University Hospitals Coventry and Warwickshire NHS Trust

Annual Report 2012 - 2013

We Care, We Achieve, We Innovate

Mission and values

Our mission is to ***care, achieve*** and ***innovate,*** we are focused on providing and improving quality of care, whilst embracing innovation to deliver enhanced services for the population of Coventry, Warwickshire and beyond.

Contents

The year in pictures

April

A new online resource for those suffering from Parkinson's Disease and their carers is unveiled.

May

The Neonatal Unit at University Hospital is featured in the national press after a family praises them for their miracle baby.

August

Children were excited after Olympic Torchbearer Tony Worth visits University Hospital.

September

The Breast Cancer Screening Team at University Hospital raises awareness about the importance of screening mammograms with the help of Channel 4's Dr Christian Jessen.

December

Triumph donates two motorbikes to boost the pathology service provided by Warwickshire Freewheelers.

January

Health Minister Dr Dan Poulter visits the Trust to announce £750,000 to fund a new birth centre.

June

A team of American experts visited Coventry to learn how to fight health inequalities. The visitors were shown a range of projects, including the healthy eating Food Dudes, Cook and Eat Well and breast feeding initiatives.

July

A new shelter for the children's play area at University Hospital means poor weather won't spoil their fun.

October

Pupils from Cardinal Newman School produced a stylish video aimed at reducing infections by encouraging others to wash their hands.

November

University Hospital was hailed as one of the leading maternity units in the country after winning a national award for its care of women and premature babies.

February

Mary Lock is the first volunteer with the Friends of the Hospital of St Cross to reach 90.

March

No Smoking Day sees a set of MEGA lungs installed in reception.

Welcome from the Chief Executive Officer of UHCW NHS Trust

Welcome to our Annual Report for 2012/13. Like other Trusts in the NHS, University Hospitals Coventry and Warwickshire continues to face a combination of pressures. These include financial pressures and an increasing demand on the services we provide. Despite this we are proud of our achievements over the last 12 months and of the staff who work to realise our mission to Care, Achieve and Innovate for the population of Coventry, Warwickshire and beyond.

Through the following we have put our strategy in action:

Care

We aim to deliver the best care for our patients

- The Maternity and Neonatal Unit at University Hospital was awarded a national accolade in the Maternity Unit Miracles (MUM) awards after being nominated by local parents.
- Patients coming to University Hospital are now able to use their smart phones, laptops and tablets to access the internet for free while staying on our wards. The new service, which will enhance patients' experience while in hospital, has been introduced after the existing wireless network was overhauled. The change means that patients who come to hospital can now use their own devices to communicate with relatives.
- The Forget-Me-Not challenge was introduced to improve the care of those who are in need of a little extra support and reassurance, especially those with dementia. The response to this from staff, patients and their relatives has been very positive.
- New plans were submitted for additional car parking capacity for the University Hospital site. The proposals which include the addition of two car park decks, improved bus lanes, a new and improved patient drop off area and revised signage.
- We worked closely with the community groups and our staff to ensure areas and issues which will have a positive impact for all patients and the wellbeing of Trust staff are addressed e.g. we held a Community Consultation event to fain feedback about whether the measures that have been put in place to meet individuals needs have been successful.
- Pressure ulcers are highly distressing and painful for patients. The Trust's Tissue Viability Team launched the '100 Days Free' campaign aimed at raising awareness of pressure ulcers across the Trust. The campaign has led to a 93% reduction in grade 4 ulcers across the Trust.

Andrew Hardy
Chief Executive Officer UHCW NHS Trust

Achieve

We will achieve excellence in education and training

- A world-first 3D anatomy learning resource has been jointly created by UHCW and the University of Warwick.The learning program which consists of 3D images of plastinated body parts has been shortlisted for a Times Higher Education 2012 Award in the Outstanding ICT initiative category.
- A £1m centre used to train the doctors of tomorrow has opened. The Simulation Centre, which was funded by the West Midlands Deanery, includes two clinical simulation rooms where real-time medical and surgical scenarios can be acted out with medical students.

Innovate

We will innovate through research and learning

- Matthew Costa, an orthopaedic consultant at UHCW and a Professor at Warwick Medical School is leading a £2 million national study to find the best way to treat patients with major leg fractures.
- Rugby patient Penny Amis, was the first in the UK to trial a new prosthetic hip. The new hip means she can return to enjoy her favourite pastimes again.

Whilst these are important, we know we cannot be complacent. The publication of the Francis Report has shown how important basic care and compassion are for our patients and that we must continue to give our staff the confidence to speak up if they think care can be improved, and the support to do so.

As well as the lessons learned from the Francis Report, from April 2013 we work in a newly-structured NHS as part of the new Health Act. However, this will not change our services or level of care our patients receive.

Although there are areas we can improve on, such as our A&E performance, we are proud of all we have managed to achieve in 2012-2013 both by ourselves and our partners at Coventry University and the University of Warwick.

We hope you find this report useful and should you want anymore information please contact us using the contact details at the back of the report.

Awards

This year we have continued to win awards that reflect the high standard of work performed by our passionate staff. Below are just some of them from the last year:

- Professor Siobhan Quenby, consultant obstetrician, was shortlisted for the HSJ Awards 2012 for 'Best Clinical Leader' category.
- Paediatric Orthopaedic Consultant Stephen Cooke was named Trainer of the Year from the British Orthopaedic Trainees Association.
- Caroline Hill and Amy Kelsey, (pictured below) sisters on the Critical Care Unit at University Hospital in Coventry, were shortlisted for their work in the Emergency and Critical Care category national Nursing Times awards
- Neil Wilkes picked up the silver award for Best Newcomer at the National Hospital Radio Awards.
- The Maternity March campaign, which used Twitter, Facebook and web chats to reach out to a larger audience, was shortlisted for the Chartered Institute of Public Relations PRide Awards 2012 for 'Best Social Media Campaign' category and won the UK Public Sector Communications Award for 'Social Media Campaign of the Year'.
- The Trust won the Association for Healthcare Communications and Marketing Awards' 'Best Use of Digital Media' for our Maternity March campaign and 'Best Internal Communications' for our 100 Days Free campaign aimed at reducing pressure ulcers. The 100 Days Free campaign also picked up the Golden Hedgehog Award for Best Internal Communications Campaign.

The Trust at a glance

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
- Maxillo Facial 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

University Hospitals Coventry and Warwickshire NHS Trust

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
- Sexual Health
- 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, Mental Health Unit, Social Services, Recompression Chamber,

GP (Out of hours service). Walk In Centre.

About us

University Hospitals Coventry and Warwickshire (UHCW) NHS Trust is one of the 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 2012/13

	2012/13	2011/12	2010/11	2009/10	2008/09
Number of people attending an outpatient appointment	534,718	531,774	548,927	327,326	483,212
Number of outpatient appointments	577,548	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	175,349	173,177	161,462	156,805	150,101
The number of Inpatients and Day cases (based on admissions)	138,588	135,633	135,813	133,909	128,313
Babies Delivered	6,031	6,046	6,006	5,790	5,721
Patients operated in theatres	40,564	42,343	43,797	45,465	44,239
Number of staff working in our hospitals	**Circa 6,120**	**Circa 6,090**	**Circa 5,900**	**Circa 6,400**	**Circa 6,400**

University Hospitals Coventry and Warwickshire NHS Trust

Strategy

UHCW Strategy Overview

UHCW's strategy has been reviewed and updated during 2012 through a process involving the Trust Board, Executive Directors and wider organisational involvement, with a key focus on clinical engagement. The outcome is that, whilst the fundamental pillars and mission to Care, Achieve and Innovate remain, there has been a change in approach with an emphasis on the vision and mission.

The strategy remains consistent, however, with those of key stakeholders at both a national, regional and local levels. In particular, it places quality at the heart which is consistent with the NHS Constitution. The Constitution sets out patients' rights to high quality services based on good access, information, cleanliness, safety and national best practice. Assurance of quality standards is through the performance framework that underpins the strategy.

The revised vision and strategy will now guide UHCW's future direction and commitment to meet the health needs of the population over the next five years.

There are a number of building blocks that make up the strategy; these are illustrated and outlined further below.

Diagram: UHCW Strategic Building Blocks

Vision

The vision is that by developing and implementing this strategy, UHCW will become:

A National and International Leader in Healthcare

Mission

The essence of UHCW's strategy is the mission which is to Care, Achieve and Innovate.

Care

The fundamental and core principle is that patient care is central to UHCW.

Continually delivering high quality patient care that ensures the best possible experience is the basis from which all other elements follow.

Achieve

In providing patient centred care, there will be a focus on achieving challenging targets and benchmarks to ensure care is both high quality (in terms of providing a positive patient experience that is also safe and effective) and efficient, for UHCW and the wider community.

Innovate

As a major teaching hospital, with close links to universities, there will be a continuous focus on innovation through clinical leadership, research and education.

Objectives and Key Performance Indicators

A number of objectives have been defined that will enable the mission and vision to be delivered. The objectives are seeking to achieve excellence. The metrics for the Key Performance Indicators (KPIs), against which the objectives will be measured, will be stretching and will be benchmarked against national and international standards. These KPIs are in addition to the core standards that are routinely monitored and required for external performance monitoring,

The objectives are:

To Deliver Excellent Patient Care and Experience

Closely aligned with the Mission to Care and put patients needs first, the objective will use a range of indicators to ensure patient experience is the best and that the care is safe and effective.

To Deliver Value for Money

It has been identified that high quality care will improve efficiency by reducing variations in care and unnecessary steps in the patient journey. In providing world class healthcare this objective will ensure that service line reporting is used to drive efficiency across all specialties and productivity is benchmarked.

University Hospitals Coventry and Warwickshire NHS Trust

To be an Employer of Choice

This objective recognises the critical role of the workforce in delivering high quality, efficient care. It covers both capacity and capability (not only technical but humanistic, compassionate care) in achieving the mission and goals. Indicators will measure a range of elements including staff experience, as well as effectiveness and efficiency.

To be a Research Based Healthcare Organisation

Research is essential to the development of world leading excellence in clinical care and is therefore a key objective against which indicators will be developed to assess progress.

To be a Leading Training and Education Centre

The need for continuous development is vital to ensuring a high quality workforce. As the major teaching hospital attached to Warwick Medical School, and with close links to Coventry University, as well as internal programmes, this objective will ensure training and education continues to be a priority.

Supporting Strategies

Underpinning the Organisational Strategy, there are a number of enabling strategies

Quality Strategy - Develops the overarching mission to care and achieve quality by addressing the three key determinants of quality i.e. patient experience, patient safety and clinical effectiveness.

Workforce Strategy - Recognises the critical role that staff have to play in delivering the strategy and addresses the underpinning issues of embedding the right culture, behaviours and values, as well as the leadership, capacity and capability requirements for UHCW to be an employer of choice with a workforce that will provide high quality, patient centred care.

Estates Strategy - Ensures that the premises enhance the patient experience, are safe and fit for purpose as well as supporting the future service requirements. In delivering efficient estates solutions, the strategy recognises the wider social environment and the need for sustainable solutions.

ICT Strategy - Identifies the important role that Information and Communication Technology will play by directly supporting patient care, and enabling the Trust to be a leading innovator of healthcare services. It will also support improvements in productivity and efficiency across the business whilst maintaining the security of patient and Trust information.

Service Model - Hub and Spoke

The aims to develop world class local healthcare and international specialist services will be delivered through a hub and spoke model. University Hospital, Coventry will operate as the hub for specialist, complex activity. Local 'spokes' will deliver generalist, less complex activity.

The 'spokes' will include the Hospital of St Cross, Rugby and will also seek to extend the range of services provided elsewhere, including to Coventry city centre. Further, clinical networks for a range of services already exist with local acute Trusts (George Eliot Hospital NHS Trust and South Warwickshire Foundation NHS Trust) e.g. for vascular surgery, and these will continue and be developed as appropriate.

The Hospital of St Cross in Rugby is a key element of the strategy. Service provision will build on the current arrangements to ensure a clear focus on rehabilitation services together with the development of routine elective and day case surgery (to provide capacity for specialised services to be developed at University Hospital, Coventry) along with ambulatory care to provide local access for the Rugby population.

The City of Coventry Health Centre (CCHC) is a new facility that was completed in November 2011 and which provides office and clinic space for a number of GPs and community services. This will provide a base for those services that commissioners and patients would like to see provided more locally and do not require attendance at an acute hospital facility.

The decentralisation of services from the hub to the spokes will allow more specialist services, such as stroke and paediatrics, to be centralised at the hub at University Hospital, Coventry.

NHS Foundation Trust Status

NHS Foundation Trust status is key in UHCW's strategy and vision to become an international leader in healthcare. FT authorisation will demonstrate the organisation has achieved a level of earned autonomy that recognises UHCW is a consistently high performing organisation that provides outstanding quality within a sound governance and financial framework. FT authorisation will also recognise that UHCW has a compelling and credible future plan. In short, the FT application will enhance the UHCW brand as a leading healthcare provider delivering excellent care locally and nationally.

Most importantly, authorisation will provide real freedoms to improve services and the way the organisation works in planning and delivering those services. Specifically, the reasons for the FT application are:

- Improve accountability to patients, service users, staff and the local communities - Foundation Trust status will allow UHCW to engage staff, public membership and governors to help improve the quality of patient care and experience. Members will become "owners", having influence over decisions and future plans.
- Increase business freedoms to improve services - FT status will provide greater flexibility over the business models that are developed to provide services and the financial management arrangements, including the retention of surpluses and commercial borrowing to improve services.

University Hospitals Coventry and Warwickshire NHS Trust

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

THE NHS
CONSTITUTION
the NHS belongs to us all

CARE

Deliver the best care for our patients

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

ACHIEVE

Achieve excellence in education and training

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

INNOVATE

Innovate through research and learning

Through continuous innovation, we will strive to lead in improving patient care, driven by clinical leadership, championing research and collaborating with our partners.
These are underpinned by measurable goals which will let the Trust see how we are doing. To ensure we are meeting these commitments to you, our progress will be reviewed in 2012 and our strategy updated for 2012-2017.

A Year of Achievements: 2012/13

(The information for this chapter is collated from a range of sources specified in the 2012/13 Performance Management and Improvement Framework, Appendix 3)

Performance – CQC Registration / KPIs / 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 providers' license to operate.

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

The Trust has two registered locations (University Hospital, Coventry and Hospital of St Cross, Rugby) for nine Regulated Activities. The CQC monitor 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 have a wider range of enforcement powers, where breaches or concerns are identified.

During 2012/13 the CQC completed the following inspections / reviews, with no formal enforcement or regulatory action required:

26th June 2012:
Unannounced Inspection
(Hospital of St Cross, Rugby)
Review of Elderly / Orthopaedic Care Pathways Outcomes 2, 4, 11, 14, 17.

7th January 2013:
Unannounced Inspection
(University Hospital).
Review of patient transfer arrangements from Ward 12 / CDU
Outcomes 1, 4, 7, 14, 16.

11th February 2013:
Planned review (University Hospital)
Mental Health Act monitoring visit.

UHCW therefore maintained its registration throughout 2012/13 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 one against the NHSLA Risk Management Standards for Acute Trusts in September 2012. The NHSLA distributed a letter to scheme members on 30th July 2012, stating that they will not be carrying out a full schedule of assessments in 2013/14, pending a major review of the assessment process.

Corporate leads will continue to review the relevant policies, procedures and guidelines as per Trust policy and relevant audits and spot checks will continue to be made until we receive notification of the revised standards.

The Trust's annual Patient Safety Audit has been re-designed to reflect the current NHSLA standards and this will be used to assure the Trust of its ongoing compliance with sound risk management processes. UHCW Maternity services achieved level one status at assessment against the Clinical Negligence Scheme for Trusts' Maternity Clinical Risk Management Standards in November 2012. In line with the acute trust model, Maternity Services will continue to audit against best practice.

2012/13 Performance

UHCW assesses its performance against two National performance frameworks: the 2012/13 Monitor Compliance Framework and the 2012/13 Department of Health NHS Performance Framework; together with the local contract targets and standards, including progress on the 2012/13 CQUIN scheme. UHCW was 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 2012/13 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		Green		
Amber-Green	≥ 1.0 and < 2.0			Amber-Green	
Amber-Red	≥ 2.0 and < 4.0	Amber-Red			Amber-Red
Red	≥ 4.0				

Appendix A on page 21 gives the year to date performance monitoring against each of the targets in the 2012/13 Monitor Compliance Framework.

University Hospitals Coventry and Warwickshire NHS Trust

Department of Health NHS Performance Framework Rating

As a non-Foundation Trust, UHCW is formally monitored against the 2012/13 DH NHS Performance Framework that covers two key domains; quality and finance. The Department of Health (DH) applies scores based on whether a Trust is performing, underperforming or failing a target (a high score is good).

The table below provides the Trust's assessment against the NHS Performance Framework quality of services rating, based on the current level of performance.

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

Appendix B (on page 23) gives the year to date performance monitoring against each of the targets in the DH 2012/13 NHS Performance Framework quality of services rating.

Department of Health NHS Performance Framework Rating

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 Trusts 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 (Feb 2013)	Governance Risk Rating	Financial Risk Rating	Contractual Position
RATING	**Red (4.0)**	**Red (4.0)**	**Blank**

The Governance Risk Rating of Red (4.0) for March 2013 is because the overriding rule was applied by the SHA in January 2013 which automatically gave an overall weighting of 4. The overriding rule was applied because UHCW failed to meet the A&E target twice in any two quarters over the last 12-month period and failed the indicator in the subsequent nine-month period from July 2012. The overriding rule has retrospectively been applied back to October 2012 by the SHA because UHCW has failed the A&E target since October 2012.

The Contractual Position is no longer rated in the PMR return and guidance from the SHA is that this should be reported as "Blank".

Appendix C (on page 27) gives the year to date performance monitoring against each of these targets.

Performance against 2012/13 Acute Contract Targets

The 2012/13 Acute Contract for UHCW with Primary Care Trusts requires that the Trust delivers performance against the 124 targets and standards agreed as part of the contract. In addition to these, UHCW is also required to deliver progress against the 27 indicators agreed in the 2012/13 CQUIN Scheme.

EXCEPTIONS AND RISKS

A central element of UHCW's mission is to provide high quality care and evidence by delivering compliance against targets and standards. The following targets have been assessed as red across one or both of the 2012/13 Monitor Compliance Framework or DH NHS Performance Framework:

Meeting the Clostridium Difficile (C-Diff) objective: In March 2013 there were five C-Diff infections in UHCW. Year-to-date, there have been 76 C-Diff infections. This is six (8.6%) above the cumulative trajectory of 70 for the period 1 April 2012 to 31 March 2013. The year-end position represents a 15.6% reduction from the previous year.

UHCW initiated an SHA review of action plans and clinical cases, where it was agreed that the plans were robust and comprehensive. It was highlighted during this review that a number of cases were not clinical clostridium difficile disease and a case notes review by the Director of Infection Prevention and Control has been conducted.

A consolidated action plan has been developed which includes the Chief Nursing Officer leading twice weekly performance meetings, an increase in infection control rounds at ward level, enhanced cleaning program in high risk areas, increased anti-biotic surveillance and full root cause analysis of all incidences.

Total time in A&E (95%, 4-hour wait target): For the year, 14,939 or 91.46% patients out of 174,867 were seen outside of 4 hours. This is 3.54% below the target and therefore UHCW has not achieved the target at the end of the financial year.

Work is currently being undertaken to improve the Trust's four hour target position via a monitored action plan. The Leadership Team have consolidated all actions being taken to address this issue into a single consolidated action plan which deals with:

- Reconfiguration of the Emergency Department and Clinical Decision Unit to an Emergency Department/Acute Medical Unit model
- Pre-hospital
- Arrival at the Emergency Department
- Capacity and flow
- Internal discharges
- External discharges

The plan is subject to performance management meetings with Clinical Directors.

Delayed transfers of care: This measures, as the denominator, the number of occupied beds at month end as a snapshot against, as the numerator, the number of acute patients (aged 18 and over) whose transfer of care was delayed as a snapshot. At the end of the year, there has been 4.60% delayed transfers of care. This is 1.10% above the target of 3.50%.

Actions being taken to improve performance against the delayed transfers of care target are as follows.

- The introduction of daily teleconferences with health and social care partners providing a useful platform to highlight and resolve delays in complex discharges.
- Cross-organisational work at a senior level to further strengthen the whole system linkage around complex discharge.

The following targets, whilst compliant, are assessed as high risk against the 2012/13

Monitor Compliance Framework and DH Performance Framework:

- Meeting the MRSA (meticillin-resistant staphylococcus aureus) objective
- Referral To Treatment (RTT) (90% of admitted patients treated in 18-weeks
- Referral To Treatment (RTT) 95% of non-admitted patients treated in 18-weeks

Year-to-date performance monitoring against each of these targets is given in **Appendix A, B and C** from page 21

Strategic Priorities

The main issues that have been identified to be addressed are as follows::

Care

- Patients will find it easy to access the site, park and find their way around the site.
- 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.

University Hospitals Coventry and Warwickshire NHS Trust

Appendix A: Monthly Monitoring Against MONITOR Compliance Framework Indicators

INDICATOR	THRESHOLD	WEIGHTING	MONITORING PERIOD	MA_YTD
Clostridium Difficile - meeting the Clostridium Difficile objective	0	1.0	Quarterly	MA YTD
Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia - meeting the MRSA objective	0	1.0	Quarterly	MA YTD
All cancers: 31 day wait for second or subsequant treatment, comprising: - surgery	94%	1.0	Quarterly	MA YTD
- anti cancer drug treatments	98%	1.0	Quarterly	MA YTD
- radiotherapy	94%	1.0	Quarterly	MA YTD
All cancers 62-day wait for first treatment from: - from urgent GP referral for suspected cancer	85%	1.0	Quarterly	MA YTD
- from NHS Cancer Screening Service referral	90%	1.0	Quarterly	MA YTD
Maximum time of 18 weeks from point of referral to treatment in aggregate - admitted	90%	1.0	Quarterly	MA YTD
Maximum time of 18 weeks from point of referral to treatment in aggregate - non-admitted	95%	1.0	Quarterly	MA YTD
Maximum time of 18 weeks from point of referral to treatment in aggregate - patients on an incomplete pathway	92%	1.0	Quarterly	MA YTD
All cancers: 31-day wait from diagnosis to first treatment	96%	0.5	Quarterly	MA YTD
Cancer: two week wait from referral to date first seen, comprising: - all urgent referrals (cancer suspected)	93%	0.5	Quarterly	MA YTD
- for symptomatic breast patients (cancer not initially suspected)	93%	0.5	Quarterly	MA YTD
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	1.0	Quarterly	MA YTD
Certification against compliance with req access to healthcare for people with learning disability	G	0.5	Quarterly	MA YTD
SCORE (total of weighting for red rated indicators)				
RISK RATING				
				SCORE (Total of weightings for red rated indicators)
				RISK RATING

Apr 2012	May 2012	Jun 2012	Q1	Jul 2012	Aug 2012	Sep 2012	Q2	Oct 2012	Nov 2012	Dec 2012	Q3	Jan 2013	Feb 2013	Mar 2013	Q4
5.00	6.00	8.00	19.00	7.00	5.00	5.00	17.00	6.00	4.00	7.00	17.00	10.00	8.00	5.00	23.00
5.00	11.00	19.00	19.00	26.00	31.00	36.00	36.00	42.00	46.00	53.00	53.00	63.00	71.00	76.00	76.00
0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00
0.00	0.00	0.00	0.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	2.00	2.00
100.00%	100.00%	100.00%	100.00%	97.92%	100.00%	100.00%	99.23%	100.00%	100.00%	96.97%	99.32%	100.00%	100.00%	97.06%	98.97%
100.00%	100.00%	100.00%	100.00%	99.47%	99.58%	99.63%	99.63%	99.70%	99.74%	99.52%	99.52%	99.55%	99.58%	99.42%	99.42%
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
97.78%	98.01%	95.27%	97.09%	98.85%	99.45%	98.67%	99.01%	96.02%	96.53%	96.13%	96.23%	93.81%	95.95%	98.16%	95.71%
97.78%	97.90%	97.09%	97.09%	97.51%	97.90%	98.01%	98.01%	97.66%	97.51%	97.38%	97.38%	96.94%	96.86%	96.95%	96.95%
85.35%	85.71%	85.39%	85.49%	85.64%	85.71%	85.14%	85.53%	85.00%	84.66%	87.50%	85.66%	86.58%	82.07%	87.41%	85.59%
85.35%	85.55%	85.49%	85.49%	85.53%	85.57%	85.51%	85.51%	85.44%	85.34%	85.56%	85.56%	85.65%	85.37%	85.57%	85.57%
100.00%	97.37%	90.48%	96.67%	96.23%	100.00%	100.00%	98.39%	91.18%	97.14%	100.00%	95.65%	93.62%	100.00%	100.00%	96.34%
100.00%	98.55%	96.67%	96.67%	96.50%	97.11%	97.66%	97.66%	96.77%	96.82%	97.06%	97.06%	96.60%	96.71%	96.91%	96.91%
93.74%	94.19%	94.78%	94.23%	95.06%	96.20%	95.33%	95.53%	94.94%	95.11%	95.22%	95.08%	94.63%	94.50%	94.37%	94.51%
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
97.04%	97.33%	97.15%	97.18%	97.67%	97.99%	97.56%	97.74%	97.69%	98.07%	97.85%	97.87%	97.82%	98.08%	97.77%	97.89%
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
96.28%	96.87%	96.73%	96.73%	96.95%	96.83%	96.78%	96.78%	97.01%	97.00%	96.57%	96.57%	96.00%	95.39%	94.23%	94.23%
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99.39%	100.00%	98.91%	99.47%	99.56%	100.00%	100.00%	99.84%	99.50%	99.48%	100.00%	99.63%	98.92%	98.72%	100.00%	99.42%
99.39%	99.74%	99.47%	99.47%	99.50%	99.61%	99.67%	99.67%	99.65%	99.63%	99.66%	99.66%	99.59%	99.52%	99.60%	99.60%
94.59%	95.27%	93.14%	94.39%	93.25%	92.99%	94.78%	93.67%	94.35%	93.12%	95.93%	94.41%	96.14%	95.63%	95.09%	95.58%
94.59%	94.95%	94.39%	94.39%	94.09%	93.87%	94.03%	94.03%	94.08%	93.95%	94.16%	94.16%	94.34%	94.45%	94.51%	94.51%
96.40%	97.58%	96.77%	96.95%	95.96%	94.74%	86.32%	92.12%	93.75%	93.55%	93.40%	93.58%	97.25%	96.60%	95.51%	96.36%
96.40%	97.02%	96.95%	96.95%	96.72%	96.30%	94.53%	94.53%	94.39%	94.25%	94.17%	94.17%	94.45%	94.69%	94.78%	94.78%
92.78%	94.53%	94.22%	93.92%	96.81%	96.54%	95.54%	96.32%	94.36%	91.09%	86.56%	90.72%	86.25%	86.00%	81.51%	84.68%
92.78%	93.78%	93.92%	93.92%	94.61%	95.03%	95.11%	95.11%	95.01%	94.45%	93.65%	93.65%	92.85%	92.29%	91.46%	91.46%
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1.0	1.0	2.0	2.0	2.0	0.0	0.5	1.0	1.0	1.0	2.0	1.0	2.0	3.0	2.0	3.0
A/G	A/G	A/R	A/R	A/R	G	G	A/G	A/G	A/G	A/R	A/G	A/R	A/R	A/R	A/R
1.0	**1.0**	**2.0**	**2.0**	**2.0**	**1.0**	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	**1.0**	**2.0**	**2.0**	**2.0**	**2.0**
A/G	**A/G**	**A/R**	**A/R**	**A/R**	**A/G**	**G**	**G**	**A/G**	**A/G**	**A/G**	**A/G**	**A/R**	**A/R**	**A/R**	**A/R**

Appendix B: Monthly Monitoring Against NHS Performance Framework Indicators

INDICATOR	PERFORMING	UNDER PERFORMING	WEIGHTING	MONITORING PERIOD	ASSESSMENT	Apr 2012	May 2012
Total time in A&E - 95% of patients should be seen within four hours	>=95%	94%	1	Weekly	MA	92.78%	94.53%
					YTD	92.78%	93.78%
					Score	0	0
					Weighted Score	0	0
MRSA - meeting the MRSA objectives	Variable/Mth	>ISD	1	Monthly	MA	0.00	0.00
					YTD	0.00	0.00
					Trajectory	1	1
					Score	3	3
					Weighted Score	3	3
Clostridium Difficile - meeting the Clostridium Difficile objective	Variable/Mth	>ISD	1	Monthly	MA	5.00	6.00
					YTD	5.00	11.00
					Trajectory	6	12
					Score	3	3
					Weighted Score	3	3
RTT - admitted - 90% in 18 weeks	>=90%	85%	1	Monthly	MA	93.74%	94.19%
					YTD	N/A	N/A
					Score	3	3
					Weighted Score	3	3
RTT - non-admitted - 95% in 18 weeks	>=95%	90%	1	Monthly	MA	97.04%	97.33%
					YTD	N/A	N/A
					Score	3	3
					Weighted Score	3	3
RTT - incomplete - 92% in 18 weeks	>=92%	87%	1	Monthly	MA	96.28%	96.87%
					YTD	N/A	N/A
					Score	3	3
					Weighted Score	3	3
RTT - deliveries in all specialties	20	>20	1	Monthly	MA	6.00	2.00
					YTD	N/A	N/A
					Score	3	3
					Weighted Score	3	3
Diagnostic Test Waiting Times	<1%	5%	1	Monthly	MA	0.04%	0.13%
					YTD	N/A	N/A
					Score	3	3
					Weighted Score	3	3
All cancer two week wait	>=93%	88%	0.5	Monthly	MA	94.59%	95.27%
					YTD	94.59%	94.95%
					Score	3	3
					Weighted Score	1.5	1.5
2 week GP referral to 1st outpatient - breast symptoms	>=93%	88%	0.5	Monthly	MA	96.40%	97.58%
					YTD	96.40%	97.02%
					Score	3	3
					Weighted Score	1.5	1.5
31 - day standard for subsequent cancer treatment - surgery	>=94%	89%	0.25	Monthly	MA	100.00%	100.00%
					YTD	100.00%	100.00%
					Score	3	3
					Weighted Score	0.75	0.75

Jun 2012	Q1	Jul 2012	Aug 2012	Sep 2012	Q2	Oct 2012	Nov 2012	Dec 2012	Q3	Jan 2013	Feb 2013	Mar 2013	Q4
94.22%	93.92%	96.81%	96.54%	95.54%	96.32%	94.36%	91.09%	86.56%	90.72%	86.25%	86.00%	81.51%	84.68%
93.92%	93.92%	94.61%	95.03%	95.11%	95.11%	95.01%	94.45%	93.65%	93.65%	92.85%	92.29%	91.46%	91.46%
0	0	0	3	3	3	3	3	0	0	0	0	0	0
0	0	0	3	3	3	0	0	0	0	0	0	0	0
0.00	0.00	1.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00
0.00	0.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	2.00	2.00
1	1	1	1	1	1	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3
3	3	3	3	3	3	3	3	3	3	3	3	3	3
8.00	19.00	7.00	5.00	5.00	17.00	6.00	4.00	7.00	17.00	10.00	8.00	5.00	23.00
19.00	19.00	26.00	31.00	36.00	36.00	42.00	46.00	53.00	53.00	63.00	71.00	76.00	76.00
18	18	24	30	36	36	42	48	54	54	60	65	70	70
0	0	0	0	3	3	3	3	3	3	0	3	0	0
0	0	0	0	3	3	3	3	3	3	0	3	0	0
94.78%	94.23%	95.06%	96.20%	95.33%	95.53%	94.94%	95.11%	95.22%	95.08%	94.63%	94.50%	94.37%	94.51%
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3	3	3	3	3	3	3	3	3	3	3	3	3	3
3	3	3	3	3	3	3	3	3	3	3	3	3	3
97.15%	97.18%	97.67%	97.99%	97.56%	97.74%	97.69%	98.07%	97.85%	97.87%	97.82%	98.08%	97.77%	97.89%
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3	3	3	3	3	3	3	3	3	3	3	3	3	3
3	3	3	3	3	3	3	3	3	3	3	3	3	3
96.73%	96.73%	96.95%	96.83%	96.78%	96.78%	97.01%	97.00%	96.57%	96.57%	96.00%	95.39%	94.23%	94.23%
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3	3	3	3	3	3	3	3	3	3	3	3	3	3
3	3	3	3	3	3	3	3	3	3	3	3	3	3
2.00	10.00	1.00	0.00	1.00	2.00	0.00	0.00	0.00	0.00	1.00	2.00	5.00	8.00
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3	3	3	3	3	3	3	3	3	3	3	3	3	3
3	3	3	3	3	3	3	3	3	3	3	3	3	3
0.03%	0.03%	0.00%	0.01%	0.03%	0.03%	0.07%	0.00%	0.00%	0.00%	0.12%	0.12%	0.41%	0.41%
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3	3	3	3	3	3	3	3	3	3	3	3	3	3
3	3	3	3	3	3	3	3	3	3	3	3	3	3
93.14%	94.39%	93.25%	92.99%	94.78%	93.67%	94.35%	93.12%	95.93%	94.41%	96.14%	95.63%	95.09%	95.58%
94.39%	94.39%	94.09%	93.87%	94.03%	94.03%	94.08%	93.95%	94.16%	94.16%	94.34%	94.45%	94.51%	94.51%
3	3	3	3	3	3	3	3	3	3	3	3	3	3
1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
96.77%	96.95%	95.96%	94.74%	86.32%	92.12%	93.75%	93.55%	93.40%	93.58%	97.25%	96.60%	95.51%	96.36%
96.95%	96.95%	96.72%	96.30%	94.53%	94.53%	94.39%	94.25%	94.17%	94.17%	94.45%	94.69%	94.78%	94.78%
3	3	3	3	3	3	3	3	3	3	3	3	3	3
1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
100.00%	100.00%	97.92%	100.00%	100.00%	92.23%	100.00%	100.00%	96.97%	99.32%	100.00%	100.00%	97.06%	98.97%
100.00%	100.00%	99.47%	99.58%	99.63%	99.63%	99.70%	99.74%	99.52%	99.52%	99.55%	99.58%	99.42%	99.42%
3	3	3	3	3	3	3	3	3	3	3	3	3	3
0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75

Apendix B: Monthly Monitoring Against NHS Performance Framework Indicators (Continued)

INDICATOR	PERFORMING	UNDER PERFORMING	WEIGHTING	MONITORING PERIOD	ASSESSMENT	Apr 2012	May 2012
31 day second or subsequent treatment - drug	>=98%	93%	0.25	Monthly	MA	100%	100%
					YTD	100%	100%
					Score	3	3
					Weighted Score	0.75	0.75
Percentage of patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis (measured from 'date of decision to treat')	>=96%	91%	0.25	Monthly	MA	99.39%	100.00%
					YTD	99.39%	99.74%
					Score	3	3
					Weighted Score	0.75	0.75
Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (radiotherapy treatments)	>=94%	89%	0.25	Monthly	MA	97.78%	98.01%
					YTD	97.78%	97.90%
					Score	3	3
					Weighted Score	0.75	0.75
62-day wait for the first treatment following referral from an NHS cancer screening service	>=90%	85%	0.5	Monthly	MA	100.00%	97.37%
					YTD	100.00%	97.55%
					Score	3	3
					Weighted Score	1.5	1.5
All cancer two month urgent referral to treatment wait	>=85%	80%	0.5	Monthly	MA	85.35%	85.37%
					YTD	85.35%	85.55%
					Score	3	3
					Weighted Score	1.5	1.5
Delayed transfers of care	<=3.5%	5%	1	Quarterly	MA	5.19%	4.87%
					YTD	5.19%	5.03%
					Score	0	0
					Weighted Score	0	0
Mixed Sex Accommodation Breaches	0 Breaches	0.5	1	Monthly	MA	0.00	0.00
					YTD	0.00	0.00
					Score	3	3
					Weighted Score	3	3
VTE Risk Assessment	>=90%	80%	1	Quarterly	MA	93.34%	93.35%
					YTD	N/A	N/A
					Score	3	3
					Weighted Score	3	3
					(A) TOTAL WEIGHTED SCORE:	36	36
					(B) TOTAL WEIGHTING:	14	14
					(C) FINAL SCORE: (A/B):	**2.57**	**2.57**
OUTCOME: Underperforming if less than 2.1 Performance Under Review if between 2.1 and 2.4						**Performing**	**Performing**

SCORING VALUES (Entered into Score for each indicator)		
	Underperforming:	0
	Performance Under Review:	2
	Performing:	3

Jun 2012	Q1	Jul 2012	Aug 2012	Sep 2012	Q2	Oct 2012	Nov 2012	Dec 2012	Q3	Jan 2013	Feb 2013	Mar 2013	Q4
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
3	3	3	3	3	3	3	3	3	3	3	3	3	3
0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75
98.91%	99.47%	99.56%	100.00%	100.00%	99.84%	99.50%	99.48%	100.00%	96.63%	98.92%	98.72%	100.00%	99.42%
99.47%	99.47%	99.50%	99.61%	99.67%	99.67%	99.65%	99.63%	99.66%	99.66%	99.59%	99.52%	99.60%	99.60%
3	3	3	3	3	3	3	3	3	3	3	3	3	3
0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75
95.27%	97.09%	98.85%	99.45%	98.67%	99.01%	96.02%	96.53%	96.13%	96.23%	93.81%	95.95%	98.16%	95.71%
97.09%	97.09%	97.51%	97.90%	98.01%	98.01%	97.66%	97.51%	97.38%	97.38%	96.94%	96.86%	96.95%	96.95%
3	3	3	3	3	3	3	3	3	3	3	3	3	3
0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75
90.48%	96.67%	96.23%	100.00%	100.00%	98.39%	91.18%	97.14%	100.00%	95.65%	93.62%	100.00%	100.00%	96.34%
96.67%	96.67%	96.50%	97.11%	97.66%	97.66%	96.77%	96.82%	97.06%	97.06%	96.60%	96.71%	96.91%	96.91%
3	3	3	3	3	3	3	3	3	3	3	3	3	3
1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
85.39%	85.49%	85.64%	85.71%	85.14%	85.53%	85.00%	84.66%	87.50%	85.66%	86.58%	82.07%	87.41%	85.59%
85.49%	85.49%	85.53%	85.57%	85.51%	85.51%	85.44%	85.34%	85.56%	85.56%	85.65%	85.37%	85.57%	85.57%
3	3	3	3	3	3	3	3	3	3	3	3	3	3
1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
5.55%	5.21%	4.95%	4.56%	4.23%	4.58%	5.23%	3.34%	3.60%	4.05%	4.82%	5.06%	3.76%	4.55%
5.21%	5.21%	5.14%	5.02%	4.89%	4.89%	4.94%	4.74%	4.61%	4.61%	4.63%	4.67%	4.60%	4.60%
0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3	3	3	3	3	3	3	3	3	3	3	3	3	3
3	3	3	3	3	3	3	3	3	3	3	3	3	2
92.42%	93.05%	93.07%	93.24%	92.57%	92.97%	92.98%	93.68%	93.66%	93.43%	96.21%	95.88%	95.73%	96.05%
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3	3	3	3	3	3	3	3	3	3	3	3	3	3
3	3	3	3	3	3	3	3	3	3	3	3	3	3

33	33	33	36	39	39	39	36	36	36	33	33	33	33
14	14	14	14	14	14	14	14	14	14	14	14	14	14

2.36	2.36	2.36	2.57	2.79	2.79	2.79	2.57	2.57	2.57	2.36	2.36	2.36	2.36
Performance under Review	Performance under Review	Performance under Review	Performing	Performing	Performing	Performing	Performing	Performing	Performing	Performance under Review	Performance under Review	Performance under Review	Performance under Review

Appendix C: Monthly Monitoring Against Midlands and East Strategic Health Authority Provider Management Regime

AREA	REF	INDICATOR	SUB SECTIONS	THRESH-OLD	WEIGHTING
Effectiveness	1a	Data completeness: Community services comprising:	Referral to treatment information	50%	**1.0**
			Referral information	50%	
			Treatment activity information	50%	
	1b	Data completeness, Community services: *(may be introduced later)*	Patient identifier information	50%	
			Patients dying at home/care home	50%	
	1c	Data completeness: Identifiers MHMDS		97%	**0.5**
	1c	Data completeness: Outcome for patients on CPA		50%	**0.5**
Patient Experience	2a	From point of referral to treatment in aggregate (RTT) - admitted	Maximum time of 18 weeks	90%	**1.0**
	2b	From point of referral to treatment in aggregate (RTT) - non-admitted	Maximum time of 18 weeks	95%	**1.0**
	2c	From point of referral to treatment in aggregate (RTT) - patients on an incomplete pathway	Maximum time of 18 weeks	92%	**1.0**
	2d	Certification against compliance with requirements regarding access to healthcare for people with a learning disability		N/A	**0.5**
Quality	3a	All cancers - 31-day wait for second or subsequant treatment, comprising:	Surgery	94%	**1.0**
			Anti cancer drug treatments	98%	
			Radiotherapy	94%	
	3b	All cancers - 62-day wait for first treatment	From urgent GP referral for suspected cancer	85%	**1.0**
			From NHS Cancer Screening Service referral	90%	
	3c	All cancers - 31-day wait from diagnosis to first treatment		96%	**0.5**
	3d	Cancer: 2 week wait from referral to date first seen, comprising:	All urgent referrals	93%	**0.5**
			For symptomatic breast patients (cancer not initially suspected)	93%	
	3e	A&E: From arrival to admission / transfer / discharge	Maximum waiting time of four hours	95%	**1.0**
	3f	Care Programme Approach (CPA) patients comprising:	Receiving follow -up contact within 7 days of discharge	95%	**1.0**
			Having formal review within 12 months	95%	

HISTORIC DATA			CURRENT DATA				
Qtr to Jun -12	Qtr to Sep -12	Qtr to Dec - 12	Jan - 13	Feb - 13	Mar - 13	Qtr to Mar - 13	BOARD ACTION
N/A	N/A	N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	
YES	YES	YES	YES	YES	YES	YES	
YES	YES	YES	YES	YES	YES	YES	
YES	YES	YES	YES	YES	YES	YES	
YES	YES	YES	YES	YES	YES	YES	
YES	YES	YES	YES	YES	YES	YES	
YES	YES	YES	YES	YES	YES	YES	
YES	YES	YES	YES	YES	YES	YES	
YES	YES	YES	YES	YES	YES	YES	
NO	YES	NO	NO	NO	NO	NO	During March 2013, 2489 patients out of 13,402 attendances at A&E were seen outside of 4 hours. This means that UHCW's performance was at 81.51% or 13.49% below the minimum performance threshold of 95%. However, this performance threshold is based on the cumulative position and cumulatively for the period April 2012 to March 2013, 14,939 patients out of 174,867 attendances at A&E were seen outside of 4 hours, This means that UHCW's cumulative performance was at 91.46% or 3.54% below the minimum performance threshold of 95%. **ACTIONS:** With support from Emergency Care Intensive Support Team, existing recovery plans (and the associated governance framework) are being evaluated and revised to deliver performance improvements throughout Q1 and Q2. The main themes for improvement are: - Developing Alternative Pathways to ED - Improving ED Processes - Inpatient capacity and capacity management - Proactive Discharge Planning (simple)
N/A	N/A	N/A	N/A	N/A	N/A	N/A	

Appendix C: Monthly Monitoring Against Midlands and East Strategic Health Authority Provider Management Regime (Continued)

AREA	REF	INDICATOR	SUB SECTIONS	THRESH-OLD	WEIGHTING
Quality	3g	Minimising mental health delayed transfers of care		≤7.5	**1.0**
	3h	Admissions to inpatients services had access to Crisis Resolution/Home Treatment teams		95%	**1.0**
	3i	Meeting commitments to serve new psychosis cases by early intervention teams		95%	**0.5**
	3j	Category A call - emergency response within 8 minutes	Red 1	80%	**0.5**
			Red 2	75%	**0.5**
	3k	Category A call - ambulance vehicle arrives within 19 minutes		95%	**1.0**
Safety	4a	Clostridium Difficile	Is the Trust below the de minimus	*12*	**1.0**
			Is the Trust below the YTD ceiling	*70*	
	4b	MRSA	Is the Trust below the de minimus	*6*	**1.0**
			Is the Trust below the YTD ceiling	*2*	

CQC Registration

A	Non-Compliance with CQC Essential Standard resulting in a Major Impact on Patients		0	**2.0**
B	Non-Compliance with CQC Essential Standard resulting in Enforement Action		0	**4.0**
C	NHS Litigation Authority - Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements		0	**2.0**

RAG RATING

GREEN	**= Score less than 1**
AMBER/GREEN	**= Score greater than or equal to 1, but less than 2**
AMBER/RED	**= Score greater than or equal to 2, but less than 4**
RED	**= Score greater than or equal 4**

HISTORIC DATA			CURRENT DATA				
Qtr to Jun -12	Qtr to Sep -12	Qtr to Dec - 12	Jan - 13	Feb - 13	Mar - 13	Qtr to Mar - 13	BOARD ACTION
N/A	N/A	N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	
NO	NO	NO	NO	NO	NO	NO	In March 2013 there were 5 c-diff infections in UHCW. YTD there have been 76 cases which is 6 (8%) above the trajectory of 70 cases. The SHA have confirmed the spreadsheet is appying a weighting of 1 for this metric where Trusts are exceeding the de minimus level but they are within the YTD ceiling. Therefore the overall weighting for Quarter to December 2012 should be 1 (Amber/Green) and not 2 **ACTIONS:** A single consolidated action plan has been developed to regain trajectory. The plan aimed to regain the monthly target in March and although the overall position for the year was lost, the monthly target was achieved. **Actions include:** - CNO leading - twice weekly C Diff performance meeting (Executive) - DIPC leading actions with clinical and operational teams - Increased Infection control rounds at ward level (IPC, 2xPA's Medical, Additional Nursing) - Additional Enhanced cleaning program in high risk areas (ISS and Performance team) - Increased antibiotic surveillance (Pharmacy) - Increased education and awareness program - Full RCA and information sharing for C diff cases - Trust initiated external review of actions through SHA lead infection nurse and CCG As agreed with the SHA, a meeting was planned with CCGs to review case notes since a number of cases were identified that were found not to be clinical C Diff disease and therefore may not be attributable UHCW.
NO	YES	YES	NO	NO	NO	NO	
YES	YES	YES	YES	YES	YES	YES	In July we had 1 MRSA and March 1 MRSA. YTD there has been 2 MRSA cases so meeting the target of 2 cases.
YES	YES	YES	YES	YES	YES	YES	
NO	NO	NO	NO	NO	NO	NO	
NO	NO	NO	NO	NO	NO	NO	
NO	NO	NO	NO	NO	NO	NO	
2.0	**1.0**	**2.0**	**2.0**	**2.0**	**2.0**	**2.0**	
AR	**AG**	**AR**	**AR**	**AR**	**AR**	**AR**	

REF	Overriding Rules - Nature and Duration of Override at SHA's Discretion	
i)	Meeting the MRSA Objective	Greater than six cases in the year to date, and breaches the cumulative year-to-date trajectory for three successive quaters
ii)	Meeting the C-Diff Objective	Greatr than 12 cases per year to date, and either:
		Breaches the cumulative year-to-date trajectory for three successive quarters
		Reports important or signficant outbreakes of C.diff, as defined by the Health Protection Agency.
iii)	RTT Waiting Times	Breaches:
		The admitted patients 18week waiting time measure for a third successive quarter
		The non-admitted patients 18 week waiting time measure for a third successive quarter
		The incomplete pathway 18 weeks waiting time measure for a third successive quarter
iv)	A&E Clinical Quality Indicator	Fails to met the A&E target twice in any two quarters over a 12-month period and fails the indicator in a quarter during the subsequent nine-month period or the full year.
v)	Cancer Wait Times	Breaches either:
		the 31-day cancer waiting time target for third successive quarter
		the 62-day cancer waiting time target for a third successive quarter
vi)	Ambulance Response Times	Breaches either:
		the category A 8-minute response time target for a third successive quarter
		the category A 19-minute response time target for a third successive quarter
		either Red 1 or Red 2 targets for a third successive quarter
vii)	Community Services data completeness	Fails to maintain the threshold for data completeness for:
		referral to treatment information for a third successive quarter;
		service referral information for third successive quarter, or
		treatment activity information for third successive quarter
viii)	Any other Indicator weighted 1.0	Breaches the indicator for three successive quarters.

Adjusted Governance Risk Rating

							BOARD ACTION
		YES	YES	YES	YES	YES	UHCW did not achieve the 95%, 4 hour A&E target in Q3 2012/13. The target was not achieved in Q4 2012/13. UHCW has therefore failed to meet the A&E target twice in any two quarters over the last 12 months. UHCW did not achieve the target in October, November, December 2012 or January, February or March 2013. The SHA advised UHCW in January 2013 that the overriding rule will be applied rectrospectively from October 2012 because this target has been failed in the subsequent nine-month period from Q1 2012/13
2.0	**1.0**	**4.0**	**4.0**	**4.0**	**4.0**	**4.0**	
AR	**AG**	**R**	**R**	**R**	**R**	**R**	

Quality Account

The Department of Health requires all NHS Trusts to produce an annual Quality Account. In June 2012 UHCW published its third Quality Account, describing the quality of our services. By putting this information in the public domain we are offering our approach to quality up for scrutiny, debate and reflection publicly.

After reviewing information from various sources such as clinical incidents and complaints and listening to our patients' feedback the Trust Board agreed three priorities for Quality Improvement. These were:

- Eliminating Avoidable Pressure Ulcers;
- Increasing Effective Discharge;
- Using Real Time Patient Feedback from to effect change.

Amongst the highlights has been the successful 100 days free campaign around pressure ulcers, the widespread adoption of Board Rounds to identify discharge-related issues and the learning of lessons from our early implementation of the Friends and Family Test. You can learn more about the many ways we are improving the quality of patient experience and health outcomes in the Quality Account for 2012/2013, available at **www.uhcw.nhs.uk** or on the NHS Choices website **www.nhs.uk**

This year's account updates some of the priorities from previous years and details our three priorities for 2013/2014.

After internal and external consultation, we created a 'long list' of nine areas from which the Trust Board agreed our three priorities for 2013/14. We are grateful to staff, patients and our partner agencies for helping to identify these areas. Some reflect the value of continuing work begun in previous years whilst others represent new areas of interest. We know that all will help us improve the experience of patients being cared for by UHCW. Our long list was:

- Communication - hospital to patients and GPs at discharge or after outpatient appointments;
- The hospital outpatient appointment booking and correspondence system;
- Hospital discharge;
- Demonstrating how patient feedback is used;
- Care of dementia patients;
- Nutrition;
- Reduction of infections;
- Falls;
- Urinary Tract Infections.

The final three chosen were:

- Reducing harm because of falls
- Hospital discharge
- How patient feedback is used to improve patient experience and clinical outcomes

Principles for Remedy
(Complaints)

The Trust's complaints policy continues to be in line with the Parliamentary and Health Service Ombudsman's Principles for Good Complaints Handling and we have now been working within this framework since April 2009. 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 both corporately and within our newly reconfigured clinical groups. 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.

In the period April 2012 to March 2013, the Trust received 483 formal complaints against 497 the previous year and although the regulations advise there is no specific response time, 73% were responded to within our internal target of 25 working days. In line with a national new reporting request, 76% of complaints were considered upheld by the Trust.

During this same period, the Parliamentary and Health Service Ombudsman, which is the second stage in the complaints process, requested 23 files for review and three went forward for investigation of which one was upheld, one was closed with no action required and, one was still under consideration at the end of the financial year. The Trust acknowledges the content of the Francis report released March 2013 in respect of complaints and is looking at the recommendations made.

Engagement
Patient & Public Involvement (PPI)

During 2012/13, the Trust has continued in its work to ensure that the views of its patients, their carers, relatives and visitors are considered when planning and delivering services.

Key amongst this was the Midlands and East Strategic Health Authority's regional initiative: The Friends and Family Test. This has seen the Trust asking at least 10% of its inpatients each week (approximately 200 patients) whether they would recommend the service provided at the Trust to their friends and family. A slightly adapted version of the question will be rolled out nationally from 1 April 2013 in which our inpatients will continue to be asked as well as those who attend the Emergency Department at University Hospital, Coventry (the Urgent Care Centre at the Hospital of St Cross, Rugby does not meet the current criteria for inclusion).

Current thinking at the Department of Health would indicate that other departments, including outpatients, will be included in the test by April 2013.

As reported last year, a significant piece of work was carried out to expand and strengthen the Patients' Council in 2011. Here are just some of the workings of the Trust, looked at by the Council during the past 12 months: quality assurance of the Trust's Quality Account with regard to patient experience, the outpatient appointment system, review of the Friends and Family Test implementation, infection control, number of visitors allowed per bed at any one time,

elements of the discharge process and ambulatory care pathway.

The Trust has commissioned a major review of its bespoke patient, carer, visitor satisfaction monitoring system, Impressions. Impressions allows for feedback from all users of the Trust's services online and via paper questionnaires, the latter are available throughout the Trust. This review will see a streamlined version of the system being implemented from 1st April 2013 with a much shorter online questionnaire, paper questionnaire and comment card being available to ensure that patients etc are easily able to feedback about their experiences of our hospitals. Future developments are likely to include a QR code making feedback even more accessible and convenient.

During December 2012 the Trust successfully applied to the Midlands and East Strategic Health Authority to be one of five Trusts in the region to become a pathfinder site looking at ways to improve patient experience. Since January 2013, the Trust has been working with management consultancy TMI, appointed by the SHA, and initiatives are well underway to improve patient experience in the following areas: the welcome in our Emergency Department and Outpatient Departments, the processes in our X-Ray Department and elements of our discharge processes.

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 members of the public and patients in decisions about our services is an integral part of our planning, improving patient experience and meeting the needs of the communities we serve. We have a representative, engaged and active membership and during the past year, we have completed two membership recruitment campaigns to increase our public membership so that it out numbers our staff membership. This recruitment took place at both our hospital sites, several town centres across Warwickshire and Coventry city centre. We have plans to continue targeted recruitment with selected community groups during 2013.

We continue to use a number of communication routes to keep our members informed and to facilitate involvement and feedback. These include a members' newsletter, members' events and opportunities for interested members to join in specific consultations and workshops. Examples from 2012/13 include consideration of the report from the public inquiry into Mid-Staffordshire Hospitals NHS Foundation Trust (Francis Report) an Equality and Diversity event, and the Friends and Family test interviews.

During 2012/13, we started a programme of 'Medicine for Members' events, covering a variety of topics suggested and informed by our members, where experts from the senior clinicians and leaders of the Trust havepresented on their services and spent time talking with our members. We will

continue and expand this programme during 2013/14.

This year we have also continued to work with Foxford School and Community Arts College (our partner school) to further develop our Young Persons' Council and in 2013 we shall be extending this to include other schools and young people from across the county.

As we progress further along the Foundation Trust Application process, we shall be conducting elections from, and with our membership, for seats on our Council of Governors. As yet the timetable for this activity is not confirmed as we need Secretary of State approval in the later stages of our FT preparations for this to progress.

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/foundationtrust** or email: **foundation@uhcw.nhs.uk**

University Hospitals Coventry and Warwickshire NHS Trust

Stakeholders

In 2012/13 we continued to strengthen the relationships with our existing stakeholders and partner organisations, as well as working with the emerging and developing organisations that commence operation in 2013 as a result of the 2012 Health Act. Some examples of these include:

- Local schools - by continuing to support students to experience the world of work and involving students in outdoor activities such as tree planting and bird box building in our Jubilee Nature Reserve, contributing art work for display inside the hospital as part of our Healing Arts Programme and UHCW staff contributing to the schools' curriculum and attending Business in the Community Careers Fairs;
- Coventry Ambassadors and Coventry Champions - with members of the Trust's leadership team being Ambassadors and the Trust joining the Coventry Champions scheme;
- Continued work with Coventry University School of Occupational Therapy - with students from the Social and Therapeutic Horticulture Course helping on designing a garden for patients with dementia;
- Work on an easy read version of the Friends and Family test with Grapevine (Local Learning Disabilities organisation);
- Coventry University Age Research Centre and Coventry City Council, as an organisation signing the Age Friendly City pledge.

We look forward to working with these and other partners during 2013 and beyond on a number of projects to improve the facilities for and the experiences of our patients and staff.

Overview and Scrutiny Committees

The Trust worked closely with our Local Authority Health Overview and Scrutiny Committees, providing early briefings on key issues such as potential service changes. We attended meetings of the committees and participate in public question and answer sessions as required. The Local Authority Health Overview and Scrutiny Committees also provide a third party commentary on the Trust Quality Account.

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

Emergency Planning & Preparedness

The Trust continues to deliver against the requirements of the Civil Contingencies Act 2004 and the NHS Emergency Planning Guidance 2005. Comprehensive plans are in place to ensure the Trust is able to respond to a range of incidents and emergencies. Working both internally and externally with partner organisations, the Trust has tested these plans in exercises and has delivered training to staff involved in the management of incidents.

The Trust was chosen as a Designated Hospital by the London Organising Committee of the 2012 Olympic Games to provide emergency and acute services to the Olympic Football events being held at the City of Coventry stadium. This led to the Trust being heavily involved with local, regional and national planning and exercises to test the resilience and preparedness of organisations which assisted in delivering a safe and secure Games.

The work undertaken in 2012/13 has ensured the Trust has robust, tested plans and has trained and able staff to respond to incidents.

Sustainability

Sustainability is at the heart of everything we do at UHCW NHS Trust. At the centre of sustainability is Good Corporate Citizenship, to be part of the community we serve and in partnership with local business. During this time of financial constraint what better time to ensure that sustainability is embedded into all areas of the business? Partnership working has merged the boundaries of the hospital estate with that of the community, which has led to some superb activity days and events with local business and schools. The Trust has developed strong links with local primary and secondary schools working together to improve the natural areas of the hospital site. This builds understanding of the healthcare environment whilst developing ownership of the natural communal areas, created for the benefit of all. Further extension of the work has grown into teaching and training sessions sharing knowledge with students in their final years of school, creating a local workforce for a sustainable low carbon future.

May 2012 saw the launch of the Jubilee Nature Reserve; a natural space accessible to the local community created through the Outerspace project (a national initiative from the Centre for Sustainable Healthcare). The reserve has been developed with community partners to enhance the site and promote the link between nature and health.

Healthy Travel

The University Hospital site has been hindered since it opened in 2006 by a single entrance which has meant peak time traffic queues affecting the site and spilling out on to the wider traffic network. The impact of the car commuter impacts on healthy travel options, so a plan has been developed to enhance the existing on-site traffic infrastructure including car park expansion, as clearing the traffic backlog was the first step in getting traffic moving and improving public transport access to the site. Working with our public transport partners we have reduced congestion over the year through alterations to the exiting infrastructure and submitted a planning application for 18 months of work to solve the issues including doubling the size of the current bus interchange which services 14 bus routes across Coventry and Warwickshire, with two new services having been introduced this year.

Electric vehicle charging points have been added, allowing four vehicles to charge for free during their visit. These points link to the wider West Midlands scheme plugged in places developing the electric vehicle infrastructure regionally. UHCW NHS Trust is continually building its healthy transport links and that vision stretching as far as our patients travel and developing healthy transport options for all. We are a voice at local and regional forums to ensure that links build in connection to UHCW NHS Trust.

Climate Adaptation Action Planning

Climate change brings new challenges to our business both in direct effects to the healthcare estates, but also to patient health. As part of the risk management structure the Trust has formed the Climate Mitigation and Adaptation Group to examine the impact of severe weather events on the business. Focus is on data from the wettest year on record and its impacts upon patient activity.

Sustainable Procurement

Procurement is a significant part of the Trust carbon footprint, but the area that presents the biggest challenge as much of the supply chain is not as easily visible as other parts of carbon production. UHCW NHS Trust is developing its policies and business models to ensure they capture whole life costing, both fiscally and in carbon emissions.

Waste

The Trust has a good level of re-use and recycling, however we are always striving to do more. This has led to the creation of a waste management group to develop the waste policies and procedures, whilst setting yearly targets for waste reduction. The group encompasses all the PFI partners to ensure a consistent approach across the hospital sites and throughout the different organisations.

Energy

As part of our action against climate change, reducing CO_2 emissions and reducing energy use, the Trust has identified areas of focus. Through the use of expert knowledge and applying a Marginal Abatement Cost Curve to the problem, UHCW NHS Trust has carried out two feasibility studies, into combined Heat and Power generating on site electricity whilst using the heat created to supplement the current heating system. Lighting is one of the biggest areas of electricity consumption which lead to a study to replace conventional fittings with LED and other areas the fitting of automatic lighting control. Both these projects hope to source funding in the next financial year.

Governance

UHCW NHS Trust is committed to a low carbon existence, working locally and regionally to ensure that dream becomes a reality. Within all the areas of sustainable development the associated risks are being identified and assessed, to future proof the organisation.

Note:
The above report has been prepared in accordance with guidelines laid down by HM Treasury "Public Sector Annual reports: Sustainability Reporting Guidance for 2012-13 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.

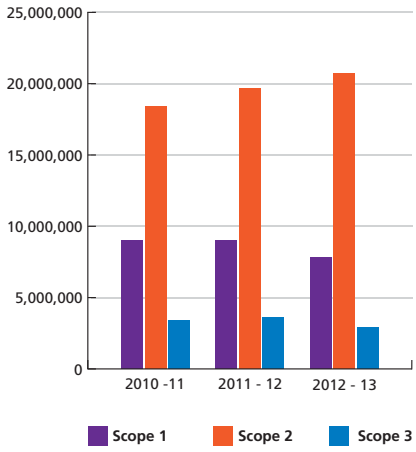
Summary of Performance

Greenhouse Gas Emissions

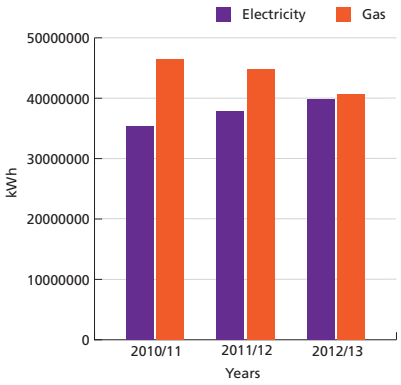
Greenhouse Gas Emissions	2010/11	2011/12	2012/13
Non-financial indicators			
Total Gross emissions for Scope 1 kg CO_2e	9,016,927	9,003,952	7,846,784
Total net emissions for Scope 2 kg CO_2e	18,400,167	19,700,447	20,694,553
Gross emissions scope 3 kg CO_2e (business travel)	3,426,210	3,629,158	2,914,628
Other scope 3 emissions measured	0	0	0
Related Energy Consumption (KWh)			
Electricity Non-renewable	35,359,777	37,858,537	39,768,921
Electricity renewable	0	0	0
Gas	46,496,214	44,750,805	40,619,619
Oil	330,680	705,120	281,880
Other	0	0	0
Financial Indicators			
Expenditure on Energy	3,174,092	3,915,173	4,236,909
CRC Licence Expenditure	1,290	1,290	1,290
Expenditure from accredited offsets	0	0	0
Expenditure on official business travel	365,265	341,602	335,145

Graphical Analysis

CO_2 Emissions



Electricity/Gas Usage



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 34% by 2020. There has been a year on year reduction in gas use, giving a 12.5% reduction since 2010.

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

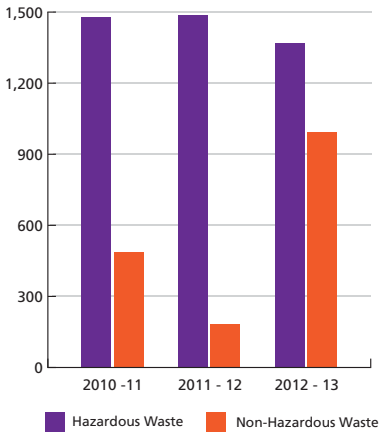
UHCW NHS Trust has some influence over its supply chain through key stakeholders. An action plan is being developed with HPC to set targets for carbon reductions expected from our suppliers in new contracts.

Waste

Waste	2010/11	2011/12	2012/13
Non- Financial Indicators (tonnes)			
Hazardous Waste			
Total	1,479	1,487	1,371
Clinical	1,471	1,378	1,371
Cytotoxic/Cytostatic	5.2	10.4	8.8
Medicine	2.9	4.6	4.4
Other	0	0	0
Non-Hazardous Waste			
Landfill	488	183	992
Reused/recycled	74%	77%	42%
Incinerated	1,479	1,487	1,371
Financial Indicators (£)			
Total Disposal Cost	782,000	736,075	997,086
Hazardous Waste – Total Disposal Cost	503,820	521,047	501,389
Non-Hazardous total disposal cost			
- Landfill	206,728	170,666	119,851
- Reused/Recycled	1,011	28,475	64,071
- Incinerated	529,347	521,047	501,389

Graphical Analysis

Clinical Domestic Waste



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

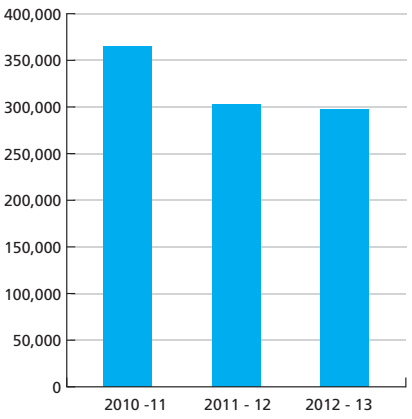
A significant impact on waste is the amount of paper used; an action plan is being drawn up to reduce this by 5% over the next year.

Overview of Influenced Impacts

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

Finite Resource Consumption - Water

Water	2010/11	2011/12	2012/13	Graphical Analysis
Non- Financial Indicators (M^3)				Water Usage
Water consumption				
Supplied	365,253	302,709	297,352	
Abstracted	0	0	0	
Financial Indicators (£)				
Water Supply Cost	599,994	548,829	407,968	



Performance Commentary (including Targets)

2009/2010 levels to 326,252 M^3. We have set a 7% water reduction target over three years which has been exceeded this year. There has been year on year reduction in water usage, with a 19% reduction over the last three years.

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 who manage the hard and soft FM services and therefore have a major impact on water usage. UHCW NHS Trust is working to set water reduction targets for the next 2 years with its PFI partners.

Our staff

The staff at UHCW NHS Trust are our most valuable resource and at the heart of the excellence that we provide within our services. The Trust employs a wide range of clinical and non-clinical staff all working together for the benefit of those patients that we serve.

Approximately 70% of the Trust expenditure is concentrated on staff and their pay. Therefore, it is reasonable to expect that efficiencies in staff expenditure should be considered when overall finances are restricted. However, the Trust developed greater staff efficiencies in 2012-13 while at the same time enhancing the experience to patients and their relatives.

The most significant changes in our workforce for 2012-13 and going forward into 2013-14 will be additional staff resource to support midwifery services. In addition, many of the areas within our clinical support teams have benefitted from new and more efficient ways of working. These changes were reflective of both short and long term changes and developments to clinical services that had been agreed in business plans developed by the Trust and in conjunction with our commissioners.

Staff Breakdown	1st April 2012 Actual Staff in Post (FTE)	March 2013 Actual Staff in Post (FTE)	Percentage change 2012 / 2013
Consultants	336.72	333.52	-0.96%
Other Medical Staff	520.13	520.44	0.06%
Nurses	1940.19	1932.93	-0.38%
Midwives	191.78	196.72	2.51%
Healthcare Scientists and Technicians	513.84	529.10	2.88%
Allied Health Professionals	297.32	320.61	7.26%
Healthcare Assistants and Support Staff	1160.50	1187.23	2.25%
Management, Administration and Estates Staff	1115.60	1098.46	-1.56%
TOTAL	**6076.09**	**6119.01**	**0.70%**

Staff Costs

As at the end of March 2013 the total Trust pay bill equated to 286,490,066. With regard to performance management, staffing costs are a core area of consideration by each Group Management Team and the Trust overall as it contributes significantly to our overall costs. These costs are broken down into categories of the substantive workforce alongside the temporary workforce that includes agency and bank expenditure.

Staff Absence & Well-Being

There has been a reduction in sickness absence over the last 12 months from a sickness rate of 4.8% in April 2012 to 4.24% in March 2013. With regard to performance management, staff absence is a core agenda item within the overall Trust performance framework and also locally at Group Management Team meetings.

We recognise the importance of staff well-being and in line with our Health & Well-Being Strategy a series of well-being events have been run for all Trust Staff alongside fast-track physiotherapy and psychotherapy services for all Trust staff to access.

Information Source: ESR

National Staff Survey

The NHS survey is undertaken nationally by all Trusts within the NHS on an annual basis and takes place between October and December. At the time of sampling, 6,617 staff were eligible to receive the survey. Questionnaires were sent to a random sample of 842 staff. This includes only staff employed directly by the Trust (i.e. excluding staff working for external contractors). It also excludes bank staff, unless they are also employed directly elsewhere in the Trust. 330 staff at University Hospitals Coventry & Warwickshire took part in this survey. This is a response rate of 39%, which is in the lowest 20% of acute Trusts in England, and compares with a 51% response rate from UHCW NHS Trust in 2011.

The overall purpose of this survey is to gauge the degree of staff engagement and to find out the effects of 4 staff pledges within the NHS Constitution and is therefore employee centric in its design.

Staff Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.

Staff Pledge 2: To provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed.

Staff Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

Staff Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

The Trust scored higher than the national average in 15 of the 28 individual staff pledges. The main areas where the Trust scored higher were in:

- Staff Pledge 1: roles, responsibilities and rewarding jobs.
- Staff Pledge 2: to provide all staff with personal development, access to appropriate training and line management support.
- Additional Theme: Staff Satisfaction.

The Trust scored lower than the national average in 12 of the individual staff pledges, the main areas being:

- Staff Pledge 3: to provide support and opportunities for staff to maintain their health, well-being and safety.
- Staff Pledge 4: to engage staff in services that affect them and empower them to put forward ways to better and safer services.
- Additional theme: Equality and Diversity.

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 up-dates with staff, and In Touch, our fortnightly staff e-newsletter, whereby 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 by 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 undertake 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.

The Trust also 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.

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
- 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

- 96% of staff reported errors, near misses or incidents witnessed in the month prior to the survey

Equality and Diversity

- 89% of staff believes 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.

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/ collegeleavers 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 44% of the totals were BME applicants. Of those short listed, 33% were BME applicants and of those successfully appointed 27% were BME applicants.

Of the total job applicants, 70% were female and 30% were male. Of those short listed 75% were female whilst 25% were male and of those candidates successfully appointed 70% were female, 30% were male.

Of the total job applications, 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% classified as undefined / Not declared.

Of those short listed 4% declared that they had a disability against 89% who declared they did not, 0% were undefined and 7% did not declare. Of those successfully appointed 3% were candidates declaring that they had a disability against 89% who declared that they did not, 2% were undefined and 5% did not declare.

Information Information Source: ESR

Equality and Diversity

This has been another extremely productive year for Equality and Diversity at the Trust. However, there has been one main focus for 2012/13 which has been the finalising and implementation of our Equality Objectives and Plan as required legislatively and by the Department of Health. We have worked closely with community groups and our staff to ensure that we are addressing areas and issues that will have a positive and tangible impact for all our patients and promote the wellbeing of our staff.

The majority of the work of Equality and Diversity department is now driven by this plan whilst still ensuring capacity to respond to new and emerging issues.

Equality Objectives and Plan 2012-2014

In compliance with the Equality Act 2010 the Specific Duties say that we must:

- Prepare and publish one or more equality objectives we think we should achieve by 6 April 2012, and then at least every four years thereafter;
- Ensure that those objectives are specific and measurable;
- Publish those objectives in such a manner that they are accessible to the public.

Equality objectives help focus attention on the priority equality issues within our organisation in order to deliver improvements in policy making, service delivery and employment, including resource allocation.

UHCW Equality Objectives

From the consultation activities a range of issues were raised and the following five high level, Strategic Trust Equality objectives are based on the issues identified, workforce data, patient staff surveys and other intelligence gathered.

Therefore, the following will form our **Strategic Equality Objectives** for the next four years.

Strategic Equality Objective One

Ensure that all UHCW NHS Trust employees are able to provide the most appropriate care and responses to the diverse communities that use our services by taking into account differing needs.

Strategic Equality Objective Two

Increase the level of satisfaction amongst patients in relation to Equality, Diversity and Human Rights issues.

Strategic Equality Objective Three

Work in partnership with external stakeholders/partners to develop and provide consistent and coherent Equality, Diversity and Human Rights approaches across the Coventry and Warwickshire health economy.

Strategic Equality Objective Four

Provide employees with opportunities to achieve their full potential, recognising and celebrating diversity.

Strategic Equality Objective Five

Provide visible and effective Equality and Diversity Leadership.

What have we achieved this year?

There have been many achievements this year relating to the plan. These include a review of our interpreting services, involvement in numerous projects internally and externally providing expert equality and accessibility advice, piloting of a staff support service signposting employees to individuals and agencies that can help with work and personal issues, providing bespoke training for departments and our community engagement activities.

For more details about our Equality Objectives and Plan 2012-2014, our achievement and areas for improvement please visit our website: **www.uhcw.nhs.uk.** From April 2013 an updated and Red, Amber and Green rated version of the Plan will also be available on our website.

University Hospitals Coventry and Warwickshire NHS Trust

Training and Research

Research is an integral component of providing world leading excellence in clinical care. It enables the Trust to lead innovation and development which in turn enables us to provide the highest quality and most effective patient management. It ensures that we are a leader rather than a follower within healthcare provision and enables us to 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.

UHCW is committed to implementing the national 'Innovation, Health and Wealth' agenda. The Research and Development (R&D) strategy has been rewritten to reflect the changing priorities and the R&D Team has been restructured to incorporate a responsibility for 'Innovation'. Robust systems are already in place to identify, protect and exploit Intellectual Property created by Trust staff and we have developing links with industry. The Trust has invested in a number of 'Innovation Champions', (clinicians, nurses and managers), who are tasked with developing a responsive innovation culture. The Trust's R&D Team were national finalists in the 2012 'PharmaTimes' NHS Research Site of the year, demonstrating our ability to work closely with commercial partners.

In line with two-thirds of NHS Trusts, UHCW received less than £100,000 in National Institute for Health Research (NIHR) 'Research Capability Funding' in 2012. However, our increasing success with research applications in 2012 means that our allocation should increase significantly in 2013 to circa £300,000, placing us in the top third of Trusts (25% of Trusts received funding between £100,000 to £999,000 a year; 8% received more than £1million in 2012).

The NIHR has a 'Research for Patient Benefit' funding stream to provide funds for research with a direct patient impact. In 2012, eight such projects were funded in the West Midlands; three of these were awarded to UHCW. These studies represent a significant investment from the NIHR of circa £660,000 over three years to UHCW.

Whilst the Trust is in the top 20 Trusts in England for the number of research studies that it has open, it is in the bottom third of acute teaching Trusts in England for the number of patients it recruits into these studies. However, significant work was undertaken to improve this position this year and more than 4,000 patients agreed to take part in research studies at UHCW in 2012, a 25% increase on 2011.

Close collaborative working with our key partners remains vital to the continued development of UHCW's R&D plans. The Trust is an active partner in the West Midlands Academic Health Science Network (AHSN), the role of which is to focus on improving the systems centred on the patient (by driving best clinical practice, innovation and translational research) and changing the way that services are delivered. The AHSN key outcome will be improvement of

practice. The diffusion of concepts, ideas, best practice and integration with industry is integral to the success of the West Midlands AHSN and, as a lead partner, UHCW is well placed to benefit from the opportunities offered.

As part of our new Research, Development and Innovation Strategy, our major research themes have been reviewed and now include cardiovascular research within the metabolic medicine theme (renamed Metabolic and Cardiovascular Medicine), Reproductive Health, Musculoskeletal and Orthopaedics and Cancer. These are complemented by additional areas of clinical research activity. We have a growing amount of research led by our nurses, midwives and allied health professionals and are developing infrastructure to support this.

The Trust and University of Warwick have appointed two world class professors in implantation. They head up our new showcase unit, with the aim of becoming the National Centre for Research in Implantation in Pregnancy. The Unit aims to improve the management and outcome of prevalent pregnancy-associated disorders by conducting well-powered observational and interventional clinical studies underpinned by innovative basic and translational research. The Biomedical Research Unit in Reproductive Health will achieve its goal by integrating the clinical strengths of the Department of Obstetrics and Gynaecology at UHCW NHS Trust with the scientific expertise available in the Division of Reproductive Health and elsewhere in Warwick Medical School and the University of Warwick. There is also a developing midwifery-led research portfolio which focuses on the patient experience. R&D has committed £100,000 per year for five years to support this initiative.

The Trauma and Orthopaedic Surgery research group continues to be the most successful team for attracting NIHR funding. Research activity of the group focuses predominantly on the clinical effectiveness of surgery: clinical research to determine whether operations work and, where there are choices, which operations are most effective. Encompassing the largest Trauma and Orthopaedic Surgery Integrated Clinical Academic Training Programme in the UK, in 2012 the team have successfully secured NIHR funding for a Clinical Academic Physiotherapy post, plus received funding from the 'Research for Patient Benefit' and 'Health Technology Assessment' schemes in 2012 (with a value in excess of £1.7million). An NIHR programme grant and mainstay studies for pilot projects funded in 2012 are in development for 2013.

University Hospitals Coventry and Warwickshire NHS Trust

Clinical Developments

Improved cancer diagnosis rates

Analysis shows that an extra cancer a week has been diagnosed and treated early in the last 12 months as a result of bowel cancer screening. This is despite the fact that half those who are sent kits do not return them.

The hub at the Hospital of St Cross in Rugby analyses kits for millions of people from across the West Midlands and North West of England. In 2011 it invited 945,106 to take part in screening and from these detected 779 people with cancer and 902 people with high risk polyps (growths) in the bowel (compared to 723 cancers in 2010 and 689 high risk polyps in 2010).

Trust launched Parkinson's Disease website

To coincide with national Parkinson's Awareness week the Trust launched a new Parkinson's Disease (PD) website. The new website was created as a resource by the Trust for residents in Coventry and Warwickshire to use. With details of the regional Parkinson's Disease team, information on the disease and current drug and therapy treatments, the site provides material from experienced medical professionals.

Parkinson's Disease is a common condition affecting around 1 in every 500 people in the UK. This means in Coventry and Warwickshire there are 1450 people living with Parkinson's. There is currently no cure and it is still not fully understand why people get the condition.

Upgrade to CT Scanner

The CT scanner at the Hospital of St Cross has been upgraded to allow more complicated scans to take place in Rugby.

This will directly benefit local patients as when the upgrade is completed all types of scans will be available across both our hospital sites and therefore eliminate the need for Rugby patients to travel to Coventry for more complex scanning in the future

Research into the Diabetes Services to Ethnic Minority Groups

The Delivering Diabetes Care to Ethnic Diversity (DEDICATED) Research team has found that health professionals who are more culturally aware provide better care for their patients.

The team from UHCW and Warwick Medical School has developed a checklist, which was used to assess how understanding and incorporating culture, language, religion and health literacy skills can impact on the health outcomes of patients from ethnic minority groups. They concluded that incorporating all elements makes a positive impact on care for ethnic minority groups with diabetes.

Innovative Smear Tests Benefit Women in Coventry and Warwickshire

Cervical cancer is the most common cancer in women under 35 years old and 99.7% of these cancers are caused by the Human Papillomavirus (HPV) infection.

Cervical screening tests, commonly known as smear tests, are the most cost-effective way to test for cervical pre-cancer. Traditionally smear test results have not been tested for HPV but that is changing for the women of Coventry and Warwickshire.

Usually women are invited to have a smear test every three or five years dependent on age. The tests show whether the cells in the cervix have abnormalities, and although this does not mean that a woman will definitely get cancer, it can be a sign that this could happen.

Now, for the first time, a HPV screening test has been added to try and reduce the number of repeated smear tests some women need to have.

Arden Cancer Centre Undergoes Refurbishment

Cancer patients in Coventry, Warwickshire and beyond now benefit from a warmer and more comfortable centre after a £1m refurbishment has been completed.

The reception area at the Arden Cancer Centre, based at University Hospital in Coventry, was refurbished in a three month project kindly funded through charitable funds from the Coventry Hospitals Charity and supported by UHCW Charity and UHCW NHS Trust.

It follows feedback from patients that the current reception was in need of several improvements.

Efficiency

During 2012-13 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 programme is supported by a small core team of staff with expertise in Lean working, the application of Theory of Constraints, change and project management

Work that began last year in theatres and outpatients has continued and is now either drawing to a close or has been handed over to clinical groups for "business as usual."

Work has also been undertaken to develop and implement a new model of care for those patients accessing the Trust's urgent care services.

A further improvement project to explore and initiate a pilot as proof of concepts for a new service delivery model for outpatient Pharmacy with a private sector partner has also been undertaken.

Theatres

- Work began in 2012/13 to improve the theatre processes with an emphasis on reducing late starts consolidating booking processes and extended work.
- Leadership development work with team leaders in all theatres has been embarked upon together will the implementation of clear roles and responsibilities.
- Improved theatre booking processes to optimise the planned utilisation of theatres sessions have been implemented in conjunction with Patient Access.
- The project was completed and handed over to the Theatre Management team in July 2012.

Outpatients

- The aim of this project was to increase capacity within current funded outpatient clinics and improve booking processes to ensure available capacity is utilised to optimum levels. It was also to improve clinic operational flow to further improve patient and staff experience.
- The Project has been split into four phases of which Phases 1 and 2 are complete, Phase 3 is in the process of being handed over to specialty teams, with the final phase due for completion in March/April 2013.
- A Key Performance Indicator database/tool has been developed and rolled out to provide all specialties will easily accessible information regarding changes in activity and booking performance which can be viewed at a specialty or individual consultant level.
- The majority of group managers (GMs), modern matrons (MMs) and administrative leads have been trained in the use of the new tool. Some GMs and MMs have also been trained in the application of the outpatient improvement process to ensure it is

embedded and can be applied in the future as part of "business as usual" for the Group.

Urgent Care Services

- The Trust has also focused during the latter half of the year on developing a new model of service delivery for urgent care with the aim of ensuring patients are placed on the most appropriate pathway and seen by the most appropriate specialty for their clinical needs following initial assessment and stabilisation by the Emergency Department.
- In conjunction with the work on the new service delivery model, improvements in the internal processes of the Emergency Department have also been implemented.

Pharmacy Outpatient Service

- This improvement initiative was established to explore the feasibility and potential benefits of an alternative model for the delivery of Pharmacy Outpatient Services.
- Initial work has indicated that there are potentially significant benefits, both from a patient experience and financial perspective, of exploring further a model of service working in partnership with a commercial sector partner. The Trust therefore intends to pilot an alternative service model to act as proof of concept and to inform decision making regarding the long term arrangements for service delivery.

Outputs

Key outputs from the above improvement initiatives are:-

- An average improvement in Day Surgery theatres utilisation rates of 7.3% (range 1.8% - 10.8%), main theatres utilisation rates of 3.1% (range -1% - 5.8%), and Rugby theatres utilisation rates of 2.9% (range -2% - 9.8%). *Figures based on period From April 2012 – July 2012*
- Implementation of new booking processes for Theatres and Outpatients.
- An additional 6,826 new and 9,998 follow up outpatient slots within current funded capacity.
- Annualised savings for theatres and Outpatients of £1.4m and £1.02m respectively.
- Implementation of a new service delivery model for urgent care.
- Development and implementation of standard operating procedures and escalations in the Emergency Department.
- Development and implementation of a performance tracker to provide visibility of performance and areas relating to breach causes which require focus.
- Initiation of work to establish a pilot to deliver outpatient services differently with potential financial savings of £500,000 a year and release of skilled staff to further improve inpatient pharmacy services.

Looking Forward

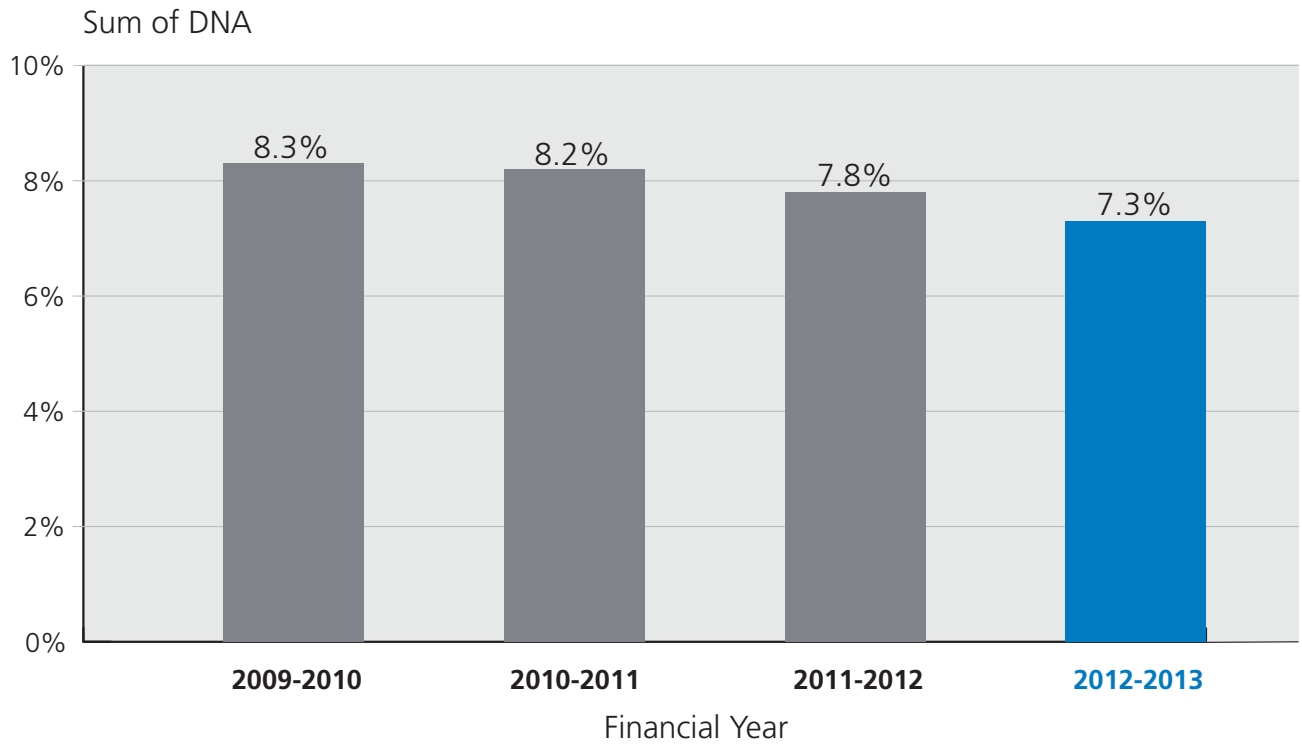
The Trust has achieved significant improvements under the IMPaCT Programme umbrella but the pace and scale of change over the next two years needs to increase significantly if the Trust is to successfully meet the challenges it faces both in terms of enhancing the quality of services it provides and ensuring financial stability.

Over the next 12 months the focus for service improvement will be to further strengthen the service transformation resource within the Trust; to support the clinical groups in driving forward major service changes and reconfigurations and the QIPP and CQUIN agendas. At the same time continuing to transfer change management skill sets to front line clinical staff through change management and leadership training.

There has been a number of successful initiatives commencing in 2012 / 13 along the elective pathway which have improved both the quality of service to patients and delivered organisational efficiencies. Underpinning the success of these achievements has been the Patient Access Team's Standardising the Elective Pathway or 'STEP' improvement programme, in collaboration with other departments across the organisation.

The most significant achievements have been:

A further 0.5% reduction in the outpatient DNA (Did Not Attend) rate from 7.8 to 7.3 % as shown in the chart below



This has been achieved via two projects: Partial Booking of Follow Ups (PBFU)* and Text Reminding. PBFU is currently rolled out to approximately 35% of specialties across the Trust which will be extended to all specialties in 2013/14. All outpatients are reminded of their appointments, excluding Paediatrics currently. This will be rolled out in 2013 /14.

In financial terms, a 0.5% reduction equates to approximately £200,000 in additional income.

**PBFU is a process whereby patients mutually agree their long term (i.e. more than six weeks) nearer to the time it is due. This results in a reduced DNA and cancellation rate.*

The Booking Centre

The Booking Centre is both a call centre responding to around 3,000 calls a week from patients (up to 8pm weekdays and Saturdays) and an administration hub processing outpatient referrals, appointments and changes to clinic templates. It has been significant year for the Booking Centre with the following achievements:

- 94% of calls answered within 30 seconds compared to 87% in 2011 /12.
- Launch of Cancer Two Week Wait Referrals via Choose and Book.
- Launch of a landline phone reminding service for those patients without a mobile telephone number.
- Supporting both the PBFU and Text Reminding project.

Reduction in DNA Rate for Surgical Admissions

At least £200,000 has been saved in 2012 /13 by the establishment of an evening confirmation call service to remind surgical patients of their admission dates. This has resulted in a 15.6% improvement in patients attending for their admissions between 2011/12 and 2012/13.

University Hospitals Coventry and Warwickshire NHS Trust

Information Governance

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

Information Governance (IG) plays a key role in supporting all areas of governance (clinical, financial and corporate), service planning and performance management.

An effective Information Governance framework brings together all of the requirements, standards and best practice that apply to the handling of information, allowing implementation of central advice and guidance; compliance with the law; and year on year improvement plans.

IG 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 patient/s, service users and employees.

The Chief Operating Officer is the Trust's Board level Senior Information Risk Owner (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 for which all NHS Trusts must annually assess themselves against. These requirements cover Information Governance Management, Confidentiality/Data Protection, Information Security, Clinical Information, Secondary Use Information and Corporate Information.

All NHS organisations are required to achieve level 2 (with a grading of 0-3 and 3 being the highest score) in all requirements to gain an overall score of 'satisfactory.'

Version 10 of the IG Toolkit was released in June 2012 with a 3-stage reporting process to the Department of Health (DH) with the baseline having been submitted on 31 July 2012; Performance Update on 31 October 2012 and the final submission on 31 March 2013. UHCW's submission of the Version 10 showed an increased score of 2% against the Version 9 submission.

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

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

In compliance with the DH, serious untoward incidents involving personal data are included within 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 Less than 5 people affected or risk assessed as low e.g. files were encrypted.	Serious potential breach and risk assessed high e.g. unencrypted clinical records lost. Up to 20 people affected.	**Serious breach of confidentiality e.g. up to 100 people affected.**	**Serious breach with either particular sensitivity e.g. sexual health details, or up to 1000 people affected.**	**Serious breach with potential for ID theft or over 1000 people affected.**

University Hospitals Coventry and Warwickshire NHS Trust

Incidents Classified as 3-5 Severity Rating
The Trust has reported two incidents classified as a severity rating of 3-5 during 2012/13.

Figure 2.

Summary of serious untoward incidents involving personal data as reported to the Information Commisioner's Office 2012-2013				
Date of incident (Month)	**Nature of incident**	**Nature of data involved**	**Number of people potentially affected**	**Notification steps**
April 2012	GP Practice member of staff inappropriately accessed Trust's clinical results electronic system.	Patient Data	Unable to determine	West Midlands SHA Primary Care Trust Information Commissioners Officer
Further Action on Information Risk	**Investigation Ongoing**			
October 2012	Bag containing hard copy Patient/Personal Data stolen from car (all data returned to Trust)	Patient/ Personal Data	222	West Midlands SHA Primary Care Trust Information Commissioners Officer
Further Action on Information Risk	**Investigation Ongoing**			

Incidents Classified at a 1-2 Severity Rating
The Trust has reported 1 incident classified as a severity rating of 1-2 during 2012/13.

Figure 3

Summary of other personal data related incidents in 2012/2013		
Category	**Nature of incident**	**Total**
I	Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	**0**
II	Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	**0**
III	Insecure disposal of inadequately protected equipment, devices or paper documents	**1**
IV	Unauthorised disclosure	**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.

UHCW Charity

UHCW Charity is the hospital charity for University Hospitals Coventry and Warwickshire NHS Trust[1].

It funds enhancements to patient care that the NHS cannot afford and supports every ward and department of University Hospital, Coventry and the Hospital of St Cross, Rugby by:

- Improving to 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.

In doing so it ensures our community has the best possible healthcare, now and in the future.

In 2012/13, the grants awarded by UHCW Charity made it possible for the Trust to provide new services to improve patient care including a retinal screening van for the diabetes service (£16,000[2]) and a Heart Failure Nurse (£14,000[3]); we have funded state-of-the-art equipment such as a baby brain monitor for the neonatal unit (£18,000) and an endoscopy camera system (£16,000) and supported research into medical conditions and treatments (£35,000) including kidney transplantation. In addition UHCW Charity has enhanced the welfare of patients and their families by improving its facilities, such as the redevelopment of the outpatients reception at the Arden Cancer Centre (£300,000[4]), the healing arts programme and a number of family rooms across the hospital (£40,000); we have also helped staff to gain new skills and knowledge that had a direct impact on patient care (£15,000).

During the year, the Charity also supported individual fundraisers with events and activities in aid of many of the hospital's departments including the Children's Unit, Haematology, Neurology, and the Forget-Me-Not fund (dementia care). This included people who ran, jumped out of planes and those who held their own events such as dance shows and social nights and companies such as Asda in Walsgrave and Coventry Building Society. In January 2013, Free Radio announced that they had chosen UHCW Charity to benefit from the Walk for Kids 2013 and the money raised would be donated to our Children's Emergency Department.

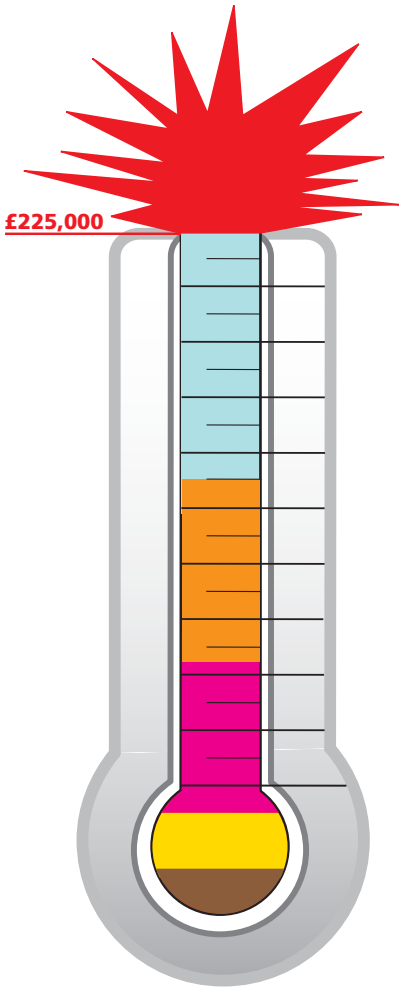
1 UHCW Charity also manages the charitable income of Coventry and Warwickshire Partnership NHS Trust.

2 Part of £34,000 partnership with The Friends of St Cross

3 Part Funded with UHCW NHS Trust

4 Part of a one million pound refurbishment funded in partnership with Coventry Hospitals Charity and UHCW NHS Trust

More than 3,000 helped bring the Baby Care Appeal to a close by walking with radio presenter JD in Free Radio's Walk of Warwickshire 2012. This amazing event meant that the Appeal smashed its target of £225,000 by more than £100,000 - and more money is still coming in. This will have a lasting impact on local families.



All money raised in excess of our target will be used to support antenatal, neonatal and postnatal care at UHCW NHS Trust.

* Projected final figure

Supporters of the Baby Care Appeal included:

- Coventry Evening Telegraph Football Cup Competition
- Tesco Stores, Clifford Bridge Road
- Legal & General
- Regis UK Ltd
- The Sir Edward Boughton Long Lawford Charity
- Mall Restaurant at University Hospital
- Copsewood Golf Club
- UBS
- HMS Diamond
- Greggs Charitable Trust
- Richard Lee out of School Club
- Merrick Binch Lettings
- Charlesworth Family
- St Gregory's Catholic Primary School
- Barclays Bank PLC
- Leuva Patidar Samaj - Rugby, Coventry and Nuneaton
- Birdingbury Country Show
- Free Radio
- Kalia Empire Property Developers
- Volunteer Services, University Hospital
- HSBC Bank Plc
- The UPS Foundation
- McDermott Family
- HM Prison Sudbury
- Open Arms Pub
- Warwickshire Harmony Concert Band
- Coventry City Football Club

University Hospitals Coventry and Warwickshire NHS Trust

Support UHCW Charity, Today

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

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

- Joining our hospital lottery
  For just £1 you could win £5, £25, £1,000 or £25,000 and at the same time you will be help UHCW Charity to enhance patient care.
- Organising your own event
  and donating the money raised
- Taking part in a charity event
  You could jump from a plane at 10,000ft (for FREE), trek along the Great Wall of China or be one of over a hundred Santas taking part in or annual Jingle Jog.
- Leaving a gift in your Will
  £4 in every £10 we spend on enhancing patient care is donated through a Will and it is only with this continued support we can carry on this work.
- Making an Accolade to a Loved One
  Be it upon the birth of a loved one or at their loss.
  - Celebrate A Life - A unique scheme, named after your loved one, that you can ask family and friends to make their own individual contribution to UHCW Charity, in variety of ways, at a time of their choice.
  - Blooms of Love - On behalf of supporters, who wish to celebrate the life of a family member or friend, we plant spring flower bulbs in the hospital grounds in bloom they are a wonderful symbol of many loving relationships.
- Making a one off or regular donation
  For more details of how to support UHCW Charity telephone 02476 966913 or go to www.uhcwcharity.org

For more information

Website: **www.uhcwcharity.org**

Tel: **024 7696 6913** or **024 7696 6055**

Email: **uhcwcharity@uhcw.nhs.uk**

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 from **uhcwcharity@uhcw.nhs.uk**

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

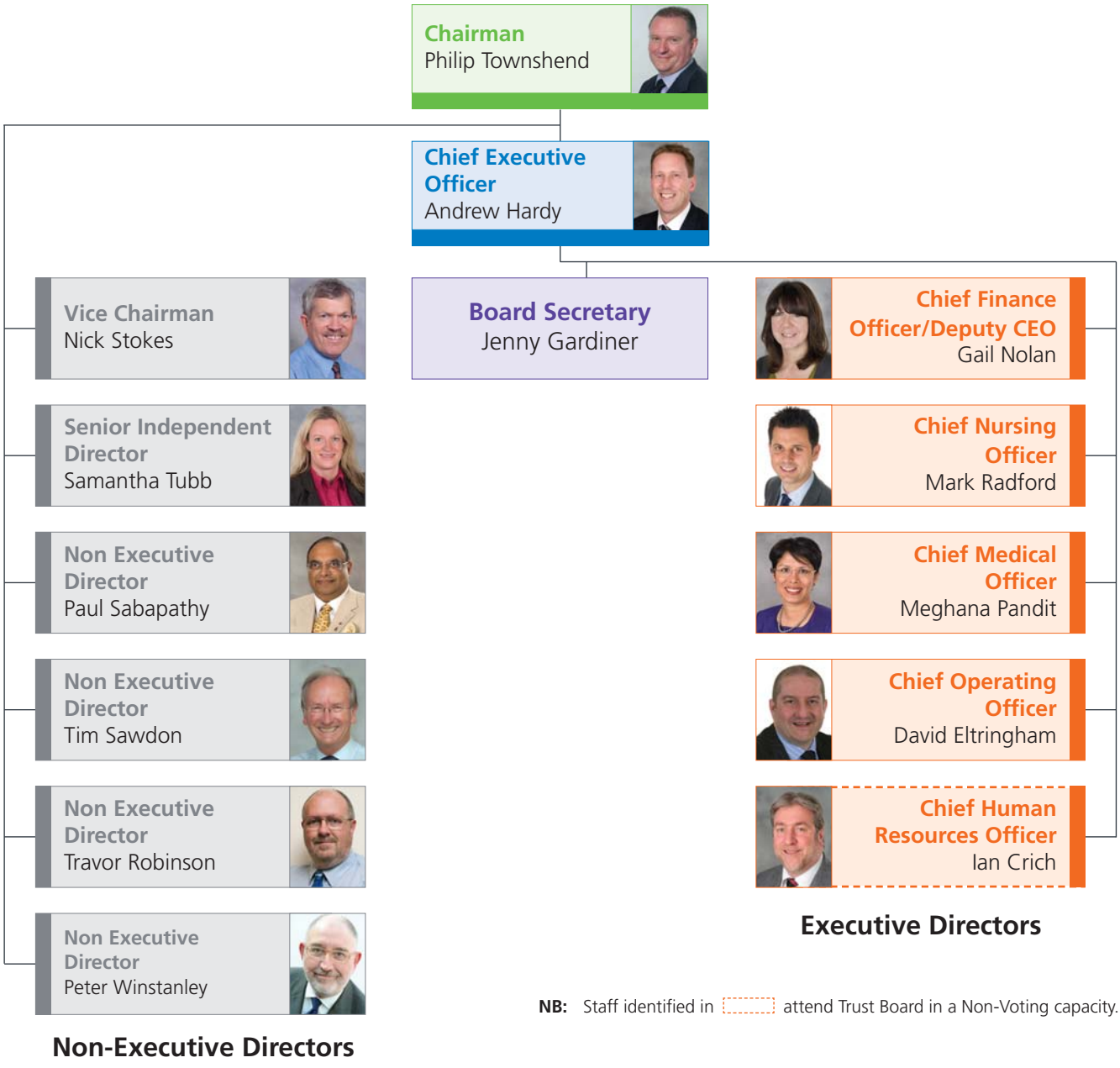
Registered Charity Number: 1058516

Organisational Structure

Trust Board

During 2012/13 UHCW was led by Philip Townshend, Chairman and Andrew Hardy, Chief Executive Officer. They are supported on the Trust Board by five Executive Directors, five 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.

Board structure as at 31st March 2013



NB: Staff identified in ⋯ attend Trust Board in a Non-Voting capacity.

During 2012/13, the Trust has confirmed both Deputy Chief Executive Officer and Deputy Chair positions and formally appointed Ms Samantha Tubb as the Senior Independent Director in accordance with the Monitor Code of Governance and Board Governance Assurance Framework. The Non-Executive Director appointments of Dr Paul Sabapathy as another qualified accountant and Professor Peter Winstanley, Dean of Warwick Medical School, has further boosted the Trust's financial and clinical expertise on the Board. Professor Winstanley replaces Mrs Wendy Coy as the University nominated representative.

In light of the significant operational delivery and care quality agendas facing NHS Trusts, the roles of Chief Nursing Officer and Chief Operating Officer that were previously combined have been separated and are now both formal voting positions on the Board. These posts were appointed to during 2012 with Professor Mark Radford and Mr David Eltringham now in substantive roles.

We have also welcomed onto the Board Mrs Meghana Pandit as Chief Medical Officer.

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 from page 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 via the Trust Board Secretary.
- 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: www.uhcw.nhs.uk/about-us/trust-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 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 are issued with 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 make 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 focussed 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**

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	**Samantha Tubb**
Meetings per year	**Eight**

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**

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**

The table below demonstrates Trust Board membership of Board Sub-Committees.

Committee Membership	Quality Governance	Audit	Finance and Performance	Remuneration Committee	Trust Board/ Board Seminar	Corporate Trustee Board
Philip Townshend Chairman				Chair	Chair	Chair
Nick Stokes Deputy Chair	M	M		M	M	M
Trevor Robinson Non Executive Director		Chair	M	M	M	M
Samantha Tubb Senior Independent Director			Chair	M	M	M
Peter Winstanley Non Executive Director	M			M	M	M
Tim Sawdon Non Executive Director	Chair	M		M	M	M
Paul Sabapathy Non Executive Director		M	M	M	M	M
Mr Andrew Hardy Chief Executive Officer	M	A	M	A	M	M
Mr Mark Radford Chief Nursing Officer	M		M		M	M
Mr David Eltringham Chief Operating Officer	M	A	M		M	M
Mrs Meghana Pandit Chief Medical Officer	M				M	M
Mr Ian Crich Chief Human Resources Officer	M		M	A	A	A
Mrs Gail Nolan Chief Finance Officer		A	M		M	M

(M-Member, A-Attendee)

University Hospitals Coventry and Warwickshire NHS Trust

Organisational Structure

Executive Directors

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

Pen Portraits correct as at 31 March 2013.

Andrew Hardy
Chief Executive Officer

Appointed Chief Finance Officer in June 2004, and Deputy Chief Executive Officer 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 / Deputy Chief Executive Officer

Appointed Chief Finance Officer & Deputy Chief
Executive 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.

Mark Radford
Chief Nursing Officer

Appointed June 2012, Mark has worked at UHCW as an Associate Director of Nursing for surgery before being promoted to Deputy Director of Nursing. From June 2012 he has been Chief Nursing Officer with a responsibility for nursing and midwifery, infection control and safeguarding.

Executive Directors

Meghana Pandit
Chief Medical Officer

Appointed May 2012, Meghana is responsible for clinical governance and consultant appraisal, Mrs Pandit is a Consultant Obstetrician and Gynaecologist. She was Clinical Director for Obstetrics and Gynaecology and then Divisional Director for Women's and Children's Services in Milton Keynes.

David Eltringham
Chief Operating Officer

Appointed September 2012. David worked in the private healthcare sector and joined West Midlands Ambulance Service in 2001 as Education and Professional Development Manager then Clinical Lead for NHS Direct (Birmingham the Black Country and Solihull). He joined Birmingham Children's Hospital in 2004, becoming Chief Operating Officer in November 2009, then joined UHCW as Chief Operating Officer in September 2012.

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

Non-Executive Directors

Philip Townshend
Chairman

Appointed 2001, Philip is Chairman of the Trust Board, Charitable Funds Committee and Remuneration Committee. He is also a practicing solicitor advocate and an elected Councillor on Coventry City Council, where he is the Cabinet member for Corporate and Neighbourhood Services.

Nicholas Stokes
Deputy Chair /
Non-Executive Director

Appointed April 2004. Nicholas was Director of Marketing and Communications at Coventry University from 2005 to 2012 and was previously Marketing Director of Lloyds Pharmacy Ltd.

Tim Sawdon
Non-Executive Director

Appointed June 2003. Tim is also an elected member of Coventry City Council, a member of the West Midlands Policy Authority and a practising optometrist. Mr Sawdon was Lord Mayor of Coventry for 2012/2013.

Trevor Robinson
Non-Executive Director

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

Non-Executive Directors

Professor Peter Winstanley
Non-Executive Director

Appointed August 2012. Since 2007 Professor Winstanley has directed the Liverpool Biomedical Research Centre (supported by the National Institute of Clinical Research (NIHR)). He left his position as Head of the School of Clinical Sciences at the University of Liverpool to join Warwick Medical School at the beginning of May 2010 and is the current Dean of Warwick Medical School.

Samantha Tubb
Senior Independent 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 focussed on helping banking clients to measure and manage their financial and non-financial risks and to optimise the organisation and governance of their risk functions. In her career to date she has worked with a wide range of international financial institutions.

Paul Sabapathy CBE
Non-Executive Director

Appointed July 2012 He has extensive senior NHS experience including, Chief Executive Officer of North Birmingham Community Trust, Chairman of Birmingham East and North PCT and on Board of National Blood Authority. He has served on a number of public sector Boards including Non Executive Director and Chair of Audit of Black Country and Birmingham Heartlands Development Corporation, Standards Board for England, Chairman of Birmingham City University and member of HEFCE Committees. Currently he is a Trustee of Bourneville Village Trust and HM Lord Lieutenant of West Midlands.

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, and is usually for a minimum period of up to four years and a maximum period of 10 years.

From 1st October 2012, the NHS Trust Development agency took over the public appointment process from the Appointments Commission for the appointment of NHS Trust Chairs and Non-Executive Directors on behalf of the Secretary of State. However, under Foundation Trust arrangements, Chairs and Non-Executive Directors 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 2012/13 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 pa. The time commitment for Non-Executive Directors is normally 2.5 days a month.

Remuneration is taxable and subject to National Insurance contributions. Chairs and Non-Executive Directors are also eligible to claim allowances, at rates set nationally, for travel and subsistence costs incurred on NHS Trust business.

Executive Directors

The Trust Remuneration Committee, comprising of the Chairman and Non-Executive Directors, determines local remuneration policies and practices for the Trust's most senior managers (defined by the Chief Executive 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 from page 79 for all Directors who have served on Trust Board throughout the year. This will include details for directors who left the Trust during 2011/12 and 2012/13. 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 annualised remuneration of the highest-paid director in their organisation and the median annualised remuneration of the organisation's workforce as at the end of the financial year. The table below compares these figures as at the end of March 2013 and March 2012:

	2012/13	2011/12
Mid-point of the banded annualised remuneration of the highest paid director	£177,500	£197,500
Median annualised remuneration of the workforce	£27,622	£27,706
Pay multiples (ratio of highest paid director to median salary)	6.4	7.1

The change in banded remuneration of the highest paid executive director is as a result of the previously highest paid director vacating their post. The median annualised salary is very similar to the previous year and reflects a similar workforce composition and the fact that there was no pay rise for NHS staff (other than for the lowest paid staff groups) in 2012/13.

The following table compares the range of annualised remuneration for the Trust's workforce for the past two years:

	2012/13	2011/12
Lowest annualised remuneration	£5,182	£5,084
Highest annualised remuneration	£220,146	£244,427
Number of employees with annualised remuneration in excess of the highest paid director	4	9

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 2013. It excludes bank and agency staff for whom annualised costs are not readily available.

It also excludes variable elements of pay such as overtime and enhancements (which cannot be accurately annualised), severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Exit Packages

The Trust agreed the following exit packages in 2012/13 (and 2011/12).

Banding	2012/13		2011/12	
	Number	£'000	Number	£'000
Less than £10,000	2	10	1	1
£10,000 - £25,000	1	22	1	14
£25,001 - £50,000	0	0	1	37
£50,001 - £100,000	0	0	1	56
	3	**32**	**4**	**108**

Of these exit packages, none related to compulsory redundancies in 2012/13 (one in 2011/12).

Off-Payroll Engagements

Following the publication of the "Review of Tax Arrangements of Public Sector Appointees" by the Chief Secretary to the Treasury on 23 May 2012, public sector organisations are required to disclose the following information about off-payroll engagements:

Off-payroll engagements at a cost of £58,200 per annum that were in place as of 31 January 2012	
Number in place on 31 January 2012	37
Of which:	
The number that have since come onto the organisation's payroll	0
Of which:	
The number that have since been renegotiated/re-engaged to include contractual clauses allowing the organisation to seek assurances as to their tax obligations	0
The number that are employed on joint contracts and are paid on the other party's payroll	26
The number that have not been successfully renegotiated and therefore continue without contractual clauses allowing the organisation to seek assurances as to their tax obligations	0
The number that have come to an end	4
Total	**30**

New off-payroll engagements between 23 August 2012 and 31 March 2013, for more than £220 per day and more than 6 months	
Number of new engagements	6
Of which:	
The number of new engagements which include contractual clauses giving the organisation the right to request assurance in relation to income tax and national insurance obligations	0
The number that are employed on joint contracts and are paid on the other party's payroll	2
Of which:	
The number for whom assurance has been accepted and received	0
The number for whom assurance has been accepted and not received	0
The number that have been terminated as a result of assurance not being received	0
Total	**4**

In cases where off-payroll engagements have been made without obtaining evidence as to the tax arrangements of the individuals concerned, these mainly relate to payments to agencies for temporary medical staff under existing framework contract arrangements. The Trust will review these contracts during 2013/14.

Directors' Remuneration

Name	Title	Date in Post From (If new in post during the period reported)	Date in Post To (If left post during the period reported)	2012 / 2013 Salary as Director Bands of £5,000 £'000	2012 / 2013 Clinical Salary Bands of £5,000 £'000	2012 / 2013 Total Salary Bands of £5,000 £'000
EXECUTIVE DIRECTORS						
Andrew Hardy	Chief Executive Officer			180 - 185	0	180 - 185
Gail Nolan	Chief Finance Officer/ Deputy Chief Executive Officer			140 - 145	0	140 - 145
David Eltringham	Chief Operating Officer	10/09/2012		65 - 70	0	65 - 70
Ann-Marie Cannaby	Chief Nursing & Operating Officer		31/05/2012	20 - 25	0	20 - 25
Mark Radford	Chief Nursing Officer	01/06/2012		95 - 100	0	95-100
Meghana Pandit	Chief Medical Officer	01/05/2012		135 - 140	25 - 30	160 - 165
Richard Kennedy	Chief Medical Officer		30/04/12	0 - 5	0	0 - 5
Ian Crich	Chief Human Resources Officer			115 - 120	0	115 - 120
Christine Watts	Chief Marketing Officer		04/09/2012	45 - 50	0	45 - 50
Alan Jones	Acting Chief Finance Officer					
Nick Forster	Acting Chief Operating Officer					
Jill Foster	Acting Chief Nursing Officer					
CHAIRMAN AND NON-EXECUTIVE DIRECTORS						
Philip Townhead	Chairman			20 - 25	0	20 - 25
Nicholas Stokes	Non-Executive Director/Deputy Chair			5 - 10	0	5 - 10
Tim Sawdon	Non-Executive Director			5 - 10	0	5 - 10
Trevor Robinson	Non-Executive Director			5 - 10	0	5 - 10
Samantha Tubb	Non-Executive Director			5 - 10	0	5 - 10
Paul Sabapathy	Non-Executive Director	29/06/2012		5 - 10	0	5 - 10
Peter Winstanley	Non-Executive Director	31/07/2012		0 - 5	0	0 - 5
Wendy Coy	Non-Executive Director		17/08/2012	0 - 5	0	0 - 5
Brendan Connor	Non-Executive Director					
Jack Harrison (Deceased)	Non-Executive Director					
Bal Claire	Associate Non-Executive Director					

Other Remuneration Bands of £5,000 £'000	Benefits in Kind (To nearest £100) £'000	Date in Post From (If new in post during the period reported)	Date in Post To (If left post during the period reported)	2011 / 2012 Salary as Director Bands of £5,000 £'000	Clinical Salary Bands of £5,000 £'000	Total Salary Bands of £5,000 £'000	Other Remuneration Bands of £5,000 £'000	Benefits in Kind (To nearest £100) £'000
0	0.1			170-175	0	170-175	0	2.4
0	0	01/01/2012		35-40	0	35-40	0	0
0	0							
0	0	04/04/2011		130-135	0	130-135	0	0
0	0							
0	0							
0	0		29/03/2012	80 - 85	110 - 115	195 - 200	0	0
0	0			115 - 120	0	115 - 120	0	0
0	0			110 - 115	0	110 - 115	0	0
			31/12/2011	85 - 90	0	85 - 90	0	0
			30/04/2011	5 - 10	0	5 - 10	0	0.2
			30/04/2011	5 - 10	0	5 - 10	0	0
0	0			20 - 25	0	20 - 25	0	0
0	0			5 - 10	0	5 - 10	0	0
0	0			5 - 10	0	5 - 10	0	0
0	0			5 - 10	0	5 - 10	0	0
0	0			5 - 10	0	5 - 10	0	0
0	0							
0	0							
0	0			5 - 10	0	5 - 10	0	0
				5 - 10	0	5 - 10	0	0
			28/06/2011	0 - 5	0	0 - 5	0	0
				5 - 10	0	5 - 10	0	0

Directors' Pensions Disclosure

Name*	Title	Date in Post From (if new in post during the period reported)	Date in Post To (if left post during the period reported)	Days in Post (if not the full year)
Andrew Hardy	Chief Executive Officer			
Gail Nolan	Chief Finance Officer / Deputy Chief Executive Officer			
David Eltringham	Chief Operating Officer	10/09/2012		203
Ann-Marie Cannaby	Chief Nursing & Operating Officer		31/05/2012	61
Mark Radford	Chief Nursing Officer	01/06/2012		304
Meghana Pandit	Chief Medical Officer	01/05/2012		335
Christine Watts	Chief Marketing Officer		04/09/2012	157

* Non-executive directors are not in pensionable employment and therefore are excluded from the above disclosure. Similarly, executive directors not in pensionable employment are also excluded.

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.

2012 / 2013							
Real Increase in pension at age 60 (bands of £2,500) £'000	Real Increase in pension lump sum at aged 60 (bands of £2,500) £'000	Total accrued pension at age 60 at 31 March 2013 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2013 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 31 March 2013 £'000	Cash Equivalent Transfer Value at 31 March 2012 £'000	Real Increase in Cash Equivalent Transfer Value £'000	Employers Contribution to Stakeholder Pension (to nearest £100) £'000
0.0 - 2.5	5.0 - 7.5	40 - 45	120 - 125	607	519	61	0.0
10.0 - 12.5	35.0 - 37.5	55 - 60	165 - 170	1,125	818	264	0.0
0.0 - 2.5	2.5 - 5.0	25 - 30	85 - 90	446	372	31	0.0
0.0 - 2.5	0.0 - 2.5	35 - 40	115 - 120	631	580	3	0.0
7.5 - 10.0	22.5 - 25.0	20 - 25	70 - 75	332	188	111	0.0
7.5 - 10.0	22.5 - 25.0	35 - 40	115 - 120	619	450	133	0.0
0.0 - 2.5	0	5 - 10	0	72	52	7	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 2012/13

Statement from Gail Nolan, Chief Finance Officer

Gail Nolan
Chief Finance Officer /
Deputy Chief Executive Officer

2012/13 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 2012/13. 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 2013 has been a challenging year for the Trust in financial terms, it has met its key financial duty to break-even on its statement of comprehensive income. The Trust delivered a surplus against its breakeven duty of almost £1.9 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 2012/13 the Trust made savings of almost £17 million which is over 3.3% of turnover and whilst this fell short of the target set for the year, it is nonetheless a creditable achievement against the backdrop of significant emergency activity pressures experienced during the year. 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 £23.6 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. This can result in either a positive or negative adjustment.

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	(23,565)
Reverse impact of impairments of non-current assets	24,714
Reverse impact of IFRS on PFI	1,275
Reverse impact of the removal of the donated assets reserve	(508)
Performance against the breakeven duty (surplus)	**1,916**

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

Duty	Target	Performance	Target Met
Break-even on its Statement of Comprehensive Income *(this requires the Trust to ensure that total expenditure does not exceed the total income it receives)*	Break-even	£1.916m surplus (after allowable adjustments) Target achieved *(the Trust is permitted to generate a surplus).*	
Remain within its approved External Financing Limit (EFL) *(this requires the Trust to remain within the borrowing limits set by the Department of Health)*	£3.069m *(this required the Trust to ensure that net borrowing plus decreases in cash balances did not exceed this sum)*	(£0.394m) £3.463m undershoot Target achieved *(the Trust is permitted to undershoot its EFL).*	
Achieve a capital cost absorption rate of 3.5% *(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%	3.6% Target achieved *(the Trust has exceeded the target due to the adjustments made to the draft accounts which reduced the Trust's asset base - PDC dividends cannot be amended from the figure included in the draft accounts)*	
Remain within its approved Capital Resource Limit CRL) *(this requires the Trust to keep its net capital expenditure within the limits set by the Department of Health)*	£19.056m *(this required the Trust to spend no more than this sum after adjusting for asset disposals and the receipt of donated assets)*	£17.255m £1.801m under spend Target achieved *(the Trust is permitted to under spend against its CRL).*	

Key financial challenges

The Trust commenced 2012/13 with two major financial challenges:

- To identify £28.8 million of savings in order to achieve the planned surplus of £2.053 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 costs 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 £28.8 million which equates to approximately 5.7% 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 £17 million of savings. The shortfall against the savings target was met by negotiating additional income from its main commissioners for additional activity.

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.

The Trust's liquidity position deteriorated further in 2012/13 as the Trust was unable to secure a planned capital investment loan, and at the end of 2012/13, the metric stood at approximately eight days. Despite this, improved treasury management performance meant that the Trust was able to maintain good performance against the better payments practice code and maintain a year end cash balance of £3.9m.

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 2012/13 (compared with 2011/12) is shown in the table below:

Key Figures	2012/13 £000	2011/12 £000
Revenue accounts		
Operating income (turnover)	509,163	489,548
Retained surplus / (deficit) for the year	(23,565)	(18,284)
Breakeven performance (after technical adjustments for impairments, PFI and donated assets)	1,916	1,465
Efficiencies achieved	17,000	20,000
Assets		
Total assets	416,188	451,392
Cash and cash equivalents	3,968	7,459
Capital Investment	18,508	11,418
Borrowing		
Long term borrowing - PFI liabilities	277,991	283,837
Long term borrowing - Other	9,877	10,129
Short term borrowing - PFI liabilities	5,846	2,226
Short term borrowing - Other	1,983	4,136

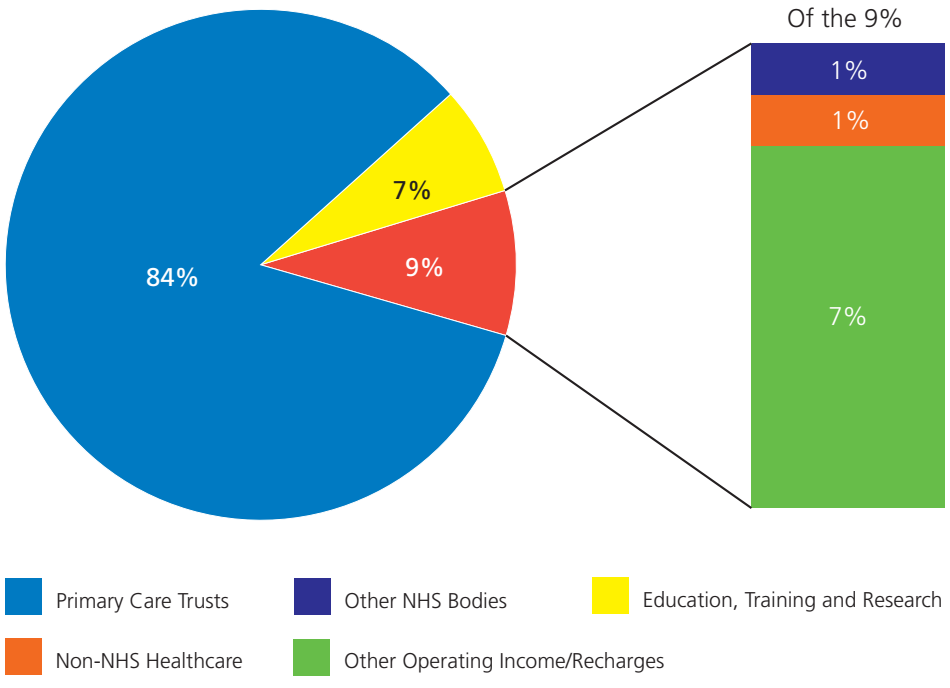
Where does the Trust's income come from?

During 2012/13 the Trust recorded total revenue of £509 million. This represents an increase of 4.0% when compared with total revenue of £490 million in 2011/12. This increase was due to a number of factors including:

- Improvements in clinical coding and re-negotiation 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 shows the key sources of income for the Trust in 2012/13. The proportion of income by category is very similar to prior years and demonstrates that the majority of the Trust's income (circa 84%) is received from primary care trusts for the provision of healthcare to their residents.

Analysis of Operating Income 2012/13



University Hospitals Coventry and Warwickshire NHS Trust

How does the Trust spend the money it earns?

The Trust's operating expenditure for 2012/13 amounted to £506 million. This equates to a 5.1% increase over total operating expenses of £482 million in 2011/12.

The largest cost element relates to salaries and wages with the average number of people employed during the year being 6,476 whole time equivalents with a total cost of £286 million which equates to 56% of total operating expenditure. This compares with 6,302 whole time equivalents and with a cost of £277 million in 2011/12. Staff costs increased by 3.5% 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 to meet savings targets.

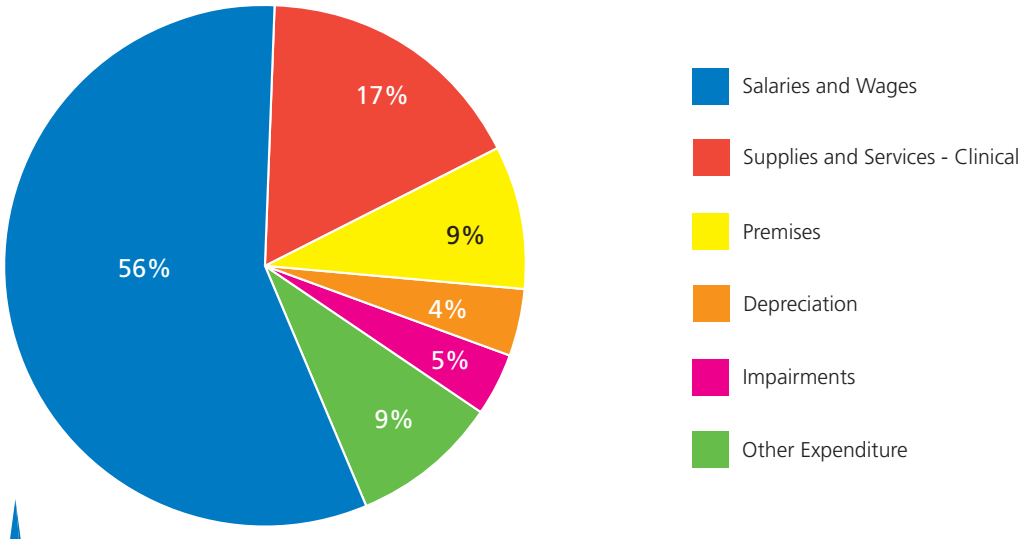
Clinical supplies and services (including drugs and other medical/surgical consumables) are also a significant cost element and amounted to £86 million which equates to approximately 17% of day-to-day operating expenses.

The total charged in year to operating expenditure in respect of the service element of the Private Finance Initiative hospital was £35 million and continues to represent around 7% of total operating expenditure.

Charges relating to the depreciation and impairment of property, plant and equipment totalled almost £44m which was £5m greater than the previous year. This sum included impairments totalling £24.5m relating to a major revaluation of its estate (following on from a similar exercise in the previous year). 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 - the breakdown of costs remains similar to that in the previous year.

Analysis of Operating Expenditure 2012/2013



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 (£0.08 million).

The Trust also incurs significant financing costs which totalled almost £24 million in 2012/13 – this represents an increase of approximately £1 million (4.3%) 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 £23.1 million in 2012/13, an increase of around £1.1 million (5%) compared to the previous year. The Trust also paid interest on its two loans from the Department of Health – this amounted to £0.4 million during the year – a reduction of £0.16 million (29%) from the previous year.

In addition 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 2012/13 is £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 (including revenue surpluses) to finance the Trust's capital investment programme and repay any capital investment loans (drawn down to finance the programme).

During 2012/13 the Trust invested £18.5 million in new or replacement capital assets. This includes £8.5 million of capital additions received by the Trust under the PFI contract and £0.9 million of donated assets.

The Trust managed its capital programme effectively during the year and recorded an under spend of £1.8 million against its capital resource limit (CRL).

Cash and working capital

The Trust's cash balance at the year end reduced from £7.5 million as at 31 March 2012 to £4.0 million as at 31 March 2013. This reduction was primarily as a result of the Trust failing to secure a capital investment loan during the year.

The Trust has met all of its loan repayments due in year (£3.5 million) and has a balance of £9.75 million remaining on a capital investment loan. This loan is repayable at a rate of £1.5 million per annum and will be fully repaid by September 2019.

Other key working capital movements saw an increase of approximately £3 million in receivables which arose mainly from a decrease in provisions for the impairment of receivables. This was offset by a net increase in short term trade payables and provisions of around £5 million.

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 £3.5 million.

University Hospitals Coventry and Warwickshire NHS Trust

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	2012/13		2011/12	
	Number	£'000	Number	£'000
Total non-NHS trade invoices paid in year	67,702	294,809	70,333	273,661
Total non-NHS trade invoices paid within target	60,136	277,564	60,530	256,023
% of non-NHS trade invoices paid within target	**89%**	**94%**	**86%**	**94%**
Total NHS trade invoices paid in year	3,139	76,570	2,878	72,161
Total NHS trade invoices paid within target	1,683	67,296	1,754	65,008
% of NHS trade invoices paid within target	**54%**	**88%**	**61%**	**90%**

The Trust's performance shows a marginal improvement from the previous financial year for non-NHS trade invoices.

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 2013/14 has been delayed, partly as a result of uncertainties created by the reorganisation of commissioning responsibilities from Primary Care Trusts to the National Commissioning Board and Clinical Commissioning Groups. However, the Trust has developed a financial plan for the year which requires it to deliver efficiency savings of £25 million or approximately 5% 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).

- 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 re-invested 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.

Liquidity remains a significant challenge for the Trust and discussions are ongoing with the NHS Trust Development Authority to identify a sustainable long term solution.

Conclusion

Despite the significant challenges faced during 2012/13, 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 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 2012/13 Manual for Accounts issued by the Department of Health.

University Hospitals Coventry and Warwickshire NHS Trust

Statement of Comprehensive Income for year ended 31 March 2013

	2012/13 £000	Restated 2011/12 £000
Gross employee benefits[*1]	(286,180)	(276,563)
Other costs	(219,997)	(205,008)
Revenue from patient care activities	438,990	419,106
Other Operating revenue[*1]	70,173	70,442
Operating surplus/(deficit)	**2,986**	**7,977**
Investment revenue	80	75
Other gains and (losses)	19	625
Finance costs	(23,655)	(22,671)
Surplus/(deficit) for the financial year	**(20,570)**	**(13,994)**
Public dividend capital dividends payable	(2,995)	(4.290)
Retained surplus/(deficit) for the year	**(23,565)**	**(18,824)**
Other Comprehensive Income		
Impairments and reversals	(16,859)	(41,844)
Net gain/(loss) on revaluation of property, plant and equipment	3,137	(4,014)
Total comprehensive income for the year[*2]	**(37,287)**	**(56,114)**

[*1] The prior year comparatives have been restated to show all income received in respect of employee benefits gross, rather than netted off against employee benefits expensed.

[*2] This sums the rows above and the deficit for the year before adjustments for PDC dividend and absorption accounting

Financial performance for the year	2012/13 £000	2011/12 £000
Retained surplus/(deficit) for the year	(23,565)	(18,284)
IFRIC 12 adjustment [a]	25,725	1,686
Impairments [b]	264	17,718
Adjustments iro donated asset/gov't grant reserve elimination [c]	(508)	345
Adjusted retained surplus/(deficit)	**1,916**	**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 2013	**(98)**
PDC dividend: balance receivable/(payable) at 1 April 2012	944

Statement of Financial Position as at 31 March 2013

	31 March 2013 £000	31 March 2012 £000
Non-current assets:		
Property, plant and equipment	340,122	379,857
Intangible assets	112	0
Investment property	3,515	3,511
Trade and other receivables	36,902	32,066
Total non-current assets	**380,651**	**415,434**
Current assets:		
Inventories	9,864	10,217
Trade and other receivables	21,252	18,158
Cash and cash equivalents	3,968	7,459
Total current assets	**35,084**	**35,834**
Non-current assets held for sale	453	124
Total current assets	**35,537**	**35,958**
Total assets	**416,188**	**451,392**
Current liabilities		
Trade and other payables	(40,000)	(38,174)
Provisions	(5,953)	(1,982)
Borrowings	(6,329)	(2,862)
Working capital loan from Department	0	(2,000)
Capital loan from Department	(1,500)	(1,500)
Total current liabilities	**(53,782)**	**(46,518)**
Non-current assets plus/less net current assets/liabilities	**362,406**	**404,874**
Non-current liabilities		
Provisions	(2,418)	(2,247)
Borrowings	(279,618)	(284,216)
Capital loan from Department	(8,250)	(9,750)
Total non-current liabilities	**(290,286)**	**(296,213)**
Total Assets Employed:	**72,120**	**108,661**
FINANCED BY: TAXPAYERS' EQUITY		
Public Dividend Capital	24,870	24,124
Retained earnings	9,234	32,445
Revaluation reserve	38,016	52,092
Total Taxpayers' Equity:	**72,120**	**108,661**

Statement of Changes in Taxpayers' Equity for year ended 31 March 2013

	Public Dividend capital £000	Retained earnings £000	Revaluation reserve £000	**Total reserves** £000
Balance at 1 April 2012	**24,124**	**32,445**	**52,092**	**108,661**
Changes in taxpayers' equity for 2012-13				
Retained surplus/(deficit) for the year		(23,565)		(23,565)
Net gain / (loss) on revaluation of property, plant, equipment			3,137	3,137
Impairments and reversals			(16,859)	(16,859)
Transfers between reserves		354	(354)	0
New PDC Received	746			746
Net recognised revenue/(expense) for the year	**746**	**(23,211)**	**(14,076)**	**(36,541)**
Balance at 31 March 2013	**24,870**	**14,234**	**38,016**	**72,120**

	Public Dividend capital £000	Retained earnings £000	Revaluation reserve £000	**Total reserves** £000
Balance at 1 April 2011	**24,124**	**49,671**	**90,980**	**164,775**
Changes in taxpayers' equity for the year ended 31 March 2012				
Retained surplus/(deficit) for the year		(18,284)		(18,284)
Net gain / (loss) on revaluation of property, plant, equipment			4,014	4,014
Impairments and reversals			(41,844)	(41,844)
Transfers between reserves		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**

Statement of cash flows for year ended 31 March 2013

	2012/13 £000	2011/12 £000
Cash Flows from Operating Activities		
Operating Surplus/Deficit	2,986	7.977
Depreciation and Amortisation	19,049	21,188
Impairments and Reversals	24,714	17,718
Donated Assets received credited to revenue but non-cash	0	(78)
Interest Paid	(23,575)	(22,601)
Dividend (Paid) / Refunded	(1,953)	(4,185)
(Increase)/Decrease in Inventories	348	(672)
(Increase)/Decrease in Trade and Other Receivables	(8,874)	(10,437)
Increase/(Decrease) in Trade and Other Payables	774	(5,884)
Provisions Utilised	(346)	(419)
Increase/(Decrease) in Provisions	4,420	1,700
Net Cash Inflow/(Outflow) from Operating Activities	**17,513**	**3,769**
CASH FLOWS FROM INVESTING ACTIVITIES		
Interest Received	80	75
(Payments) for Property, Plant and Equipment	(15,509)	(10,165)
(Payments) for Intangible Assets	(112)	0
Proceeds of disposal of assets held for sale (PPE)	178	1,135
Net Cash Inflow/(Outflow) from Investing Activities	**(15,363)**	**(8,955)**
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	**2,150**	**(5,186)**
CASH FLOWS FROM FINANCING ACTIVITIES		
Public Dividend Capital Received	746	0
Loans repaid to DH - Capital Investment Loans Repayment of Principal	(1,500)	(1,500)
Loans repaid to DH - Revenue Support Loans	(2,000)	(2,000)
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT	(2,706)	(1,691)
Net Cash Inflow/(Outflow) from Financing Activities	**(5,460)**	**(5,191)**
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	**(3,310)**	**(10,377)**
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	**7,223**	**17,600**
Cash and Cash Equivalents (and Bank Overdraft) at year end	**3,913**	**7,223**

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 2012/13 Annual Accounts.

Statement of Directors' Responsibility

The Statement of Directors' Responsibility is printed in full in the Trust's 2012/13 Annual Accounts.

Annual Governance Statement

The Annual Governance Statement is also printed in full in the Trust's 2012/13 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 2012/13 is £231,000 (including VAT) including some non-audit work on the Trust's quality governance framework.

Auditors' Opinion

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

We have examined the summary financial statement for the year ended 31 March 2013 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 for Health.

Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the full annual 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 2010 and for no other purpose. We do not, in giving this opinion, accept or assume responsibility for any other purpose or to any other person to whom this statement is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

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

Opinion

In our opinion the summary financial statement is consistent with the full annual statutory financial statements and the Directors' Remuneration Report of University Hospitals Coventry and Warwickshire NHS Trust for the year ended 31 March 2013 and complies with the relevant requirements of the directions issued by the Secretary of State.

Richard Bacon, Engagement Lead

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

Date: 6 June 2013

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 **024 7696 7596**

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 رگەیئە رگێڕانیوە یکورتە مئە
باسە هە یە پە ندییوە بکە بە ژمارە تە
فونیلە 02476967596 ە**

Arabic

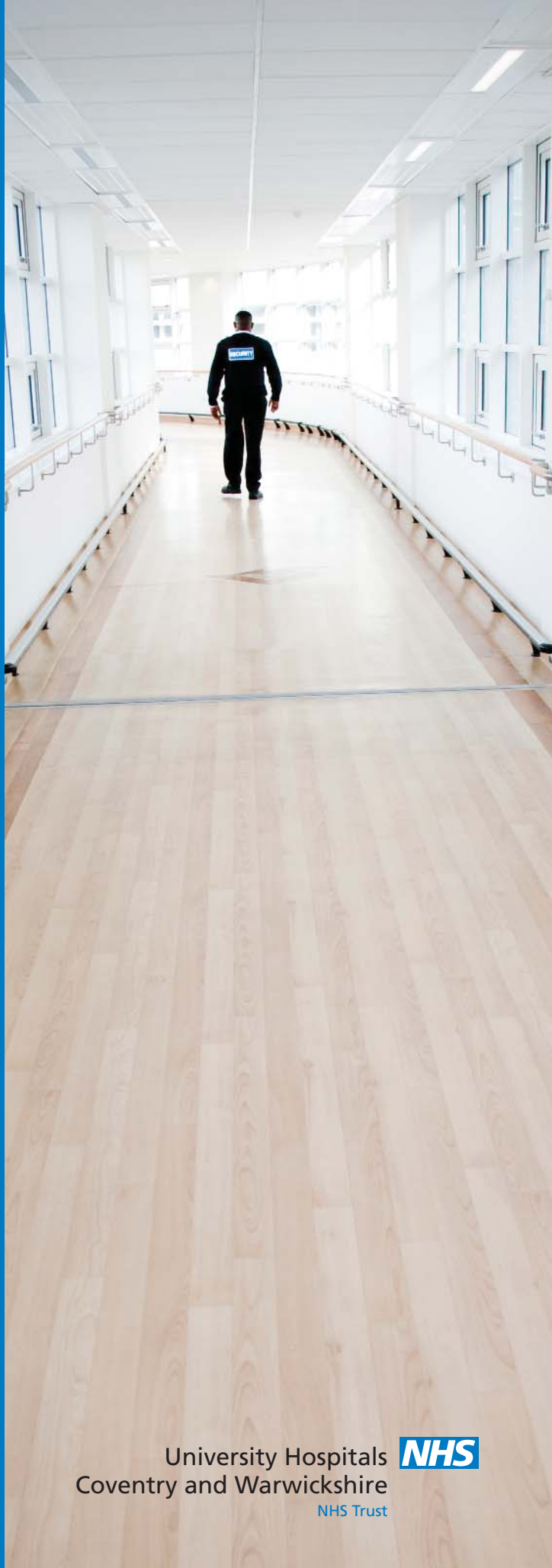
**إذا تحتاج إلى مجمل مترجم الرجاء الإتصال ب
.02476967596**

Farsi

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

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

tel: 024 7696 4000
web: www.uhcw.nhs.uk
twitter: @nhsuhcw
facebook: /nhsuhcw



University Hospitals
Coventry and Warwickshire
NHS Trust

www.uhcw.nhs.uk