University Hospitals Coventry and Warwickshire NHS Trust

Annual Report

2011/12


University Hospital

Contents

University Hospitals Coventry and Warwickshire NHS Trust

Welcome from the Chief Executive Officer and Chairman

Welcome to our Annual Report showcasing our achievements and performances over the last 12 months. With the NHS going through a significant time of change, we have faced new challenges, but we are proud of how the staff at UHCW have worked together to meet these and have continued to deliver excellent patient care.

We continue to deliver our mission to Care, Achieve and Innovate for our population of Coventry, Warwickshire and offer services for Worcestershire, Leicestershire and Northamptonshire patients.

CARE – We aim to deliver the best care for our patients

- As a leadership team we care about the accessibility issues and car parking experiences of patients and visitors.

  We listened and read the complaints to the Trust from patients, the media and our local politicians and have focused to improve this on the UHCW site. Following this feedback we reduced the price of car parking from July 1 2011 and introduced new concessions, meaning all members of the public get 30 minutes free and people who are collecting paperwork in relation to bereavement also park for free. Additionally, we have added fifty new visitor parking spaces.

- After suffering the heartache of repeated miscarriages, Coventry mum Donna Kelly was referred to UHCW consultant Siobhan Quenby, a world renowned expert.

  She prescribed the unusual step of keeping Donna tilted with her feet above her head for three months as well as the usual drugs and cervical stitch. Although it meant headaches for Donna, all was worth it when she safely delivered baby Amelia in August 2011.

- One of a handful of women in the world to undergo cancer treatment whilst pregnant has celebrated the birth of a healthy baby boy thanks to pioneering treatment from clinicians at UHCW. When 30-year-old mother-to-be Sarah Best discovered that an ulcer on her tongue was cancerous in January 2011 she joined just seven other women recorded in the world who have undergone the same chemotherapy whilst pregnant, meaning there was little information available about how she and her unborn child would tolerate treatment.

  Having battled for her own life and the life of her unborn child through complex surgery, six weeks of chemotherapy and 32 days of radiotherapy, Sarah's labour began five weeks early, in the middle of her final day of treatment. Under the watchful care of UHCW's maternity specialists, Sarah delivered a healthy 4lb 10oz baby boy.

ACHIEVE – we will achieve excellence in education and training

- From March 26, 2012 the Trust became one of the three designated adult Major Trauma Centres in the West Midlands. This system gives people access to specialist medical teams, with all the necessary specialist services needed to treat major trauma patients available on one hospital site. The three adult Major Trauma Centres serve a population of 5.4 million. UHCW provides the Major Trauma service for the whole of Coventry and Warwickshire and the neighbouring parts of Northamptonshire and Leicestershire. Independent data from the Trauma Audit and Research Network shows we are currently one of the top performing hospitals in England for our survival rates and along with our expertise and facilities, this is why University Hospital in Coventry was chosen.
- We were praised in the Good Hospital Guide for our below average mortality rates and for ensuring patients with a broken hip are treated within 48 hours.

University Hospitals Coventry and Warwickshire NHS Trust

INNOVATE – we will innovate through research and learning

- On 1st July 2011 UHCW, together with Warwick Medical School (WMS), successfully launched Europe's most advanced Whole Body Calorimeter (WBC), a facility dedicated to finding solutions for the 1 in 4 UK adults classed as obese. The custom-built £1.5 million research facility includes two environmentally-controlled rooms in which participants spend up to 48 hours at a time helping scientists to investigate the building blocks of how the body works. This is an innovative and exciting prospect that could have far reaching ramifications for hospitals and patients across the country and potentially internationally.

  The WBC allows researchers from both WMS and UHCW to understand more about how food, physical activity and other behavioural aspects, such as sleep, affect our ability to control our weight, as well as investigating real-time changes in metabolic function associated with diabetes, obesity and their treatments.

- Since 2007 UHCW has used text messaging to remind those with outpatient appointments to attend and minimise the number of wasted appointment slots. By doing this the proportion of patients who do not attend has fallen by 2.2% equating to more than £1m in income generation. To build on this success the Trust has now launched a texting service which allows patients to text when they are unable to attend their next appointment. The hospital will then make contact with the patient to agree an alternative date and proactively fill the appointment slot with another patient.

- Hundreds of patients across Coventry and Warwickshire will be able to receive innovative care at home and avoid unnecessary hospital visits thanks to a £280,000 grant.

  Clinicians from UHCW are creating the virtual ward Ambulatory Care Service for patients with certain conditions thanks to the grant from the West Midlands (South) Health Innovation and Education Cluster (WM(S) HIEC. HIECs are a partnership between NHS organisations, higher education and industry to enable high quality patient care and services by quickly bringing the benefits of research and innovation directly to patients.

The Ambulatory Care Project team has found a number of clinical conditions such as diabetes which have traditionally required a visit to the Emergency Department and an admission to hospital for further assessment, monitoring and treatment can be supported instead by community-based clinical care.

Patients using e-health solutions, including a web-based virtual ward environment with a patient portal, could self manage their care online at home and avoid unnecessary overnight or prolonged hospital stays. This information can then be accessed at hospital by specialists who can call the patients to see how they are doing. By implementing the service over the next 18 months, the Trust hopes to improve the care of up to 2,000 patients across Coventry and Warwickshire.

All of these have taken place as we continue on our journey to becoming a Foundation Trust and address the new challenges of a restructuring NHS and significant cost-saving demands.

We know the next 12 months will bring more changes to the NHS and we need to be prepared to show strong leadership and have the difficult discussions needed to ensure that we have an NHS that our patients and staff deserve in the 21st Century.

Andrew Hardy
Chief Executive Officer
UHCW NHS Trust

Philip Townshend
Chairman
UHCW NHS Trust

University Hospitals Coventry and Warwickshire NHS Trust

AWARDS

- Consultant Sergio Pagliarini was shortlisted for one of The Macular Disease Society's 2011 national awards for Clinical Services of the Year after being nominated by a patient.
- The Research and Development team was shortlisted for the HSJ Awards 2011 for embedding a culture of clinical research at Trust level.
- The cross-disciplinary team who managed and implemented the VTE assessment programme and tool across the Trust won the Public Sector Project of the year category in the UK IT Industry Awards 2011 and the Healthcare IT Award in the 2011 Health Business Awards and was shortlisted for the 2011 E-Health Insider Awards.
- The plain-speaking bowel cancer screening team based at the Hospital of St Cross in Rugby won a coveted Plain English Award 2011 for its leaflet explaining how to use its testing kit.

  The leaflet is part of the national bowel screening programme and was developed in conjunction with Dr Steve Smith, Clinical Director and Mrs Sara Lee, Manager of the Bowel Cancer Screening Hub at St Cross (pictured).
- The Communications Team was nominated for a Public Relations Consultants Association (PRCA) 2011 Award, two How-Do UK Public Services Communications 2011 Awards, two Associations for Healthcare Communications and Marketing (AHCM) Communicating Health 2011 Awards and The Golden Hedgehog PR 2012 Awards.
- The Trust's Tissue Viability Team was shortlisted as one of the finalists in the Pressure Care Award for the British Journal of Nursing Awards 2012.

Services

Services provided at University Hospital

General Acute Services

Acute Medicine

Accident and Emergency

Age Related Medicine and Rehabilitation

Anaesthetics

Assisted Conception

Audiology

Breast Surgery

Cardiology Critical Care

Colorectal Surgery

Dermatology

Diabetes and Endocrinology

Ear, Nose and Throat

Gastroenterology

General Medicine

General Surgery

Gynaecology

Haematology

Hepatobiliary and Pancreatic Surgery

Upper Gastrointestinal Surgery

Maxillofacial Surgery

Neurology and Neurophysiology

Obstetrics

Ophthalmology

Optometry

Orthodontics

Orthopaedics Trauma

Orthoptics

Paediatrics

Pain Management

Plastic Surgery

Renal Medicine

Reproductive Medicine

Respiratory Medicine

Rheumatology

Urology

Vascular Surgery

Specialised Services

Bone Marrow Transplantation

Cardiothoracic Surgery

Clinical Physics

Haemophilia

Invasive Cardiology

Neonatal Intensive Care and Special Care

Neuro Imaging

Neurosurgery

Oncology and Radiotherapy

Plastic Surgery

Renal Dialysis and Transplantation

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:

BMI Meriden

Caludon Centre

Myton Hospice

Services provided at Hospital of St Cross

Acute Medicine

Acute Surgery

Ambulatory Care

Breast Screening

Colorectal Cancer Screening Centre

Day Surgery

Overnight Stay/23 hour Surgery

Endoscopy

Laboratory Services

Macular Unit

Magnetic Resonance Imaging (MRI) Scanning

Outpatients Services

Retinal Screening Centre

Satellite Renal Dialysis Unit

Scanning, Bone Density

Urgent Care Centre

X-ray including Ultrasound

Inpatient Medical Services

Inpatient Elective Surgery

Inpatient Rehabilitation Service

Intermediate Care

Screening

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

- Myton Hospice
- Social Services
- Midlands Diving Chamber
- GP (Out of hours service)

ABOUT US

University Hospitals Coventry and Warwickshire (UHCW) NHS Trust is one of the newest and busiest NHS teaching Trusts in the country, caring for more than 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 and maternal health, 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 Midlands and East Strategic Health Authority (SHA).

VITAL STATISTICS FOR 2011/12

	2011/12	2010/11	2009/10	2008/09
Number of people attending an Outpatient appointment	531,774	548,927	527,326	483,212
Number of Outpatient appointments	577,802	598,538	575,302	531,002
The number of people attended Accident & Emergency (A&E) including those in specialist Children's A&E	173,177	161,462	156,865	150,101
The number of Inpatients and Day cases (based on Admissions)	135,633	135,813	133,909	128,313
Babies Delivered	6,046	6,006	5,790	5,721
Patients operated on in theatres	42,343	43,797	45,465	44,239
Number of staff working in our hospitals	Circa 6,090	Circa 5,900	Circa 6,400	Circa 6,400

Strategy

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 maintained our focus 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.

We have concentrated on our four underlying strategic priorities to drive UHCW to be a leader in the healthcare industry:

- Delivering safe, high quality and evidenced patient care
- Developing excellence in research, innovation and education
- Improving the way we work
- Building a positive reputation and identity

Delivery of these remains key to achieving our aspirations and strategy – to be the best local choice for the people of Coventry and Warwickshire, whilst becoming a national centre of excellence for research and education, to deliver the outstanding, innovative services expected by our communities and stakeholders.

NHS Constitution

At UHCW we have been working to promote the NHS Constitution with both our staff and other stakeholders since its launch.

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

We include the NHS Constitution 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.

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

University Hospitals Coventry and Warwickshire NHS Trust

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

A year of achievements: 2011/12

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

PERFORMANCE – CQC REGISTRATION/NHSLA
Care Quality Commission (CQC) Registration

From 1st April 2010 all health and adult social care providers had to be registered with the Care Quality Commission, and by law, show that they are meeting essential standards of quality and safety. CQC Registration is therefore now a healthcare provider's licence to operate.

UHCW applied to register with the CQC and since 1st April 2010 has been formally registered without any conditions or enforcement actions since this time.

The Trust has two registered locations (University Hospital and the Hospital of St Cross) for nine Regulated Activities.

The CQC monitors compliance using a number of different methods including unannounced inspections, planned inspections and reviews, requesting data and evidence to confirm compliance as well as the CQC's Quality Risk Profile (QRP) for the Trust. The CQC also now has a wider range of enforcement powers, where breaches or concerns are identified.

During 2011/12 the CQC completed the following inspections/reviews, with no formal enforcement or regulatory action required:

November 2011:

Planned Review
Inspection of Safeguarding and Looked after Children's Services in Warwickshire, joint Ofsted/CQC (Outcome 7).

28th December 2011:

Unannounced Inspection
Adult Emergency Department, patient care and staffing levels (Outcomes 4, 13).

20th March 2012:

Unannounced Inspection
Compliance with Abortion Act 1967 (amended), termination of pregnancies.

UHCW therefore maintained registration throughout 2011/12 without any compliance conditions being imposed by the CQC.

NHSLA RISK MANAGEMENT STANDARDS

NHS Litigation Authority (NHSLA)

The NHS Litigation Authority (NHSLA) is a Special Health Authority that was set up in 1995. The NHSLA handles negligence claims made against NHS organisations and works to improve risk management practices in the NHS. It manages the:

- Clinical Negligence Scheme for Trusts (CNST);
- Liabilities to Third Parties Scheme (LTPS); and
- Property Expenses Scheme (PES).

All NHS organisations in England can apply to be members of these schemes. Members pay an annual contribution (premium) to the relevant schemes, which are similar to insurance.

The Trust achieved Level 1 against the NHSLA Risk Management Standards for Acute Trusts in September 2010 and is due for reassessment at the higher Level 2 in September 2012. UHCW Maternity services maintained its Level 2 status at assessment against the Clinical Negligence Scheme for Trusts' Maternity Clinical Risk Management Standards in December 2009 and will be reassessed in November 2012.

2011/12 performance

NATIONAL AND LOCAL TARGETS

UHCW assesses its performance against the two National performance frameworks; the 2011/12 Monitor Compliance Framework and the 2011/12 Department of Health NHS Performance Framework; together with the local contract targets and standards, including progress on the 2011/12 CQUIN scheme. UHCW is also assessed on a monthly basis by the Midlands and East Strategic Health Authority using the Provider Management Regime.

Monitor Compliance Framework Rating

In preparation for Foundation Trust status, the 2011/12 Monitor Compliance Framework is used to assess performance. If a target in the Compliance Framework is failed by a Foundation Trust, a weighted penalty is levied by Monitor as shown in the table below (a low penalty score is good).

Monitor Framework		UHCW Rating			
Rating	**Score**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Green	< 1.0				
Amber-Green	≥ 1.0 and < 2.0				
Amber-Red	≥ 2.0 and < 4.0	Amber/Red	Amber/Red	Amber/Red	Amber/Red
Red	≥ 4.0				

Appendix 1 on page 21 gives the year to date performance monitoring against each of the targets in the 2011/12 Monitor Compliance Framework.

Department of Health (DH) NHS Performance Framework Rating

As a non-Foundation Trust, UHCW is formally monitored against the 2011/12 DH NHS Performance Framework that covers two key domains: quality and finance. The DH applies scores based on whether a Trust is performing, underperforming or failing a target (a high score is good).

DH Framework		UHCW Rating			
Rating	Score	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Performing	≥ 2.4	Performing			
Performance under review	≥ 2.1 and < 2.4		Performance Under Review	Performance Under Review	
Underperforming	< 2.1				Underperforming

Appendix 1 on page 21 gives the year to date performance monitoring against each of the targets in the DH 2011/12 NHS Performance Framework quality of services rating.

Midlands and East Strategic Health Authority Provider Management Regime (PMR)

The PMR was introduced by the Midlands and East Strategic Health Authority to support Trusts in working with the SHA in a "Monitor like" way; preparing Trusts for their DH and Monitor Foundation Trust assessment and subsequent monitoring post authorisation under the Monitor Compliance Framework.

The regime provides an opportunity for providers to earn autonomy from the SHA. Providers who can demonstrate consistent performance of governance, finance, quality and contract management will make less frequent returns and meet with the SHA less often than those that face issues. There is also a clear escalation process for Trusts with persistently poor ratings or other issues.

UHCW's performance against the PMR risk ratings are as detailed in the table below

PERIOD (Mar-12)	Governance Risk Rating	Financial Risk Rating	Contractual Position
RATING	Amber (2.0)	Green (4.0)	Amber

The Governance Risk Rating of the PMR is similar to the 2011/12 Monitor Compliance Framework. **Appendix 1** on page 21 gives the year to date performance monitoring against each of these targets.

Performance against 2011/12 Acute Contract Targets

- The 2011/12 Acute Contract for UHCW with Primary Care Trusts requires that the Trust delivers performance against the 88 targets and standards agreed as part of the contract. 26 out of the 27 National targets detailed in **Appendix 1** on page 21 are part of the schedule of targets and standards agreed in the 2011/12 Acute Contract. In addition to these, UHCW is also required to deliver progress against the 10 indicators agreed in the 2011/12 CQUIN Scheme.

EXCEPTIONS AND RISKS

A central element of UHCW's mission is to provide high quality care and evidence this by delivering compliance against targets and standards. The following targets have been assessed as red across one or both of the 2011/12 Monitor Compliance Framework or DH NHS Performance Framework:

- **Meeting the Clostridium Difficile objective:** There have been 90 C-Diff infections. This is 4 (4.7%) above the cumulative trajectory of 86 for the period 1 April 2011 to 31 March 2012. The year-end position represents a 14% reduction from previous year. Actions taken include more frequent cleaning performance meetings with ISS, Nursing and Vinci to resolve strategic issues and a new cleaning performance framework introduced to wards to rectify non-compliance with cleaning standards, infection control practices and estates. The testing and reporting process has been reviewed against new national and local guidance and changes implemented accordingly.
- **Total time in A&E (95%, 4-hour wait target)**: For the year, 10,427 or 93.95% patients out of 172,278 were seen outside of 4 hours. This is 1.05% below the target and therefore UHCW has not achieved the target at the end of the financial year. The Trust continues to work with the Primary Care Trust on the Joint Action Plan to improve flow and reduce delayed discharges which prevent the Emergency Department (ED) from processing patients in a timely fashion. The Trust is continuing to work with ECIST (Emergency Care Intensive Support Team) in improving the flow through the Trust. The ED clinical model was described as an exemplar in the country by ECIST. Two additional doctors are working on days at the weekend to ensure clinical decisions are taken robustly. The reconfiguration of ward 23 has given us 13 medical beds, 10 surgery beds and 18 Gynae beds. The executive team has met with the clinical leads for A&E and Acute Medicine to discuss the clinical model in detail and a revised model has been agreed.

- **Total time in A&E (95th percentile):** During March 2012, the 95th percentile total waiting time for all A&E attendances (excluding planned follow ups) was 337 minutes. This is 97 minutes above the target of 240 minutes (4 hours). Performance can be broken down further to show that the 95th percentile wait for non-admitted patients was 240 minutes. This matched the target of 240 minutes. However, the 95th percentile wait for admitted patients was 550 minutes. This was 310 minutes above the target. The Trust continues to work with the PCT on the Joint Action Plan on the projects outlined in the above bullet point to improve patient flow and reduce delayed discharges.
- **Delayed transfers of care:** This measures, as the denominator, the number of acute patients (aged 18 and over) who were admitted to the Trust each week against, as the numerator, the number of acute patients whose transfer of care was delayed each week. There have been 2,765 or 5.48% delayed transfers of care out of 50,490 admissions. This is 1.98% above the target of 3.50%. Dr Nick Balcombe in his role as Clinical lead for Discharge received sign off from the Chief Officer group for his discharge action plan which includes daily board rounds for all wards and regular meetings to discuss delayed patients. The work is being co-led by Michelle Linnane, nursing lead for discharge, with support of Barbara Bains who is supporting the team 2 days a week. QFI are working with the Specialised Division to target the longest delayed patients. The Trust is continuing to work with ECIST (Emergency Care Intensive Support Team) in improving the flow through the Trust. The ED clinical model was described as an exemplar in the country by ECIST. Section 256 funding has been used to appoint additional Integrated Discharge Team staff, CHC screeners, Mental Health assessors and these staff are waiting to begin in post.

The following targets, whilst compliant, were assessed as high risk against the 2011/12 Monitor Compliance Framework and DH Performance Framework:

- Meeting the MRSA objective
- Referral To Treatment admitted, 95th percentile
- Referral To Treatment non-admitted, 95th percentile
- Referral To Treatment incomplete, 95th percentile
- Referral To Treatment 90% of admitted patients treated in 18 weeks
- Referral To Treatment 95% of non-admitted patients treated in 18 weeks

Year-to-date performance monitoring against each of these targets is given in **Appendix 1**.

STRATEGIC PRIORITIES

The main issues that have been identified to be addressed are as follows, together with the reference to how this plan seeks to address them:

Care

- Patients will find it easy to access the Coventry site, park and find their way around.
- Providing a Major Trauma Centre in line with regional designation status and agreed plan.
- Delivering high quality care across all services and for all patients with focus on dementia care and achieving targets.
- Discharge planning and prevention of readmissions.

Achieve

- Compliance with national and local targets, including NHS constitution legal commitments, CQC registration, SHA Performance Management Regime.
- Community services and partnership working with key stakeholders.

Innovate

- Build on research ethos and develop specialist services.

APPENDIX 1: UHCW Performance Against National Frameworks

	Target	2011/12 Monitor Compliance Framework	2011/12 NHS Performance Framework	Threshold	March 2012 (YTD)	Trend [1]	RAG	Risk [2]
E1	Clostridium Difficile – Meeting the Clostridium Difficile objective	✓	✓	≤ 86	90	↗	R	High
C2	MRSA – meeting the MRSA objective	✓	✓	4	1	→	G	High
3	Cancer: two-week wait from referral to date first seen for all cancers	✓	✓	≥ 93%	94.20%	↘	G	Low
4	Cancer: two-week wait from referral to date first seen for symptomatic breast patients (cancer not initially suspected)	✓	✓	≥ 93%	94.22%	↘	G	Medium
5	All cancers: 31-day wait from diagnosis to first treatment	✓	✓	≥ 96%	99.67%	↗	G	Low
6	All cancers: 31-day wait for second or subsequent treatment for surgery	✓	✓	≥ 94%	99.66%	↗	G	Low
7	All cancers: 31-day wait for second or subsequent treatment for anti-cancer drug treatments	✓	✓	≥ 98%	100%	→	G	Low
8	All cancers: 31-day wait for second or subsequent treatment for radiotherapy	✓	✓	≥ 94%	97.66%	↗	G	Low
9	All cancers: 62-day wait for first treatment for urgent GP referral to treatment	✓	✓	≥ 85%	87.11%	↘	G	Low
10	All cancers: 62-day wait for first treatment for consultant screening service referral	✓	✓	≥ 90%	97.99%	↗	G	Low
11	All cancers: 62-day wait for first treatment for hospital specialist		✓	≥ 85%	92.75%	↘	G	Medium
C12	Referral To Treatment – admitted – 95th percentile	✓	✓	≤ 23 weeks	21.60	→	G	High

	Target	2011/12 Monitor Compliance Framework	2011/12 NHS Performance Framework	Threshold	March 2012 (YTD)	Trend [1]	RAG	Risk [2]
C13	Referral To Treatment – non-admitted – 95th percentile	✓	✓	≤ 18.3 weeks	17.00	↘	G	High
C14	Referral To Treatment – incomplete – 95th percentile		✓	≤ 28 weeks	16.70	↘	G	High
C15	Referral To Treatment – admitted – 90% in 18 weeks		✓	≥ 90%	92.17%	↗	G	High
C16	Referral To Treatment – non-admitted – 95% in 18 weeks		✓	≥ 95%	96.55%	↗	G	High
E17	Total time in A&E – 95% of patients should be seen within four hours		✓	≥ 95%	93.95%	↗	R	High
E18	Total time in A&E (95th percentile)	✓		≤ 240 mins	337	↘	R	High
E20	Time to initial assessment (95th percentile)	✓	✓	≤ 15 mins	17.00	→	R	High
E22	Time to treatment in department (median)	✓	✓	≤ 60 mins	64.00	↘	R	High
24	Unplanned reattendance rate	✓	✓	≤ 5%	1.88%	→	G	Low
26	Left department without being seen rate	✓	✓	≤ 5%	2.50%	→	G	Low
27	Cancelled Operations – breaches of 28 days readmission guarantee as % of cancelled operations		✓	≤ 5%	4.52%	↗	G	Low
28	Patients that have spent more than 90% of their stay in hospital on a stroke unit		✓	≥ 80%	82.69%	↘	G	Medium
E30	Delayed transfers of care		✓	≤ 3.5%	5.45%	↘	R	High

	Target	2011/12 Monitor Compliance Framework	2011/12 NHS Performance Framework	Threshold	March 2012 (YTD)	Trend [1]	RAG	Risk [2]
E30	Delayed transfers of care (SHA Definition)		✓	≤ 3.5%	4.89%	↗	R	
31	Certification against compliance with requirements regarding access to healthcare for people with a learning disability	✓		Compliance	N/A	→	G	Low

1. Trend Key:
   - ↗ Improving performance
   - → Performance remaining the same
   - ↘ Deteriorating performance

2. Risk Key:
   - **High** Delivery of target assessed as high risk through regular performance management meetings
   - Medium Delivery of target assessed as medium risk through regular performance management meetings
   - Low Delivery of target assessed as low risk through regular performance management meetings.

QUALITY ACCOUNT

The Department of Health requires all NHS Trusts to produce a Quality Account. In 2010/2011 UHCW published its second Annual 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 publicly.

The Trust Board, after reviewing information from various sources such as clinical incidents and complaints and listening to our patients' feedback, agreed three priorities for Quality Improvement. These were improving the management of sepsis, meeting patient's nutritional needs and continuing to build on the good work already started on increasing awareness of dementia.

The appointment of a specialist Gastroenterologist, the opening of a dedicated dementia lounge and a successful Trust-wide sepsis campaign are examples that have brought improvements to patient care and you will be able to find out more detail on these successes in UHCW's Quality Account 2011/2012. This Account details our priorities for the coming year, which are the elimination of avoidable pressure ulcers, increasing effective discharge and using real-time feedback to effect change.

You can access the Quality Account on UHCW's website and NHS Choices.

Principles for Remedy (Complaints)

The Trust's complaints policy is in line with 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. 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 policy provides the opportunity for the complainant, if needed, to discuss their concerns and expectations. 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 regulations advise there is no specific response time, in the period April 2011 to March 2012, the Trust received 497 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 25 files for assessment and one went forward for investigation. Two investigations from the previous year were also resolved. At the end of the financial year six complaints were still under consideration.

Over the last two years, the Complaints function at UHCW was audited on four

occasions, involving external bodies and internal audit. We are pleased to report that none of these audits found any significant issues with the handling of complaints at UHCW.

Engagement

PATIENT & PUBLIC INVOLVEMENT (PPI)

During 2011/12 the Trust continued in its work to ensure that the views of its patients, their carers, relatives and visitors are considered when planning and delivering services.

A significant piece of work carried out was the expansion and strengthening of our Patients' Council. We are pleased to report that we had a strong response to our call for members of the Council and now have 13 members who are keen and able to look at more areas of the Trust's services.

From these activities, the Trust learned that patients continue to be very satisfied with the way their wellbeing is looked after, cleanliness and the facilities and premises, but they continue to be less satisfied with car parking and discharge processes.

During 2011/12, the Trust reviewed its car parking and access arrangements and has acted on the findings from Warwick Business School, particularly around car park charges. In the latter part of the year, the Trust also increased the number of public car parking spaces available at the UHCW site.

We have also continued to work in partnership with local third sector organisations. For example, with Age UK Coventry and Age UK Warwickshire we have provided an information pack about services available to elderly patients when they go home and to give advice to patients and their carers whilst in hospital about the these services and how to access them. Age UK can also offer support and advice proactively, to those patients who consent, to telephone follow-up at home. Initially this service was tried out on a small number of our wards in both Coventry and Rugby. We are pleased to report that this was so successful that we now have funding to extend this service during the next year to all our patients over 65.

UHCW's patient experience survey "Impressions" shows us that 94% of our patients are satisfied with their care but even so, the Trust continues to work with individual patients to improve the experience of all and during the year started to include Patient and Staff stories into Trust Board meetings, so Board members can hear about experiences directly. This will continue on a more regular basis during the coming year.

Following on from our report last year about securing 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, we are proud to report the opening of this excellent facility, which is being held up as an example of good practice, attracting national attention.

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 a representative, 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 two-way 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 stakeholders and partner organisations and have widened the range of stakeholders with whom we work.

Some examples of these include:

- Foxford School and Community Arts College (our partner school), continuing to support students to experience the world of work within healthcare and involving students in tree planting and art work for our Jubilee Nature Reserve

- Local primary Schools (Walsgrave and Pearl Hyde), involving pupils in planting a hedgerow on the University Hospital site and learning about wildlife and woodland trees and plants
- Coventry Ambassadors, with members of the Trust's leadership team being Ambassadors and UHCW hosting the February Ambassadors' event in the Clinical Sciences Building at University Hospital
- Coventry University School of Occupational Therapy, with students from the Social and Therapeutic Horticulture Course helping us by producing a design for a garden to the rear of our Faith Centre
- Centre for Sustainable Healthcare, UHCW was proud to host the national 2011 NHS Forest Conference in October
- King's Fund Enhancing the Healing Environment Programme, December 2011 saw the successful completion of the Forget-me-not lounge and Memory Lane and the Trust is working again with the King's Fund, with them assisting us in training staff in Enhancing the Healing Environment principles, in preparation for the planned refurbishment of the reception area of the Arden Cancer Centre
- Coventry Continuing Purpose Programme, UHCW hosted a visit by Continuing Purpose members in October 2011, to help senior people in organisations outside the NHS to better understand the complexities and challenges in delivering healthcare in the current environment

We look forward to working with these and other partners over the coming year on a number of projects to 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 of £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 **http://www.uhcw.nhs.uk/about-us/freedom-of-information-act**

Emergency Planning

The Trust has comprehensive plans in place with regard to emergency preparedness which are regularly tested both internally and in co-operation with multi-agency partners. Plans are developed with colleagues across the Trust to ensure they are able to deal with additional demands being placed on the Trust as well as maintaining delivery of business as usual functions.

The past 12 months have involved responding to a number of minor incidents, participating in a number of live and table-top exercises and also required a large amount of work to be undertaken as a result of the Ricoh Arena being chosen to host Olympic Football events in 2012. As part of this, the Trust has been chosen by the London Organising Committee of the Olympic Games to be the only Designated Hospital Provider in the West Midlands; providing emergency health care services to the Games "Family" e.g. players, officials etc., during the London 2012 Olympic Games.

The Emergency Planning Team continue to work closely with partner organisations specifically within the Local Health Resilience Forums which ensure co-operation and co-ordinated planning are undertaken, and also ensure that training and exercises can be shared and developed together.

Sustainability

The Trust has developed a board-approved Sustainability Strategy within which sits the Sustainable Development Management Action Plan and the Carbon Reduction Plan.

UHCW has worked towards developing sustainable hospital sites where the boundaries merge into the surrounding community becoming a natural resource accessible to all. A nature reserve has been developed at UHCW on an area used for surface water filtration pools, creating a natural habitat and a tranquil calming place for staff, patients and the local community. The area has been enhanced with native planting, seating and information boards, designed to ensure that it can develop as a wildlife habitat and a recreational area. Not only is the space for the community, but it has been achieved by working with volunteer groups from schools, staff and the community.

Of the many sustainability campaigns run over past the year, the most effective was the healthy travel initiative that has increased the number of cyclists by 5% which has meant cycle storage has reached capacity and more is to be installed.

BIODIVERSITY

The Trust has worked hard in this area over the year, and as part of the Outer Space scheme, developed green space on healthcare sites and made them fully accessible to the community. As a part of the national NHS Forest scheme planting a tree for every member of NHS staff, the Trust has planted more than 500 trees this year, including planting native hedgerows, which aligns with both projects; improving habitat and accessible natural space. University Hospital has also developed two wildflower sites to encourage nectar-feeding bees and other insects.

CLIMATE ADAPTATION ACTION PLANNING

To ensure the healthcare estate and business are resilient against the potential impacts of climate change, the Trust has set up a Climate Adaptation and Mitigation Group to examine potential climate change risks to the business. The group collects severe-weather data and analyses changes and costs incurred by the business during that period; then acts on lessons learnt.

SUSTAINABLE PROCUREMENT

To enable the Trust to identify the areas of significant CO_2 emissions within the supply chain, it has developed a Procurement Strategy and a Sustainable Procurement Group. The group is working with bigger suppliers to reduce packaging brought to site and the number of journeys made, alongside whole-life costing initiatives.

WASTE

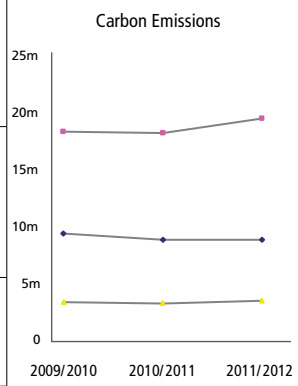
The Trust is committed to reducing waste sent to landfill and has been working with service providers to improve waste reused or recycled. The Trust is in the process of introducing commingled recycling in all areas of the business.

GOVERNANCE

The Trust is committed to reducing its CO_2 emissions and negative impact its activities have on the environment. Key Performance Indicators have been established and are reported monthly to ensure sustainability and carbon reduction stay firmly on the agenda. 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.

Note:
The above report has been prepared in accordance with guidelines laid down by HM Treasury "Public Sector Annual reports: Sustainability Reporting Guidance for 2011-12 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.

University Hospitals Coventry and Warwickshire NHS
NHS Trust

Greenhouse Gas Emissions		2009–10	2010–11	2011–12	Graphical Analysis
Non-financial indicators ($kgCO_2e$)	Total Gross emissions for Scope 1 $kgCO_2e$	9,596,673	9,016,927	9,003,952	
	Total net emissions for Scope 2 $kgCO_2e$	18,525,172	18,400,167	19,700,447	
	Gross emissions Scope 3 $kgCO_2e$ (business travel)	3,519,645	3,426,210	3,629,158	
	Other Scope 3 emissions measured	0	0	0	
Related Energy Consumption (kwh)	Electricity Non-renewable	35,588,170	35,359,777	37,858,537	
	Electricity renewable	0	0	0	
	Gas	47,892,642	46,496,214	44,750,805	
	Oil	344,442	330,680	705,120	
	Other	0	0	0	
Financial Indicators (£)	Expenditure on Energy	3,162,488	3,174,092	3,915,173	
	CRC Licence Expenditure	1,280	1,290	1,290	
	Expenditure from accredited offsets	0	0	0	
	Expenditure on official business travel	429,859	365,265	341,602	

Performance Commentary (including Targets)

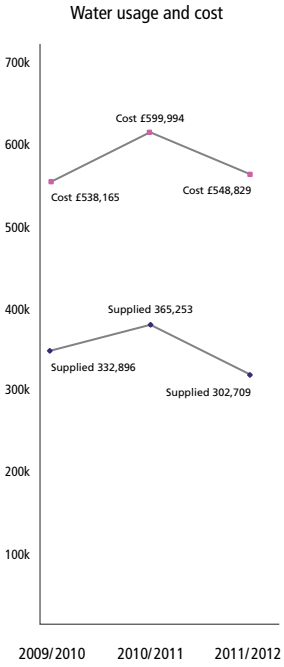
UHCW NHS Trust has a target to reduce its greenhouse gas emissions by 10% by 2015. There is also a longer term target to reduce carbon emissions by 26% by 2020.

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.

Finite Resource Consumption – Water			2009–10	2010–11	2011–12	Graphical Analysis
Non-Financial Indicators (M^3)	Water consumption	Supplied	332,896	365,253	302,709	
		Abstracted	0	0	0	
Financial Indicators (£)	Water Supply Cost		538,165	599,994	548,829	

Performance Commentary (including Targets)

We have set a target of 5% water reduction target over three years from 2009/2010 levels to 326,252 M which has been exceeded this year.

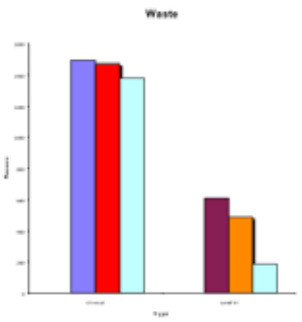
Controllable Impacts Commentary

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.

University Hospitals Coventry and Warwickshire NHS Trust

Waste			2009–10	2010–11	2011–12	Graphical Analysis
Non-Financial Indicators (tonnes)	Hazardous Waste	Total	1,499	1,479	1,487	
		Clinical	1,492	1,471	1,378	
		Cytotoxic/ Cytostatic	4	5.2	10.4	
		Medicine	2.6	2.9	4.6	
		Other	0	0	0	
	Non-Hazardous Waste	Landfill	610	488	183	
		Reused/ recycled	72%	74%	77%	
		Incinerated	1,498	1,479	1,487	
Financial Indicators (£)	Total Disposal Cost		782,000	736,075	720,578	
	Hazardous Waste – Total Disposal Cost		503,820	529,347	521,047	
	Non-Hazardous total disposal cost	Landfill	277,446	206,728	170,666	
		Reused/ recycled	734	1,011	28,475	
		Incinerated	503,820	529,347	521,047	

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.

Our staff

Overall the clinical workforce grew by 20.08%. During the year we have seen a reduction in management, administration and estates staff totalling 2.47%, 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 Health Care Purchasing Consortium (HPC). These members of staff were the subject of a TUPE transfer on 1st April 2011 to a new employer.

STAFF BREAKDOWN

STAFF GROUP	1st April 2011 Actual Staff in Post (FTE)	March 2012 Actual Staff in Post (FTE)	Percentage change 2011–2012
Consultants	332.00	332.47	0.14%
Other Medical Staff	473.59	522.44	10.31%
Nurses	1675.09	1946.22	16.19%
Midwives	149.96	192.91	28.64%
Healthcare Scientists and Technicians	515.02	517.57	0.50%
Allied Health Professionals	296.28	294.57	-0.58%
Healthcare Assistants and Support Staff	1185.48	1159.5	-2.19%
Clinical Staff Total	4135.33	4965.68	20.08%
Management, Administration and Estates Staff	1142.58	1114.38	-2.47%
Total	**5981.88**	**6080.06**	**1.64%**

STAFF COSTS

As at the end of March 2012 the total Trust pay bill equated to £23,231,512. With regard to performance management, staffing costs were a core agenda item at Divisional Boards and HR Managers gave a monthly update on performance.

STAFF ABSENCE & WELLBEING

There has been a sustained reduction in sickness absence over the last three years. The 2011/12 calendar year to date sickness absence figure was 4.47%. This compares with 4.37 % for the calendar year 2010/11.

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

We recognise the importance of staff wellbeing and in line with our Health & Wellbeing Strategy a series of wellbeing events have been run for all Trust Staff alongside a pilot to introduce fast-track physiotherapy and counselling service for all Trust staff to access. In addition, UHCW implemented a personal lifestyle assessment and management programme using CALM health software. This web-based programme can be accessed by staff, who complete a comprehensive lifestyle assessment covering health risks.

The latter system provides staff with a personalised report, allowing staff to set themselves targets to help achieve positive change. Following the success of these pilots, we now are introducing these schemes on a substantive basis.

Information Source: ESR

STAFF IMPRESSIONS AND NATIONAL STAFF SURVEY

In 2011 we decided not run Staff Impressions, the Trust's bespoke staff survey, as we wanted to embed further the action plans derived from the 2010 survey. We are planning however to undertake Staff Impressions again in June 2012, with amendments to the survey to ensure continued coordination with the NHS National Staff Survey.

In October–December 2011, the Trust took part in the annual National Staff Survey and achieved a 51% response rate, compared to 42% in the previous year. Some key headlines from this survey include:

Patient Care

- 75% are satisfied with the quality of care they give to patients
- 89% of staff feel their role makes a difference to patients
- 66% believe that hand-washing materials are always available
- Staff motivation scored 3.88 out of maximum score of 5

Staff Development

- 77% have received job relevant training, learning or development in the last 12 months
- 83% have had a work appraisal
- 86% of staff have had Health and Safety training in the last 12 months
- Staff think there is effective team working (scored 3.69 out of maximum 5)

Reporting

- We are committed to instilling an open and honest culture. 96% of staff reported errors, near misses or incidents witnessed in the month prior to the survey

Equality and Diversity

- 89% of staff believe the Trust provides equal opportunities for career progression and/or promotion

We are continuing to implement and improve our Staff Impressions action plans and we will be analysing further the recent national staff survey results to assess and decide what further changes are needed to improve how we manage and value our staff.

STAFF ENGAGEMENT AND CONSULTATION

Staff engagement is about capturing "the hearts and minds" of staff, which includes employees having a positive attitude towards the organisation and its values. It places an emphasis on staff having a sense of feeling valued and being actively involved.

It also covers the partnerships between employees (including their representatives), their line managers and the employing organisation and encompasses an organisation's working culture.

In addition to the national mechanisms for staff engagement – namely the NHS Staff Survey and NHS Constitution – staff engagement is at the heart of our actions within UHCW.

We use several communications mechanisms to ensure we are sharing information with our staff, including a monthly Chat with the Chief event for all staff, whereby the Chief Executive Officer shares key information and updates with staff, and In Touch, our fortnightly staff e-newsletter, where staff receive updates from the leadership team, the latest news from throughout the Trust and key successes and achievements.

The Chief Executive Officer also meets with randomly selected groups of staff through bi-monthly meetings, where staff can ask anything and receive a personalised, face-to-face response.

The information from these events is then shared across the Trust. Our Board also undertakes a series of Patient Safety Walkabouts, during which they engage with staff about key events in each speciality or department and discuss with patients their care.

UHCW celebrates our achievements and successes through the Trust's annual Outstanding Service and Care Awards (OSCAs), which are held to recognise the hard work and dedication of staff. This year, the event was wholly sponsored by our partners:

ISS Mediclean

Vinci

GE Healthcare

Coventry and Rugby Hospital Company

Newton

And we thank them for their support. It involves peer nominations, and applications are reviewed against the Trust's core values to care, achieve and innovate. In addition the Trust runs several celebration events for learning, including achievement of diplomas and NVQs, as well the annual Long Service Awards to recognise and reward the loyalty and dedication of our staff both in the Trust and across the NHS.

We have a partnership approach with staff, through formal process such as our Joint Consultative and Negotiating Committee and Medical Negotiation Committees. Both of these forums are attended by our Chief Executive Officer and members of our Executive Team, allowing us to engage with our staff-side colleagues and trade union representatives in a constructive manner. These meetings focus on consultation regarding key service changes across the Trust, as well discussion and approval of policies and procedures.

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 7.5% 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. 12% of our workforce are aged 56 years, 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.

Information Source: ESR

RECRUITMENT MONITORING

Monitoring of job applications shows that 49% of the totals were BME applicants. Of those short-listed, 39% were BME applicants and of those successfully appointed, 25% were BME applicants.

Of the total job applicants, 68% were female and 32% were male. Of those short-listed, 72% were female whilst 28% were male, and of those candidates successfully appointed, 60% were female, 40% were male.

Of the total job applications, 3.4% were from those declaring that they had a disability and 93% were from those declaring that they did not have a disability (with 3.5% classified as Undefined/Not declared).

Of those short-listed, 5% declared that they had a disability against 88% who declared they did not; 4% were undefined and 3% did not declare. Of those successfully appointed, 1% were candidates declaring that they had a disability against 26% who declared that they did not; 67% were undefined and 6% did not declare.

Information Source: ESR

Equality and Diversity

The year has been a particularly active and successful year for Equality and Diversity work at the Trust, nationally, regionally and locally. The Trust has made significant progress in responding to the new requirements of the Equality Act 2010 and improving stakeholder and community participation.

Equality and Diversity is at the core of providing relevant and high-quality care to our community and the culturally rich diverse groups who use our services. Our focus for the next three years will be to involve the people who use our services to help us shape our policies and practices so that we are able to provide the best possible care to each individual patient.

We will continue to strive to ensure that everyone, regardless of their background or characteristics, is able to achieve equal outcomes that demonstrate that, as a health service provider, we are a fair and equitable employer and meet the health needs of all groups.

LEADERSHIP & GOVERNANCE

The Trust Board has engaged in Leadership and briefings sessions, and the outcome of these sessions has formed the basis of an Equality and Diversity Action Plan (2012/13) which will enable the Board to further embed Equality and Diversity into the fabric of the Trust through associated policies, procedures and plans. To support this work, regular papers and briefings are provided to both the Chief Officers' Group and Trust Board.

The Equality and Diversity Committee monitors all the relevant plans and policies and is chaired by Chief Human Resources Officer. The committee has representation from relevant stakeholders including Spiritual Care, Volunteering, General Managers, Clinical Directors, Volunteers, Modern Matrons, Nurses, Patients Advice Liaison Service, Staff Side and Finance. The committee meets monthly and reports into the HR and Equality and Diversity Committee (one of six reporting sub-committees of the Quality Governance Committee).

Training

Virtually all UHCW employees have completed their mandatory Equality and Diversity session. Sessions continue for new staff and a number of bespoke training sessions have been delivered by the Head of Diversity including:

- Transgender
- Equality and Diversity & Team work
- Leadership and Equality and Diversity
- Equality Delivery System

Currently new and updated training sessions are being designed to ensure continued compliance with the requirements of the Equality Act 2010 Specific Duties and to equip our staff with the relevant skills and knowledge to provide appropriate care to all sections of the community.

Partnership Working & Consultation

A Coventry-wide Equality Delivery System consultation event was organised in partnership with NHS Coventry and Warwickshire, Tamarind Centre (3rd Sector organisation) and Warwickshire Partnership Trust in June 2011 for individuals representing all the protected characteristic groups (age, ethnicity/ race, gender, transgender, religion/belief, sexual orientation, disability, pregnancy/ maternity and marriage/civil partnership).

In addition the Trust held three separate Community Consultations and two staff events in relation to identifying equality objectives and priorities for 2012–15. The comments and views for these events will help formulate our focus and actions for the next three years. The final document will be available for April 2012.

Accessibility

- PictoComm™, a basic communication folder for patients, was launched in 2011. The folder comprises bespoke pictures that patients and staff can point to that will help identify a patient's basic needs. It has been researched, developed and designed in a way that enables other Trusts to purchase and brand the folder for their own use.
- Interpretation and translation services are currently being reviewed so that we are able to further improve quality

and efficiency. We are looking at all aspects of the service and ensuring that processes for accessing the service become more streamlined, easily accessible and cost-effective.

- The Trust also held an interpretation and translation event for staff to understand the reason for using interpreters, how to access interpreters and foster a partnership approach with our service providers.
- Emergency Multi-Lingual Phrasebooks have also been distributed to all wards (two copies per ward), via the Equality and Diversity Committee. There are 43 key questions and phrases in over 30 languages which can be used in emergency situations. Thank you to Kristine Horne, Volunteer Manager and the University Hospitals Voluntary Services Charity for agreeing to fund the purchase of the Phrasebooks.

Continuing accessibility for our website

- **Google Translate** – UHCW services a diverse population and to assist those who do not speak English as a first language the Trust uses a tool, Google Translate, to quickly and easily translate all of its website content into one of over 50 languages. This translation service is free to both the Trust and the website visitor.
- **BrowseAloud** – UHCW recognises that some users of our web services may be visually impaired. In order to increase the accessibility of our website we have added a service called BrowseAloud which reads aloud all website content including PDFs and Word documents for those visitors that have a visual impairment. This service is free of charge to our website visitors.
- **DisabledGo** – Both our physical hospital sites are quite large and to ensure that we provide as much information as possible we provide free online access guides that go into a great deal of detail on how to reach every public area of our hospitals. The Trust makes no charge to our visitors for this service.

The Trust has been successful in retaining the right to use the disability "Two Ticks" logo.

Work is being carried out to improve signage throughout the Trust and to ensure that visitors are able to find their way around the hospital more easily. Ensuring that issues are considered for people with physical and sensory disabilities as well as people whose first language is not English is a key element of this work.

Equality Delivery System (EDS)

The EDS requires NHS organisations in collaboration with local interests to analyse and grade their performance, and set defined equality objectives, supported by an action plan. Performance against the selected objectives will be annually reviewed.

The NHS Commissioning Board has developed a set of outcomes against which NHS performance should be analysed and a set of grades in the form of Red, Amber, Green and Purple (excellence) ratings.

The Care Quality Commission (CQC) will take account of the ratings and highlight any concerns as part of its process to monitor registration status.

Central to the EDS are four objectives:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and inclusive staff
- Inclusive leadership.

Legislative Requirements

The EDS does not replace legislative requirements for equality. The Specific Duties require us to publish Equality data for both staff and service users. This information was published on 31st January 2012 and will be published annually thereafter. We will continue to assess the impact of our policies and decisions on protected characteristic groups using this and other information. Equality Objectives for 2012–2015 will be set and published in April 2012 and will be regularly monitored and reviewed by the Equality and Diversity Committee and the Independent Advisory Group.

Awards & Recognition

- UHCW was accepted as one of only 13 Trusts across the country to be Equality & Diversity Partner Status with NHS Employers. As part of our achieving Equality & Diversity Partner Status with NHS Employers, the Trust will have access to research, support and opportunities to showcase (nationally) our best practice in relation to Equality and Diversity.
- The Trust has played a key part in sharing best practice in relation to the implementation of the EDS both regionally and nationally.
- The PictoComm™ folder has been featured in the local Coventry Telegraph, Nursing Times and NHS Employers website.
- A new category of Equality and Diversity was introduced to this year's Trust Outstanding Service and Care Awards (OSCAs), which recognises the work of individuals.

Planned Developments

Staff Surgeries are being piloted to enable staff to seek informal advice/ information in relation to issues that may be affecting their work, including Equality and Diversity, Chaplaincy, Learning & Development and personal/professional development issues.

Through our public consultation on the EDS, we will "recruit" community representatives who are willing to be part of an Independent Advisory Group (IAG). The IAG will act as critical friends who can support us in addressing and assessing our responses to issues relating to our diverse communities.

Now that virtually all Trust employees have taken part in the mandatory Equality and Diversity training, the emphasis will be focused on training to meet specific needs appropriate to areas of work and/or roles.

For example, Equality and Diversity for front-line employees such as reception staff who need to be equipped with the right tools and information for dealing with diverse communities, or training for staff responsible for patient data collection on what, how and when to ask sensitive equality-related questions and why collection and collation is important.

Training and Research

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

2011–2012 has proven to be a very challenging year for UHCW NHS Trust. The severe financial restrictions that have been rigorously applied to all aspects of the Trust have inevitably impacted on Research and Development. In particular, the freeze on new recruitment severely limits forward planning and development.

Against this challenging background, the core work of the Research and Development team has continued to function at a high level passing a Medicines and Healthcare products Regulatory Authority (MHRA) inspection, assisting clinicians to attract major external funding and being shortlisted for a national award. A number of key academic and clinical appointments have been made within the last year.

Close collaborative working with our key partners remains vital to the continued development of UHCW's Research and Development plans. The Trust R&D Team were national finalists in the 2011 Health Service Journal Award for "Improving the Research Culture".

The vacant post of Director of Research and Development has been now been filled by an energetic candidate who will enthusiastically champion the role and importance of Research and Development at all levels within the Trust.

Our current major research themes are metabolic medicine, reproductive health, musculoskeletal and orthopaedics and cancer (including Ear, Nose and Throat). These are complemented by additional areas of clinical research activity (for example cardiovascular, kidney and respiratory medicine).

The Human Metabolism Research Unit (HMRU) is a custom-built world-class facility designed to measure and analyse all facets of how we create and use energy. The unit opened in 2011 and has received significant national and international recognition. This research unit contains a range of equipment capable of measuring a variety of anthropometric characteristics (e.g. height, weight, percentage body fat, etc.) and centres around two state-of-the-art whole-body calorimeters, through which detailed 24-hour energy profiles can be generated for an individual. Knowledge of an individual's energy expenditure in such detail will allow new avenues of metabolic research with the potential to develop new treatments and drugs; it is further envisaged that the HRMU will provide fundamental understanding on the nature of metabolism and metabolic disorders, and uncover new relationships between diet composition, lifestyle and longterm health implications in the population at large. This facility is a unique combination of technology, multidisciplinary expertise and advanced medical care to produce a novel environment capable of cutting-edge research.

The Trust and University of Warwick have also appointed two world-class professors in implantation. They will integrate the clinical strengths of the Department of Obstetrics and Gynaecology at UHCW with the scientific expertise available in the Division of Reproductive Health and elsewhere in Warwick Medical School and the University of Warwick.

The Trauma and Orthopaedic Surgery research group at UHCW and Warwick Medical School has grown dramatically in the last five years. It now comprises two clinical academic Professors supervising 20 full-time research staff, postdoctoral researchers and PhD students. The appointment of two Associate Professors this year has increased capacity to deliver more research. The team provides National Institute of Health Research capacity

development with the largest Trauma and Orthopaedic Surgery Integrated Clinical Academic Training Programme in the UK. Research activity of the group focuses entirely on clinical effectiveness of surgery: clinical research to determine whether operations work and, where there are choices, which operations are most effective. This has led to over £5M of grant income for clinical trials. Current large trials address questions around best management of wrist, (UK Distal Radius Acute Fracture Fixation Trial) (DRAFFT), heel (UK Heel fracture trial) (HeFT) and hip fractures (Warwick Hip Trauma evaluation) (WHiT), best choices for hip replacement (Warwick Arthroplasty Trial) (WAT) and Preventing impingement in Total Hip Arthroplasty) (PITHA) and shoulder replacement (Shoulder Arthroplasty Trial) (SAT), and best management of soft tissue injuries (Management of Achilles Tendon Ruptures) (RAT).

The Trust hosts the successful Arden Cancer Research Network, one of the leading research networks in the country. In addition to a professorial post created in 2008, additional funding has been secured to appoint another professor to further develop research within oncology.

Research Governance is assured by the Research Governance and Human Tissue Committee Report which meets quarterly and reports to the Quality Governance Committee. In June 2011, the Trust was inspected by the MHRA who confirmed that the Trust is compliant with the EU Directive when conducting clinical trials.

Research activity continues to increase. There are currently 196 Principal Investigators within the Trust, leading more than 400 research projects. There are over 50 research nurses, midwives and allied health professionals assisting with research projects and increasing numbers of staff are undertaking research, higher degrees and PhDs. The Trust provides free research training for all staff.

The R&D team are 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. In addition, the national "Innovation, Health & Wealth" agenda necessitates a requirement for a clear strategy to develop 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.

Clinical Developments/ Divisional Reports

THE HOSPITAL OF ST CROSS

Working in the NHS has never before been as challenging as it is currently with the financial pressures being placed on all public services. As a Trust we have had to make some very difficult decisions in order that we reduce the gap in our deficit and can continue to provide safe and effective care. One of those decisions this year has been the closure of the beds on Birch Ward and the relocation of the staff onto other wards at the Hospital of St Cross or University Hospital dependent on their individual preference. All staff received their first choice preference and are settling in well to their new jobs, sharing learning and experience. Rugby patients are still repatriated back to Rugby once their acute condition has been stabilised at University Hospital and it is deemed safe to do so and has not negatively impacted on our patients or their recovery.

The services offered out of the Hospital of St Cross have again expanded with the inclusion of the Genito-Urinary Medicine service into its portfolio. This was following a successful case presentation to the Primary Care Trust and came in to effect on the 1st May 2011. Although the service has always been based at St Cross, it was previously managed by George Eliot NHS Trust. We are keen to develop the existing service and have been working with our colleagues in the Pine clinic to achieve this.

In July 2011 the Bowel Cancer Screening service based at the Rugby site began working with the Isle of Man Department of Health to provide a screening service to its residents following a recommendation by the National Cancer Screening Programme that our service become lead hub as we have the expertise. This now means that around 8,000 people over a two-year period will be invited to screen and send their test kit back to the Hospital of St Cross for reading.

Forward Look

A comprehensive "Rehabilitation Strategy" which involves St Cross at the centre of that strategy has been produced involving all stakeholders but not yet finalised. Supporting this strategy is the proposed move of Mulberry Ward to Rainsbrook Wing, placing it in close proximity to Oak Ward. This will have a massive benefit to patients as the current location is in poor condition physically and makes maintaining modern infection-control procedures difficult.

An additional benefit of the move will be that Oak rehabilitation patients will then be able to access the same facilities as the Mulberry patients currently can, such as activities events and therapy support within a gym environment.

Plans are currently under way which will see a review of the site estates with a view to reconfiguring to allow further development.

MEDICINE AND EMERGENCY DIVISION

We have continued to see a rise in non-planned care this year that has placed huge pressures on the Division. This has resulted in the Division further increasing its medical cover overnight and at weekends to improve patient safety and increase discharges to maintain patient flow.

We continually work with our 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 the PCT to provide a senior nurse to work with the nursing and residential home to provide education and training to the staff, assess patients in the homes and liaise with GP and Gerontology colleagues to avoid admissions where possible. The Division is also working collaboratively with community services to develop a number of ambulatory care pathways for emergency care. This year we have successfully rolled out ambulatory pathways for Cellulitis, Deep Vein Thrombosis and Pulmonary Embolism.

In the Emergency Department, clinical audit results demonstrate the expert level of care we provide. Our care for major trauma patients meant that it was announced in January 2012 that UHCW would become a Major Trauma Centre in March 2012 and is one of only four hospitals in the West Midlands to receive this status. UHCW has some of the best Trauma survival (TARN) figures in the country and the Trauma status will enhance that reputation with 24/7 on-site consultant cover in A&E.

There have been significant developments across Specialist Medicine in the last 12 months:

- Transfer of community diabetes and COPD services from the community to UHCW. This has resulted in a full evaluation of the current COPD service with a respiratory consultant moving out of the hospital and into the community facilities in Coventry to deliver a new model of community care that is driving down regular admissions for this condition at UHCW and delivering great satisfaction for Patients and GPs alike.
- Appointment of two extra medical registrars at night to support the clinical safety of the hospital and improved clinical decision-making.
- Appointment of discharge medical team at weekends to support the discharge of patients seven days a week.

- Appointment of a Consultant Nutrition Lead for the Trust. Following a Royal College review last year we have acted on the recommendation to appoint a clinical lead for Nutrition to lead the Trust strategy on this very important area of care.
- Review of all Oxygen therapy patients (both inpatients and community patients) to assess their ongoing need to prescription oxygen prescription. This has been carried out by the Respiratory Physiology Department which has started formally reviewing every patient on oxygen against national clinical criteria.
- Successful bid to fund three Alcohol Liaison Nurses in the Trust to work with the Heptologists and the A&E teams to target patients presenting with alcohol-related illnesses both chronically and acutely and support the care and changes to their lifestyles.
- Significant reduction in the Delayed Transfer of Care (DTOC) for patients who are medically fit but are still in hospital as there are delays in finding them somewhere else to move on to. The figures at the beginning of the year were over 6% and this has reduced to <4.5% ensuring that beds are freed up for acutely ill patients.
- Patient length of stay continues to fall and the current longest stay patient in the Division is 64 days.
- Appointment of Director of Discharge and Lead Nurse for Discharge. Dr Nick Balcombe and Michelle Linnane have taken up post to drive the Trust agenda from the medical division to improve timely discharge of patients who are fit to leave the hospital and ensure sufficient flow to manage the arrival of poorly patients via A&E. They are currently finalising their Trust wide plans to roll out from March 12 onwards.
- Gerontology increased its bed base to take over the management of the medical beds at St Cross as well as ward 21 at UHCW.
- The Division has continued to reduce its financial run rate month on month during the year with a proactive approach to reducing its reliance on agency doctors and nurses. Recruitment to the Medicine Division is strong and this will continue into next year.

The Emergency Care Intensive Support Team (ECIST) was invited from the Strategic Health Authority into the Trust to review its processes from A&E to Discharge. Following a full diagnostic review by a multidisciplinary team looking at processes both internally and externally of the Trust, the full report concluded that the clinical model in place in UHCW A&E was the best they had seen in more than 400 Trust inspections, whereby the sickest patients were triaged and seen first by a senior decision-maker and as such lengths of stay in A&E and CDU were the lowest they had

seen in any hospital. They highlighted however that our ability to discharge patients when they reached the specialty wards and out into the community faced significant barriers and the lengths of stay for this cohort of patients was longer than similar Trusts. As such a health economy wide action plan led by the medical division has been produced and actions and deadlines are being carefully monitored.

2011/12 has also seen a reduction in planned activity across a number of specialties for the first time. Although the non-planned activity continues to rise, this has led the Division to review jobs plans, alter outpatient and consultant templates and stop all waiting-list initiatives this year. Some areas such as sleep studies have bucked the trend and have continued to grow, and this has resulted in the need to appoint an additional respiratory physician with an interest in sleep studies.

Developments in 2012/13

- A major service redesign of the Emergency Department and Acute Medicine will take place in 2012/13. As the number of patients continues to rise (particularly from Warwickshire), the current model of care is under extreme pressure.
- Division to lead on the Implementation of "Patient flow" electronic patient tracking system. This is to be trialled on wards 20, 30 and 40 and will be rolled out across the Trust.
- Implementation of nurse-led discharge across the base medical wards.
- With the increasing acuity of patients arriving at UHCW via ambulance particularly from Warwickshire the need to provide a Medical Enhanced Care unit is now a key priority.
- The development of a Medical Day Case Unit to provide treatments and diagnostics in a day-case environment freeing up inpatients beds is a priority for the Division.
- Additional funding will see the appointment of additional staff into REACT (Rapid Emergency Assessment and Care Team) and Integrated Discharge Team to support improved discharge of patients once medically fit.
- Trust-wide roll-out of a new pathway for Osteoporosis patients will take effect in 2012 with all stakeholders agreeing to a clinical model led by Rheumatology via a Fracture Liaison Nurse service.
- A new service specification for Community Diabetes will be agreed and rolled out this year with a Consultant Diabetologist following COPD out into the community services.

Specialised 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, South Birmingham and Leicestershire County and Rutland Community Hospitals (LCRCH). For some of our services this extends to national and international populations as a result of pioneering developments (e.g. in kidney transplantation).

Our specialised services include neurosciences, kidney, heart, cancer and haematology. The Division constantly seeks to be at the forefront of clinical developments and has successfully introduced one of the country's first "gold standard" stroke services (including thrombolysis), a 24/7 Primary PCI service, interventional neurovascular service (coiling for subarachnoid haemorrhage) and is one of the leading centres in the UK for HLA/ ABO incompatible kidney transplantation.

Our recently introduced arrhythmia service within Cardiology now extends beyond implantable cardioverter defibrillators (ICDs) to include cardiac electrophysiology (EPS) and, as one of the few designated centres able to provide this service, we now support both the Heart of England NHS Foundation Trust and Worcester Acute Hospitals NHS Trust with the provision of this service to their patient populations.

We are currently working with the Arden Cluster to develop an integrated Heart Failure Service, which will focus on the delivery of care in a Primary setting and reduce unnecessary secondary care admissions and readmissions.

The Division has recently submitted a business case to the West Midlands Specialised Commissioners for the provision of Intensity Modulated Radiotherapy (IMRT). IMRT is a form of technologically advanced radiotherapy treatment which modulates the shape and intensity of the radiation beam delivered to the patient allowing improved targeting of the dose to the tumour (cancer). This treatment can improve clinical outcomes by improving tumour control and reduce radiotherapy side effects thereby reducing the clinical risk to the patient.

Our Cancer Service (Arden Cancer Centre) has recently had a bid accepted by Worcester Acute Hospitals NHS Trust to become their strategic partner for the delivery of a Non-Surgical Oncology Services for Worcestershire. Work is now ongoing to develop a full business case for the resources needed to support this service which will see the provision of a new satellite linear accelerator (Lin Acc) on the site of the Alexandra Hospital, Redditch.

Surgical Services

TRAUMA AND ORTHOPAEDICS

The Department of Orthopaedics continues to perform well for patients admitted with femoral neck fractures, continuing to achieve an admission to theatre time of less than 36 hours.

Patients suffering from fracture of the ankle are now treated on a Perioperative specialist practitioner pathway that has seen the length of stay for these patients reduce from more than five days to less than two. Surgery itself is now performed on a 23-hour-stay basis.

Major Trauma Centre status was granted to the Trust from 26th March 2012 and development of a major trauma ward within the Orthopaedic unit is well under way. Clinical leads have been identified, recruitment started and pathways are being developed.

Project work with Medisch Spectrum Twente (MST) hospital and Saxion University comes to a conclusion in 2012. This project has so far seen more than 50 members of staff from MST and Saxion attend our department and hospital to witness how patients are treated here in hip and knee surgery as well as seeing the various innovations that have occurred departmentally and Trust-wide.

BARIATRIC SERVICES

After five years of preparation, the Trust now offers a comprehensive bariatric service. Formal recognition for surgery was achieved 12 months ago and has led to an unexpectedly high growth of referrals.

The service has now commenced and there have been a number of positives which should be noted:

- The service has commenced well, the numbers are steadily increasing. Across specialties there is a committed team working.

A recent Bariatric Peer Review was extremely positive and the reviewers were very impressed by the service and commented on many individual facets. There is an excellent obesity academic group established that is integral to the service.

Some recommendations were given by the review team with regard to the team and staffing, and from a non-clinical management and pathway point of view, there needs to be included some dedicated administrative support due to the complexities of coordinating the pathway and tracking of patients.

It is anticipated that the increase of approximately a further 100 cases will be seen over the next 12 months.

SURGICAL ENHANCED CARE UNIT (ECU)

The Surgical Enhanced Care Unit opened in 2009 and has continued to provide high standards of nursing care for patients withcomplex health needs following complex procedures.

Work is ongoing to look at opportunities to flex beds on the unit to accommodate specialist patients such as Bariatrics.

AAA SCREENING (ABDOMINAL AORTIC ANEURYSM)

The Department of Health national introduction was gradual across England and the screening programme is now in place being delivered locally from sites in patients' own catchment areas.

The expectation that this will be offered to all men over the age of 65 by 2013 (group most at risk) has led to the development of the service and appointment of a set of dedicated screening staff.

PLASTICS SPECIALIST NURSING

The role of the specialist nurse for plastic surgery has been redesigned, offering more robust cover arrangements and support to clinics at the Hospital of St Cross, enabling patients to receive treatment in their choice of location.

The expansion of dressing clinics and support services means that the specialist elements that can be dealt with by the Nurse releases consultant time and increase productivity.

TWW REFERRALS COLORECTAL

A recent opportunity to review staffing within the colorectal service has given the ability to review job plans and change the delivery of two-week-wait cancer-referral management.

An additional four clinics per week were created from May 2012 onwards that enable quicker management and screening of patients along the cancer pathway.

Women and Children's Division

The Women and Children's Division had a challenging year in 2011/12. Activity continued to increase, particularly in maternity services, children's services and neonatal care. Staff delivered services safely during a particularly challenging clinical and economic climate. Staff continued to develop the services despite the challenging times that they faced. The Divisional Management team reviewed services to provide more efficient and effective ways of working.

GYNAECOLOGY

The gynaecology service delivers general gynaecology, outpatient procedures, (uro dynamics) and reproductive medicine. During 2011/12 nurses' roles in gynaecology continued to be developed to manage the demands placed on the service particularly in areas such as miscarriage, ultrasound and emergency gynaecology. Nurse scanning has enhanced the service and supported women in a proactive way.

The gynaecology oncology nurses have developed roles that 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 in recent years and the specialist nurse in this area has also developed a nurse-led clinic.

A plan to utilise new equipment (vesapoint) in gynaecology is in place to make better use of services in line with new gynaecology tariff.

PAEDIATRIC AND NEONATAL SERVICES

In 2010/11 the neonatal service implemented the baby cooling technique and this service has attracted babies requiring cooling from outside the cluster.

The neonatal unit is the level 3 unit across Coventry and Warwickshire and continues to run at high capacity. During 2011/12 the possibility of developing a transitional care facility has been researched and a full business case has been produced to develop this service by 2013.

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. During 2011/12 the PEWS was embedded into paediatric services, which ensures quality monitoring for children.

MATERNITY SERVICES

The activity in the maternity service has increased year on year since the move to the west wing in 2004. The birth rate for 2011/12 was 6,049. The service has seen an increase in women attending the unit with pregnancy-related issues, therefore the admissions area was developed into a triage department with new guidelines and protocols which enables women to be seen and treated in a more streamlined way. The increase in birth rate was acknowledged by the Trust and an investment in 18.5 Whole Time Equivalent midwives and 5.6 support workers has been made to enable more one-to-one care to be provided to women.

In April 2011 first trimester antenatal screening was introduced, which is a more reliable screening test for Downs Syndrome and is in line with the National model for best practice. This change ensures that women have an earlier screening result, providing reassurance.

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) continues to be 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.

Sepsis awareness was high on the agenda in the Women and Children's Division which led to the department being awarded an OSCA at the Trust annual awards ceremony for their contribution to the sepsis campaign.

The recruitment and retention of staff in maternity services continues to be robust. 950 applications for midwifery training were received for 27 student midwifery places and 20 new midwives commenced in post September 2011.

In March 2012 the maternity services celebrated maternity services by dedicating the month to promoting awareness of maternity services and reaching the community by a number of web chats and a 12-hour Tweetathon from the labour ward. This campaign reached an audience of 31 million people.

Diagnostics and Service

The Diagnostic and Services Division delivers a broad range of services for the majority of patients attending the Trust, which includes:

- 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 patient pathways, 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 and during the past 12 months has continued to concentrate on enhancing the safety, efficiency, timeliness and quality of that care.

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 through, process and system redesign and cultural transformation. 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 approach to realising change over the last 12 months has changed, with activities being focused in three main areas:

- Patient flows and capacity
- Outpatients
- Theatres

Planning work to improve the way in which patients flow through the hospital has been undertaken and a new model agreed which seeks to establish specialty-based responsibility for admissions and discharges within an overall corporate framework. The new model will provide visibility of capacity and demand at ward, specialty and organisational level using existing clinically focused technology. Plans are well developed and it is hoped that the new model will be rolled out during 2012/13.

Work has also continued to improve the efficiency of theatre processes concentrating on reducing late starts and improving booking efficiency.

In addition to this, a focused piece of work to improve the utilisation and available capacity in outpatients is well under way.

As well as this, the Team has also:

- Facilitated the development of a Trust Rehabilitation strategy.
- Facilitated improvement workshops with the Centre for Reproductive Medicine and with the Kidney Transplant Team.
- Undertaken a facilitated workshop to improve compliance and understanding of pre-operative fasting requirements.
- Delivered two one-day leadership development training courses on change management.
- Facilitated a series of workshops with the Emergency Department and Acute Medicine.
- Undertaken a minimum of two training sessions on discharge principles and processes for every ward within the Trust.

This work has resulted in:

- Partial development of a predictive model which will provide managers with a tool to make informed operational decisions on the utilisation of capacity (due to be completed following roll out of PatientFlow).

- Alignment of clinical and operational discharge processes.
- Increase in General Surgery outpatient capacity of 2,331 new and 1,008 follow-up slots per annum.
- Increase in Orthopaedic outpatient capacity of 294 new and 136 follow-up slots per annum.
- A circa 8% increase in Day Case theatre booking efficiency and a 2% reduction in late starts.
- A circa 8% increase in Rugby theatres' booking efficiency.

The Team has strengthened the Trust's profile in terms of Change and Improvement expertise with the publication of two articles in the Health Service Journal and the presentation of the application of lean improvement methodology with clinical colleagues from Cardiology at the International Forum for Quality and Safety in Amsterdam.

This year has continued to build work undertaken in previous years but there still needs to be an acceleration in the scale and implementation of service improvements to create service transformation.

Over the next year there needs to be:

- Implementation of the new capacity, patient flow management model in order to maximise the **efficient** use of the bed resource;
- Completion of further phases of the outpatient improvement project to increase capacity where required;
- Completion of the Theatres improvement project to continue improvements in Day and Rugby theatres and extend these to University Hospital main theatres.

Information Governance

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

Information Governance provides a way for NHS employees to deal consistently with the various rules about how information is handled, to safeguard all personal data in relation to patients, 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, to deliver the best possible standards of care.

The Chief Marketing Officer is the 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 Officer.

The IG Toolkit is a Department of Health online system which incorporates 45 complex requirements that all NHS Trusts and SHAs must annually assess themselves against. These requirements cover Confidentiality and Data Protection Assurance, Information Security Assurance, Clinical Information Assurance, Secondary Use Assurance and Corporate Information Assurance. With the release of previous versions, NHS organisations were required to achieve level 2 (with a grading of 0–3 and 3 being the highest score) in 22 "key requirements", however the release of Version 9 dictated that level 2 must be achieved in all 45 requirements to gain an overall score of "satisfactory".

Version 9 of the IG Toolkit was released on 3rd June 2011 and proved hugely demanding and challenging for NHS organisations. All NHS Trusts and SHAs were subject to a 3-stage reporting process of the Toolkit to Connection for Health, with the Baseline having been submitted on 31st July 2011, Performance Update on 31st October 2011 and the final submission on 31st March 2012. UHCW's submission of Version 9 showed an increased score of 4%, against the Version 8 submission.

In accordance with DoH guidance, the Trust is required to report serious breaches of confidentiality to the Information Commissioner's Office, which 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.

Reporting of the Trust's Personal-Data-Related Incidents

National guidance has been issued on Serious Untoward Incidents involving data, classifying incidents in terms of severity on a scale of 0–5 in terms of 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 Fewer than 5 people affected or risk assessed as low e.g. files were encrypted	Serious potential breach and risk assessed as 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 1,000 people affected	Serious breach with potential for ID theft or over 1,000 people affected

Incidents Classified as 3–5 Severity Rating

The Trust has reported two incidents classified as a severity rating of 3-5 during 2011/12.

Figure 2

Summary of serious untoward incidents involving personal data as reported to the information commisioner's office in 2011–2012				
Date of incident (month)	Nature of incident	Nature of data involved	Number of people potentially affected	Notification steps
May 2011	GP member of staff accessed patient data inappropriately.	Electronic	Unclear	Reported to SIG, WMSHA, Warwickshire PCT and ICO
Awaiting Response from ICO				
Date of incident (month)	Nature of incident	Nature of data involved	Number of people potentially affected	Notification steps
October 2011	Member of the public (local landlord) contacted UHCW NHS Trust to report that personal information had been discarded in a domestic bin at his residence. Handwritten and typed data was retrieved by UHCW staff and confirmed that the data contained personal information that had been discarded by a member of staff from UHCW.	Hard Copy Data	Approx 132 named individuals	Reported to UHCW SIG, WMSHA and ICO
Further action on information risk	An internal investigation has been carried out. UHCW is awaiting a response from the Information Commissioner's Office.			

Incidents Classified at a 1–2 Severity Rating

The Trust has reported two incidents classified as a severity rating of 1–2 during 2011/12.

Figure 3

Summary of serious untoward incidents involving personal data as reported to the information commissioner's office in 2011–2012				
Date of incident (month)	Nature of incident	Nature of data involved	Number of people potentially affected	Notification steps
May 2011	Patient Health Records removed from Out Patients Clinic at UHCW NHS Trust. Local police returned notes to Trust.	Hard Copy Notes	1	Reported to: SIG, WMSHA, Warwickshire PCT and ICO
Further action on Information Risk	**UHCW signed ICO Undertaking to comply with the data protection principles in relation to all personal data in respect of which it is a data controller.**			
Date of incident (month)	Nature of incident	Nature of data involved	Number of people potentially affected	Notification steps
January 2012	Call received from GP practice informing UHCW that one envelope containing 40 appointment letters had been delivered to the wrong address. The letters were returned to UHCW by Royal Mail.	Appointment Letters	40	Reported to UHCW SIG, WMSHA and ICO.
Further action on information risk	Reported to Information Commissioner's Office – no further action required.			

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

Figure 4

Summary of other personal-data-related incidents in 2011–2012		
Category	**Nature of incident**	**Total**
I	Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	2
II	Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	0
III	Insecure disposal of inadequately protected equipment, devices or paper documents	0
IV	Unauthorised disclosure	0
V	Other/near miss	0

All incidents have (or are being) investigated and appropriate actions put in place where necessary.

Charitable and Political Donations

The Trust does not make any charitable or political donations.

University Hospitals Coventry and Warwickshire NHS Trust Charity

University Hospitals Coventry and Warwickshire NHS Trust Charity, (known as UHCW Charity), was set up by the Department of Health to receive the voluntary donations given to UHCW NHS Trust. Our hospital charity is independent of the Trust and is registered with the Charity Commission, ensuring that your donations do not replace NHS funding but complement it, by:

- Improving the environment for patients and staff;
- Funding equipment that makes a real difference to patient care;
- Furthering medical knowledge through research; and
- Supporting staff development and training
- UHCW Charity supports every Ward and Department of University Hospital, Coventry and the Hospital of St Cross, Rugby, and designates donations in line with donors' wishes.

UHCW Charity

Help your hospitals go above and beyond, today

In 2011/12, the grants awarded by UHCW Charity made it possible for the Trust to have state-of-the-art equipment such as a cardiopulmonary machine for the renal unit (£54,000), supported research into medical conditions and treatments including breast cancer (£27,616) and helped staff to gain new skills and knowledge that had a direct impact on patient care (£64,500). In addition, UHCW Charity improved patient welfare by funding seating in the grounds of University Hospital (£10,000) and a canopy over a play area in the children's ward enabling them to play outside in all weathers (£43,000).

During the year, the Charity also supported individual fundraisers with events and activities in aid of many of the hospital's departments including Haematology, Neurology, Patient Welfare and Breast Care and Screening which received over £34,000 from a "100 holes of golf" event and secured leading corporate and community fundraising opportunities for the Baby Care Appeal – receiving a donation from the UPS Foundation of $38,000 and from HSBC Global Service in Binley of £10,000. They also secured Mercia's Walk of Warwickshire in June 2012 (now Free Radio) at the end of 2011/12.

THE BABY CARE APPEAL

Through the Baby Care Appeal, UHCW Charity will enhance the antenatal, maternity, neonatal and postnatal services of both hospitals, by funding lifesaving treatments and new facilities to care for sick and premature babies and to support their parents.

- 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 breastfeeding room, with information and support for breastfeeding mothers.
- Funding bereavement facilities for parents, enabling them to grieve with their baby whilst nursing care is available for mum

At the end of 2011/12 £180,000 of the £225,000 target had been raised.

Supporters of the Baby Care Appeal include:

- Birdingbury County Show 2011
- Coventry City Football Club
- Cllr Jack Harrison, Lord Mayor Coventry 2009/2010
- The Hilton, Coventry
- The Hilton In The Community Foundation
- Leofric Lions, Coventry
- Nuneaton Town Football Club
- The Coventry Telegraph
- HSBC, Binley Business Park
- The Company of HMS Diamond
- The UPS Foundation
- Merrick Binch Estate Agents and Lettings
- The Smallpeice Trust
- Leuva Patidar Samaj
- Copsewood Golf Club
- University Hospital's Volunteer Services
- Kalia Empire Property Developments
- HMS Prison Sudbury
- Barclays, Westwood Business Park

SUPPORT UHCW CHARITY, TODAY

The support of local people and organisations is vital to UHCW Charity. There are many ways you can help:

- **Make 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**.
- **Leave a gift in your will** after you have taken care of family and friends.
- **Organise your own event** and donate the money raised.
- **Take part in a charity event** such as the jingle jog, skydiving, holding a tea party or trekking the Great Wall of China. Visit **www.uhcwcharity.org** for more details.
- **Volunteer** in our office or at a collection at your local supermarket or high street.
- **Shop** online at **www.hospitalgift.co.uk** as every time you make a purchase, a donation will be made.
- **Make 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, where you can ask family and friends to make their own individual contribution to UHCW Charity, in a 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.

Together, we can ensure our community has the best possible healthcare, now and in the future.

For more information

Website: **www.uhcwcharity.org**
Tel: **02476 966913**
Email: **uhcwcharity@uhcw.nhs.uk**

Follow us on Twitter and Facebook

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

A copy of UHCW Charity's annual report is available at **www.charitycommission.gov.uk** or on request at **uhcwcharity@uhcw.nhs.uk**.

UHCW NHS Trust is grateful for the support given by UHCW Charity and to the patients, their families and members of the local community who make donations to them. Thank you.

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

Registered Charity Number: 1058516

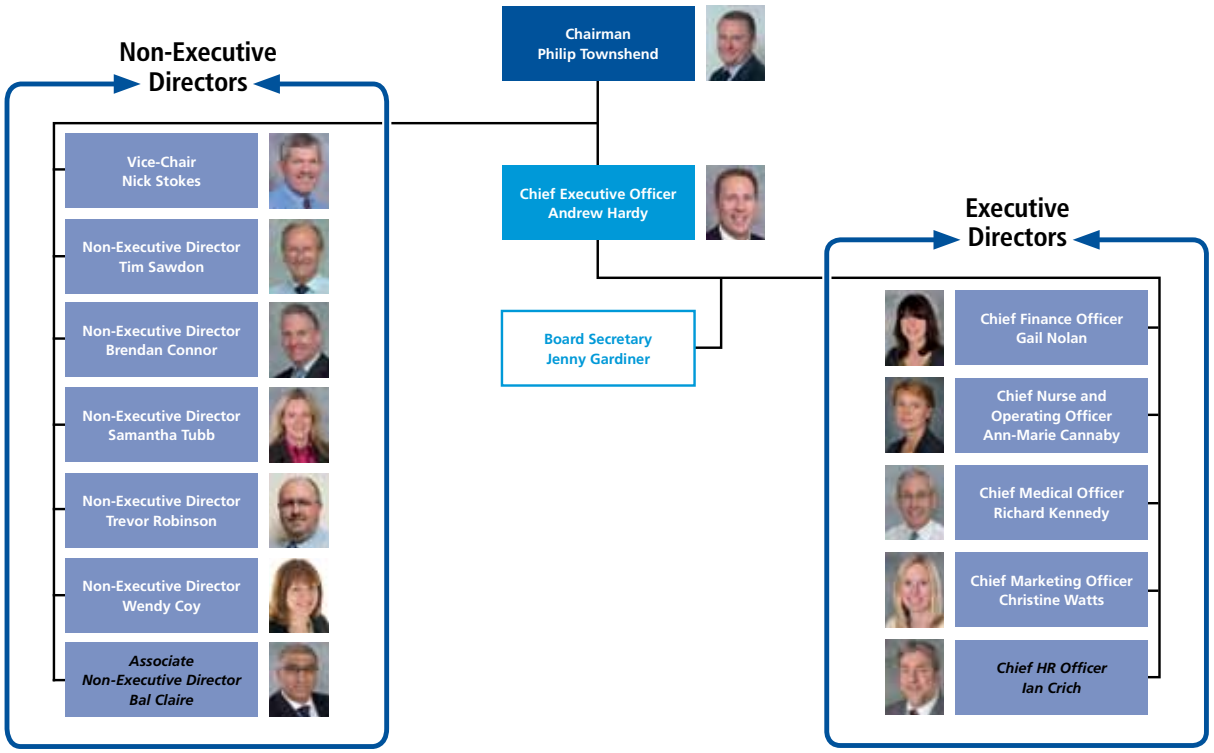
If we do not meet the Baby Care Appeal target or raise in excess of the target we will spend all the money raised on enhancing antenatal, maternity, neonatal and postnatal services.

University Hospitals Coventry and Warwickshire NHS Trust

Organisational Structure

Trust Board

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).



Board structure as at 31st March 2012

NB staff identified in italics and black font attend Trust Board in a Non-Voting capacity.

During 2011/12, we have seen a number of Board changes: Gail Nolan was appointed as Chief Finance Officer from 1st January 2012, taking over from Alan Jones, Associate Director of Finance, who had acted up into the role since 2010. We also welcomed Samantha Tubb onto the Board as a substantive Non-Executive Director following the sad passing of Jack Harrison in June 2011 after four years' loyal service.

During 2011/12 the Trust Board has also benefited from the attendance of the Associate Non-Executive Director, Chief HR 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 pages 68–71.

Each Board member has 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. The Trust Board demonstrates its commitment to transparency and openness in the following ways:

- All Trust Board members complete a declaration of interests, gifts and hospitality on appointment and annually thereafter. These 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. The register is updated contemporaneously and reported in the public Trust Board meeting in April each year. Provision is available through the Freedom of Information publication scheme; to request this information contact the Trust Board Secretary as detailed below.
- All Trust Board meetings have a section on the agenda whereby Trust Board members can declare any real or potential conflicts of interest in relation to items within the agenda.
- 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
  & Warwickshire NHS Trust,
  Clifford Bridge Road, Coventry CV2 2DX
  Tel: 024 7696 7621

At the discretion of the Chair, the Trust Board makes provision for members of the public to ask questions outside of the Annual General Meeting by allocating 15 minutes at the end of each public Trust Board meeting.

- Due to the nature of some items of business the Trust also holds some of its Trust Board meetings in closed private session. When this has happened the Chair provides a high-level overview of the agenda items and key decisions at the next available public Trust Board meeting.
- A high-level summary of the agenda items and any key decisions are provided by the sub-committee chair for the all formal sub-committee meetings.
- All members of staff are issued with the Trust Code of Business Conduct Policy along with their contract of employment. In addition, all new Board members receive an induction pack which contains the Codes of Conduct for NHS Boards, Code of Accountability for NHS Boards, Nolan Principles, NHS Constitution, Trust Standing Orders, Scheme of Reservation and Delegation, and Standing Financial Instructions.
- The Trust Board makes an annual declaration that the actions of the Board and its Directors in conducting Board business fully reflect the values in the Code of Business Conduct Policy and associated documents.

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.

Trust Board	
Core role and purpose	Responsible for setting the overall strategic direction, monitoring performance against objectives, providing financial stewardship, ensuring high-quality and safe patient-focused services, and high standards of corporate governance.
Chair	Philip Townshend
Meetings per year	Ten

Quality Governance Committee	
Core role and purpose	Provides the Board with assurance about the effectiveness of arrangements for patient safety, quality and clinical risk management.
Chair	Tim Sawdon
Meetings per year	Ten

Remuneration Committee	
Core role and purpose	Responsible for determining the remuneration and terms of service of the Trust's Executive Directors.
Chair	Philip Townshend
Meetings per year	Two

Finance and Performance Committee	
Core role and purpose	Responsible for reviewing our performance against key financial and operational targets, our key financial strategies and policies, and our financial management arrangements.
Chair	Brendan Connor
Meetings per year	Ten

Audit Committee	
Core role and purpose	Responsible for reviewing the Trust's governance, risk management and internal control systems, and receiving reports from Internal and External Auditors and Counter Fraud.
Chair	Trevor Robinson
Meetings per year	Six

The table below demonstrates Trust Board membership of Board Sub-committees as at 31 March 2012.

Committee Membership	Quality Governance	Audit	Finance & Performance	Remuneration Committee	Charitable Funds
Philip Townshend				Chair	Chair
Nick Stokes	M	M		M	M
Trevor Robinson	M	Chair	M	M	M
Samantha Tubb			M	M	M
Wendy Coy	M		M	M	M
Tim Sawdon	Chair	M		M	M
Brendan Connor		M	Chair	M	M
Bal Claire	A		A		A
Andy Hardy – Chief Executive Officer	M	A	M	A	M
Ann-Marie Cannaby – Chief Nurse and Operating Officer	M	A	A		M
Richard Kennedy – Chief Medical Officer	M		A		M
Ian Crich – Chief Human Resources Officer	M		M	A	A
Christine Watts – Chief Marketing Officer	M	A	M		M
Gail Nolan – Chief Finance Officer		A	M		M

M: Member

A: Attendee

PEN PORTRAITS

Our Board has 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.

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 practising solicitor advocate and an elected councillor on Coventry City Council, where he is a Cabinet member.

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.

Gail Nolan – Chief Finance Officer

Appointed Chief Finance Officer in January 2012, Gail had been working as the finance lead on the Nottinghamshire health economy's QIPP delivery. Prior to this she was acting Director of Finance for Nottingham University Hospitals NHS Trust.

Ann-Marie Cannaby – Chief Nurse and Operating Officer

Appointed February 2005 and responsible for infection control, safeguarding children, nursing and midwifery and the operational running of the Trust, including all clinical 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.

PEN PORTRAITS

Richard Kennedy – Chief Medical Officer

Appointed August 2008, Richard is responsible for clinical governance and consultant appraisal. He 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.

Christine Watts – Chief Marketing Officer

Appointed in May 2009, Christine joined the Trust from the private sector. She is responsible for all its communications with staff, patients, partners and community, commercial strategy, engagement, patient experience and the ICT Department.

Ian Crich – Chief HR Officer*

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

*Non-voting Board member

Nicholas Stokes – Non-Executive Director/Vice Chair

Appointed April 2004 to March 2013. Nicholas is also Director of Marketing and Communications at Coventry University and was previously Marketing Director of Lloyds Pharmacy Ltd.

PEN PORTRAITS

Brendan Connor – Non-Executive Director

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

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 Policy Authority and a practising optometrist. Tim was appointed Deputy Lord Mayor from May 2011 to May 2012.

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, having been the Finance Director of Centro and Financial Advisor to the Association of London Government.

PEN PORTRAITS

Wendy Coy – Non-Executive Director

Appointed from February 2010 to August 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.

Samantha Tubb – Non-Executive Director

Joined as Associate Non-Executive Director in September 2010 and became a substantive Non-Executive Director in October 2011. Samantha 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 focused 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.

Bal Claire – Associate Non-Executive Director*

Bal Claire joined as an Associate Non-Executive Director in September 2010. Mr Claire 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.

*Non-voting Board member

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 2011/12 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.

B. **Current rate for Non-Executive Directors** – The current rate of remuneration payable to Non-Executive Directors is £6,096 per annum. 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

The Trust Remuneration Committee, comprising the Chairman and Non-Executive Directors, determines local remuneration policies and practices 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. 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. The Chairman is subject to annual appraisal by the Chair of NHS Midlands and East Strategic Health Authority.

Performance-related pay is in place for some Executive Directors based on achievement of personal objectives. Arrangements for individuals may differ and include baseline salary increases or one-off payments.

Details of remuneration and allowances, including salary and pension entitlements are published in the annual report on pages 78 and 79 for all Directors who have served on Trust Board throughout the year. This includes details for directors who left the Trust during 2010/11 and 2011/12. 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.

Pay Multiples

NHS organisations are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The mid-point of the banded remuneration of the highest-paid director in the Trust in the financial year 2011/12 was £197,500. This was 7.1 times the median remuneration of the workforce, which was £27,706.

In 2011/12, nine employees received annualised remuneration in excess of the highest-paid director. Annualised remuneration ranged from £5,084 to £244,427.

Total remuneration for the Trust's workforce is based upon the annualised cost of salaries and wages paid on the Trust's payroll during March 2012. It excludes bank and agency staff for whom annualised costs are not readily available. It also excludes employer pension contributions and the cash equivalent transfer value of pensions.

Exit Packages

The Trust agreed the following exit packages in 2011/12 (and 2010/11)

	2011/12			2010/11		
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	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
	Number	Number	Number	Number	Number	Number
Less than £10,000	0	1	1	0	0	0
£10,001–£25,000	0	1	1	1	3	4
£25,001–£50,000	1	0	1	0	0	0
£50,001–£100,000	0	1	1	0	0	0
£100,001 – £150,000	0	0	0	0	0	0
£150,001 – £200,000	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0
Total number of exit packages by type	**1**	**3**	**4**	**1**	**3**	**4**
Total resource cost (£000s)	**37**	**71**	**108**	**20**	**22**	**42**

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Scheme. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

This disclosure reports the number and value of exit packages taken by staff leaving in the year.
Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

Executive Renumeration

Title	Name	Date in post		2011/12		
		from (if new in post during the periods reported)	to (if no longer in post)	Salary as Director (bands of £5,000) £000	Salary for Clinical Duties (bands of £5,000) £000	Total Salary (bands of £5,000) £000
Executives Directors:						
Chief Executive Officer (on secondment to SHA from 01/07/10)	Malcolm Stamp	On secondment to SHA from 01/07/10 (remuneration inc. here)	31/12/2010	0	0	0
Chief Executive Officer	Andrew Hardy	CFO until 30/06/10. Acting CEO from 01/07/10. Substantive CEO from 01/12/10		170–175	0	170–175
Chief Finance Officer	Gail Nolan	01/01/2012		35–40	0	35–40
Acting Chief Finance Officer	Alan Jones	01/07/2010	31/12/2011	85–90	0	85–90
Chief Nurse and Operating Officer	Ann-Marie Cannaby	Vocational leave from 15/11/10 (voting rights temporarily ceased from 25/10/10 to 01/05/11)		130–135	0	130 –135
Acting Chief Nurse	Jill Foster	From 20/09/10 (voting rights allocated from 25/10/10 to 30/04/11)	30/04/2011	5–10	0	5–10
Acting Chief Operating Officer	Nick Forster	01/10/2010	30/04/2011	5–10	0	5 –10
Chief Medical Officer	Richard Kennedy		29/03/2012	80–85	110–115	195–200
Chief Marketing Officer	Christine Watts			110–115	0	110–115
Chief Human Resources Officer	Ian Crich			115–120	0	115–120
Chairman & Non-Executives:						
Chairman	Philip Townshend	Third Term (second term as Chair) from 01/03/2011		20–25	0	20–25
Non-Executive Director	Tim Sawdon	Second term 01/05/2007		5–10	0	5–10
Non-Executive Director	Nicholas Stokes	Second term 01/04/2008		5–10	0	5–10
Non-Executive Director	Brendan Connor	First term 14/06/2007		5–10	0	5–10
Non-Executive Director	Jack Harrison (deceased)	First term 01/10/2007	28/06/2011	0–5	0	0–5
Non-Executive Director	Wendy Coy	Extended first term 18/02/2011		5–10	0	5–10
Non-Executive Director	Trevor Robinson	First term 15/12/2008		5–10	0	5–10
Non-Executive Director	Samantha Tubb	Associate NED from 22/09/2010 and NED from 1/10/11		5–10	0	5–10
Associate Non-Executive Director	Bal Claire	22/09/2010		5–10	0	5–10
Total Remuneration				**826**	**111**	**936**

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 voting executive during the year.

		2010/11				
Other Remuneration (bands of £5,000) £000	Benefits in Kind (Rounded to the nearest £100) £000	Salary as Director (bands of £5,000) £000	Salary for Clinical Duties (bands of £5,000) £000	Total Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in Kind (Rounded to the nearest £100) £000
0	0.0	185–190	0	185–190	0	4.6
0	2.4	165–170	0	165–170	0	2.1
0	0.0					
0	0.0	85 –90	0	85–90	0	0.0
0	0.0	80–85	0	80–85	0	0.0
0	0.0	60–65	0	60–65	0	0.0
0	0.2	55–60	0	55–60	0	1.8
0	0.0	80–85	110–115	195–200	0	0.0
0	0.0	110–115	0	110–115	0	0.0
0	0.0	115–120	0	115–120	0	0.0
0	0.0	20–25	0	20–25	0	0.0
0	0.0	5–10	0	5–10	0	0.0
0	0.0	5–10	0	5–10	0	0.0
0	0.0	5–10	0	5–10	0	0.0
0	0.0	5–10	0	5–10	0	0.0
0	0.0	5–10	0	5–10	0	0.0
0	0.0	5–10	0	5–10	0	0.0
0	0.0	0–5	0	0–5	0	0.0
0	0.0	0–5	0	0–5	0	0.0
0	**2.6**	**1,026**	**111**	**1,137**	**0**	**8.5**

Executive Renumeration

Title	Name	Date in post			Real Increase in pension at age 60 (bands of £2,500)
		from (if new in post during the periods reported)	to (if no longer in post)	days in post	£000
Chief Executive Officer	Andrew Hardy	CFO until 30/06/10. Acting CEO from 01/07/10. Substantive CEO from 01/12/10			0–2.5
Chief Finance Officer	Gail Nolan	01/01/2012		91	-2.5 –0
Acting Chief Finance Officer	Alan Jones	01/07/2010	31/12/2011	275	-2.5–0
Chief Nurse and Operating Officer	Ann-Marie Cannaby	Vocational leave from 15/11/10 (voting rights temporarily ceased from 25/10/10 to 01/05/11)		336	-2.5–0
Acting Chief Nurse	Jill Foster	From 20/09/10 (voting rights allocated from 25/10/10 to 30/04/11)	30/04/2011	30	0–2.5
Acting Chief Operating Officer	Nick Forster	01/10/2010	30/04/2011	30	-2.5–0
Chief Medical Officer	Richard Kennedy		29/03/2012	364	-2.5–0
Chief Marketing Officer	Christine Watts				0–2.5
Chief Human Resources Officer	Ian Crich				-75–-77.5

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 pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2012 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2012 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2012	Cash Equivalent Transfer Value at 31 March 2011	Real Increase in Cash Equivalent Transfer Value	Employer's Contribution to Stakeholder Pension
£000	£000	£000	£000	£000	£000	To nearest £100
5–7.5	35–40	105–110	519	392	106	0
-2.5–0	40–45	125–130	818	777	0	0
-2.5–0	40–45	130–135	780	681	48	0
-2.5–0	35–40	110–115	580	474	75	0
0–2.5	30–35	95–100	528	434	6	0
-2.5–0	40–45	120–125	903	822	3	0
-5–-7.5	80–85	250–255	0	1,929	-2,029	0
0	5–10	0	52	26	25	0
0	0	0	0	0	0	0

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, (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.

Upon retirement, it is no longer possible to transfer a pension and therefore the CETV becomes nil.

Financial Performance

OVERVIEW 2011/12

Statement from Gail Nolan, Chief Finance Officer

2011/12 was a challenging year for the Trust and the local health economy.

This section sets out the key features of the Trust's financial performance in 2011/12. The summary financial statements are presented in this section including:

- Statement of Comprehensive Income
- Statement of Financial Position
- Statement of Cash Flows
- Statement of Changes in Taxpayers' Equity.

I am extremely pleased to be able to report that although the year ended 31st March 2012 has been a challenging year for the Trust in financial terms, it has met its key financial duty to breakeven on its statement of comprehensive income.

The Trust delivered a surplus against its breakeven duty of almost £1.6 million after adjusting for a number of technical adjustments which are described in the review of key financial targets below.

One of the key factors underpinning the Trust's financial performance was the delivery of a challenging cost-improvement programme. During 2011/12 the Trust made savings of £20 million which is 4.1% of turnover – 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 targets

The Trust has met all its key financial duties, however it is important to understand how performance against the breakeven duty is calculated. In its Statement of Comprehensive Income, the Trust recorded a deficit for the year of £18.2 million which the Department of Health requires to be adjusted for the following:

– The impact of the impairment of non-current assets is excluded from the breakeven duty calculation;

– With the introduction of International Financial Reporting Standards (IFRS) in 2009/10, the majority of NHS PFI schemes needed to be accounted for within the Statement of Financial Position. However, in order to comply with HM Treasury Consolidated Budgeting Guidance, the incremental revenue impact of the accounting changes should be excluded from the financial performance of NHS Trusts; and

– HM Treasury guidance on the interpretation of IFRS concerning accounting for donated assets required the removal of the donated assets reserve in 2011/12, however in order to comply with HM Treasury Consolidated Budgeting Guidance, the impact of this accounting change should also be excluded from the financial performance of NHS Trusts.

The table below reconciles the position reported in the Trust's Statement of Comprehensive Income to its performance against its breakeven duty:

	£000
Deficit for year as per Statement of Comprehensive Income	(18,284)
Reverse impact of impairments of non-current assets	17,718
Reverse impact of IFRS on PFI	1,686
Reverse impact of the removal of the donated assets reserve	345
Performance against the breakeven duty (surplus)	**1,465**

The table below shows the Trust's performance against each of its key financial duties:

Duty	Target	Performance	Target met
Breakeven on its Statement of Comprehensive Income (This requires the Trust to ensure that total expenditure does not exceed the total income it receives)	Breakeven	£1.465 million surplus (after allowable adjustments) Target achieved (the Trust is permitted to generate a surplus).	✓
Remain within its approved External Financing Limit (This requires the Trust to remain within the borrowing limits set by the Department of Health)	£11,811,000 (This required the Trust to ensure that net borrowing plus decreases in cash balances did not exceed this sum)	£5,648,000 £6,163,000 undershoot Target achieved (the Trustis permitted to undershoot its EFL).	✓
Achieve a capital cost absorption rate of 3.5% ± 0.5% (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)	3.5% ± 0.5%	3.5% Target achieved	✓
Remain within its approved Capital Resource Limit (This requires the Trust to keep its net capital expenditure within the limits set by the Department of Health)	£12,855,000 (This required the Trust to spend no more than this sum after adjusting for asset disposals and the receipt of donated assets)	£10,251,000 £2,604,000 underspend Target achieved (the Trust is permitted to underspend against its CRL)	✓

Key financial challenges

The Trust commenced 2011/12 with two major financial challenges: to identify £28 million of savings in order to achieve the planned surplus of £1.222 million in year and to continue to improve its liquidity position in order to support its application for foundation trust status.

NHS financial framework – savings requirement

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 4% in this financial year. In reality however, the level of savings required in any one organisation will vary from the national target dependent upon a number of factors including the differential impact of changes to the national tariff, organisation-specific cost pressures (including inflation) and other changes to income resulting from contract negotiations with commissioners.

After taking into account the Trust's specific circumstances, its savings requirement was calculated to be £28 million, which equates to approximately 6% of the Trust's turnover. Although a savings programme was put into place to improve productivity and reduce costs without compromising the quality of patient care, ongoing activity pressures meant that the Trust was only able to deliver £20 million of savings. The shortfall against the savings target was met by negotiating additional income from its main commissioners for emergency activity, readmissions and elective activity (relating to the continuing reduction in referral to treatment waiting times).

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, a theoretical working capital facility (which NHS foundation trusts are permitted to arrange), the value of invoices raised but not yet paid and the amount of money the organisation owes to its creditors and for loans. Liquidity remains a significant challenge for the Trust, and at the end of 2011/12, the metric stood at approximately 12.3 days. The Trust will continue to work towards achieving a minimum of 15 days over the course of the next year.

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 2011/12 (compared with 2010/11) is shown in the table below:

Key figures	2011/12 £000	2010/11 (Restated) £000
Revenue accounts		
Operating income (turnover)	484,816	472,879
Retained surplus/(deficit) for the year	(18,284)	(7,012)
Breakeven performance (after technical adjustments for impairments, PFI and donated assets)	1,465	4,162
Efficiencies achieved	20,000	22,900
Assets		
Total assets	451,392	516,358
Cash and cash equivalents	7,459	17,600
Capital Investment	11,418	10,257
Borrowing		
Long-term borrowing – PFI liabilities	283,837	286,064
Long-term borrowing – other	10,129	13,622
Short-term borrowing – PFI liabilities	2,226	1,318
Short-term borrowing – other	4,136	3,818

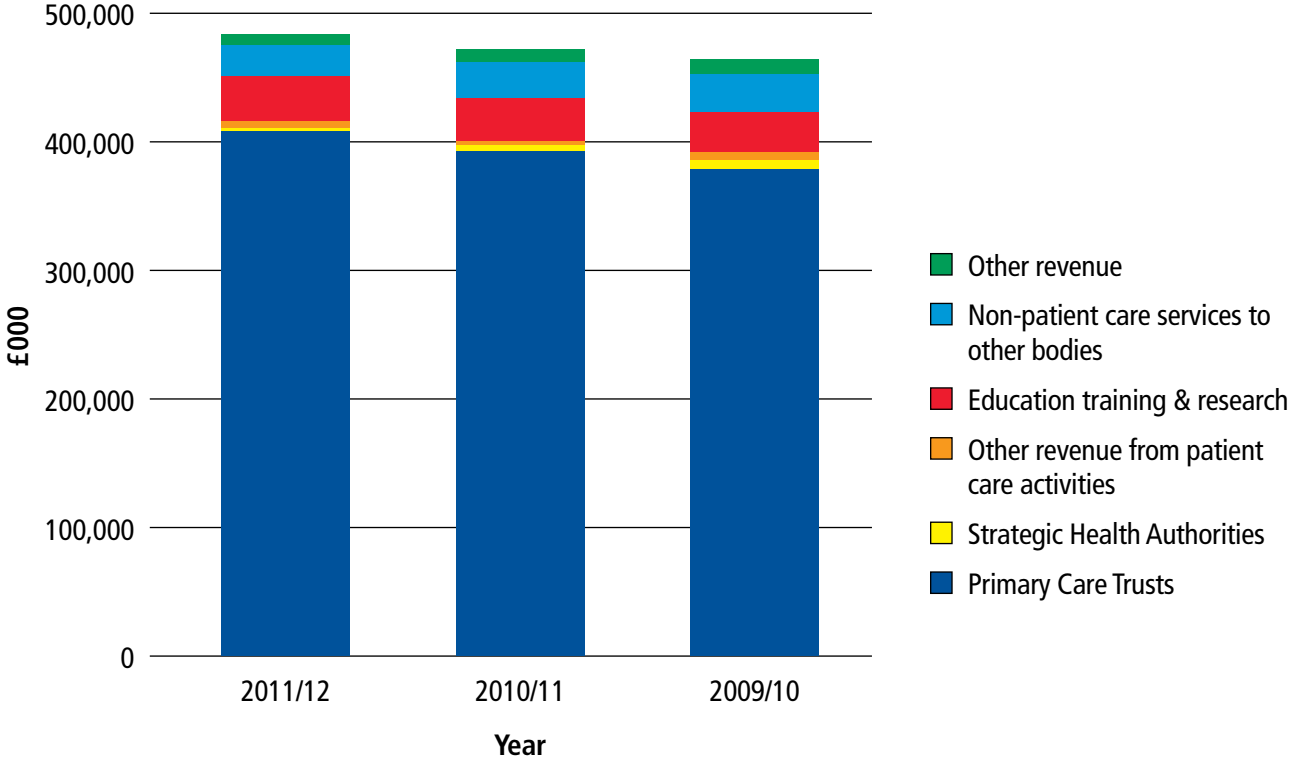
Where does the Trust's income come from?

During 2011/12 the Trust recorded total revenue of £485 million. This represents a small increase of 2.5% when compared with total revenue of £473 million in 2010/11. This increase was due to a number of factors including:

- Improvements in clinical coding and renegotiation of the application of tariff
- rules concerning emergency readmissions and emergency activity thresholds;
- Changes in activity levels (including casemix changes); offset by
- National tariff deflation.

The chart below compares revenue by category for 2011/12 with 2010/11 and 2009/10. This clearly demonstrates that the majority of the Trust's income (circa 84.5% in 2011/12) is received from primary care trusts for the provision of healthcare to their residents.

Analysis of Revenue



University Hospitals Coventry and Warwickshire NHS Trust

How does the Trust spend the money it earns?

The Trust's operating expenditure for 2011/12 amounted to £477 million. This equates to a 5.2% increase over total operating expenses of £453 million in 2010/11.

The largest cost element relates to salaries and wages with the average number of people employed during the year being 6,302 whole time equivalents with a total cost of £272 million which equates to 57% of total operating expenditure. This compares with 6,266 whole time equivalents and with a cost of £269 million in 2010/11. Staff costs increased by only 1.2% compared to the previous year which is less than the rate of income increase – this reflects the application of vacancy control measures applied during the year to reduce expenditure on staff costs (including bank and agency staff) to meet savings targets.

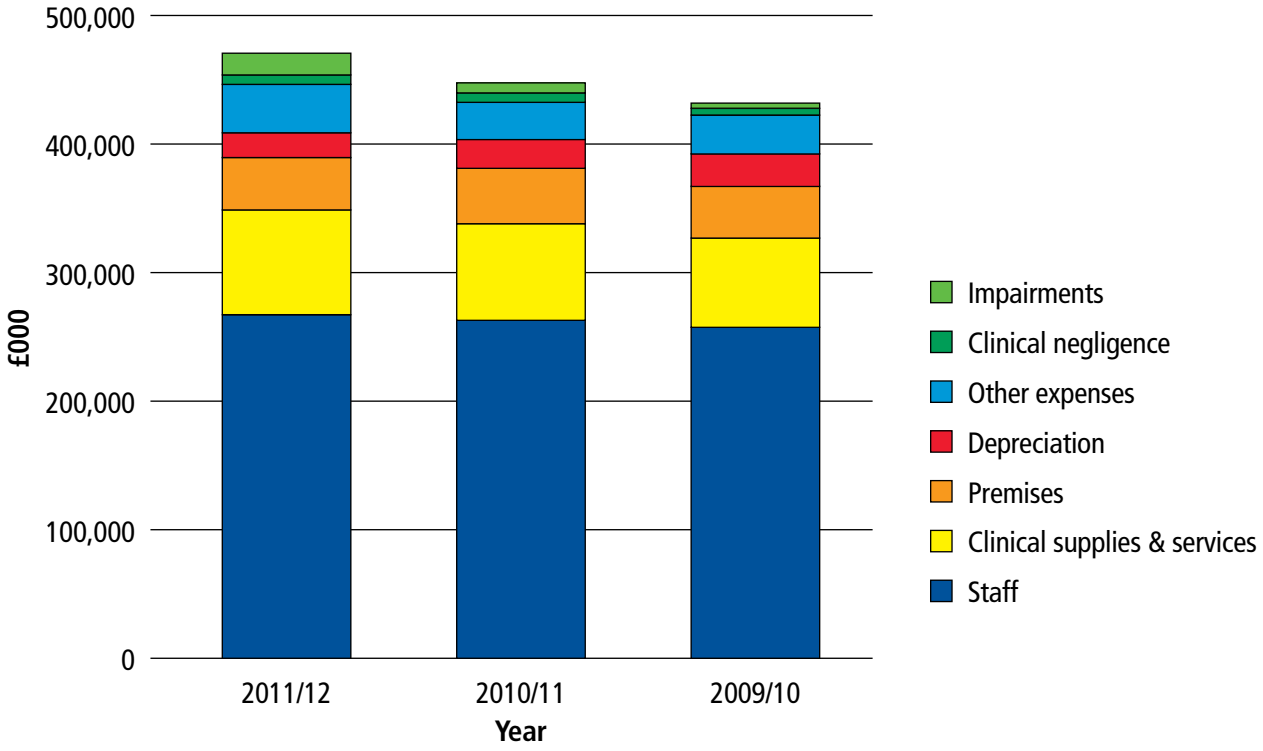
Clinical supplies and services (including drugs and other medical/surgical consumables) are also a significant cost element and amounted to £81 million which equates to approximately 17% of day-to-day operating expenses.

The total charged in year to operating expenditure in respect of the service element of the private finance initiative hospital was £33 million and continues to represent around 6.9% of total operating expenditure.

The single largest movement in operating expenses between 2010/11 and 2011/12 related to an increase in impairments of property plant and equipment which increased by 22.2% from £8 million in 2010/11 to £18 million in 2011/12. The reason for this increase is that the Trust undertook a major revaluation of its estate during the last year which resulted in a significant reduction in its carrying value, part of which is reflected in the Statement of Comprehensive Income. However, as explained in the section on key financial targets, impairments are excluded from the assessment of the Trust's financial performance.

The chart below compares expenditure by category for the past three years.

Analysis of Operating Expenditure



Other costs

Due to continuing low interest rates, the Trust earned only very modest levels of interest on its cash balances during the past year, although it did benefit in year from an increase in the value of a proportion of its estate which is classified as investment property (as it is leased to third parties) of £0.6 million.

The Trust also incurs significant financing costs which totalled almost £23m in 2011/12 – this represents a reduction of approximately £0.8 million (3.2%) from the previous year. The most significant element of the Trust's finance costs is the interest paid in relation to the PFI contract which amounted to £22 million in 2011/12, a reduction of around £0.6 million (2.7%) compared to the previous year. The Trust also pays interest on its two loans from the Department of Health – this amounted to £0.55 million during the year – a reduction of £0.15 million (21%) from the previous year. It is anticipated that financing costs will continue to reduce each year as the

outstanding liabilities on the PFI contract and Department of Health loans are repaid.

In to the above costs, the Trust is also required to pay a dividend to the Department of Health equivalent to 3.5% of the average of its opening and closing net relevant assets for the year. The dividend payable for 2011/12 is £4.3 million.

Capital expenditure

The Trust is required to contain capital expenditure within an annual limit (Capital Resource Limit) which is agreed with NHS Midlands and East (the strategic health authority) and the Department of Health. This limit is informed by the Trust's long-term capital plan which must ensure that sufficient resources are generated from its operating activities and borrowing to finance the Trust's future capital investment programme. Surpluses of income over expenditure can also be used to finance the Trust's strategic capital investment needs.

In addition to its day-to-day operating expenses, the Trust spent £11.4 million on purchasing new or replacement capital assets in 2011/12, which means that after adjusting for asset disposals and the receipt of donated assets, the Trust underspent against its Capital Resource Limit by £2.4 million.

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 £5.6 million in relation to the life-cycle replacement of its PFI equipment, £2.4 million on new medical equipment and £2.2 million on IT infrastructure. In addition to this, the Trust also spent approximately £1.2 million on upgrading parts of its estate, including the Hospital of St Cross in Rugby.

Cash and working capital

The Trust's cash balance at the year end reduced from £17.6 million as at 31st March 2011 to £7.5 million as at 31st March 2012. This reduction was expected as the Trust had planned to repay loans and reduce trade and other payables outstanding during 2011/12. Whilst the Trust has met all of its loan repayments due in year (£3.5 million) and reduced payables by over £5 million, current receivables have increased by over £5 million and a key target for the Trust in 2012/13 is to reduce the level of outstanding debts.

The Trust's management of its cash balances and loans during the year ensured that the Trust met its statutory duty to remain within its External Financing Limit for the year, recording an undershoot of almost £6.2 million.

Paying suppliers on time

In addition to its key financial duties, the Trust is also required to comply with the better payment practice code. This requires the Trust 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	2011/12		2010/11	
	Number	£000	Number	£000
Total non-NHS trade invoices paid in year	70,333	273,661	62,193	247,064
Total non-NHS trade invoices paid within target	60,530	256,023	54,331	235,263
% of non-NHS trade invoices paid within target	86%	94%	87%	95%
Total NHS trade invoices paid in year	2,878	72,161	2,476	62,649
Total NHS trade invoices paid within target	1,754	65,008	1,497	57,789
% of NHS trade invoices paid within target	61%	90%	60%	92%

The Trust's performance shows a marginal deterioration from the previous year, primarily as a result of the clearance of higher than normal levels of invoices outstanding from the end of the previous financial year.

Financial outlook

The financial pressures on the NHS are set to continue with significant levels of efficiency savings being required for the foreseeable future. The negotiation of healthcare contracts for 2012/13 has been completed and the Trust has developed a financial plan for the year which requires it to deliver efficiency savings of £28 million or approximately 6% of turnover. Key factors underpinning this savings requirement include:

- Deflation of the national tariff;
- Cost pressures (including inflation);
- The requirement to increase the Trust's surplus (to meet Monitor's requirements for aspirant foundation trusts and to further improve the Trust's liquidity position); and
- The requirement of commissioners to deliver their Quality, Innovation, Productivity and Prevention agenda (which impacts upon the type and quantity of services commissioned from the Trust and the consequent impact upon income and costs).

The level of cost savings required in 2012/13 represents a major challenge which will need to be sustained for the foreseeable future. In order to respond to this challenge the Trust has:

- Implemented a revised management structure which devolves decision-making and accountability to clinical teams; and
- Strengthened its performance management arrangements to ensure delivery of agreed targets (financial and non-financial).

In addition, the Trust is developing a long-term financial strategy to improve forward planning and to ensure the maintenance of sustainable and efficient clinical services. It will seek to increase the level of surplus achieved each year to at least 1% of turnover which can in the future be reinvested to further enhance the Trust's efficiency and the quality and range of clinical services provided, and also improve the Trust's liquidity position. This will be informed by a programme of service reviews backed up by appropriate benchmarking including the further development of service line reporting with enhanced clinical input.

Conclusion

Despite the significant challenges faced during 2011/12, the Trust has once again maintained its record of delivering against its key financial targets.

However, the Trust recognises that for the foreseeable future, those challenges will become significantly more difficult to meet and that in order to remain successful and to continue to deliver against its key aims to Care, Achieve and Innovate, a new approach is required.

Delivering against these key challenges is essential in supporting the Trust's application to become a foundation trust as soon as possible. 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.

Summarised Financial Statements

The summary financial statements on pages 91 to 95 do not contain sufficient information to allow as full an understanding of the results and state of affairs of the Trust and its policies and arrangements concerning directors' remuneration as is 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.**

The accounts have been prepared on a going concern basis and in accordance with International Financial Reporting Standards (IFRS) and the Trust's accounting policies. Their preparation has been guided by the 2011/12 Manual for Accounts issued by the Department of Health.

Statement of Comprehensive Income for year ended 31 March 2012

	2011/12 £000	2010/11 (restated) £000
Employee benefits	**(271,831)**	(268,466)
Other costs*	**(205,008)**	(184,710)
Revenue from patient care activities	**419,106**	401,441
Other Operating revenue*	**65,710**	71,438
Operating surplus/(deficit)	**7,977**	19,703
Investment revenue	**75**	105
Other gains and (losses)**	**625**	60
Finance costs	**(22,671)**	(23,427)
Surplus/(deficit) for the financial year	**(13,994)**	(3,559)
Public dividend capital dividends payable	**(4,290)**	(3,453)
Retained surplus/(deficit) for the year	**(18,284**	(7,012)
Other Comprehensive Income		
Impairments and reversals	**(41,844)**	(9,010)
Net gain/(loss) on revaluation of property, plant & equipment*/**	**4,014**	19,918
Net gain/(loss) on revaluation of intangibles	**0**	0
Net gain/(loss) on revaluation of financial assets	**0**	0
Net gain/(loss) on other reserves	**0**	0
Net gain/(loss) on available for sale financial assets	**0**	0
Net actuarial gain/(loss) on pension schemes	**0**	0
Reclassification adjustment on disposal of available for sale financial assets	**0**	0
Total comprehensive income for the year	**(56,114)**	3,896

* Following a change in accounting policy for the treatment of donated assets, the prior year comparators have been restated.

** The prior year comparators have been restated to correct an error in the previous presentation of investment property within property, plant and equipment.

Financial performance for the year	
Returned surplus/(deficit) for the year	**(18,284)**
Prior period adjustment to correct errors	**0**
IFRIC 12 adjustment [a]	**1,686**
Impairments [b]	**17,718**
Adjustments iro donated asset/gov't grant reserve elimination [c]	**345**
Adjusted retained surplus/(deficit)	**1,465**

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 is not chargeable for overall budgeting purposes, and 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.

c) With the change to the accounting policy for donated assets and the consequent removal of the donated assets reserve, organisations are required to exclude the impact of income in relation to donated assets received in year and the impact of depreciation charged on donated assets in year from their financial performance for the year. These are not considered part of the organisation's operating position.

There is a statutory requirement for NHS trusts to break even taking one year with another.

During the year Trusts are required to estimate the value of PDC dividends payable and this is used to determine the actual dividend payment made in March. Where this figure differs from the dividend due as recorded in the SOCI above (based upon the actual calculation of average net relevant assets), an adjustment to the actual payment is required:

	£000
PDC dividend: balance receivable/(payable) at 31 March 2012	944

Statement of Financial Position as at 31 March 2012

	31 March 2012 £000	31 March 2011 (restated) £000	1 April 2010 (restated) £000
Non-current assets:			
Property, plant and equipment**	**379,857**	445,632	456,739
Intangible assets	**0**	43	153
Investment property**	**3,511**	2,900	2,850
Other financial assets	**0**	0	0
Trade and other receivables	**32,066**	24,273	21,095
Total non-current assets	**415,434**	472,848	480,837
Current assets:			
Inventories	**10,217**	9,545	7,852
Trade and other receivables	**18,158**	15,619	17,313
Other financial assets	**0**	0	0
Other current assets	**0**	0	0
Cash and cash equivalents	**7,459**	17,600	751
Total current assets	**35,834**	42,764	25,916
Non-current assets held for sale	**124**	746	4,178
Total current assets	**35,958**	43,510	30,094
Total assets	**451,392**	516,358	510,931
Current liabilities			
Trade and other payables	**(38,174)**	(43,883)	(31,368)
Other liabilities	**0**	0	0
Provisions	**(1,982)**	(646)	(728)
Borrowings	**(2,862)**	(1,636)	(7,354)
Other financial liabilities	**0**	0	0
Working capital loan from Department	**(2,000)**	(2,000)	0
Capital loan from Department	**(1,500)**	(1,500)	0
Total current liabilities	**(46,518)**	(49,665)	(39,450)
Non-current assets plus/less net current assets/liabilities	**404,874**	466,693	471,481
Non-current liabilities			
Trade and other payables	0	0	0
Other liabilities	0	0	0
Provisions	(2,247)	(2,232)	(2,489)
Borrowings	(284,216)	(286,436)	(287,913)
Other financial liabilities	0	0	0
Working capital loan from Department	0	(2,000)	(6,000)
Capital loan from Department	**(9,750)**	(11,250)	(14,250)
Total non-current liabilities	**(296,213)**	(301,918)	(310,652)
Total Assets Employed:	**108,661**	164,775	160,829
FINANCED BY: TAXPAYERS' EQUITY			
Public Dividend Capital	24,124	24,124	24,074
Retained earnings*/**	32,445	49,671	52,069
Revaluation reserve*/**	52,092	90,980	84,686
Other reserves	0	0	0
Total Taxpayers' Equity:	**108,661**	164,775	160,829

* Following a change in accounting policy for the treatment of donated assets, the prior year comparators have been restated.

** The prior year comparators have been restated to correct an error in the previous presentation of investment property within property, plant and equipment.

Statement of Changes in Taxpayers' Equity For the year ended 31 March 2012

	Public Dividend capital	Retained earnings	Revaluation reserve	Total reserves
	£000	£000	£000	£000
Balance at 1 April 2011	24,124	49,671	90,980	**164,775**
Opening balance adjustments	0	0	0	**0**
Restated balance at 1 April 2011	24,124	49,671	90,980	**164,775**
Changes in taxpayers' equity for 2011–12				
Retained surplus/(deficit) for the year	0	(18,284)	0	**(18,284)**
Net gain/(loss) on revaluation of property, plant, equipment	0	0	4,014	**4,014**
Impairments and reversals	0	0	(41,844)	**(41,844)**
Transfers between reserves	0	1,058	(1,058)	**0**
Net recognised revenue/(expense) for the year	0	(17,226)	(38,888)	**(56,114)**
Balance at 31 March 2012	**24,124**	**32,445**	**52,092**	**108,661**

	Public Dividend capital	Restated Retained earnings	Restated Revaluation reserve	Total reserves
	£000	£000	£000	£000
Changes in taxpayers' equity for 2010–11				
Balance at 1 April 2010*/**	**24,074**	**52,069**	**84,686**	**160,829**
Retained surplus/(deficit) for the year*/**	0	(7,012)	0	(7,012)
Net gain / (loss) on revaluation of property, plant, equipment*/**	0	0	19,918	19,918
Impairments and reversals	0	0	(9,010)	(9,010)
Transfers between reserves*	0	4,614	(4,614)	0
New PDC Received	50	0	0	50
Net recognised revenue/(expense) for the year	50	(2,398)	6,294	3,946
Balance at 31 March 2011	**24,124**	**49,671**	**90,980**	**164,775**

* Following a change in accounting policy for the treatment of donated assets, the prior year comparators have been restated.

** The prior year comparators have been restated to correct an error in the previous presentation of investment property within property, plant and equipment.

Statement of cash flows for the year ended 31 March 2012

	2011/12 £000	Restated 2010/11 £000
Cash Flows from Operating Activities		
Operating Surplus/Deficit*	**7,977**	19,703
Depreciation and Amortisation	**21,188**	23,162
Impairments & Reversals*	**17,718**	7,975
Donated Assets received credited to revenue but non-cash*	**(78)**	(380)
Interest Paid	**(22,601)**	(23,375)
Dividend paid	**(4,185)**	(3,517)
Release of PFI/deferred credit	**0**	0
(Increase)/Decrease in Inventories	**(672)**	(1,693)
(Increase)/Decrease in Trade and Other Receivables	**(10,437)**	(1,416)
Increase/(Decrease) in Trade and Other Payables	**(6,422)**	12,320
Provisions Utilised	**(419)**	(250)
Increase/(Decrease) in Provisions	**1,700**	(148)
Net Cash Inflow/(Outflow) from Operating Activities	**3,769**	32,381
Cash Flows from Investing Activities		
Interest Received	**75**	103
(Payments) for Property, Plant and Equipment	**(10,165)**	(9,905)
Proceeds of disposal of assets held for sale (PPE)	**1,135**	4,685
Net Cash Inflow/(Outflow) from Investing Activities	**(8,955)**	(5,117)
Net cash inflow/(outflow) before financing	**(5,186)**	27,264
Cash flows from Financing Activities		
Public Dividend Capital Received	**0**	50
Loans repaid to DH – Capital Investment Loans Repayment of Principal	**(1,500)**	(1,500)
Loans repaid to DH – Working Capital Loans Repayment of Principal	**(2,000)**	(2,000)
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT	**(1,691)**	(7,345)
Capital grants and other capital receipts	**0**	380
Net Cash Inflow/(Outflow) from Financing Activities	**(5,191)**	(10,415)
Net increase/(decrease) in Cash and Cash Equivalents	**(10,377)**	16,849
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	**17,600**	751
Cash and Cash Equivalents (and Bank Overdraft) at year end	**7,223**	17,600

* Following a change in accounting policy for the treatment of donated assets, the prior year comparators have been restated.

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 2011/12 Annual Accounts.

Statement of Directors' Responsibility

The Statement of Directors' Responsibility is printed in full in the Trust's 2011/12 Annual Accounts.

Annual Governance Statement

The Annual Governance Statement is also printed in full in the Trust's 2011/12 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 2011/12 is £219,600 (excluding VAT) including work on the Trust's Quality Accounts.

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 2012 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 Director's Remuneration Report that is described as having been audited.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report and 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 of material inconsistencies with the summary financial statement.

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 2012 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.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements and the Directors' Remuneration Report of University Hospitals Coventry and Warwickshire NHS Trust for the year ended 31 March 2012 and complies with the relevant requirements of the directions issues by the Secretary of State.

Richard Bacon

Richard Bacon, Engagement Lead

For and on behalf of
PricewaterhouseCoopers LLP
Appointed Auditors
Cornwall Court
19 Cornwall Street
Birmingham
B3 2DT

Date: 8th June 2012

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.

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

بە پێوویستیت تۆ رگەنە رگێرانیوە یکورتە منە باسە هە یە پە ندییوە بکە بە ژمارە تە فونیلە 02476967596 ە

Arabic

إذا تحتاج إلى مجمل مترجم الرجاء الإتصال ب 02476967596.

Farsi

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

University Hospitals Coventry and Warwickshire NHS Trust

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

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web: www.uhcw.nhs.uk