
Invasive Cardiology.
Cardiothoracic Surgery.
Clinical Physics.
Haemophilia.
Neonatal Intensive Care and Special Care.
Neuro Imaging.
Neurosurgery.
Oncology and Radiotherapy.
Renal Dialysis and Transplantation.
Plastic Surgery.

Diagnostic and Clinical Support Services

Biochemistry.
Dietetics.
Echo Cardiography.
Endoscopy.
Haematology.
Histopathology.
Medical Physics/Nuclear Medicine.
Microbiology.
Occupational Therapy.
Pharmacy.
Physiotherapy.
Respiratory Function Testing.
Ultrasound.
Vascular Investigation.

Other services based on site but provided by other organisations:

Myton Hospice,
BMI Meriden,
Caludon Centre

Services provided at Hospital of St Cross

Ambulatory Care

Day Surgery, Overnight Stay / 23 hour Surgery.
Outpatients Services.
Magnetic Resonance Imaging (MRI) Scanning.
X-ray including Ultrasound Scanning, Bone Density.
Laboratory Services.
Endoscopy.
Satellite Renal Dialysis Unit.
Macular Unit

Screening

Retinal Screening Centre.
Colorectal Cancer Screening Centre.
Breast Screening.

Urgent Care Centre

A&E Department.

Acute Medicine

Inpatient Medical Services.
Intermediate Care.
Inpatient Rehabilitation Service
Acute Surgery.
Inpatient Elective Surgery.

Other services provided on site:

Services based on the Hospital of St Cross site, but provided by other organisations:

Myton Hospice, Mental Health Unit, Social Services, Recompression Chamber.
GP (Out of hours service).
Walk In Centre.

Strategy

Vision, strategy, values and priorities

Vision, strategy, values and priorities

In support of our strategy - to provide excellent patient care through continual learning and innovation, and to be the first choice for people in Coventry, Warwickshire and beyond - we have built on our vision to **Care, Achieve** and **Innovate**.

We have focused our work over the last year to deliver the best **care** for our patients, **achieve** excellence in education and teaching and to lead **innovation** through research and learning.

We have used our organisational values - **care and respect for all, achieve excellence through pride in our work, and freedom to innovate** - to develop and maintain the culture needed to operate as an NHS Foundation Trust and improve the experience for our patients.

Whilst our immediate goal is to achieve Foundation Trust status, we have developed four underlying strategic priorities that will drive UHCW to truly become a leader in the healthcare industry:

- ▶ Delivering safe, high quality and evidenced patient care
- ▶ Developing excellence in research, innovation and education
- ▶ Improving the business and service framework
- ▶ Building a positive reputation and identity.

Delivery of these four priorities and our vision is key to achieving our overall strategy - to provide excellent patient care through continual learning and innovation, and to be the first choice for people in Coventry, Warwickshire and beyond.

NHS Constitution

Here at UHCW we have been working to promote the NHS Constitution with both our staff and other stakeholders.

The NHS Constitution is included in the induction for new staff, they receive a personal copy and see a film about how it can be applied in their day to day work and what it might mean for them, patients and citizens.

We have included the NHS Constitution in our recent Members' Events and include it in work with young people from our partner school (Foxford), young apprentices and work experience students.

We will continue to promote the NHS Constitution and embed its values, rights and responsibilities in all we do.



Care, Achieve and Innovate

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 are underpinned by measurable goals which will let the Trust see how we are doing. To ensure we are meeting these commitments to you, our progress is regularly reviewed at Trust Board.

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



A Year of Achievement 2010/11

[The information for this chapter is collated from a range of sources specified in the 2010/11 Performance Management and Improvement Framework, Appendix 3]

The Care Quality Commission's (CQC) Registration, from 1st April 2010, was new to the NHS and provides the Trust's license to operate. The Trust had to apply to register in January 2010 against a new set of Essential Standards, and was registered by the CQC, from 1st April 2010, without any compliance conditions.

UHCW is registered to provide healthcare services for nine Regulated Activities* across two registered locations, the University Hospital site in Coventry and Hospital of St Cross, Rugby. All nine Regulated Activities are applicable to the University Hospital site with only six applicable to the Hospital of St Cross.

In order to maintain registration there is a requirement to maintain compliance across the new set of Essential Standards on an on-going basis.

The Essential Standards framework is made up of 28 "Outcomes", 24 of which are relevant to acute Trusts. 16 of these Outcomes relate to the patient experience with the remaining eight relating to central system and process. The Hygiene Code (Outcome 8) now forms part of the formal registration process and is no longer a separate assessment and inspection regime.

The CQC has acknowledged that healthcare providers will need time to develop new compliance processes with the initial focus still on corporate policy and process (as with the former Core Standards), but as compliance processes are embedded, evidence of compliance should increasingly come directly from service users, their representatives and carers, and people in general. UHCW, throughout 2010/11, has therefore been developing compliance processes across the new framework of Essential Standards.

The Trust was inspected by the CQC twice during March 2011.

Firstly, the CQC completed an unannounced inspection at UHCW on 16th March 2011 around dignity and nutrition for older people. The team of inspectors completed observational reviews on two wards, along with staff and patient interviews. Further supporting documentary evidence to demonstrate assurance was also provided. The CQC was complimentary about the Trust's patient centred care and did not place any compliance conditions on the Trust.

UHCW also participated in a further CQC review during March 2011. This was part of an Ofsted Inspection of Coventry City Council's Safeguarding and Looked After Children's Services across Coventry. As part of this Ofsted inspection, CQC inspectors completed a review of UHCW's services, as one of the partner organisations and healthcare providers in the wider Coventry Health Economy. UHCW maintained its registration throughout 2010/11 without any compliance conditions being imposed by the CQC.

*The nine Regulated Activities are as follows:

- 1) Treatment of disease, disorder or injury
- 2) Surgical procedures
- 3) Diagnostic and screening procedures
- 4) Management of supply of blood and blood-derived products etc
- 5) Maternity and midwifery services
- 6) Termination of pregnancies
- 7) Services in slimming clinics
- 8) Family Planning services
- 9) Assessment or medical treatment for people detained under the Mental Health Act 1983

Historical Performance - 2009/10 Periodic Review

1. Historical Performance - 2009/10 Periodic Review

Each year the CQC undertook an independent assessment, known as the Annual Health Check (AHC), for both NHS and independent healthcare organisations. This reviewed performance and generated a rating for quality of services and the use of resources for each organisation based on a four-point scale of "excellent", "good", "fair" or "weak". For the 2009/10 Periodic Review, the CQC had planned to alter these to "excellent", "good", "adequate" or "poor" in the same order of ranking.

Due to revisions to the NHS Operating Framework for 2010/11 the CQC did not publish aggregated scores for Trusts as had been done in previous years for the former AHC rating.

Appendix 1 details UHCW's performance against the nine National Commitment indicators and 13 National Priority indicators that would have formed part of the 2009/10 Periodic Review if aggregated scores had been published by the CQC.

By replicating the scoring methodology that would have been used if aggregated scores had been published by the CQC, UHCW would have improved performance to excellent against the rating of "Quality of Services" and maintained the rating of good for "Use of Resources". This would have been against a rating of good in the 2008/09 Annual Health Check for "Quality of Services" and "Use of Resources".

Table 1: Overall Ratings

	2009/10	2008/09	2007/08	2006/07	2005/06
Quality of Service	EXCELLENT	GOOD	GOOD	GOOD	EXCELLENT
Use of Resources	GOOD	GOOD	GOOD	POOR	ADEQUATE

Table 2: Ratings for Quality of Services Components

	2009/10	2008/09	2007/08	2006/07	2005/06
National Commitments	EXCELLENT	GOOD	GOOD	EXCELLENT	EXCELLENT
National Priorities	EXCELLENT	EXCELLENT	GOOD	GOOD	EXCELLENT

Historical Performance - 2009/10

Periodic Review

1.1 Use of Resources

The Trust score for "Use of Resources" was based on the Auditors' Local Evaluation (ALE) assessment with the last year for this assessment being 2009/10. Each Trust received an individual score against the below five areas, on a scale of 1 to 4 (1 being the lowest and 4 the highest). The individual scores were then aggregated into an overall score for ALE.

In 2009/10 the Trust would have retained its rating of 'Good' for the Use of Resources had the CQC published an aggregated score, however the Trust did receive the following scores following the external audit and review of its Annual Report and accounts. The table below shows the Trust's score against each area of assessment for the last four years:

Table 3: Quality of Financial Management

	2009/10	2008/09	2007/08	2006/07
1: Financial Reporting	3	2	2	2
2: Financial Management	3	3	3	2
3: Financial Standing	3	3	3	1
4: Internal Control	3	3	3	3
5: Value for Money	3	3	3	2
Overall Score	3	3	3	1

Table 3: ALE assessment

1.2 Quality of Services

The score for UHCW's "Quality of Services" would have been formed by two components namely:

- Existing Commitments
- National Priorities

Formerly, for the AHC the CQC would have included compliance against the Core Standards as a third component.

1.2.1 Core Standards

UHCW was fully compliant with all the Core Standards by the end of the 2009/10 financial year.

Historical Performance - 2009/10

Periodic Review

1.2.2 National Commitments and National Priorities

Key achievements:

- Improving performance to achieve the 4-hour waiting time in Accident and Emergency with year-end performance at 98.18%. This was 0.18% above the target of 98.00%.
- Improving performance to achieve both parts of the cancelled operations indicator. With part one, the percentage of cancelled operations for the end of the year being 0.76% against a target of 0.80% and part two, the percentage of breaches against the 28-day standard for the end of the year being 2.98%. This was 2.02% below the target of 5.00%.
- Improving performance to achieve the delayed transfers of care target with year-end performance at 2.98%. This was 0.52% below the target of 3.5%.
- Improving performance to achieve the stroke care indicator. For 2009/10 the end of year position for the percentage of stroke patients who spent more than 90% of their stay in hospital on a stroke unit was 62.20% against a target of 60.00%.
- Continued achievement of the MRSA target with only 11 MRSA bacteraemia against a year-end target of 30 bacteraemia.
- Continued achievement of the clostridium difficile target with 116 infections against a year-end target of 244 infections.
- Achievement of the admitted and non-admitted referral to treatment time target. Higher than 90% of admitted patients received their first definitive treatment within 18-weeks during every quarter of 2009/10 and higher than 95% of non-admitted patients were seen within 18-weeks during every quarter of 2009/10.

In 2009/10 UHCW underachieved against the smoking during pregnancy and breastfeeding initiation rates target. For part one, smoking rates during pregnancy, UHCW under achieved with year-end performance of 13.93%. This was 0.33% above the target of 13.60%. However, for part two, breast feeding initiation rates, UHCW achieved the target with year-end performance of 75.86%. This was 3.20% above the target of 72.66%. (The combined score for part one and part two was an overall score of underachieved.) Our performance against specific targets for 2005/06 - 2009/10 is detailed in Appendix 1.

2. NHSLA Risk Management Standards

The NHS Litigation Authority administers the Clinical Negligence Scheme for Trusts (CNST) and the Risk Pooling Schemes for Trusts (RPST).

Risk Management Standards are issued annually for both the acute Trust and the Maternity Services and the Trust is assessed against the standards every two years (at level 1) or every three years (at levels 2 or 3).

Membership of the schemes is voluntary for NHS organisations in England and Trusts may receive a discount on their scheme contributions where they can demonstrate compliance with the relevant standards. The discounts are 10% for each level achieved, which equates to approximately £0.5 million per level per annum for the Acute and Maternity standards respectively.

The Trust maintained its level 1 status for the acute standards in September 2010 and maintained its level 2 status for the Maternity standards in December 2009. The next assessments will be in 2012.

2010/11 Performance

3. 2010/11 Performance

During 2010/11 the CQC ran a public consultation on the performance management process for 2010/11 onwards. An outcome of the consultation is that the CQC will not publish an overall assessment of NHS providers on their performance in 2010/11. However, during this period UHCW has continued to performance manage delivery against the 2009/10 Period Review targets. The Trust has improved and maintained performance against a number of standards and targets.

3.1 Core Standards and Registration

UHCW was fully compliant with all the Core Standards for 2009/10. Core standards were replaced by registration from 1st April 2010. UHCW has been registered from 1 April 2010 with no conditions against its compliance.

3.2 Existing Commitment and National Priority Indicators

The 'Periodic Review' was an independent assessment undertaken by the Care Quality Commission that generated a rating based on a four-point scale of "Excellent", "Good", "Adequate" or "Poor". The table below shows that for 2010/11 UHCW would have achieved a rating of Adequate against the National Commitment targets and Excellent against the National Priorities targets. Appendix 1 shows UHCW's performance against each of these targets.

National Commitments	National Priorities
ADEQUATE	EXCELLENT

Key achievements:

- 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 revascularisation,
 - ▶ 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 from GP referral to first outpatient appointment
 - ▶ 31 days for cancer from diagnosis to treatment
 - ▶ 62 days for cancer from GP referral to treatment
- The Trust has continued to strive for improvements in infection control and for 2010/11 recorded four cases of post-48 hours MRSA against a target of no more than seven and 104 cases of C Difficile against a target of no more than 110.

Quality of Financial Management (Use of Resources)

Following the abolition of the Auditors' Local Evaluation assessment, the use of resources assessment now concentrates audit review on the following two key areas:

- Securing financial resilience
- Prioritising resources within tighter budgets.

Rather than being scored, the Trust's performance is subject to an audit opinion reported within the annual accounts.



2010/11 Performance

Quality Account

The Department of Health requires all NHS Trusts to produce a Quality Account. In 2009/2010 UHCW published its first Quality Account that described the quality of services we deliver. By putting this information in the public domain we are offering our approach to quality up for scrutiny, debate and reflection.

Our first Account reported where we were doing well in 2009/2010 and demonstrated our commitment to continuous evidence based quality improvement, but also where we need to improve. The Trust Board, after reviewing information from various sources and listening to our patients' feedback agreed three priorities for Quality Improvement. These were infection

prevention and control, effective discharge from hospital and improving information to patients. A review of Quality Accounts undertaken by the West Midlands Quality Observatory, part of the Strategic Health Authority found UHCW's first account to have used data and patient stories effectively in communicating our vision for Quality Improvement. The review also found the document to be very readable and accessible to the public.

UHCW's Quality Account 2010/2011 was published on 30 June 2011 and will detail how the Trust has performed in meeting these priorities and list our quality improvement priorities for 2011/2012.

Performance against specific targets 2005/06 - 2010/11

National **Commitment** performance by indicator:

INDICATORS	2010/11	2009/10	2008/09	2007/08	2006/07	2005/06
Total time in A&E: Four hours or less	ACHIEVED 97.16%	ACHIEVED 98.18%	UNDER ACHIEVED 97.45%	FAILED 96.46%	ACHIEVED 98.01%	ACHIEVED 98.59%
Cancelled operations: 1. % of cancelled operations 2. % of those not admitted with 28 days	UNDER ACHIEVED 0.88% 4.56%	ACHIEVED 0.76% 2.56%	UNDER ACHIEVED 0.90% 4.57%	ACHIEVED 0.57% 3.96%	ACHIEVED 0.66% 0.70%	ACHIEVED 0.34% 1.56%
Inpatients waiting longer than 26 week Standard	ACHIEVED 0	ACHIEVED 0	ACHIEVED 0	ACHIEVED 0	ACHIEVED 0	ACHIEVED 0
Number of outpatients waiting longer than 13 weeks	ACHIEVED 0.03%	ACHIEVED 0.000%	ACHIEVED 0.019%	ACHIEVED 0.004%	ACHIEVED 0	ACHIEVED 0
A maximum 2 week wait for Rapid access chest pain clinic.	ACHIEVED 100%	ACHIEVED 100%	ACHIEVED 100%	ACHIEVED 100%	ACHIEVED 100%	ACHIEVED 100%
A three month maximum wait for Revascularisation	ACHIEVED 0	ACHIEVED 0	ACHIEVED 0	ACHIEVED 0	ACHIEVED 0	ACHIEVED 0
Time to reperfusion for patients who have had a heart attack (Thrombolysis <60 minutes)	ACHIEVED (thrombolysis excluded – low numbers)	ACHIEVED (thrombolysis excluded – low numbers)	ACHIEVED 80.09%	ACHIEVED 72.55%	ACHIEVED 68.85%	ACHIEVED 70.89%
Data quality on ethnic group	ACHIEVED 97.98%	ACHIEVED 97.01%	ACHIEVED 95.36%	ACHIEVED 93.27%	ACHIEVED 96.37%	ACHIEVED 92.02%
Delayed transfers of care	FAILED 5.83%	ACHIEVED 2.98%	UNDER ACHIEVED 3.62%	N/A	ACHIEVED 0.80%	ACHIEVED 0.77%

Performance against specific targets 2005/06 - 2010/11

National **Priority** performance by indicator:

INDICATORS	2010/11	2009/10	2008/09			2007/08	2006/07	2005/06
Incidence of Clostridium difficile	ACHIEVED 104	ACHIEVED 116	ACHIEVED 147			* ACHIEVED 116	N/A	N/A
Incidence of MRSA bacteraemia	ACHIEVED 4	ACHIEVED 11	ACHIEVED 23			ACHIEVED 38	ACHIEVED 52	ACHIEVED 70
18 Week referral to treatment times:	ACHIEVED	ACHIEVED	ACHIEVED					
1.1 90% admitted patients <18 wks	MARCH	Q4	JAN	FEB	MARCH			
	93.02%	93.44%	90.79%	91.14%	91.34%	FAILED 78.23%	N/A	N/A
1.2 Admitted data completeness Average	95.44%	97.48%		95.70%				
2.1 95% Non-admitted patients <18 wks		96.60%		95.96%	96.18%	92.21%		
2.1 Non-admitted data completeness	81.15%			98.09%				
3.1 95% Direct access audiology patients seen <18 wks	100%		96.05%	100%				
3.2 Direct access audiology data completeness	122.71%		90.38%	94.85%	110.14%			
All cancers:								
Two week wait from urgent GP referral to first outpatient appointment	ACHIEVED 94.52%	ACHIEVED 94.01%	ACHIEVED 99.69%			ACHIEVED 100%	ACHIEVED 99.83%	ACHIEVED 99.84%

Performance against specific targets 2005/06 - 2010/11

National **Priority** performance by indicator:

INDICATORS	2010/11	2009/10	2008/09	2007/08	2006/07	2005/06
All cancers: one month maximum wait from diagnosis to treatment	ACHIEVED 99.74%	ACHIEVED 99.87%	ACHIEVED 99.86%	ACHIEVED 99.89%	ACHIEVED 98.78%	ACHIEVED 98.26%
All cancers: two month maximum wait from GP urgent referral to treatment	ACHIEVED 88.05%	ACHIEVED 89.20%	ACHIEVED 96.74%	ACHIEVED 97.91%	ACHIEVED 95.66%	UNDER ACHIEVED 88.76%
** Experience of patients	SATISFACTORY	SATISFACTORY	SATISFACTORY	SATISFACTORY	SATISFACTORY	SATISFACTORY
** NHS Staff satisfaction (score)	SATISFACTORY	SATISFACTORY	SATISFACTORY	N/A	N/A	N/A
Infant health & Inequalities: Smoking during pregnancy	UNDER ACHIEVED 15.03%	UNDER ACHIEVED 13.93%	ACHIEVED 13.60%	ACHIEVED 16.69%	UNDER ACHIEVED 17.20%	ACHIEVED 19.43%
Breastfeeding initiation	76.19%	75.86%	77.10%	70.66%	63.87%	64.45%
Stroke Care:: 1. % of patients that have spent 90% of their stay in hospital on a stroke unit. 2. An unweighted average of scores for the eight key indicators from the Sentinel Audit.	ACHIEVED 80.03%	ACHIEVED 62.20%	UNDER ACHIEVED 56.76%	N/A N/A	UNDER ACHIEVED 51%	N/A N/A
	N/A	N/A	82.10%	N/A	N/A	N/A

Performance against specific targets 2005/06 - 2010/11

National **Priority** performance by indicator:

INDICATORS	2010/11	2009/10	2009/08	2007/08	2006/07	2005/06
*Engagement in clinical audits	ACHIEVED	ACHIEVED	ACHIEVED	N/A	N/A	N/A
*Participation in heart disease audits	ACHIEVED	ACHIEVED	ACHIEVED	ACHIEVED	UNDER ACHIEVED	ACHIEVED
Maternity Hospital Episode Statistics: data quality indicator	ACHIEVED	ACHIEVED 5.04%	ACHIEVED 4.93%	N/A	N/A	N/A

* No data is available as these indicators are measured via a special data collection which usually involves yes/no questions.

** Performance measured by the NHS Inpatient or staff Survey, Satisfactory is the highest score awarded to Trusts.

N/A Not applicable, the indicator was not measured as part of the Periodic Review

Patient & Public Involvement (PPI)

Patient experience is a fundamental component to delivering a quality service and UHCW is dedicated to continuing improvement of the experience and care our patients and their visitors receive. During 2010 the Trust added new focus to ensure that the views of its patients, their carers, relatives and visitors are considered when planning and delivering services. A new Director of Engagement was appointed to lead this work. Surveys were undertaken, focus groups organised, consultations held with the Patients' Council and Foundation Trust members to name but a few activities.

From these the Trust learned that patients continue to be very satisfied with the way their well being is looked after, cleanliness and the facilities and premises. However, patients are less satisfied with car parking and discharge processes and a dedicated focus to deliver a better service in 2011/12 in both these areas is underway.

As a consequence, a detailed review of discharge processes was initiated which has resulted in a discharge information pack being trialled as well as a clothes bank being established. This is for use by patients who need to be discharged but do not have their own clothes readily available. With regard to car parking, MBA students at Warwick Business School have been commissioned to undertake a thorough option appraisal and their recommendations are being reviewed at Trust Board and actions will be communicated to enhance patient and visitor experience during Summer 2011.

Whilst the Trust continues to work with individual patients to improve the experience of all, it also continues to work in partnership with local third sector organisations

In 2010 Trust staff, working with the Coventry branches of the Alzheimer's Society, Age Concern and Coventry Carers successfully secured money from the Kings Fund to provide a

Memory Lane, Commemorative Art Work and a Lounge at University Hospital for use by patients with dementia, their families and carers.

For further information on any of the above, please contact Julia Flay, Patient Involvement Facilitator, on 024 7696 5186.

Membership

Here at UHCW, we believe that involving public and patients in decisions about services is an integral part of planning services, improving the patient experience and meeting the needs of the communities we serve. We have recruited an engaged and active membership to inform our service developments and provide feedback to help us make improvements. The membership consists of both public and staff members.

A number of communication initiatives keep our members informed and facilitate twoway feedback. These include; a quarterly membership newsletter "Your Health. Your Trust, Your Say, Your Membership", members' events and opportunities to join in consultations and workshops. We are working with our partner school (Foxford) to have a young Persons Council and, as we progress further along the Foundation Trust Application process, we shall be conducting elections from, and with our membership, for seats on our Assembly of Governors.

Further information on becoming a member and opportunities to engage with the Trust can be found on the Trust's website www.uhcw.nhs.uk or email: foundation@uhcw.nhs.uk



Stakeholders

This year we have continued to build on the relationships with our existing key stakeholders and partner organisations and have forged new relationships, working with new partners on a number of projects. Some examples of these include:

- **Foxford School and Community Arts College** (our partner school), supporting students to experience the world of work within healthcare;
- **Age UK**, developing information packs for elderly patients being discharged from our care;
- **Alzheimers Society**, successfully bidding for funds from the King's Fund to develop facilities for patients with dementia.

We are looking forward to working with other partners on a number of projects over the coming year that will improve the facilities for and the experiences of our patients and staff.

Overview and Scrutiny Committees

The Trust is committed to working closely with our Local Authority Health Overview and Scrutiny Committees, providing early briefings on key issues such as potential service changes. As part of this we attend meetings of the committees and participate in public question and answer sessions as required.

Cost of Information

There is no set fee to receive information under the Freedom of Information Act and in many cases the information will be provided to you free of charge. However, we may refuse a request if it will cost in excess £450 or the equivalent in staff time to collate and retrieve the information asked for. In respect of requesting

health records, the Trust charges up to a maximum of £50 for providing a photocopy of a person's medical records.

For the most part, for general information we will charge you only for hard copies or copying onto media (e.g. CD). Some information is available free, but for others there may be a charge. The charges will vary according to how information is made available. For more information please check the Trust website at www.uhcw.nhs.uk/about-us/freedom-of-information-act

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 on going staff training is delivered to ensure staff understand their role in an incident.

The Emergency Planning Team have been building on the partnership working which developed during the response to the H1N1 Influenza Pandemic in 2009. This ensures a consistent approach is developed across the Local Health Economy and also the region and ensures learning can be shared between organisations following training and exercises.

Sustainability

As a good corporate citizen UHCW NHS Trust is committed to sustainability reporting being the starting point towards low carbon sustainable healthcare. The report conforms to the public sector requirements in The Financial Reporting Manual (FRM), Department of Health Manual for Accounts.

Summary of Performance

Finite Resource Consumption - Water

			2009/10	2010/11	Graphical Analysis
Non- Financial Indicators (M³)	Water consumption	Supplied	332,996	355,253	
		Abstracted	0	0	
Financial Indicators (£k)	Water Supply Cost		538,165	599,994	

Performance Commentary (Including targets)

We have set a target of 5% water reduction target over three years from 2009/2010 levels to 326252 M³

Controllable Impacts Commentary

Our major impacts are through water control measures including flushing and catering. We have plans in place to manage the flushing regime more efficiently and we are in discussions with key stakeholders to manage water used in catering more efficiently.

Overview of Influenced Impacts

The Trust has no direct control over the activities of its PFI partners, but is working to set water reduction targets for 2011/2012.

Waste

			2009/10	2010/11
Non-Financial Indicators (tonnes)	Hazardous Waste	Total	1,499,514	N/A
		Clinical	1,492,192	N/A
		Cytotoxic/Cytostatic	4050	N/A
		Medicine	2662	N/A
		Other	0	N/A
	Non-Hazardous Waste	Landfill	610	N/A
		Reused/recycled	N/A	N/A
		Incinerated	1498	N/A
Financial Indicators (£k)	Total Disposal Cost		782,000	N/A
	Hazardous Waste - Total Disposal Cost		503,820	N/A
	Non-Hazardous total disposal cost	Landfill	277,446	N/A
		Reused/Recycled	734	N/A
		Incinerated	503,820	N/A

Performance Commentary (Including targets)

We have a target of a 5% reduction in waste sent to landfill over the next 3 years.

Controllable Impacts Commentary

A significant impact on waste is the amount of paper used; an action plan is being drawn up to reduce this by 5% over the next year.

Overview of Influenced Impacts

UHCW NHS Trust is working with suppliers to reduce the amount of packaging sent to the Trust.

Greenhouse Gas Emissions

		2009/10	2010/11	Graphical Analysis
Non- Financial Indicators	Total Gross emissions for Scope 1	9,847,435	9,679,594	
	Total net emissions for Scope 2	19,403,382	19,278,858	
	Gross emissions scope 3 (business travel)	79,973	N/A	
	Other scope 3 emissions measured	0	0	
Related Energy Consumption (KWh)	Electricity Non-renewable	35,588,170	35,359,777	
	Electricity renewable	0	0	
	Gas	47,892,642	46,496,214	
	Oil	344,442	330,680	
Financial Indicators	Expenditure on Energy	3,162,488	3,174,092	
	CRC Licence Expenditure	1,280	1,290	
	Expenditure from accredited offsets	0	0	
	Expenditure on official business travel	429,859	365,265	

Performance Commentary (Including targets)

UHCW NHS Trust has a target to reduce its greenhouse gas emissions by 10% by 2015, which it is on track to achieve. There is also a longer term target to reduce carbon emissions by 26% by 2020.

Controllable Impacts Commentary

The main impacts from UHCW NHS Trust are from electricity and gas consumption. Strategies have been developed to reduce this through technology upgrades and efficiency campaigns.

Overview of Influenced Impacts

UHCW NHS Trust has some influence over its supply chain through key stakeholders. An action plan is being developed with HPC to set targets for carbon reductions expected from our suppliers in new contracts.

Biodiversity and Adaptation Action Planning

The Trust has an ongoing programme to improve, enhance and monitor the natural space under its stewardship. The Trust has in place a Climate Mitigation and Adaptation Plan to ensure that the business is adaptable to climate change both on its estate and business continuity.

Sustainable Procurement

The Trust is working with its procurement partners, Buying Solutions, Supply Chain and Healthcare Purchasing Consortium to develop carbon reductions strategies.

Governance

The Trust has used 2010-2011 to establish detailed baseline for carbon reporting to ensure the accuracy of future disclosure and set out in its Sustainable Development Management Strategy 2010 direction for the responsible use of resources and carbon reduction actions to meet national targets over the next decade.

Note:

The above report has been prepared in accordance with guidelines laid down by HM Treasury in "Public Sector Sustainability Reporting" published at www.financial-reporting.gov.uk, The NHS Carbon Reduction Strategy (Saving Carbon Improving Health), Good Corporate Citizen self assessment tool.

Emissions accounting includes all scope 1 and 2 emissions along with separately identified emissions related to official travel. Defra conversion rates have been used to account for carbon.

Our Staff

Staff in Post Information

Overall the clinical workforce grew by 0.5%, with key growth and investment in Healthcare Scientists and Technicians and Allied Health professionals. During the year we have seen a reduction in management, administration and estates staff totalling 3.55%, in line with our cost improvement programmes and the implementation of new systems/ new ways of working allowing us to become more efficient.

In 2010/2011 the Trust acted as host employer for staff employed by the Healthcare Purchasing Consortium (HPC). It is proposed that these staff are due to be TUPE transferred on 1st April 2011 to a new employer. In addition, it is proposed that a number of staff transfer into the Trust from 1st



April 2011 under the Transforming Community Services framework. These staff will be in the areas of Chronic Obstructive Pulmonary Disease and Diabetes.

Staff Breakdown

	1st April 2010 Actual Staff in Post (Full Time Equivalent)	March 2011 Actual Staff in Post (Full Time Equivalent)	Percentage Change 2010 - 2011
Consultants	322.31	322	2.92
Other Medical Staff	503.00	474	-6.12
Nurses	1759.30	1675	-5.03
Midwives	189.91	180	-5.51
Healthcare Scientists and Technicians	604.60	701	13.75
AHP's	270.97	330	17.89
Healthcare Assistants and Support Staff	1115.11	1196	6.76
Clinical Staff Total	4765.20	4858	1.91
Management, Administration and Estates Staff	1216.68	1093	-11.32
Total	5981.88	5951	-0.52

Staff Costs

The total Trust pay bill equated to £269m. With regard to performance management, staffing costs are a core agenda item at Divisional Boards and Human Resource Managers give a monthly update on performance.



Staff Absence and Well-Being

There has been a sustained reduction in sickness absence over the last three years. For the 2010 calendar year, the sickness absence figure is 4.54% and this is used as a proxy, as per Department of Health guidance, for the financial year 2010/11. This compares with 4.48% for the calendar year 2009/10.

With regard to performance management, staff absence is a core agenda item at Divisional Boards and Human Resource 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.

In addition we recognise the importance of maintaining staff well-being and in 2010/2011 have introduced pilots for fast-track physiotherapy and physiological services, as part of a new Health and Well-Being Strategy.

Staff Impressions & National Staff Survey

In 2010 we again undertook Staff Impressions, our own local staff survey, which gave all of our staff, volunteers and contractors the opportunity to feed back on the Trust.

We had a 37% response rate, 7% more than 2009, and we were pleased to see that 86% 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.

In addition, we took part in the National Staff Survey achieving a 41% response rate, compared to 52% in the previous year. Some key headlines from this survey include:

Patient Care

- 90% are satisfied with the quality of care they give to patients
- 69% are able to deliver the patient care they aspire to
- 64% are able to make suggestions to improve the work of their team/department
- 83% of staff have had Infection Control training in the last 12 months, and 77% believe that the Trust does enough to promote the importance of hand washing to patients, service users and Trust visitors

Staff Development

- 68% have had training that has helped to do their job better
- 78% have had a work appraisal resulting in clear objectives
- 67% are satisfied with the opportunities they have to use their skills



Our Staff

Management

- 67% of managers encourage staff to work as team, and 63% can be counted on to help staff with difficult work tasks.

Reporting

- 82% of staff said that the Trust encourages them to report errors, near misses and incidents.

The results and individual comments from both our local survey and the national survey are currently being 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 2011/12 to assess progress made against these action plans and to gather further evidence to inform management action.

Workforce Profile

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 29% BME groups, whilst 79% of the current Trust workforce are female.

Meanwhile 7.6% of our workforce are aged 25 years or below, highlighting our continued support for apprenticeship programmes and encouraging

school/ college leavers to consider a career in the NHS. Another 10% of our workforce are aged 56 years plus, presenting a challenge in terms of workforce plans as staff near retirement age.

A strong emphasis is placed on workforce planning across the Trust, combining this with service planning and clinical developments.

Recruitment Monitoring

Monitoring of job applications shows that 48% were from BME applicants. Of those short listed, 37% were BME applicants and of those successfully appointed 27% were BME applicants. Of the total job applicants, 66% were female and 34% were male. Of those short listed, 74% were female whilst 26% were male and of those candidates successfully appointed 74% were female, 26% were male.

Of the total job applications, 4% were from those declaring that they had a disability and 92% were from those declaring that they did not have a disability (with 4% classified as undefined). Of those short listed, 3% declared that they had a disability against 88% who declared they did not, 8% were undefined and 1% did not declare.

Of those successfully appointed 1% were candidates declaring that they had a disability against 85% who declared that they did not, 13% were undefined and 1% did not declare.

Equality and Diversity

We continue to be committed to actively seeking to eliminate unlawful or unfair discrimination in the workplace and throughout our activities. We seek to ensure that everyone, regardless of their background or characteristics, are able to achieve equal outcomes which 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 advent of the Equality Act 2010 provides us with a coherent framework that allows us to make decisions around Equality that are relevant to us and our community.

Achievements this year

This year the Trust has been successful in becoming an Equality and Diversity Partner supported by NHS Employers. They stated that:

"The evidence you submitted was informative and the contents demonstrated the enormous commitment of your Trust to embedding equality, diversity and human rights into the core business of your organisation."

UHCW is one of only 13 Trusts from across the country that have been selected to be part of the programme which will:

".... offer a select number of NHS organisations the opportunity to work on Department of Health Equality and

Diversity Council priorities with a focus on organisational development – in order to equip themselves for the challenges of the transition into the new NHS environment. The Programme will help you grow and share your good practice locally and nationally – and across the wider public sector."

We are delighted and honoured to be recognised in this way and look forward to learning from the programme and continuing to be exemplars of best practice in relation to equality and Diversity.

Over the last year excellent progress has been made in many areas, these include:

- **National Equality and Diversity Conference** - Confronting the Challenge – Doing it right! Doing it now! Conference was held at University Hospital in April 2010 with nearly 200 delegates from around the country. Themes included Equality Act 2010, Community Cohesion, Transgender, Gypsies and Travellers and Carers.
- **Commitment and Leadership** -The Trust Board has participated in four seminars and briefings during the past 12 months. It has demonstrated commitment and supportive leadership in relation to the Equality and Diversity agenda.
- **Training** - as of May 2011 117% target figure of 7270 (actual number trained 8510) of the Trust's employees had received basic Equality and Diversity training. All new starters must attend the Equality and Diversity session before they commence their employment with the Trust.





Equality and Diversity

- **Employment - Inclusion Project**

In 2010, the NHS National Leadership Council commissioned the Breaking Through pilot project with six NHS organisations to investigate how organisational culture can affect how inclusive its behaviour is for both patients and staff. UHCW NHS Trust was one of the six pilots projects which aimed to create a shift in cultures in order that staff may thrive and progress to become the best that they can be.

- **Partnership Working**

Further improvements have been made in relation to consultation and partnership working including playing an instrumental role in setting up the Equality, Diversity and Human Rights leads in Coventry forum. We have continued to attend a number of community group meetings.

Single Equality Scheme and the new Equality Act 2010

The Trust's Single Equality Scheme (SES) 2007 - 2010 was the Trust's response to the statutory general and specific duties within the Race Relations (Amendment) Act 2000, the Disability Discrimination Act 2005 and the Equality Act 2006. The Scheme has now run its full course and is naturally at an end which coincides with new legislation, namely the Equality Act 2010.

The purpose of the Equality Act is to consolidate existing discrimination legislation and contains new measures, which are intended to strengthen protection against discrimination. It brings together all the legal requirements on equality: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, and sexual orientation which are referred to as 'protected characteristics'.

Looking ahead

The Trust will be developing a new Equality and Diversity Scheme in line with the Department of Health's new initiative - Equality Delivery System. This will facilitate a smooth transition to the

implementation of the new Equality Act 2010 and the General and Specific Duties, but just as importantly make certain that both patients and staff are able to contribute to the planning and assessment of our services.

To this end over the next 12 months we will be embarking on a programme of activities to engage with all sections of the community to find out how they think we can progress Equality and Diversity within the Trust and the wider community.

We will be holding a series of events where the community and other stakeholders will be able to discuss what they believe are issues that we might want to focus on, thus helping us set our **Equality Objectives** for the three - four years. If you wish to take part in these please contact Barbara Hay on barbara.hay@uhcw.nhs.uk.

A plan of action to achieve this by April 2012 has been agreed by the Trust Board.

Other planned activities for 2011-12 include:

- Launching a new easy-read book which will enable patients and staff to identify basic needs, when the patient is unable to verbally articulate needs due to temporary and permanent disabilities, learning difficulties or disabilities, dementia of where English is not the first language.
- Creating Independent Advisory Groups made up of community representatives who will act as critical friends and provide constructive and objective assessments on our Equality and Diversity activities



Training and Research

Research

Research is integral to the Trust to lead innovation and provide world-leading excellence in patient care. It ensures that we are a leader rather than a follower in healthcare provision and allows us to attract and maintain highly skilled and motivated staff. We are committed to establishing our Trust as an internationally recognised centre of excellence by supporting our staff, working in world class facilities and conducting leading edge research focused on the needs of our patients.

Our current major research themes are metabolic medicine, reproductive health, musculoskeletal and orthopaedics and cancer (including the Ear, Nose & Throat specialty). These are complemented by additional areas of clinical research activity (for example cardiovascular, kidney and respiratory medicine). To date, most research activity has been led by medical teams. This year we have appointed a Professor in Nursing to lead research activity within Nursing, Midwifery and Allied Health Professionals.

Key Achievements

- The NHS Operating Framework requires individual Trusts to double the number of patients recruited into National Institute of Health Research (NIHR) portfolio trials by the end of 2013/14. We are exceeding this target with 4,928 patients taking part in NIHR during 2010. Recruitment data is provided by the NIHR Clinical Research Network.
- Research activity continues to increase. There are currently 154 Principal Investigators within the Trust, with 394 active research projects. There are more than 50 research Nurses, Midwives and Allied Health Professionals assisting with research projects and increasing numbers of staff are undertaking research, higher degrees and PhDs. Information on study and researcher numbers is provided from the Research and Development research database. The Trust provides free research training for all staff.

- Research Governance ensures standards are being maintained within research activities and is assured by the Research Governance and Human Tissue Committee which meets quarterly and reports to the Clinical Governance Committee. To provide external assurance of its research processes, the Trust commissioned an audit in September. No major findings were identified and the auditor praised the positive and professional manner in which Trust staff are conducting research.
- Of the 12 finalists in the West Midlands NHS Innovation Awards 2010 two were Trust projects and an oral cleaning device for debilitated patients designed by our staff (the 'Teggy') won first prize. We are now hoping to secure additional funds to develop the device further and this device is through to the second round of the National Medical Future Innovations awards.
- The Research and Development team is leading on the development of a Trust wide strategy for research. The Trust's mission, Care - Achieve - Innovate, is explicit in that we will deliver the best care for our patients, achieve excellence in education and teaching and innovate through research and learning. As such, there is a requirement for a clear strategy to develop research and innovation. The key areas for delivery are to 'instil and embed a culture of research and innovation' and 'grow investment in, and revenue from, research and innovation'. By developing and delivering this research and innovation strategy, we will also contribute to the delivery of the other Trust strategic priorities.

Medical Education and Training



The Trust's partnership with Warwick Medical School to teach medical students continues to flourish. We are anticipating that in time there is likely to be a shift towards more GP based placements which will impact on the Trust's income from Service Increment for Teaching (SIFT). Over the next three years, there will be additional changes in income to the Trust following the Multi-Professional Education and Training (MPET) review which will result in some decrease in SIFT funding and an amalgamation of the educational budget.

Overall the Trust is likely to suffer a modest loss in income when compared with neighbouring hospitals but is likely to fare better than some other large teaching Trusts. The Trust's postgraduate trainee doctors will continue to be supported by the structured educational programme which is underpinned by Clinical Tutors and Educational Supervisors. These structures have been strengthened by the provision of training the trainer courses and a growing focus on the importance of education within the Trust which now includes incorporation into the mandatory training program. Our excellent teaching facilities continue to be well utilised and further developments for the clinical simulation centre are progressing.

The Government has released new proposals for education in its 'Liberating the NHS - Developing the Healthcare workforce' document, which implies that provider units will be formed, funded separately to most NHS expenditure, and be more locally responsible for the workforce planning and development. It is not clear whether this may mean more than one 'unit' for the West Midlands and how precisely the funding be levied. The timetable for these changes is ambitious (April 2012) and the Trust will need to respond rapidly and effectively to ensure that it is well placed to benefit.

Clinical Developments / Divisional Reports

Medicine and Emergency Division

This year has seen a significant restructure of the Medicine Division with the Hospital of St Cross joining the Division. This change was precipitated by the arrival of a new Director of Operations for the Division, permanent appointment of Divisional Nursing Director, Deputy Divisional Nurse, Modern Matrons and a reorganization of the specialties managed by the General Managers.

As such new performance monitoring structures have been introduced that has seen a considerable improvement in the performance metrics on all wards.

The Department has continued to see a rise in emergency attendances which has placed huge pressures on it. This has resulted in increasing medical cover overnight and at weekends to improve patient safety and increase discharges to maintain patient flow. To support our delivery of quality patient care we have introduced our first Nurse Consultant.

We continually work with other health partners to try and ensure that only those patients who need emergency care actually come to A&E. This has led to agreed funding from NHS Coventry to provide a senior nurse to work with the nursing and residential home staff to provide education and training assess patients in the homes and liaise with GP and colleagues specialising in care for older patients to avoid unnecessary admissions where possible. The Division is also working with community services to develop a number of other pathways for emergency care to be rolled out over the coming 12 months so more patients being treated out of hospital and in the community.

In the Emergency Department our care for major trauma patients means that UHCW now has some of the best survival data in the country and further supports our drive to become a major trauma centre in 2011/12.

There have been significant developments in the last 12 months including:

- Ongoing evaluation around the best model of care for inpatients.
- Seven day working has been introduced into Gastroenterology and Respiratory to ensure seven day consultant input and improve discharges
- Additional consultant input to the Emergency Department with the on call consultant resident in A&E until 10pm each night.
- All rehabilitation beds moved to the Hospital of St Cross, with the result of increasing the bed numbers for the care of older patients and creating a short stay medical unit on Ward 2.
- An Ortho-geriatrician post has been approved to provide specialist medical support to the elderly and frail who have sustained fractures.
- Two new Respiratory Consultants have been appointed this year and the team has begun leading the community COPD service with a consultant moving out into the community.
- Appointment of three additional Gastroenterologists has been agreed to support the growing number of patients requiring endoscopy procedures. In addition one of the posts will lead Trust wide on Nutrition as part of the recommendations by the Royal College of Physicians.
- Investment in the Integrated Discharge Team (IDT) to increase their staff numbers and ensure a member of the team is allocated to every medical ward to improve discharges and support complicated discharge packages.
- Quarterly meetings have commenced with care home managers across Coventry to work collaboratively with the Matrons and the Integrated Discharge Teams to understand issues that affect both the acute and community service providers.

2010/11 has seen growth in activity across all our specialties, which has come at a time when each department has been working hard to reduced overall waiting times and achieve the Government target to treat patients within 18 weeks. Each service has worked extremely hard to achieve and ensure our continued commitment to improvements in the quality of care to our patients and we have delivered reductions in overall length of stay across the medical wards.

Planned developments for 2011/12 include:

- A major service redesign of the Emergency Department. As the number of patients continues to rise, particularly from Warwickshire, this means the need to provide a medical High Dependency Unit is now a key priority;
- Leading on the implementation of a 'Patient flow' electronic patient tracking system. This is to be trialled on three wards;
- Implementation of nurse led discharge; Developing a Medical Day Case Unit to provide treatments and diagnostics in a day case environment to free up inpatient beds is a priority;
- Conducting a bed base analysis / reconfiguration to ensure the Division has enough beds to meet its needs.

The Hospital of St Cross has had a year of development with a number of projects started in the previous year now coming to fruition, not least a significant investment in a new Macular unit. The investment to refurbish buildings continues and a significant investment has been placed on updating the Information Technology support systems on site, markedly improving resilience and speed of service. The Hospital of St Cross has listened to the comments of its stakeholders and has reviewed and replaced signage around the site to improve the ease at which locations can be found. Other activities that have been undertaken this year are:

- The Macular unit officially opened its doors in January 2011 and provides a one stop diagnostic and treatment centre for patients.
- The Rehabilitation Unit was extended with the opening in September 2010 of a further 22 beds on Oak Ward, for patients where it has been identified that they would benefit from rehabilitation in an effort to improve quality of life.
- The Ash Dialysis Unit was expanded with a number of low dependency stations opened. This has increased the opportunity for those patients who require minimal nursing input to dialyse locally and so hopefully, improve their quality of life.
- A live CCTV system, has been introduced, which is monitored 365 days a year 24 hours a day, safeguarding patients, visitors, staff, property and estates
- The future model for the delivery of urgent and unscheduled care services has been agreed following consultation and a comprehensive plan has been put into action to develop and deliver a 24 hour nurse led urgent care centre.
- Young diabetic patients are now seen in the Joan Cox Diabetic Unit which enables us to provide a more integrated service as they develop.



Specialist Networks

Specialised Networks provide services to the local population of Coventry and Warwickshire (circa 800,000) and tertiary services to a population in excess of 1.6 million covering Worcester, Redditch and Herefordshire, Leicestershire County and Rutland Community Hospitals (LCRCH). For some services, it extends to national and international populations in response to pioneering developments (e.g. in kidney transplantation).

Growth in demand for specialised services at UHCW is a measure of the success and reputation of the specialties concerned which include neurosciences, kidney, heart, cancer and haematology.

Key Achievements

- The Division was one of the country's first 'gold standard' stroke service providers for people suspected of suffering from a stroke and delivery of this service has gone from strength to strength. Under this service, as soon as a stroke patient is brought into hospital they are treated as an emergency and are given a CT brain scan and clot busting drugs when needed, reducing the impact of the devastating damage that a stroke can cause and, in many cases saving the patient's life.
- As a pioneering hospital for kidney transplants University Hospital is one of the leading centres in the UK for Antibody Incompatible Transplantation and currently receives referrals from the West Midlands, the rest of England, Wales, Northern Ireland, and the Republic of Ireland. Data supplied by UK transplant demonstrates that UHCW has some of the best one year and five year graft survival rates for organs donated by living or deceased patients.
- A service focusing on irregular heart rhythms was recently introduced within Cardiology providing Implantable Cardioverter Defibrillators (ICDs). This has now been extended to include the provision of cardiac electrophysiology services (EPS). The emergency angioplasty service for heart attack continues to work well and be a model for team working across Coventry and Warwickshire with 351 patients treated last year.
- Developments in the Heart Failure Service include iron therapy, and an innovative day therapy service to reduce hospital admissions. The specialty also excels in the West Midlands for its surgery to repair the heart's mitral valve, which includes using minimally invasive techniques.
- Within Cardiothoracic, the lung resection rate is now higher than most other UK units. In addition the Specialty has recently adopted minimal access surgical techniques, which have less morbidity and more rapid recovery than alternative techniques and reduces the patient's length of stay. Also, the technique of Left Thoracophrenotomy has recently been introduced which is one-stage operation that reduces the operative time to less than two hours compared to six hours for other methods. This is not only better for patients in terms of less pain, discomfort and faster recovery but it has also halved the patient's length of stay. The Specialty is fast becoming a centre of excellence for tracheal surgery and now attracts nationwide referrals.
- A report by the Department of Health's Chief Medical Officer's Venous ThromboEmbolic expert group in 2007 estimated 25,000 people in the UK die from preventable, hospital acquired VTE every year. In response to this an incentive was introduced for Trusts to address this issue. In response, Clinical Haematology has introduced a thrombosis team to lead on quality in prevention and management of VTE across the trust.
- Commissioners this year required Neurosurgery to introduce a series of Patient Reported Outcome Measures (PROM) for specific neurosurgical conditions. The Specialty identified specific clinical outcomes for these conditions and put in place reporting mechanisms that will be used as evidence to inform future commissioning plans.

Women and Children's Division

2010/11 was a busy year for the Women and Children's Division. The increase in activity in all specialties made the year particularly challenging, however the management and staff rose to the demands by reviewing services and working in different ways.

Gynaecology

The gynaecology service delivers general gynaecology, out patient procedures, (urodynamics) and reproductive medicine. During 2010/11 nurses' roles have been extended in the emergency gynaecology department, particularly in regard to ultrasound scanning. The benefits of nurse scanning are that the patient experience is enhanced by continuity of care, waiting times are decreased and nurses are able to give reassurance and reduce anxiety for the client.

The gynaecology oncology nurses have developed roles which enable them to provide nurse led clinics which have been evaluated well by this cohort of women. A senior nurse in the centre for reproductive medicine has developed her skills to undertake egg collection and embryo transfers, again enhancing care to women.

The gynaecology urodynamic service has been developed over the last two years and the specialist nurse in this area has also developed a nurse led clinic.

Paediatric and neonatal services.

In 2010/11 the neonatal service implemented the baby cooling technique. This enables babies born with specific conditions to be cooled preventing long term cerebral problems. The unit has seen a number of babies transferred into the service to use this specialist service.

The unit works collaboratively across the neonatal network to provide high quality transport services for newborns, thus releasing core staff to provide high quality neonatal care in Coventry. In January 2010 the Children's Emergency Department nursing staff became part of the paediatric department enabling a more flexible work force. A Paediatric Early Warning System (PEWS) has been rolled out in the service with a dedicated practice educator providing training.

Maternity services

The activity in the maternity service has increased year on year since the move to the west wing in 2004. In light of this increase in activity the service is currently under review in order to ensure it has an appropriate workforce. A skill mix review has also been undertaken and the role of the maternity support worker has been developed freeing hospital and community midwives to deliver essential midwifery care.

Midwives continue to develop and enhance their skills in several areas. Midwife sonographers continue to be developed to enable women to have ultrasound scans by a highly skilled midwife clinician who can provide continuity of care.

In order to ensure that babies are screened effectively after birth, the role of the Newborn Initial Physical Examination (NIPE) has been developed in conjunction with Coventry University. This has resulted in midwife led clinics being developed and has reduced the need for mothers to stay in hospital awaiting a medical review.

Professor Siobhan Quenby has joined the service and is working to develop the recurrent pregnancy loss services in the Department.



Diagnostics and Service

Diagnostics and Service

The Diagnostic and Services Division provides a broad range of services to the majority of both the inpatients and outpatients at the Trust including:

- Physiotherapy, Occupational Therapy, and Dietetic Services
- Theatres, Anaesthetics, Day Surgery Unit, Endoscopy, Bowel Screening Service and the Chronic Pain Service
- Critical Care Medicine
- Pharmacy, Outpatients, Blood Transfusion and Medical Illustration
- Radiology, Nuclear Medicine, Breast Screening and Clinical Physics departments.

The clinical support services provided by the Division are very often complex in nature and, for the majority of patients, are essential to the delivery of effective and safe patient care. The Division utilises the latest technology across all of its services to support the highest level of diagnostic and therapeutic care.

During the past 12 months, as it has in previous years, the Division has continued to concentrate on enhancing the efficiency, timeliness and quality of the services it delivers. Working with the surgical specialities, we have ensured that more of our operating sessions in theatres has been fully utilised which has improved access to surgery for our patients, as well as reducing our costs.

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

Efficiency

Over the last 12 months, work has continued under the IMPaCT Programme to improve the quality and efficiency of the services the Trust delivers. The overall aim of the programme is:

"To meet the health needs of our patients by providing high quality, cost effective and efficient healthcare services, delivered by appropriately trained, skilled, motivated and happy staff."



The programme is supported by a small core team of staff which has undergone a significant reconfiguration over the last 14 months that has resulted in the delivery of a cost improvement saving of over £175k.

The Team has concentrated on the following areas:

- Theatres at both Coventry and Rugby sites
- Outpatients at both Coventry and Rugby sites
- Team building
- Women & Children's services
- Clinical Governance
- Infection Control
- Cardiology
- Critical Care
- Audiology

This work resulted in:

- Development of cardiac catheter pre assessment clinic with 30% of patients now receiving a pre-assessment work up.
- Introduction of theatre team brief across both sites and all theatres to improve patient safety and the smooth running of theatre lists.
- Implementation of a showcase anaesthetic room which identified a one off saving of £4k - this is now to be rolled out across all University Hospital theatres by the theatre management team.
- Development and implementation of an agreed process and policy for the introduction of MRSA screening for all emergency admissions

The Team has strengthened its links with Warwick Business School by supporting the practical application of research into flow modelling.

Overall improvement initiatives have continued and even accelerated in some areas over the last 12 months. The Cardiology department for example is about to embark on its third year of continuous improvements.

Information Governance

Information Governance provides a way for NHS employees to deal consistently with the many different rules about how information is handled, to safeguard all personal data in relation to patient/s service users and employees.

An effective Information Governance framework allows organisations and individuals to have confidence that personal information is being dealt with legally, securely, efficiently and effectively, in support of delivering the best possible standards of care.

The Chief Medical Officer is the Trust's board level Senior Information Risk Officer (SIRO), and is 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.

The IG Toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards. It also allows members of the public to view participating organisations' IG Toolkit assessments

Version 8 of the IG Toolkit was released at the end of June 2010 and included significant changes to previous versions, including a major consolidation of 62 requirements to 45 more complex requirements. All NHS Trusts and Strategic Health Authorities are subject to a three stage reporting process of the Toolkit with the Baseline and Performance Updates for the Trust having been submitted to Connecting for Health on 31st October 2010, with final submission on 31st March 2011. These changes link to the NHS Operating Framework (Informatics Planning 2010/2011) which requires that all organisations achieve level 2 in 22 identified 'key' requirements, whilst working towards at least level 2 in all requirements.

In compliance with the Department of Health mandatory requirement, the Trust submitted the toolkit on 31st March 2011 together with the relevant evidence to support the declared attainment level for each element of the 45 requirements, including the 22 'key' requirements.

In accordance with DH guidance, the Trust is required to report serious breaches of confidentiality to the Information Commissioner's Office, who has the authority to order organisations to pay up to £500,000 as a penalty for serious breaches of the Data Protection Act.

The Trust has a number of measures in place to prevent the deliberate or inadvertent loss of personal data and all information governance related incidents are recorded in compliance with the Trust's incident reporting process and registered on Datix, the Trust's incident reporting system.

In compliance with the DoH, the Trust details serious untoward incidents involving personal data as part of this Annual Report.

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 either/ both risk to reputation and risk to individuals. Figure 1 shows the risk matrix used by all NHS organisations.

Incidents graded 3-5 must be reported to the SHA and the Information Commissioner's Office.

Incidents graded 1-2 are aggregated and included as part of this annual report.

Figure 1

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 5 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 has reported one incident classified as a severity rating of 3-5 during 2010/11 - (Figure 2)

Reporting of the Trust's Personal Data Related Incidents

Figure 2

SUMMARY OF SERIOUS UNTOWARD INCIDENTS INVOLVING PERSONAL DATA AS REPORTED TO THE INFORMATION COMMISSIONER'S OFFICE IN 2010-2011

Date of Incident (Month)	Nature of Incident	Nature of data involved	Number of people potentially affected	Notification steps
17.02.2011	<p>Member of public contacted UHCW NHS Trust to confirm that he had found the following loose documents in a communal bin at a block of flats. The incident was reported in the local press:</p> <p>2 copies of a letter regarding private health care a hospital theatre list (identifying 3 patients) dated 17.10.2010</p> <p>Minutes of a Neuro-oncology multi-disciplinary team meeting (identifying 18 patients) dated 19.3.2010.</p>	Hard copy patient data	18	Reported to UHCW Serious Incident Group, West Midlands Strategic Health Authority and the Information Commissioner's Office.
Further action on information risk	An internal investigation is currently being undertaken.			

Incidents Classified at a 1-2 Severity Rating

The Trust has reported no incidents classified as a severity rating of 1-2 during 2010/11. (Figure 3)

Figure 3

SUMMARY OF SERIOUS UNTOWARD INCIDENTS INVOLVING PERSONAL DATA AS REPORTED TO THE INFORMATION COMMISSIONER'S OFFICE IN 2010-2011

Date of Incident (Month)	Nature of Incident	Nature of data involved	Number of people potentially affected	Notification steps
N/A	N/A	N/A	N/A	N/A
Further action on information risk				

Incidents classified at a 0 Severity rating (other personal data related incidents) (Figure 4)

Reporting of the Trust's Personal Data Related Incidents

Figure 4

SUMMARY OF OTHER PERSONAL DATA RELATED INCIDENTS IN 2010-2011

Category	Nature of incident	Total
I	Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	1
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	0
IV	Unauthorised disclosure	2
V	Other/near miss	1

All incidents have been (or are being) 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 the Parliamentary and Health Service Ombudsman's Principles for Good Complaints Handling and we have been working within this new framework for the last two years. The policy provides the opportunity for the complainant if needed, to discuss their concerns and expectations and each complaint is raised with the individuals concerned and those with a responsibility for the service, to ensure the staff are aware of the experience and learn from the issues raised. The emphasis very much remains on resolving the complaint at a local level and a number of local resolution meetings were held in the last 12 months in order to try and achieve this.

Although the new regulations advise there is no longer a specific response time, in the period April 2010 to March 2011, the Trust received 512 complaints, 93% of which were responded to within our internal target of 25 working days.

During this same period, the Parliamentary and Health Service Ombudsman, which is the second stage in the complaints process, requested 24 files for assessment, two of which went forward for investigation. At the end of the financial year, nine were still under consideration.

University Hospitals Coventry and Warwickshire NHS Trust Charity

UHCW Charity is the hospital charity for UHCW NHS Trust and supports patients in University Hospital, Coventry and the Hospital of St Cross, Rugby. UHCW Charity is independent to the Trust, and its funding does not replace exchequer (NHS) funding but complements it, by:

- Improving the environment for patients and staff;
- Funding additional equipment that makes a real difference to patient care;
- Furthering medical knowledge through research;
- Supporting staff development and training.

This support means that patient care and facilities are above and beyond that of the NHS and that our community has the best possible healthcare, now and in the future.

In 2009/10, UHCW Charity spent more than £500,000 enhancing care. Amongst the funding was:

- eight scalp coolers, at a cost of £79,000, for the care of patients receiving radiotherapy;
- a Heart Scanner to enhance cardiology care at £75,000;
- six special mattresses for the welfare of cancer patients, at £4,000 each;
- a therapy system for the orthopaedic department at £24,000;
- £13,000 for medical research into subjects including, renal transplants, cancer and heart conditions.

The work of UHCW Charity depends on the donations received from local people and organisations. In order to follow donors' wishes these may be designated to one of a number of Charitable Funds that have been set up to benefit specific Wards or Departments.

In June 2010, UHCW Charity launched the Baby Care Appeal to raise £225,000 to enhance maternity and neonatal care. This money is to fund life saving treatments and new facilities to care for sick and premature babies and to support their parents.

The Baby Care Appeal will make a difference by:

- Funding state of the art equipment, to reduce the risks to mother and baby from a complex birth and to care for premature babies
- Improving the facilities and environment for antenatal care in the Owen Building at the Hospital of St Cross, Rugby.
- Providing a more homely labour environment for mums with low risk pregnancies, including facilities and equipment for a new birthing unit at University Hospital, Coventry and providing equipment for the Community Midwife service in Rugby.
- Developing intensive and critical care facilities for premature babies, including support for parents through facilities in the neonatal unit and a fund to support parents with the costs of staying near to the hospital.
- Providing a fully equipped breast feeding room, with information and support for breast feeding mothers.
- Funding bereavement facilities for parents, enabling them to grieve with their baby whilst nursing care is available for mum

Support Our **Baby Care Appeal** Today



Support Our **Baby Care Appeal** Today

Parents share their story and tell how the Baby Care Appeal will help at www.uhcwcharity.org/appeals

Supporters of the Baby Care Appeal include:

Birbingbury County Show 2011

HSBC

Coventry City Football Club

The late Cllr Jack Harrison, Lord Mayor
Coventry 2009/2010

The Hilton, Coventry

The Hilton In The Community

Foundation

Mercia FM

Leofric Lions, Coventry

Nuneaton Town Football Club

The Coventry Telegraph

Touch Radio

The Company of HMS Diamond

Support UHCW Charity, Today

There are many ways you can support UHCW Charity and the care of patients:

- Making a donation at www.uhcwcharity.org, by telephoning 02476 966913 or sending a cheque made payable to UHCW NHS Trust Charity to the Charity Office
- Leaving a gift in your will after you have taken care of family and friends. Organising your own event and donating the money
- **Taking part in a charity event** such as skydiving, holding a tea party or trekking the Great Wall of China. Visit www.uhcwcharity.org for more details.
- **Volunteering at a collection** at your local supermarket or high street.
- **Shopping online** at www.hospitalgift.co.uk as every time you make a purchase a donation will be made.

- **Making An Accolade To A Loved One** be it upon the birth of a loved one or at their loss.

- **Celebrate A Life** - A unique scheme, named after your loved one, that you can ask family and friends to make their own individual contribution to UHCW Charity, in variety of ways, at a time of their choice.
- **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.

For more information

Website: www.uhcwcharity.org

Tel: 02476 966913

Email: uhcwcharity@uhcw.nhs.uk

Address: UHCW Charity, Main Reception,
University Hospital
Clifford Bridge Road,
Coventry, CV2 2DX

Registered Charity Name: University Hospitals Coventry and Warwickshire NHS Trust Charity
Registered Charity Number: 1058516

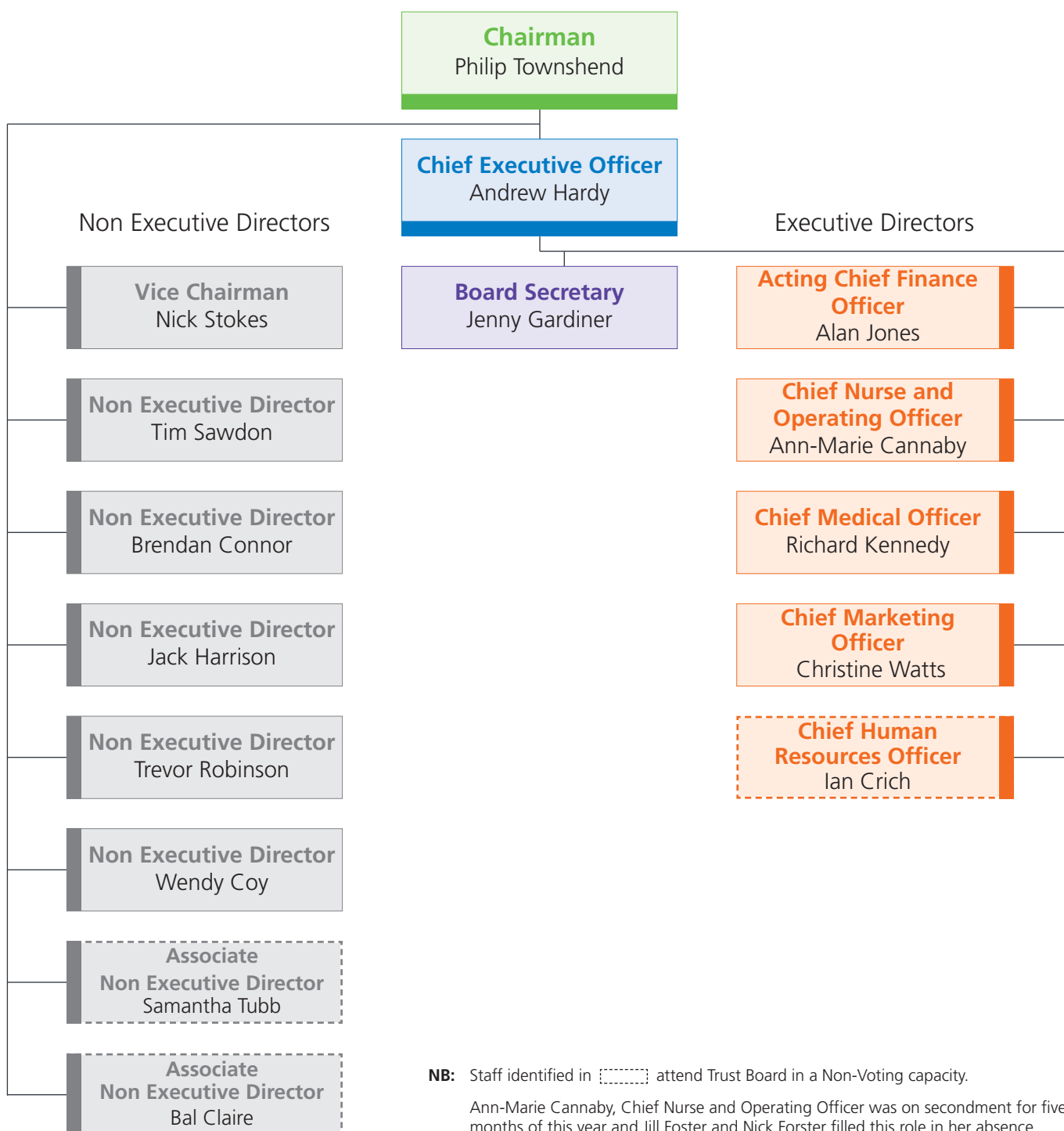
If we do not meet the Baby Care Appeal target or raise in excess of the target we will spend all the money raised on enhancing antenatal, maternity, neonatal and postnatal services.



Organisational Structure

Board Structure

Our Trust is led by Philip Townshend, Chairman and Andrew Hardy, Chief Executive Officer. They are supported on the Trust Board by five Executive Directors, five independent Non-Executive Directors drawn from the local community and a Non-Executive Director nominated by the University of Warwick. This is in accordance with the Trust's Establishment Order, which provides for a total of 12 voting Board Directors. One of the Non-Executive Directors is also appointed as the Vice Chairman (Nick Stokes).



Trust Board

The Trust has an established Board, made up of members with a combined total of 57 years serving on the UHCW Board (mean of 4.75 years per voting Board member).

During 2010/11, we have seen a number of Board changes; Andrew Hardy was appointed as substantive Chief Executive Officer from December 2010, following a period of acting-up into the CEO role since July 2010. Since Andrew took on the acting CEO role, Alan Jones, Associate Director of Finance has been seconded into the position of Chief Finance Officer until the Trust makes a substantive appointment.

Ann-Marie Cannaby, Chief Nurse and Operating Officer undertook a five month period of vocational leave to New Zealand. During her sabbatical, Jill Foster, Divisional Nurse Director, has acted up into the role and attends Board in a voting capacity. She is supported on the Board by Nick Forster, Acting Chief Operating Officer (previously Divisional Operations Director) who holds the operational portfolio in a non-voting capacity during Ann-Marie's vocational leave.

The Trust Board has also benefited from the attendance of two Associate Non-Executive Directors, Chief Human Resource Officer and Divisional Medical Directors at Board meetings in a non-voting capacity.

Collectively, through the substantive Board members and other staff in attendance the Board is able to demonstrate a broad range of skills and experience. Biographical details of our Board members, are summarised on page 47-52.

The Executive and Non-Executive Directors of the Board have a collective responsibility for decisions which ensure the successful operation of our organisation. They each have an important role in ensuring the probity of our activities and contributing to the achievement of our objectives, always keeping in mind the best interests of our patients and the wider public. As such, all Board Directors (Executive and Non-Executive) of NHS organisations are required, on

appointment to subscribe to *The Nolan Committee Seven Principles of Public Life*, *The Code of Conduct for NHS Boards* and the *Code of Accountability for NHS Boards*. In accordance with this guidance UHCW Board members are required to provide annually a signed declaration of interests and gifts. This will detail any company directorships or other significant interests held by directors where those companies are likely to do business, or are possibly seeking to do business with the NHS where this may conflict with their managerial responsibilities. To view the register of interests for our Trust Board members please contact the Trust Board Secretary.

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,
- Promoting effective dialogue with the local communities we serve.

Organisational Structure

Sub-Committees

Board Meetings

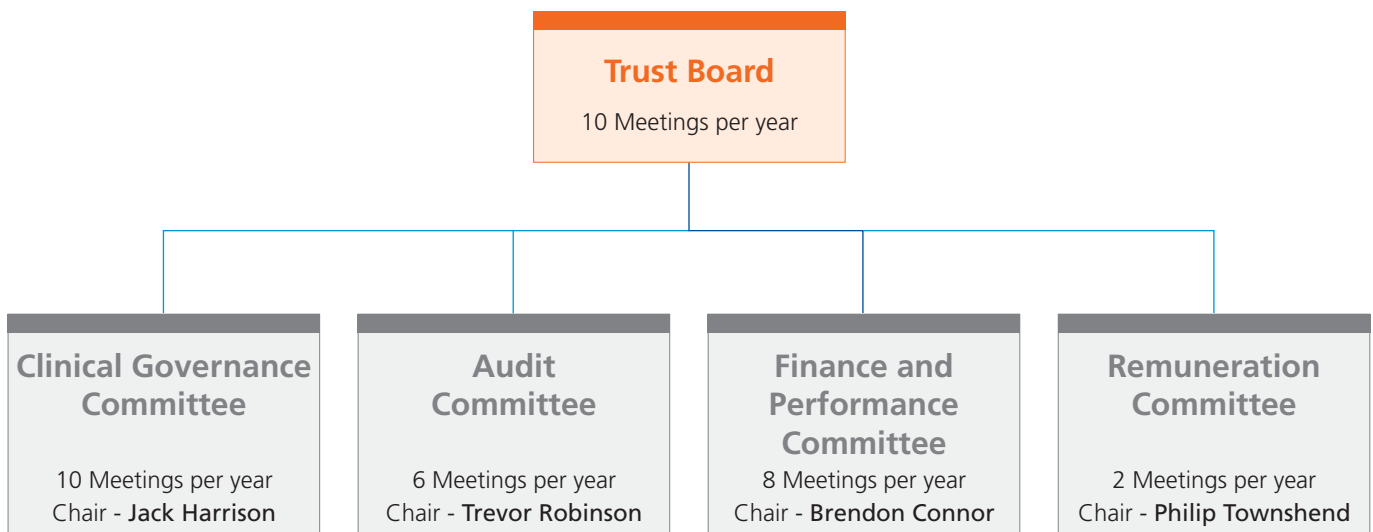
Monthly Board meetings are open to the public, with agendas, papers and minutes on our website <http://www.uhcw.nhs.uk/about/board> along with dates of future meetings.

Further information about public meetings is available from:

Trust Board Secretary
University Hospitals Coventry and 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.



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.

Principal Board Sub Committees:

The table below demonstrates Trust Board membership of Trust Board Subcommittees.

Committee Membership	Clinical Governance Committee	Audit Committee	Finance & Performance Committee	Remuneration Committee
Philip Townshend				Chair
Nick Stokes	M	M		M
Trevor Robinson	M	Chair	M	M
Jack Harrison	Chair		M	M
Wendy Coy	M		M	M
Tim Sawdon	M	M		M
Brendan Connor		M	Chair	M
Samantha Tubb		A	A	
Bal Claire	A		A	
Chief Executive	M	A	M	A
Chief Nurse and Operating Officer	M	A	A	
Chief Medical Officer	M		A	
Chief HR Officer	M		M	A
Chief Marketing Officer	M	A	M	
Chief Finance Officer		A	M	

(M-Member, A-Attendee)

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 bi-monthly 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 and Chief HR Officer.

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 four 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.

Organisational Structure

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 2010/11 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 as £23,366 per annum. The time commitment of Chairs is 3 – 3.5 days per week. The Chairman is subject to annual appraisal by the Chair of the Strategic Health Authority NHS West Midlands.

b. Current rate for Non-Executive Directors

The current rate of remuneration payable to Non-Executive Directors is £6,096 pa. 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 nationally, for travel and subsistence costs incurred on NHS Trust business.

Executive Directors

Executive Directors

The Trust Remuneration Committee, comprises of the Chairman and Non-Executive Directors, determines local remuneration policies and practises for the Trust's most senior managers (defined by the Chief Executive Officer 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 element of the Executive Directors' remuneration packages is 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.

An annual performance appraisal is undertaken and 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 high quality of care to our patients in a safe environment. The Chairman is subject to annual appraisal by the Strategic Health Authority NHS West Midlands.

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 page 53-56 for all Directors who have served on Trust Board throughout the year. This will include details for directors who left the Trust during 2009/10 and 2010/11. 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 external audit review.

The Chancellor's budget of 22 June 2010 announced that the annual increase in public sector pensions would change from the Retail Prices Index (RPI) to the Consumer Prices Index (CPI). Therefore new Cash Equivalent Transfer Value (CETV) factors have been used by the NHS Pensions Agency to determine pension values and as a result, the value of CETVs for some directors has fallen since 31 March 2010.

Organisational Structure

Executive Directors

Our Board have a wide range of qualifications and experience that will guide us through to Foundation Trust status and beyond as we work to realise our strategic priorities and achieve our vision as set out in our organisational strategy.



Andrew Hardy
Chief Executive Officer

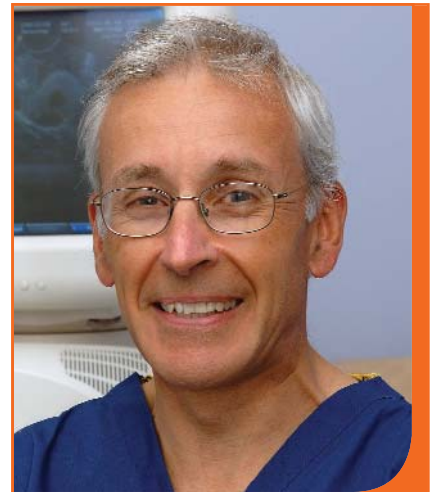
Appointed Chief Finance Officer in June 2004, and Deputy Chief Executive in July 2008.

Andrew became Chief Executive Officer in December 2010 and is responsible for meeting all the statutory requirements of the Trust and is the Trust's Accountable Officer to Parliament.



Alan Jones
Acting Chief Finance Officer

Appointed Acting Chief Finance Officer in July 2010, before this Alan was an Associate Director of Finance of the Trust and had been since 2004. He has 31 years of NHS Finance experience and is responsible for financial reporting, financial control, 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.

Executive Directors



Ann-Marie Cannaby
Chief Nurse and
Operating Officer

(On secondment from
Nov 2010 – April 2011)

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



Christine Watts
Chief Marketing Officer

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, engagement, patient experience and the ICT Department.



Ian Crich
Chief Human Resources
Officer*

Appointed in 2009, Ian joined the Trust from Jersey and has over 12 years Human Resources experience in the public sector. His duties including heading up the Human Resources and Estates Department.

* Staff identified on the Trust Board in a Non-Voting capacity

Organisational Structure

Executive Directors



Jill Foster

Acting Chief Nursing Officer

In place of Chief Nurse and Operating Officer who was on secondment.

Appointed in September 2010, previous to this Jill had been a Divisional Nurse Director of the Trust since March 2008. She joined the NHS in 1987.



Nick Forster

Acting Chief Operating Officer*

In place of Chief Nurse and Operating Officer who was on secondment

Appointed in October 2010 from his role as Director of Operations for the Specialised Division at the Trust, a post he has held since 2003. He joined the NHS, and the Trust in 1982.

* Staff identified on the Trust Board in a Non-Voting capacity



Philip Townshend

Chairman

Appointed 2001 until February 2015 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.

Non-Executive Directors



Nicholas Stokes
Non-Executive Director /
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 2015 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 elected to Coventry City Council in 1996, becoming Lord Mayor of Coventry for the municipal year 2009/2010. He is Chair of the licensing committee, Coventry City Council, Chair of Governors at Caludon Castle School, and a Justice of the Peace in the West Midlands.

Sadly Jack died in June 2011 following a long battle with cancer.

Organisational Structure

Non-Executive Directors



Tim Sawdon
Non-Executive Director

Appointed from June 2003 to March 2013. Tim is also an elected member of Coventry City Council, a member of the West Midlands Police 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 from February 2010 to February 2012, Wendy has 22 years experience in Human Resources, taking in both the public and private sector.

In 2006 she was appointed Head of Human Resources at Warwick Medical School, developing HR Strategy and responsible for Equality and Diversity at the University of Warwick. In 2011 Wendy was appointed to the role of Administrative Lead for Warwick Medical School contributing to the strategic direction and management of circa 400 staff, 800 undergraduate students and circa £50m budget.

Associate Non-Executive Directors



Bal Claire

Associate Non-Executive Director*

Bal Claire joined as an Associate Non-Executive Director in September 2010. He has worked at BT for 29 years since leaving school.

During that time his career has ranged across a number of varied roles from network engineering, product development and business change management. Currently he works in the wholesale division of BT and leads on service transformation.



Samantha Tubb

Associate Non-Executive Director*

Samantha joined as Associate Non-Executive Director in September 2010 and has worked as a management consultant since 1997, specialising in risk and finance for the financial services industry.

Since 2004, when she was made a partner, her role has focussed on helping banking clients to measure and manage their financial and non-financial risks and to optimise the organisation and governance of their risk functions. In her career to date she has worked with a wide range of international financial institutions.

**Denotes non-voting Board members*

Remuneration

List of Senior Managers' salaries relating to time as member of the Trust Board

EXECUTIVE DIRECTORS

EXECUTIVE DIRECTORS				2010-2011						2009-2010					
Name		Title	Date in Post		Salary as Director	Salary for Clinical Duties	Total Salary	Other Remuneration	Benefits in Kind	Salary as Director	Salary for Clinical Duties	Total Salary	Other Remuneration	Benefits in Kind	
			From (State if new in post from 01/04/10)	To (if no longer in post 31/03/11)	(Bands of £5000) £000	(Bands of £5000) £000	(Bands of £5000) £000	(Bands of £5000) £000	Rounded to the nearest £100 £000	(Bands of £5000) £000	(Bands of £5000) £000	(Bands of £5000) £000	(Bands of £5000) £000	Rounded to the nearest £100 £000	
Malcolm Stamp	Chief Executive Officer on secondment to SHA From 01/07/10	01/07/2010	31/12/2010	185-190	0	185-190	0	4.6	215-220	0	215-220	0	25.5		
Andrew Hardy	Deputy Chief Executive/ Chief Finance Officer to 30/06/10; Acting Chief Executive Officer 01/07/10 to 30/11/10; Chief Executive Officer from 01/12/10)	CFO 30/06/10 Acting CEO From 01/07/10 CEO 01/12/10		165-170	0	165-170	0	2.1	145-150	0	145-150	0	1.8		
Alan Jones	Acting Chief Finance Officer	01/07/2010		85-90	0	85-90	0	0.0	0	0	0	0	0.0		
Tim Attack	Chief Operating Officer		12/02/2010	0	0	0	0	0.0	110-115	0	110-115	65-70	0.0		
Ann-Marie Cannaby	Chief Nurse and Operating Officer	Vocational leave from 15/11/10 (voting rights temporarily ceased from 25/10/10 to 01/05/11)		80-85	0	80-85	0	0.0	115-120	0	115-120	0	0.0		
Jill Foster	Acting Chief Nurse	From 20/09/10 (voting rights allocated from 25/10/10 to 30/04/11)		60-65	0	60-65	0	0.0	0	0	0	0	0.0		
Nick Forster	Acting Chief Operating Officer	01/10/2010		55-60	0	55-60	0	1.8	0	0	0	0	0.0		
Richard Kennedy	Chief Medical Officer			80-85	110-115	195-200	0	0.0	80-85	110-115	195-200	0	0.0		
Christine Watts	Chief Marketing Officer			110-115	0	110-115	0	0.0	95-100	0	95-100	0	0.0		
Ian Crich	Chief Human Resources Officer			115-120	0	115-120	0	0.0	5-10	0	5-10	0	0.0		

Directors' salaries and emoluments are given for both director roles and where directors retain clinical responsibilities. Where such clinical salaries are given they include both basic salaries and payments in respect of Clinical Excellence Awards. Director's salary relates to the director's time as a executive during the year.

Remuneration

List of Senior Managers' salaries relating to time as a member of the Trust Board

CHAIRMAN AND NON-EXECUTIVE DIRECTORS

CHAIRMAN AND NON-EXECUTIVE DIRECTORS

			2010-2011						2009-2010						
			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 £100 £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 £100 £000			
Name	Title	Date in Post		From (State if new in post from 01/04/10)	To (If no longer in post 31/03/11)										
Philip Townshend	Chairman		Third Term (second term as Chair) from 01/03/2011			20-25	0	20-25	0	20-25	0	20-25	0	0.0	
Tim Sawdon	Non Executive Director		Second term 01/05/2007			5-10	0	5-10	0	5-10	0	5-10	0	0.0	
Yvonne Carter	Non Executive Director			31/07/2009		0	0	0	0	0-5	0	0-5	0	0.0	
Nicholas Stokes	Non Executive Director		Second term 01/04/2008			5-10	0	5-10	0	5-10	0	5-10	0	0.0	
Brendan Connor	Non Executive Director		First term 14/06/2007			5-10	0	5-10	0	5-10	0	5-10	0	0.0	
Jack Harrison	Non Executive Director		First term 01/10/2007			5-10	0	5-10	0	5-10	0	5-10	0	0.0	
Wendy Coy	Non Executive Director		Extended first term 18/02/2011			5-10	0	5-10	0	0-5	0	0-5	0	0.0	
Trevor Robinson	Non Executive Director		First term 15/12/2008			5-10	0	5-10	0	5-10	0	5-10	0	0.0	
Bal Claire	Associate Non Executive Director		22/09/2010			0-5	0	0-5	0	0	0	0	0	0.0	
Samantha Tubb	Associate Non Executive Director		22/09/2010			0-5	0	0-5	0	0	0	0	0	0.0	
Total Remuneration for Executive Directors, Chairman and Non-Executive Directors						1026	111	1137	0	8.5	845	111	956	66	27.3

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 lump sum at age 60 (Bands of £2,500)	Total accrued pension at age 60 at 31 March 2011 (Bands of £2,500)	Lump sum at age 60 related to accrued pension at 31 March 2011 (Bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2011	Cash Equivalent Transfer Value at 31 March 2010	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 Officer	on secondment to SHA from 01/07/10	31/12/10	0-2.5	5-7.5	95-100	295-300	0	2,312	-1,742	0.0
Andrew Hardy	Deputy Chief Executive/ Chief Finance Officer to 30/06/10; Acting Chief Executive Officer 01/07/10 to 30/11/10; Chief Executive Officer from 01/12/10)	CFO until 30/06/10. Acting CEO from 1/07/10. Substantive CEO from 01/12/10		2.5-3	7.5-10	30-35	95-100	392	435	-43	0.0
Alan Jones	Acting Chief Finance Officer	01/07/10		7.5-10	25-27.5	40-45	125-130	681	554	95	0.0
Ann-Marie Cannaby	Chief Nurse and Operating Officer	Vocational leave from 15/11/10 (voting rights temporarily ceased from 25/10/10 to 01/05/11)		0-2.5	5-7.5	35-40	105-110	474	475	0	0.0
Jill Foster	Acting Chief Nurse	From 20/09/10 (voting rights allocated from 25/10/10 to 30/04/11)		5-7.5	17.5-20	30-35	90-95	434	299	71	0.0
Nick Forster	Acting Chief Operating Officer	01/10/10		0-2.5	5-7.5	35-40	115-120	822	781	20	0.0
Richard Kennedy	Chief Medical Officer			0-2.5	5-7.5	80-85	245-250	1,929	1,986	-58	0.0
Christine Watts	Chief Marketing Officer			0-2.5	0	0-5	0	26	14	12	0.0
Ian Crich	Chief Human Resources Officer			-2.5-0	0	70-75	0	0	89	-89	0.0

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed 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.

Real increase in CETV. This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses market valuation factors for the start and end of the period.

Remuneration

Reporting of other compensation schemes - exit packages for all Trust staff

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band (total cost)	Number of departures included in (b) and (c) where special payments have been made (special payment element (totalled))
< £20,001	1	3	4 (£41,591)	
£20,001 - £40,000				
£40,001 - £100,000				
£100,001 - £150,000				
£150,001 - £200,000				
Total number of exit packages by type (total cost)	1 (£19,944)	3 (£21,647)		
			Total number (and cost) of exit packages	Total number of special payments (and cost of special payment element)
			4 (£41,591)	

Financial Performance Overview



Alan Jones
Acting Chief Finance
Officer

Statement from Alan Jones, Acting Chief Finance Officer

2010/11 was a challenging year for the Trust and the local health economy.

I am extremely pleased to be able to report that although the year ended 31 March 2011 has been a challenging year for the Trust in financial terms, it has met its key financial duty to break-even on its statement of comprehensive income. The Trust delivered a surplus after adjusting for impairments of noncurrent assets of £1.0 million and after the further adjustment permitted by the Department of Health for the PFI hospital (on which the Trust's financial performance was assessed) a surplus of £4.2 million - see the review of key financial targets below.

One of the key factors underpinning the Trust's financial performance was the delivery of a significant cost improvement programme. During 2010/11 the Trust made savings of £22.9 million and although the Trust's saving programme for the year slightly underperformed due mainly to increasing workload, it is still a significant achievement.

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.

Key financial challenges

The Trust commenced 2010/11 with two major financial challenges: to identify £25 million of savings in order to achieve the planned surplus of £1 million in year and to improve its liquidity position in order to support its application for foundation trust status.

NHS financial framework

All NHS organisations are expected to identify and deliver cash releasing efficiency savings each year which given the economic climate and the overall need to reduce public sector expenditure, required the delivery of savings programmes of at least 3.5% in this financial year. A programme was put into place and delivered across the Trust including plans to improve productivity and reduce the costs of procurement without compromising the delivery of patient services. The Trust's savings programme amounted to 4.8% in order to ensure that it delivered its target surplus and repaid its loan commitments.

Improvement of the Trust's liquidity position

The liquidity metric measures the number of days the Trust could continue to operate without any income coming into the organisation. It takes into account the cash in the bank, the value of invoices raised but not yet paid and the amount of money the organisation owes to its creditors and for loans. The Trust has continued to improve its liquidity position during 2010/11, through the generation of a surplus of £1.0 million, the sale of a number of staff houses and the Coventry and Warwickshire Hospital site in the city centre.

Financial Performance Overview

Statement from Acting Chief Finance officer

However, in the latter part of the financial year the Trust faced two additional challenges:

1. Payment for emergency activity

All providers of NHS healthcare are paid for the patients they treat under a national payment mechanism called Payment by Results. Each year the way in which this works is reviewed and refreshed by the Department of Health (DH). A new rule introduced for 2010/11 has resulted in all emergency patients treated at the Trust over and above an agreed threshold based on 2008/09 activity levels being reimbursed at 30% of the full rate normally received. This was introduced by the DH to support a policy of local health economies working together to reduce emergency admissions to hospitals across England.

However, with an increase in the number of emergency admissions to the Trust throughout the winter which not only necessitated the opening of additional beds (on wards and in critical care), but also resulted in the cancellation of planned activity - which is reimbursed at 100%, this has resulted in a significant additional financial challenge for the organisation.

2. Local health economy financial constraints

In addition, one of the Trust's principal primary care trust (PCT) commissioners has faced significant financial constraints such that the local health economy has not been able to afford the level of activity the Trust had been providing. As a result, an ambitious programme of activity management schemes was put in place by the PCT in December 2010 which aimed to reduce the level of activity below that originally planned at the Trust.


The combination of these two issues has had an estimated financial impact of some £5 million and added to the challenges faced.

Key financial targets

However the Trust has met all its key financial duties as shown in the table below. It's worth noting how the break-even duty is arrived at: due to the introduction of International Financial Reporting Standards (IFRS) in 2009/10, all NHS Trusts' financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring total Department of Health expenditure. As a result, the incremental revenue expenditure resulting from PFI schemes, which has no cash impact (with the exception of PDC dividends payable) and is not chargeable for overall budgeting purposes, is excluded when measuring break-even performance.

Financial Performance Overview

Key financial targets

Duty	Target	Performance	Target met
Break-even 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>	Break-even	£0.957 million surplus <i>(after adjusting for impairments and £4.162 million surplus after adjusting for impairments and PFI costs).</i> 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>	£14,284,000 <i>- this requires the Trust to repay Public Dividend Capital and/or increase cash balances amounting to at least this sum</i>	£27,493,000 £13,209,000 undershoot <i>This was part of a plan to improve the Trust's financial position and was achieved through the proceeds of asset disposals and other movements in working capital towards the year-end.</i> Target achieved <i>(the Trust is permitted to generate a surplus)</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%	2.3% Target underachieved <i>The Trust under achieved this target as a result of a late adjustment by the Department of Health.</i>	
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>	£11,755,000 <i>- this requires the Trust to spend no more than this sum after adjusting for asset disposals</i>	£5,202,000 £6,553,000 under spend <i>The PFI partner did not spend the full amount identified in the annual capital plan.</i> Target achieved <i>(the Trust is permitted to under spend against its CRL).</i>	

Financial Performance Overview

Paying our suppliers

In addition to the above 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:

Better payment practice code	2010/11		2009/10	
	Number	£'000	Number	£'000
Total non-NHS trade invoices paid in year	62,193	247,064	69,061	263,219
Total non-NHS trade invoices paid within target	54,331	235,263	56,342	245,649
% of non-NHS trade invoices paid within target	87%	95%	82%	93%
Total NHS trade invoices paid in year	2,476	62,649	2,636	67,578
Total NHS trade invoices paid within target	1,497	57,789	1,800	60,004
% of NHS trade invoices paid within target	60%	92%	68%	89%

Financial highlights

The year saw a continued growth in income, expenditure, cash and spending on the Trust's estate, medical equipment and IT infrastructure. The summary headline financial information for 2010/11 and 2009/10 is shown in the table below:

Key figures	2010/11	2009/10
	£'000	£'000
Revenue accounts		
Operating income	472,923	465,211
Surplus adding back impairments	957	3,186
Surplus adding back impairments and PFI adjustment (DH break-even duty)	4,162	10,165
Efficiencies achieved	4.8%	2.8%
Capital		
Total assets	515,820	510,931
Cash and cash equivalents	17,600	751
Capital Investment	10,257	9,303
Borrowing		
Actual borrowing - long term	299,686	308,162
- short term	5,136	7,354

Actual long term borrowing includes the finance lease relating to the private finance initiative (£286 million in 2010/11).

Financial Performance Overview

Revenue Income

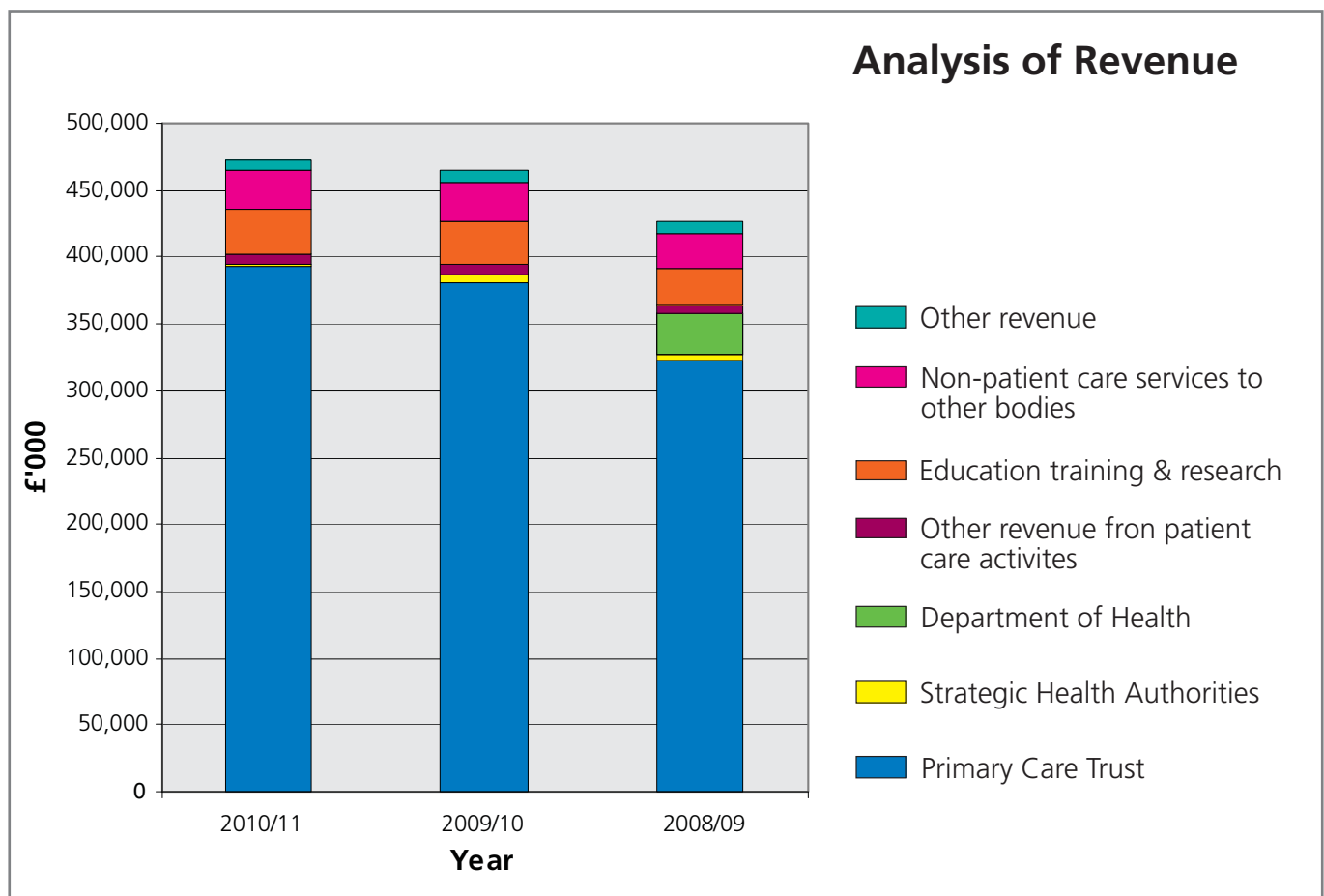
Revenue income

During 2010/11 the Trust recorded total revenue (including interest receivable) of £473 million. This represents a small increase when compared with that of £465 million in 2009/10.

This reflects a number of factors including changes to the national Payment by Results (PbR) tariff, increased levels of clinical activity, increased revenue for clinical training, education and research and increased charges for services provided to other NHS bodies in conjunction with a reduction in transitional support which the Trust had received for a number of years supporting the move to the PFI hospital. As outlined above the Trust has experienced significant additional pressure on its income during the year with emergency admissions being reimbursed at 30% of the full tariff rate.

The Trust has complied with HM Treasury's guidance on setting charges for information.

The chart below compares revenue by category for 2010/11 with 2009/10 and 2008/09. This clearly demonstrates that the majority of the Trust's income (more than 83% in 2010/11) is received from primary care trusts for the provision of healthcare.



Financial Performance Overview

Operating Expenditure

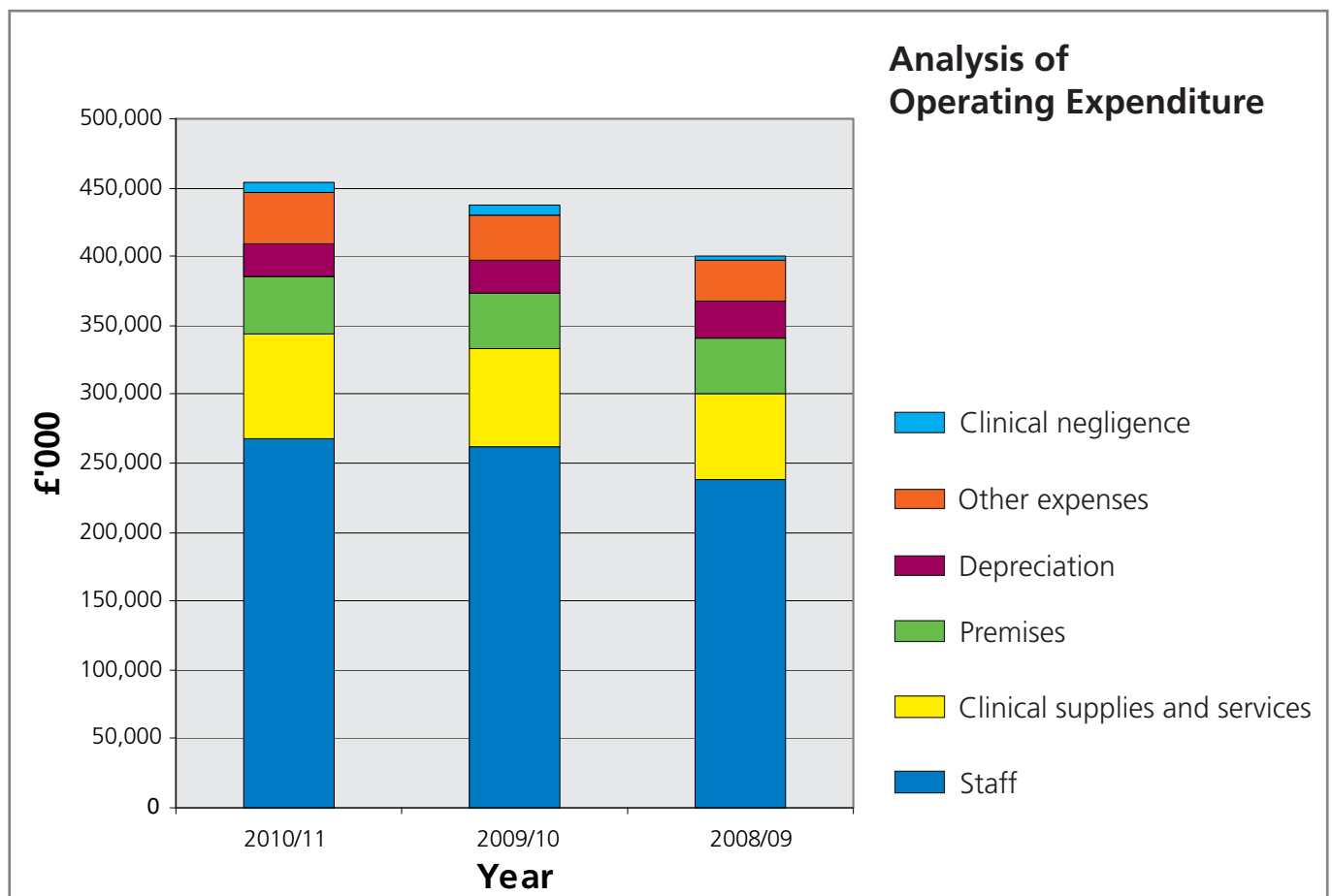
Operating expenditure

The Trust's operating expenditure for 2010/11 amounted to £453 million. The largest cost element relates to salaries and wages with the average number of people employed during the year being 6,266 whole time equivalents with a total cost of £269 million which equates to 59% of total operating expenditure. This compares with 6,229 whole time equivalents and £262 million in 2009/10. The increase in staff numbers across all staff groups is as a result of a combination of factors including the filling of previously vacant posts, the opening of additional beds to meet capacity demands 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 £75 million which equates to approximately 17% of day-to-day operating expenses.

The total charged in year to operating expenditure in respect of the service element of the private finance initiative hospital was £34 million and represents 8% of total operating expenditure.

The chart below compares expenditure by category for 2010/11 with 2009/10 and 2008/09.



Financial Performance Overview

Finance Costs

Following the agreement reached in 2009/10 with Healthcare Purchasing Consortium (HPC) and its stakeholders for HPC to be broken up into three distinct parts, a successful tendering process has been completed with HealthTrust Europe taking over certain functions which have been provided by HPC. The Trust ceased to host HPC with effect from 31 March 2011.

Finance costs: impact of interest rates

Although the Trust earned a small amount of additional income through interest on its bank deposits (£0.1 million), it continued to pay interest charges on its two Department of Health loans (£0.7 million). The most significant element of the Trust's finance costs included within the statement of comprehensive income is the interest paid in relation to the PFI contract (£22.6 million). As the Trust reduces the amount outstanding against the PFI contract each year, the amount of interest paid will also reduce.

Capital expenditure

In addition to its day-to-day operating expenses, the Trust also spent approximately £10.3 million (including a donated sum of £380,000) on purchasing new or replacement capital assets.

While 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 the year the Trust invested £2.7 million on new medical equipment and £1.9 million on IT infrastructure. In addition to this, the Trust also spent approximately £3.2 million on upgrading parts of its estate, including the Hospital of St Cross in Rugby.

Financial outlook

The Trust plans to achieve a surplus at the end of the coming financial year of £1 million. The two key financial challenges for the Trust remain in the coming year: the NHS financial framework for 2011/12 and the requirement to further improve its liquidity position.

NHS financial framework

The economic climate and the overall need to reduce public sector expenditure means that health service organisations are expected to deliver savings programmes of at least 4% in the coming financial year. The Trust will need to reduce its cost base on an on-going basis during the year to match anticipated revenue in the short and medium term, whilst delivering the required level of savings and preparing itself for contracting within the proposed structure of the NHS.

Improvement of the Trust's liquidity position

The Trust will continue to work to improve its liquidity and during 2011/12, the position is expected to improve further through the generation of a surplus of £1 million and further sums generated through the sale of surplus property.

Financial Performance Overview

Conclusion

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 £28 million in 2011/12 on a recurrent basis.

Delivering against these key challenges is essential in supporting the Trust's application to become a foundation trust as soon as possible. Foundation trust status brings with it a number of key financial freedoms not available to a NHS Trust. 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.



Alan Jones

Acting Chief Finance Officer

Summarised Financial Statements

The summary financial statements on pages xx-y do not contain sufficient information to allow as full an understanding of the results and state of affairs of the Trust and its policies 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

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2011	Restated	
	2010/11 £'000	2009/10 £'000
Revenue		
Revenue from patient care activities	401,441	393,843
Other operating revenue	71,482	71,368
Operating expenses*	(453,168)	(437,157)
Operating surplus/(deficit)	19,755	28,054
Finance costs		
Investment revenue	105	83
Other gains and losses	10	(32)
Finance costs**	(23,427)	(21,350)
Surplus/(deficit) for the financial year * **	(3,557)	6,755
Public dividend capital dividends payable	(3,453)	(6,126)
Retained surplus/(deficit) for the year * **	(7,010)	629
Other comprehensive income		
Impairments and reversals*	(9,010)	(84,980)
Gains on revaluations*	19,960	54,810
Receipt of donated/government granted assets	380	201
Reclassification adjustments:		
- Transfers from donated and government grant reserves	(424)	(522)
- On disposal of available for sale financial assets	0	0
Total comprehensive income for the year	3,896	(29,862)

* The prior year comparators have been restated following a change in accounting policy for the treatment of certain impairment losses.

** The prior year comparators have been restated to correct an error in the PFI equipment lifecycle values used in the IFRS DH PFI accounting model.

REPORTED NHS FINANCIAL PERFORMANCE POSITION [ADJUSTED RETAINED SURPLUS/(DEFICIT)]

Retained deficit for the year	(7,010)
IFRIC 12 adjustment	3,205
Impairments	7,967
Reported NHS financial performance position [Adjusted retained surplus]	4,162

A Trust's Reported NHS financial performance position is derived from its Retained Surplus/(Deficit), but adjusted for the following:-

a) The revenue cost of bringing PFI assets onto the balance sheet (due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009/10) - NHS Trusts' financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to PFI, which has no cash impact and is not chargeable for overall budgeting purposes, should be reported as technical. This additional cost is not considered part of the organisation's operating position.

b) Impairments to Fixed Assets 2009/10 was the final year for organisations to revalue their assets to a Modern Equivalent Asset (MEA) basis of valuation. An impairment charge is not considered part of the organisation's operating position.

Financial Performance Overview

Statement of Financial Position

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2011	31 March 11 £'000	Restated 31 March 10	Restated 1 April 09
		£'000	£'000
Non-current assets			
Property, plant and equipment	448,532	459,589	514,316
Intangible assets	43	153	264
Trade and other receivables **	24,273	21,095	10,255
Total non-current assets	472,848	480,837	524,835
Current assets			
Inventories	9,545	7,852	7,327
Trade and other receivables	15,081	17,313	11,896
Cash and cash equivalents	17,600	751	1,306
	42,226	25,916	20,529
Non-current assets held for sale	746	4,178	3,288
Total current assets	42,972	30,094	23,817
Total assets	515,820	510,931	548,652
Current liabilities			
Trade and other payables	(43,345)	(31,368)	(43,932)
Borrowings **	(5,136)	(7,354)	(4,829)
Provisions	(646)	(728)	(943)
Net current assets/(liabilities)	(6,155)	(9,356)	(25,887)
Total assets less current liabilities	466,693	471,481	498,948
Non-current liabilities			
Borrowings **	(299,686)	(308,163)	(301,237)
Provisions	(2,232)	(2,489)	(2,463)
Total assets employed	164,775	160,829	195,248
Financed by taxpayers' equity:			
Public dividend capital	24,124	24,074	28,631
Retained earnings * **	47,979	50,449	45,539
Revaluation reserve *	90,836	84,432	118,883
Donated asset reserve	1,836	1,874	2,195
Total taxpayers' equity	164,775	160,829	195,248

* The prior year comparators have been restated following a change in accounting policy for the treatment of certain impairment losses.

** The prior year comparators have been restated to correct an error in the PFI equipment lifecycle values used in the IFRS DH PFI accounting model.

Financial Performance Overview

Statement of Changes in Taxpayers' Equity

FOR THE YEAR ENDED
31 MARCH 2010 FIGURES
 INCLUDE RESTATEMENT
 FOR THE ITEMS * BELOW.

	Public Dividend Capital (PDC) £000	Retained Earnings £000	Re-valuation Reserve £000	Donated Asset Reserve £000	Total £000
Balance at 31 March 2009 As previously stated Prior period adjustment * **	28,631	46,242 (703)	118,343 540	2,195	195,411 (163)
Restated balance	28,631	45,539	118,883	2,195	195,248
Changes in taxpayers' equity for 2009-10					
Total comprehensive income for the year: Retained surplus/(deficit) for the year * **	0	629	0	0	629
Transfers between reserves	0	4,281	(4,281)	0	0
Impairments and reversals *	0	0	(84,980)	0	(84,980)
Net gain on revaluation of property, plant, 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	24,074	50,449	84,432	1,874	160,829

* The prior year comparators have been restated following a change in accounting policy for the treatment of certain impairment losses.

** The prior year comparators have been restated to correct an error in the PFI equipment lifecycle values used in the IFRS DH PFI accounting model.

Financial Performance Overview

Statement of Changes in Taxpayers' Equity

FOR THE YEAR ENDED

31 MARCH 2011

	Public Dividend Capital (PDC) £000	Retained Earnings £000	Re- valuation Reserve £000	Donated Asset Reserve £000	Gov't Grant Reserve £000	Other Reserves £000	Total £000
Changes in taxpayers' equity for 2010-11							
Balance at 1 April 2010	24,074	50,449	84,432	1,874	0	0	160,829
Total comprehensive income for the year:							
Retained surplus/(deficit) for the year	0	(7,010)	0	0	0	0	(7,010)
Transfers between reserves	0	4,540	(4,540)	0	0	0	0
Impairments and reversals	0	0	(9,010)	0	0	0	(9,010)
Net gain on revaluation of property, plant, equipment	0	0	19,954	6	0	0	19,960
Receipt of donated / government granted assets	0	0	0	380	0	0	380
Reclassification adjustments: - transfers from donated asset/government grant reserve	0	0	0	(424)	0	0	(424)
New PDC received	50	0	0	0	0	0	50
Balance at 31 March 2011	24,124	47,979	90,836	1,836	0	0	164,775

Financial Performance Overview

Statement of Cash Flows

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED
31 MARCH 2011

	2010/11	2009/10
	£'000	£'000
Cash flows from operating activities		
Operating surplus	19,755	28,054
Depreciation and amortisation	23,162	25,253
Impairments and reversals	7,967	2,557
Transfer from donated asset reserve	(424)	(522)
Interest paid	(23,375)	(21,208)
Dividends paid	(3,517)	(7,111)
(Increase)/decrease in inventories	(1,693)	(525)
(Increase)/decrease in trade and other receivables	(878)	(15,343)
Increase/(decrease) in trade and other payables	11,782	(11,843)
Increase/(decrease) in provisions	(398)	(247)
Net cash inflow/(outflow) from operating activities	32,381	(935)
Cash flows from investing activities		
Interest received	103	83
(Payments) for property, plant and equipment	(9,905)	(9,807)
Proceeds from disposal of plant, property and equipment	4,685	5,239
Net cash inflow/(outflow) from investing activities	(5,117)	(4,485)
Net cash inflow/(outflow) before financing	27,264	(5,420)
Cash flows from financing activities		
Public dividend capital received	50	0
Public dividend capital repaid	0	(4,557)
Loans received from the DH	0	15,000
Loans repaid to the DH	(3,500)	(2,750)
Other capital receipts	380	0
Capital element of finance leases and PFI	(7,345)	(2,292)
Net cash inflow/(outflow) from financing	(10,415)	5,401
Net increase/(decrease) in cash and cash equivalents	16,849	(19)
Cash (and) cash equivalents at the beginning of the financial year	751	770
Cash (and) cash equivalents at the end of the financial year	17,600	751

MANAGEMENT COSTS	2010/11	2009/10
	£'000	£'000
Management costs	18,820	18,257
Income	472,923	465,211

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

Financial Performance Overview

Accounting Policies

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.

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 2010/11 Annual Accounts.

Statement of Directors' Responsibility

The Statement of Directors' Responsibility is printed in full in the Trust's 2010/11 Annual Accounts.

Statement on Internal Control

The Statement on Internal Control is also printed in full in the Trust's 2010/11 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 they have taken all the steps that they ought to have taken as a director 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
- Further assurance services – this refers to services unrelated to the statutory audit where the NHS body has discretion whether or not to appoint an auditor.

The total external audit fees/remuneration recorded in the accounts for 2010/11 is £275,000 (£24,000 relates to non-statutory audit work in relation to taxation services).

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 2011 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 Remuneration Report headed "List of Senior Managers' salaries relating to time as voting member of the Trust Board", "List of Senior Managers' salaries relating to time as a member of the Trust Board" and "Senior Managers' pension information".

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report including the summary financial statement, 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 in the summary financial statements. The other information comprises only the Financial Performance Overview and 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, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and of Audited Bodies (Local NHS Bodies) published by the Audit Commission in March 2010 and for no other purpose. 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.

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, the Directors' Report and the Directors' Remuneration Report.

Auditors' Opinion

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements and the Remuneration Report of the Trust for the year ended 31 March 2011 and complies with the relevant requirements of the directions issued by the Secretary of State.

We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements (9 June 2011) and the date of this statement.



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

Date: 25 July 2011

Directors' Statement

The auditors have issued unqualified reports on the full annual financial statements; the part of the directors' remuneration report that is described as having been audited; and on the consistency of the directors' report with those annual financial statements.

The auditors report on the full annual financial statements contained no statement on any of the matters on which they are required, by the Code of Audit Practice, to report by exception

- (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.

Annual Report

2010 | 11

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

tel: 02476 964000
web: www.uhcv.nhs.uk

If you require a translated
summary please contact
02476 967596

Polish

Jeśli życzą sobie Państwo tłumaczenie streszczenia,
proszę o kontakt na numer 02476 967596

Punjabi

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਦਾ ਸੰਖੇਪ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ
ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ
ਸੰਪਰਕ ਕਰੋ : 02476 967596.

Kurdish

به پێیویستیت تۆ رگهینه رگێزانیوه یكۆرتنه منه
باسه هه به په ندییهه بکه به ژماره ته
فونیه 02476967596 ه

Arabic

إذا تحتاج إلى مجمل مترجم الرجاء الإتصال ب
02476967596.

Farsi

در صورتی که مایل به داشتن خلاصه ترجمه شده هستید لطفاً
با شماره تلفن 02476 967596 تماس بگیرید.

