University Hospitals Coventry and Warwickshire NHS Trust

2013–2014 Annual Report

We Care, We Achieve, We Innovate

Contents

Cover Photo
Patient Sarah is pictured with Staff Nurse Mohammed Abbass

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

Welcome to our Annual Report for 2013–14. Despite the turbulence affecting all those within the NHS including increased pressures on the services we provide, we have finished 2013–14 on an extremely positive note. We are very proud of the achievements of our exceptional staff who have, and continue to, embody our mission to **Care**, **Achieve** and **Innovate** and we have set out some of these achievements:

Care

- A "super theatre" was installed at the Hospital of St Cross. The £200,000 theatre upgrade is a prerequisite for all major open procedures such as joint replacement and spinal fusions.
- Cancer patients in Coventry and Warwickshire are receiving a new cutting edge treatment called Intensity Modulated Radiotherapy (IMRT). This is better for patients as it allows radiotherapy to be targeted extremely specifically, meaning that patients with difficult to reach tumours, who previously could not have received radiotherapy because it would have damaged surrounding tissues, can now receive treatment. IMRT also allows for higher doses of therapeutic radiation to be used, which increases the treatment's success.
- A £1 million refurbishment of the Arden Cancer Centre reception area at University Hospital was undertaken and was officially opened by Councillor Gary Crookes, Lord Mayor of Coventry.

The opening marked the end of the three month project to transform the reception area at the centre and the work was completed ahead of schedule by Skanska Construction.

Achieve

- We launched the 'We Are Listening' campaign which is dedicated to capturing and responding to feedback from patients and staff.
- In September 2013 we launched our "Getting Emergency Care Right" campaign, which was aimed at improving care for our

patients who are in need of emergency treatment. This involved power training hundreds of our staff in key principles and has resulted in 7,000 more patients being seen, treated and admitted or discharged within four hours compared to the same period last year.

Building on the recently implemented Friends and Family Test, we have planned a range of additional initiatives to get patients and their families to talk to us about their experiences at the Trust to help us to learn and improve the patient experience.

■ We won an NHS Forest national award for our community engagement around the creation of the Jubilee Nature Reserve. We joined the NHS Forest scheme in 2009 as we recognised the clear link between the natural environment and improving health.

■ We have embarked upon a number of changes to the traffic flow and car parks at University Hospital to improve the number of spaces and reduce congestion. Whilst this work will be on-going until 2015, we have already implemented a new drop-off zone with more spaces at the front of the hospital.

Innovate

■ A team of our specialists and Warwick Medical School have discovered the first evidence of a genetic predisposition to post natal depression (PND) due to variants in genes of the hypothalamo-pitutitary-adrenal (HPA) axis.

This research led by Professor Dimitris Grammatopoulos, Professor of Molecular Medicine and Consultant in Clinical Biochemistry and Molecular Diagnostics and Warwick Medical School, has proven a genetic variation can lead to women being up to five times more likely to suffer from PND.

■ A metal that is usually used to make surgical equipment, wheelchairs and crutches has helped to save a patient suffering from cancer. Our doctors discovered cancer of the jawbone and she was referred to one of the world's leading head and neck reconstructive surgeons at University Hospital who took tissue, including artery and vein from other parts of her body to rebuild her jaw and use a titanium 'chain' to hold her jaw together.

■ Couples experiencing difficulties with pregnancy can now benefit from a first class Embryoscope at the Centre for Reproductive Medicine at University Hospital. This equipment was kindly donated for research by the Warwickshire Private Hospital (WPH) Charitable Trust and provides, non-invasive scanning of individual human embryos throughout their first week of development, allowing cutting edge interpretation of embryo quality. This directly benefits couples having IVF treatment, while the research will help women with high-risk pregnancies.

■ Our Research and Development Team has won the prestigious NHS Clinical Research Site of the Year at the PharmaTimes International Clinical Researcher of the Year Awards 2014. The team faced three rounds of challenges to reach the finals, culminating in a presentation to a panel of senior industry judges. We were the only Trust from outside of London to make it through to the final round of five sites.

University Hospitals Coventry and Warwickshire NHS Trust

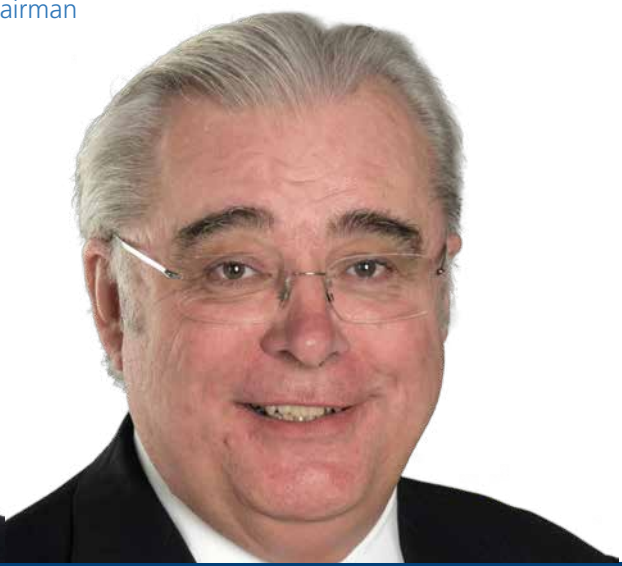
We have also welcomed new members to our Trust Board during 2013–14 including our Chairman, Andrew Meehan and two Non-Executive Directors, Ed Macalister-Smith and Ian Buckley. 2013–14 also saw the launch of our five year Organisational Development Programme called 'Together Towards World Class' which aims to make us a world class organisation and will focus on our services, patient experience, staff engagement, values and behaviours and leadership. Further information on the programme can be found later in this report.

Looking forward we will continue to work with our colleagues in Worcester on improving accessibility to radiotherapy services and with our Clinical Commissioning Groups and Local Authorities on how to make health and social care more integrated with the Better Care Fund.

In summary, it has been a busy but productive year and one in which we should all be proud of the achievements that have been made.

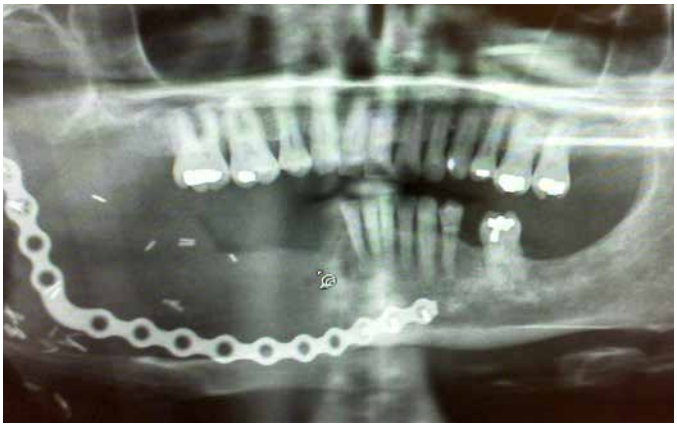
Andrew Hardy
Chief Executive Officer

Andrew D Meehan
Chairman



The year in pictures

April: We sent a team of physiotherapists to provide medical support to runners at this weekend's London Marathon.



May: Mother-of-two has 'bike chain' implanted into jaw after the bone is ravaged by cancer

August: An international award in recognition of healthcare staff that reduce life-threatening infections has been won by a Coventry nurse.

September: The Mayor of Coventry officially opens the refurbished Arden Cancer Centre

December: 3000 lights and a 35ft Christmas tree light up the entrance at University Hospital

January: Critical Care nurses set up support group for patients and families

June: Our 'We Are Listening', a year-long campaign dedicated to capturing and responding to feedback from patients and staff.

July: Transitional Care Nursery opened at University Hospital, Coventry to support babies and their parents before they go home

October: Our Infection Prevention and Control Team is named the Infection Prevention Society's Team of the Year for UK and Ireland.

November: The first electric car charging points at a hospital in the Midlands are installed at University Hospital.

February: We celebrate sending over 1 million electronic letters to GPs

March: We win Gold as NHS Research Site of the Year

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

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 University site but provided by other organisations

- BMI Meriden
- Caludon Centre
- Myton Hospice

Services provided at **Hospital of St Cross**

- Abdominal Aortic Aneurysm Screening
- Ambulatory Care
- Breast Screening (mobile)
- Blood taking
- Bowel Cancer Screening Hub
- Day Surgery, Overnight Stay / 23 hour
- Endoscopy
- Macular Unit
- Magnetic Resonance Imaging (MRI) Scanning
- Outpatients Services
- Retinal Screening Centre
- Satellite Renal Dialysis Unit
- Scanning, Bone Density
- Sexual Health
- Sub-acute Medicine
- Urgent Care Centre
- X-ray including Ultrasound & CT scanning
- Inpatient Medical Services
- Inpatient Elective Surgery
- Inpatient Rehabilitation Service
- Intermediate Care

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

- Ambulance rest station
- GP (Out of hours service)
- Myton Hospice
- Recompression Chamber
- Social Services
- 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 were first established as an NHS Trust in 1992 but expanded to include the Hospital of St Cross in 1998.

We run University Hospital, Coventry and the Hospital of St Cross, Rugby, and maintain a strong focus upon providing high quality patient care and stringent infection control. We provide both emergency and elective care and specialise in cardiology, neurosurgery, stroke, joint replacements, in vitro fertilisation (IVF) and maternal health, diabetes, cancer care and kidney transplants.

The section below sets out some further information about our organisation.

Vital Statistics for 2013–14

	2013–14	2012–13	2011–12	2010–11	2009–10	2008–09
Number of people attending an Outpatient appointment	574,242	534,718	531,774	548,927	327,326	483,212
Number of outpatient appointments	619,438	577,548	577,802	598,538	575,302	531,002
The number of people attended Accident & Emergency (A&E) including those is specialist Children's A&E	176,485	175,349	173,177	161,462	156,805	150,101
The number of Inpatients and Day cases (based on Admissions)	142,389	138,588	135,633	135,813	133,909	128,313
Babies Delivered	5,995	6,031	6,046	6,006	5,790	5,721
Patients operated in theatres	41,157	40,564	42,343	43,797	45,465	44,239
Number of staff working in our hospitals	Circa 6,262	Circa 6,121	Circa 6,090	Circa 5,900	Circa 6,400	Circa 6,400

Awards

The financial year 2013–14 saw the following accolades:

2014

- ★ Our 'Getting Emergency Care Right' program was shortlisted in the Changing Culture category for the Patient Safety and Care Awards.
- ★ We won the Sustainable Transport category in the NHS Sustainability Day Awards.
- ★ Carmel McCalmont, Head of Midwifery, won the Healthcare Hero and Lifetime Achievement Award at the Coventry Telegraph's Pride of Coventry and Warwickshire Community Awards.
- ★ The team from our Lucina Birth Centre was shortlisted for a national MaMa award for promoting natural birth.
- ★ Our Research and Development team was shortlisted and won the PharmaTimes 2014 clinical research site of the year.
- ★ Professor Siobhan Quenby was nominated for a Tommy's Healthcare Hero Award by a couple who she helped to become parents.
- ★ Our Communications Team was shortlisted for the Golden Hedgehog In-House Team of the Year.

2013

- ★ Our Communications Team were shortlisted for three UK Public Sector Communications Awards 2013:
  - Internal communications campaign of the year for the 100 days free pressure ulcer campaign.
  - Media relations campaign of the year for the postnatal depression world first story.
  - Small in house team of the year.
- ★ We won the Centre for Sustainable Healthcare NHS Forest's Award for Best Community Engagement. This was for our work around the Jubilee Nature Reserve at University Hospital in Coventry.
- ★ Our Information and Communication Technology Team (ICT) was shortlisted in the UK Information Technology Awards 2013 best not-for-profit Information Technology project, for the introduction of wifi across the University Hospital site.
- ★ Our '100 Days Free' campaign which was aimed at reducing and eliminating avoidable pressure ulcers was shortlisted in the Patient Safety Improvement category for the Nursing Times Awards 2013.
- ★ Tissue Viability Nurse, Vanessa McDonagh, was shortlisted for Clinical Leader of the Year in the HSJ Awards 2013.
- ★ The Infection Prevention and Control Team was shortlisted in the Nursing Times Award 2013 Continence Promotion and Care category for their campaign Get Stool Smart.
- ★ The ICT team (with Coventry and Warwickshire NHS Partnership Trust) was a finalist in the E-Health Insider Awards 2013 in the Excellence in Mobile Healthcare category for its Reciprocal Wireless Access.
- ★ Our partnership with Age UK to improve the discharge of elderly patients was commended for a Coventry Compact award.

- ★ Isatu Kargbo, Specialist Sister in Critical Care won joint first place in the critical care category in the Kimberley Clark Healthcare Acquired Infection Watchdog Awards 2013. This is an international award and Isatu entered the Big 2 communication tool to tackle infection control and cleaning issues in Critical Care.
- ★ Our Tissue Viability Team was shortlisted for the Nursing Times Patient Safety Award 2013.
- ★ The Infection Prevention and Control team won the Infection Prevention Society's 2013 Team of the Year.
- ★ Darren Wheldon from the Infection Prevention and Control Team was runner-up for the 2013 Schulke Healthcare Champion.
- ★ The Maternity March campaign, which used Twitter, Facebook and web chats to reach out to a larger audience, was shortlisted for the 2013 Social Impact Awards.
- ★ Natalie Dean, a third year student physiologist was awarded the Sue Davies Award at the Association of Respiratory Technology and Physiology (ARTP) Annual Conference 2013.

Principles for Remedy

Complaints

We take all complaints very seriously and continue to manage them in accordance with the NHS Complaints Regulations 2009 and the Parliamentary and Health Service Ombudsman's Principles for Good Complaints Handling, and have a Complaints Policy in place.

Each complaint that we receive is raised with the individuals concerned and with those responsible for the service, to ensure that our staff are aware of the issues that have been raised and can learn from them. Learning from complaints takes place at both corporate level and within our Clinical Groups. Our emphasis very much remains on resolving the complaint and we held 44 local resolution meetings with patients, relatives and carers in the last 12 months in order to try and achieve this.

In the period April 2013 to March 2014, the Trust received 490 formal complaints against 483 in the previous year. Although there are no specific timescales to respond to complaints set out within the regulations, we recognise the importance of responding in a timely way and have set an internal target of doing so within 25 working days. In 2013–14 69% of complaints received were responded to within our internal target and we upheld 72% of the complaints that were made.

During this same period, the Parliamentary and Health Service Ombudsman (PHSO), which is the second stage in the complaints process, requested 16 files for review, 14 of which went forward for investigation. This increase in the number of investigations undertaken is in line with the commitment of the PHSO to investigate more complaints following the Francis Inquiry.

Engagement

Stakeholders

A number of new organisations came into being in April 2013 following the restructuring of the NHS and during this year we have worked with:

- Clinical Commissioning Groups
- Trust Development Authority
- NHS England
- Public Health England
- Care Quality Commission
- Overview and Scrutiny Committees
- Clinical Senates
- Health and Wellbeing Boards
- Healthwatch

We have also continued to work with our established stakeholders such as local school and community groups, Members of Parliament, universities, third sector organisations, our Foundation Trust members, patients and their representatives, relatives and carers and of course our staff.

This work has included the submission of regular reports and attendance at meetings to ensure that we are held accountable for the actions and services we provide for our local communities.

We know that our local community has an interest in particular areas of our activity and during the year we have tried to increase our engagement with them, for example inviting members of Healthwatch to sit on our Car Parking and Site Access Group which looks at improving accessibility around and onto University Hospital. We also host the Rugby Forum at the Hospital of St Cross which includes members from Healthwatch, the Friends of St Cross, Rugby Disability Forum and the Patient Advisor Team.

Patient Experience

During 2013–2014, we continued to listen to the views of our patients, relatives and carers. We undertook surveys, held listening events and re-designed our forums to ensure that we are maximising our opportunity to capture views and feedback. This section describes some of the work undertaken during the year in further detail.

Friends & Family Test (FFT)

The Family and Friends Test is a national measure that was introduced into in-patient services in April 2012 as a pilot within the former West Midlands Strategic Health Authority but was then expanded into A&E in April 2013 and then Maternity Services in October 2013.

The areas affording the highest and lowest satisfaction in the Friends and Family Test were as follows:

Highest:

- Staff respecting the privacy and dignity of patients
- Staff treating patients with kindness and compassion
- Staff treating patients with politeness and respect

Lowest:

- Car parking
- The standard of food and drink
- Timeliness – doing things on time

Impressions

The Trust has had its own bespoke patient, relative and carer feedback system called 'Impressions' in place since 2007. A revised version was implemented in April 2013, which included questions that

were designed to find out additional information about how our patients, relatives and carers feel about the attitude and behaviour of our staff.

Surveys undertaken as part of the national NHS Survey Programme

During 2013–14 two surveys were carried out as part of the Care Quality Commission's NHS Survey Programme, the annual In-Patient Survey and Maternity Services Survey which is usually carried out every 2/3 years.

In summary, the analysis of all the surveys undertaken during 2013–14 allows us to draw the following conclusions:

- Overall, patient, relative and carers satisfaction levels with services remains good;
- Patients, relatives and carers indicate high levels of satisfaction with our staff respecting their privacy and dignity and treating them with kindness, compassion, politeness and respect;
- Patient, relatives and carers indicate high levels of dissatisfaction with parking, timeliness and discharge processes;
- Some patients/relatives/carers have reported variable levels of experience during an episode of care, with some aspects being of an exceptionally high standard and others being not so good
- Certain wards, departments and processes consistently provide a better patient experience than others.
- The Trust must continue to strive to deliver a consistently high quality patient experience on all its wards, departments and processes.

Patient Advisor Team (PAT)

During the year we have implemented a new model of patient involvement. We have had a Patients' Council in place since September 2002 and since that time, members have given lay input into a wide range of topics, including quality assuring patient information, taking part in surveys, observational audits and advising us on almost all elements of our services.

Having given the Trust valuable insight into patient experience for almost 12 years, members felt that it was time for a different method of working and a 12 month pilot began January 2014. Members of the former Council have become Patient Advisors, who work at Specialty Group level and provide a lay perspective on issues relating to the various specialities within each Group. The benefit of this new model is that it allows the Advisors to work closely with front line staff and to influence service developments directly linked to patients. In effect, they will become the voice of the patient at Specialty Group level.

We Are Listening Campaign

In response to the feedback that we have received from the FFT, the National NHS Survey Programme and Impressions and the findings set out in the Francis and Keogh Reports, we launched our 'We Are Listening Campaign' in June 2013. The Campaign is an ongoing programme of events and initiatives to make our patients, relatives and carers aware of the various mechanisms that are available to them to provide feedback on our services.

Membership

9,200 members of the public have joined our organisation and we maintain regular contact with them via email and post. A monthly email is sent with latest news and upcoming events and plans are in place to pilot a hard copy newsletter for patients, visitors, volunteers, staff and

members that will cover new initiatives, improvements and introductions to new members of the Board.

We also run monthly Medicine for Members' events covering a range of topics suggested by our staff and public members, including heart health, back pain and dementia. These events have proved to be very successful and are regularly attended.

Correspondence was also sent to all our male members aged 65 and above to raise awareness of our Abdominal Aortic Aneurysm (AAA) screening service. The service had a fantastic take up of 200 men and approximately 175 of these attended as a direct result of the member communications received. During the year we also provided a tour of the recently opened Lucina Birthing Unit which proved very popular.

Our membership comprises a healthy and comprehensive representation of the communities that we serve; with sufficient members having indicated that they are interested in standing for election as public governors in all of our proposed constituencies in preparation for our Foundation Trust application.

Political and Charitable Donations

We support local people who are ill to ensure they receive world class care.

The University Hospitals Coventry and Warwickshire NHS Charity funds equipment, research and facilities for University Hospital, the Hospital of St Cross and the Community and Mental Health Services of Coventry and Warwickshire.

The aim of the Charity is for our patients and their families to receive world class care and pioneering treatments, both now and in the future. This is achieved by raising funds and investing in projects that require funding that is above and beyond that available in the NHS.

In order to identify how best to help and to ensure that every penny spent has the greatest impact for patients, their families and carers, and staff the Charity:

- works in partnership with the organisations that it supports to identify the projects to invest in;
- keeps abreast of innovation and achievements in healthcare through a significant network of expert health professionals (who give advice on their specialism);
- understands the issues faced by patients and their needs through working closely with the patient liaison services and patient forums, and by using patient and staff surveys;
- consults with NHS management and executive teams to ensure that the projects that it invests in respond effectively with priorities and aspirations for care provision.

The strategic aims of the Charity are to:

- fund projects that are "above and beyond" the NHS;
- support the innovation in the care and treatment of patients;
- provide grants for state-of-the-art equipment and facilities; patient comforts and environmental improvements; and innovative research programmes;

- build and sustain a significant annual income to support the strategy priorities of partner NHS organisations;
- deliver effective grant making, which is transparent and maximises the value of every donation;
- maximise the value of income by an effective investment management strategy;
- develop an appeals fundraising programme, working with the Trusts to identify funding needs and deliver appeal objectives promptly;
- build awareness/profile in Coventry and Warwickshire to become one of the leading healthcare charities in the region.

In 2013-14 the Charity spent over £1.2 million enhancing care, amongst the funding that was provided was:

- Innovative Research: £35,000
- Neonatal – brain monitor and software: £18,000
- Cancer - Development of Arden Cancer Centre : £903,000
- Healing Arts – visual arts, story telling and music sessions for patients: £7,000
- Ocuplastics - Endoscopy Equipment: £16,000
- Sensory Play equipment – Bradbury Respite Home for Children: £1,000
- Staff Skills – training and visits to centre of excellence: £30,000

2013–14 Objectives and Achievements:

A summary of the objectives that were set and achievement against these is set out in the table below:

Objective	Achievement
Complete the Baby Care Appeal	Raised £320,000 against a target of £225,000
To build strong relationships with the NHS Trusts to identify areas that charity would input where charity could add value	Worked closely with Fund Managers to increase effective grant making by regularly disseminating information and meeting to discuss funding needs. Worked closely with Chief Officers, management and staff more actively identifying areas charity input could add value.
To introduce a clear and transparent policy for funding overseas training and visits to centres of excellence.	Agreed a process for the NHS Trusts to confirm the attendance of overseas training/visits to centres of excellence will: ■ innovate care and treatment ■ supports the Trust's strategic priorities and evidence their support for the grant request
To work in partnership with UHCW NHS Trust and Coventry Hospitals Charity to fund the refurbishment of the Arden Cancer Centre.	£903,000 capital funding was provided by both charities with the Trust committing to funding the revenue costs. Held two 'opening' events for dignitaries, donors and media.
To work with Free Radio to raise £50,000 from their Walk of Warwickshire 2012 to conclude the Baby Care Appeal and nurture relationships so Free Radio will support UHCW Charity in the future.	■ Achieved 3,000 walkers; ■ Pledged income £100,000; ■ Managed the conversion of pledged to actual securing 100% value; ■ Most successful event to date; ■ Selected as Charity to benefit from Walk 2013

Support UHCW Charity, today

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

1. **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 the Charity to enhance patient care.

2. **Organising your own event** and donating the money raised

3. **Taking part in a charity event** … you could jump from a plane at 10,000ft (for FREE), have a guaranteed place in the London Marathon, trek along the Great Wall of China or be one of over a hundred Santa's taking part in our annual Jingle Jog.

4. **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.

5. **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 a variety of ways, at a time of their choice.

   Blooms of Love - On behalf of supporters, who wish to celebrate the life of a family member or friend, we plant spring flower bulbs in the hospital grounds, in bloom they are a wonderful symbol of many loving relationships

6. **Donation,** making a one off or regular donation

The work of UHCW Charity depends on the donations received from local people and organisations. In order to ensure that the wishes of donors are followed, any funds that are donated can be designated to one of a number of Charitable Funds that have been set up to benefit specific wards or departments.

The Friends of the Hospital of St Cross

The Friends of St Cross have experienced another busy year providing voluntary services and donating much needed equipment for various departments at the hospital in Rugby.

A new addition to the range of voluntary services is a patient befriending offer through which patients, who do not have many visitors, meet volunteers to provide social interaction.

Another first in 2013 was their participation in the UHCW Charity Jingle Jog at Ryton Pools in December. Four girls donned Santa suits and raised £1,000 for the Friends and going forward they look to take part in more UHCW Charity fundraising events in the coming years, as well as participating in some more joint projects such as the Queen's Diamond Jubilee Rehabilitation Centre.

The Friends donated six exercise bikes for Cardiac Rehabilitation in July which took our total contribution for this project to £44,563.

One volunteer, Edie Freeman, has been shortlisted for the Long Service Volunteer of the Year in the Pride of Rugby Awards. Edie has helped out in various roles over the last 50 years and fully deserves this recognition for all her hard work. Over this time she has sold bric-a-brac at antique fairs and worked in the Tea Bar and on the Help Desk. The presentation ceremony takes place in May 2014.

The Friends continue to enjoy strong support from the community with several local groups nominating them as their charity of the year. Their aim is that 98p in every pound donated goes to providing equipment for the hospital and local community and mental health services. Over the last five years an average of £100,000 has been donated and there is not a department in the hospital that has not benefited in some way over this time.

Next year will see the Diamond Jubilee of the foundation of the Friends with the launch of a major appeal to celebrate this milestone.

Information Governance

As a custodian of confidential and sensitive information we are mindful of the need to ensure that we have controls in place to ensure that this is stored and managed in a safe way.

Our Information Governance (IG) Framework covers all aspects of our business and brings together all of the requirements, standards and best practice that apply to the handling of information. It also allows implementation of central advice and guidance, ensures compliance with the law; and facilitates the development of year-on-year improvement plans.

IG provides a way for our staff to deal consistently with the various rules and regulations relating to the handling of information and to safeguard all personal data in relation to service users and employees.

We utilise the Information Governance Toolkit which is a performance tool produced by the Department of Health (DH) and now hosted by the Health and Social Care Information Centre (HSCIC). It draws together legislation and central guidance and presents them in one place as a set of information governance requirements. NHS organisations are required to carry out self-assessments of their compliance against the IG requirements, which cover the following areas:

- Information Governance Management
- Confidentiality/Data Protection
- Information Security
- Clinical Information
- Secondary Use Information
- Corporate Information

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'.

All NHS organisations are 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.

We have 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 accordance with the Trusts incident reporting process and are registered on the Trust's incident reporting system.

A summary of IG related Serious Incidents Requiring Investigation that have occurred within the Trust during the year follows

Information Governance related Serious Incident Requiring Investigation (IG SIRI)

Since June 2013, all organisations that process health and adult social care personal data are required to use the IG Toolkit Incident Reporting Tool.

In the event of a Serious Incident Requiring Investigation (SIRI), and those that reach level 2, an automated notification e-mail is triggered to the Department of Health, Health and Social Care Information Centre and the Office of the Information Commissioner in the first instance, and to any other regulators as appropriate.

The severity of the incident will be determined by the scale (numbers of data subjects affected) and sensitivity factors. Table 1 sets out the level 2 reportable incidents that occurred within the organisation and is followed by the aggregated totals of incidents graded at severity level 1.

Table 1: Incidents Classified at Severity Level 1

Summary of other personal data related incidents in 2013-14

Category	Breach Type	Total
A	Corruption or inability to recover electronic data	0
B	Disclosed in error	2
C	Lost in transit	0
D	Lost or stolen hardware	0
E	Lost or stolen paperwork	0
F	Non-secure disposal – hardware	0
G	Non-secure disposal – paperwork	0
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	1
J	Unauthorised access/disclosure	1
K	Other	2

Table 2: The UHCW IG SIRI that were reportable at level 2

Summary of serious incidents requiring investigations involving personal data as reported to the information commisioner's office in 2012-2013

Date of incident (month)	Nature of incident	Nature of data involved	Number of people potentially affected	Notification steps
June 2013	Lost or stolen paperwork - 115 breast screening paper forms, were stolen from the mobile screening vehicle. Only 15 contained specific medical data that a lay person could understand.	Patient/ Personal Data	115 patient demographic, of which 15 had medical details	Not applicable
Further action on information risk	A number of remedial measures were put in place to prevent a re-occurrence. Investigation closed by ICO.			
Date of incident (month)	**Nature of incident**	**Nature of data involved**	**Number of people potentially affected**	**Notification steps**
August 2013	Disclosed in error - patient records were inadvertently sent to Bowel Cancer Screening Quality Assurance Referencing Centre in an email. The records should have been anonymised.	Patient Data	26	Not applicable
Further action on information risk	Existing processes have been strengthened to ensure they are robust to prevent a re-occurrence. Investigation closed by ICO.			

Cost of Information

There is no set fee to receive information under the Freedom of Information Act and in many cases we will provide information requested without charge. The legislation does however allow us to refuse a request if the cost of providing the information is in excess of £450, or the equivalent in staff time that would be needed to collate and retrieve the information.

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

Patients are entitled to request copies of their healthcare record and we charge a maximum of £50 for the provision of a copy set of records; this charge covers our copying charges and any applicable postage fee.

Strategy

As reported in the 2012-13 Annual Report, we had spent a great deal of time reviewing our strategy in terms of clinical engagement which helped us to set upon our vision: *To be a national and international leader in healthcare.*

This means that:

- We will deliver safe, timely, efficient and appropriate high quality care each time, and all of the time.
- Our patients will feel valued and be encouraged to be partners in their own healthcare.
- Our patients and their families will receive a positive experience throughout their healthcare journey at UHCW.

Our vision is consistent with our mission to Care, Achieve and Innovate, and the ethos of the NHS Constitution, which sets out patients' rights to high quality services based on good access, information, cleanliness, safety and national best practice.

We also looked at our objectives to make sure they were reflective of the organisation that we wanted to be. Our objectives are:

- To deliver excellent patient care and experience
- To deliver value for money
- To be an employer of choice
- To be a research based healthcare organisation
- To be a leading training and education centre

All of this was reflected back into our proposed service model, which aimed to develop world class local healthcare and international specialist services through a hub and spoke model. This means that University Hospital will operate as the 'hub' for specialist, complex activity and local 'spokes' will deliver generalist, less complex activity.

This year we took all of this work and focused on how we could be better then best – how we could move to become World Class.

To this end in March 2014 we launched our five year organisational development programme Together Towards World Class, which focuses on the five key areas:

We also sought the views of our staff on our values which were launched in 2009 along with our mission to Care, Achieve and Innovate. It was clear that these values were not well known when we undertook a review in 2012, and we therefore took the opportunity to ask our staff for their views on what they thought our values should be. From this we chose our six new values which were launched in March 2014:

These values will change the focus from 'what' we do, to 'how' we do it and will be the bedrock

of the way we all do business in the future.

We are still in the early stage of our Together Towards World Class programme but have already held 25 Listening Events for our staff to come along and give us their views and feedback on the five areas referred to above. At the same time we are also asking them to comment further on the six values and what they mean to them.

Separate to this we have also recruited an enthusiastic group of staff called Change Makers who will help spread the message and instigate change at their group, department and ward level.

We had an overwhelming response to our invitation to volunteer for this role and have welcomed our first cohort of 80 Change Makers to the programme.

Looking forward, our aim is that Together Towards World Class will involve staff in all roles, be they clinical or non-clinical, front-line or back office and that:

- All staff will become ambassadors for the Trust, living the Trust values;
- Staff will recognise how their work directly impacts on patient care and what behaviours are acceptable;
- We will have happy patients, proud staff and worldwide renowned clinical teams.

Foundation Trust

Attaining NHS Foundation Trust status remains a fundamental part of our strategy and vision to become an international leader in healthcare. Being licensed as a Foundation Trust will demonstrate that we have achieved a level of earned autonomy that recognises us as a consistently high performing organisation that provides outstanding quality of care within a sound governance and financial framework.

It will also serve as recognition that we have a compelling and credible future plan and will enhance our reputation and brand as a leading healthcare provider, delivering excellent care both locally and nationally.

Most importantly, becoming a Foundation Trust will provide real freedoms to improve services and the way that we plan and deliver them. We welcome the strengthened accountability to patients, service users, staff and the local communities that the Foundation Trust model brings as it will provide us with a formal mechanism to further engage our staff and public membership through our Council of Governors, to help improve the quality of patient care and experience and develop services in accordance with local need.

We also welcome the greater flexibility that will be available to us in terms of developing business models to provide services and the financial management arrangements, which includes the retention of surpluses that can be reinvested in our services and access to commercial borrowing.

Our People
'Staff/HR/Workforce'

Our staff

Staff are our most valuable resource and are at the heart of the excellence that we provide within our services. We employ a wide range of clinical and non-clinical staff who work together for the benefit of the patients that we serve.

Staff and their pay account for approximately 70% of our expenditure and it is therefore reasonable to expect that efficiencies in staff expenditure should be considered when overall finances are restricted.

We are however very clear that this will not be at the expense of providing quality services. It is our ambition to provide world class services and this is reflected in our drive to have the right number of staff with the appropriate skills and motivation to ensure that our patients receive a world class experience.

The most significant changes in our workforce for 2014-15 and going forward into 2015-16 will be additional staff resource to support our clinical services with particular attention towards nursing posts. 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 2014 Actual Staff in Post (FTE)
Consultants	343.50
Other Medical Staff	519.02
Nurses	1754.55
Midwives	207.44
Healthcare Scientists and Technicians	530.92
Allied Health Professionals	373.07
Healthcare Assistants and Support Staff	1973.66
Management, Administration and Estates Staff	560.08
Total	**6262.25**

Staff Costs

As at the end of March 2014 the total Trust pay bill equated to £306.7m. Staffing costs are a core area of consideration by each Group Management Team and the Trust overall given the significant contribution to our overall costs. Staffing costs are broken down into categories of those that we substantively employ and the temporary bank and agency workforce that we utilise.

Staff Absence and Wellbeing

We have seen a reduction in sickness absence over the last 12 months from a sickness rate of 4.43% in April 2013 to 3.87% in March 2014. Staff absence is a core area of focus within our Performance Management Framework and is monitored at the Trust Board and within the individual Group Management Teams.

We recognise the importance of the wellbeing of our staff and in line with our Health & Wellbeing Strategy a series of Wellbeing Events have been run and the information that we have obtained from them is shared across the Trust. We also provide fast-track physiotherapy and psychotherapy services that all staff are able to access.

Members of our Trust Board also participate in a Programme of Patient Safety Walkabouts, during which they engage with staff in each speciality or department and have the opportunity to discuss the care that is provided with patients.

We celebrate the achievements and successes of our staff through our Annual Outstanding Service and Care Awards (OSCAs), which are held in recognition of the hard work and dedication of our staff.

We also run several celebration events for learning, including achievement of diplomas and NVQs, as well the annual Long Service Awards which recognises and reward the loyalty and dedication of our staff.

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 as discussion and approval of policies and procedures.

Recruitment Monitoring

Monitoring of job applications shows that 44% of the total received were from black and minority ethnic (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 and 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; 3% were 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.

National Staff Survey

The NHS survey is undertaken nationally by all NHS Trusts on an annual basis and takes place between October and December. At the time of sampling, 6571 staff were eligible to receive the survey. Questionnaires were sent to a random sample of 850 staff extracted from our Electronic Staff Record (ESR) database and of those who were sent the survey, 37% responded, which equates to 315 staff. This response rate is in the lowest 20% of acute NHS Trusts in England and compares

to a 39% response rate in the previous year.

Staff Engagement and Consultation

The overarching aim of the Together Towards World Class Programme is for the Trust to become a world class healthcare provider. Our employees will help us to achieve this and central to the design, development and implementation of the programme is commitment to engaging employees, as they will play an important role in achieving this vision and changing the culture of the organisation.

At the programme launch, a commitment was made to staff to listen to their feedback to help define the content and direction of the programme. To this end, Listening Events were held throughout April and May of 2014 and an analysis of the feedback that we received is underway, and will be fed back to staff in conjunction with the feedback from the local staff survey that we undertake, 'Staff Impressions'.

Staff Impressions

Our Staff Impressions Survey was launched in June 2014 to support the development of Together Towards World Class. All staff, including those working for ISS and those on our bank have been invited to complete it and we have made it available both on-line and on paper. Following the roll-out of the Family and Friends test to our patients, we are also required to ask our staff a similar question and we have incorporated this into the Impressions Survey. The survey is however considerably wider than the Family and Friends question that we are mandated to ask as we are keen to hear the views of our staff on a range of topics and issues.

Change Makers

Change Makers are members of staff who we have recruited from all levels of the organisation to support the development and implementation of Together Towards World Class. To date we have 80 Change Makers who are currently supporting the roll-out of Staff Impressions 2014; activity is also on-going to support the development of the Change Maker role so that it will have a real impact in terms of implementing our overall programme.

Change Makers are also working with their local teams to develop the newly launched Trust values and are engaging their teams to begin conversations about how these values are demonstrated by staff. This feedback will be used to develop a core behavioural framework that will be used to align with our people management practices, as well as being used as a lever to shift the culture in the organisation.

Internal Communications

We are committed to engaging effectively with our staff outside of the more formal mechanisms described above and we use several communications mechanisms to ensure we are sharing information with our staff. This includes 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' which is our fortnightly staff e-newsletter, which contains updates from the leadership team, the latest news from throughout the Trust and key successes and achievements.

Information Source: ESR

Training and Research

Research is an integral component of providing world-leading excellence in clinical care. It enables us 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 being established as an internationally recognised centre of excellence through supporting our staff, working in world class facilities and conducting leading edge research which is focused on the needs of our patients.

As a key component of this, we are also committed to implementing the national 'Innovation, Health and Wealth' agenda. Our Research and Development (R&D) strategy has been rewritten to reflect the changing priorities and our R&D Team has been restructured to incorporate a responsibility for 'Innovation'. The major research themes include Metabolic and Cardiovascular Medicine, Reproductive Health, Musculoskeletal and Orthopaedics and Cancer. These are complemented by additional areas of clinical research activity, a growing amount of which is being led by our nurses, midwives and allied health professionals and we are developing infrastructure to support this. We have also invested in a number of 'Innovation Champions', clinicians, nurses and managers who are tasked with developing a responsive innovation culture within our organisation.

Our Human Metabolism Research Unit (HMRU) is a custom built world class facility designed to measure and analyse all facets of how we create and use energy. The unit opened in 2011 and has received significant national and international recognition. It contains a range of equipment capable of measuring a variety of anthropometric characteristics (e.g. height, weight, percentage body fat, etc) and centres around two state-of-the-art whole body calorimeters, through which detailed 24-hour energy profiles can be generated for an individual. Such in-depth knowledge of an individual's energy expenditure opens up new avenues of metabolic research with the potential to develop new treatments and drugs. The unit helps us to understand the nature of metabolism and metabolic disorders, and uncovers new relationships between diet composition, life-style and long term health implications in the population at large. This facility is a unique combination of technology, multidisciplinary expertise and advanced medical

care which produces a novel environment that is capable of cutting edge research.

In conjunction with the University of Warwick we have appointed two world class professors in implantation who head our new showcase unit. Our aim is to become the National Centre for Research in Implantation in Pregnancy and to improve the management and outcome of prevalent pregnancy-associated disorders by conducting well-powered observational and interventional clinical studies that are underpinned by innovative, basic and translational research. The Biomedical Research Unit in Reproductive Health will achieve its goal by integrating the clinical strengths of our Department of Obstetrics and Gynaecology with the scientific expertise available in the Division of Reproductive Health, and elsewhere within Warwick Medical School and the University of Warwick. There is also a developing midwifery-led research portfolio which focuses on the patient experience and we have committed funding for five years to support this initiative.

In 2013 we secured £575,000 in National Institute for Health Research (NIHR) 'Invention for Innovation' funding to develop a novel diagnostic test for stroke and although we received less than £100,000 in NIHR 'Research Capability Funding' in 2012, our increasing success with research applications means that our allocation increased significantly in 2013 to circa £478k, which places us in the top 25% of NHS Trusts.

The Trauma and Orthopaedic Surgery Research Group continues to be the most successful team in terms of attracting NIHR funding. The research activity of the group focuses predominantly on the clinical effectiveness of surgery; carrying out clinical research in order to determine whether surgical procedures work, and where there are choices, which procedures are the most effective.

During 2013-14 a total of 4539 patients entered into our research studies and our ambitious commercial strategy has resulted in a growth in income from commercial research from £319k to circa £1.5million in the past five years. Within the West Midlands Health Economy we rank second highest for recruiting to commercial research and we have robust systems in place to identify, protect and exploit any intellectual property that we create.

In January 2014 we were proud to win the 'PharmaTimes' NHS Research Site of the year, a nationally competitive award that demonstrates our ability to work closely with commercial partners. Close collaborative working remains vital to the continued development of our Research and Development plans and we are an active partner in the West Midlands Academic Health Science Network (AHSN). The network focuses on improving care by driving best clinical practice, innovation and translational research and changing the way that services are delivered. The diffusion of concepts, ideas, best practice and integration with industry is integral to the success of the AHSN and by taking a lead; we are best placed to benefit from the opportunities offered.

Environmental Impact Report, Sustainability/Environmental Footprint

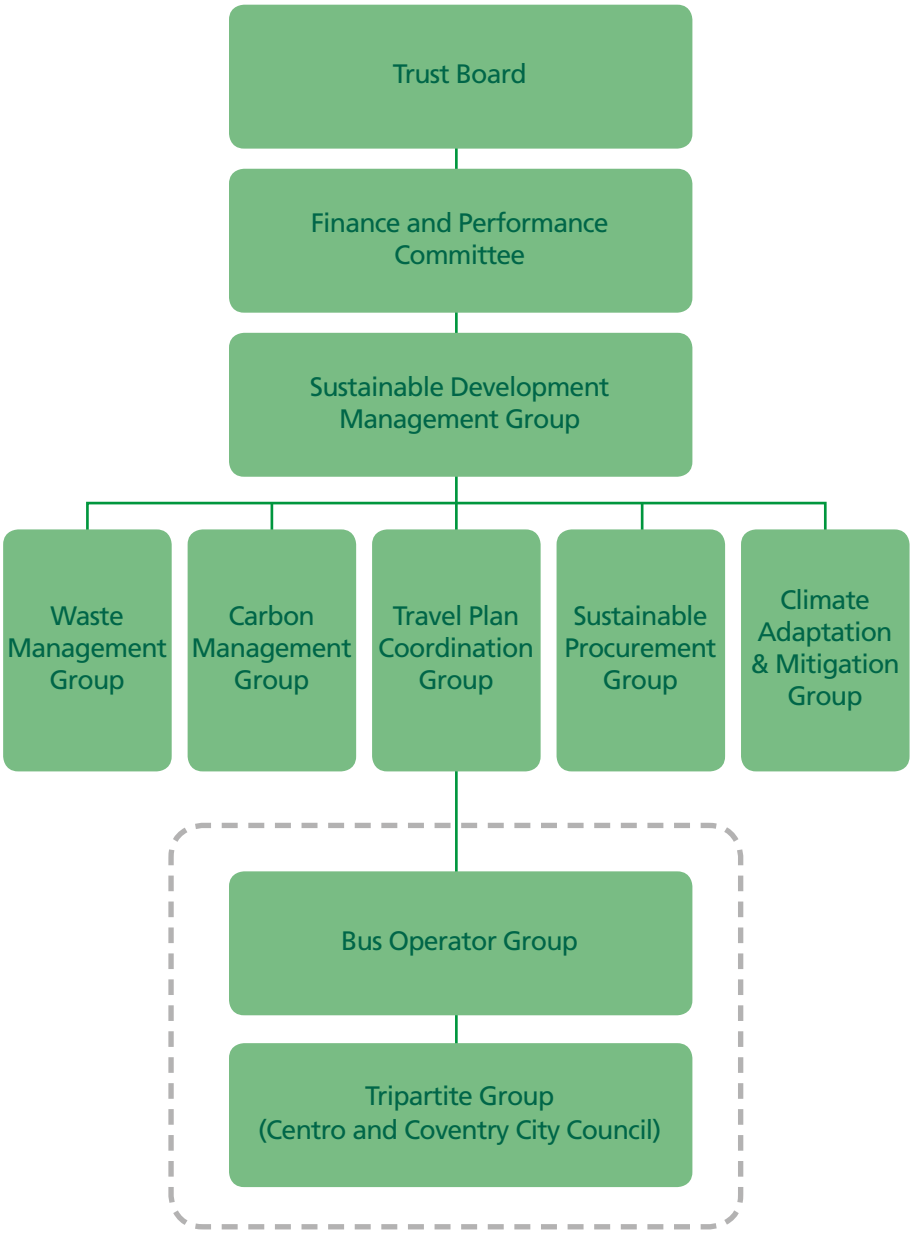
Sustainability

We recognise that the earth's resources are precious and finite. As part of the community, country and the planet, we work to ensure the maintenance and improvement of the quality of healthcare for the current generation, whilst protecting the ability of future generations' access to quality sustainable healthcare.

This has been a fantastic year for us as the Trust Sustainable Development Reporting that we utilise has been published by the NHS Sustainable Development Unit as an example of best practice.

Our sustainability is robust, permeating all levels of our business and is championed by Executive Lead, Ian Crich and Non-Executive Lead Trevor Robinson. This strong leadership is combined with a robust infrastructure to create a sustainable health service

Sustainability Architecture 2014

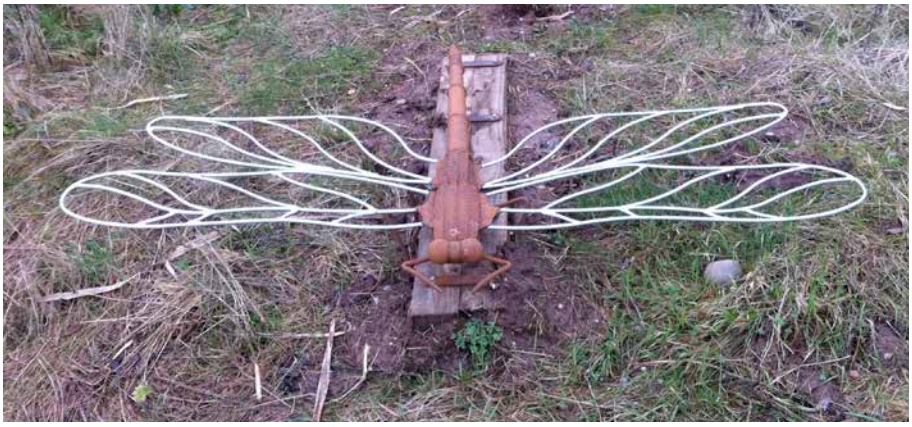


Nature for Health

As 2013 drew to a close so did the Outer Space project. This collaboration with the Centre for Sustainable Healthcare following on from NHS Forest, was set up to increase access to green space on NHS land and to improve the health of patients, staff and nearby communities through activities such as planting trees and volunteering. The funding of the Outer Space project was through the Big Lottery Fund and Natural England's Access to Nature grants scheme.

The purpose of the project was to actively find ways of using outdoor space for wellbeing and health, and this enabled us to transform an area containing five pools for surface water management into the Jubilee Nature Reserve; a place of relaxation, contemplation and a superb wildlife habitat.

Works were commissioned from artist Alan Ross, who worked with local schools to produce the stunning designs featured below that blend with and enhance the nature reserve.



We were delighted to be featured in a short film promoting this work with the Centre for Sustainable Healthcare. The film was premiered at Cleanmed 2013 in Oxford, where we were also delighted to have been awarded the best Community Engagement award by NHS Forest

The Jubilee Nature Reserve has built strong business and community links whilst tackling some of the wider determinants of health. Yoga sessions for all, run by a local youth centre proved to be very popular, whilst patient groups planted trees to remember friends.

Healthy Sustainable Travel

After receiving planning permission for improvements to the internal site access at University Hospital, including doubling of the bus interchange, the first ground was broken at the start of 2014. This work enabled a joint bid with Coventry City Council to improve the off-site local transport infrastructure and to facilitate improved public transport access. This work will improve bus accessibility, cycle routes and improvements to pedestrian areas. Coventry cycle route three starts at University Hospital providing a traffic free connection to the north of the City, whilst on site works improve cycle connectivity in a safer environment.

June saw the launch of the 360 bus service, the only circle route in Coventry and Europe's longest continuous urban bus route. A total of 31.5 miles long, nearly six miles more than the No11 outer circle route in Birmingham, which has been running for 93 years. Other bus launches improving connectivity throughout the city include the service 20A, linking directly to the Foleshill Road; and is very popular with staff and patients alike. The service 1 reaches the far side of the city linking the hospital directly to Tile Hill and Eastern Green.

Centro also launched the Smarter Network, Smarter Choices programme and we were keen to participate. This has increased the amount of travel events that we can deliver as Centro provide their expertise to staff and support these events. An example of this support is the creation of a site-specific University Hospital Bus Leaflet, as there are now 14 bus services to the site, with 27 buses per hour providing links to Coventry and Warwickshire. In partnership with the Clinical Commissioning Group, we also re-launched the 585 bus service between University Hospital and the Hospital of St Cross.

The Annual Travel Survey shows improvements in bus use with 17% of modal share; walking increased by 3% and single occupancy car use is down by 17.5% since 2010.

University Hospital also became the first NHS site in the Midlands to install Electric Vehicle charging points (ELV) through a partnership scheme supported and financed by VINCI Facilities. Two charging points are situated at the East Wing entrance and a further two at the West Wing entrance and both are busy most days.

Adaptation and Mitigation

With a year of extreme weather events we have taken the decision to restructure the Climate Adaptation and Mitigation Group to create a more robust centre for co-ordinated long-term adaptation.

Waste Management

This was a year of improvement and restructure in our waste management systems. We re-evaluated the way in which we manage waste in light of new guidance around the safe management of healthcare waste published by the Department of Health. We have now started to overhaul and audit waste streams and their management in a more in-depth and robust manner. In addition we developed a strategy policy and other procedural documents in order to ensure a fully managed service from cradle to grave.

Energy

There have been many energy reduction programmes during this year. Some examples of these are:

- Working in partnership with Vinci Facilities to launch the 'Helpful Hints' range of energy saving posters, with one being produced each month since January 2014. The purpose of the poster campaign is to advise staff on simple measures that they can take to reduce energy usage in their area and this is supported by a quarterly newsletter.
- With our partners ISS Mediclean, paper hand towels in communal areas have been replaced by energy efficient hand dryers saving significant amounts of paper waste.
- Our renal technicians have joined the national initiative to fit heat recovery units to dialysis machines to reuse the heat saving energy and CO_2.

Procurement

During the year we have reviewed our Procurement Policy to bring about improvements to the sustainability requirements at tender stage and we have also started to develop a matrix that will identify the environment impact of purchases, and enable managers to quickly and easily determine the whole-life costing behind projects. Our aim is that the matrix will provide a wider focus on metrics other than just CO_2.

Engagement

Give and Gain Day 2013 is a national project that we were keen to engage with and we worked with Ryton Organic, Warwickshire Wildlife Trust, Lex Autolease and Bevan Brittan LLP to create a community fruit and vegetable growing space and revitalise the childrens' garden.

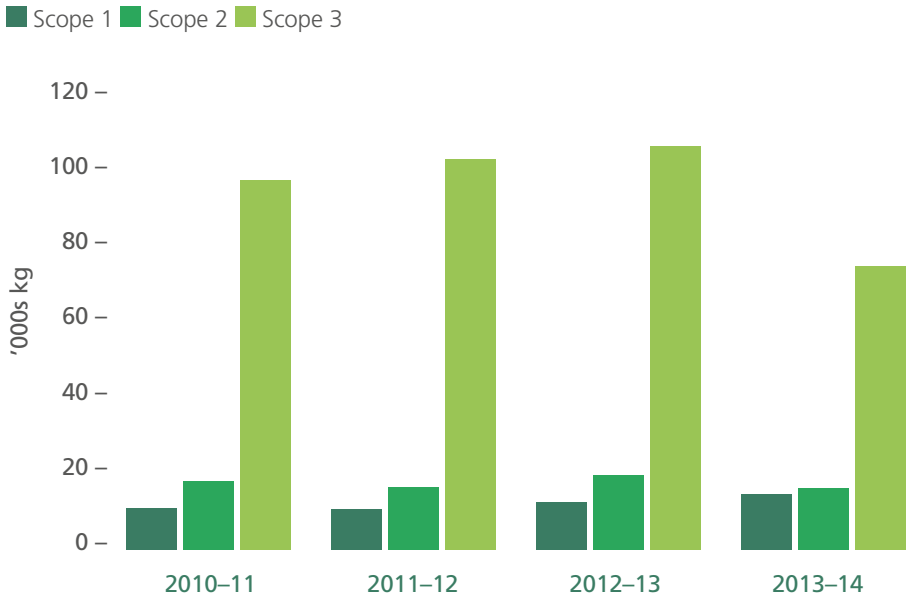
Our Sustainability Manager, Clive Robinson, has been sharing knowledge with year ten pupils at Foxford School. Our links with the school are very strong and we believe that it important to build on these links to share our knowledge and ensure a sustainable future.

We have taken part in NHS Sustainability Day since its inception and 2014 was no exception. It was however bigger and better this year in that there were representatives from public transport, bus operators, and cycling experts including Dr Bike. Together with our partners VINCI Facilities we planted two trees at 2pm as part of the national NHS Forest programme.

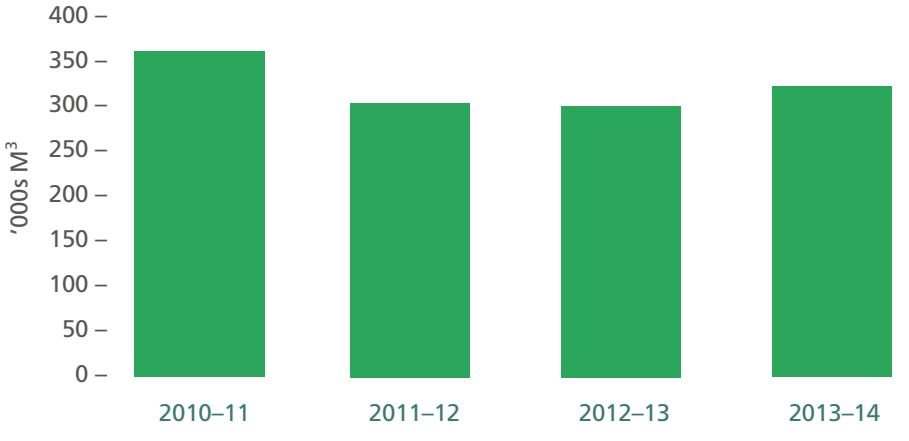
Carbon Management

Carbon accounting is a key part of our business as we meet the criteria for inclusion in the European Union Emissions Trading Scheme (EUETS) and the Carbon Reduction Commitment (CRC) Energy Efficiency Scheme. This has a financial impact on our organisation of £267,000 per annum on an ever increasing scale. We have therefore restructured our Carbon Management Group to align itself for better coordinated action to reduce carbon emissions.

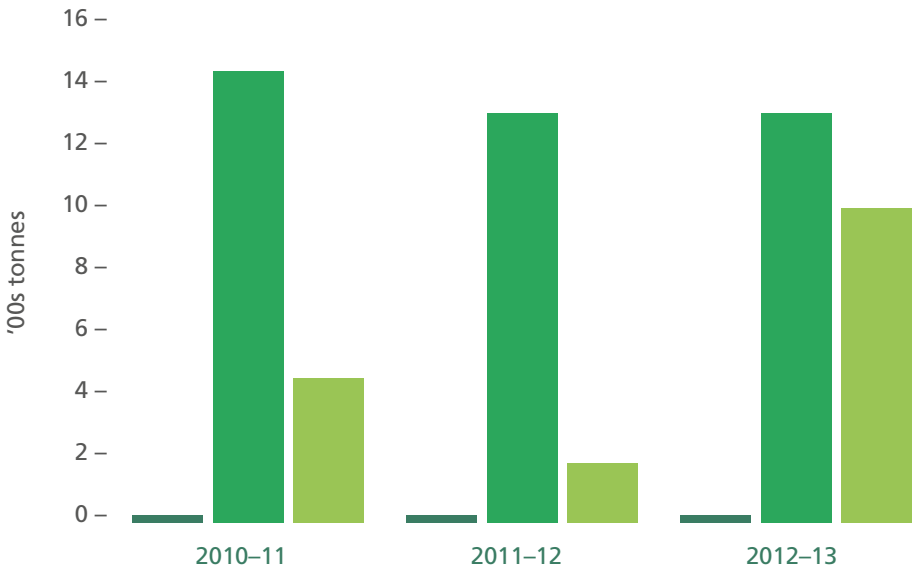
CO_2 Emissions



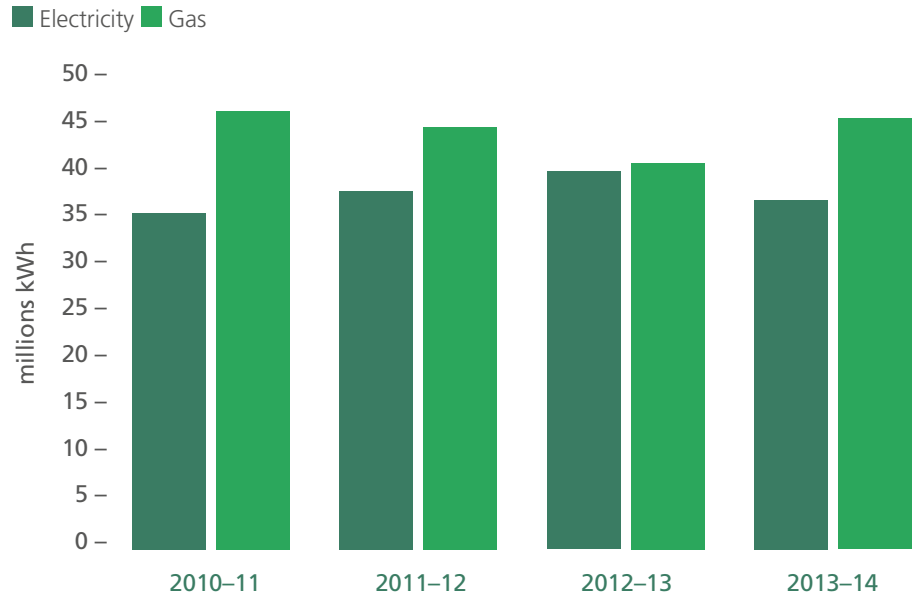
Water Usage



Clinical/Domestic Waste



Electricity/Gas Usage



Greenhouse Gas Emissions

	2010-11	2011-12	2012-13	2013-14
Non-financial indicators				
Total net emissions for Scope 1 kg CO_2e	9,539	9,474	10,664	12,408
Total net emissions for Scope 2 kg CO_2e	18,231	17,114	18,931	16,419
Gross emissions scope 3 kg CO_2e (business travel)	14,805	14,276	14,338	14,662
Gross Total emissions	97,223	100,619	109,207	73,611
Other scope 3 emissions measured	82,418	86,343	94,869	58,948
Related Energy Consumption (kWh)				
Electricity Non-renewable	37,359,777	37,858,537	39,768,921	36,856,886
Electricity renewable	0	0	0	0
Gas	46,496,214	44,750,805	50,573,991	45,540,174
Oil	330,680	705,120	281,880	248,238
Other	0	0	0	0
Financial Indicators				
Expenditure on Energy	3,174,092	3,915,173	4,845,986	4,543,857
CRC Licence Expenditure	1,290	1,290	1,290	997
Expenditure from accredited offsets	0	0	0	0
Expenditure on official business travel	365,265	341,602	335,145	388,296

Performance Commentary (including Measures)

The figures used have been adjusted to comply with the NHS sustainable Development Unit metrics, there has been a reduction in CO_2e emmissions this year, the target for 2014–2015 is a further 2%.

Controllable Impacts Commentary

There has been an increase in business travel, which will be adressed during 2014–2015 to provide a reduction of 4% on the previous year.

Overview of Influenced Impacts

The scopes 1, 2, 3 are fairly static, however the shift is in other scope 3 emmissions. Targets for 2014–2015 are to reduce scope 1 and 2 emmissions by 2%.

Waste

		2010-11	2011-12	2012-13	2013-14
Non- Financial Indicators (tonnes)					
Hazardous Waste					
Total		1,479	1,487	1,384	1,285
Clinical		1,464	1,378	1,371	1,262
Cytotoxic/Cytostatic		10.4	10.4	8.8	8.8
Medicine		4.6	4.6	4.4	4.4
Other		0	0	0	0
Non-Hazardous Waste					
Landfill		183	183	992	814
Reused/recycled		74%	77%	42%	61%
Incinerated		1,497	1,487	1,384	1,285
Financial Indicators (£)					
Total Disposal Cost		782,000	736,075	997,086	699,086
Hazardous Waste – Total Disposal Cost		503,820	521,047	501,389	496,183
Non-Hazardous total disposal cost	Landfill	206,728	170,666	119,851	119,970
	Reused/Recycled	1,011	28,475	64,071	41,911
	Composted	0	0	0	0
	Incinerated with energy recovery	529,347	521,047	501,389	469,183
	Incinerated without energy recovery	0	0	0	0

Performance Commentary (including Targets)

Waste disposal amounts have remained fairly static over recent years, this has seen a small reduction in clinical waste, the target for 2014/2015 is a 2% reduction in clinical waste and a 2% increase in recycling.

Controllable Impacts Commentary

The waste management system is being updated with a focus on auditing, training and information to improve targets.

Overview of Influenced Impacts

The improvements in the management of clinical waste have shown slow improvements; which will follow trend and see further reduction in the next financial year.

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 Sustainable Development Unit Guidance: A Guide to Reporting on Sustainability in Annual Reports..

Emissions accounting includes all scope 1 and 2 emissions along with separately identified emissions related to official travel. DEFRA conversion rates have been used as directed in Environmental Reporting Guidelines: Including mandatory greenhouse gas emissions reporting guidance.

Emergency Planning and Preparedness

As a large provider of healthcare we need to ensure that we plan for, and are in a position to respond to a wide range of significant and major incidents and emergencies. These could be anything from a major transport accident, extreme weather, industrial accidents, or pandemic flu. The Civil Contingencies Act (2004), Health and Social Care Act (2012), and the NHS England Emergency Preparedness Framework (2013) require NHS organisations to demonstrate that they are in a position to deal with such incidents at the same time as maintaining services.

Emergency Preparedness, Resilience and Response is a fundamental part of our governance framework and ensures that we are able to rise to any challenges that we may face:

- **Emergency Preparedness:** We have robust, tested plans and procedures in place alongside both internal and external partners, to ensure a safe and proportionate response to any incidents that may arise.
- **Resilience:** We ensure that Business Continuity Management (BCM) follows the requirements of the Civil Contingencies Act (2004); and also ISO 22301 which is an international BCM standard, and we are currently undertaking a major overhaul of the systems that we have in place to further improve resilience.
- **Response:** We have undertaken a wide range of internal and external training and exercise events in order to test our overall response to a variety of scenarios, and have an ongoing training program in place for our staff, to enable them to effectively carry out their roles and responsibilities in responding to incidents, which will be further enhanced in the coming months.

Equality and Diversity

Equality, Diversity and Human Rights

During 2013–14 we have continued to demonstrate our commitment to promoting equality, by working towards eliminating discrimination, embracing diversity and developing services and a workforce that is representative of the communities that utilise our services.

We have also fulfilled legislative requirements by ensuring that we have equality objectives in place that have been developed in partnership with a range of our internal and external stakeholders, and by publishing information on equality on an annual basis.

The main driver of our work in relation to equality and diversity is our Equality Plan 2012-14, which was developed using the NHS Equality Delivery System (EDS) again, in partnership with our staff and local community

Progress

We have rated the progress made against the actions identified within our Equality Plan using a Red, Amber, Green, or 'RAG' rating in line with the EDS Framework and rated our progress as Amber. This conclusion was reached following an event that was arranged specifically for this purpose, and included our staff, members of the community and representatives from local community groups and organisations. The amber rating reflects the consensus reached, which was that we were achieving a marked number of actions but there were some that were developing and a few that were under-developed.

We are very encouraged by this rating given that this was our first Equality Plan of this nature and the first time that our progress was rated by the wider community. We are very grateful to the community for their input into this exercise and pleased that it enabled us to gain a better understanding of what is expected from us by the wider community that we serve.

The rating was approved by the Trust Board and this, together with all of the supporting comments and suggestions are publicly available on our internet site.

Independent Advisory Group (IAG) for Equality and Diversity

A key action set out within the plan was the establishment of an Independent Advisory Group (IAG) for Equality and Diversity. The IAG was formed in March 2013 and comprises external and internal representatives. It meets quarterly and its primary purpose is to:

- Influence and oversee the development and operation of Equality, Diversity and Human Rights matters (or issues) for the organisation and anyone involved (or participating) in the care and services that we deliver.
- Act as a source of expertise and reference point for the organisation on Equality, Diversity and Human Rights related matters.

Membership of the group includes representation from:

- Healthwatch
- Coventry City Council
- Coventry Carer's Centre
- African Caribbean Community Organisation Limited
- Tamarind Centre - Black Mental Health
- Coventry Refugee and Migrant Centre
- Community individual (gay/lesbian community)
- Community individual (older people)
- Faith Centre
- Grapevine (people with physical/sensory/learning disabilities)
- Patients' Council
- PALS (Patient Advice and Liaison Service)
- Communications
- Patient Information Centre
- Modern Matrons
- Ward Managers
- Staffside
- Volunteer Services
- Patient Involvement

Members of the IAG are encouraged to report back to their organisations, departments and/or colleagues on how we are progressing in relation to Equality, Diversity and Human Rights, and in turn, ensure that we are made aware of any issues that they are aware of that might impact on patient choice, care and satisfaction.

The work that we have undertaken during the year has enabled us to meaningfully consult and involve our local community and has afforded them the opportunity to influence and shape our plans and to monitor our progress against them.

Equality Plan 2014–2017 - Dragons' Den

Our current Equality Plan ends in April 2014 and in February 2014 we therefore took the opportunity to once again work in partnership with our community, partners and stakeholders to identify and agree our priorities and actions for the period 2014 to 2017.

The IAG took a more interactive and inclusive approach to determining the content of the next plan using an adapted Dragons' Den format. The event took place on Monday 17 February 2014 and was conducted in such a way that individuals and groups were able to participate in a way that was appropriate for them.

A brief overview of the four pitches is as follows:

Pitch 1: Grapevine and the H team - delivering training to frontline staff regarding working and engaging with people with learning disabilities/difficulties.

Pitch 2: UHCW Patient Engagement – looking at how Trust information can be provided in more innovative and accessible formats.

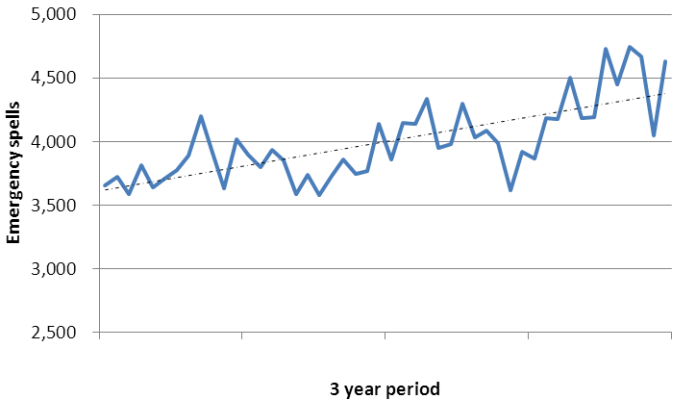
Pitch 3: City Council The Employment Support Services - internships for people with learning difficulties/mental health issues.

Pitch 4: UHCW Additional Specialist Communication Healthcare Assistants – to support patients who have learning difficulties/disabilities and/or are deaf.

Operational Review

Contract Performance

Activity performance against contract



2013–14 has been a challenging year for us with emergency activity exceeding planned levels and total spell activity being 8% higher than that experienced in the previous year. This continues the upwards trajectory of emergency activity that we have experienced over recent years.

Within our contract there were a number of commissioner led Quality, Innovation, Productivity and Prevention (QIPP) schemes which were designed to address emergency activity but these were not sufficient to curb the upwards trend.

We invested heavily into our emergency pathway to manage the increased emergency pressure but despite this, our ability to undertake elective activity was compromised, and as a result, we under-performed against the elective target. This impacted on several of our performance targets resulting in penalty charges, and the increase in emergency activity has continued into 2014/15, which will once again put pressure on us to deliver all of our contractual targets.

Contractual Financial Performance

We exceeded commissioner planned contract income of £438m by a total of 1.3% equating to £5.6m. The greatest over-performance against contract sat with the Clinical Commissioning Groups (CCG) where the target value was exceeded by 4%. There was under performance in respect of income from specialised services and a material driver of this was in our neonatal service, where recruitment difficulties hampered our efforts to open additional cots, which affected activity levels and therefore our contract income.

Contractual Penalties

We incurred penalties against the following in-year performance targets:

- A&E four hour standard
- Cancelled operations
- Referral to treatment times (RTT)
- Ambulance handover times
- MRSA
- One Never Event

The total value of these penalties amounted to £1.7m; the majority of this sum was however reinvested into the organisation by local commissioners to improve in-year performance.

Commissioning for Quality and Innovation (CQUIN)

To deliver against our CQUIN requirements for the year, thirty-seven targets across seventeen themes were identified as listed below. These equated to a total value of £10.4m based on outturn performance value.

Figure 1 - CCG CQUIN Schemes

Scheme Area	Value
Discharge and Flow	£2,321,502
Enhanced recovery	£941,036
NHS Safety Thermometer	£630,158
Gerontology	£593,849
End of Life Care	£403,301
VTE Risk Assessment	£361,291
Dementia	£361,291
Friends and Family	£361,291
Cancelled Outpatients	£336,084
Ambulatory Care	£336,084
Frequent Admissions	£268,867
Psychiatric Liaison	£268,867
	£7,183,621

Figure 2 - NHSE Specialised Services CQUIN Schemes

Scheme Area	Value
Cardiac Surgery	£322,624
Clinical Dashboards	£322,624
Dementia	£161,312
Dialysis RPV	£322,624
Friends and Family	£161,312
Neonatal Care	£1,290,498
NHS Safety Thermometer	£161,312
Transplant Cold Ischemia	£322,624
VTE Risk Assessment	£161,312
	£3,226,244

We did not meet all of the milestone targets in full and this is subject to final validation checks that will conclude in quarter one of 2014–15. Increased emergency activity and difficulty in recruitment difficulty hampered our efforts in relation to the delivery of the discharge and flow and gerontology schemes.

Forward Look

The continuation of in-year emergency pressure gives risk to delivery of both emergency pathway and elective targets in 2014–15. This will continue to be closely monitored internally through our performance management framework and by our commissioners through Contract Performance Meetings.

Performance – CQC Registration; KPIs & NHSLA

Care Quality Commission (CQC) Registration:

We are registered with the Care Quality Commission to provide nine Regulated Activities at two locations (University Hospital, Coventry and Hospital of St Cross, Rugby) and we have maintained registration throughout 2013–14 without any compliance conditions being imposed.

In order to maintain registration we are required to demonstrate compliance with the CQCs Essential Standards of Quality and Safety. CQC assesses compliance with the standards through Intelligent Monitoring and inspection, and has developed a new, in-depth approach to its inspection regime. These comprehensive inspections typically involve 30-40 people and include clinicians and 'experts by experience'. Public, patients and staff also have an opportunity to share their views about services.

The CQC continues to make unannounced responsive inspections where they have concerns about quality or safety and thematic reviews to evaluate the quality of a care pathway (such as patients with dementia) or a specific area e.g. safeguarding.

In 2013–14 the CQC has made two inspection visits to the organisation:

17 September 2014:

An unannounced Inspection of Mulberry Ward (Hospital of St Cross, Rugby) was undertaken against three outcomes:

1. Respecting and involving people who use services (Outcome 1)
2. Care and welfare of people who use services (Outcome 4)
3. Staffing (Outcome 13)

15 January 2014:

An unannounced visit was carried out as part of the nationwide thematic review of Dementia Care against three outcomes:

1. Care and welfare of people who use services (Outcome 4)
2. Cooperating with other providers (Outcome 6)
3. Assessing and monitoring the quality of service provision (Outcome 16)

CQC Inspectors also visited the Accident and Emergency Department, the Medical Assessment Unit, Ward 1(Endocrine conditions), Ward 21 (general medicine), Ward 32 (ENT), Ward 33 (Urology), Wards 40 and 41 (stroke and age related), and Ward 53 (Orthopaedics).

On both occasions Inspectors found the Trust to be compliant with the essential standards but at the same time identified ways in which our services might be improved. We have developed improvement plans following on from these inspections which are being monitored through our governance framework.

CQC publish all reports on their website at www.cqc.org.uk

Key Performance Indicators (KPIs)

National and Local Targets

Our mission is to provide high quality care and to evidence that this is being achieved by delivering against applicable targets and standards both at a national and local level.

Due to the transition from Strategic Health Authorities to the NHS Trust Development Authority (TDA) in April 2013, performance management against the former Department of Health NHS Performance Framework and Provider Management Regime have ceased.

We have established a balanced performance scorecard, which reflect the quality, governance and financial indicators as outlined in the TDA Accountability Framework for NHS Trust Boards and under-pins the Integrated Quality, Performance and Finance Report that is submitted to the Trust Board each month. Local contract targets and standards, including progress against the 2013-14 CQUIN schemes has also continued to be monitored.

Monitor Compliance Framework Rating

In preparation for becoming a Foundation Trust we have utilised the 2013-14 Monitor Compliance Framework to assess our performance. Our aggregated performance in each quarter is set out in the table below and was amber-red across the entire year.

Fig 1.

Monitor Framework		UHCW Rating 2013–14			
Rating	**Score**	**Q1**	**Q2**	**Q3**	**Q4**
Green	< 1.0				
Amber-Green	≥ 1.0 and < 2.0				
Amber-Red	≥ 2.0 and < 4.0	Amber-Red	Amber-Red	Amber-Red	Amber-Red
Red	≥ 4.0				

This score was primarily driven by our performance against the four hour A&E standard in the early part of the year and missing the 62-day referral to treatment target for suspected cancers for three months. Further detail of our monthly performance against each of the standards within the Compliance Framework is set out in table one on page 50.

TDA Accountability Framework

The quality, governance and financial indicators as outlined in the TDA Accountability Framework for NHS Trust Boards 2013-14 are included in our Trust-wide balanced scorecard. Performance monitoring of a range of defined local internal and external targets are also included within the scorecards at service level and form a key part of our Performance Management Framework.

Figure 2 shows the Trust Board scorecard as at March 2014.The TDA is reviewing the indicators for the 2014-15 financial year and any necessary changes to our scorecard will then be made.

TDA Monthly Self-Certification Requirements

Each month, our Trust Board considers and submits Board Statements which confirm that we are delivering against

fundamental deliverables; clinical quality, good patient experience, national and local standards and targets and within the available financial envelope. A submission is also made to confirm compliance with Monitor licence requirements for NHS Trusts

Performance against 2013–14 Acute Contract Targets

Our 2013-14 Acute Contract with Clinical Commissioning Groups requires that we deliver against 102 standards that are agreed as part of the contract. In addition to these, we are also required to deliver against the indicators agreed in the 2013-14 CQUIN Schemes. Overall, performance has been good for the majority of indicators throughout the year with delivery against the challenging Clostridium-Difficile (trust acquired) target being particularly notable.

Performance exceptions and risks

Our performance against the following targets set out within the 2013-14 Monitor Compliance Framework has been assessed as under-performing:

Total time in A&E (95%, 4 hour wait target):

Our performance as of March 2014 for this target was 93.93% which equates to 705 patients out of a total of 14,690 attendances at A&E being seen outside of the 4 hour standard. This is 1.07% below the national 95% target.

In the first seven months of the financial year, the target was only achieved in June and August 2013 due to significant pressures that were experienced in A&E departments across the country. In response to this, we launched our 'Getting Emergency Care Right' campaign in September 2013, which focused on embedding a number of 'safety standards' within the non-elective pathway.

As a result of this, significant improvements were delivered in the final five months of the year, with performance against the monthly target peaking in November 2013 at 98.27%, followed by 97.68% in December 2013. The 95% target has been met in each of the final five months of the year; this is the first time that this has been achieved for a considerable amount of time and is therefore a notable achievement.

Meeting the MRSA objective:

We had a challenging target of zero incidences of MRSA in 2013-14. At the year end, two incidences were reported; the first in August followed by a second in September, which meant that we did not meet the target. Given the proximity of the two cases analysis was undertaken and this showed that the second case was not related to the first.

Other areas of performance to note within the TDA Accountability Framework indicators or Acute Contract targets include;

Delayed transfers of care:

This indicator remains challenging to deliver due to the complexity of discharges and the number of partner organisations involved. It is measured at a snapshot in time within the reporting month, and records the number of acute patients (aged 18 and over) whose transfer of care was delayed, over the number of occupied beds at the month end.

During March 2014 there were 54 delayed transfers of care out of 1,063 occupied bed

days which equates to 5.08% against a target of less than or equal to 4%. At the year end the figure was 4.37% which is a marginal improvement from 2012-13 outturn.

Actions being taken to improve performance against this target include;

- Continuation of daily teleconferences with health and social care partners which provides 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.

Successful Choose and Book:

We continue to underperform against this indicator with a reported position of 27.21% for March 2014 against the national target of 3%. Significant capacity challenges are faced by the orthopaedics and ophthalmology specialties and, in recognition of this, agreed recovery trajectories to achieve the standard are to be put in place for 2014-15. Progress against the action plans are measured at Weekly Access meetings.

Whilst we are compliant with the following targets, we assess continued compliance in the forthcoming financial year as being high risk due to the on-going pressures that are described within this report.

- 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
- Maximum 62 day wait for first cancer treatment from the point of GP referral for suspected cancer (85% target).

As previously stated, the 85% target was breached for three months during in 2013-14. We have analysed why the breaches occurred and found the cause to be complex patient pathways. A number of actions were subsequently taken to improve performance for this indicator as follows:

- Greater scrutiny of patients on complex urgent suspected cancer pathways through weekly Access Meetings.
- Review of individual patient pathways (where there is a risk of failure of the standard) and the development and implementation of an action plan.
- A review of the existing early warning system.

Following these actions, monthly performance against the 85% target has been achieved for the subsequent eight months, and although the target was not met in quarters one to three, the year-end position was 85.01%

Year-to-date performance monitoring against each of these targets is set out in figures 1 and 2 overleaf.

Figure 1: Monthly Monitoring Against MONITOR Compliance Framework Indicators

Indicator	Threshold	Weighting	Monitoring Period	MA_YTD	Apr 2013	May 2013	Jun 2013	
Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted (6)	90%	1	Quarterly	MA	91.90%	90.54%	89.50%	
Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted (6)	95%	1	Quarterly	MA	97.57%	97.53%	97.56%	
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway (6)	92%	1	Quarterly	MA	93.59%	93.64%	93.45%	
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge (9)	95%	1	Quarterly	MA	81.44%	92.82%	95.66%	
		1		YTD	81.44%	87.70%	90.12%	
All cancers: 62-day wait for first treatment (5) from: - from urgent GP referral for suspected cancer	85%	1	Quarterly	MA	86.38%	82.76%	78.57%	
		1		YTD	86.38%	84.75%	82.99%	
- from NHS cancer Screening Service referral	90%	1	Quarterly	MA	89.19%	100.00%	93.10%	
		1		YTD	89.19%	93.94%	93.68%	
All cancers: 31-day wait for second or subsequent treatment (4), comprising: - surgery	94%	1	Quarterly	MA	100.00%	98.15%	98.15%	
		1		YTD	100.00%	98.91%	98.63%	
- anti cancer drug treatments	98%	1	Quarterly	MA	100.00%	100.00%	100.00%	
		1		YTD	100.00%	100.00%	100.00%	
- radiotherapy	94%	1	Quarterly	MA	95.24%	95.53%	94.12%	
		1		YTD	95.24%	95.38%	94.98%	
All cancers: 31-day wait from diagnosis to first treatment (7)	96%	0.5	Quarterly	MA	100.00%	98.37%	99.46%	
		0.5		YTD	100.00%	99.28%	99.33%	
Cancer: two week wait from referral to date first seen (8), comprising: - all urgent referrals (cancer suspected)	93%	0.5	Quarterly	MA	94.72%	96.36%	94.29%	
		0.5		YTD	94.72%	95.57%	95.19%	
- for symptomatic breast patients (cancer not initially suspected)	93%	0.5	Quarterly	MA	94.57%	93.68%	93.10%	
		0.5		YTD	94.57%	94.06%	93.79%	
Clostridium Difficile – meeting the Clostridium Difficile objective (2)	0	1	Quarterly	MA	3	4	4	
		1		YTD	3	7	11	
Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia – meeting the MRSA objective (3)	0	1	Quarterly	MA	0	0	0	
		1		YTD	0	0	0	
Certification against compliance with req access to healthcare for people with learning disability (10)	G	0.5	Quarterly	MA	G	G	G	
SCORE (total of weightings for red rated indicators					**2.0**	**2.0**	**3.0**	
RISK RATING					**A/R**	**A/R**	**A/R**	

	Q1	Jul 2013	Aug 2013	Sep 2013	Q2	Oct 2013	Nov 2013	Dec 2013	Q3	Jan 2014	Feb 2014	Mar 2014	Q4
	90.61%	90.81%	92.14%	91.68%	91.52%	92.27%	91.94%	93.02%	92.37%	93.33%	92.27%	91.84%	91.84%
	97.56%	97.58%	97.50%	97.81%	97.63%	97.61%	98.21%	98.32%	98.02%	97.77%	97.80%	97.55%	97.55%
	93.45%	93.81%	93.25%	94.00%	94.00%	94.75%	95.04%	94.95%	94.95%	94.24%	94.14%	94.01%	94.01%
	90.12%	92.29%	95.35%	93.24%	93.72%	94.67%	98.27%	97.68%	96.70%	95.20%	95.17%	95.20%	95.19%
	90.12%	90.64%	91.67%	91.90%	91.90%	92.35%	93.03%	93.50%	93.50%	93.69%	93.81%	93.93%	93.93%
	82.99%	79.31%	86.23%	85.53%	83.15%	86.53%	85.43%	85.64%	85.90%	86.02%	85.52%	86.17%	88.10%
	82.99%	81.89%	82.66%	83.08%	83.08%	83.59%	83.78%	83.99%	83.99%	84.20%	84.30%	85.01%	85.01%
	93.68%	100.00%	90.91%	96.55%	96.34%	97.87%	95.12%	100.00%	97.50%	100.00%	91.89%	94.74%	94.55%
	93.68%	95.24%	94.59%	94.92%	94.92%	95.54%	95.47%	95.96%	95.96%	96.37%	95.92%	95.58%	95.58%
	98.63%	100.00%	100.00%	97.73%	99.35%	96.72%	100.00%	100.00%	98.64%	100.00%	100.00%	100.00%	100.00%
	98.63%	98.97%	99.22%	99.00%	99.00%	98.62%	98.78%	98.88%	98.88%	99.01%	99.08%	99.17%	99.17%
	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%
	94.98%	97.67%	97.53%	96.49%	97.26%	97.79%	95.40%	95.56%	96.26%	93.93%	94.68%	92.93%	93.93%
	94.98%	95.75%	96.07%	96.13%	96.13%	96.37%	96.25%	96.18%	96.18%	95.91%	95.80%	95.53%	95.53%
	99.33%	99.56%	98.96%	100.00%	99.51%	100.00%	99.40%	100.00%	99.83%	99.49%	98.77%	98.99%	99.15%
	99.33%	99.39%	99.31%	99.42%	99.42%	99.51%	99.50%	99.56%	99.56%	99.55%	99.49%	99.46%	99.46%
	95.19%	94.68%	93.10%	93.10%	93.65%	94.21%	94.78%	94.93%	94.64%	94.06%	94.12%	93.21%	93.74%
	95.19%	95.05%	94.65%	94.40%	94.40%	94.37%	94.42%	94.48%	94.48%	94.44%	94.41%	94.30%	94.30%
	93.79%	94.55%	95.27%	93.85%	94.58%	95.81%	93.67%	94.58%	94.70%	96.92%	93.29%	89.50%	93.31%
	93.79%	94.01%	94.26%	94.20%	94.20%	94.46%	94.36%	94.38%	94.38%	94.70%	94.57%	94.08%	94.08%
	11	2	2	2	6	2	6	4	12	10	3	5	18
	11	13	15	17	17	19	25	29	29	39	42	47	47
	0	0	1	1	2	0	0	0	0	0	0	0	0
	0	0	1	2	2	2	2	2	2	2	2	2	2
	G	G	G	G	G	G	G	G	G	G	G	G	G
	2.0	**2.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**2.0**	**2.0**
	A/R	**A/R**	**A/R**	**A/R**	**A/R**	**A/R**	**A/R**	**A/R**	**A/R**	**A/R**	**A/R**	**A/R**	**A/R**

Figure 2: Trust performance Scorecard (March 2014)

Measure	Previous Position	Latest Position	DoT	YTD Plan
Excellence in patient care and experience				
Patient Outcomes				
Clostridium difficile (Trust acquired) - cumulative	42	47	↓	57
MRSA bacteremia (Trust acquired) - cumulative	2	2	→	0
Medication errors causing serious harm	0	0	→	0
Serious Incidents (Number)	21	7	↑	5
Serious Incidents (Overdue)	1	4	↓	0
Number of never events reported - cumulative	4	4	→	0
CAS Alerts (Overdue)	2	1	↑	0
Same sex accommodation standards breaches	0	0	→	0
HSMR (basket of 56 diagnosis groups) (2 month in arrears)	84.56	91.03	↓	100
SHMI (Quarterly) (6 months in arrears)	99.44	99.44	→	100
Harm Free Care (1 month in arrears)	95.79%	95.15%	↓	92%
Pressure Ulcers 3 and 4 (Trust associated)	0	0	→	0
Falls per 1000 occupied bed days resulting in serious harm	0.13	0.09	↑	0.04
Eligible patients having VTE risk assessment (1 month in arrears)	96.13%	96.29%	↑	95%
C-UTI (1 month in arrears)	99.53%	99.63%	↑	99.25%
Patient Experience				
Friends & Family Test IP & A&E combined coverage	22.21	27.42	↑	23
Maternity FFT No of touchpoints achieving a 15% response rate	3	4	↑	4
Friends & Family Test IP Score	60.41	63.75	↑	61
Friends & Family A&E Score	45.34	50.97	↑	22
Number of complaints registered - cumulative	432	490	↓	480
Maternity Services				
C-section rates - elective	11.76%	11.38%	↑	10.75%
C-section rates - emergency	12.24%	11.18%	↑	15.75%
Number of Maternal deaths	0	0	→	0
Admission of full term babies to neonatal care	3.65%	4.10%	↓	4%
Theatre Productivity				
Theatre efficiency - Main	64.16%	68.09%	↑	85%
Theatre efficiency - Rugby	69.95%	69.90%	↓	85%
Theatre efficiency - Day Surgery	42.98%	52.49%	↑	70%
Theatre utilisation - Main	80.91%	82.27%	↑	85%
Theatre utilisation - Rugby	80.34%	77.88%	↓	85%
Theatre utilisation - Day Surgery	60.40%	65.89%	↑	70%
Surgical Safety Checklist (WHO)	99.93%	99.80%	↓	100%

RAG
No Target or RAG rating
Achieving or exceeding target
Slightly behind target
Not achieving target
Data not currently available

DoT	DQ
Improving	High data quality assurance
No change	Medium data quality assurance
Falling	Low data quality assurance

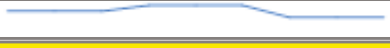
Annual Target	Annual FOT	Executive Lead	Owner	Trend	DQ
57	57	Mark Radford	Karen Bond		
0	2	Mark Radford	Karen Bond		
0	0	Meghana Pandit	Paul Martin		
5	5	Meghana Pandit	Paul Martin		
0	0	Meghana Pandit	Paul Martin		
0	4	Meghana Pandit	Paul Martin		
0	0	Meghana Pandit	John Knibb		
0	1	Mark Radford	Gillian Arblaster		
100	100	Meghana Pandit	Paul Martin		
100	100	Meghana Pandit	Paul Martin		
92%	92%	Mark Radford	Karen Bond		
0	15	Mark Radford	Gillian Arblaster		
0.04	0.04	Mark Radford	Karen Bond		
95%	95%	Mark Radford	Oliver Chapman		
99.25%	99.25%	Mark Radford	Karen Bond		
23	23	Meghana Pandit	Paul Martin		
4	4	Meghana Pandit	Paul Martin		
61	61	Meghana Pandit	Paul Martin		
22	22	Meghana Pandit	Paul Martin		
480	480	Meghana Pandit	Paul Martin		
10.75%	10.75%	Meghana Pandit	Stephen Keay		
15.75%	15.75%	Meghana Pandit	Stephen Keay		
0	0	Meghana Pandit	Stephen Keay		
4%	4%	Meghana Pandit	Stephen Keay		
85%	85%	David Eltringham	Steve Parker		
85%	85%	David Eltringham	Steve Parker		
70%	70%	David Eltringham	Steve Parker		
85%	85%	David Eltringham	Steve Parker		
85%	85%	David Eltringham	Steve Parker		
70%	70%	David Eltringham	Steve Parker		
100%	100%	Meghana Pandit	Steve Parker		

Figure 2: Trust performance Scorecard

Non emergency care				
Last minute non-clinical cancelled ops (elective)	2.71%	1.61%	↑	0.8%
Breaches of the 28 day readmission guarantee	5	13	↓	0
Urgent ops cancelled for the second time	0	0	→	0
18 week referral to treatment time - Admitted (1 month in arrears)	93.33%	92.27%	↓	90%
18 week referral to treatment time - Non-admitted (1 month in arrears)	97.77%	97.80%	↑	95%
RTT - incomplete in 18 weeks (1 month in arrears)	94.24%	94.14%	↓	92%
RTT 52 Week Waits (1 month in arrears)	0	0	→	0
Choose and Book appointment slot issues	11.49%	27.21%	↓	3%
Diagnostic waiters, 6 weeks and over	0.15%	0.03%	↑	1%
2 week cancer wait (GP referral to op appointment - 1 month in arrears)	94.06%	94.12%	↑	93%
31 day diagnosis to treatment cancer target (1 month in arrears)	99.49%	98.77%	↓	96%
62 days urgent referral to treatment cancer target (1 month in arrears)	86.02%	85.52%	↓	85%
Emergency care				
A&E 4 hour wait target	95.17%	95.20%	↑	95%
Delayed transfers as a percentage of admissions	5.74%	5.08%	↑	3.5%
30 day emergency readmissions	8.20%	8.20%	→	7.95%
Deliver value for money				
Liquidity days	-25.00	-23.70	↑	-21.7
Capital services capacity	1.30	1.30	→	1.4
Combined risk rating	2	2	→	2
Forecast I&E compared to plan (£'000)	228	214	↓	2927
Forecast recurrent and non recurrent efficiency compared to plan (£'000)	17951	17026	↓	25000
Employer of choice				
Appraisal rate	78.14%	79.39%	↑	90%
Consultant appraisal rate	74.29%	81.38%	↑	90%
Attendance at mandatory training	72.42%	74.30%	↑	90%
Sickness rate	4.77%	4.02%	↑	4%
Leading research based health care organisation				
No of Pts recruited into NIHR portfolio - cumulative (1 month in arrears)	3687	4245	↑	3894
Performance in Initiating Trials (quarterly)	22.03%	22.03%	→	80%
Performance in Delivery of Trials (quarterly)	44.62%	44.62%	→	80%
Leading training and education centre				
Job evaluation survey tool (JEST) score (1 month in arrears)	3.70	3.70	→	3.5

RAG
No Target or RAG rating
Achieving or exceeding target
Slightly behind target
Not achieving target
Data not currently available

DoT	DQ
Improving	High data quality assurance
No change	Medium data quality assurance
Falling	Low data quality assurance

0.8%	0.8%	David Eltringham	Jonathan Brotherton		✓
0	0	David Eltringham	Jonathan Brotherton		✓
0	0	David Eltringham	Jonathan Brotherton		✓
90%	90%	David Eltringham	Ros Kay		✓
95%	95%	David Eltringham	Ros Kay		✓
92%	92%	David Eltringham	Ros Kay		✓
0	0	David Eltringham	Ros Kay		✓
3%	3%	David Eltringham	Ros Kay		✓
1%	1%	David Eltringham	Ros Kay		✓
93%	93%	David Eltringham	Jonathan Brotherton		✓
96%	96%	David Eltringham	Jonathan Brotherton		✓
85%	85%	David Eltringham	Jonathan Brotherton		✓
95%	95%	David Eltringham	Alan Cranfield		✓
3.5%	3.5%	David Eltringham	Alan Cranfield		!
7.95%	7.95%	David Eltringham	Alan Cranfield		✓
-21.7	-23.70	Gail Nolan	Susan Rollason		✓
1.4	1.30	Gail Nolan	Susan Rollason		✓
2	2	Gail Nolan	Susan Rollason		!
2927	214	Gail Nolan	Susan Rollason		✓
25000	17026	Gail Nolan	Susan Rollason		✓
90%	90%	Ian Crich	Andrew McMenemy		!
90%	90%	Ian Crich	Andrew McMenemy		!
90%	90%	Ian Crich	Andrew McMenemy		!
4%	4%	Ian Crich	Andrew McMenemy		!
4250	4250	Meghana Pandit	Chris Imray		✓
80%	80%	Meghana Pandit	Chris Imray		✓
80%	80%	Meghana Pandit	Chris Imray		✓
3.5	3.5	Meghana Pandit	Maggie Allen		✓

NHSLA

The NHS Litigation Authority (NHSLA) is a Special Health Authority that was set up in 1995. The NHSLA handles negligence claims made against its member 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 that is based on a number of criteria to the relevant schemes, and the NHSLA then provides cover in a similar way to an insurance company

The NHSLA Risk Management Standards ceased to exist last year and assessments against these are no longer conducted. All NHS Trusts are however expected to have systems and processes in place to manage their claims and to ensure that lessons are learned from them where appropriate. All of our groups and specialities receive regular reports detailing the claims that have been made against them alongside details of complaints and incidents in order that they can triangulate the information and make improvements to services and processes.

Quality Account

The Department of Health (DH) requires all NHS Trusts to produce an annual Quality Account. In June 2013, we published our fourth Quality Account, describing the quality of our services and setting out our Quality priorities for 2013-14. 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 in 2013–14.

These were:

- Discharging patients in a safe and timely way
- Reducing the risk of harm from falls
- Using feedback to improve care

Details of the progress that we have made in respect of these priorities will be set out in our Quality Account for 2013-14 which will be published in June 2014. The Quality Account will also provide further detail of our three priorities for 2014–15 which are:

- Getting Emergency Care Right – Ensuring Effective Handover between Healthcare Professionals
- Getting Emergency Care Right – Ensuring patient flow through the hospital in order to improve efficiency in elective theatres
- Getting Emergency Care Right – Together Towards World Class patient experience

These were selected by our Trust Board following an extensive internal and external consultation from which a 'long list' of priorities was produced. We are grateful to our staff, patients and our partner agencies for helping to identify our list of priorities. Some reflect the value of continuing work that was begun in previous years whilst others represent new areas of interest. We know however that they will all help us to improve the experience of our patients.

Efficiency - Productivity

The first part of the year was dedicated to finalising work in areas that were the focus of 2012-13. In the latter part of the year, work was undertaken to develop an approach to service improvement that will set it in context as an integral part of an overall organisational development programme to change the culture of the Trust. Some of the projects that were undertaken are listed below:

Outpatients

The aim of this project was to increase capacity within current funded outpatient clinics and improve booking processes to ensure that available capacity is utilised to optimum levels. It also focused on clinic operational flow in order to improve the patient and staff experience

The project was split into four phases which delivered 14,772 additional slots (6,186 new slots, 8,586 follow up slots) within funded time and the roll out of a new Key Performance Indicator (KPI) database/tool was also completed.

Trauma & Orthopaedics Early Supported Discharge

Trauma and Orthopaedics have implemented an early supported discharge process for primary hip and knee patients, resulting in:

- Review of pre-operative patient information and processes
- Introduction of alternative anaesthetic techniques to aid early post-operative recovery
- Early therapy intervention with many patients being mobilised out of bed post-operatively on the day of surgery
- Reduced length of stay

Service Improvement & Development Programme

A new programme of work has been initiated supported by our external partners, Unipart Expert Practices. The initial focus of this work was on supporting frontline teams to deliver a mixture of operational, qualitative and financial benefits in the following areas:

- Coding
- Procurement
- E-rostering
- Pharmacy
- Length of stay
- Preoperative assessment
- Therapy DNAs

To date these activities have delivered:

- Improved processes associated with ward board rounds to facilitate early discharge
- Recycling of drugs that would previously have been disposed of worth £75k
- A reducing trend in patients failing to attend therapy appointments (know as DNAs – Did Not Attend)
- A proposed new delivery model for pre-operative assessment
- Procurement and coding benefits worth £670k

Looking Forward

Over the next 12 months the focus will be to develop, embed and sustain improvement capability within frontline clinical teams based around the roll out of four core improvement tools and linking this to our Together Towards World Class programme. Improvement activities will also be based around the re-design of whole pathways to maximise improvement opportunities at an organisational level.

Clinical Developments

Summaries on clinical developments during the year is set out below:

Cutting edge equipment donated to help high risk pregnancies

The Centre for Reproductive Medicine at University Hospital, Coventry and the University of Warwick can now help more couples who are experiencing difficulties with pregnancy, with the help of a first class Embryoscope.

The £65,000 Embryoscope was kindly donated for research by the Warwickshire Private Hospital (WPH) Charitable Trust.

The Embryoscope provides detailed, non-invasive scanning of individual human embryos throughout their first week of development, allowing cutting edge interpretation of embryo quality. This directly benefits couples having IVF treatment, while the research will help women with high-risk pregnancies.

'Bike-chain' holds cancer Mum's jaw together

A metal that is usually used to make surgical equipment, wheelchairs and crutches has helped save one lucky woman's life from cancer.

In July doctors discovered that a 49-year-old from Rugby had jawbone cancer which had eaten away half of her jaw.

She was referred to one of the world's leading head and neck reconstructive surgeons at University Hospital in Coventry who suggested taking tissue including artery and vein from other parts of her body to rebuild her jaw and use a titanium 'chain' to hold her jaw together.

A titanium chain – which looks just like an ordinary bike chain – was then fitted around her new reconstructed jaw to hold it together. Mr Walton then took skin from Lisa's stomach and grafted on to her arm to replace that had been taken away.

Titanium is used because it is an inert metal and therefore less likely to be rejected by the body than a foreign material. Holes are drilled into the chain plate in which screws are placed to hold it into the bone.

Local Hospital opens Nursery for premature babies

A Transitional Care Nursery has been opened at University Hospital, Coventry to support babies and their parents before they go home.

The Nursery is a low dependency ward which provides support in a comfortable and vibrant environment for babies who were born prematurely. This Nursery does not only benefit the babies but it also aims to instill confidence in sometimes nervous parents. Parents of babies are taught how to care for their babies special needs, for example with tube feeding and for them to gain confidence before their baby is discharged. Parents are welcome to stay with their babies 24 hours a day and there are facilities available for parents to make their stay as comfortable as possible.

The Nursery has 12 cots and 12 beds which parents can use so that they can be close to their babies, which helps assist with bonding and breast feeding.

World first study uncovers genetic link to post natal depression

The first evidence of a genetic predisposition to post natal depression (PND) due to variants in genes of the hypothalamo-pitutitary-adrenal (HPA) axis has been discovered by a team of specialists at UHCW and Warwick Medical School.

Research led by Professor Dimitris Grammatopoulos, Professor of Molecular Medicine and Consultant in Clinical Biochemistry and Molecular Diagnostics at UHCW and Warwick Medical School, has proven a genetic variation can lead to women becoming up to five times more likely to suffer from PND.

His paper, which has been published by the Journal of Psychiatric Research, was based on his recent study of 200 pregnant women. He and a team of specialists (Miss Neelam Engineer and Dr Steve Smith) from the Departments of Obstetrics and Biochemistry identified that an overwhelming majority of women who went on to develop PND had at least one of two molecular signatures – variations in a person's DNA – which increase the risk of PND.

Up to 15% of women are reported to suffer from PND, yet medics believe this figure could be much higher as many severe cases of the 'baby blues' go unreported.

Previous studies have identified multiple molecular signatures linked to depression. Professor Grammatopoulos tested some of these variations and has now isolated two variations specifically linked to PND, which are triggered by hormonal imbalances during pregnancy.

Midwifery led birth centre opens

The Lucina Birth Centre opened on 2 September 2013 at University Hospital, Coventry. The Centre is named after the Roman Goddess for childbirth, Lucina. Legend has it that Lucina was seen as the protector of birth, maintaining the safety of women through their labour.

The Lucina Birth Centre is located on the first floor of the West Wing and provides a welcoming, relaxed and supportive environment for our mothers and their families. The environment will support birth as a natural physiological process that will be aided by the expertise of the midwife as the lead professional for normal birth. Staff will work in partnership with mothers and their families to empower their choices, ensuring a safe and positive birth experience which facilitates the transition to parenthood.

Hospital of St Cross installs 'super-theatre'

An ultra-clean ventilation canopy (UCV) was replaced at one of the theatres at the Hospital of St Cross at Rugby.

The £200,000 theatre upgrade was a prerequisite for all major open procedures such as joint replacement and spinal fusions. The UCV is proven to reduce the occurrence of micro-organisms within the operating theatre and more specifically at the wound site.

Specialist eye care service closer to home for Rugby residents

Patients in Rugby who require specialist eye care treatment are now be able to choose from a wider variety of locations including the Hospital of St Cross in Rugby.

Health Commissioners at NHS Coventry and Rugby Clinical Commissioning Group (CCG) worked closely with local hospitals to help Rugby patients access these services closer to home.

Patients newly diagnosed with age-related macular degeneration (AMD) are now given a choice of location for their treatment.

These specialist services are for an eye condition called age-related macular degeneration (Wet AMD) which can cause blindness if left untreated. This treatment usually requires regular injections which means patients have to travel back and forth to hospital to receive a full course of treatment.

Launch of Getting Emergency Care Right campaign

In September 2013 we launched our Getting Emergency Care Right campaign, aimed at improving the care for our patients needing emergency treatment. This involved power training hundreds of our staff in key principles and has resulted in 7,000 more patients being seen, treated and admitted or discharged within four hours compared to the same period last year.

It was also the year where the Trust saw the most people in A&E in one day – on March 3 more than 633 came to the A&E department at University Hospital.

Despite this pressure, the hard work of all concerned meant the Trust was able to consistently meet the target to see, treat and discharge or admit 95% of patients for four hours from October 2013 to the year end in March 2013.

Trust launches £1.8m in extending innovative treatment for cancer patients

Cancer patients in Coventry and Warwickshire are receiving a new cutting edge treatment.

Intensity Modulated RadioTherapy (IMRT) is better for patients as it allows radiotherapy to be targeted extremely specifically. This means patients with difficult to reach tumours, who previously could not have received radiotherapy because it would have damaged surrounding tissues, can be treated. Consequently, IMRT allows for higher doses of therapeutic radiation to be used which increases the treatment's success.

The treatment is so promising that from September 2013, the Government asked hospitals giving radiotherapy to use IMRT for 24% of their population. Here at UHCW we achieved this target two months early, delivering 25.6% of our radical treatments using IMRT in July, 26.8% in August and 27.4% in September.

To make sure UHCW patients are getting the best treatment, the Trust has also recently invested £1,830,000 purchasing a new state-of-the-art linear accelerator (linac), which is the machine that delivers radiotherapy to patients. This will complement a similar machine already delivered to the Trust and currently being prepared for clinical use, making for a total value of around £3,200,000 in new linacs.

Added to the two linacs with IMRT capabilities that are already in use, this means any patient who will benefit from IMRT will be able treated locally at University Hospital.

Governance; Organisational Structure (Trust Board & Sub-Committees)

Trust Board

The role of our Trust Board is to lead and govern the organization and ensure that it is well managed. Its primary functions are:

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

We aspire to the highest standards in corporate governance and corporate governance framework is set out in our Standing Orders, Standing Financial Instructions, and Scheme of Reservation and Delegation.

Board Composition 2013–14

A number of changes to membership of the Trust Board have taken place during 2013-14 and a summary of all of those that have served on the Board during this period is set out below:

Non Executive Directors

Paul Sabapathy	Left 31 May 2013
Samantha Tubb	In post all year
Peter Winstanley	In post all year
Trevor Robinson	In post all year (Acting Chair 11/01/14 - 16/02/14)
Tim Sawdon	Left 31 May 2013
Nick Stokes	Left 31 December 2013 (Acting Chair 01/06/13 onwards)
Phil Townsend	Left 31 May 2013
Ed Macalister-Smith	Started in post 1 October 2013
Ian Buckley	Started in post 1 October 2013
Andrew Meehan	Started in post as Chairman 17 February 2014

Executive Directors

Andy Hardy	Chief Executive Officer
Meghana Pandit	Chief Medical Officer
Mark Radford	Chief Nursing Officer
Gail Nolan	Chief Finance Officer
David Eltringham	Chief Operating Officer
Ian Crich	Chief HR Officer
David Moon	Chief Strategy Officer (from 1 August 2013)

Board Committees

The Board delegates a number of its functions to committees which are formally established by the Board to provide an additional level of assurance around the most important aspects of our business. We are required to establish an Audit Committee and a Remuneration Committee by statute but have established other Committees to support the work of the Board. Each Committee operates to clear terms of reference that are defined by the Board and is chaired by a Non-Executive Director.

Following each Committee meeting, a summary report of the main agenda items and action points is prepared for Trust Board and is presented by the relevant Non-Executive Director Chair. In addition, as part of its work programme, the Committee undertakes an annual review of its effectiveness, terms of reference and schedule of business.

The Board committee structure is as set out:

Audit Committee

The Audit Committee is a formal committee of the Board and meets six times per annum and has responsibility for:

- Reviewing systems of integrated governance, risk management and internal control;
- Approving the plans of work of the internal and external auditors and monitoring performance against those plans;
- Monitoring the performance of Trust management in responding to issues raised by auditors;
- Reviewing the draft annual report, draft Quality Account and financial statements before submission to the Board; and
- Ensuring that policies, procedures, systems and processes are in place to ensure effective clinical and corporate governance.

Remuneration Committee

The Remuneration Committee is responsible for determining the remuneration and terms of service of the Trust's Executive Directors and of a small number of other senior managers. It comprises all the Non–Executive Directors of the Trust. The principle areas of responsibility include:

- All aspects of salary, including any performance related elements and bonuses
- Provisions of other benefits including pensions and lease cars
- Contractual arrangements, including severance packages for directors in the event of termination of employment.

Quality Governance Committee

The Quality Governance Committee meets ten times per annum and acts as the principal source of advice and expertise to the Trust Board on patient safety and quality. The Committee ensures that adequate and appropriate clinical governance structures, processes and controls are in place across the organisation to:

- Promote safety, quality and excellence in patient care
- Ensure the effective and efficient use of resources through the evidence-based clinical practice
- Protect the safety of employees and all others to

whom the Trust owes a duty of care
- Ensure that effective systems and processes are in place to support high quality care through an effectual training and education and ICT infrastructure
- Ensure appropriate arrangements across the Trust are in place for identifying, prioritising and managing risk

It oversees and monitors the corporate delivery of patient safety, patient experience, risk management, education and training, information and information technology and regulatory standards to ensure that we have the appropriate strategies, processes, systems, policies, and procedures in place to deliver the necessary standards of care.

The Committee is responsible for receiving reports from its sub-committees as detailed below on a scheduled and regular basis:

- Patient Safety Committee
- Risk Committee
- Patient Experience and Engagement Committee
- Information and IT Committee
- HR, Equality and Diversity Committee
- Training, Education and Research Committee.

Finance and Performance Committee

The Finance and Performance Committee is scheduled to meet ten times per annum and plays a key role in ensuring that we have a robust financial strategy and strong financial management systems in place to enable us to meet statutory financial duties. It also reviews performance against our key operational targets.

During the course of the year, the Finance and Performance Committee has:

- Received regular reports from the Trust's executive directors on key aspects of financial and operational performance within a revised integrated reporting framework;
- Received briefings on the our financial planning and contracting arrangements;
- Received a number of other ad-hoc reports across a range of areas including: service level agreements, reference costs, service improvement and efficiency programme, service strategy, performance and programme management.

Corporate Trustee Board

Members of our Trust Board are also members of the University Hospitals Coventry & Warwickshire NHS Trust Charity Corporate Trustee Board and are responsible for overseeing the management, investment and disbursement of charitable and other funds held on trust by the Charity.

Attendance at Meetings

The following tables detail the attendance of our board members at meetings of the Trust Board and Board Committees.

2013–2014 Trust Board Attendance April 2013 - April 2014

	Position	Possible Meetings	Meetings Attended	Attendance Rate
CHAIRMAN				
A Meehan	Chairman	3	3	100%
CHIEF OFFICERS				
A Hardy	Chief Executive Officer	10	10	100%
D Eltringham	Chief Operating Officer	10	9	90%
D Moon	Chief Strategy Officer	6	5	90%
G Nolan	Chief Finance Officer	10	10	100%
I Crich	Chief HR Officer	10	8	80%
M Pandit	Chief Medical Officer	10	8	80%
M Radford	Chief Nursing Officer	10	9	90%
NON-EXECUTIVE DIRECTORS				
E Macalister-Smith	Non-Executive Director	6	5	90%
I Buckley	Non-Executive Director	6	5	90%
N Stokes	Non-Executive Director	7	6	90%
P Sabapathy	Non-Executive Director	2	2	100%
P Townsend	Non-Executive Director	2	2	100%
P Winstanley	Non-Executive Director	10	7	70%
S Tubb	Non-Executive Director	10	10	100%
T Robinson	Non-Executive Director	10	9	90%
T Sawdon	Non-Executive Director	2	2	100%

2013–2014 Remuneration Committee April 2013 - April 2014

	Position	Possible Meetings	Meetings Attended	Attendance Rate
CHAIRMAN				
A Meehan	Chairman	2	2	100%
CHIEF OFFICERS				
A Hardy	Chief Executive Officer	3	3	100%
I Crich	Chief HR Officer	3	3	100%
NON-EXECUTIVE DIRECTORS				
E Macalister-Smith	Non-Executive Director	1	1	100%
I Buckley	Non-Executive Director	1	1	100%
N Stokes	Non-Executive Director	3	3	100%
P Sabapathy	Non-Executive Director	1	0	0%
P Townsend	Non-Executive Director	1	1	100%
P Winstanley	Non-Executive Director	3	1	70%
S Tubb	Non-Executive Director	3	2	80%
T Robinson	Non-Executive Director	3	3	100%
T Sawdon	Non-Executive Director	1	1	100%
TRUST BOARD SECRETARY				
J Gardiner	Trust Board Secretary	1	1	100%
INTERIM DIRECTOR CORP AFFAIRS				
M Patel	Interim Director Corp Affairs	2	2	100%

Finance and Performance

	I. Buckley	I. Crich	D. Eltringham	A. Hardy	D. Moon	G. Nolan	M. Radford	T. Robinson	P. Sabapathy	S. Tubb
Apr-13		Present	Present	Apology		Present	Apology	Present	Present	Present
May-13		Present	Apology	Present		Present	Present	Apology	Present	Present
Jun-13		Present	Present	Present		Present	Present	Present		Present
Jul-13		Present	Apology	Present		Present	Apology	Apology		Present
Aug-13										
Sep-13		Apology	Present	Apology	Apology	Present	Present	Present		Present
Oct-13	Present	Apology	Present	Apology	Apology	Present	Apology	Present		Present
Nov-13	Present	Present	Present	Present	Present	Present	Present	Apology		Present
Dec-13										
Jan-13	Present	Present	Present	Apology	Apology	Present	Present	Present		Present
Feb-14	Present	Present	Present	Apology	Present	Present	Present	Present		Present
Mar-13	Present	Present	Present	Present	Present	Present	Present	Present		Present

Audit Committee

Month	E. Macalister-Smith	T. Robinson	T. Sawdon	P. Sabapathy	N. Stokes
May-13		Present	Present	Present	Apology
Jun-13		Present			Present
June 2013 (EO Meeting)		Present			Present
Jul-13		Present			Present
Sep-13		Present			Present
Nov-13	Present	Present			Present
Feb-14	Present	Present			

Corporate Trustees Board

Name	D. Eltringham	A. Hardy	G. Nolan	M. Pandit	M. Radford	T. Robinson	N. Stokes	S. Tubb	P. Winstanley	I. Buckley	E. Mcalister-Smith
Jul-13	Present	Apologies	Present	Present	Present	Apology	Apologies	Apologies	Present		
Nov-13	Apologies	Present	Present	Present	Apologies	Present	Present	Apologies	Present	Present	Present

Quality Governance Committee

2013-14	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Ed Macallister-Smith - NED Chairperson								Attended		Apologies	Attended	
Andrew Phillips - Diagnostic & Support		Apologies	Attended	Attended	Attended	Attended	Apologies	Attended		Attended	Apologies	
Andy Hardy - Chief Executive		Attended	Attended	Apologies	Attended	Attended	Apologies	Attended		Attended	Attended	
David Eltringham - Chief Operating Officer		Attended	Attended	Attended	Attended	Apologies	Attended	Attended		Attended	Attended	
Ian Crich - Director of Human Resources		Attended	Apologies	Attended	Attended	Apologies	Apologies	Attended		Attended	Attended	
Ian Buckley – Non-Executive Director								Attended		Attended	Attended	
Karen Bond - Divisional Nurse Director	CANCELLED	Attended	Attended	Attended	Apologies	Apologies	Attended	Apologies	No Meeting	Attended	Attended	
Mark Radford - Chief Nursing Officer		Attended	Attended	Apologies	Apologies	Attended	Apologies	Attended		Attended	Attended	
Meghana Pandit - Chief Medical Officer		Attended	Attended	Attended	Apologies	Attended	Apologies	Attended		Attended	Attended	
Paul Martin - Director of Governance		Attended	Apologies	Apologies	Attended	Attended	Apologies	Attended		Attended	Attended	Apologies
Peter Winstanley - Non Executive Director		Apologies	Attended	Apologies	Attended	Apologies	Apologies	Apologies		Attended	Apologies	
Rita Stewart - Trust Lay Representative		Attended	Apologies	Apologies	Attended	Apologies	Attended	Attended		Attended	Attended	Apologies
Nick Stokes - Non Executive Director		Apologies	Apologies	Attended	Attended	Apologies	Apologies					
Trevor Robinson - NED				Attended	Attended	Attended	Attended					
		8	7	7	9	6	Non quorate 4	10		11	10	

Declarations of Interest

As a public body, we are committed to being open and transparent in our dealings. All board members are required to disclose any interests that they have that might conflict with their role within the Trust. Any such interests that are declared are recorded in a Register of Interests and reported in public. The register for 2013-14 is as follows:

Declared Interests 2013-14

Register of Interests April 2013 - March 2014

*NB All voting Trust Board members are corporate Trustees of the UHCW Charity

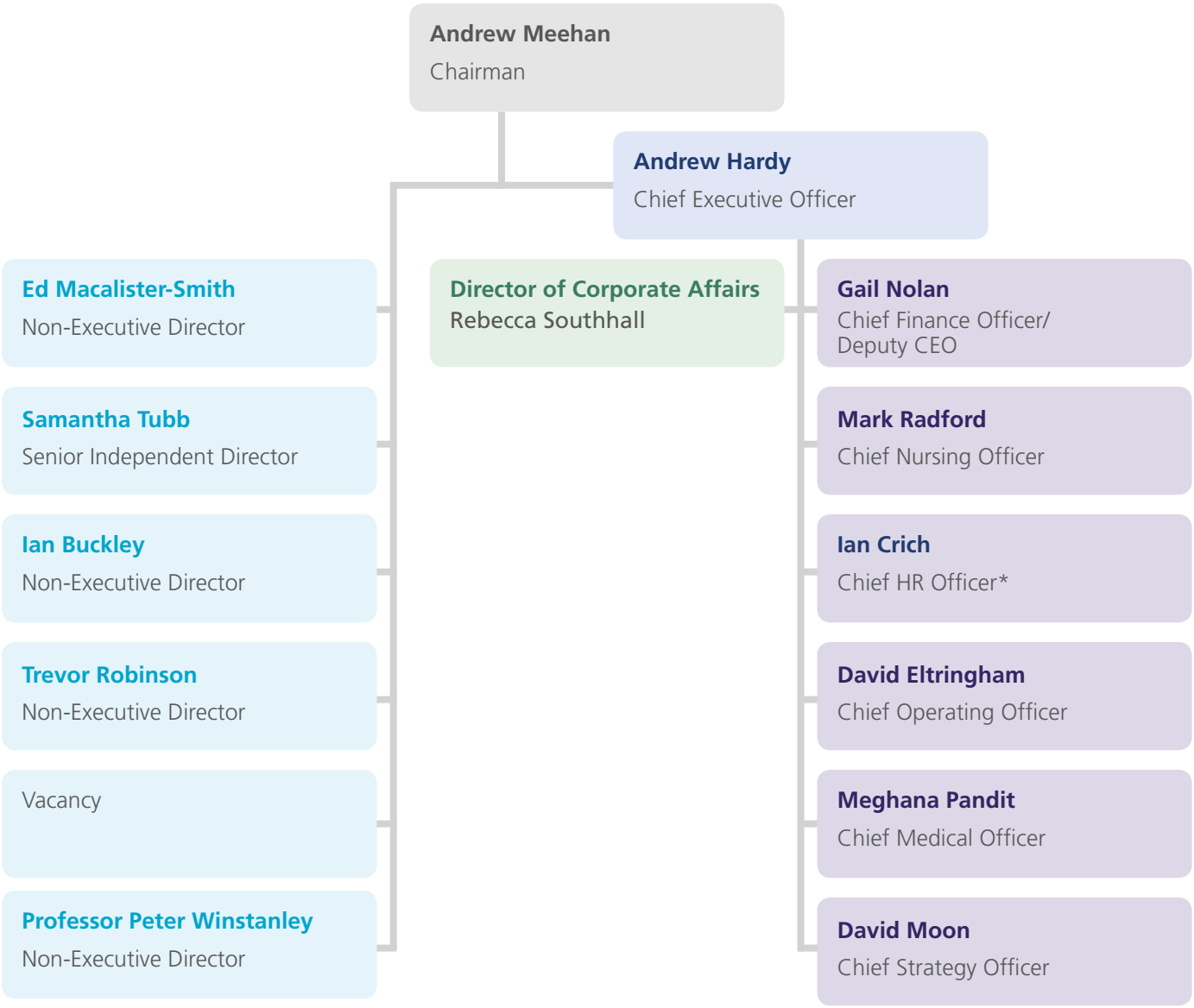
Name	Job Title	Directorships	Ownership	Share-holdings	Charity or Voluntary Organisations	NHS Service Contracts:	Research Funding	Pooled Funds	Paid employment, office, profession:
Ian Crich	Chief Human Resources Officer	Foundation Trust Director at Foxford School, Coventry	n/a	n/a	n/a	n/a	n/a	n/a	n/a
David Eltringham	Chief Operating Officer	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Andrew Hardy	Chief Executive Officer	Trust Director of Albany Theatres	n/a	n/a	Trustee Health Link Malawi	Trustee-Healthcare Financial Management Association; Trustee-Coventry, Solihull and Warwickshire Partnership	n/a	n/a	n/a
Ed Macalister-Smith	Non-Executive Director	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Andrew Meehan	Chairman	Oldr ID& Company Ltd-Retail, Simons Group-Construction, Lnathorne Ltd. Business Consultancy	n/a	n/a	CVQO-Trustee of charity providing vocational education; Myton Hospice /Chair /Trustee	Myton Hospice	n/a	n/a	n/a
David Moon	Chief Strategy Officer	n/a	n/a	n/a	CVQO-Trustee of charity providing vocational education; Myton Hospice /Chair /Trustee		n/a		Very occasionally I do a lecture on MSC courses at Warwick University (max a twice per annum).
Gail Nolan	Chief Finance Officer	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Meghana Pandit	Chef Medical Officer	Nominal director of JJ and M J Pandit Ltd-a company registered to receive private practice income	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Register of Interests April 2013 - March 2014 *NB All voting Trust Board members are corporate Trustees of the UHCW Charity									
Name	Job Title	Directorships	Ownership	Share-holdings	Charity or Voluntary Organisations	NHS Service Contracts:	Research Funding	Pooled Funds	Paid employment, office, profession:
Mark Radford	Chief Nursing Officer	Peak-XV Healthcare Consulting (Dormant Company) Holly Medical Services Limited (GP Surgery (Bham)); Parent Governor- Sutton Coldfield Girls Grammar School.	n/a	n/a	CVQO-Trustee of charity providing vocational education; Myton Hospice /Chair /Trustee	n/a	Raak International Collaborative Research funding(with Enschude University, Holland)	n/a	Visiting Professor of Nursing at Birmingham City University and Coventry University. Healthcare Consultant with System C.
Trevor Robinson	Non-Executive Director	n/a	n/a	n/a	Gambling Commission	n/a	n/a	n/a	Trevor works as a senior adviser to the Gambling Commission on a six-12 months paid contract commencing 23 October 2013.

Organisational Structure

Our Trust is led by Andrew Meehan, Chairman and Andrew Hardy, Chief Executive Officer. They are supported on the Trust Board by six 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 2014



*Attended Trust Board in a Non-Voting capacity.

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	Andrew Meehan
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	Ed Macalister-Smith
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	Andrew Meehan
Meetings per year	Two

Executive Directors

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

Andrew Hardy

Chief Executive Officer

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

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

David Eltringham

Chief Operating Officer

Appointed in September 2012. David trained as a Nurse in the 1980's and worked in clinical roles in the North East and then across the Midlands. David joined the West Midlands Ambulance Service in 2001 working with NHS Direct as the Clinical Lead.

He joined Birmingham Children's Hospital in 2004, becoming Chief Operating Officer in November 2009, then joined us as Chief Operating Officer in September 2012.

Meghana Pandit

Chief Medical Officer

Meghana trained in Obstetrics & Gynaecology in the Oxford Deanery and was Visiting Lecturer in Urogynaecology at University of Michigan, Ann Arbor, USA. Meghana was Consultant Obstetrician and Gynaecologist, Clinical Director and then Divisional Director at Milton Keynes before joining us. Since doing so she has completed an MBA from Oxford Brookes University. As Chief Medical Officer she has led the development of clinical strategy and has responsibility for Clinical Quality, Risk, Education and Training and Research, Development and Innovation. She is also Responsible Officer for over 450 doctors and continues to undertake clinical office based Gynaecology.

David Moon

Chief Strategy Officer

David has a wealth of experience in the NHS including Director posts at South Worcestershire PCT, Solihull PCT, Worcestershire Acute Hospitals NHS Trust and Director of Finance and Deputy Chief Executive at South Warwickshire NHS Foundation Trust. Most recently he has been a Director at the National Audit Office.

Non-Executive Directors

Andrew Meehan

Chairman

Andrew is an Oxford graduate and Chartered Accountant with more than 25 years experience in the retail and consumer product sectors. He has been Finance Director of Selfridges, Olympus Sports and Mothercare. Subsequently he was Managing Director of Storehouse International, responsible for the overseas franchise businesses of BHS and Mothercare in some 35 countries, and CEO of Co-operative Retail Services. Thereafter he was European Chief Executive of Gordon Brothers International, the US owned consultancy specialising in turnaround and restructuring of retail companies.

Since 2006 he has built a portfolio of Non-Executive Director and Chairman roles across retail, consumer products, charity and health organisations including GHD, St Tropez and Fortnum and Mason. He is currently chairman of Oldrid and Co retail business and Myton Hospice and a Non-Executive Director of Simons Group, a construction and property development business.

Ed Macalister-Smith

Non-Executive Director

Ed has 25 years of NHS experience including CEO at NHS Wiltshire and Bath PCT Cluster, CEO at NHS Buckinghamshire, CEO at Isle of Wight NHS PCT, CEO of Nuffield Orthopaedic Centre Oxford. He retired from the NHS in November 2012 and offers a portfolio of coaching, strategy and Board governance in the NHS. He is also a Board Member of the Cotswolds AONB, and a Panel Member for the National Institute of Health Research HSDR Panel.

Ian Buckley

Non-Executive Director

Ian has worked as Chief executive for a number of UK and US businesses and served on both PLC and private company boards.

Trained as an engineer in Birmingham, moved into finance and leasing and became the UK chief executive of the US leasing giant GELCO (Now a division of GE).

He was part of the management buyout and the subsequent public flotation at Evans Halshaw PLC serving as a main board director.

In 1999 he joined Advanced Communication and Information Systems as CEO, a venture capital backed, telematics business specialising in providing real time passenger information for, airports, buses and trams.

He was Deputy Chair and non executive director of Birmingham Community Healthcare NHS Trust.

Currently he is a Business Angel investor, business coach and facilitator for Leadership Trust and guest lectures at Bristol Business 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.

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.

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.

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.

From 1st October 2012, the NHS Trust Development Authority 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 Council 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, unless an exceptional rate is agreed, which was the case for the chair of UHCW.

For 2013–14 these rates were set as:

- **Chair rate of remuneration** – the Chair is remunerated at £39,000 per annum. The time commitment of the Chair is up to 3.5 days per week.
- **Current rate for Non-Executive Directors** – The current rate of remuneration payable to non-executive directors is £6,157 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 Chair 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 and a small number of additional senior managers). 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 Chair is subject to annual appraisal by the National Trust Development Authority.

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

Details of remuneration and allowances, including salary and pension entitlements are published in the annual report on page 80 for all directors who have served on Trust Board throughout the year. This will include details for directors who left the Trust during 2012–13 and 2013–14. 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 2014 and March 2013:

	31/3/14	Restated* 31/3/13
Mid-point of the banded annualised remuneration of the highest paid director	£202,500	£182,500
Median annualised remuneration of the workforce	£29,369	£28,686
Pay multiples (ratio of highest paid director to median salary)	6.9	6.4

* Figures for 2012–13 have been restated following a revision to the calculation methodology to include overtime, enhancements and benefits in kind payable to staff

The pay multiples ratio has increased in 2013–14 as a result of an increase in remuneration for the Chief Executive Officer (based upon the mid point of his banded annualised remuneration) of 11% compared with an increase of 2.4% for the median annualised remuneration of the Trust's workforce.

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

	31/3/14	Restated* 31/3/13
Lowest annualised remuneration	£6,096	£5,084
Highest annualised remuneration	£260,578	£246,861
Number of employees with annualised remuneration in excess of the highest paid director	9	13

* Figures for 2012–13 have been restated following a revision to the calculation methodology to include overtime, enhancements and benefits in kind payable to staff

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 2014. It excludes bank and agency staff for whom annualised costs are not readily available. It also excludes employer pension contributions and the cash equivalent transfer value of pensions.

Exit Packages

The Trust agreed the following exit packages in 2013–14 (and 2012–13):

Banding	2013–14		2012–13	
	Number	£'000	Number	£'000
Less than £10,000	0	0	2	10
£10,000 - £25,000	3	56	1	22
£25,001 - £50,000	0	0	0	0
£50,001 - £100,000	0	0	0	0
	3	**56**	**3**	**32**

Of these exit packages, none related to compulsory redundancies in 2013–14 (none also in 2012–13).

Off Payroll Engagements

In common with most other NHS bodies the Trust engages staff on an "off-payroll" basis. The main reasons for this are as follows:

- Recharges from other bodies (mainly other NHS organisations or Universities) for staff who hold joint appointments; and
- Temporary workers to cover vacant positions or staff absences.

The Trust is required to disclose certain information in connection with such arrangements as set out in the three tables below. The information provided in these tables is not subject to audit and specifically excludes those staff recharged from other NHS bodies*.

* Other NHS bodies are also responsible for seeking assurances around workers engaged on an "off-payroll" basis. The exclusion of workers recharged from other NHS bodies avoids "double counting" of the information provided.

For all off-payroll engagements as of 31 March 2014, for more than £220 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2014	56
Of which, the number that have existed:	
- for less than one year at the time of reporting	19
- for between one and two years at the time of reporting	16
- for between 2 and 3 years at the time of reporting	8
- for between 3 and 4 years at the time of reporting	2
- for 4 or more years at the time of reporting	11

The Trust has sought confirmation for 30 of the above cases that the individual worker is paying the right amount of tax. In each case the Trust has received the appropriate confirmation and during 2014/15 will seek additional assurances in respect of other workers where the off-payroll arrangement will continue.

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2013 and 31 March 2014, for more than £220 per day and that last longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2013 and 31 March 2014	26
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	6
Number for whom assurance has been requested	2
Of which:	
- assurance has been received	2
- assurance has not been received	0
- engagements terminated as a result of assurance not being received, or ended before assurance received.	0

The Trust has engaged a number of workers without including contractual clauses allowing it to seek assurance as to their tax obligations. These cases relate to workers engaged via employment agencies which are not covered by framework agreements (usually where framework agencies are unable to supply appropriate staff) or where such framework agreements pre-exist the requirement to include such clauses (clauses will be added to contracts upon renewal).

For any off-payroll engagements of board members and/or senior officials with significant financial responsibility between 1 April 2013 and 31 March 2014:

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year	1
Number of individuals that have been deemed "board members, and/or senior officers with significant financial responsibility" during the financial year. This figure includes both off-payroll and on-payroll engagements	17

The only "off-payroll" engagement of board members and/or senior officers with significant financial responsibility during the year related to one of the Trust's non-executive directors. Assurance has been received that the individual concerned is employed on the payroll of Warwick University and is subject to PAYE. The arrangement has been reviewed and approved by the Trust's Chief Executive Officer.

Directors Remuneration 2013–14

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)	Salary as Director (Bands of £5,000) £'000
Andrew Hardy	Chief Executive Officer			200 - 205
Gail Nolan	Chief Finance Officer			140 - 145
David Eltringham	Chief Operating Officer			120 - 125
Mark Radford	Chief Nursing Officer			115 - 120
Meghana Pandit	Chief Medical Officer			145 - 150
Ian Crich	Chief Human Resources Officer			115 - 120
David Moon	Chief Strategy Officer	01-Aug-13		85 - 90
Andrew Meehan	Chairman	17-Feb-14		0 - 5
Trevor Robinson	Non-Executive Director			5 - 10
Samantha Tubb	Non-Executive Director			5 - 10
Peter Winstanley*	Non-Executive Director			5 - 10
Edward Macalister-Smith	Non-Executive Director	01-Oct-13		0 - 5
Ian Buckley	Non-Executive Director	01-Oct-13		0 - 5
Paul Sabapathy	Non-Executive Director		31-May-13	0 - 5
Philip Townshend	Non-Executive Director		31-May-13	0 - 5
Nicholas Stokes	Non-Executive Director		31-Dec-13	10 - 15
Tim Sawdon	Non-Executive Director		31-May-13	0 - 5

* The Trust is recharged by Warwick University for the services of Peter Winstanley and he is not therefore paid directly by the Trust.

Directors Remuneration 2012–13

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)	Salary as Director (Bands of £5,000) £'000
Andrew Hardy	Chief Executive Officer			180 - 185
Gail Nolan	Chief Finance Officer			140 - 145
David Eltringham	Chief Operating Officer	10-Sep-12		65 - 70
Mark Radford	Chief Nursing Officer	01-Jun-12		95 - 100
Meghana Pandit	Chief Medical Officer	01-May-12		135 - 140
Ian Crich	Chief Human Resources Officer			115 - 120
Trevor Robinson	Non-Executive Director			5 - 10
Samantha Tubb	Non-Executive Director			5 - 10
Peter Winstanley*	Non-Executive Director	31-Jul-12		0 - 5
Paul Sabapathy	Non-Executive Director	29-Jun-12		5 - 10
Philip Townshend	Non-Executive Director			20 - 25
Nicholas Stokes	Non-Executive Director			5 - 10
Tim Sawdon	Non-Executive Director			5 - 10
Ann-Marie Cannaby	Chief Nursing and Operating Officer		31-May-12	20 - 25
Richard Kennedy	Chief Medical Officer		30-Apr-12	0 - 5
Christine Watts	Chief Marketing Officer		04-Sep-12	45 - 50
Wendy Coy	Non-Executive Director		17-Aug-12	0 - 5

#Values for 2012–13 have been restated to include taxable elements of mileage allowances (to ensure consistency with the figures reported for 2013–14)
* The Trust is recharged by Warwick University for the services of Peter Winstanley and he is not therefore paid directly by the Trust.

2013–14				
Clinical Salary (Bands of £5,000) £'000	Benefits in Kind (to nearest £100) £'000	Performance Pay and Bonuses (bands of £5,000) £'000	All pension-related benefits (bands of £2,500) £'000	TOTAL (bands of £5,000) £'000
0	0.4	0	55 - 57.5	255 - 260
0	0	0	5 - 7.5	145 - 150
0	0	0	62.5 - 65	185 - 190
0	0	0	62.5 - 65	180 - 185
40 - 45	0.2	0	52.5 - 55	245 - 250
0	0.2	0	0	115 - 120
0	0.4	0	77.5 - 80	165 - 170
0	0	0	0	0 - 5
0	0.5	0	0	5 - 10
0	0	0	0	5 - 10
0	0	0	0	5 - 10
0	0.5	0	0	0 - 5
0	0.8	0	0	0 - 5
0	0.2	0	0	0 - 5
0	0.1	0	0	0 - 5
0	2.9	0	0	15 - 20
0	0	0	0	0 - 5

2012–13 (Restated)#				
Clinical Salary (Bands of £5,000) £'000	Benefits in Kind (to nearest £100) £'000	Performance Pay and Bonuses (Bands of £5,000) £'000	All pension-related benefits (bands of £2,500) £'000	TOTAL (bands of £5,000) £'000
0	0.1	0	32.5 - 35	210 - 215
0	0	0	257.5 - 260	395 - 400
0	0	0	27.5 - 30	95 - 100
0	0	0	165 - 167.5	260 - 265
25 - 30	0.1	0	157.5 - 160	320 - 325
0	0.1	0	0	115 - 120
0	0.5	0	0	5 - 10
0	0	0	0	5 - 10
0	0	0	0	0 - 5
0	0	0	0	5 - 10
0	0.4	0	0	20 - 25
0	1.6	0	0	5 - 10
0	0.2	0	0	5 - 10
0	0	0	-2.5 - 0	20 - 25
0	0	0	0	0 - 5
0	0.1	0	7.5 - 10	55 - 60
0	0.6	0	0	0 - 5

Directors Pensions

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)	Real Increase in pension at age 60 (bands of £2,500)
					£'000
Andrew Hardy	Chief Executive Officer				2.5-5.0
Gail Nolan	Chief Finance Officer				0.0-2.5
David Eltringham	Chief Operating Officer				2.5-5.0
Mark Radford	Chief Nursing Officer				2.5-5.0
Meghana Pandit	Chief Medical Officer				2.5-5.0
David Moon	Chief Strategy Officer	01-Aug-13		243	2.5-5.0

* 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. 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.

2013–14						
Real Increase in pension lump sum at aged 60 (band of £2,500)	**Total accrued pension at age 60 at 31 March 2014** (bands of £5,000)	**Lump sum at age 60 related to accrued pension at 31 March 2014** (bands of £5,000)	**Cash Equivalent Transfer Value at 31 March 2014**	**Cash Equivalent Transfer Value at 31 March 2013**	**Real Increase in Cash Equivalent Transfer Value**	**Employers Contribution to Stakeholder Pension** (to nearest £100)
£'000		**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
10.0-12.5	45-50	135-140	693	607	73	0.0
2.5-5.0	55-60	170-175	1,207	1,125	57	0.0
10.0-12.5	30-35	100-105	524	446	68	0.0
10.0-12.5	25-30	80-85	396	332	57	0.0
10.0-12.5	40-45	130-135	704	619	72	0.0
10.0-12.5	40-45	120-125	644	543	59	0.0

Financial Performance
Overview 2013–14

This section sets out the key features of the Trust's financial performance in 2013–14. 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

> Despite significant financial challenges during 2013–14, the Trust has maintained its excellent track record of meeting its key financial duties.
>
> Gail Nolan, Chief Finance Officer

I am extremely pleased to be able to report that although the year ended 31 March 2014 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 £0.2 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 2013–14 the Trust made savings of £17 million which is over 3.2% of turnover and whilst this fell short of the target set for the year, it is nonetheless a creditable achievement against the continuing 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 surplus for the year of £10.9 million which the Department of Health requires to be adjusted for the following:

The impact of the impairment (or reversals of impairments) 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; 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
Surplus for year as per Statement of Comprehensive Income	10,863
Exclude impact of impairments (incl. reversals) of non-current assets	1,437
Exclude impact of impairments (incl. reversals) of PFI assets	(11,154)
Exclude impact of IFRS on PFI	0
Exclude impact of the removal of the donated assets reserve	(932)
Performance against the breakeven duty (surplus)	214

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**	**£0.214 million 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)	**£4.807 million** (this required the Trust to ensure that net borrowing plus decreases in cash balances did not exceed this sum)	**£4.571 million** **£0.236 million 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%**	**3.5%** **Target achieved**	
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)	**£19.963 million** (this required the Trust to spend no more than this sum after adjusting for asset disposals and the receipt of donated assets)	**£19.203 million** **£0.76 million under spend** **Target achieved** (the Trust is permitted to under spend against its CRL).	

Key financial challenges

The Trust commenced 2013–14 with three major financial challenges:

- To identify and deliver £25 million of savings in order to achieve a planned surplus of £2.5 million in year
- To secure external financing to support the Trust's capital expenditure programme; 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 £25 million which equates to approximately 4.7% 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.

Capital programme – external financing requirement

Whilst a significant proportion of the Trust's annual capital investment requirement is covered by the lifecycle replacement programme for equipment provided under the PFI contract, there remains a significant proportion of medical equipment, ICT hardware and software and the reconfiguration or upgrading of hospital buildings that fall outside of the PFI contract. At the start of 2013–14, the Trust had planned to spend approximately £15.2 million on non-PFI capital projects and had identified a requirement for external financing of £11.6 million. During the course of the year the Trust reviewed its capital expenditure and associated financing requirements and submitted an application for external financing totalling £9 million which was approved by the NHS Trust Development Authority and Department of Health towards the end of the financial year.

The financing was provided in the form of Public Dividend Capital rather than an interest bearing loan due to the Trust's existing level of borrowing (mainly associated with the financing of its PFI contract) being very close to the borrowing limits calculated under the Prudential Borrowing Code which is used to inform the affordability of borrowing by NHS trusts.

The receipt of Public Dividend Capital allowed the Trust to undertake non-PFI capital investment in medical equipment, hardware and software and building reconfigurations and upgrades totalling £12.5 million.

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. The metric was changed in 2013–14 with the introduction of the Continuity of Service Risk Rating (CoSRR) which replaced the Financial Risk Rating (FRR) system and takes into account the cash in the bank, the value of invoices raised but not yet paid and the amount of money the organisation owes to its creditors and for loans (under FRR the metric also included a theoretical working capital facility).

During 2013–14 there was a slight deterioration in the Trust's liquidity metric which stood at approximately -24 days under CoSRR (6 days under FRR). Despite this, improved treasury management enabled the Trust to maintain good performance against the better payments practice code (over 93% of invoices by value were paid with 30 days of receipt of a valid invoice) and maintain a year end cash balance of £0.9 million.

Discussions with the NHS Trust Development Authority around options for improving the Trust's underlying liquidity position have confirmed that as the Trust has sufficient working capital to meet its financial obligations as they fall due, a long term solution to improving the Trust's underlying liquidity position is unlikely to be agreed until the Trust has attained foundation trust status.

Financial highlights

The year saw a continued growth in income, operating expenditure (excluding impairments) and capital investment (on the Trust's estate, medical equipment and IT infrastructure). The summary headline financial information for 2013–14 (compared with 2012–13) is shown in the table:

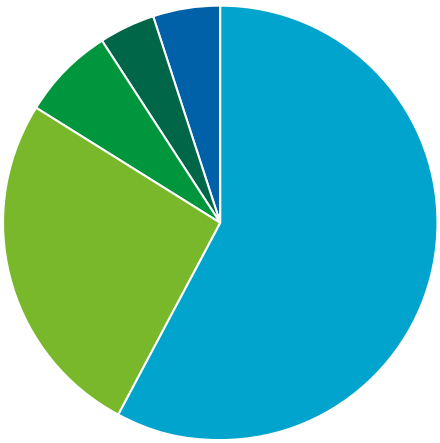
Key figures	2013–14 £'000	2012–13 £'000
Revenue accounts		
Operating income (turnover)	528,881	509,163
Retained surplus / (deficit) for the year	10,863	(23,565)
Breakeven performance (after technical adjustments for impairments, PFI and donated assets)	214	1,916
Efficiencies achieved	17,000	17,000
Assets		
Total assets	433,757	416,188
Cash and cash equivalents	893	3,968
Capital Investment	21,378	18,508
Borrowing		
Long term borrowing – PFI liabilities	269,814	277,991
Long term borrowing – other	8,099	9,877
Short term borrowing – PFI liabilities	8,178	5,846
Short term borrowing - other	2,041	1,983

Where does the Trust's income come from?

During 2013–14 the Trust recorded total revenue of £529 million. This represents an increase of 3.9% when compared with total revenue of £509 million in 2012–13. This increase was primarily due to the increased activity levels for in-patients (4.7%) and out-patients (7.4%) experienced during 2013–14.

The chart (right) shows the key sources of income for the Trust in 2013–14. From 1st April 2013, new commissioning arrangements were implemented across the NHS with clinical commissioning groups (CCGs) and NHS England (NHSE) taking over responsibility from primary care trusts (PCTs) for commissioning healthcare for their patients. The combined proportion of income from CCGs and NHSE for the provision of care and treatment to patients is 84% and is identical to the proportion of income received from PCTs in 2012–13. The proportion of income for other categories remains very similar to 2012–13.

Analysis of Operating Income 2013–14



58% Clinical Commissioning Groups
26% NHS England
7% Education, Training and Research
4% Non-Patient Care Services to other bodies
5% Other Income

How does the Trust spend the money it earns?

The Trust's operating expenditure for 2013–14 totalled £491 million and represents a 2.8% decrease over total operating expenses of £506 million in 2012–13. However, if impairments (and impairment reversals) are excluded, operating expenses for 2013–14 would be £502 million compared with £481 million in the prior year – an increase of 4.2%.

The largest cost element continues to relate to salaries and wages with the average number of people employed during the year being 6,154 whole time equivalents with a total cost of £306 million which equates to 62% of total operating expenditure. This compares with 6,476 whole time equivalents and with a cost of £286 million in 2012–13. Staff costs increased by 7.1% compared to the previous year whilst staff numbers decreased by 5%. A number of factors have contributed to this including a 1% pay award, staff pay increments, an increased use of agency staff, changes in skill mix and a significant investment in staffing to support the delivery of emergency care services. These cost increases were partially offset by a reduction in the average number of permanently employed staff, particularly during the early part of 2013–14 when vacancy control measures were applied as part of the Trust's cost savings initiative.

Clinical supplies and services (including drugs and other medical/surgical consumables) are also a significant cost element and amounted to £91 million which equates to approximately 18% of day-to-day operating expenses. This compares with expenditure of £86 million in 2012–13 and represents an increase of 5.3% which can be directly attributed to the increases in both in-patient and out-patent activity seen during the last year.

The total charged in year to operating expenditure in respect of the service element of the private finance initiative hospital was £36 million and continues to represent around 7% of total operating expenditure.

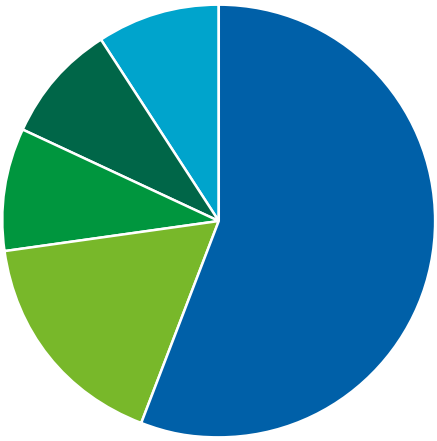
Charges relating to the depreciation, amortisation and impairment of property, plant and equipment and intangible assets totalled £8.5 million compared with £43.8 million in the previous year. This significant change is accounted for by a reduction in impairment charges of £34.4 million compared with the prior year. In 2012–13 the Trust undertook a major revaluation of its estate which resulted in impairments totalling £24.7 million but in 2013–14, a proportion of these impairments were reversed which resulted in a net credit to expenditure of £9.7m. However, as explained in the section on key financial targets, impairments are excluded from the assessment of the Trust's financial performance.

Other operating expenditure totalled £42 million in 2013–14 and included the following key items of expenditure:

- General supplies and services £7 million
- Establishment expenses £8 million
- Insurance costs £9 million
- Research and developments £5 million
- Healthcare purchased from non-NHS organisations £7 million

The following chart compares expenditure by category – the breakdown of costs remains broadly similar to that in the previous year (with the exception of depreciation, amortisation and impairment charges).

Analysis of Operating Expenditure 2013–14



56% Employee Benefits
17% Supplies and Services - Clinical
9% Depreciation, amortisation and impairments
9% Premises
9% Other operating expenditure

Other costs

Due to continuing low interest rates, the Trust continued to earn only very modest levels of interest on its cash balances during the past year (£0.06 million).

The Trust also incurs significant financing costs which totalled £25.6 million in 2013–14; this represents an increase of approximately £2.0 million (8.3%) 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 £25.2 million in 2013–14, an increase of around £2.1 million (9.1%) compared to the previous year. The Trust also paid interest on its loan from the Department of Health; this amounted to £0.3 million during the year, a reduction of £0.1 million (30%) 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 2013–14 is £2.1 million.

Capital expenditure

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

In addition to its day-to-day operating expenses, £21.4 million was invested in new or replacement capital assets in 2013–14. This includes £8.9 million of capital additions received by the Trust under the PFI contract and £1.2 million of donated assets.

The Trust managed its capital programme effectively during the year and recorded an under spend of £0.8 million against its capital resource limit (CRL).

Cash and working capital

The Trust's cash balance at the year end reduced from £4.0 million as at 31st March 2013 to £0.9 million as at 31st March 2014.

The Trust has met all of its loan repayments due in year (£1.5 million) and has a balance of £8.25 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.

During the year the Trust received a public dividend capital (PDC) cash injection of £9 million during the year which was used for financing the Trust's capital expenditure programme.

The Trust's management of its cash balances, loans and PDC 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 £0.2 million.

Paying suppliers on time

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

Better payment practice code	2013–14		2012–13		2011–12	
	Number	£'000	Number	£'000	Number	£'000
Total non-NHS trade invoices paid in year	82,217	287,350	67,702	294,809	70,333	273,661
Total non-NHS trade invoices paid within target	73,420	265,706	60,136	277,564	60,530	256,023
% of non-NHS trade invoices paid within target	89%	92%	89%	94%	86.06%	93.55%
Total NHS trade invoices paid in year	2,978	80,092	3,139	76,570	2,878	72,161
Total NHS trade invoices paid within target	1,861	76,556	1,683	67,296	1,754	65,008
% of NHS trade invoices paid within target	62%	96%	54%	88%	60.95%	90.09%
% of all invoices paid within target	88%	93%	87%	93%	85.07%	92.83%

The Trust's performance shows a marginal overall improvement from the previous financial year.

Financial outlook

The financial pressures on the NHS are set to continue with significant levels of efficiency savings being required for the foreseeable future. The negotiation of healthcare contracts for 2014–15 has been completed and the associated income and activity agreed. The Trust's overall financial plan has been developed in the context of the agreed operational plan and requires it to deliver efficiency savings of £33.5 million or approximately 6.7% of turnover. Key factors underpinning this savings requirement include:

- Deflation of the national tariff;
- Cost pressures (including inflation);
- The reliance in 2013–14 of a number non-recurrent solutions to meet its breakeven duty ; and
- The requirement of commissioners to deliver their Quality, Innovation, Productivity and Prevention agenda (which impacts upon the type and quantity of services commissioned from the Trust and the consequent impact upon income and costs).

The level of cost savings required in 2014–15 represents a major challenge which will need to be sustained for the foreseeable future. In order to respond to this challenge the Trust has:

- Strengthened its clinically led management structure and performance management arrangements to ensure delivery of agreed targets (financial and non-financial); and
- Embarked upon a new organisational development strategy "Together Towards World Class" which aims to transform service delivery across the Trust and ensure the provision of high quality, efficient and effective health services.

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 2013–14, 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 93 to 96 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 2013–14 Manual for Accounts issued by the Department of Health.

Statement of Comprehensive Income for year ended 31st March 2104	2013-14 £000s	2012-13 £000s
Gross employee benefits	**(306,456)**	(286,180)
Other operating costs	**(185,386)**	(219,997)
Revenue from patient care activities	**457,916**	438,990
Other Operating revenue	**70,965**	70,173
Operating surplus/(deficit)	**37,039**	2,986
Investment revenue	**63**	80
Other gains	**1,506**	19
Finance costs	**(25,614)**	(23,655)
Surplus/(deficit) for the financial year	**12,994**	(20,570)
Public dividend capital dividends payable	**(2,131)**	(2,995)
Retained surplus/(deficit) for the year	**10,863**	(23,565)
Other Comprehensive Income	**2013-14 £000s**	2012-13 £000s
Impairments and reversals taken to the Revaluation Reserve	**(45)**	(16,859)
Net gain on revaluation of property, plant & equipment	**3,625**	3,137
Total Comprehensive Income for the year	**14,443**	(37,287)
Financial performance for the year		
Retained surplus/(deficit) for the year	**10,863**	(23,565)
IFRIC 12 adjustment (including IFRIC 12 impairments)a	**(11,154)**	25,725
Impairments (excluding IFRIC 12 impairments)b	**1,437**	264
Adjustments in respect of donated gov't grant asset reserve eliminationc	**(932)**	(508)
Adjusted retained surplus/(deficit)	**214**	1,916

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

a) The introduction of International Financial Reporting Standards (IFRS) in 2009/10 has resulted in PFI contracts being recorded in the Statement of Financial Position. However, the measurement of NHS trusts' financial performance needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure and therefore, the incremental revenue expenditure resulting from the application of IFRS to PFI is not chargeable for overall budgeting purposes. Therefore any incremental costs recognised in the Statement of Comprehensive Income are reversed..

b) Impairment charges relating to property, plant and equipment is not considered part of the organisation's financial performance and therefore any impairment charges recognised in the Statement of Comprehensive Income are reversed.

c) The financial impact associated with the acquisition and subsequent depreciation of donated assets is not considered part of the organisation's financial performance. Therefore any income (related to the acquisition of donated assets) and depreciation of donated assets recognised in the Statement of Comprehensive Income is reversed.

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

Statement of Financial Position as at 31 March 2014	31 Mar 2014 £000s	31 Mar 2013 £000s
Non-current assets:		
Property, plant and equipment	**354,442**	340,122
Intangible assets	**1,143**	112
Investment property	**5,007**	3,515
Trade and other receivables	**35,535**	36,902
Total non-current assets	**396,127**	380,651
Current assets:		
Inventories	**10,293**	9,864
Trade and other receivables	**25,771**	21,252
Cash and cash equivalents	**893**	3,968
Total current assets	**36,957**	35,084
Non-current assets held for sale	**673**	453
Total current assets	**37,630**	35,537
Total assets	**433,757**	416,188
Current liabilities		
Trade and other payables	**(44,141)**	(40,000)
Provisions	**(3,421)**	(5,953)
Borrowings	**(8,719)**	(6,329)
Capital loan from Department	**(1,500)**	(1,500)
Total current liabilities	**(57,781)**	(53,782)
Net current assets/(liabilities)	**(20,151)**	(18,245)
Non-current assets plus/less net current assets/liabilities	**375,976**	362,406
Non-current liabilities		
Provisions	**(2,500)**	(2,418)
Borrowings	**(271,163)**	(279,618)
Capital loan from Department	**(6,750)**	(8,250)
Total non-current liabilities	**(280,413)**	(290,286)
Total Assets Employed:	**95,563**	72,120
FINANCED BY: TAXPAYERS' EQUITY		
Public Dividend Capital	**33,870**	24,870
Retained earnings	**21,043**	9,234
Revaluation reserve	**40,650**	38,016
Total Taxpayers' Equity:	**95,563**	**72,120**

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2014	Public Dividend capital £000s	Retained earnings £000s	Revaluation reserve £000s	Other reserves £000s	Total reserves £000s
Balance at 1 April 2013	**24,870**	**9,234**	**38,016**	**0**	**72,120**
Changes in Taxpayers' Equity for the year ended 31 March 2014					
Retained surplus for the year		10,863			**10,863**
Net gain on revaluation of property, plant, equipment			3,625		**3,625**
Impairments and reversals			(45)		**(45)**
Transfers between reserves		946	(946)	0	**0**
Reclassification Adjustments					
New PDC Received - Cash	9,000				**9,000**
Net recognised revenue/(expense) for the year	**9,000**	**11,809**	**2,634**	**0**	**23,443**
Balance at 1 April 2014	**33,870**	**21,043**	**40,650**	**0**	**95,563**

Balance at 1 April 2012	**24,124**	**32,445**	**52,092**	**0**	**108,661**
Changes in Taxpayers' Equity for the year ended 31 March 2014					
Retained 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	0
Reclassification Adjustments					
New PDC Received	746				746
Net recognised revenue/(expense) for the year	**746**	**(23,211)**	**(14,076)**	**0**	**(36,541)**
Balance at 1 April 2013	**24,870**	**9,234**	**38,016**	**0**	**72,120**

Statement of Cash Flows for the year ending 31 March 2014	2013-14 £000s	2012-13 £000s
Cash Flows from Operating Activities		
Operating Surplus	**37,039**	2,986
Depreciation and Amortisation	**18,174**	19,049
Impairments and Reversals	**(9,717)**	24,714
Donated Assets received credited to revenue but non-cash	**(1,230)**	0
Interest Paid	**(25,555)**	(23,575)
Dividend Paid	**(2,126)**	(1,953)
(Increase)/Decrease in Inventories	**(429)**	348
(Increase)/Decrease in Trade and Other Receivables	**(3,152)**	(8,874)
Increase/(Decrease) in Trade and Other Payables	**4,232**	744
Provisions Utilised	**(504)**	(346)
Increase/(Decrease) in Provisions	**(2,007)**	4,420
Net Cash Inflow/(Outflow) from Operating Activities	**14,725**	17,513
CASH FLOWS FROM INVESTING ACTIVITIES		
Interest Received	**63**	80
(Payments) for Property, Plant and Equipment	**(19,204)**	(15,509)
(Payments) for Intangible Assets	**(924)**	(112)
Proceeds of disposal of assets held for sale (PPE)	**944**	178
Net Cash Inflow/(Outflow) from Investing Activities	**(19,121)**	(15,363)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	**(4,396)**	2,150
CASH FLOWS FROM FINANCING ACTIVITIES		
Public Dividend Capital Received	**9,000**	746
Loans repaid to DH - Capital Investment Loans Repayment of Principal	**(1,500)**	(1,500)
Loans repaid to DH - Revenue Support Loans	**0**	(2,000)
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT	**(6,147)**	(2,706)
Net Cash Inflow/(Outflow) from Financing Activities	**1,353**	(5,460)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	**(3,043)**	(3,310)
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	**3,913**	7,223
Cash and Cash Equivalents (and Bank Overdraft) at year end	**870**	3,913

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 2013–14 Annual Accounts.

Statement of Directors' Responsibility

The Statement of Directors' Responsibility is printed in full in the Trust's 2013–14 Annual Accounts.

Annual Governance Statement

The Annual Governance Statement is also printed in full in the Trust's 2013–14 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 2013–14 is £108,000 including VAT (after adjusting for rebates and other adjustments to fees relating to prior years).

Auditors' Opinion

The Trust's auditors, PricewaterhouseCoopers LLP, have issued the Trust with an unqualified audit opinion on the financial statements and a value for money conclusion. This opinion confirms that:

i) the financial statements give a true and fair view and have been properly prepared in accordance with the accounting policies directed by the Secretary of State,

ii) the information in the Annual Report is consistent with the financial statements, and

iii) the part of the Remuneration Report to be audited has been properly prepared.

If you need this information in another language or format, we will do our best to meet your need. Please contact the Health Information Centre on 024 7696 6051.

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

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

به پێوویستیت تۆ رگەیئە رگێرانیوە یکورتە مئە باسە هە یە پە ندییوە بکە بە ژمارە تە فونیلە 02476967596 ە

إذا تحتاج إلى مجمل مترجم الرجاء الإتصال ب 02476967596.

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

University Hospital
Clifford Bridge Road
Coventry CV2 2DX

Hospital of St Cross
Barby Road
Rugby CV22 5PX

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