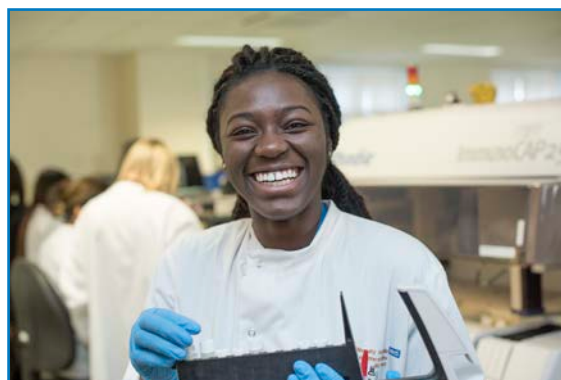
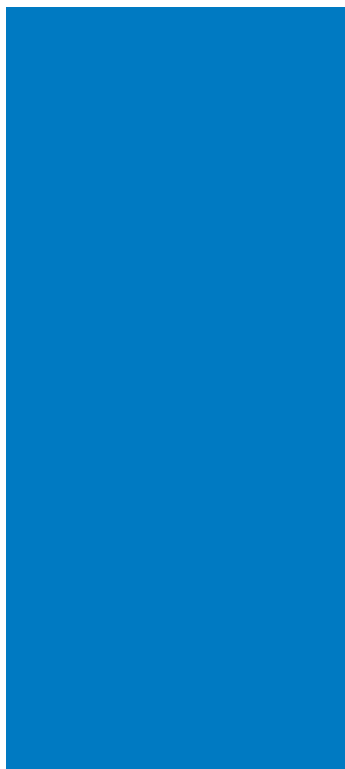


2017 - 2018 ANNUAL REPORT



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PART 1 : Welcome

Welcome to our Annual Report for 2017/18. Writing this introduction provides a welcome opportunity to reflect upon the many successes of the year. As an organisation we recognise how important celebrating success is, particularly in the context of the challenges that are affecting both this Trust and the NHS as a whole.

This report provides you with an overview of the quality of the services we provided to our patients over the last year, and an outline of our priorities for 2018/19.

University Hospitals Coventry and Warwickshire (UHCW) NHS Trust is one of the largest and busiest hospital Trusts in the country.

As Chief Executive Officer and Chairman, we are proud to celebrate the achievements of our fantastic and dedicated staff over the last year, as well as looking ahead to what we hope to achieve by March 2019.

In 2017/18, we have continued to face increasing pressures on our services, which have affected our performance. However, our staff have responded to these challenges, displaying compassion to deliver the best care possible to our patients.

We are now over half way through our five-year partnership with the prestigious Virginia Mason Institute in Seattle. This partnership has led to us creating our own UHCW Improvement System, UHCWi, which we are using to make improvements to the care we provide to patients.

This year we have also seen a number of exciting developments within the Trust. These include the opening of the new Involvement Hub in the main reception of University Hospital to make it easier for patients to tell us about their care, as well as announcing our plans to build a brand new theatre suite on the Hospital of St Cross site.

The information and data contained within this report has been subject to internal review and, where appropriate, external verification. Therefore, to the best of my knowledge, the information contained within this document reflects a true and accurate picture of the performance of the Trust.

We would like to thank all of our staff for their dedication in delivering care to our patients 24 hours a day, seven days per week and our volunteers who give their time freely to support our work.



Professor Andrew Hardy



Andrew Meehan

The Year in Pictures



April 2017

Data from the Trauma Audit and Research Network (TARN) has shown that last year in terms of outcomes, University Hospital Coventry is consistently high achieving. The hospital is currently in the top five centres nationally in terms of survival outcome.

TARN measures national data and they calculate survival outcomes after trauma by the number of those who actually survived compared with the number who are expected to survive. At University Hospital there was on average one additional survivor out of every 100 patients. This data is particularly impressive as according to TARN data UHCW is also the busiest adult major trauma centre in the country. This data indicates that the Trust is a place where patients are treated by the right clinicians, as quickly as possible.



May 2017

Patient David Cobb from Stratford upon Avon was one of the first people to benefit from state-of-the-art radiotherapy that can be given in just five days compared to the normal 7.5 weeks. The 77 year-old retired headmaster received treatment for his prostate tumour using a new advanced machine which delivers Stereotactic Body Radiotherapy (SBRT).

David was treated with a new machine (Elekta Versa HD) which delivers concentrated high precision targeted SBRT over a quick delivery time. Images are taken immediately before treatment starts to allow for any adjustments to be made in positioning the radiotherapy target with the tumour. This aims to minimise any effects on the surrounding healthy tissue.

These world-class machines put the Arden Cancer Centre at the front line of cancer treatment advances and also allows us to treat some patients who previously would not have been able to be treated.



June 2017

The Children's Outpatient Unit at the Hospital of St Cross in Rugby is set to be transformed thanks to a major funding commitment from the Friends of St Cross and the University Hospitals Coventry and Warwickshire Charity.

The unit moved to its current location in a standalone building on the hospital site in 2015. Now the team want to improve it further and have ambitious plans to revamp the unit to make its young patients feel more comfortable before and during their appointments.

Improvements will include: a secure buggy park, a new changing area for infants and children with complex needs, a breastfeeding room, an outside play area and a redecoration of the unit.



July 2017

Over 250 patients having knee replacements at UHCW took part in a study, reported in The Bone and Joint Journal looking at an alternative method of pain relief for patients undergoing knee replacement surgery.

A traditional option for pain relief during knee replacement surgery is a 'femoral nerve block'; a single dose of local anaesthetic injected around the femoral nerve in the groin, which is typically administered by an anaesthetist. However, a newer alternative approach uses an injection of anaesthetic agents around the knee joint and is administered by the surgeon without the need for specialist equipment.

The study found that patients who had the knee injections required lower doses of powerful painkillers such as morphine after surgery.



August 2017

Volunteers have been recruited across Coventry and Warwickshire as part of a new initiative to offer extra support to terminally ill people who are approaching the end of their life, and to their relatives to help with their bereavement. The Compassionate Communities programme is being led by UHCW in partnership with the Palliative Care Service at Coventry and Warwickshire Partnership NHS Trust.

This initiative is hugely important as it is about reaching out and showing compassion to people when they are at their most vulnerable. It's about being an emotional support at a point in people's lives when they're either preparing to die or when their loved ones have died."



September 2017

UHCW's Cardiology Team implanted the first ever leadless pacemakers in Coventry & Warwickshire. The device was a Medtronic Micra™ pacemaker, which is just two centimetres long.

The new state-of-the-art pacemaker sits directly within the patient's heart and eliminates the need for wires.

The tiny device can be implanted without the need to operate on the patient's chest. Instead it is inserted directly into the heart via a catheter through a vein in the patient's leg. Patients stay awake for the procedure, which is carried out under local anaesthetic, and patients often go home the same day.



October 2017

A new mobile cardiac catheterisation lab is now in place at Hospital of St Cross.

This brand-new facility will see approximately 40 patients a week who are waiting for Electro Physiology studies. These tests locate problems with the electrical signals in the heart by passing soft wires up a vein in the leg and into the heart.

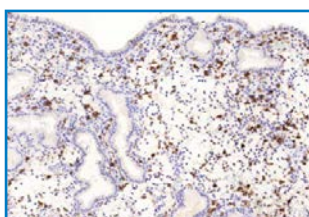


November 2017

Patients and staff have celebrated the opening of a brand new renal dialysis unit in Coventry, which is providing life-saving treatment to patients, right on their doorsteps.

The new unit at the Clay Lane Health Centre boasts 12 dialysis stations. Since it opened around 47 local patients every week have been taking advantage of the state-of-the-art unit.

The new unit was developed in response to feedback from patients, as well as the growing number of people in Coventry who need dialysis.



December 2017

For the first time the functions of natural killer cells in the womb have been identified by researchers at the UHCW and University of Warwick.

The research was based on large amounts of experimental and observational data. They conducted an analysis of 2,111 endometrial biopsies, which is more than had ever been conducted previously. These were kindly donated by women who have attended the Implantation Research Clinic at UHCW.

Previously unknown functions of natural killer cells identified such as these cells remodel and 'refresh' the lining of the womb in preparation for pregnancy and the process isn't always balanced in each cycle. This could lead to screening and treatment for women at risk of miscarriage.



January 2018

Patients and visitors can expect to find information about their visit to hospital much easier thanks to the new website. The site is home to a host of information about UHCW.

It was developed in response to feedback from patients who said the site needed to be easier to navigate to find the information they needed. It also boasts the ability for people to book their blood tests online at locations closer to home and it has been designed with accessibility in mind and can be easily translated into 103 languages, it is programmed so that the text can be read out loud for the visually impaired and people with some learning disabilities such as dyslexia will benefit from the ability to change the text and background colours.



February 2018

UHCW teamed up with Public Health Coventry, and The Sepsis Trust to create a month of awareness-raising about Sepsis. Sepsis is a rare but serious complication of an infection and every year approximately 260,000 cases of sepsis are diagnosed in the UK and around 44,000 people die every year from the condition.

As part of the campaign a series of short films talking about the condition, signs and symptoms and the effects it can have were created.

The campaign also highlighted the post-sepsis support group that UHCW Sepsis team have established with the Sepsis Trust where those affected by Sepsis have a chance to meet and talk about their experiences and to also raise awareness of the condition.



March 2018

The Maternity team UHCW were named the best in the country by the Royal College of Midwives (RCM) in March. The team were named 'The Kellogg's All-Bran Midwifery Service of the year' in recognition of the care they provide to mums and babies. UHCW were joint winners of the top award, along with NHS Lanarkshire in Scotland.

We offer a full range of maternity services, including Antenatal clinics, community midwifery and home birthing service, the midwife-led Lucina Birth Centre, a consultant-led Labour Ward, and a Neonatal Unit.

The judges of the award said of the team that: "The RCM has observed and seen first-hand strong midwifery leadership and commitment of the whole maternity team at UHCW. The midwives are determined to provide safe and high quality care and continuously improve services for local women and their families."

Awards

We are pleased to report that we have had another award-winning year and have much to celebrate:

UHCW NHS Trust was named [‘Teaching Hospital of the Year 2017 – UK’](#) at the UK Health and Safety Awards 2017.

The Emergency Department team was awarded [‘Emergency Medicine Training Department of the year’](#) at the [Royal College of Emergency Medicine](#) annual awards.

UHCW won [Silver for Clinical Research Site of the Year](#) at the [PharmaTimes Awards](#), after being shortlisted for the fifth year running.

The Coventry Integrated Motorneurone Disease MDT (UHCW, Myton Hospice and CWPT) won the [Motorneurone Disease Association’s “Extra Mile Award”](#) from [Jim Cunningham MP](#).

R&D team won [‘Business Intelligence Leader’](#) for their implementation of EDGE and the provision of the most up to date and complete data at the [West Midlands CRN Awards](#).

The Communications Team won an [Association for Healthcare Communications & Marketing \(AHCM\) Award in 2017 – Best Issues Management](#) - for the use of video with operational pressures.

The Cardiac Rehabilitation Team at the Hospital of St Cross were shortlisted for [Team of the Year](#) at the [BHF’s Alliance Awards](#).

Siobhan Quenby and the Biomedical Research Unit research team won the [‘Use of Digital Technology in Research’ award](#) for the Tommy’s NET project at the [West Midlands CRN Awards](#).

Network Mortuary Manager Chris Wookey, and Deputy Network Mortuary Manager Harriet Tunstall were awarded a [Chief Constable’s Award](#) by [West Midlands Police](#).

Orthopaedic Registrar Mr Nick Smith was awarded the [Robert Jones Medal](#) at the [British Orthopaedic Association Congress](#) for his work on meniscal transplantation.

Plastic Surgery consultants Joseph Hardwicke and Jo Skillman [won an award](#) for a paper they co-wrote at the [Plastic and Reconstructive Surgery Journal’s best paper awards](#) called ‘Detection of Perforators Using Smartphone Thermal Imaging’.

The Transfusion team [won an award](#) at the [British Blood Transfusion Society Congress](#) their work titled ‘To bleed or not to bleed. Reducing the risk of iatrogenic anaemia in critically ill patients’ in the Improving Patient Outcomes category.



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 Hospital site but provided by other organisations:

BMI Meriden
 Caludon Centre
 Myton Hospice



Services provided at Hospital of St Cross

Acute Medicine:

Acute Medicine
 Acute Surgery
 Ambulatory Care
 Breast Screening
 Colorectal Cancer Screening Centre
 Day Surgery, Overnight Stay / 23 hour Surgery
 Endoscopy
 Laboratory Services
 Macular Unit
 Magnetic Resonance Imaging (MRI) Scanning
 Outpatients Services
 Retinal Screening Centre
 Satellite Renal Dialysis Unit
 Scanning, Bone Density
 Urgent Care Centre
 X-ray including Ultrasound
 Inpatient Medical Services
 Inpatient Elective Surgery
 Inpatient Rehabilitation Service
 Intermediate Care
 Screening

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

Myton Hospice
 Mental Health Unit
 Social Services
 Recompression Chamber
 GP (Out of Hours service)
 Walk-in-Centre



Charity Report

University Hospitals Coventry and Warwickshire Charity

University Hospitals Coventry and Warwickshire Charity is the independent Charity which supports University Hospitals Coventry and Warwickshire NHS Trust and Coventry and Warwickshire Partnership Trust. Through supporting the strategies of our partner NHS Trusts, the Charity aims to help make a real and positive difference to patient care by providing the many extras that cannot solely be provided by the NHS. The key areas of focus include:

- Funding important state of the art medical equipment to enhance patient care
- Improving surroundings and amenities for patients, families and staff
- Advancing medical knowledge through the funding of research to impact directly on the treatment and care of patients
- Developing further the knowledge of staff through supporting education and training
- Working alongside colleagues from the two NHS Trusts we serve to identify future areas for support with the intention of enhancing the experience for our patients and their families during their time in our care

The Charity is fortunate to receive charitable donations from a wide range of individuals, corporates, community groups, Trusts and Foundations and truly appreciates the lengths that so many go to help make a difference for the patients and families. Donations are managed through a number of charitable funds, relating to specific wards, services, research programmes or other projects. This means that donors are able to direct their giving to a specific area within the hospital or towards a cause which is personal and means so much to them. Through working alongside our medical and nursing staff, we then identify the best way to spend the funds to benefit patients. This generosity makes it possible for a number of grants to be awarded throughout the year.

During 2017-18, the total value of grants awarded was £375,588.69. These grants were distributed over many hospital specialist areas as well as within the community. The purchase of additional, innovative medical equipment and aids, the refurbishment of patient facilities, the production of patient information films and materials and the funding of research helped contribute towards providing the best experience for patients and families in Coventry and Warwickshire

Following a successful campaign, we were also able to complete fundraising for the Children's Emergency Department Appeal. The refurbishment project, due to commence in spring 2018, will create a more welcoming environment for young patients during a time that can be traumatic

The support from a number of Trusts and Foundations helped grow sustainable income by £53,000 with the appeals for THE Children's Emergency Department, the Cath Lab, dementia and the "Healing Arts" all benefiting.

We are most appreciative of all who have helped support the charity during the year in all capacities. We are looking forward to launching a major appeal in early 2018/19. To find out more about UHCW Charity please visit: <https://www.uhcw.nhs.uk/our-services-and-people/uhcw-charity/>



The Friends of the Hospital of St Cross



The Friends of the Hospital of St Cross
 Brookfield House, Hospital of St Cross
 Barby Road, Rugby.
 CV22 5PX



The last year has seen several exciting developments for the Friends of St Cross with the introduction of a new service delivered by our volunteers as well as increased engagement with the community in Rugby and donations of equipment which have helped expand the services that the Trust delivers at the Hospital of St Cross!

One of our favourite donations is the bingo cage and accessories which have brought a smile to the faces of patients in the Ash Dialysis Unit. Some 80 patients undergo up to four hours of treatment, three times a week, and had very little social activity during these sessions other than the companionship of their fellow patients until 2 members of staff started running bingo sessions. When the Friends discovered that the ladies did this in their own time and even dug into their own pockets to buy prizes the Charity stepped in and we now have some 16 volunteers to run up to 8 sessions on a monthly basis and have donated funds for the prizes for whoever calls House!



In November and December we ran a Festive Befriending initiative which was themed around "no-one should be alone at Christmas". The idea was developed with the help of the Modern Matrons and we appealed to the community in Rugby to visit patients who were unfortunately not well enough to be discharged home before Christmas. Fifty members of the public responded and made over 100 visits to the hospital between Christmas and New Year. The initiative was acclaimed as an outstanding success by patients, staff and volunteers many of whom signed up to repeat the exercise this December and some have joined the Friends as regular volunteers.



In September members of the Hindu Swayamsevak Sangh (UK) – Rugby branch, approached the hospital through the Friends of St Cross and offered to arrange for a team of 20 to 30 volunteers to clean or paint an area of the hospital over the last weekend of the month. Every year the group have been volunteering their time on a day set aside primarily to make a difference to people around us. The day is called 'Sewa day'. The team brightened up the little used corridor from the Friends Blood Taking Unit past the Elizabeth Chapel to the Multi Faith Prayer Room.

The number of ways that the community has chosen to demonstrate their support for the hospital is constantly increasing and this year an intrepid couple undertook a cycle ride from John O'Groats to Land's End and a local photographer is seeking donations for copies of photos he has taken at polo games!

During the year the Hip Preservation Service took delivery of two arthroscopes. These are used during keyhole surgery procedures to repair damage to the hip joint to reduce or avoid the need for hip replacement surgery. This is a world class service which is performed predominantly at the Hospital of St Cross and has been further supported by the donation of specialist physiotherapy equipment which is not available on the NHS.



The new scopes are connected to High Definition screens and have internal mirrors which enable the surgeons to look at the joint using either 30 or 70 degree angles from the tip of the scope. They allow our surgeons to create highly detailed images of the hip joint's surface, and repair the problems causing our patients pain. We're very grateful for the donation to help our patients.



An exciting new service for the whole of Warwickshire has been created thanks to Friends donation of the specialist equipment needed to establish a Flexible Outpatient Cystoscopy Urogynaecology Service (FOCUS) in the Owen Building at St Cross. Until now patients had to travel to University Hospital in Coventry for a procedure that requires general anaesthesia and an overnight stay in hospital. The new service in Rugby will introduce outpatient diagnostic and therapeutic flexible cystoscopy clinics with new equipment so patients will only need a local anaesthetic and can go home the same day!



The Friends have been proud to support the Cardiac Rehab team at the Hospital of St Cross for many years and have provided the majority of the equipment used in the rehab gym. So when the Board heard that the equipment used to assess patients at the start of their rehabilitation was 15 years old and was becoming a problem to maintain there was no hesitation in approving a request to spend £40,000 on the latest CardioPulmonary Exercise Testing (CPET) equipment. In addition to assessments undertaken by patients at the start of their rehab after a "heart event", this equipment can be used to assess patients prior to transplants or as part of research study that the team and some of their patients are taking part in.

Work on the Sleep Studies observation unit started In March 2018. The Friends have committed £80,000 to support this project which will bring yet another World Class service to St Cross.

More information about the Charity and the support it provides to the Trust can be found on our website www.friendsofstcross.org.uk or by following us on Twitter or Facebook @FriendsStCross.

PART 2 : Performance Report

1. An Overview

We approached 2017/18 with a set of annual objectives that were aimed at furthering our journey towards achieving our vision to be a national and international leader in healthcare and we have made good progress in several areas, as is detailed throughout this report.

The national context has however resulted in continuing challenges from both an operational and financial perspective and we know that these challenges are set to continue into 2018/19. The financial climate within which we operate is unprecedented and this is against a backdrop of rising demand for services; we therefore need to work differently to ensure that we can continue to provide the services that our population needs.

Operational pressures have meant that some of our patients have waited longer than both they, and we would want them to for treatment. We do not underestimate the impact that this has on our patients and staff and we have worked hard during 2017/18 to systematically review our systems and processes to ensure that we have a strong platform from which to build upon and improve our performance in 2018/19. The work that we are doing with our partners in health and social care will support this work and will play an important part in ensuring the sustainability of services across the health economy.

We maintained a strong focus on financial performance in 2017/18 and are pleased to have delivered our in-year efficiency target; however, against a challenging financial climate we did not achieve our break-even duty. This continues to be a key focus of 2018/19.

We have also performed well against many quality and safety metrics and we will continue a relentless pursuit on ensuring that we deliver the safe and high quality services that our population deserves.

1.1 About us

The Trust (formally Walsgrave Hospitals NHS Trust) was established in 1992 under the National Health Service & Community Care Act 1990 and expanded to include the Hospital of St Cross in Rugby in 1998.

The Trust operates from two sites; University Hospital Coventry and the Hospital of St Cross in Rugby and maintains a strong focus on the provision of high quality, safe and effective patient care. We provide both emergency and elective care and specialise in cardiology, neurosurgery, stroke, joint replacements, in vitro fertilisation (IVF) and maternal health, diabetes and kidney transplants. We are also a designated Major Trauma and Cancer Centre.

We employ over 8,500 staff and deliver acute healthcare to the population of Coventry and Rugby, as well as more specialist services to that population and regionally. Clinical care is delivered by our 12 Clinical Groups that are each led by a triumvirate comprising a Clinical Director, Modern Matron/Midwife and a Group Manager. Support to the Groups is provided by a number of corporate services.

Our University Hospital site is one of the most modern healthcare facilities in Europe with 1,100 beds and 26 operating theatres. We are equally proud of our facility in Rugby which has 130 beds and 6 operating theatres, including one mobile theatre.

We are very proud to be one of five NHS Trusts that are working in partnership with the Virginia Mason Institute in the USA to become one of the safest hospitals in the country through the adoption of the UHCWi improvement methodology. More detail on how we are transforming our services using lean methodology can be found later in this report.



1.2 Vital Statistics for 2017/18

	2017/18	2016/17	2015/16	2014/15	2013/14	2012/13
Number of people attending an outpatient appointment	665,209	656,191	628,452	608,288	574,242	534,718
The number of people attending Accident & Emergency (A&E) including those in specialist Children's A&E	190,549	187,792	184,979	183,440	176,485	175,349
The number of inpatients and day cases (based on admissions)	169,028	163,834	158,189	149,949	142,389	138,588
Number of Births	6,174	6,217	6,332	6,223	5,991	5,092
Patients operated in theatres	42,609	42,709	42,786	41,095	41,157	40,564

1.3 Our Strategy

Our vision is to become a national and international leader in healthcare and we have continued to work towards achieving this during 2017/18. Our vision is underpinned by our mission 'Care Achieve Innovate' and our five-year strategic objectives, which are:

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

Each year we develop a series of annual objectives that are aimed at furthering our journey towards achieving our longer-term strategic objectives, which we continually measure our progress against through the development of a number of related key performance indicators.

We pride ourselves on being clinically led and understand that truly world class services are driven by the clinical frontline, supported by management and corporate functions. During 2017/18, we have continued to embed our values, which have been developed through extensive consultation with our staff and therefore represent what is important to those that are delivering care to our patients. We have reviewed our values during the year and through consultation with our staff, we have included a seventh value of 'Respect'.

Our values are:

- Compassion
- Openness
- Learn
- Improve
- Pride
- Partnership
- Respect



We made good progress in delivering against our annual and longer term objectives in 2016/17. Whilst our performance against national standards and internal targets are set out later in this report, the section below provides detail on some of our achievements against our five-year objectives:

To deliver excellent patient care and experience	We continue to score highly against the Family and Friends Test, indicating that many of our patients would recommend our hospital.
To be an employer of choice	Our bespoke Leadership Programme aligned to the UHCWi Improvement System ensures that we have the capacity and skills to develop our services. We have values based recruitment and appraisal systems in place.
To deliver value for money	We fully delivered our Cost Improvement Programme target for the year.
To be a research based healthcare organisation	Our Arden Tissue Bank has been awarded c. £280k of a £1.1m Medical Research Council Grant as a further development of the Tommy's National Centre for Miscarriage Research and is also delivering the 100,000 Genome Service. We have been successful in securing £2m from the National Institute of Health Research through our Trial Management Unit.

The Trust carried out a strategy refresh during the last quarter of 2017/18 and this was adopted at the Board meeting in March 2018 and will inform plans from 2018 to 2021.

1.3.1 Together Towards World Class

Together Towards World Class (TTWC) was launched in March 2014 and has provided the focus for our organisational development programme at UHCW. The programme has been successful and has supported a range of projects through the work streams (World Class Experience, Services, Conversations, Leadership and People).

In 2015 we began our journey as one of the five NHS Virginia Mason trusts and have since adopted the improvement methodology, now known as the UHCW Improvement System (UHCWi).

TTWC provides the overarching direction for the organisation in the transformation of our culture; recognising the important role that UHCWi plays within this. The success of the organisation in improving the healthcare we provide to our patients and for increasing the level of involvement, engagement and satisfaction of our staff lies with the effectiveness of the TTWC programme.

Some of our highlights of work under the TTWC umbrella during the year include:

- Over 1,000 staff completing the Brilliant Basics programme in customer care
- Launch of our new Trust website in January 2018
- A further 300 leaders participated in our flagship leadership development programme, Leading Together, established with our delivery partners NHS Elect. During the year we completed the formal research study of the programme undertaken in partnership with Warwick University
- Introduced our values based appraisal process from April 2017 which now includes talent
- conversations
- A staff health and wellbeing programme and achievement of the national award of the Work place Wellbeing Charter
- Developed our range of recognition schemes, including appreciation cards, World Class
- Colleagues and OSCAs

- Introduction of the “How May I Help you” patient bedside folders
- Development of our innovation hub, providing space for staff to learn, develop, create and foster their ideas for improvements
- Introduction of the “Take a Coach Approach” masterclass to provide managers with the support and tools to use coaching conversations in their everyday work

We engaged staff in our work through the hosting of events during June and July followed by chief officer roadshows throughout the rest of the year. In order to continue our priority of improving staff engagement, we will undertake a refresh of TTWC through the development of an OD Strategy in 2018.

1.3.2 UHCW Improvement System in partnership with the Virginia Mason Institute

This year has seen work relating to our UHCWi Improvement system build on the foundations from 2016/2017. The Kaizen Promotion Office (KPO) has grown with two new members of staff, one fully certified in March 2018, the other in May 2017. This has allowed the team to increase the amount of education and improvement work to build capability across the Trust.

Learning from both Virginia Mason Institute and other trusts in the UK using lean methodology, we have launched our three improvement aims to empower staff to connect the improvements they are undertaking back to the Trust’s strategic and organisational goals.

These three aims have also formed the basis of the UHCWi identity throughout the Trust.



Over the past year our Chief Officers have led on a further two Value Streams (areas of work) building on the three original Value Streams from last year.

- | | | |
|-----------------------------|----------------------------|------------|
| • Ophthalmology Outpatients | • Patient Safety Incidents | • Theatres |
| • Simple Discharge | • Pre-Operative Assessment | |

Linked to these areas we have undertaken seven Rapid Process Improvement Workshop (RPIW) weeks (a five-day workshop focused on a particular process in which people who do the work are empowered to eliminate waste and reduce the burden of work to provide an improved patient experience).

Alongside this, we are proud to have had three patient partners work alongside the teams in RPIW events. This has ensured that we are always making decisions that put patients first in the processes we are looking to improve, and is something that we will continue with all the future RPIW events.

We have embedded ‘Stand Up’ meetings across the Trust: as part of living our value of openness. These occur once a month at Hospital of St Cross, Rugby and three times a month at the University Hospital, Coventry and are an opportunity for staff that lead improvement work to directly share their progress and barriers with Chief Officers. Over the past year we have celebrated work and monitored progress against the RPIWs above. We have had over 80 presentations including sharing of learning from staff that have attended lean for leaders.

Some of the outcomes we have celebrated over the past year have been:

- 103% increase in incident reporting within critical care to improve our ability to learn from patient and staff experience
- The launch of response teams for incidents where serious harm has occurred to support patients and staff following the reporting
- A reduction in waiting times in Eye Casualty following the introduction of reception based triage.
- The creation of a female based surgery on the day of admission (SODA) ward to improve patient experience
- The instigation of 'Learning teams' to facilitate improvement following incidents in the area the incident occurs, drastically reducing the time for changes to practice to be implemented and further risk mitigated

We have 62 trained senior leaders in Lean for Leaders and a further 49 who will complete their training in the UHCW Improvement System by June 2018. This means our method can continue to spread as it becomes the way we run and improve our Trust. Alongside this we have provided 'Masterclass' and 'Passport' sessions.

Passport sessions are open to all members of staff to widen the understanding and knowledge of the tools used for continuous improvement. So far 240 members of staff have attended one of these sessions increasing their knowledge on tools and techniques to improve their workplace for their patients. We have plans to provide elements of training to over 1,000 members of staff during 2018-2019.

Thanks to some of the work by the patient safety Value Stream we have hosted open days to promote our approach to safety incidents to both other trusts and our regulators. This includes the CQC Chief Inspector of Hospitals who was keen to see the improvement method and its work first hand during a visit in January 2018.

2.0 Performance Analysis

We strive towards the provision of high quality care, whilst embracing innovation to ensure that we deliver applicable local and national targets and standards and enhance productivity. To do this, we have a Performance Management Framework embedded within the Trust, which measures and monitors our progress against these targets.

2.1 Performance Management Framework

Our performance management systems have developed and evolved over time and since 2016 the framework has incorporated monthly accountability meetings, alongside formal quarterly performance reviews held with Chief Officers. These reviews are regularly considered in terms of effectiveness with performance discussed at the Trust Board and relevant Board Committees.

To support the Performance Management Framework, a balanced scorecard approach is used which includes Key Performance Indicators (KPIs) that reflect the five domains in the NHSI oversight principles;

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability



These KPIs are included in our balanced scorecard which underpins the Integrated Quality & Performance and Finance Report (IQPFR) that is submitted to the Trust Board each month and provides a rounded view of performance across the organisation. Performance monitoring of a range of defined local internal and external indicators are also included within scorecards at service level, which form a key part of our Performance Management Framework.

Figure 1 on page 22 shows the scorecard as at March 2018. Each year, the KPI's are reviewed and the scorecards aligned to reflect changes to national standards and local targets, thereby ensuring that we are monitoring performance effectively throughout the year.

Local contract targets and standards, including progress against the 2017/18 Commissioning for Quality and Innovation (CQUIN) schemes that are determined by our commissioners have also continued to be monitored throughout the year.

We also consider our performance against peer trusts and produce regular benchmarking reports using nationally published datasets that are reviewed at Trust Board and relevant sub-committees. These reports outline our position against a suite of KPIs using national averages and individual peer trusts, which allows us to identify areas where improvements can be made, and to highlight where we are performing well.

2.2 Performance against 2017/18 Acute Contract Targets

Our 2017/18 Acute Contract with Clinical Commissioning Groups required delivery against 50 standards that were agreed as part of the contract. In addition to these, we were also required to deliver against the indicators agreed in the 2017-18 CQUIN Schemes. Performance challenges, particularly relating to flow through the hospital have continued throughout 2017-18 as detailed later in this report, but despite this, we continue to deliver against the demanding Clostridium-Difficile (Trust acquired) target, which is very important to patients in terms of their safety when coming into one of our hospitals and in relation to the patient safety thermometer.

2.3 Performance Exceptions and Risks

The operational pressures that we are facing have meant that inter-related key performance indicator targets have not been met and these are described below.

2.4 A&E 4-hour Wait

Our performance at year end 2017/18 against this standard was 80.1% which equates to 37,924 patients out of a total of 190,572 attendances at A&E being seen outside of the four hour standard. This is 14.9% below the national 95% target.

Due to continuing significant pressures that are being experienced in our A&E Department, the target has not been achieved in any month this financial year, with the best reported performance being 85.5% in October 2017. This is in keeping with the pressures that are being experienced in A&E Departments across the country.

There has been a continued increase in attendances to our services with an additional 2,780 patients being seen during the year; a 1.48% increase on the previous year. Our performance was affected by a continuingly high number of patients that are medically fit for discharge but awaiting transfer elsewhere or for a package of care to be established (known as Delayed Transfers of Care or DTOC). Performance against the national DTOC target of 3.5% was 4.84% for the year. We are continuing to work with our health and social care partners to try and ensure that patients can be discharged as soon as they are medically fit, as we know that it is better for our patients to not be in an acute hospital setting when they do not need to be.



We agreed a set of priorities with our regulators around themes such as ED streaming, the minors stream, ED staffing and DTOCs. We have taken a number of actions during the year to improve our A&E performance, both internally and with partners, including improved ambulance triage and handover and adoption of Red to Green Days, which is a simple tool that is aimed at helping to ensure that every day spent in hospital is necessary and that discharge occurs as soon as possible. We have also focussed on improving ambulatory pathways which provide an alternative to hospital admission and on delivering the SAFER principles which are:

- S:** Senior Review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions
- A:** All patients will have an Expected Discharge Date and Clinical Criteria for Discharge
- F:** Flow of patients will commence at the earliest opportunity from assessment units to inpatient wards
- E:** Early discharge. 33% of patients will be discharged from base inpatient wards before midday
- R:** Review. A systematic MDT review of patients with extended lengths of stay (>7 days – 'stranded patients'), trying to get patients back home as soon as possible

We believe that these principles provide for a better patient experience in addition to helping us to work together across the Trust to increase capacity and improve performance. They are underpinned by a set of safety standards to ensure we provide the safest care possible.

2.5 Referral to Treatment (RTT)

We are required to meet a 92% standard for the RTT measurement for incomplete pathways. This means that 92% of patients on our total waiting list should be treated within 18 weeks.

Unfortunately, due to our performance challenges, the Trust achieved 82.3% against the 92% standard, which has meant that a number of our patients have waited longer than 18 weeks for their treatment. Throughout the year, actions have been taken to try to reduce this, including weekly patient level tracking and setting clear targets for each of our Clinical Groups and monitoring performance against these. However, the pressure on the emergency pathway, coupled with difficulties with flow through the hospital has increased the number of medical patients that are not in medical wards and the consequent need to cancel elective patients, all of which contributes towards us having made no significant improvement in performance against this target.

2.6 Cancer 62 Day Standard

The standard states that 85% of patients will wait a maximum of 62 days for their first cancer treatment from the point of GP referral for suspected cancer.

We have generally seen an improved position against the 85% target throughout 2017-18, although there were areas of challenge during the early part of the year and again during September 2017 where the standard was not met, largely due to operational pressures. Late referrals from other trusts after 62 days are categorised as shared breaches but are also a contributory factor to underachievement. Our year-end performance of 85.1% and therefore achieves the national standard. This year-end figure is different to that reported in the performance scorecard on page 22 as this target is reported one month in arrears because of the need for a robust data validation process.

A number of actions have been taken to improve our performance during the year including a weekly patient level tracking meeting with additional support for tracking patients on an urgent suspected cancer pathway and reviews of all patients with no comprehensive plan in place. We continue to work with partners to ensure that late referrals are eradicated.



2.7 Delayed Transfers of Care (DTOC)

As indicated earlier, this indicator remains challenging to deliver due to the complexity of discharges and the number of partner organisations that are involved in discharge processes. The indicator is measured at a snapshot in time within the reporting month, and 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 is recorded.

As an illustrative example, during March 2018, there were 40 patients that were awaiting transfer to another setting out of 1,025 occupied bed days, which equates to 3.90% against a target of less than or equal to 3.5%. At the year end the figure was 4.84%, which is an improvement from the 2016/17 position.

We have consistently maintained close scrutiny of our DTOC position because of the impact that this has on our patients and flow through the Trust. As a consequence, we have continually engaged with community partners to ensure that patients are transferred to more appropriate settings in a timely fashion. As a result, overall performance has improved against this measure in 2017/18 compared with last year and the target was met in October 2017. However, there is limitation within the community in terms of both capacity and staffing and this has resulted in the level of DTOCs remaining high and exceeding the national standard for most months.

2.8 Breaches of the 28 day treatment guarantee following elective cancellation

This indicator measures the number of patients that are not treated within 28 days following last minute cancellation of their surgery. Failure of this indicator is a consequence of pressure in the emergency care pathway, which has an impact on the availability of our beds and consequently on our ability to admit patients for elective surgery. Regrettably, in 2017/18 there have been 194 reported breaches of the 28 day treatment guarantee following an elective cancellation, particularly in the second half of the year.

We continue to scrutinise and challenge the re-scheduling of any patient that has had a cancelled procedure, through processes which are overseen by the Patient Access Team. Twice daily reviews of the planned operating lists are also undertaken with each specialty in order to provide a high degree of rigour and ensure that no patient is cancelled for a second time. It should be noted that no urgent operations were cancelled for a second time during the year.

2.9 Never Events

Unfortunately, we reported five never-events during 2017/18 against a target of zero. Two of the events were categorised as retained foreign object post procedure, two were categorised as wrong route administration of medication and the fifth a wrong site surgery. Following each event, a full root cause analysis investigation has been conducted with the findings being reported directly to the Chief Executive Officer and reviewed at the Serious Incident Group. Action plans have been developed to address the recommendations arising and these are being carefully monitored to ensure that all necessary action to prevent recurrence is being taken. We have also instigated a programme of Human Factors training to help us understand how mistakes are made and what action we can take to guard against this.

2.10 Pressure Ulcer

Grade 4 hospital acquired avoidable pressure ulcers are a rare occurrence at in the Trust and are usually complex. Unfortunately this year a patient developed a grade 4 avoidable hospital acquired pressure ulcer. A root cause analysis investigation has been conducted and an action plan aimed at addressing the identified root cause has been developed.

Our goal is to build on the existing strategy for pressure ulcer prevention and reduction that has been achieved and to further deliver a reduction in the numbers and severity of harm of avoidable hospital-acquired pressure ulcers.

Figure 1: Trust Performance Scorecard (March position below)

Trust Board Scorecard								
Measure	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Trend	
Objective 1 - Getting to Good CQC Rating								
Safe								
Clostridium Difficile - Trust Acquired - Cumulative	32	34	↓	42	42	CNO	■■■■■	
MRSA Bacteremia - Trust Acquired - Cumulative	1	1	→	0	0	CNO	■■■■■	
Never Events - Cumulative	5.0	5.0	→	0	0	CMO	■■■■■	
Harm Free Care	95.2%	95.3%	↑	95%	95%	CNO	■■■■■	
Mandatory Training Compliance	84.55%	84.45%	↓	95%	95%	CWIO	■■■■■	
Effective								
HSMR - Basket of 56 Diagnosis Groups (3 months in arrears)	101.23	104.37	↓	RR	RR	CMO	■■■■■	
SHMI - Quarterly (6 months in arrears)	109.50	109.28	↑	RR	RR	CMO	■■■■■	
Personal Development Review - Medical	83.14%	87.59%	↑	90%	90%	CWIO	■■■■■	
Caring								
Friends & Family Test - Recommender Targets Achieved	3	3	→	7	7	CMO	■■■■■	
Well-Led								
Complaints Turnaround <= 25 Days (1 month in arrears)	93%	90%	↓	90%	90%	CMO	■■■■■	
Objective 2 - Meet National Performance Objectives								
Patient Flow - Responsive								
Emergency Care 4 Hour Wait	78.1%	79.2%	↑	95%	95%	COO	■■■■■	
Bed Occupancy Rate - KH03 (3 months in arrears)	97.6%	97.6%	→	93%	93%	COO	■■■■■	
Delayed Transfers as a Percentage of Admissions	3.1%	3.9%	↓	3.5%	3.5%	COO	■■■■■	
Breaches of the 28 Day Readmission Guarantee	18	16	↑	0	0	COO	■■■■■	
Diagnostic Waiters - 6 Weeks and Over	0.11%	0.24%	↓	1%	1%	COO	■■■■■	
RTT - Responsive								
18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	81.6%	82.4%	↑	92%	92%	COO	■■■■■	
RTT 52 Week Waits Incomplete (1 month in arrears)	43	28	↑	0	0	COO	■■■■■	
Last Minute Non-clinical Cancelled Operations - Elective	1.1%	1.2%	↓	0.8%	0.8%	COO	■■■■■	
Cancer - Responsive								
Cancer 62 Day Urgent Referral to Treatment (1 month in arrears)	86.02%	85.86%	↓	85%	85%	COO	■■■■■	
Cancer 100+ Day Waits (1 month in arrears)	4.5	3.0	↑	0	0	COO	■■■■■	
National Cancer Standards Achieved (1 month in arrears)	7	8	↑	8	8	COO	■■■■■	
Objective 3 - Achieve the Financial Plan								
Well Led - Finance								
Income & Expenditure Margin Rating	4	4	→	2	2	CFSO	■■■■■	
Forecast Income & Expenditure Compared to Plan - £'000	-22438	-18278	↑	-292	-292	CFSO	■■■■■	
CIP Delivery - £'000	25848	29076	↑	29067	29067	CFSO	■■■■■	

RR = Relative Risk : The target for this indicator uses the relative risk as calculated by Dr Foster. The performance is classed as achieving target if the UHCW value is either below or within the expected range.

RAG	DoT
No Target or RAG rating	Improving
Achieving or exceeding target	No change
Slightly behind target	Falling
Not achieving target	
Data not currently available	
Annual Target Breached	

2.11 Forward Look - main trends and factors likely to affect our future performance

2.11.1 Overview

Although we continually strive towards realising our vision and providing the safe, high quality care that our patients deserve, we do so in an increasingly difficult environment. The NHS is under significant financial pressure; demand for the services that we provide continues to grow and we must ensure that we continually strive to improve the quality of care that we provide.

Our NHS partners and partners in health and social care are facing similar challenges and we have worked collaboratively as the leaders of the health and care system in Coventry & Warwickshire to produce our Sustainability & Transformation Plan (STP). Our Chief Executive Officer is the Coventry & Warwickshire STP footprint lead and working together we have produced a plan that will address the requirements of the Five Year Forward View. Our plan is aimed at reducing rising levels of demand to prevent the costs of health and social care rising year on year, through a combination of focusing on preventing illness and on providing the right care, in the right place at the right time. Although the STP covers a five-year period, we expect that the new collaborative approach that we are developing will have a positive impact on our performance in terms of finance, quality and delivery against national standards and local priorities. Our plans will be subject to full public engagement as the views of our patients and service users are fundamental to shaping the health and care system of the future in Coventry and Warwickshire.

We have continued our relentless focus on recruitment and retention during 2017/18 to ensure that we have the skilled workforce that we need to take the organisation forward and reduce our requirement to use agency staff. We have reduced agency spend by £20m over the last two years and have been particularly successful in reducing nurse agency usage. We know that recruitment to certain posts is a nationwide issue and we will continue to explore alternative roles and ways of working to manage areas where recruitment is challenged and to work with our partners through the STP.

Based on our performance at year-end, we will face similar challenges during 2018/19 to those that we faced in 2017/18, which are as follows:

2.11.2 Managing capacity

We have underperformed against a number of standards set out in the Single Oversight Framework. We recognize that not meeting the A&E 4-hour standard or the RTT NHS Constitution standard of patients being treated in 18 weeks falls short of the experience that we would want to offer our patients and we strive to make improvements in the forthcoming year. The year on year growth in emergency admission continued in 2017/18 as was predicted and is expected to carry on into 2018/19. The adoption and expansion of the UHCWi methodology across different clinical areas is delivering good indications of improvements in both our productivity and efficiency, as we continue to move forward in challenging areas of theatre capacity and bed occupancy. We have focused on reviewing our demand and capacity models to ensure that we utilize our capacity to effectively meet the demand for services and continue to work with our Commissioners to review pathways and ensure patients are seen and treated in the appropriate setting.

We have seen an improvement in our cancer performance and will look to deliver a sustainable position for 2018/19. Ongoing pathway reviews with the Cancer Networks and our CCG colleagues will ensure we use our capacity productively to deliver the cancer standards.

We will continue to focus on 'Getting Emergency Care Right' (GECR) which will remain a central pillar for the Trust. In doing so we have:

- Embedded the SAFER metrics as part of our routine working across the hospital



- Introduced 'Red to Green' working across all of our ward areas

We will continue our efforts to reduce length of stay (LOS) and improve our discharge performance through:

- Matching capacity to demand
- Increasing the number of pre-noon discharges to 30%
- Improving weekend discharges so that they are 80% of those experienced on a weekday
- Reducing the number of patients with a length of stay of more than 7 days
- Reducing the number of medical outliers

Our work with partners continues to be developed and substantiated across the local STP footprint. We continue to make progress to address the challenges across the emergency pathway externally through prevention of admissions and greater provision of ambulatory care for patients, strengthening work with partners to better address discharge planning, with a particular emphasis on reducing DTOC numbers in line with the mandated national target. This will include work to introduce a sustainable Discharge to Access (D2A) model as well as Single Point of Access (SPA) for patients awaiting community provision. We will continue our work with partners to establish a better Frailty pathway that:

- Maximizes reduced conveyance and admission avoidance
- Early IDT/MDT assessment at the front door with explicit plans in place for those entering the hospital on admission

We continue with our 'Why Not Home, Why Not Today' assessment model at the front door as an admission avoidance vehicle for frail and elderly patients, and where admission is unavoidable monitor the patient for up to 3 days post admission to try and keep the stay in hospital a short stay admission. This work has demonstrated that many more of our patients are seen very early in their episode and have seen a positive impact on our LOS. This work runs alongside the D2A and SPA work with system partners.

2.11.3 Financial Performance

The Trust set a challenging plan for 2017/18 which was in line with the NHSI control total; however, was predicated on a number of operational and financial improvements. To support this, the Trust elected to be part of the NHS Improvement (NHSI) Financial Improvement Programme Wave 2, and partnered with PricewaterhouseCoopers to support the identification and delivery of efficiency opportunities.

During the year the Trust, in conjunction with NHSI formally changed its forecast position to a £22.4 million deficit. The move in forecast was primarily driven by operational performance and the slippage of the Car Park construction into 2018/19.

The Trust has reported a deficit of £18.3 million and whilst this was £4.1 million better than forecast (due to additional sustainability and transformation funding notified at the year-end) we did not meet either our break even duty or our plan of a £0.3 million deficit. We fully delivered our cost improvement target of £29.1 million; however, the level of non-recurrent savings within this was higher than planned. The Trust finds itself in a difficult position both financially and operationally, with capacity pressures impacting on our ability to deliver elective care and consequently upon our income and ability to meet national standards.

The 2018/19 position continues to be challenging; however, there are a range of efficiency opportunities identified through the FIP2 Programme that will support the delivery of a challenging cost improvement target of £37.5 million.

2.11.4 Meeting required targets and standards

As we have described above our ability to meet key national targets such as the A&E 4-hour standard and the RTT target continue to be challenged by operational pressures. All aspects of our performance will continue to be closely monitored internally through our Performance Management Framework and externally by our commissioners through Contract Performance Meetings.

2.12 Counter Fraud Arrangements

Fraud, bribery and corruption can result in resources being unintentionally diverted away from their intended purpose and is one of the risks the Trust has to manage. The Trust does not tolerate this and works closely with our Anti-Fraud Specialist to identify instances where this is taking place and to impose the appropriate level of sanctions where this has been committed and to reduce the possibility of this taking place. They deliver against an approved plan covering the four areas which are:

- Strategic Governance
- Inform and Involve
- Prevent and Deter
- Hold to Account

Work undertaken by Anti-Fraud includes professional investigation into cases that are raised with the Trust where possible fraud or corruption may be taking or have taken place. A number of briefings and reports are presented to the Trust which includes professional guidance and advice. The Anti-Fraud Specialist Advisor will provide introductory information to all new staff to ensure the fraud message is disseminated effectively and uses appropriate media to disseminate fraud awareness materials across the organisation.

2.13 Clinical Quality and Quality Account

Details are provided within Part 5: Quality Account.

2.14 Patient Experience and Engagement

Details are provided within Part 5: Quality Account.

2.15 Research, Development and Innovation

Research is core to the development of new techniques, treatments and therapies in the prevention, diagnosis and treatment of disease. It is an integral component of providing world class services, which is a key work stream in our TTWC programme. It enables us to provide the highest quality and most effective patient care. It ensures that we are a leader rather than a follower within healthcare provision and enables us to attract and retain highly skilled and motivated staff.

2.15.1 Supporting Our Staff

In collaboration with healthcare, academic and commercial partners, the Research and Development Department supports and delivers a wide range of high quality health research for the benefit of our patients. We have an ambitious Research Strategy which outlines how we aim to nurture and develop research across the Trust, with all staff encouraged to be actively involved. We provide opportunities to enable our staff to develop their research and their research careers through informal sessions and mentoring to structured training and support such as our 'INCA' (Internships for Non-Medical Academics) and 'Consultant Fellowship' programmes whereby staff can be released from their clinical duties to develop their own research.



'The Summit' is our annual knowledge exchange and networking day. This free event (supported by external sponsorship) is open to all UHCW NHS Trust staff and also attracts our local NHS and academic partners. The event is designed to enable staff to increase their understanding of research and innovation by hearing from colleagues and partners who play an active role in these, seek advice/support on implementing their research project, develop their innovative ideas and protect their intellectual property. Opportunity is provided for staff to showcase their work through a poster competition and the event is structured to enable attendees to grow a network of like-minded colleagues and associates to catalyse, change or enhance their own personal development. This year, we had external speakers from Birmingham City, Birmingham, Coventry and Warwick Universities and Mr Derek Stuart, OBE, NIHR Associate Director for Involvement and Engagement, presented his personal experience of patient involvement in research. Dr Anna Bågenholm and Dr Torvind Næsheim shared their story of survival after extreme hypothermia at the Grand Round. The event is now in its 3rd year and we had a 50% increase in attendance from last year (to 160+ delegates), attracting increasing numbers of external attendees. Next year's event (6th July 2018) is in the planning.

2.15.2 National Centre for Miscarriage Research Established

Our Biomedical Research Unit started on 1st April 2012 with the explicit aim of becoming the National Centre for Research in Implantation in Pregnancy and to improve the management and outcome of prevalent pregnancy-associated disorders, particularly recurrent miscarriage. A team of doctors, midwives, practitioners and administrators conduct clinical studies that are underpinned by innovative, basic and translational research. The Unit integrates the clinical strengths of our Department of Obstetrics and Gynaecology with the scientific expertise available within Warwick Medical School and the University of Warwick. There is also a developing midwifery-led research portfolio which focuses on patient experience.

In 2016, in partnership with the University of Birmingham, the University of Warwick and Imperial College London, we were awarded 'National Centre for Miscarriage Research' status by Tommy's Charity. This is Europe's largest miscarriage research centre and will bring doctors, scientists and patients together to research early miscarriage, to understand why miscarriage happens, if it is likely to happen again, how to prevent it, and how to provide appropriate aftercare. The centre opened in April 2016 and is a clear demonstration of the world class care that we offer. As a further development of the Tommy's National Centre for Miscarriage Research, this year, our Tissue Bank was awarded c.£280K of a £1.1 million Medical Research Council (MRC) grant to co-ordinate and standardise the six centres collection of reproductive tissues to form the 'National Tommy's Reproductive Health Biobank', a national resource for miscarriage researchers.

2.15.3 Participation in Research Trials

Recruitment to NIHR portfolio adopted trials remains a key priority for us. During 2017/18, over 4,000 patients entered research studies at the Trust. The latest NIHR Research League Tables show that the Trust is now 30th for research activity across all acute NHS Trusts. We have a developing portfolio of complex interventional studies which are funded by the National Institute of Health Research, Association of Medical Research Charities and the pharmaceutical industry.

2.15.4 Publications

Our staff published widely in 2017, recording 223 publications, books and abstracts including presentations at national and international meetings and publications in high impact factor journals such as the Lancet and the British Medical Journal.



2.15.5 Funding

The NIHR funds patient focussed research and so is a key research funder for the NHS. For every £1 of National Institute of Health Research income secured, each Trust receives additional 'Research Capability Funding'. We have prioritised this funding stream, with the result that Research Capability Funding has grown from £80k to over £1m in four years. We received £1,142,331 during 2017/18, ranking us 22nd in the country for the amount of NIHR Research Capability Funding received; compared to £938K in 2016/17 (ranking 26th).

2.15.6 Facilities

We submitted a bid for to the National Institute for Health Research (NIHR) Clinical Research Facilities for Experimental Medicine call in June 2017, which was successful. This secured £750,000 over the next five years to support early translational research. One of only 23 NIHR Clinical Research Facilities in England, the NIHR Coventry and Warwickshire Clinical Research Facility launched on 1st April 2017 and now provides researchers with additional support to develop more experimental medicine / translational studies for the benefit of our patients.

Human tissue in research plays a vital role in developing a deeper understanding of human disease processes and their underlying mechanisms. Our Arden Tissue Bank aims to provide researchers with access to a diverse range of high quality human tissue, whilst complying with national legislation. As a further development of the Tommy's National Centre for Miscarriage Research, Arden Tissue Bank were awarded c.£280K of a £1.1 million Medical Research Council (MRC) grant to co-ordinate and standardise the six centres collection of reproductive tissues to form the 'National Tommy's Reproductive Health Biobank', a national resource for miscarriage researchers.

2.15.7 The 100,000 Genomes Project

This project is currently the largest national sequencing project of its kind in the world. It will sequence 100,000 genomes from around 70,000 people. Participants are NHS patients with a rare disease, plus their families, and patients with cancer. The aim is to create a new genomic medicine service for the NHS – transforming the way people are cared for. Patients may be offered a diagnosis where there wasn't one before. In time, there is the potential of new and more effective treatments. The project will also enable new medical research. Combining genomic sequence data with medical records is a ground-breaking resource. Researchers will study how best to use genomics in healthcare and how best to interpret the data to help patients. The causes, diagnosis and treatment of disease will also be investigated. The 100,000 Genomes project has been open to recruitment at UHCW for cancer and rare diseases for 20 months. To date, over 200 patients have been recruited across 10 cancer types and over 100 patients with rare diseases.

2.15.8 Awards

We are establishing our reputation as a leading institution for research. We are both delighted and proud that our Research and Development Team was awarded Silver in the 'NHS Clinical Research Site of the year' at the PharmaTimes International Clinical Researcher of the Year 2017. The award is sponsored by the Department of Health and the Association of the British Pharmaceutical Industry.

In the annual West Midlands Clinical Research Network awards, we had a strong showing in the technology categories, with Siobhan Quenby and the Biomedical Research Unit research team winning the 'Use of Digital Technology in Research' award for the Tommy's NET project which provides a platform to collect and store information from hospitals and clinics, as well as access to current medical records so that we can build mathematical models that will help us tell which women are at risk of miscarriage. The R&D team won 'Business Intelligence Leader' for our implementation of EDGE data-capture software and the provision of the most up to date and complete data. Professor Martin Weickert, Louise Davies and Barbara Mosterman (Neuro-Endocrine Tumour Research Team) were

'Highly Commended' for New Emerging team and Angela Polanco, Research Midwife, was also 'Highly Commended' for her 'Patients in Pregnancy Research' (PIPR) work.

Our Biomedical Research Unit Team won 'Research Team' award in Warwick University's awards and, at the regional Academic Health Science Network awards, Sean James (our Genomics Ambassador) was 'Highly Commended' for 'Innovative Team'.

We are extremely proud of our achievements during the year and aim to build upon our successes in 2018/19.

2.15.9 Development of the Transformation Directorate

The Transformation Directorate was set up formally in May 2017, bringing together UHCWi, Innovation and the Service Improvement team to provide Transformation direction and support across UHCW.

At the heart of innovation and transformation is a focus and drive to collaborate, not just with staff within UHCW, but across Coventry and Warwickshire and beyond. We have set out collaboration plans with relevant partners from industry, academia, UHCW staff and other health and care organisations. This ensures we develop solutions that have had input from all relevant parties, ensuring balance and relevance and crucially leveraging the skills and capabilities from different sectors and industry verticals, recognising that not all the answers lie within the walls of one organisation.

Already the Transformation team has been successful in driving this approach with significant relationships with industry leaders in advanced development. We have also broadened and cemented our work with both the University of Warwick and Coventry University. More recently we have continued to drive a much more collaborative approach to our work with other partners and are now actively working with both Coventry City Council on joint approaches to specific transformation initiatives, as well as CWPT where we are discussing how we can align technical approaches and roadmaps.

During 2017, the presence of Midtech (one of the regional NHS Intellectual Property Hubs) helped to further support intellectual property management in the organisation. This service was negotiated as part of the Trust's enhanced membership of the West Midlands Academic Health Science Network (WMAHSN). Access to timely support from a Midtech representative directly within the Trust is now available two days per week, enabling this service to be more visible and accessible than ever before.

The impact of this embedded service can be seen in Midtech's most recently published KPIs (published January 2018), which show that we had high rates of non-disclosure and license agreements.

2.15.10 Innovation in the Trust

The majority of our staff ideas disclosed and then supported by the Innovation Team are related to a physical product or an app. In parallel to these are countless examples of innovation in action across the organisation, which more fully represent the mission of the directorate and breadth of innovation types that exist.

'To develop a culture and environment that provides staff and patients with the space, structure, tools and methodology to support the Trust's mission of 'Care, Achieve, Innovate' and underpins the overall Trust vision of being 'a national and international leader in healthcare'

To catalyse a more inclusive and effective dialogue with our staff about the role and associated activities of 'innovation' as a discipline, we continue to scope how even more staff can be engaged, involved and inspired by innovation-related activities. A first step towards this was the transfer of the Innovation Team function to the Chief Workforce and Information Officer portfolio in 2017. We look forward to reaping the benefits of working more closely with IT, UHCWi and the Organisational Development team as well as colleagues from the Electronic Patient Record Programme now under the auspices of Transformation. Although much broader than purely technology, UHCW has recognised that

Transformation in the 21st century will require our organisation and therefore our staff to truly engage with and embrace technology to allow us to grow and improve as an organisation.

2.15.11 Conceptual development of the Trust Innovation Hub

The first round of a new quarterly 'Ideas Call' was launched to coincide with Fab Change Week and featured an Ideas Clinic. The Ideas Clinics provide staff with a regular place to come and network, collaborate and have their ideas sense-checked, as well as being provided with support from a range of disciplines from intellectual property to finance & ICT. The Clinic is set up with a growing number of expert stations which staff can visit to discuss their ideas and get advice and guidance on how to develop them further.

The Ideas Call and Clinics are then followed by the UHCW's Ideas Den which takes the most relevant ideas from the Clinic and gives staff the opportunity to pitch those ideas at a quarterly Den to a senior team. This gives them the opportunity to get buy in to take their ideas forward and get recognition for the great work they have done in trying to change the way we do things in the hospital. At the first Ideas Den there were seven members of staff (shortlisted down from 12 idea submissions) that presented their ideas to a panel. All ideas were judged to be viable. 'Next step' actions were agreed and fed back to all those who presented.

Subsequent Ideas Call and Clinics were held in February 2018 with an Ideas Den planned for March. Progress of ideas from the first Dens will be shared at the next Ideas Clinic, including those that link in to the UHCW- centric Innovation Blueprint. The first Innovation Blueprint is Video Virtualisation, which after a successful pilot that was well received by both clinicians and patients is being developed into a full business case. This will be followed by the development of an Artificial Intelligence Blueprint, and then a Telehealth Blueprint.

In 2017, the Innovation Hub gained a new space and is now positioned within a large and previously under-utilised space within the Clinical Sciences Building. The new location has provided further exposure for the Innovation Hub and led to greater staff engagement. The Hub includes specific provision for quiet, reflective thinking, for informal meetings, for video-conferencing and for working as a large group. Over the last year use of the space has increased month on month and it is now used regularly by the UHCWi team to run all their events, as well as hosting the Ideas Clinics and Ideas Den.

It is also used by an increasing number of clinical colleagues, providing them with a flexible space to collaborate and work in a calmer more focused environment. Further developments in 2018 will create a more structured Hub that facilitates creative developments and tools for staff to implement innovation. This has recently been signed off by Chief Officers in developing the space to provide quiet areas for the library as well as enhanced facilities in the hub itself.

The Innovation Hub concept has been purposely designed to provide a series of highly flexible interrelated zones and facilities to accommodate the anticipated variety of events, activities and size of groups that have surfaced during ongoing staff and user engagement. Design elements will also encourage social interaction and provide an inspiring change of scenery for people to work together in.

Two broad areas of operational focus would be:
Internal-focus:

- Making the concept of 'innovation' accessible to the mass of staff. Demonstrating Trust-led innovation in action via engagement activities and patient-centred impact stories, and mapping these to the 'bigger picture' population health agenda
- Supporting staff to develop their high-impact ideas into reality: assessing real market opportunity, design realisation, developing proof of concept, financing, commercialisation/ intellectual property strategy, regulatory overview (if required) to see an increased rate of high impact innovation (commercialised products, devices, services, technologies)

- Facilitating the re-imagination of how we involve patients in our work by demonstrating exciting participatory methods to enable and connect new patterns of thought

External-focus:

- Acting as the point of convergence for innovation activity to seek and connect strategically aligned collaborations which explore emerging opportunities to leverage data, digital technology and devices;
- Accelerating change by facilitating an effective collaborative network between the local community, local government, commissioners, industry, SMEs, the third sector and academia to minimise the chasm between real need and offered solution
- Providing an interface for external partners to showcase the art of the possible whilst gathering real clinical and patient insight during new product/service development

Innovation will be the difference between the way wellbeing, health and care is delivered today and in the future, and attempting to innovate in isolation from the outside cannot be an option. Instead the Trust needs to work in partnership with external organisations within a vibrant 'open' innovation ecosystem. This already happens in isolated pockets, and the Innovation Hub seeks to provide an easily recognisable and accessible point of contact to do this in a more effective way.

In addition to providing a completely different environment for people to use to take part in innovation-related activities, the Innovation Hub will have a strong focus on showcasing the application of digital technology and related devices. Technology-lovers and technophobes alike will have the opportunity to explore and understand the impact of digital technology in a 'safe' way.

2.16 Sustainability Report

This has been a year to test the Trust's sustainability position, revisiting processes and systems to ensure the business is future fit; continually checking and reviewing to ensure that the business can grow sustainably, whilst managing the risk of future climate challenges. Where deficiencies have been identified actions are in place to rectify and improve not just for the challenges of today, but to have enough capacity and flexibility for the challenges of tomorrow.

The Trust has adopted the national NHS carbon reduction targets against a 2007 baseline:

- 2020 - 34%
- 2025 - 50%
- 2030 - 64%
- 2050 - 80%

To hit these targets significant work is needed especially in energy reduction, which is why 2017 saw the groundwork for a Combined Heat and Power Unit at University Hospital and significant works upgrading electrical equipment at the Hospital of St Cross. The Trust takes its carbon reduction targets very seriously, 2017 has seen the planning; 2018 will see the implementation. Last year saw cuts in waste and travel CO₂e, that work continues and aligns with the wider view through the Coventry and Warwickshire Sustainable Transformation Plan (STP).

The Sustainable Development Management Plan (SDMP) is within Trust business planning and will guide the future thinking towards sustainable healthcare that is climate ready and is embedded in the community.



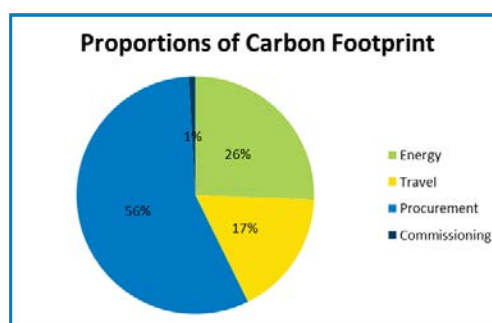
Sustainability Mission Statement

UHCW is committed to a sustainable future through responsible stewardship of a business that offers best value healthcare through environmental connectedness.

The graphical representation of the Trust sustainability gives a snapshot of vision and Trust thinking (fig1).

The SDMP is crucial to the Trust vision of social and environmental sustainability, however the Trust understands that senior commitment to the plan is crucial and that is through my role as the executive lead for sustainability, through that stewardship the Trust will become the future fit health provider of choice.

Lisa Kelly, Chief Operating Officer



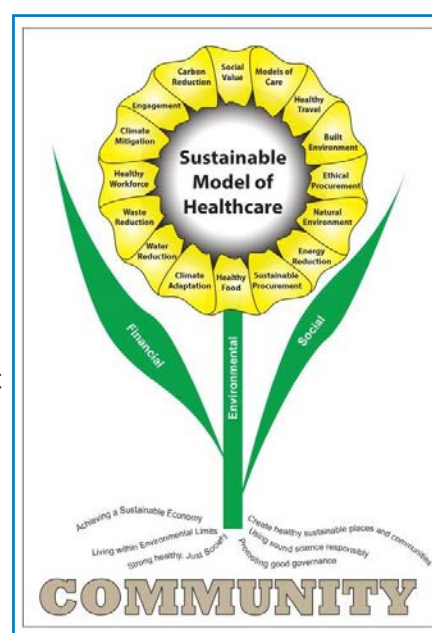
2.16.1 Corporate Approach

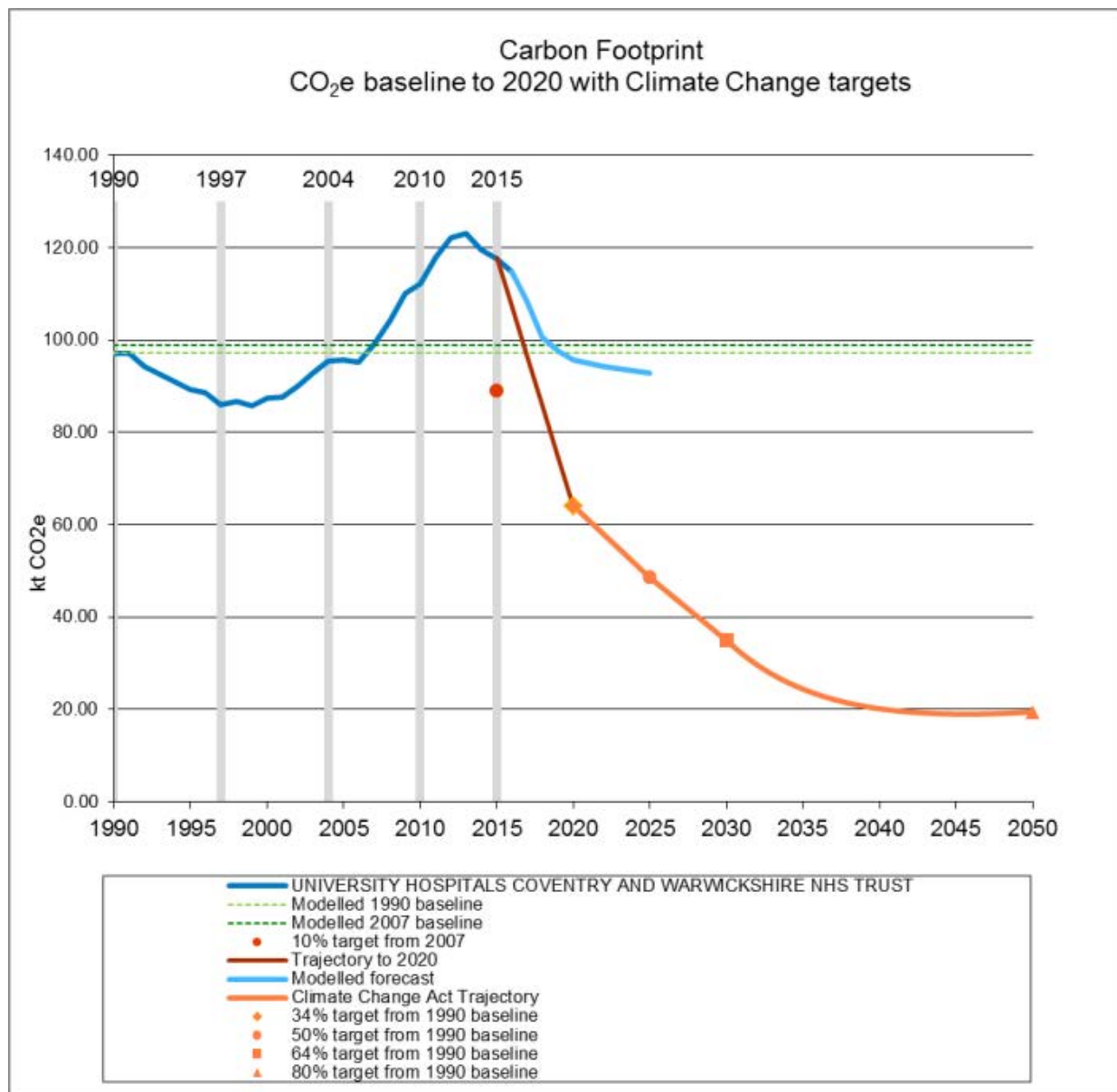
Sustainability Vision

University Hospitals Coventry and Warwickshire NHS Trust (UHCW) sets sustainability at the heart of its business thinking, being acutely aware that increases in CO₂ bring about negative health impacts directly and indirectly on the community it cares for. As a healthcare organisation the Trust seeks to limit its CO₂ impact wherever possible, year on year making improvements that reduce carbon emissions and achieve the triple bottom line, for every pound spent there is a positive environmental, financial and social impact.

The vision is led by Lisa Kelly, Chief Operating Officer who is the Executive Lead for Sustainability and Clive Robinson the Trust Sustainable Development Manager who leads the work at an operational level.

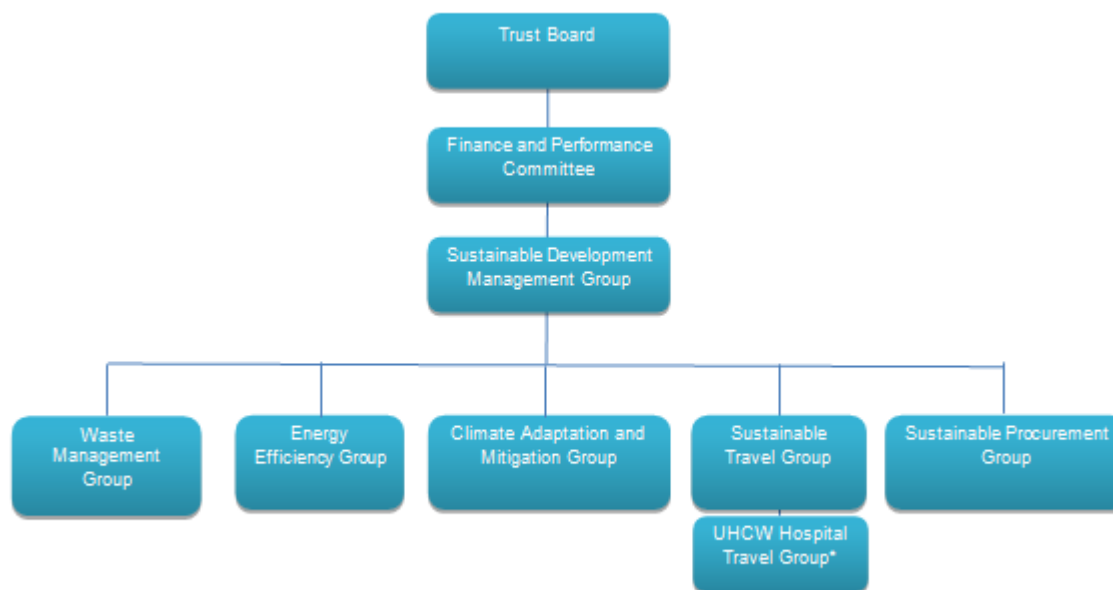
The Trust's carbon footprint has three main areas of focus, to make an impact on the areas involved which have different demands and skill sets required to tackle each segment of CO₂e production. The Trust has developed a sustainability architecture that challenges issues within the key groups that identify areas and associated risks, which are fed to the Sustainable Development Management Group, who in turn report up to the Board the key areas of focus. The groups are underpinned by a diverse membership of relevant expertise and Board approved policy, that helps guide this complex area of work and integrate it further into trust thinking. Through this method the Trust has embarked on several energy saving ideas as well as CO₂ reduction in the supply chain, this led to the use of reusable sharps bins instead of disposable providing a reduction of 190 tonnes CO₂ emissions (CO₂e) per annum.





The graph shows the Trust carbon reduction targets and the trajectory going forward. There has been an increase in previous years through activity on site, however trend has changed and CO₂e has been reducing year on year, the energy efficiency works taking place during 2018/2019 will significantly impact the carbon footprint of the Trust, which is expected to bring the Trust back on line for 2020, leading to more initiatives towards 2025.

UHCW Sustainability Architecture:



*This Group is a partnership group consisting of UHCW, Bus operators, Councils and Regional Transport authorities

CO ₂ Emissions (tCO ₂ e)		2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
HM Treasury	Total	119,207	117,949	110,734	109,769	113,127	112,375
	Scope 1	14,411	12,502	12,292	13,007	13,051	12,765
	Scope 2	18,931	16,419	18,528	16,417	15,480	12,441
	Scope 3	85,864	89,028	79,914	80,345	84,596	87,169

The table shows CO₂e emissions by scope over the last few years, these have remained fairly stable despite an increase in activity. Energy efficiency works in 2018/2019 will impact on these figures in the reporting period 2019/2020.

2.16.2 Partnerships

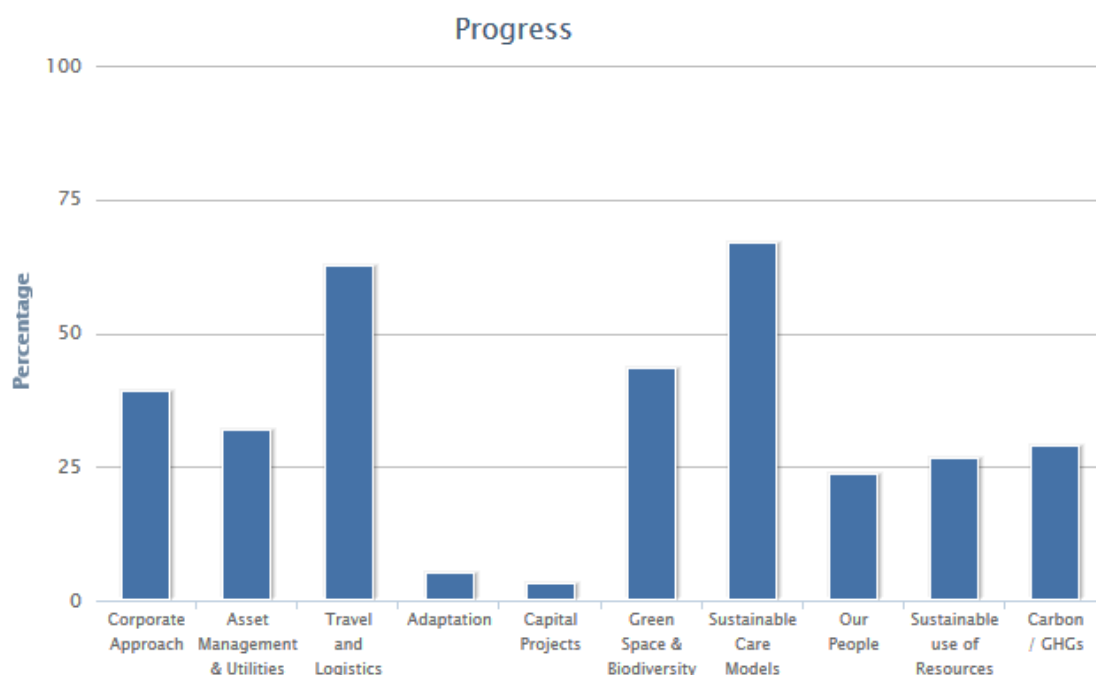
This is not a journey that we take alone, we work in partnership to deliver and improve the services we provide for our patients. The Trust has long standing working partnerships with Transport for West Midlands, National Express Coventry, Warwickshire County Council and Coventry City Council around many sustainability initiatives. With ongoing joint working towards sustainable travel within the region through the University Hospital Travel Group and Trust membership of the Coventry Area Partnership supporting sustainable travel options.

In partnership with ISS and CliniSolutions the Trust will deliver a world class solution for waste management to achieve a cleaner, safer, patient environment and experience. This innovative waste initiative provides the first critical step to ensure that waste is segregated compliantly and safely. Staff are empowered to learn and improve their understanding of waste management using the blended learning approach. This provides the confidence to use their own professional judgement in deciding the status of patients, therefore identifying the correct waste disposal pathway. The partnerships open approach to innovation will provide UHCW with the sustainable ecosystem to continuously improve efficiencies in conjunction with the CliniSolutions 'Bag to Bed'® and cloud-based performance management systems to develop UHCW into a model showcase for the NHS.

Working with the Carbon Energy Fund and Vital Energi the Trust is installing several energy saving initiatives across both sites that will save money, energy and CO2.

2.16.3 Sustainable Development Assessment Tool

This is a self-assessment tool developed by the Sustainable Development Unit, which replaces the Good Corporate Citizen self-assessment tool. The Trust uses the tool to assess its progress along the road to being a fully sustainable healthcare provider. The tool is new in 2017 which is why there is no historical data, as the question sets vary from the previous version.



2.16.4 Staff Engagement in the Sustainability Agenda

The Trust has a range of staff engagement events to highlight different areas of work, NHS Sustainability Day including planting two trees at 2 o'clock for NHS Forest is a regular event around varying sustainability topics. This year the Trust, in partnership with ISS, celebrated World Sustainability Day promoting recycling and healthy food choices; this was also the launch of the reusable cup for coffee outlets to reduce paper cup waste and free food tasting for staff, patients and visitors. The Trust holds several health and well-being events every year and sustainability areas of focus are promoted at these events. In May 2017, the Trust with partners National Express Coventry and Central Buses promoted sustainable travel to staff weekly, this will hopefully see a modal shift reflected in the 2018 travel survey results. The Trust carries out an annual travel survey to model staff travel preferences and raise awareness of sustainable travel options.

The table shows staff modal shift at University Hospital:

Travel Mode	2010	2013	2016	% Change
Solo Driver	75.1%	54%	42%	-44%
Car Share	1%	10%	11%	+10%
Bus	13%	17%	18%	+5%
Rail	0.5%	1%	1%	+0.5
Cycle	7%	5%	9%	+2%
Walk	7%	10%	12%	+5%
Park and Ride	0%	0%	1%	+1%
Park and Cycle	0%	0%	1%	+1%
Other	0%	2%	5%	+5%

2.16.5 Healthy Food

All restaurants and coffee shops on the Trust site that are managed by ISS are CQUIN compliant as from January 2017. They do not promote any food high in fats, sugars or salts.

So what has changed?

- ISS have removed the traditional breakfast and introduced a healthy breakfast
- All drinks have no added refined sugar
- All crisps are baked
- All till points have fresh fruit and healthy snacks available at all times
- The cake and coffee offer in the coffee shops have been removed
- For coffee promotions skinny will be standard

The Trust was delighted to announce that our retail partners, ISS, secured the prestigious Food for Life Bronze Award for their retail catering services at UHCW. This industry award assures our patients, visitors and staff who use the retail catering facilities at Coventry that the food they consume is responsibly and locally sourced and fresh.

2.16.6 Resources

12.16.6.1 Energy - Direct Consumption (kWh/CO₂e)

Resource		2014/15	2015/16	2016/17
Gas	Use (kWh)	43,699,952	45,264,018	47,920,517
	tCO ₂ e	9,168	9,473	10,015
Oil	Use (kWh)	614,130	488,876	1,019,298
	tCO ₂ e	197	156	323
Coal	Use (kWh)	0	0	0
	tCO ₂ e	0	0	0
Electricity	Use (kWh)	37,486,308	35,520,331	37,567,794
	tCO ₂ e	23,216	20,421	19,415
Green Electricity	Use (kWh)	0	0	0
	tCO ₂ e	0	0	0
Total Energy CO ₂ e		32,581	30,050	29,753
Total Energy Spend		£ 4,368,460	£ 4,548,391	£ 4,663,532

12.16.6.2 Utilities

Gas and electricity usage has remained fairly static over the last five years despite an increase in patient activity and increased energy intensive equipment being introduced. This year the Trust has reviewed its utilities procurement following a market testing exercise and after a detailed tender process utilities are now provided by Schneider Electric. This contract is for gas, electricity and water. The new contract provides greater visibility of utilities spend, alongside bill validation of commodity and non-commodity charges and protection against rising markets whilst allowing access to opportunities within a falling market, coupled with long-term budget security through regular future market analysis.

12.16.6.3 Energy Saving

The Trust examines energy saving opportunities through the Energy Efficiency Group, this year an examination of pipe and pump lagging showed that there was a significant saving through improvements to the current standards and a timetable for upgrading and replacement is being put in place to yield significant savings in 2018.

The Trust has been working with the Carbon and Energy Fund through a bidding opportunity which has seen Vital Energi as the preferred bidder for some energy saving opportunities on both sites, work has started with completion due in 2019.

- Water – Direct consumption (m³/CO₂)

Water		2014/15	2015/16	2016/17	2017/18
Mains Water	m ³	231,101	225,224	250,311	296,423
	tCO ₂ e	211	205	228	270
Water & Sewage Spend		£ 550,618	£ 575,943	£ 559,486	£ 579,068

2.16.7 Water Management

Water consumption has remained fairly static in recent years despite an increase in patient activity, including the introduction of water hungry interventions, the identification and repair of leaks is more efficient and set to improve over time. This is the first year since water deregulation. The Trust is now looking at what cost saving opportunities this market provides, with improved visibility of this part of the portfolio. The Trust has been working with ADSM on bill verification and has just received £12,000 saving through this partnership. In the forthcoming year the Trust will be looking for water reduction technologies that meet the restrictions from water management. Improved Building Management System (BMS) at the Hospital of St Cross the older part of the Trust estate, will improve visibility of sub meters and allow improved leak detection alongside water saving opportunities.

- Waste – Production of waste (weight/emissions)

Waste		2014/15	2015/16	2016/17	2017/18
Recycling	(tonnes)	1623.00	1832.00	1904.45	2186.61
	tCO ₂ e	34.08	36.64	39.99	47.58
Other recovery	(tonnes)	1307.00	1287.00	2669.41	1496.43
	tCO ₂ e	27.45	25.74	56.06	32.56
High Temp disposal	(tonnes)	7.00	7.00	0.00	0.00
	tCO ₂ e	1.54	1.53	0.00	0.00
Landfill	(tonnes)	1087.00	1105.00	0.00	0.00
	tCO ₂ e	265.68	270.08	0.00	0.00
Total Waste (tonnes)		4024.00	4231.00	4573.86	3683.04
% Recycled or Re-used		40%	43%	42%	59%
Total Waste tCO ₂ e		328.75	333.99	96.05	80.14

2.16.8 The Management of Wastes

The Trust takes the management of wastes very seriously and has previously focussed on hazardous wastes. This has been the second year of 0% waste to landfill with a 270 t CO₂e reduction; from this point the Trust has plans to improve all of the waste streams to be as compliant and environmentally friendly as possible, following the waste hierarchy and ensuring the best possible techniques for the treatment of waste. The Trust recycles at source the high-volume products it generates, plastic and cardboard and this year has seen the introduction of at source recycling including mixed dry recyclables (MDR), paper, food in some of the non-clinical areas, with work in clinical areas later in 2018. To ensure that the ground work in waste continues, the Trust, in partnership with soft service providers ISS, have improved ward audits to include domestic and recycling waste, whilst ensuring audit findings are circulated more widely to ignite discussion and improve efficiency.

The Trust has been looking for a system to introduce offensive waste more fully into the Trust via a bag to bed system, ensuring that clinical waste bins are removed from the ward environment and bagged waste is taken to the sluice for disposal. This allows for clearer waste stream decision making and improvements to patients environment, it also produces significant cost save.

There is a need to take some of the existing waste compound out of use for the new CHP plant, rather than taking a negative view, the Trust with partners ISS and Vital energy took the opportunity to reevaluate waste movement and storage within the waste compound, following the principles of lean and NHS improvement the movement of waste was evaluated; new traffic routes designed that are safer, more efficient and sufficient storage is available.

2.16.9 Energy from Renewable: Sources/Technology Onsite/Tariffs/CHP

There is a certain amount of renewable energy within the energy procurement portfolio; this is not available for reporting purposes. There is no renewable energy within the Trust estate, however the Trust has been working with Vital Energi to develop energy saving initiatives at University Hospitals, Coventry and the Hospital of St Cross, Rugby. Work has started on the installation of a 3.3 mWe Combined Heat and Power Unit for University Hospital, Coventry with LED throughout the Hospital of St Cross, Rugby alongside upgraded Building Management System (BMS) and boiler burner upgrades. Work will be complete in 2019 at which point benefits will appear within the 2019/2020 report.

2.16.10 Travel

2.16.10.1 Staff Travel

The Trust regularly promotes active travel options to staff, through engagement days on specific subjects, such as bus travel or cycling to more general days promoting all forms of sustainable travel.

The Trust regularly runs Dr Bike sessions where staff can get expert advice and have a free bike maintenance check. These events are regularly supported by the police offering security advice and bike marking. The Trust has several loan bikes that staff can borrow for a month for free to decide if cycling is the right option for them or to attend meetings on other sites. Every induction event is supported; active travel is promoted and travel planning advice is given to all inductees who require it. These events are supported by active travel leaflets for both sites, information points in main reception areas, all Trust computers have Real Time Information (RTI) for bus services.

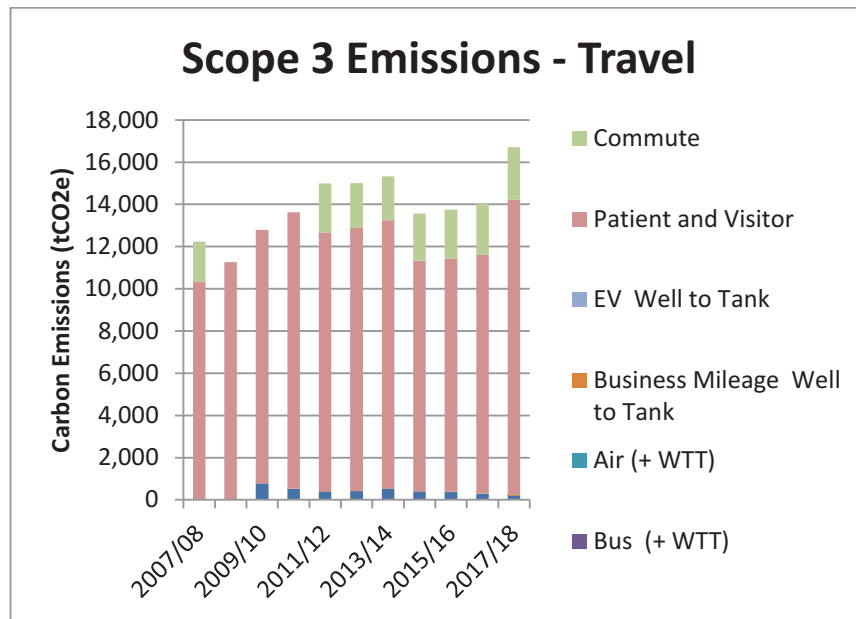
The table below shows staff commute mileage and CO₂e production the previous table in the engagement section shows modal shift away from single occupancy vehicles.

Category	Mode	2014/15	2015/16	2016/17	2017/18
Patient and visitor own travel	miles	29,747,562	30,547,276	31,316,714	39,262,796
	tCO ₂ e	10,930.13	11,046.99	11,318.19	13,990.31
Staff commute	miles	6,065,339	6,427,492	6,696,248	6,971,202
	tCO ₂ e	2,228.58	2,324.41	2,420.09	2,484.01
Business travel and fleet	miles	1,116,533	1,177,112	1,002,188	808,332
	tCO ₂ e	410.25	425.69	362.20	288.03

The modal shift away from single occupancy fossil fuelled vehicles is shown in the table within the staff engagement section and shows a shift towards more sustainable modes of transport.

Part of the strategy for sustainable travel was the rationalisation of staff car parking; 2017 saw the introduction of a new system requiring all staff to reapply for parking. This included a two mile sustainable travel only zone around the hospital, those within that area are unlikely to get a parking pass except in exceptional circumstances. This approach has been supported with awareness days for those wanting to walk, cycle or use public transport; carried out in conjunction with the local bus operators and Cycle Coventry. The Trust has signed up to regional bus schemes to offer staff discounted bus travel which can be paid monthly to support the transition to public transport.

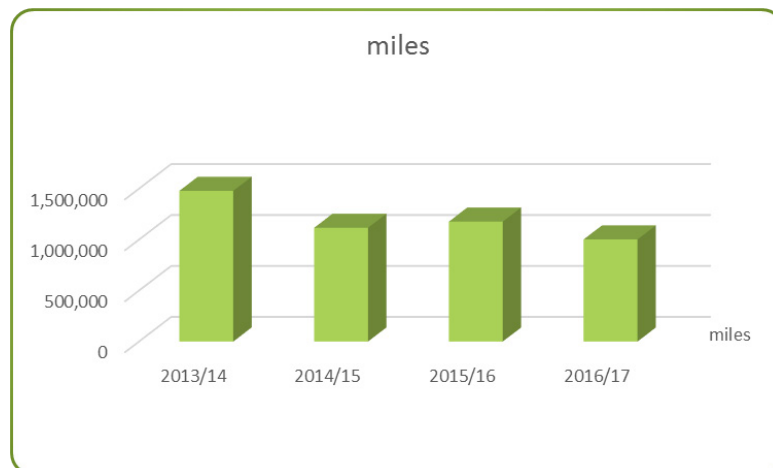
The reduction of scope 3 CO₂e is difficult because this is the area where the business has less control, these include emissions from the operations of the organisation; third party logistics and distribution, travel and purchased goods which is why the Trust has started with analysis of its grey fleet and its small vehicle fleet to identify emissions reductions. This is another area where the ground work has been laid for the rationalisation of business travel within the next financial year.



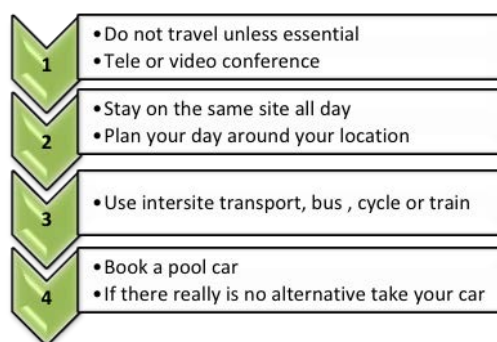
2.16.10.2 Service Travel

Reduction in all areas of the carbon footprint is crucial to meet the CO2e targets. The Trust commitment to this led to an analysis of the grey fleet. This is not straight forward as the current system is not easily interrogated and the analysis meant a manual assessment of claim forms. Going forward the Trust is looking for an electronic system that will have this data easily available. The analysis has identified carbon and cost saving opportunities that will be progressed during 2018.

12.16.10.3 Business Mileage



The table shows business mileage reduction over the last four years, greater monitoring and visibility of the monthly mileage and costs have helped to focus management attention on reducing these areas. The Trust has analysed business travel as part of a business case to introduce low CO2 pool car fleet for business travel based on a travel hierarchy that must be followed prior to business travel.



12.16.10.4 The Business Travel Hierarchy

12.16.10.5 Patient and Visitor Travel

The Trust has made several improvements to the sustainable modes of transport at the request of patients and visitors, the recently completed bus interchange that doubled the number of stops available at University Hospital, features a fully covered walkway and bus shelter to protect travellers from the worse of the weather. All bus stands are linked to Real Time Information (RTI) and travel information is available in the main reception in paper form or electrically on the Trust web site on sustainable travel options to both sites.

Category	Mode	2014/15	2015/16	2016/17	2017/18
Patient and visitor own travel	miles	29,747,562	30,547,276	31,316,714	39,262,796
	tCO ₂ e	10,930.13	11,046.99	11,318.19	13,990.31

12.16.11 Procurement

12.16.11.1 CO2 Impact from the Supply Chain

The Trust's carbon footprint clearly identifies procurement as the largest producer of CO₂, the Trust has a sustainable procurement group to lead this area of work.

12.16.11.2 Social Value Considered in Supply Chain (e.g. local economy/ community/ethical)

Social Value is part of all tendering evaluation criteria e.g. use of SME's Interpretation (Sign Language) services for the deaf. Following a request for quotes which included local community social values as part of the award criteria; a contract was awarded to a local supplier. Even though the costs were slightly higher the decision was made to award to a local SME. This was based on the greater social benefit of using a local supplier, known to the impaired hearing community. The use of local translators provides a boost to the local economy/recruitment. Local SME supplier have a reduced travel distances reducing the carbon footprint and reducing congestion.

12.16.11.3 Adaptation and Transformation

Adaptation of Infrastructure and/or Services to Develop Resilience Against Climate Change

University Hospital, Coventry is set in 29 Hectares and the acute hospital is a third of a mile long over five floors, all available space on the site has been used and it is not sustainable to continually expand.

12.16.11.4 Biodiversity and Green Space

The Trust has developed a nature reserve on the University Hospital site for the enjoyment of all; it is sign posted from the public highway to the site and is a haven for flora and fauna. It is continually growing and developing as it matures. The Hospital of St Cross is situated on the edge of greenbelt and the site is green and pleasant with many accessible green spaces open to all, with many footpaths crossing the sites used by the community daily. The Hospital of St Cross recently opened its outdoor gym which is open to all and situated next to one of the many routes across the site.

Trees have been planted on both sites as part of the NHS forest project; of which the Trust has been a member for over 10 years. The work on both sites has supported and improved biodiversity; University Hospital has many species of wild flowers including orchids and wildlife including otters and buzzards. The Hospital of St Cross has an impressive collection of trees and a brook that supports fish, watercress and kingfishers. The use of green space within the Trust is crucial to the Trust SDMP and remains an area of work that will increase year on year.

2.17 Financial Performance Overview 2017/18

2.17.1 Statement from Susan Rollason, Chief Finance and Strategy Officer

We began our year with a financial plan based upon a control total of a £0.3 million deficit, backed with £14.6 million of Sustainability and Transformation Funding (STF). The underlying control total for the Trust (excluding STF) was therefore a £14.9 million deficit. Finances for the year remained challenged for whole NHS, and operational pressures and the slippage in the construction of a new car park have resulted in an under delivery against our Trust activity plans.

These challenges have resulted in the Trust delivering a £18.3 million deficit for the year after required adjustments for impairments and donated assets (see paragraph 2.15.2) and after the receipt of £11.1 million of STF income. Financial performance excluding STF income was therefore a deficit of £29.4 million which represents an underperformance of £14.5 million against the underlying control total. Despite these challenges we met the agency reduction control total and delivered £29.1 million cost improvement schemes.

This section sets out the key features of the Trust's financial performance in 2017/18.

A full set of accounts is attached including:

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

The delivery of the cost improvement target is a significant achievement that could not have been done 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 for this. This focus needs to be maintained into the new financial year.



2.17.2 Key Financial Targets

It is important to understand how performance against the financial performance target is calculated. In its Statement of Comprehensive Income, the Trust recorded a deficit for the year of £14.8 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; and
- HM Treasury guidance on the interpretation of IFRS concerning accounting for donated assets required the removal of the donated assets reserve in 2011/12, however in order to comply with HM Treasury Consolidated Budgeting Guidance, the impact of this accounting change should also be excluded from the financial performance of NHS Trusts. This can result in either a positive or negative adjustment.

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

Reconciliation of retained surplus to adjusted retained surplus	£'000
Retained surplus/(deficit) for the year	-14,800
Remove impairment reversals credited to revenue	-3,554
Adjustments in respect of donated asset reserve elimination	76
Adjusted retained surplus/(deficit)	-18,278



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

Duty	Target	Performance	Target Met
Achievement of the financial performance target (on its Statement of Comprehensive Income) (this requires the Trust to meet the target agreed with NHS Improvement)	£0.292 million deficit	£18.278 million deficit (after allowable adjustments) £17.986 million shortfall against plan Target not achieved	
Remain within its approved External Financing Limit (EFL) (this requires the Trust to remain within the borrowing limits set by the Department of Health)	£22.877 million (this required the Trust to ensure that net borrowing plus decreases in cash balances did not exceed this sum)	£22.591 million £0.286 million undershoot Target achieved (the Trust is permitted to undershoot its EFL)	
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)	£23.159 million (this required the Trust to spend no more than this sum after adjusting for asset disposals and the receipt of donated assets)	£21.507 million £1.652 million under spend Target achieved (the Trust is permitted to under spend against its CRL)	

2.17.3 Key Financial Challenges

The Trust commenced 2017/18 with the following major financial challenges:

- To identify and deliver £25.9 million of savings to achieve the underlying control total. This increased to £29.1 million in year to reflect the additional costs of the FIP2 support
- To secure external financing to support the Trust's capital expenditure programme
- To ensure that we delivered the activity outlined in the plan

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- To secure external financing to support the Trust's capital expenditure programme
- To ensure that we delivered the activity outlined in the plan

2.17.4 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 2% in this financial year. In reality, 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, our savings requirement was calculated to be £29.1 million which equates to approximately 4.7% our turnover. The Trust delivered against this target achieving £29.1 million. This achievement included over £16 million of non-recurrent savings.

2.17.5 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. For 2017/18, the Trust's non-PFI capital investment programme exceeded the amount of internally generated funds available and therefore the Trust was reliant upon the receipt of external financing to fund the programme; drawing down a capital investment loan of £9.5 million. In addition, the Trust was successful in bidding for £2.9 million of public dividend capital to finance the replacement of a linear accelerator and implement improved cyber security controls.

2.17.6 Revenue Financing

To cover a shortfall in revenue financing arising from the deficit for the year, the Trust drew down new revenue loans of £25.5 million, whilst repaying £6.8 million of revenue loans drawn down in prior years.

2.17.7 Improvement of the Trust's Liquidity Position

Under the Single Oversight Framework for 2017/18 the Trusts liquidity metric continued to be poor and stood at -25.9 days – further deterioration of this metric was avoided by the receipt of revenue financing support. However, notwithstanding the challenge presented by this, the Trust was able to maintain good performance against the better payments practice code (92% of invoices by value were paid within 30 days of receipt of a valid invoice), meet all of its debt servicing commitments and maintain the agreed minimum cash balance of £1 million.

There is no immediate solution for the Trusts poor liquidity position. The long term solution will be reviewed in line with Sustainability and Transformation Programme.



2.17.8 Financial Highlights

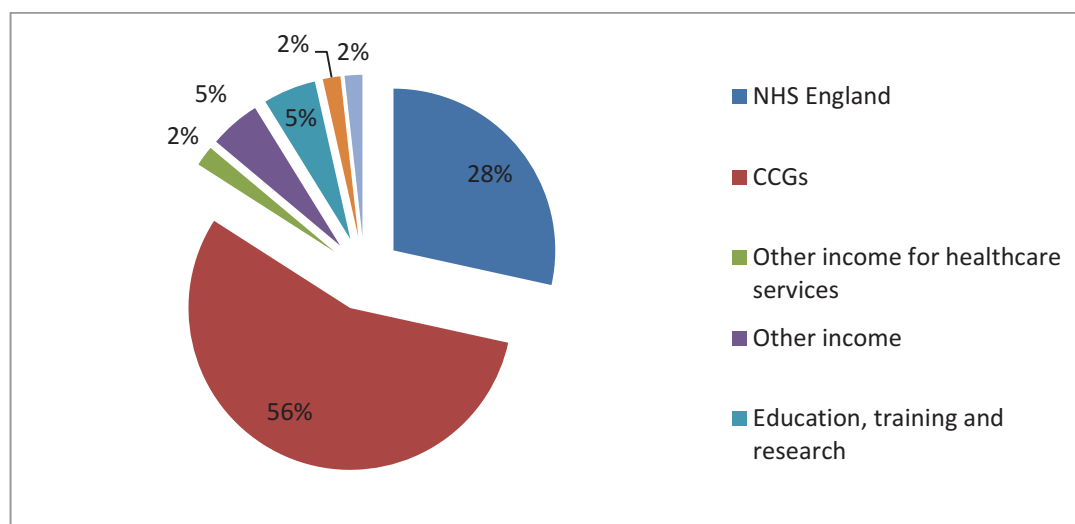
The year saw a continued growth in income, operating expenditure (excluding impairments). Capital investment; (on the Trust's estate, medical equipment and IT infrastructure); were lower than the previous year, primarily driven by the delays in approval to spend. The summary headline financial information for 2017/18 (compared with 2016/17) is shown in the table below:

Key figures	2017/18 £'000	2016/17 £'000	2015/16 £'000
Revenue accounts			
Operating income (turnover)	630,651	608,790	585,157
Retained surplus / (deficit) for the year	-14,800	-12,110	-27,895
Breakeven performance (after technical adjustments for impairments, PFI and donated assets)	-18,278	703	-9,129
Efficiencies achieved	29,075	25,800	34,700
Assets			
Total assets	458,963	433,145	438,884
Cash and cash equivalents	1,472	1,007	2,760
Capital Investment	21,698	26,961	23,990
Borrowing			
Long term borrowing – PFI liabilities	250,739	258,727	264,172
Long term borrowing – other	54,776	27,168	24,705
Short term borrowing – PFI liabilities	7,988	5,445	-287
Short term borrowing - other	12,825	15,746	2,904

2.17.9 Where Does the Trust's Income Come From?

During 2017/18 the Trust recorded total revenue of £630.7 million. This represents an increase of 3.6% when compared with total revenue of £608.8 million in 2016/17. This increase was driven by an inflationary uplift in tariff and increased activity levels from the previous year outturn.

The chart below shows the key sources of income for the Trust in 2017/18. The combined proportion of income from Clinical Commissioning Groups and NHS England for the provision of care and treatment to patients is 84%.



2.17.10 How Does the Trust Spend the Money it Earns?

The Trust's operating expenditure for 2017/18 totalled £618.1 million and represents a 3.5% increase over total operating expenses of £597.2 million in 2016/17. If impairments (and impairment reversals) are excluded, operating expenses for 2017/18 would be £621.7 million compared with £584.4 million in the prior year – an increase of 6.4%.

The largest cost element continues to relate to salaries and wages with the average number of people employed during the year being 7,935 whole time equivalents at a total cost of £365.8 million, which equates to 59% of total operating expenditure. This compares with 7,522 whole time equivalents at a cost of £351.8 million in 2016/17. The overall increase masks a significant shift between bank and agency usage. There has been a circa £7.5 million reduction in agency usage over the year, a reduction of 25%.

Clinical and general supplies and services (including drugs and other medical/surgical consumables) are also a significant cost element and amounted to £130.1 million which equates to approximately 21% of day-to-day operating expenses. This compares with expenditure of £121.2 million in 2016/17 and represents an increase of 7% which can be directly attributed to the increases in both in-patient and out-patient activity seen during the last year, and high cost drugs.

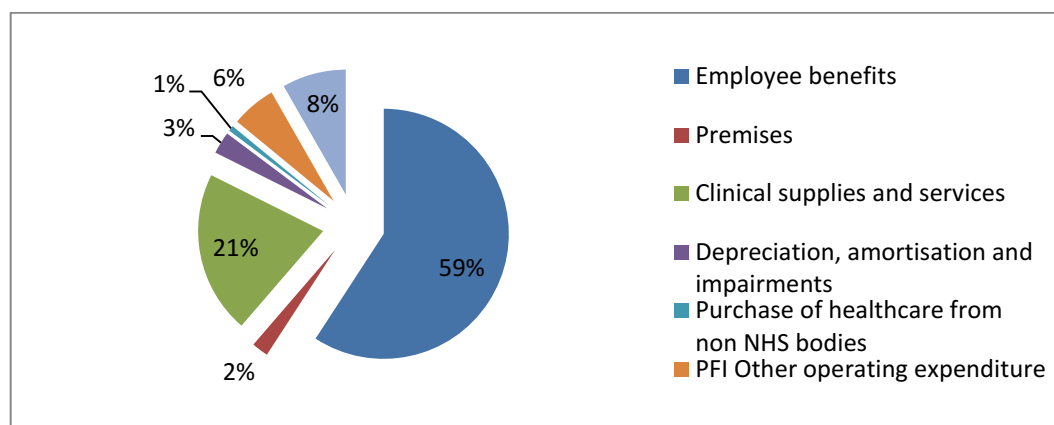
The total charged in year to operating expenditure in respect of the service element of the private finance initiative hospital was £35.7 million and continues to represent around 6% of total operating expenditure.

Charges relating to the depreciation, amortisation and impairment of property, plant and equipment and intangible assets totalled £17.7 million compared with £33.0 million in the previous year. A movement in impairments account for the majority of the movement £15.3 million. 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 £68.8 million in 2017/18 and included the following key items of expenditure:

- Establishment expenses £8.8 million
- Clinical negligence costs £13.7 million
- Education, training, research and development £14.4 million
- Healthcare purchased from non-NHS organisations £4.4 million
- Premises £13.3 million
- Other costs £14.2 million

The chart below compares expenditure by category – the breakdown of costs remains broadly similar to that in the previous year; however, there has been a reduction in the amount purchased from non NHS healthcare bodies.



2.17.11 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 (£0.1 million).

The Trust also incurs significant financing costs which totalled £26.6 million in 2017/18 – this represents an increase of approximately £3.9 million 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 £25.9 million in 2017/18, an increase of around £3.7 million compared to the previous year. The Trust also paid interest on its loans from the Department of Health – this amounted to £0.7 million during the 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 2017/18 is £1.1 million.

2.17.12 Capital Expenditure

The Trust is required to contain capital expenditure within its annual Capital Resource Limit (CRL) which is agreed with NHS Improvement. 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.

The Trust's CRL for 2017/18 was £23.2 million against which the Trust recorded an outturn of £21.5 million – an underspend of £1.7 million. In addition, the Trust also benefitted from £0.2 million of donated capital assets.

Key capital investments during the year included the following:

- Replacement/new assets provided through the PFI lifecycle fund - £7.1 million
- Linear accelerator replacement/upgrade - £1.7 million
- Electronic drugs cabinets £1.1 million
- Mobile mammography scanners £0.5 million
- Fourth catheter laboratory at the University Hospital £0.5 million
- Other medical equipment £3.3 million
- IT hardware/software £5.9 million; and
- Other building/engineering works £2.1 million

2.17.13 Cash and Working Capital

The Trust's cash balance at the year-end was £1.5 million as at 31st March 2018 which compares with £1.0 million at the end of the previous year. The Trust agreed the minimum cash requirement was £1.0 million.

In order to address a cash shortfall arising from the deficit for the year, the Department of Health provided the Trust with net new revenue loans totalling £18.7 million (£25.5 million of new loans less £6.8 million of loans repaid) – this was in addition to the capital loan detailed previously.

The Trust's management of its cash balances, loans and PDC during the year ensured that the statutory duty to remain within its External Financing Limit (EFL), which had been set at £22.9 million was met. The Trust's outturn against its EFL was £22.6 million which meant that the Trust recorded an underspend of £0.3 million.

2.17.14 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	2017/18		2016/17		2015/16	
	Number	£'000	Number	£'000	Number	£'000
Total non-NHS trade invoices paid in year	120,108	374,349	129,811	381,930	128,705	381,765
Total non-NHS trade invoices paid within target	110,862	343,192	121,849	357,060	120,241	356,602
% of non-NHS trade invoices paid within target	92%	92%	94%	93%	93%	93%
Total NHS trade invoices paid in year	3,570	96,424	3,902	89,530	2,993	77,095
Total NHS trade invoices paid within target	1,990	90,804	2,072	81,658	1,537	72,174
% of NHS trade invoices paid within target	56%	94%	53%	91%	51%	93%
% of all invoices paid within target	91%	92%	93%	93%	92%	93%

The Trust's performance shows a marginal deterioration from the previous financial year both in volume and value terms. The volume of invoices processed has remained broadly consistent between years.

2.17.15 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 2018/19 has been completed and the associated income and activity agreed. These agreements have though been very challenging and there is increasing financial pressure in the system. The Trust has agreed with each of its Clinical Groups the operational delivery plans that underpin these activity agreements.

I believe that 2018/19 will be the most challenging financial year over the past decade.

The Trust is a very active participant in the Coventry and Warwickshire Sustainability and Transformation Plan (STP). Without a number of pathway changes coupled with some service rationalisation it is difficult to see how the local health economy will be able to deliver the required level of provision within the resources available to it over the current planning period.

2.17.16 Conclusion

The 2017/18 position is driven by the financial and operational challenge experienced during the year. The delivery of the planned efficiencies was very positive, but the challenge of finding recurrent savings remains.

The Trust will benefit from efficiencies identified through the Financial Improvement process although the future look remains very challenging, it is clear that there are efficiency opportunities to ensure financial sustainability, but the size of the efficiency ask in 2018/19 is significant.

2.17.17 Financial Accounts

The full set of Accounts is included within this report.

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 NHS Trust Manual for Accounts.

2.17.18 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.



University Hospitals Coventry and Warwickshire NHS Trust DRAFT Annual Report and Accounts 2017/18

2.17.19 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 2017/18 Annual Accounts.

2.17.20 Statement of Accounting Officers' Responsibility

The Statement of the Accounting Officers' responsibility is printed in full in the 2017/18 Annual Accounts.

2.17.21 Annual Governance Statement

The Annual Governance Statement is printed in full in the 2017/18 Annual Accounts

2.17.22 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.

2.17.23 External Auditor

Under the Local Audit and Accountability Act 2014, the Trust was required to appoint its own external auditor for the financial year 2017/18 onwards. Accordingly, the Trust undertook a competitive procurement exercise during 2016 and at its meeting in December 2016; the Trust Board approved the re-appointment of KPMG LLP as the Trust's external auditor.

The auditors perform their work in accordance with the National Audit Office Code of Audit Practice and their work comprises two key elements:

- Providing an opinion on the Trust's financial statements. This considers whether the financial statements give a true and fair view of the financial position of the audited body and its expenditure and income for the period in question; and whether the financial statements have been prepared properly in accordance with the relevant accounting and reporting framework as set out in legislation, applicable accounting standards or other direction; and
- To satisfy themselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

2.17.24 Auditors' Opinion

Audit opinion is supplied by KPMG LLP and is included within Part 4 'Financial Statements'.



Professor Andrew Hardy, Chief Executive Officer



PART 3: ACCOUNTABILITY REPORT 2017/18

1. Corporate Governance Report

1.1 Overview

It is the responsibility of the Directors of the Trust to prepare the Annual Report and Accounts. The Trust Board considers that the Annual Report and Accounts, taken as a whole are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

1.2 Directors Report

1.2.1 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

1.2.2 Members of the Trust Board

In accordance with our NHS Trust establishment order our Trust Board comprises:

- A Non-Executive Chairman
- Six Non-Executive Directors
- Five Executive Directors

The members of our Trust Board during 2017/18 were as follows:

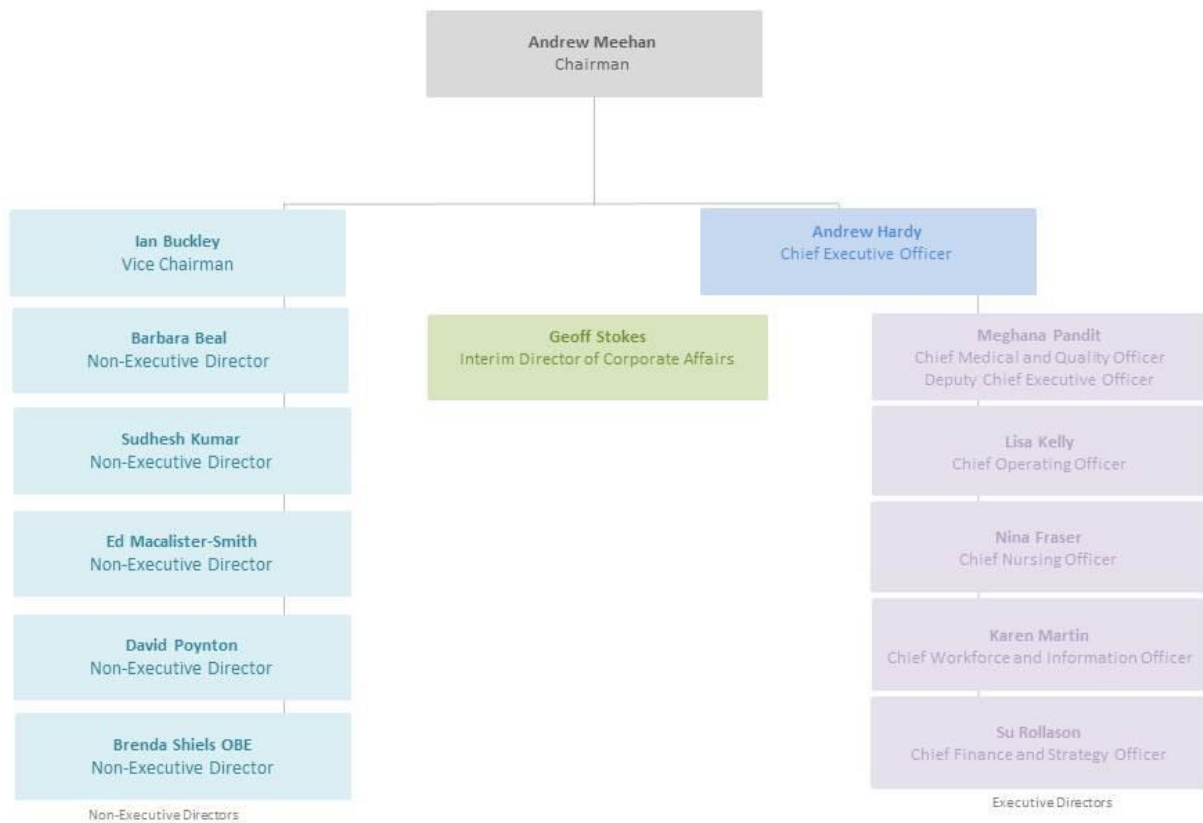
Chairman:	Andrew Meehan
Chief Executive Officer:	Andrew Hardy
Chief Medical Officer/Deputy CEO:	Meghana Pandit
Chief Finance & Strategy Officer:	David Moon (left the Trust January 2018)
Chief Finance & Strategy Officer:	Susan Rollason (covering since January 2018)
Chief Operating Officer:	David Eltringham (On secondment to NHSI from December 2017 until June 2018)
Chief Operating Officer:	Lisa Kelly (covering since December 2017)
Chief Nursing Officer:	Nina Fraser
Chief Workforce & Information Officer:	Karen Martin

The Chief Workforce & Information Officer role became a voting member from December 2017 to replace the Chief Operating Officer.

Non-Executive Directors:

Barbara Beal
 Ian Buckley
 Sudesh Kumar
 Ed Macalister-Smith
 David Poynton
 Brenda Sheils





1.2.5 Meet Our Board



Andy Meehan – Chairman

Date of appointment as Board Member:
February 2014

Professional qualifications: MAACA

Experience: Andy is a graduate of Oxford University, a Chartered Accountant and for 30 years enjoyed an executive career mainly in the retail sector, having had roles as Finance Director and Chief Executive of several companies including Selfridges, Mothercare and Co-operative Retail Services.

For the last 12 years, he has had a portfolio of Chairmanships and Non-Executive Directorships across commercial, public and charity sectors. These include GHD, Fortnum and Mason and Myton Hospice.

In addition, he is currently Chairman of Ramsdens Holdings PLC and Mayday Trust, a charity working with people experiencing homelessness. He is also a member of the Board of Governors at Coventry University and is chairman of Coventry Cathedral Council.

Prior to taking up his appointment at the Trust, he was a Non-Executive Director at the Royal Orthopaedic Hospital NHS Foundation Trust in Birmingham.



Professor Andrew Hardy – Chief Executive Officer

Date of Appointment as a Board Member:
Chief Finance Officer - June 2004, Deputy Chief Executive – July 2008, CEO - June 2010

Professional Qualifications: BA(Hons) Economics, Chartered Institute of Public Finance & Accountancy, MBA

Experience: Andy is a past President and a National Board Member of the Healthcare Financial Management Association and chair of Arden Local Education Training Council (Member West Midlands Local Education Training Board). He chaired the West Midlands AHSN Development Board and now chairs the West Midlands AHSN Southern Spoke.

Andy is also Chair of Central Newborn Network, a Council Member of the Chartered Institute of Public Finance and Accountancy, past Chair of the Finance Director's Group of the Association of United Kingdom University Hospitals. A Director of Right Step, a careers advisory service, and Board Director of Albany Theatre, Coventry.

1.2.5 Meet Our Board



Professor Meghana Pandit – Chief Medical Officer/Deputy CEO

Date of Appointment as a Board Member:
May 2012 as Chief Medical Officer; December 2014 as Deputy Chief Executive Officer

Professional Qualifications: FRCOG, MBA

Experience: 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 University Hospitals Coventry and Warwickshire. Meghana is Course Director for MSc in Healthcare Operational Management at Warwick University. Meghana has also completed an MBA from Oxford Brookes University, Innovating Health for Tomorrow Programme at INSEAD, Fontainebleau and been appointed Professor of Practice, Warwick University. Meghana was awarded the Founding Senior Fellowship of the Faculty of Medical Management and Leadership.

As Chief Medical Officer Meghana has led the development of clinical strategy and has responsibility for Clinical Quality, Risk, Education & Training, Research, Development and Innovation, and Legal Services.

She is also Responsible Officer for the revalidation of over 600 doctors, Caldicott Guardian for the organisation protecting the confidentiality of people's health and care information, and continues to undertake clinical office-based Gynaecology.



Susan Rollason – Chief Finance and Strategy Officer

Date of Appointment as a Board Member:
January 2018

Professional Qualifications: A.C.M.A; C.G.M.A, MSc (econ) Accounting and Finance, BSc (econ) honours Accounting and Finance with Law

Experience: Susan is a qualified accountant with over ten years of senior Director level experience. She was previously the Director of Finance and Strategy for the Trust.

She is passionate about the NHS and started her career on the NHS Graduate training scheme in 1998 having graduated with a first class honours bachelor's degree and a master's degree. Following completion of the scheme Susan worked at University Hospitals Birmingham Foundation Trust in a variety of roles including two projects of national significance: the Birmingham New Hospital and the Royal Centre of Defence Medicine.

Susan has been an expert lecturer for the Warwick university MBA course and is a key speaker in many HFMA events. She is a coach for The Girls' Network, an organisation set up to inspire and empower girls from the least advantaged communities by connecting them to a professional role model.

1.2.5 Meet Our Board



Lisa Kelly – Chief Operating Officer

Date of Appointment as a Board Member:
December 2017

Professional Qualifications: BA (Hons) Geography, NHS Graduate Management Trainee Scheme, MSc in Health and Public Leadership, Graduate of the Nye Bevan Programme

Experience: Lisa joined UHCW in September 2016 as Director of Operations. Prior to this Lisa worked in a range of senior operational roles including Deputy Chief Operating Officer at Brighton and Sussex University Hospitals and Great Ormond Street Hospital for Children. Lisa has a wealth of experience in operational leadership and has been instrumental in delivering complex reconfiguration of hospital services across a range of specialties, developing new care pathways and leading turnaround programme for RTT and other quality improvement initiatives.

Lisa became a fellow of the Improving Global Health programme in 2012 and spent a year working at the University Teaching Hospital in Lusaka, Zambia developing and teaching a multidisciplinary leadership and management programme. She has continued to support the programme as a mentor and advisor returning earlier this year to deliver further multi-disciplinary training and has most recently taken the programme to Rwanda in October this year. Lisa has also helped to set up and later review a systems strengthening programme in east London, South Africa. Lisa is also a trustee for the Global Anaesthesia Programme and Senior Honorary Lecturer at London City University contributing to MSc Health Management course. Lisa is a member of the Faculty of Medical Leadership and Management, whose primary objective is to raise the standard of patient care through improved medical leadership. Outside of work, Lisa enjoys travel, playing netball and occasionally treads the boards on a stage.



Karen Martin – Chief Workforce and Information Officer

Date of Appointment as a Board Member:
May 2015

Professional Qualifications: MSc Public Sector Management, Fellow CIPD, qualified Executive Coach

Experience: Karen has worked in the NHS for over 34 years. She has extensive experience as an Executive Board Director in different NHS organisations, including Deputy Chief Executive Officer, and a wealth of experience in human resources, organisational development, leadership, communications, corporate affairs and change management. Her career has spanned a range of health organisations including health authority and both acute and mental health services.

Karen is a member of the Regional Talent Board, a qualified Executive Coach and has facilitated and led on the development of a coaching framework across the organisation.

1.2.5 Meet Our Board



Nina Fraser – Chief Nursing Officer

Date of Appointment as a Board Member:
November 2016

Experience: Nina has been a Registered Nurse for thirty years, having trained at Addenbrooke's Hospital in Cambridge. Nina specialised in Oncology Nursing and then in palliative care and has worked in the NHS and voluntary sector settings. Nina has held senior leadership positions for Marie Curie Cancer Care, where she completed her MSc in Nursing Research and Practice Development. Nina held her first Director of Nursing position in NHS Shetland and before joining University Hospitals Coventry and Warwickshire she was Director of Nursing at Bedford Hospital NHS Trust for four years. Nina is committed to delivering excellent standards of care; she is the Board lead for Nursing, Midwifery, Allied Health Professionals and Healthcare Scientists. She is also the Board's Director for Infection Prevention and Control and for Adults and Children's Safeguarding.



Ian Buckley – Vice Chair

Date of appointment as a Board Member:
Non-Executive Director - October 2013,
Vice Chair - September 2014

Experience: 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.

1.2.5 Meet Our Board



David Poynton – Non-Executive Director

Date of Appointment as a Board Member:
June 2015

Professional Qualifications: MA, DMS, IPFA, FHFMA.

Experience: Born in Coventry, David has a wealth of experience in both the public and private sectors, starting his career with Coventry City Council.

David has worked as a Finance Director and Chief Executive for a number of NHS Trusts and health authorities.

He has also previously held the position of national Chair of the Healthcare Financial Management Association (HFMA).

More recently he has been Chairman at Public Sector Consultants Ltd and Summit Healthcare (Dudley) Ltd., and currently is part-time Chair of In-Form Solutions Ltd.

David also works as an independent coach to individual executives as well as boards.



Ed Macalister-Smith – Non-Executive Director

Date of Appointment as a Board Member:
October 2013

Professional Qualifications: MBA Bath University, MSc Oxford University, BSc London University.

Experience: 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 Chair for the National Institute of Health Research HSDR Priorities Panel.

1.2.5 Meet Our Board



Brenda Sheils OBE – Non-Executive Director

Date of Appointment as a Board Member:
July 2014

Professional qualifications: B.Ed (Hons) Reading University, Post Graduate Certificate in Executive Coaching , Chartered Fellow of the Chartered Institute of Personnel and Development, Fellow of the Royal Society of Arts

Experience: Appointed in 2003 as Principal and Chief Executive of Solihull College, providing education and training to over 12,000 students, Brenda played a pivotal role in improving the skills of the local and regional workforce through the development of partnerships with major employers including Birmingham Airport, National Exhibition Centre and Jaguar Landrover and with key universities including with Warwick, Coventry and Oxford Brookes. She also has significant experience of community engagement, local regeneration and multi-agency work.

During her 39 years in education, Brenda has worked in schools, community and adult education and colleges in Cambridgeshire, Devon, Cheshire, Coventry and Gloucestershire. She was recently awarded the OBE for services to further education and, following her retirement in March 2014, is currently an executive coach/mentor for the sector and a Trustee and member of the National Council of NACRO (National Association for the Care and Resettlement of Offenders).



Barbara Beal – Non-Executive Director

Date of Appointment as a Board Member:
July 2014

Experience: Barbara is married with two children and two grandchildren, and lives locally residing in a village near Rugby.

She qualified and practised as a nurse and midwife at the Trust and continues to maintain her registration. She subsequently became a former Head of Midwifery, Executive Director of Nursing, Quality, Patient Safety, Patient Experience Infection Prevention and Control, Governance and Risk, Interim Operations Director, Turnaround Director, Human Resource Director and Acting Deputy Chief Executive in the Acute Healthcare Sector.

Since her early retirement in 2008 she has had significant experience as a clinical advisor, healthcare consultant, and executive coach mentor in the NHS (Acute, primary care, commissioning, mental health and learning disability care sectors), Independent Health Care Sector, GP, Clinical Commissioning Groups, Clusters, Area Teams and Clinical Commissioning Support Units.

Barbara is absolutely committed to contributing to the provision of leadership and support to all of our front line staff, senior leaders and all members of the multi-disciplinary team to improve the quality, safety, delivery and assurance of standards of clinical care, and continue to improve and enhance the patient experience, clinical and service outcomes experienced by patients, carers and their families.

1.2.5 Meet Our Board



Sudhesh Kumar – Non-Executive Director

Date of Appointment as a Board Member:
July 2016

Professional qualifications: MRCP (UK), M.D, FRCP (London), FRCPath

Experience: In addition to his role as Non-Executive Director at the Trust, Sudesh is Dean of the Warwick Medical School and Director of the Institute of Digital Healthcare at University of Warwick. He is also a member of the Coventry & Rugby Health and Wellbeing Board, and the Medical Schools Council, as well as being a Non-Executive Director at NHS Digital. He is a clinical endocrinologist by background with 22 years' experience as a Consultant Physician in the NHS.

His research interest is obesity and its complications, particularly Type 2 diabetes.

His interests include developing novel approaches, including medical technology to managing obesity and diabetes that has helped to transform and improve patient care and treatment.

His expertise includes adipocyte biology, whole body metabolism including indirect calorimetry, clinical trials and development and testing of novel technology based solutions. He has published over 240 papers and six books on these subjects.



Register of Interests

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 upon appointment and on an on-going basis thereafter. Any such interests that are declared are recorded in a Register of Interests and reported in public.

The register as at 31 March 2018 is as follows:-

Declaration of Interest as at 31 March 2018										
Surname	Forename	Job Title	Directorships	Ownership	Shareholdings	Charity or Voluntary Organisations	NHS Service Contracts:	Research Funding/Grants	Pooled Funds	Paid employment, office, profession:
Meehan	Andrew	Chairman	Director - Lanthorne Ltd- Business Consultancy and Ramsden Holdings PLC	Lanthorne Ltd - Business Consultancy	None	Chair of Coventry Cathedral Council Chairman of UHCW Charity Mayday Trust	Governor of Coventry University	None	None	Previous Chairman of direct healthcare services group which sells various types of equipment into health and social care sectors to prevent, amongst other things, pressure sores and related tissue viability problems 1% equity stake retained
Hardy	Andrew	Chief Executive Officer	None	None	None	Director/ Trustee Albany Theatre Trust Board member of CIPFA and Trustee	None	None	None	None
Beal	Barbara	Non-Executive Director	None	Griffiths Beal Healthcare Consultancy Ltd	None	None	Associate of The Finegreen Group	None	None	Part-time fixed term contract as Interim Chief Nurse - Shropshire Clinical Commissioning Group from April - August 2017. Undertook strategic review of Derbyshire Transforming Care Programme on behalf of Hardwick CCG in August - September 2017 Interim Chief Nurse; Walsall Healthcare NHS Trust 6th November – 31st March 2018, four days per week.
Buckley	Ian	Non-Executive Director	Director- Whitehall Manor Maintenance Ltd, Property management	None	None	Trustee - UHCW charity	Consultant/facilitator leadership Trust. Guest lecturer - Bristol Business School	None	None	None



Declaration of Interest as at 31 March 2018

Surname	Forename	Job Title	Directorships	Ownership	Shareholdings	Charity or Voluntary Organisations	NHS Service Contracts:	Research Funding/Grants	Pooled Funds	Paid employment, office, profession:
Kumar	Sudhesh	Non-Executive Director	None	Medinova Ltd - Shareholder	Medinova Ltd - Shareholder (Minority shareholding only)	None	None	EU Horizon 2020 Funding	None	Employed by University of Warwick.
Macalister-Smith	Ed	Non-Executive Director	None	None	None	None	None	None	None	Chair NIHR HS&DR Panel (to March 2018) Occasional day-rate work (none for past 12 months) with CQC as IRR
Poynton	David	Non-Executive Director	UHCW Non-Exec. Poyntons Enterprise Ltd. Inform Solutions Ltd	Poyntons Enterprise Ltd. Inform Solutions Ltd	Poynton Enterprises Ltd. Inform Solutions Ltd	None	None	None	None	None
Sheils	Brenda	Non-Executive Director	None	None	None	Trustee NARCO (National Association for the Care & Rehabilitation of Offenders)	Trustee NARCO (National Association for the Care & Rehabilitation of Offenders)	None	None	Director; Sheils Associates LTD. Provides mentoring/coaching/education & consultancy. Not provided for any NHS organisations.
Fraser	Nina	Chief Nursing Officer	University Hospital Coventry & Warwickshire charity	None	None	None	None	None	None	None
Kelly	Lisa	Chief Operating Officer	None	1 World Leadership, in process of closing down, used to work as an interim NHS manager	None	Trustee of GAPD - African charity for improving anaesthesia	None	None	None	None
Pandit	Meghana	Chief Medical Officer and Deputy CEO	Nominal Director of JJ and M J Pandit Ltd - a company registered to receive private practice money.	None	None	None	None	None	None	Course director and professor of MSc at Warwick Manufacturing Group (Paid to UHCW not Professor Pandit). UHCW has entered into a collaborative project with University of Oxford on analysing theatre efficiency and operations management. The lead for this project at the Oxford side is Professor Jaideep J Pandit, of the Nuffield Department of Clinical Neurosciences. (Husband)
Rollason	Susan	Chief Finance & Strategy Officer	None	None	None	None	None	None	None	None



1.2.7 Trust Board and Board Committees

The work of our Trust Board is supported by our Board Committees, all of which are chaired by a Non-Executive Director. The Trust Board delegates a number of functions to the Committees that it formally establishes and their purpose is to provide an additional level scrutiny and assurance around the most important aspects of our business.

Each committee operates to clear terms of reference that are defined and approved by our Trust Board. In addition to receiving the approved minutes of Committee meetings, a summary report from the Committee Chair that covers the main agenda items is submitted to the meeting of the Trust Board that follows the Committee meeting, to ensure that there is a mechanism in place for issues to be escalated to the Trust Board in a timely way where necessary.

We are required by statute to establish an Audit Committee and a Remuneration Committee but we have also established two additional Committees to support the Trust Board in carrying out its duties.

Our Committee structure can be found within the Annual Governance Statement.

1.3 External Auditor Remuneration

KPMG LLP is the Trust's appointed external auditor.

The total external audit fees/remuneration recorded in the accounts for 2017/18 is £105,858 including VAT. This includes £95,058 and £10,800 including VAT for the statutory audit and Quality work respectively.

1.4 Disclosures

1.4.1 Equality and Diversity

Relevant disclosures regarding disabled employees and equal opportunities and also in relation to how we inform and engage with our staff are included within the Staff Report section of this document.

1.4.2 Employee Consultation

We have provided commentary on how we consult with our staff within the Staff Report.

1.4.3 Sickness Absence Data

We have included this information within the Staff Report.

1.5 Cost of Information

We comply with HM Treasury Guidance on setting charges for information. We do not generally make any charge for information requested under the Freedom of Information Act and will generally provide information in hard copy or media e.g. a CD without cost. There is however, provision within the legislation for 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 retrieve and collate it. For further information please see our website: <http://www.uhcw.nhs.uk/about-us/freedom-of-information-act>

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

We submitted version 14.1 of the Information Governance Toolkit to NHS Digital on 31st March 2018, having achieved level 2 or above in 45 requirements. Our performance is at 90% this year, which gives us an overall rating of 'Satisfactory/Green'.

The Chief Operating Officer is the Senior Information Risk Owner (SIRO) at the Trust supported by the Director of Corporate Affairs who is the Deputy SIRO. The Chief Medical and Quality Officer and Director of Quality are joint Caldicott Guardians.

There has been one Information Governance breach in 2017/18 that has required reporting to the Information Commissioner. It is as follows:

Number of Incidents	Breach Type	Summary of Incident
One	Disclosed in error	Patient received a copy of clinical letters belonging to three other patients.

1.7 Emergency Preparedness Resilience and Response

The Civil Contingencies Act 2004 and associated statutory regulations and guidance requires us (as a Category 1 Responder) to produce and maintain comprehensive plans that enable us to continue providing its Critical Functions as far as reasonably practical, to a predetermined level, during an 'Emergency' under the Civil Contingencies Act (2004).

We need to demonstrate that we can effectively respond to emergencies and business continuity incidents while maintaining services to patients. This work is referred to in the NHS as "Emergency Preparedness, Resilience and Response" (EPRR).

For the NHS, incidents/emergencies are classed as either:

- Business Continuity Incident
- Critical Incident
- Major Incident

We are required to respond to critical and major incidents as one of our core capabilities and responsibilities. These incidents may be from either an external or internal stimuli, the end result being the same, essential services must continue. This can be achieved through an effective Major Incident Plan and Business Continuity Plans. Training and exercising is crucial to ensure staff are made aware of their role during such an incident.

1.7.1 Emergency Preparedness

UHCW has developed a formal training programme for on call managers & executives in conjunction with Coventry & Warwickshire Partners, based on Incident Management being linked to National Occupation Standards. This is one of the first standardised training programmes being launched in February 2018 and made available to on-call executives and managers across the three Trusts in the Coventry & Warwickshire area involving UHCW, Coventry and Warwickshire Partnership Trust, George Elliot Hospital, South Warwickshire Foundation Trust, and Warwickshire and North Clinical Commissioning Group. This has enabled participants from all Trusts to collaborate and learn in partnership together as they would during an incident. UHCW specific incident training still continues to be delivered to ensure the incident team has the knowledge and confidence to deal with the specific response required from UHCW.



Other internal training continues to be provided in-house and is supplemented by regular exercises, to ensure that the plans and procedures that are in place, deliver services effectively when required under emergency conditions.

UHCW continues to work in collaboration with local and regional partners to ensure robust plans are in place to deal with emerging threats, and major incident/mass casualty events ensuring these are tested.

1.7.2 Resilience

UHCW continues to actively participate in a variety of multiagency exercises in order to test the resilience of our response procedures, such as mass casualty, chemical, biological, radiological and nuclear (CBRN), and business continuity incidents.

1.7.3 Response

During 2017/18, there were no activations of the Major Incident Plan.

UHCW sustained a small fire in an outbuilding adjacent to the west wing on 7th March 2018. At no point during the fire did the fire enter the main hospital or its adjoining protected fire stairway, and the structural elements of the hospital performed as they would be required to do. A small number of patients were moved away from the smell of smoke into an adjacent area, however none of those moved were in any danger from the fire, and the move was carried out as a precautionary measure. There were no reports of any injuries.

There have been a number of business continuity incidents requiring implementation of corporate and localised clinical group plans. Elements of business continuity plans (BCP) are invoked frequently to ensure critical services operate with minimal impact. The following BCP incidents are recorded to have occurred within the past 12 months:

- Sewerage Leak
- Bleep System Failure
- Storm Doris structural damage
- East Wing Entrance structural damage
- Medical Gas (Air) Failure
- Power failure
- Cyber Security Incident "Operation Raggrey"
- National Threat Level Increase "Operation Temperer"
- Switchboard telephony outage
- National Threat Level Increase "Operation Temperer"

Comprehensive plans are in place to ensure that we are able to respond to a range of incidents and emergencies. Working both internally and externally with partner organisations, we have tested these plans in exercises and have delivered training to staff involved in the management of incidents.

As a major trauma centre we are heavily involved with local and regional planning and exercises aimed at testing the resilience and preparedness of not only our organisation but also our partner organisations.

The work undertaken in 2017/18 has ensured that we have robust, tested plans and that we have trained and enabled our staff to respond to incidents.



1.7.4 Core Standards

The NHS England Core Standards for EPRR set out clearly the minimum EPRR standards, which NHS organisations and providers of NHS-funded care must meet.

The Core Standards also enables agencies across the country to share a common purpose and to co-ordinate EPRR activities in proportion to the organisations size and scope; and provide a consistent and cohesive framework for self-assessment, peer review and assurance processes.

- The report highlighted UHCW is substantially compliant; of which only one outstanding action is required to be addressed. The area that the Trust is not fully compliant sits within Business Continuity.

UHCW is reviewing all Business Impact Assessments (BIA) across all services to review criticality of functions and processes. BCP's can then be reviewed with each department. This is identified in the EPRR work programme to move UHCW to become fully compliant.

1.7.5 Strategic Asset Review

As a Major Trauma Centre (MTC) NHS England deem UHCW, along with all other MTC's, Burn Centres, and High Consequence Infectious Diseases to be national strategic assets. UHCW was inspected on 22nd September 2017 by representatives from NHS England, CCG, and NHS Improvement, who meet with UHCW's Accountable Emergency Officer, the Emergency Planning Lead, and the Emergency Planning Officer around the EPRR agenda to seek a more in-depth assurance and understanding following the Core Standards submission. The visiting team engaged with other key members of staff from ICT, Estates & Facilities, Emergency Department, and Operations Team reviewing key documents and visited key areas of the organisation.

Following the visit the report highlighted that an appropriate level of compliance had been provided based on UHCW Core Standards submission and agreed with the forthcoming work programme. Particular points that were discussed and agreed to clarify, update and revisit are:

- Whole trust business continuity plans to be completed
- Greater engagement with East Midlands Ambulance Service
- EPRR awareness is included in staff induction
- Additional exercise planning support for the Emergency Planning Officer

These actions have been identified in the EPRR work programme to move UHCW in becoming fully compliant.

1.7.6 Summary

The Trust continues to deliver against the requirements of the Civil Contingencies Act 2004 and the NHS EPRR Framework. Each year NHS England requests a submission against a set of Core Standards that provides guidance on the Emergency Planning Work Programme. The work generated from these assessments along with learning created through internal and external exercises ensures that UHCW meets regional and national plans, guidance, and best practice.

1.8 CQC Registration

The Trust is registered with the CQC to provide nine regulated activities on our two sites and we have maintained registration throughout 2017/18 without any compliance conditions being imposed.

The Chief Nursing Officer is the CQC nominated named responsible person for the services.



In order to maintain registration we are required to demonstrate compliance with the CQC's Fundamental Standards of Quality and Safety. CQC assesses compliance with the standards through various types of inspections.

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 or a specific area of service provision.

There have been no unannounced or announced visits in the period a full inspection is anticipated in 2018.

Further detailed information is available at section 2.4 of the Quality Account.

1.9 NHS Litigation Authority

The NHS Resolution (NHSR) is the operating name of the NHS Litigation Authority (NHSLA) which operates risk pooling schemes to which the Trust pays an annual contribution. In return the NHSLA pays the costs of all clinical negligence claims from the NHS annual budget. We are a member of the following NHSLA schemes:

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

The Trust reported 80 clinical negligence claims to NHSR in the financial year 2017-2018 to date. 16 new Personal Injury claims have been opened in the year to date. Further information on the Trust's claims history can be obtained via the NHS Litigation Authority website: www.nhsla.com (see Factsheet 5).

The Trust is committed to minimising the opportunity for harm to patients and staff. In keeping with our open and honest culture staff are encouraged to report adverse events in a timely manner so that they can be investigated to identify opportunities for future learning and improvement. Action plans are implemented, seeking to avoid similar incidents occurring again. The Trust's Legal Department works closely with the Complaints and Patient Safety departments to identify learning opportunities and mitigate risk.

1.10 Principles for Remedy

Patients are at the heart of everything we do and we view complaints as an opportunity to learn and improve treatment, care and services we provide. We have a dedicated Patient Advice and Liaison Service (PALS). This service increased its opening hours in February 2018 to provide an extended service 9 am to 8 pm Monday to Friday with weekend opening commencing from May 2018. The Complaints Team supports patients wishing to make a complaint and our complaints and PALS policies ensure that any concerns are thoroughly investigated in accordance with the NHS Complaint Handling Regulations.



Each complaint we receive is shared with the individuals concerned and with those responsible for the service or department, to ensure that our staff are aware of the issues raised and to enable learning and improvements to take place. In addition, to aid organisation wide learning, complaints data is regularly analysed and the results shared at every level of the organisation, from ward notice boards to the Trust Board.

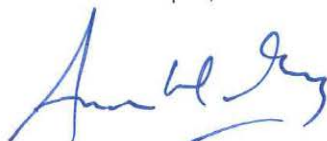
In August 2017 a complaints action module was launched across the Trust to support greater consistency for the actions being taken following a complaint, this is supplemented by a recently created complaints learning group which supports the Trust to disseminate this learning across the organisation.

In the period April 2017 to March 2018, we received 650 formal complaints against 606 in the previous year. In the same period, we responded to 633 formal complaints. Of these, 18% were upheld, 59% were partially upheld and 23% not upheld.

While the NHS Complaint Handling Regulations 2009 allow organisations six months to respond to complaints, we recognise the importance of responding in a timely way and operate an internal 25 working day response standard. In 2017/18, of the 650 formal complaints received, 86% were responded to within 25 working days. Of those complaints that were not responded to within 25 working days, 7% were responded to within 50 working days and 3% within 100 working days and 3% over 100 working days. Twenty three cases received within 2017/18 remain open as at 9th May 2018, of which the oldest is 125 working days.

During the same period, the Parliamentary and Health Service Ombudsman (PHSO), which is the second stage in the complaints process, accepted 22 complaints for investigation. They also decided 14 complaints, 14% of which were upheld, 55 partially upheld and 41 not upheld.

For more information on the complaints received in 2017/18 and our handling of these, please see the Complaints and PALS Annual Report, which is available at <http://www.uhcw.nhs.uk/about-us/quality>



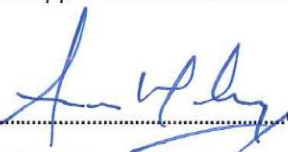
Professor Andrew Hardy, Chief Executive Officer

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

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the trust;
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed  Chief Executive

Date 25.05.18



Statement of the Accounting Officers' Responsibilities in Respect of the Accounts

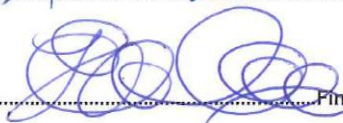
The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts;
- assess the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and
- use the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement whether due to fraud or error, and safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board

25-05-18 Date  Chief Executive

25-05-18 Date  Finance Director

Annual Governance Statement 2017/18

1.0 Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

2.0 The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of University Hospitals Coventry and Warwickshire NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in University Hospitals Coventry and Warwickshire NHS Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

3.0 Capacity to handle risk

I am accountable for risk management across all activities within the Trust and have delegated this responsibility to the Chief Medical Officer, who has overall responsibility at Board level.

A two-year Risk Management Strategy for 2017/18 and 2018/19 has been implemented, which provides a clear framework for managing risk across the organisation. It sets out a systematic approach to the identification and management of risks in order to ensure that risk assessment is an integral part of clinical, managerial and financial decision making. It also sets out the role of the Board and its standing committees, together with individual responsibilities.

The Trust's Risk Management Policy is in place and this provides guidance on the implementation of the Risk Management Strategy and on operational risk management.

Training is provided to all managers to ensure they are aware of their roles and responsibilities within the framework. The two hour workshop allows managers to review and discuss risks relevant to their area and practice using the risk management software. All staff are informed of the risk management practices in the Trust at induction.

4.0 The risk and control framework

Effective risk management requires the involvement of all staff who are expected to identify and manage risk. The risk management team within the Quality Department is responsible for providing risk management training and a programme of training has been rolled out across the organisation during the year to help managers assess and evaluate risk. Staff are also provided with training in incident investigation and in undertaking root cause analyses.

The risk management process starts with risk assessments that are carried out at all levels of the organisation using a 5x5 matrix using a combination of consequence and likelihood; these risks are then documented on the risk register. A risk register is in place and is utilised across the organisation to capture risks at specialty group and corporate level. The risk register is split into the local risk registers (group and speciality level), the corporate risk register and the Board Assurance Framework for reporting and monitoring purposes. Low scoring risks are managed within the area in which they

arise, whilst higher scoring risks are managed at either speciality group level or through the corporate meeting structure commensurate with their score.

The Risk Committee, which I chair, considers whether any individual risk has the potential to affect delivery of the strategic objectives and should therefore be considered by the Board for inclusion on the BAF. The Quality Governance Committee receives a regular report from the Risk Committee. Group leadership teams attend meetings of the Risk Committee on a rotational basis to provide details of the risks in their areas, together with assurance in relation to their management and mitigation. Chief Officers also present the risks relating to their portfolios at the Committee in order that the same assurances can be given.

Risks are discussed at Specialty Group level as part of the Quality Improvement and Patient Safety (QIPS) meetings that take place each month and are also an area of focus in the Trust's performance framework. Information obtained from the QIPS meetings is collated centrally by the Quality Department.

The Board is responsible for the identification and management of risks to the achievement of the objectives that it has agreed and produces a Board Assurance Framework (BAF) each year that is then monitored on a quarterly basis. This includes:

- Definition of the risk
- Assessment of potential likelihood and impact
- Key controls by which the risk is managed
- Gaps in controls and assurance
- Action plans to ensure improvement in controls and assurances

The Audit Committee also has oversight of the BAF in line with its responsibility for assessing the overall system of internal control. The Internal Audit Annual Plan is driven by the Board Assurance Framework and provides an independent source of assurance around the effectiveness of the key controls that are in place. The Plan is reviewed in light of any changes to the BAF, to assess whether additional audit activity is required. A number of contingency days are held each year to accommodate changes to the risk profile.

The BAF is a dynamic document that is monitored by the Board on a quarterly basis; the Board has approved proposed changes in scores as mitigating actions take effect through the year, and the addition of any new risks that arose in year.

Independent assurance in relation to the rigour of the BAF is provided by Internal Audit, who undertake both an interim and full review of the BAF each year and the overall conclusion is that the 2017/18 BAF meets requirements (level A) and provides reasonable assurance that there is an effective system of internal control to manage the risks identified by the Trust.

The Anti-Fraud Specialist undertakes a programme of work for the Trust which includes awareness/deterrence training; fraud detection and prevention; and investigations. The Audit Committee receives regular reports relating to the Counter Fraud Annual plan and the Trust actively seeks redress and legal sanctions where appropriate.

The major risks that the Trust has faced in 2017/18 were as follows:

- Patient Flow; inability to create the required flow of patients across the Trust to enable the achievement of elective and emergency standards
- Financial position; failing to meet the statutory duty to break-even as a result of increasing operational pressures.
- Quality of care; failure to show evidence of sufficient improvement from the last CQC inspection preventing us from achieving our objective of achieving at least 'good' in the next inspection

- Staffing Levels; continued high levels of bank and agency staff in areas across the Trust, with some areas having a significant operational and clinical impact such as neuro-interventional radiology
- Resources for research; failure to ensure that researchers have the necessary resources, space and time to undertake research leading to a reduction in research income, poorer clinical outcomes and a reputational impact

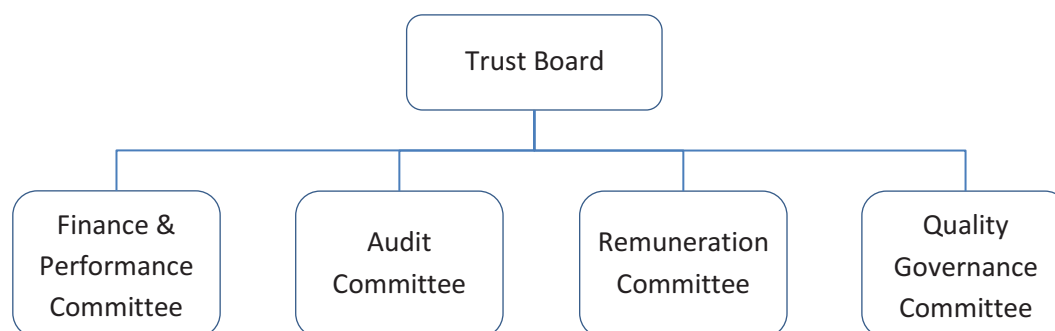
The trust is fully compliant with the registration requirements of the Care Quality Commission.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

The Trust has undertaken risk assessments and carbon reduction delivery plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

5.0 Trust Board and Committee Structures

The formal board and committee structure of the Trust is shown below



5.1 Trust Board

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

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

We aspire to the highest standards in corporate governance and our corporate governance framework is set out in our Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation, which we review on a biennial basis. During 2017/18 the Trust adopted a managing conflicts of interest policy in line with national guidance. The policy applies to all staff but requires 'decision making staff' to make a declaration at least once a year, even if that is a 'nil' declaration. Decision making staff are defined as being the following:

- Non-executive directors
- Chief Officers
- Corporate directors
- Clinical consultants
- Clinical directors

5.2 Audit Committee

The Audit Committee comprises four Non-Executive Directors and is responsible for:

- Reviewing systems of integrated governance, risk management and internal control
- Approving the annual work plans for the Trust's internal and external auditors and monitoring progress against these
- Monitoring the performance of the Trust's management in responding to agreed actions
- Reviewing the draft Annual Report, draft Quality Account and financial statements before submission to the Trust Board
- Ensuring adequate arrangements in place for counter fraud and security that meet the standards set by NHS Protect
- Reviewing and monitoring the external auditors' independence and objectivity and the effectiveness of the audit process
- Monitoring the integrity of the financial statements of the Trust and any formal announcements relating to its financial performance
- Reviewing the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns and ensure that any such concerns are investigated proportionately and independently; and
- Ensuring that policies, procedures, systems and processes are in place to ensure effective clinical and corporate governance

During the course of the year the Audit Committee has:

- Received a number of reports from Internal Audit arising out of the Annual Internal Audit Plan for the year
- Received a number of follow up audit reports in respect of previous assignments with a limited assurance conclusion
- Received updates from External Audit
- Overseen improvement in the number of outstanding actions arising out of internal audit recommendations
- Approved proposals for the write-off of debt following scrutiny and challenge
- Monitored the effectiveness of the Board Assurance Framework
- Reviewed the Trust's arrangements for Raising Concerns (Whistleblowing)

5.3 Remuneration Committee

The Remuneration Committee is responsible for determining the remuneration and terms of service of the Executive Directors and a small number of senior managers. It comprises all the Non-Executive Directors of the Trust Board and its principle areas of responsibility are:

- To determine Trust policy on all aspects of salary, including any performance related elements and bonuses
- To review the provision of other benefits including pensions and lease cars; and
- To determine contractual arrangements including severance packages for directors in the event of termination of their employment

During the course of the year the Remuneration Committee has:

- Considered proposals for an uplift in Chief Officer Remuneration



- Approved the proposed rating for the Chief Executive Officer for 2016/17 and the objectives for 2017/18.
- Agreed the interim arrangements for both Chief Finance and Strategy Officer and Chief Operating Officer
- Approved the change in voting membership from the Chief Operating Officer to the Chief Workforce and Information Officer.

5.4 Quality Governance Committee

The Quality Governance Committee provides a principal source of additional assurance to the Board that the Trust is delivering high quality, safe services to patients. The Committee oversees and monitors the corporate delivery of patient safety, clinical effectiveness, patient experience, risk management, education and training, information governance and regulatory standards to ensure that the Trust has the appropriate strategies, processes, systems, policies, and procedures in place to deliver the necessary standards of care by:

- Providing a forum for scrutiny of any of the Trust's quality indicators or priorities at the request of the Board
- Providing assurance to the Board that arrangements are in place for identifying, prioritising and managing risk and that risks are escalated to the Board as appropriate
- Promoting safety, quality and excellence in patient care
- Ensuring the effective and efficient use of resources through the evidence-based clinical practice;
- Protecting the safety of employees and all others to whom the Trust owes a duty of care;
- Ensuring that effective systems and processes are in place to support high quality care through an effectual training and education and ICT infrastructure
- Ensuring that the Health and Safety Committee has an overarching view of health and safety and provide assurance that non-clinical risks are effectively managed on behalf of the Trust

The Committee comprises of four Non-Executive Directors and receives reports from its sub-committees as detailed below on a regular basis:

- Patient Safety Committee
- Risk Committee
- Patient Experience and Engagement Committee
- Workforce and Engagement Committee
- Training, Education and Research Committee
- Information Governance Committee
- Health and Safety Committee
- Quality Surveillance and Assurance Committee

During the course of the year the Quality Governance Committee has received reports relating to the following:

- The Risk Register and details of the actions that are being undertaken to strengthen risk management arrangements across the Trust
- Serious Incidents and Never Events
- Mortality Data
- Infection Control
- Preparation for the anticipated inspection visit by the Care Quality Commission (CQC)
- Safeguarding Adults & Children
- Reports and action plans following Deanery visits
- Emergency Planning



5.5 Finance and Performance Committee

The Finance and Performance Committee plays a key role in supporting the Board in their responsibilities for effective financial management by:

- Monitoring monthly income and expenditure variance to provide assurance to the Board and escalate any emerging issues of concern
- Monitoring delivery of key access targets and operational delivery plans to provide assurance to the Board and escalate any emerging issues of concern
- Providing a forum for scrutiny of any of the Trust's performance indicators at the request of the Board, referring any potential impact on quality to the Quality Governance Committee
- Reviewing the performance management arrangements for each Group, scrutinising the arrangements in place to meet financial and operational targets
- Reviewing the performance of Service Providers within the PFI contract
- Providing effective oversight of all major capital and development projects including associated risks with the projects
- Ensuring adequacy of the Trust's Strategic Financial Planning

The Committee comprises of three Non-Executive Directors and receives reports from its sub-committees as detailed below on a regular basis:

- Private Finance Initiative (PFI) Liaison Committee
- Sustainability Development Management Group
- Procurement Steering Committee

Key areas of concern for the Committee during 2017/18 included:

- Financial performance; especially the delivery of CIP schemes
- Spend on agency and temporary staffing
- Meeting operational performance targets
- Oversight of the Financial Improvement Programme (FIP2)

5.6 Attendance at Meetings

In accordance with our Code of Conduct, attendance at Trust Board and Committee meetings is monitored and forms part of the appraisal process for the members. The attendance for individual members for Trust Board and its committee are set out on the following page:



5.6.1 Trust Board Attendance

Name	Position	Possible Meetings	Meetings Attended	Attendance Rate %
Non-Executive Directors				
Mr A Meehan	CHAIRMAN	7	7	100
Mr I Buckley	Vice Chair	7	6	85
Mr E Macalister-Smith	Non-Executive Director	7	4	57
Mr D Poynton	Non-Executive Director	7	7	100
Mrs B Beal	Non-Executive Director	7	5	71
Mrs B Sheils	Non-Executive Director	7	7	100
Prof S Kumar	Non-Executive Director	7	5	71
Executive Directors				
Mr A Hardy	Chief Executive Officer	7	6	85
Mrs M Pandit	Chief Medical Officer	7	6	85
Mr D Moon	Chief Finance & Strategy Officer	5	4	80
Mr D Eltringham	Chief Operating Officer	5	4	80
Mrs N Fraser	Interim Chief Nursing Officer	7	6	85
Mrs K Martin	Chief Workforce and Information Officer*	7	7	100
Ms L Kelly	Chief Operating Officer	2	1	50
Ms S Rollason	Chief Finance & Strategy Officer	2	2	100

5.6.2 Audit Committee Attendance

Name	Position	Possible Meetings	Meetings Attended	Attendance Rate %
Non-Executive Directors				
Mr D Poynton	CHAIR / Non-Executive Director	5	3	60
Mr E Macalister-Smith	Non-Executive Director	5	3	60
Mr I Buckley	Non-Executive Director	5	4	80
Mrs B Beal	Non-Executive Director	5	3	60
Executive Directors				
Mr D Moon	Chief Finance & Strategy Officer	4	4	100
Ms S Rollason	Chief Finance & Strategy Officer	2	2	100

5.6.3 Remuneration Committee Attendance

Name	Position	Possible Meetings	Meetings Attended	Attendance Rate %
Non-Executive Directors				
Mr A Meehan	CHAIRMAN	2	2	100
Mr D Poynton	Non-Executive Director	2	2	100
Mr I Buckley	Non-Executive Director	2	1	50
Mr E Macalister-Smith	Non-Executive Director	2	2	100
Mrs B Beal	Non-Executive Director	2	0	0
Mrs B Sheils	Non-Executive Director	2	2	100
Prof S Kumar	Non-Executive Director	2	0	0
In Attendance				
Mr A Hardy	Chief Executive Officer	2	2	100
Ms K Martin	Chief Workforce and Information Officer	2	2	100

5.6.4 Finance and Performance Committee Attendance

Name	Position	Possible Meetings	Meetings Attended	Attendance Rate %
Non-Executive Directors				
Mr I Buckley	CHAIR / Non-Executive Director	11	11	100
Mrs B Sheils	Non-Executive Director	11	10	91
Mr D Poynton	Non-Executive Director	11	7	64
Executive Directors				
Mr D Eltringham	Chief Operating Officer	7	4	52
Ms Karen Martin	Chief Information and Workforce Officer	11	9	82
Mrs S Rollason	Chief Finance & Strategy Officer	2	2	100
Ms L Kelly	Chief Operating Officer	4	4	100
Mr D Moon	Chief Finance & Strategy Officer	9	9	100

5.6.5 Quality Committee Attendance

Name	Position	Possible Meetings	Meetings Attended	Attendance Rate %
Non-Executive Directors				
Mr E Macalister-Smith	CHAIR / Non-Executive Director	12	10	83
Prof S Kumar	Non-Executive Director	12	11	92
Barbara Beal	Non-Executive Director	12	9	75
Brenda Sheils	Non-Executive Director	12	12	100
Executive Directors				
Mrs M Pandit	Chief Medical Officer	12	9	75
Mr D Eltringham	Chief Operating Officer	8	7	87
Ms L Kelly	Chief Operating Officer	4	2	50
Mrs N Fraser	Interim Chief Nursing Officer	12	9	75
Ms K Martin	Chief Information and Workforce Officer	12	9	75

5.7 Review of economy, efficiency and effectiveness of the use of resources

We began our year with a control total of a £0.3 million deficit, backed with £14.6 million of Sustainability and Transformation Funding (STF). The underlying control total for the Trust was therefore a £14.9 million deficit. Finances for the year remained challenged for whole NHS, and operational pressures and the slippage in the construction of car park have resulted in an under delivery against our Trust activity plans.

The Trust regularly reviews the economic, efficient and effective use of resources with a range of arrangements in place to set objectives and targets and manage their achievement. These arrangements include;

- Approval by the Board of the Trust's strategy and annual approval of the operational plan
- Regular reviews of performance at the Board through the integrated performance report
- More detailed reviews of performance at the monthly Finance and Performance Committee meetings
- Quarterly performance reviews by the Chief Officers with Group management teams
- Scrutiny of cost improvement schemes
- Internal audit programme

During the year the Trust commissioned PricewaterhouseCoopers (PwC) to support its efficiency programme under the Financial Improvement Programme (FIP2) set up by NHS Improvement. This included support in analysing opportunities, supporting and coaching Trust teams in implementation and creating a Project Delivery Office to support the monitoring and reporting of progress. Their support led to improvements in theatre productivity, clinic optimisation and patient flow to focus on reducing length of stay. The Finance Star Chamber was established to include all Chief Officers so that progress on FIP2 could be monitored and Group management teams challenged on delivery.

The Trust commenced 2017/18 with the following major financial challenges:

- To identify and deliver £25.9 million of savings to achieve the underlying control total. This increased to £29.1 million in year to reflect the additional costs of the FIP2 support
- To secure external financing to support the Trust's capital expenditure programme
- To ensure that we delivered the activity outlined in the plan

These challenges have resulted in the Trust delivering a £18.3 million deficit, which is an underperformance of £14.5 million against the underlying control total. Despite these challenges we met the agency reduction control total and delivered £29.1 million cost improvement schemes

To cover a shortfall in revenue financing arising from the deficit for the year, the Trust drew down new revenue loans of £25.5 million, whilst repaying £6.8 million of revenue loans drawn down in prior years.

Under the Single Oversight Framework for 2017/18 the Trusts liquidity metric continued to be poor and stood at -25.9 days – further deterioration of this metric was avoided by the receipt of revenue financing support. However, notwithstanding the challenge presented by this, the Trust was able to maintain good performance against the better payments practice code (92% of invoices by value were paid with 30 days of receipt of a valid invoice), meet all of its debt servicing commitments and maintain the agreed minimum cash balance of £1 million.

The year saw a continued growth in income, operating expenditure (excluding impairments). Capital investment; (on the Trust's estate, medical equipment and IT infrastructure); were lower than the previous year, primarily driven by the delays in approval to spend.

The Trust is a very active participant in the Coventry and Warwickshire Sustainability and Transformation Plan (STP). Without a number of pathway changes coupled with some service rationalisation it is difficult to see how the local health economy will be able to deliver the required level of provision within the resources available to it over the current planning period.

5.8 Control Issues

We are required to meet a 92% standard for the RTT measurement for incomplete pathways. This means that 92% of patients on our total waiting list should be treated within 18 weeks.

Unfortunately, due to our performance challenges, the Trust achieved 82.3% against the 92% standard, which has meant that a number of our patients have waited longer than 18 weeks for their treatment. Throughout the year, actions have been taken to try to reduce this, including weekly patient level tracking and setting clear targets for each of our Clinical Groups and monitoring performance against these. However, the pressure on the emergency pathway, coupled with difficulties with flow through the hospital has increased the number of medical patients that are not in medical wards and the consequent need to cancel elective patients, all of which contributes towards us having made no significant improvement in performance against this target.

Our A&E performance at year end 2017/18 was 80.1%, which equates to 37,924 patients out of a total of 190,572 attendances at A&E being seen outside of the four hour standard. This is 14.9% below the national 95% target.

There has been a continued increase in attendances to our services with an additional 2,780 patients being seen during the year; a 1.48% increase on the previous year. Our performance was affected by a continuingly high number of patients that are medically fit for discharge but awaiting transfer elsewhere or for a package of care to be established (known as Delayed Transfers of Care or DTOC). Performance against the national DTOC target of 3.5% was 4.84% for the year. We are continuing to work with our health and social care partners to try and ensure that patients can be discharged as soon as they are medically fit, as we know that it is better for our patients to not be in an acute hospital setting when they do not need to be.

We have consistently maintained close scrutiny of our DTOC position because of the impact that this has on our patients and flow through the Trust. As a consequence, we have continually engaged with community partners to ensure that patients are transferred to more appropriate settings in a timely fashion. As a result, overall performance has improved against this measure in 2017/18 compared with last year and the target was met in October 2017. However, there is limitation within the community in terms of both capacity and staffing and this has resulted in the level of DTOCs remaining high and exceeding the national standard for most months.

Unfortunately, we reported five never events during 2017/18 against a target of zero. Two of the events were categorised as retained foreign object post procedure, two were categorised as wrong route administration of medication and the fifth a wrong site surgery. Following each event, a full root cause analysis investigation has been conducted with the findings being reported directly to the Chief Executive Officer and reviewed at the Serious Incident Group. Action plans have been developed to address the recommendations arising and these are being carefully monitored to ensure that all necessary action to prevent recurrence is being taken. We have also instigated a programme of Human Factors training to help us understand how mistakes are made and what action we can take to guard against this.

5.9 Information Governance

The trust takes risks to data security seriously and the Information Governance Committee (IGC) is charged by the Quality Governance Committee to oversee this as part of its remit. The Trust successfully avoided issues to its systems relating with the WannaCry cyber-attack in May 2017 and maintains a policy of implementing relevant patches when they are released. Data security incidents are reported to the IGC to ensure learning takes place and risks on the register are regularly reviewed.

Trust policies for ICT Security and Risk Management describe the Trust's approaches to maintaining data security and preparations are in place to implement the General Data Protection Regulations from 25 May 2018.

There has been one Information Governance breach in 2017/18 that has required reporting to the Information Commissioner, as follows:

Number of Incidents	Breach Type	Summary of Incident
One	Disclosed in error	Patient received a copy of clinical letters belonging to three other patients.

The ICO did not take any action as a result of this breach.

5.10 Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

The development of the Trust's Quality Account has been led by the Director of Quality in close liaison with the Chief Medical Officer and the Chief Nursing Officer. The Board has oversight of the Trust's quality performance during the year as part of the Integrated Quality, Performance and Finance Report and takes assurance from the Quality Governance Committee on specific areas covered by that Report, including the progress with achieving quality priorities.

Elective waiting times and other key data are subject to external audit and other scrutiny through, for example, the Finance and Performance Committee. Internal audits and other reviews are also commissioned to test data quality.

5.11 Performance

As set out in the performance analysis in section 2.0, there have been some performance challenges for the Trust in 2017/18, particularly in relation to the accident & emergency four-hour target, referral to treatment (RTT) and delayed transfers of care (DTC).

The Trust has an Elective Access Training Strategy which provides a training framework for clinical and non-clinical staff to be fully knowledgeable in national elective care standards, and competent in the application of referral to treatment times (RTT) rules in managing patients along their elective care pathways.

We have an RTT Team whose function is to govern the correct application of the RTT rules and track patient pathways to ensure we have correct data collection and provide validation guidance. There are always risks with data recording accuracy however we have implemented validation reports to identify errors and omissions enabling corrective actions to take place. A monthly audit timetable is undertaken to constantly ensure accurate application of rules and results to drive an action plan for improvements.



5.12 Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. The opinion of the Head of Internal Audit for 2017/18 in relation to the system of internal control is one of significant assurance.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Quality Governance Committee and by other groups, such as the Risk Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The following key processes have been applied to test the effectiveness of the system of internal control on which I base my review.

- The Board Assurance Framework (BAF) provides evidence of the effectiveness of controls to manage risks to the organisation achieving its key objectives. This is reviewed regularly by the Board and is managed by the Chief Officers through the Risk Committee
 - Internal audit have a risk-based plan of reviews to test the major systems across the trust in order to provide assurance about the rest of the internal control system
 - External auditors have reviewed the annual accounts and annual report, including the quality account
 - Audit Committee scrutinise the financial and other controls in place as part of their work programme
 - Quality Governance Committee reviews clinical governance process, including the management of serious incidents and clinical effectiveness
 - An external review of the Trust against the Well Led Framework took place in October 2017 and was reported to the Board in January 2018 along with an action plan. This is being implemented to address the recommendations made.

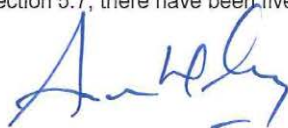
5.13 Conclusion

The following significant internal control issues have been identified;

The Trust did not meet the following national performance targets for 2017/18

- A&E 4 hour standard
- 18 week referral to treatment
- Delayed transfers of care

As mentioned in section 5.7, there have been five never events against a target of zero.



Professor Andrew Hardy, Chief Executive Officer

Date 25.05.18

2. Remuneration and Staff Report 2017/18

2.1 Senior Managers' Remuneration and Pensions

The Chief Executive Officer (as the Trust's accountable officer) has confirmed that those officers and non-executive directors who regularly attend Trust Board meetings should be regarded as the Trust's senior managers for the purpose of disclosing remuneration and pensions in the annual report.

The senior managers' remuneration disclosures for 2017/18 (and 2016/17) and pensions disclosures are included on the next few pages of this report.

2.2 Remuneration Policy

The Remuneration Committee, whose membership comprises exclusively of Non-Executive Directors, has reviewed the Remuneration Policy for the Executive Directors and has determined that national benchmarking will be used as a determinant for Executive Pay and that remuneration will, as a principle, be set in the upper quartile to reflect the aspirations of the organisation.

2.3 Fair Pay Multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/Member in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director/Member in University Hospitals Coventry and Warwickshire NHS Trust in the financial year 2017-18 was £217,500 (2016-17, £207,500). This was 7.3 times (2016-17, 7.3) the median remuneration of the workforce, which was £29,967 (2016-17, £28,553).

In 2017-18, 9 (2016-17, 8) employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £6,453 to £324,620 (2016-17, £6,157 to £303,302).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Total remuneration excludes bank and agency staff for which annualised costs are not readily available.

The pay multiples ratio for 2017/18 has remained the same as in 2016/17, although the median annualised remuneration has increased by £1,414 to £29,967. This is due to an increase in the number of staff employed at Band 5 or above compared to 2016/17.



Senior Managers' Remuneration 2017/18

Name	Title	2017/18					
		Salary (bands of £5,000) £'000	Expense payments (taxable) and benefits in kind (to nearest £100) £	Performance pay and bonuses (bands of £5,000) £'000	Long term performance pay and bonuses (bands of £5,000) £'000	All pension- related benefits (bands of £2,500) £'000	TOTAL (bands of £5,000) £'000
Andrew Hardy	Chief Executive Officer	210 - 215	4,700	0	0	57.5 - 60.0	275 - 280
Meghana Pandit	Chief Medical Officer/Deputy Chief Executive Officer	205 - 210	0	0	0	0	205 - 210
David Eltringham	Chief Operating Officer (to 03/12/17)	85 - 90	200	0	0	55.0 - 57.5	145 - 150
Lisa Kelly	Chief Operating Officer (from 04/12/17)	35 - 40	0	0	0	0	35 - 40
David Moon	Chief Finance and Strategy Officer (to 31/01/18)	130 - 135	100	0	0	0	130 - 135
Susan Rollason	Chief Finance and Strategy Officer (from 22/01/18)	20 - 25	2,300	0	0	5.0 - 7.5	30 - 35
Karen Martin	Chief Workforce and Information Officer	145 - 150	100	0	0	20.0 - 22.5	165 - 170
Antonina Fraser	Chief Nursing Officer	125 - 130	5,300	0	0	40.0 - 42.5	170 - 175
Andrew Meehan	Chairman	35 - 40	1,800	0	0	0	40 - 45
Ian Buckley	Non Executive Director	5 - 10	2,000	0	0	0	5 - 10
Edward Macalister-Smith	Non Executive Director	5 - 10	2,700	0	0	0	5 - 10
Brenda Sheils	Non-Executive Director	5 - 10	1,500	0	0	0	5 - 10
Barbara Beal	Non-Executive Director	5 - 10	0	0	0	0	5 - 10
David Poynton	Non-Executive Director	5 - 10	400	0	0	0	5 - 10
Sudhesh Kumar	Non-Executive Director	5 - 10	0	0	0	0	5 - 10

1. The Trust is recharged by Warwick University for the services of Sudhesh Kumar (the amounts shown are the recharged sums)
2. Antonina Fraser was engaged on secondment from Bedford Hospital NHS Trust during April 2017 and joined the Trust substantively from 1st May 2017. The table above includes both the sum recharged by Bedford Hospital NHS Trust and Trust salary payments.
3. Meghana Pandit's remuneration includes sums payable in respect of clinical duties in addition to her duties as a director of the Trust.
4. Both Lisa Kelly and Susan Rollason were engaged in other roles for the Trust prior to becoming a director. The table above excludes earnings prior to becoming a director.
5. David Eltringham was seconded to another NHS organisation from 4th December 2017. The table above therefore only shows his remuneration for the period to 3rd December 2017.
6. In certain circumstances pension related benefits may be negative in which case they are recorded above as nil.

Senior Managers' Remuneration 2016/17

Name	Title	2016/17					
		Salary Bands of £5,000 £'000	Expense payments (taxable) and benefits in kind (to nearest £100) £	Performance Pay and Bonuses (bands of £5,000) £'000	Long Term Performance Pay and Bonuses (bands of £5,000) £'000	All pension- related benefits (bands of £2,500) £'000	TOTAL (bands of £5,000) £'000
Andrew Hardy	Chief Executive Officer	200 - 205	3,800	0	0	55.0 - 57.5	260 - 265
Meghana Pandit	Chief Medical Officer/Deputy Chief Executive Officer	205 - 210	0	0	0	0	205 - 210
David Eltringham	Chief Operating Officer	120 - 125	0	0	0	35.0 - 37.5	155 - 160
Mark Radford	Chief Nursing Officer (to 31/10/16)	70 - 75	0	0	0	7.5 - 10.0	80 - 85
David Moon	Chief Finance and Strategy Officer	155 - 160	300	0	0	12.5 - 15.0	170 - 175
Karen Martin	Chief Workforce and Information Officer	145 - 150	100	0	0	160.0 - 162.5	305 - 310
Nina Fraser	Chief Nursing Officer (from 01/11/16)	55 - 60	0	0	0	0	55 - 60
Andrew Meehan	Chairman	35 - 40	1,700	0	0	0	40 - 45
Ian Buckley	Non Executive Director	5 - 10	1,900	0	0	0	5 - 10
Edward Macalister-Smith	Non Executive Director	5 - 10	2,500	0	0	0	5 - 10
Brenda Sheils	Non-Executive Director	5 - 10	2,300	0	0	0	5 - 10
Barbara Beal	Non-Executive Director	5 - 10	0	0	0	0	5 - 10
David Poynton	Non-Executive Director	5 - 10	400	0	0	0	5 - 10
Sudhesh Kumar	Non-Executive Director	5 - 10	0	0	0	0	5 - 10

1. The Trust is recharged by Warwick University for the services of Sudhesh Kumar (the amounts shown are the recharged sums)
2. Nina Fraser was engaged on secondment, and the Trust is recharged by Bedford Hospital NHS Trust (the amounts shown are the recharged sums)
3. Meghana Pandit's salary includes sums payable in respect of clinical duties in addition to her duties as a director of the Trust
4. In certain circumstances pension related benefits may be negative in which case they are recorded above as nil.

Senior Managers' Pensions 2017/18

Name	Title	2017/18							
		Real Increase in pension at pension age (bands of £2,500) £'000	Real Increase in pension lump sum at pension age (band of £2,500) £'000	Total accrued pension at pension age at 31 March 2018 (bands of £5,000) £'000	Lump sum at pension age related to accrued pension at 31 March 2018 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 1 April 2017 £'000	Real Increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2018 £'000	Employers Contribution to Stakeholder Pension £'000
Andrew Hardy	Chief Executive Officer	2.5 - 5.0	0.0 - 2.5	60 - 65	150 - 155	904	93	1005	0
David Eltringham	Chief Operating Officer (to 03/12/17)	2.5 - 5.0	2.5 - 5.0	45 - 50	110 - 115	633	73	747	0
Susan Rollason	Chief Finance and Strategy Officer (from 22/01/18)	0.0 - 2.5	0.0 - 2.5	20 - 25	55 - 60	287	6	323	0
Karen Martin	Chief Workforce and Information Officer	0.0 - 2.5	5.0 - 7.5	65 - 70	195 - 200	1,252	107	1,371	0
Nina Fraser	Chief Nursing Officer	2.5 - 5.0	0	15 - 20	5 - 10	227	39	268	0

Non-Pensionable Directors

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

Similarly, executive directors not in pensionable employment during their term as a director during the year are also excluded.

Cash Equivalent Transfer Values

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 (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with the Occupational Pension Schemes (Transfer Values) Regulations 2008.

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%. This rate affects the calculation of CETV figures in this report. Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.

Real Increase in CETV

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

2.4 Our Staff

Our staff are our most valuable resource and are at the heart of the excellence that we provide across our services. We employ a wide range of clinical and non-clinical staff that are committed and dedicated to working together for the benefit of our patients and public.

All staff participate in an annual appraisal where they have an opportunity to discuss their performance, demonstrate how they live our values, have a talent conversation and agree a personal development plan. We support a wide range of development for staff to both support their career with us and facilitate service delivery. We provide access to all mandatory training to ensure we staff are safe to work and can deliver the required level of patient care.

We recognise that effective leadership is key in achieving our strategic vision, mission and objectives. Our in-house leadership programme, Leading Together, now in its fourth year, has supported over 600 leaders to date to develop their leadership capacity and capability.

We invested in more staff in 2017/18 and our focus for 2018/2019 is to create an appropriate substantive and flexible staffing model and minimising our reliance upon agency staff. We have made significant improvements to our recruitment experience and process by implementing an electronic recruitment system, developed our "Where Ideas Grow/Where Careers Grow" recruitment identity and undertake values based recruitment across the Trust. Overall, we have increased the number of employed staff from 7,521 to 7,704.

2.5 Exit packages

The table below summarises exit packages agreed in 2017/18:

Total Exit Packages		
	Number	Cost £
Less than £10,000	1	6,207
£25,001 - £50,000	2	81,872
	3	88,079

* Note the table excludes ill-health retirements and payments in lieu of notice for ill health terminations

None of the exit packages agreed in 2017/18 related to compulsory redundancies and none included special payment elements.

The table below analyses the other departure agreements for 2017/18 by type:

Other Departure Agreements		
	Number	Cost £
Contractual payments in lieu of notice	3	88,079
	3	88,079

None of the exit packages related to senior managers covered by the remuneration report disclosures.

2.6 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.

With effect from 6th April 2017, the Government introduced new rules for off-payroll working in the public sector which placed the responsibility with the public sector engager rather than the worker to determine whether or not the engagement was captured by the intermediaries regulations (often known as IR35). With the implementation of these new rules, the Trust changed its approach to the engagement of off-payroll workers and ceased contracting directly with personal service companies (PSCs) and set up an outsourced payroll function to pay such workers.

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 (with the exception of the board members table) those staff recharged from other bodies captured by the Government’s new rules for off-payroll working in the public sector*.

* Other NHS bodies and universities are also responsible for seeking assurances around workers engaged on an “off-payroll” basis under the new rules for public sector bodies.

For all off-payroll engagements as of 31 March 2018, for more than £245 per day and that last for longer than six months

No. of existing engagements as of 31 March 2018	0
Of which...	
No. that have existed for less than one year at time of reporting.	0
No. that have existed for between one & two years at time of reporting.	0
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, for more than £245 per day and that last for longer than six months

No. of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	1
Of which...	
No. assessed as caught by IR35	1
No. assessed as not caught by IR35	0
No. engaged directly (via PSC contracted to department) and are on the departmental payroll	0
No. of engagements reassessed for consistency / assurance purposes during the year.	0
No. of engagements that saw a change to IR35 status following the consistency review	0

The table below provides information on board members who have been engaged under an off-payroll arrangement:

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018

	Number
No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year	2
No. of individuals that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both off-payroll and on-payroll engagements	15

The two "off-payroll" engagements of board members and/or senior officers with significant financial responsibility during the year related to the following:

- 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
- An interim executive director was seconded from another NHS body to cover a board level position pending the appointment of a permanent postholder. This officer was employed on the payroll of another NHS body and subject to PAYE. The individual was substantively appointed to the role on 1st May 2017 and was transferred to the Trust's payroll

2.7 Consultancy Service

NHS Improvement operates strict controls over expenditure on consultancy services by NHS bodies including the requirement to seek approval before signing contracts for consultancy projects over £50,000.

The Trust complied with these controls and during 2017/18 spent £2,625,000 on consultancy services compared with £283,000 in 2016/17. The additional expenditure was incurred by the Trust participating in the NHS Improvement Financial Improvement Programme – Wave 2 (FIP2) to identify recurrent efficiency savings.

Please note that this is not subject to audit and this also applies to sections 2.10 Staff Sickness, 2.13 Staff Engagement and Consultation and 2.14 Equality and Diversity.

2.8 Staff Costs

Our pay bill represents the highest proportion of our expenditure and equated to £372.5m in 2017/18. Staffing costs are therefore, a key consideration for the Trust Board and each Specialty Group management team. Our workforce is categorised into those that we substantively employ, those that work flexibly through our internal Temporary Staffing Service (TSS) and those engaged through external staffing agencies.

The figures below also include those staff engaged under the Retention of Employment model (ROE) e.g. ISS staff.

Average Staff Numbers 2017/18	Permanently Employed		Other
	WTE		WTE
Medical and dental	894		133
Ambulance staff	5		0
Administration and estates	1,297		41
Healthcare assistants and other support staff	1,570		86
Nursing, midwifery and health visiting staff	2,248		524
Scientific, therapeutic and technical staff	734		28
Healthcare Science Staff	356		19
Total	7,104		831

2.9 Staff Policies applied for People with Disabilities

We ensure that people with disabilities are given full and fair consideration in their application for employment and as appropriate provide guaranteed interviews.

The Trust has signed up to the Government's 'Disability Confident Employer' scheme which is designed to help support organisations in the recruitment and retention of people with disabilities. We also actively support all disabled employees, providing appropriate training, career development and promotion. Our policies are equally applied to those members of staff that become disabled whilst in our employment.

Our policies of Managing Attendance, Recruitment and Selection, Equality, Diversity and Human Rights and Dignity at Work all set out our commitments in this regard. Our Head of Equality provides a comprehensive range of training, support, advice and initiatives to support disabled people including our Supported Internship programme.



2.10 Staff Sickness

The 2017/18 financial year began well in terms of attendance management with levels of sickness absence at 3.71% in April 2017. We maintained below 4% until October 2017, with sickness gradually increasing over 4% during the winter period reaching a peak in January (4.85%) and reducing back to 4.09% in March 2018.

The Trust works hard to support staff to become and stay healthy through a comprehensive Health and Wellbeing programme.

Robust management of sickness absence has been an area of continual focus and we have put into place a number of supporting actions that are aimed at meeting the target, with a view to further reducing it in the longer term including a dedicated attendance management team which ensures that a consistent approach is taken to manage attendance

Furthermore, NHS bodies are required to report upon sickness absence figures using measures specified by the Cabinet Office on a calendar year basis. The relevant sickness absence data for Trust for 2017 calendar year with comparatives for 2016 is provided below:

	2016	2017
Total days lost (adjusted to the Cabinet Office measure)	61,623	63,911
Total full time equivalent staff years	6,740	7,026
Average days lost per staff year	9.1	9.1

2.11 Staff Health and Wellbeing

Our staff are our most valuable resource and are at the heart of the excellence that we provide across our services. We employ a wide range of clinical and non-clinical staff that are committed and dedicated to working together for the benefit of our patients and public.

All staff participate in an annual appraisal where they have an opportunity to discuss their performance, demonstrate how they live our values, have a talent conversation and agree a personal development plan. We support a wide range of development for staff to both support their career with us and facilitate service delivery. We provide access to all mandatory training to ensure we staff are safe to work and can deliver the required level of patient care.

We recognise that effective leadership is key in achieving our strategic vision, mission and objectives. Our in-house leadership programme, Leading Together, now in its fourth year, has supported over 600 leaders to date to develop their leadership capacity and capability.

We invested in more staff in 2017/18 and our focus for 2018/2019 is to create an appropriate substantive and flexible staffing model and minimising our reliance upon agency staff. We have made significant improvements to our recruitment experience and process by implementing an electronic recruitment system, developed our "Where Ideas Grow/Where Careers Grow" recruitment identity and undertake values based recruitment across the Trust. Overall, we have increased the number of employed staff from 7,521 to 7,704



2.12 Celebrating success

We celebrate our achievements and successes through our annual OSCAs, which are held to recognise the hard work, dedication and commitment of our staff, along with our monthly World Class Colleagues nominations. We have also launched Staff Appreciation Cards for staff, patients and visitors to use to recognise staff demonstrating our Trust values.

We also hold several events throughout the year in celebration of learning achievements, and Long Service Awards in recognition of the loyalty and dedication of our staff, both to the Trust and the wider NHS.

These are widely recognised and valued by staff.

2.13 Staff Engagement and Consultation

2.13.1 Working with Trade Unions

We value our staff and take a partnership approach to working with them through our Partnership and Engagement Forum (PEF), Joint Consultative and Negotiating Committee (JNCC) and Medical Negotiation Committee (MNC). These forums are attended by members of our Executive Team and include representatives from our staff side colleagues and trade union representatives. These meetings focus upon consulting with staff in a constructive manner in relation to key service changes across the organisation, as well as discussing and seeking approval of policies and procedures.

2.13.2 National Staff Survey

We utilise the National Staff Survey (NSS) to measure levels of staff engagement.

Each year, NHS staff are invited to take part in the NHS Staff Survey, the largest survey of staff opinion in the UK. It gathers views on staff experience at work around key areas including Appraisals and Development, Health and Wellbeing, Raising Concerns and Staff Engagement and Involvement.

The 2017 survey ran 4th October 2017 – 1st December 2017 and we invited all staff, including ISS/Retention of Employment (RoE) staff, to participate. Conducting a full staff census ensured data was gathered across all staff groups, departments and demographic groups led to greater staff engagement and increased trust in the results because everyone had the opportunity to participate. 41% of staff completed the survey.

A mixed mode method was undertaken with some staff receiving an online link to the survey via email, and others (all staff Band 4 and below from clinical areas and all ISS/RoE staff) receiving a hard copy survey. A task and finish group was also used to look at best ways to promote the survey, using the campaign of “Have Your Say!”



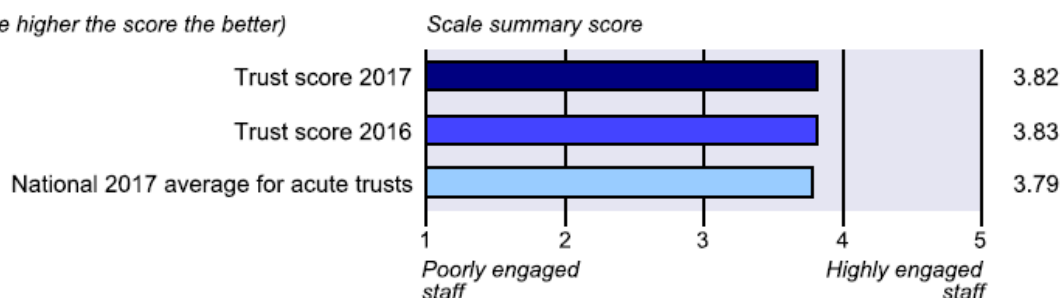
2.13.2.1 Engagement Score

The NSS measures staff engagement and this year our engagement score, measured on a scale of 1 (poorly engaged) to 5 (highly engaged) calculated using the response to several of the survey questions, stands at 3.82.

Although we have seen a small decrease from 3.83 in 2016, we remain above the national average for Acute Trusts, which stands at 3.79.

OVERALL STAFF ENGAGEMENT

(the higher the score the better)



2.13.2.2 Key Findings

Our results are ranked against all acute trusts, where we featured in the top 20% for the following areas:

- Percentage appraised in the last 12 months
- Percentage of staff reporting errors, near misses or incidents witnessed in the last month
- Fairness and effectiveness of procedures for reporting errors, near misses and incidents

It was pleasing to note that we did not feature in the bottom 20% for any areas of the survey.

Overall we have seen improvements in many areas of our results, including % appraised in last 12 months, % reporting good communication between senior management and staff, % experiencing physical violence from patients, relatives or the public in last 12 months and Fairness and effectiveness of procedures for reporting errors, near misses and incidents.

However, we recognise we still have improvements to make, including:

- % of staff feeling unwell due to work related stress in last 12 months
- % agreeing that their role makes a difference to patients/service users
- Staff recommendation of the organisation as a place to work or receive treatment
- Staff satisfaction with the quality of work and care they are able to deliver

2.13.3 Staff Friends and Family Test

The Staff Friends and Family Test (SFFT) measures staff recommendations of the Trust as a place to work or be treated. We are required to undertake an SFFT each quarter (with quarter 3 being included in the NSS). We are required to ask all staff the SFFT questions on an annual basis, with the opportunity to undertaken identified samples in the remaining periods.

2.13.3.1 Results

The results of the SFFT for 2017/18 is shown below:

2017/18	% Staff recommending UHVV to friends and family if they needed care or treatment	% Staff recommending UHVV to friends and family as a place to work
Q1	89%	69%
Q2	90%	68%
Q3*	72%	61%
Q4	85%	67%

2.13.4 Staff Impressions

Alongside the National Staff Survey and Staff Friends and Family Test, we have continued to utilise our bespoke Staff Impressions survey. This is our own local staff survey which allows us to gain feedback from staff on a range of areas.

We are using our Staff Impressions to develop an Anytime Impressions Survey which is currently being trialled in PPMO, A&E, and Neurosciences. The survey is simply one question asking staff to rate their experience at work, with the facility to add a comment to explain their rating. Staff can complete this whenever they want, as many times as they like. It is anonymous. The survey link is unique to each department so that results are reported just for that distinct area. The results are intended to be accessed directly by the local manager to enable feedback and actions to be shared quickly and locally.

2.13.4.1 First and Last Impressions

Our First Impressions survey is sent to all new starters, to help us as an organisation to understand their recruitment and induction experience. Whereas our Last Impressions survey is sent to all staff who leave the organisation. Results from First and Last Impressions are shared with Speciality Groups each quarter, so that they can identify and areas for improvement and ensure that all new staff are supported appropriately, whilst leaver feedback is used to make improvements where possible and improve our retention levels.

We utilise the results that we receive from the NSS, SFFT and Staff Impressions collectively to determine and shape the areas of focus under our Together Towards World Class (TTWC) which is our Organisational Development programme.

This year we introduced the role of the Employee Engagement Officer in recognition of the importance of good staff engagement.

2.13.5 Recruitment Monitoring

Monitoring of job applications shows that 41.7% of applications received in 2017/18 were from black and minority ethnic (BME) applicants. Of those short-listed, 43.3% were BME applicants and of those successfully appointed 26.5% were BME applicants.

Of the total job applicants 71.1% were female and 28.5% were male; of those short listed 68.1% were female and 30.8% were male.

Of the total job applications, 4.3% were from those declaring that they had a disability and 94% were from those declaring that they did not have a disability; 1.6% chose not to declare either way.

Of those short-listed, 3.9% declared that they had a disability against 93.8% who declared they did not; 2.3% did not declare.

Of those successfully appointed 2.7% had declared that they had a disability against 95.9% who declared that they did not and 1.1% did not declare.

The Trusts' Workforce and Wellbeing Committee regularly review our recruitment and ethnicity data to identify and potential themes or issues that require addressing or to celebrate any areas of success.

2.13.6 Internal Communications

We use a number of communications channels to ensure we are sharing information with our staff in an easily accessible way.

This includes 'Your Week' the weekly email communication for staff. This contains the latest news and messages from across the organisation together with key successes and achievements. We also have a monthly e-magazine 'In Touch', which features a collection of our most notable news of the month.

In 2017/18 we continued to develop our intranet, TrustNav. This is much more user-friendly than its predecessor, and has increased our opportunities to engage staff in creating their own content, and finding out more about the work of other departments. Over 150 individual members of staff have now been trained in how to create and update sections on TrustNav. In particular, we have observed a significant increase in engagement with posts on the rolling news section, as staff can now easily see stories that are important to them at a glance.

We also engage with staff using the Trust's official social media accounts, and some of our most popular Facebook posts are the ones which mark achievements by teams or individuals.

Following suggestions from our staff, we have continued to increase the opportunities for them to meet face to face with members of the Executive Team. At 'Chief Executive Officer Direct', any member of staff can meet with the Chief Executive Officer and ask him any questions they may have. This is held in wards and departments to make it easier for clinical staff to attend. The Trust's Employee Engagement Officer, who started in post in Autumn 2017, also goes out and about to get feedback from staff, and share corporate messages with them.

Our Chief Officers continue to work alongside our staff through our 'Day in the Life Of' programme, which involves them working a shift in different areas of the organisation and allows them to engage with staff and experience first-hand what it is like to work in the Trust. The Chief Officers are then encouraged to write a blog about their experiences, which is shared on TrustNav and in the monthly e-magazine, In Touch.

Our 'Top Leaders', who include Clinical Directors, Modern Matrons and Group Managers, also have a monthly face-to-face briefing with the Chief Executive Officer and Chief Officer team, during which they receive key information updates and have the opportunity to ask questions. All staff are also invited to events as part of our UHCW Improvement System, UHCWi, including the weekly 'Stand Ups' held in the main reception, and 'Report Outs' on the different 'value streams' (work programmes).

Our 'World Class Colleagues' scheme to recognise staff who are performing well or who have gone above and beyond has now been running for over two years. This scheme is nominated by staff, and in 2017/18 we expanded the awards to recognise clinical and non-clinical staff separately. Two colleagues (one clinical and one non-clinical) are now chosen each quarter to receive a special badge and certificate at the Trust Board. We are also continuing to recognise our staff and volunteers at our annual Outstanding Service and Care Awards (OSCA's), which have been running for over 10 years.

2018/19 will see us put on events for our staff to mark the 70th anniversary of the NHS, as well as celebrating their work in communications with staff, our patients and the public. We will also continue to review and monitor the success of our internal communications methods during 2018/19, and investigate other channels which we can use to engage with our staff.



2.14 Equality & Diversity

Ensuring that we deliver the most appropriate and relevant care to our diverse communities is at the very heart of what we do at UHCW. In order to achieve this we recognise and celebrate the added value that a diverse workforce contributes to the delivery of World Class care.

In accordance with the Equality Act 2010, all relevant equality data is published annually on our website; additionally all policies, business cases and significant changes in the organisation are assessed for impact on protected characteristic groups.

2.14.1 Independent Advisory Group (IAG)

The main focus for 2017-18, has been developing Equality Objectives and the supporting Action plan. However, the Equality and Diversity team and the Independent Advisory Group (IAG) continue to promote and develop best practice as well as responding to emerging issues.

The Independent Advisory Group (IAG) monitors the progress against the equality agenda for the Trust. The group receives updates from projects and mainstream work relating to Equality, Diversity and Human Rights

2.14.2 Equality Objectives

In line with the requirements of the Equality Act 2010 (Specific Duties) the following objectives have been developed in response to issues and or gaps identified through our engagement activities including:

- Bi-monthly IAG meetings
- Consulting with external groups/partners and internal partners
- Analysis from staff surveys
- WRES and Equality data
- Suggestion box at the Embrace Equality – Enhance the Experience open day 18th May 2017

2.14.3 Strategy

Ensure we have a coherent and pro-active response to Equality, Diversity and Human Rights as it affects our patients, visitors and employees. Ensuring we have a vision of what we want to be, where we want to be and how we are going to get there.

2.14.4 Valuing Our Diverse Workforce

Further develop our diverse workforce that reflects the communities that we serve. We will address gaps and issues impacting on specific Protected Characteristic groups, identified through our data collection and analysis.

2.14.5 Engagement

Recognise and utilise the intelligence and skills available in the wider community by improving engagement and partnership working with our external partners, community and voluntary organisations.



2.14.6 Patient Experience

Develop cultural competence and understanding of diversity supported by access to appropriate resources to enhance patient experience and satisfaction.

The detailed action plan to support the implementation of the Equality Objectives also includes actions to responding to the findings from the Workforce Race Equality Standard (WRES)

2.14.7 Workforce Race Equality Standard (WRES)

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations. The WRES is designed to address disparities in the number of BME (Black Minority Ethnic) people in senior leadership positions across the NHS, as well as lower levels of wellbeing amongst the BME population.

The national WRES report for 2016 was published earlier this year and UHCW was mentioned three times positively.

- WRES indicator 3: Relative likelihood of BME staff entering the formal disciplinary process compared to white staff
- WRES indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
- WRES Indicator 8: In the last 12 months have you personally experienced discrimination at work from any of the following - Manager / team leader or other colleagues.

There has been good progress against the actions identified in the 2016 WRES including:

- Working in partnership with other local NHS organisations to deliver a
- Informal resolutions such as mediation to reduce the number of formal disciplinarys
- Recruitment of BME staff directly from the Philippines and India
- Increase in the percentage of BME staff
- Work with partners to address violence and aggression against staff
- Refresh of EIA form, guidance and process



2.14.8 Diverse Workforce

We endeavor to ensure that our recruitment practices do not unwittingly discriminate against any of the protected characteristics groups for example anonymous shortlisting of applicants.

The tables below give an indication of the composition of the organisation at a senior level in terms of ethnicity and gender

BME				
	Board Members	Band 8+, Clinical Directors & Medical Directors	All Others	Total
Not BME *	11	1061	5704	6765
BME	2	375	1602	1977
Totals	13	1436	7306	8742

BME Percentage				
	Board Members	Band 8+, Clinical Directors & Medical Directors	All Others	Total
Not BME *	84.62%	73.89%	78.07%	77.39%
BME	15.38%	26.11%	21.93%	22.61%
Totals	100%	100%	100%	100%

* Includes not stated

GENDER				
	Board Members	Band 8+, Clinical Directors & Medical Directors	All Others	Total
Female	7	481	6432	6913
Male	6	583	1246	1829
Totals	13	1064	7678	8742

GENDER PERCENTAGE				
	Board Members	Band 8+, Clinical Directors & Medical Directors	All Others	Total
Female	53.85%	45.21%	83.77%	79.08%
Male	46.15%	54.79%	16.23%	20.92%
Totals	100%	100%	100%	100%

*Please note the Band 8+, Clinical Directors & Medical Directors figures have been based on pay bands above Band 8

PART 4: Financial Accounts

Section 1: Signed Certificates

- Statement of Directors Responsibilities in Respect of the Accounts
- Statement of the Chief Executive Office's Responsibilities as Accountable Officer of the Trust
- Auditors Report



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

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the trust;
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed  Chief Executive

Date 25.05.18

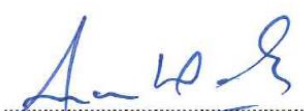
Statement of the Accounting Officers' Responsibilities in Respect of the Accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts;
- assess the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and
- use the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement whether due to fraud or error, and safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board

25.05.18 Date  Chief Executive

25-05-18 Date  Finance Director



INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF DIRECTORS OF UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of University Hospitals Coventry and Warwickshire NHS Trust ("the Trust") for the year ended 31 March 2018 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2018 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as being relevant to NHS Trusts in England and included in the Department of Health Group Accounting Manual 2017/18.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Other information in the Annual Report

The Accountable Officer is responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information. In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health Group Accounting Manual 2017/18. We have nothing to report in this respect.

Remuneration and Staff Report

In our opinion the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Department of Health Group Accounting Manual 2017/18.



Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page 68, the directors are responsible for: the preparation of financial statements that give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. As explained more fully in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, on Page 67 the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in its use of resources.

Qualified conclusion

Subject to the matters outlined in the basis for qualified conclusion paragraph below we are satisfied that in all significant respects University Hospitals Coventry and Warwickshire NHS Trust put in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources for the year ended 31 March 2018.

Basis for qualified conclusion

The Trust reported a year end deficit of £18.3m against a planned deficit of £0.3m, which represents a £18.0m adverse variance against control total.

This reflects a deteriorating underlying deficit of £40m, an increase from £27.2m reported at 31 March 2017.

The Trust's reported performance in 2017-18 continues to be underpinned by a number of non-recurrent measures and £16m of non-recurrent Cost Improvement Programme (CIP) schemes which represents 55% of its CIP scheme.

The Trust has not achieved core operational targets including achievement of 80.1% against the national 95% A&E target and 82.3% against the national 92% referral to treatment target to treat patients within 18 weeks.

These issues are evidence of weaknesses in the Trust's arrangements for Sustainable Resource deployment.



Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained in the statement set out on page 67, the Chief Executive, as the Accountable Officer, is responsible for ensuring that value for money is achieved from the resources available to the Trust. We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014.

We have nothing to report in these respects.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Board of Directors of University Hospitals Coventry and Warwickshire NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Board of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.



CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of University Hospitals Coventry and Warwickshire NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.



Andrew Bostock
for and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
One Snowhill
Snow Hill Queensway
Birmingham B4 6GH

29 May 2018



Section 2: Financial Statements

University Hospitals Coventry And Warwickshire NHS Trust
Annual accounts for the year ended 31 March 2018

Statement of Comprehensive Income

		2017/18	2016/17
	Note	£000	£000
Operating income from patient care activities	3	542,948	512,930
Other operating income	4	87,703	95,860
Operating expenses	6, 8	(618,103)	(597,177)
Operating surplus/(deficit) from continuing operations		12,548	11,613
Finance income	11	56	71
Finance expenses	12	(26,647)	(22,713)
PDC dividends payable		(1,139)	(1,379)
Net finance costs		(27,730)	(24,021)
Other gains / (losses)	13	382	298
Surplus / (deficit) for the year from continuing operations		(14,800)	(12,110)
Surplus / (deficit) for the year		(14,800)	(12,110)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	-	(11,181)
Revaluations	18	5,847	-
May be reclassified to income and expenditure when certain conditions are met:			
Total comprehensive income / (expense) for the period		(8,953)	(23,291)

Statement of Financial Position

		31 March 2018 £000	31 March 2017 £000
	Note		
Non-current assets			
Intangible assets	15	7,942	6,796
Property, plant and equipment	16	340,115	331,393
Investment property	19	8,575	8,230
Trade and other receivables	24	39,690	35,834
Total non-current assets		396,322	382,253
Current assets			
Inventories	23	13,446	14,304
Trade and other receivables	24	47,723	35,581
Cash and cash equivalents	27	1,472	1,007
Total current assets		62,641	50,892
Current liabilities			
Trade and other payables	28	(54,505)	(47,286)
Borrowings	31	(20,813)	(21,191)
Provisions	33	(5,707)	(1,450)
Other liabilities	30	(10,763)	(9,087)
Total current liabilities		(91,788)	(79,014)
Total assets less current liabilities		367,175	354,131
Non-current liabilities			
Borrowings	31	(305,515)	(285,895)
Provisions	33	(1,067)	(2,504)
Total non-current liabilities		(306,582)	(288,399)
Total assets employed		60,593	65,732
Financed by			
Public dividend capital		65,092	61,278
Revaluation reserve		37,370	31,608
Income and expenditure reserve		(41,869)	(27,154)
Total taxpayers' equity		60,593	65,732

The notes on pages 109 to 154 form part of these accounts.

The financial statements on pages 103 to 154 were approved by the Board on 25th May 2018 and signed on its behalf by

Chief Executive
Date


25 May 2018

Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2017 - brought forward	61,278	31,608	(27,154)	65,732
Surplus/(deficit) for the year	-	-	(14,800)	(14,800)
Revaluations	-	5,847	-	5,847
Public dividend capital received	3,814	-	-	3,814
Other reserve movements	-	(85)	85	-
Taxpayers' equity at 31 March 2018	65,092	37,370	(41,869)	60,593



Statement of Changes in Equity for the year ended 31 March 2017

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2016 - brought forward	59,330	43,341	(15,596)	87,075
Prior period adjustment	-	-	-	-
Taxpayers' equity at 1 April 2016 - restated	59,330	43,341	(15,596)	87,075
Surplus/(deficit) for the year	-	-	(12,110)	(12,110)
Other transfers between reserves	-	(552)	552	-
Impairments	-	(11,181)	-	(11,181)
Public dividend capital received	1,948	-	-	1,948
Taxpayers' equity at 31 March 2017	61,278	31,608	(27,154)	65,732



Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Available-for-sale investment reserve

This reserve comprises changes in the fair value of available-for-sale financial instruments. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure.

Merger reserve

This reserve reflects balances formed on merger of NHS bodies.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.



Statement of Cash Flows

	Note	2017/18 £000	2016/17 £000
Cash flows from operating activities			
Operating surplus / (deficit)		12,548	11,613
Non-cash income and expense:			
Depreciation and amortisation	6.1	21,231	20,215
Net impairments	7	(3,554)	12,789
Income recognised in respect of capital donations	4	(191)	(243)
(Increase) / decrease in receivables and other assets		(13,011)	(12,483)
(Increase) / decrease in inventories		858	(1,030)
Increase / (decrease) in payables and other liabilities		5,432	(3,113)
Increase / (decrease) in provisions		2,813	(1,095)
Net cash generated from / (used in) operating activities		26,126	26,653
Cash flows from investing activities			
Interest received		56	71
Purchase of intangible assets		(2,005)	(2,494)
Purchase of property, plant, equipment and investment property		(19,928)	(20,168)
Sales of property, plant, equipment and investment property		37	298
Receipt of cash donations to purchase capital assets		191	243
Net cash generated from / (used in) investing activities		(21,649)	(22,050)
Cash flows from financing activities			
Public dividend capital received		3,814	1,948
Movement on loans from the Department of Health and Social Care		25,095	15,570
Capital element of finance lease rental payments		(405)	(430)
Capital element of PFI, LIFT and other service concession payments		(5,445)	287
Interest paid on finance lease liabilities		(20)	(38)
Interest paid on PFI, LIFT and other service concession obligations		(25,914)	(22,182)
Other interest paid		(603)	(407)
PDC dividend (paid) / refunded		(531)	(1,104)
Net cash generated from / (used in) financing activities		(4,009)	(6,356)
Increase / (decrease) in cash and cash equivalents		468	(1,753)
Cash and cash equivalents at 1 April - brought forward		1,004	2,757
Cash and cash equivalents at 1 April - restated		1,004	2,757
Cash and cash equivalents at 31 March	27.1	1,472	1,004



Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

Note 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.1.2 Going concern

These accounts have been prepared on a going concern basis. International Accounting Standard (IAS) 1 requires management to assess, as part of the accounts preparation process, the Trust's ability to continue as a going concern. The Government Financial Reporting Manual advises that the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern. An assessment of the Trust's position under the HM Treasury's Financial Reporting Guidelines (FReM), issued for the interpretation of paragraphs 25 to 26 of IAS1 for the public sector context, has been undertaken. It is the Trust's view under this guidance that these accounts can be prepared on a going concern basis.

The Board of Directors has carefully considered the principle of 'Going Concern' in the context of the Trust continuing to operate under the HM Treasury's Financial Reporting Guidelines (FReM). For the year ending 31 March 2018, the Trust is reporting a deficit of £18.3m (on an adjusted financial performance (control total) basis, which represented an adverse variance from plan of £18.0m. In order to address the cash shortfall arising from the deficit for the year, the Department of Health and Social Care provided the Trust with new revenue loans of £25.5 million, whilst repaying £6.8 million of revenue loans drawn down in prior years. In addition, the Trust received a £9.5m capital loan during the year.

For 2018/19, NHS Improvement has set a control total of a maximum deficit of £9.7m, which includes the receipt of £15.5m of Provider Sustainability Fund income (formerly Sustainability and Transformation Funding). The Trust Board has agreed a financial plan to deliver the control total and included within this is a cost improvement plan of £37.5m. To support this deficit, repay existing loans with the Department of Health and Social Care as they fall due and finance its capital expenditure programme, the Trust will require up to £23.2m of further revenue cash support (£8.7m of which is required to cover a scheduled loan repayment) and capital loans of up to £14.2m.

The Directors have concluded that whilst the financial position for 2018/19 is very challenging, based upon enquiries with NHS Improvement and the Department of Health and Social Care, they have a reasonable expectation that the Trust will have access to adequate resources (as in previous years) to continue in operational existence for the foreseeable future and continue to provide services to its patients. For this reason, the Trust continues to adopt the going concern basis in preparing the accounts.

Note 1.2 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

The most significant judgement around accounting policies has been the decision to account for the Trust's PFI hospital in the Statement of Financial Position. The key accounting standards used in assessing this were IFRIC 12, IFRIC 4, IAS 16 and IAS 17.

Note 1.2.1 Sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year

- Valuation of property, plant and equipment (see note 1.10) is based upon an assessment undertaken by professional property valuers which by its nature includes an element of subjectivity;
- Accrued income for partially completed spells at the end of the financial year (see note 1.4) is based upon an estimate of income receivable at the completion of an episode of care apportioned between activity completed and activity to be completed in the next financial year;
- Provision for the impairment of receivables (see note 22.3) is estimated on a risk based assessment of the likelihood of non payment which by its nature includes an element of subjectivity; and
- The calculation of provisions (see notes 1.20 and 35) which by their nature have an inherent nature of uncertainty.

Note 1.3 Interests in other entities

Not applicable

Note 1.4 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the trust is contracts with commissioners in respect of health care services. At the year end, the trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 Expenditure on employee benefits**Short-term employee benefits**

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs***NHS Pension Scheme***

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. There, the schemes are accounted for as though they are defined contribution schemes.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Property, plant and equipment

Note 1.7.1 Recognition

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Note 1.7.2 Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

The Trust engaged GVA Grimley, a professional property valuer to undertake a desktop revaluation of its land, buildings, residences and investment properties as at 31st March 2018 in order to reflect current valuations of those assets. The valuer used national BCIS cost and tender price indices. This resulted in a net increase in values, part of which was credited to the Statement of Comprehensive Income, as a reversal of previous impairments. The balance of the revaluation gain was credited to the revaluation reserve.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the *GAM*, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Note 1.7.3 Derecognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable ie:
 - management are committed to a plan to sell the asset
 - an active programme has begun to find a buyer and complete the sale
 - the asset is being actively marketed at a reasonable price
 - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
 - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Note 1.7.4 Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Note 1.7.5 Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Note 1.7.6 Useful economic lives of property, plant and equipment

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	5	69
Dwellings	7	40
Plant & machinery	3	35
Transport equipment	7	7
Information technology	4	10
Furniture & fittings	3	25

Finance-leased assets (including land) are depreciated over the shorter of the useful economic life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.8 Intangible assets**Note 1.8.1 Recognition**

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Note 1.8.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.8.3 Useful economic lives of intangible assets

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
Software licences	4	15

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Note 1.10 Investment properties

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

Note 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.13 Financial instruments and financial liabilities**Recognition**

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement

Financial assets are categorised as loans and receivables.

Financial liabilities are classified as other financial liabilities.

Financial assets and financial liabilities at "fair value through income and expenditure"

Financial assets and financial liabilities at "fair value through income and expenditure" are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trading unless they are designated as hedges.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market.

The trust's loans and receivables comprise: current investments, cash and cash equivalents, NHS receivables, accrued income and "other receivables".

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the Statement of Financial Position date, the trust assesses whether any financial assets, other than those held at "fair value through income and expenditure" are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of a bad debt provision.



Note 1.14 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.14.1 The trust as lessee**Finance leases**

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.14.2 The trust as lessor**Finance leases**

Amounts due from lessees under finance leases are recorded as receivables at the amount of the trust net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trusts' net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.15 Provisions

The trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the trust. The total value of clinical negligence provisions carried by NHS resolution on behalf of the trust is disclosed at note 33 but is not recognised in the trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.16 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 34 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 34, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.17 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for

- (i) donated assets (including lottery funded assets),
- (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
- (iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.18 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.



Note 1.21 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.22 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.



Note 1.25 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2017/18.

Note 1.26 Standards, amendments and interpretations in issue but not yet effective or adopted

- IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 15 Revenue from Contracts with Customers - Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted. The Department of Health and Social Care Group Accounting Manual for 2018/19 was published on 27 April 2018. This contains the final guidance on the implementation of new accounting standards for NHS Group bodies in 2018/19 and the Trust will therefore review and evaluate the impact of these standards and implement the relevant guidance going forward.
- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.



Note 2 Operating Segments

The Trust Board is considered to be the chief operating decision maker of the organisation. The Trust Board is of the view that whilst it receives limited financial information broken down by division, the information received does not show the full trading position of that division. Furthermore the activities undertaken by these divisions have a high degree of interdependence and therefore the Trust Board has determined that is appropriate to aggregate these divisions for segmental reporting purposes.

The rationale for determining the chief operating decision maker and for aggregating segments is as follows:

Chief operating decision maker:

International Financial Reporting Standard 8: Operating Segments; states that the chief operating decision maker will have responsibility for allocating resources and assessing the performance of the entity's operating segments.

For the University Hospitals Coventry and Warwickshire NHS Trust, responsibility for these functions is set out in the Trust's Scheme of Reservation and Delegation. This document includes (amongst others) the following key decisions which are reserved to the Trust Board:

- The approval of strategies, plans and budgets;
- The agreement of the organisational structures, processes and procedures to facilitate the discharge of business by the Trust;
- The monitoring and review of financial performance;

Consequently it has been determined that the Trust Board is the chief operating decision maker.

Operating segments:

IFRS 8 sets out the criteria for identifying operating segments and for reporting individual or aggregated segmental data. The Trust Board has considered the requirements of IFRS 8 and whilst it does receive budgetary performance information at a specialty group level based upon groups of services (including for example medical specialties, surgical specialties etc.), this information is limited in that:

- Income is not currently regularly reported by specialty;
- Costs associated with any one specialty or service provided by the Trust are split across several specialty groups;
- Cross charging for services between specialty groups is not widely undertaken; and
- Many services provided by the Trust are not operationally independent.

In addition to the above key factors, consideration has also been given to the principles around aggregation of operating segments set out in IFRS 8 which concludes that segments may be aggregated if the segments have similar economic characteristics, and the segments are similar in each of the following respects:

(a) the nature of the products and services:

The services provided are very similar in that they represent the provision of healthcare to ill/vulnerable people. Furthermore many of the services are interconnected with care for an individual being shared across different specialties and departments.

(b) the nature of the production processes:

Services are provided in very similar ways (albeit to differing extents) to the majority of patients including outpatient consultations, inpatient care, diagnostic tests, medical and surgical interventions.

(c) the type or class of customer for their products and services:

The Trust's customers are similar across all services in that they are ill/vulnerable people – whilst certain patient groups may be more susceptible to different healthcare needs, most services are provided to customers of all ages, gender etc.

(d) the methods used to distribute their products or provide their services:

The majority of services are delivered to customers through attendance at hospital as outpatients, day cases or inpatients.

(e) if applicable, the nature of the regulatory environment:

The regulatory environment in which the Trust's services are provided is NHS healthcare.

The Trust Board has therefore concluded that further segmental analysis is not appropriate and that the specialty financial information should be aggregated for the purpose of segmental reporting.

Financial Performance Reporting

The Trust Board receives reports on the Trust's financial performance based upon the Statement of Comprehensive Income (or Net Expenditure) which is adjusted in accordance with HM Treasury rules on measuring financial performance. These adjustments are set out below the Statement of Comprehensive Income (or Net Expenditure) and in note 51 relating to breakeven performance.

Income Sources

Key information on the Trust's sources of income is as follows:

- Clinical Commissioning Groups (CCGs) from which £350.8 million (£340.7 million in 2016-17) was received; and
- NHS England from which £179.3 million (£161.7 million in 2016-17) was received.

There are no other sources of income which exceed 10% of the Trust's total revenue.

All income derives from services provided in England, although the source of a small part of this income will come from NHS bodies in other parts of the United Kingdom, the Isle of Man or from overseas visitors who are treated in the Trust's hospitals. However, income from such sources is not material.



Note 3 Operating income from patient care activities**Note 3.1 Income from patient care activities (by nature)**

	2017/18	2016/17
	£000	£000
Acute services		
Elective income	93,881	93,505
Non elective income	147,314	139,833
First outpatient income	43,067	42,484
Follow up outpatient income	35,334	40,917
A & E income	24,882	21,326
High cost drugs income from commissioners (excluding pass-through costs)	40,351	37,461
Other NHS clinical income	145,589	128,460
Private patient income	942	1,093
Other clinical income	11,588	7,851
Total income from activities	542,948	512,930

Note 3.2 Income from patient care activities (by source)**Income from patient care activities received from:**

	2017/18	2016/17
	£000	£000
NHS England	179,349	161,737
Clinical commissioning groups	350,844	340,140
Department of Health and Social Care	119	69
Other NHS providers	2,860	2,754
Non-NHS: private patients	942	1,093
Non-NHS: overseas patients (chargeable to patient)	1,669	1,241
NHS injury scheme	4,565	3,991
Non NHS: other	2,600	1,905
Total income from activities	542,948	512,930

Of which:

Related to continuing operations	542,948	512,930
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Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2017/18	2016/17
	£000	£000
Income recognised this year	1,669	1,241
Cash payments received in-year	277	204
Amounts added to provision for impairment of receivables	1,004	918
Amounts written off in-year	106	44

Note 4 Other operating income

	2017/18	2016/17
	£000	£000
Research and development	7,744	9,314
Education and training	25,572	25,185
Receipt of capital grants and donations	191	243
Charitable and other contributions to expenditure	136	297
Non-patient care services to other bodies	28,206	30,442
Sustainability and transformation fund income	11,155	16,803
Rental revenue from operating leases	1,194	1,161
Income in respect of staff costs where accounted on gross basis	3,908	3,763
Other income	9,597	8,652
Total other operating income	87,703	95,860
Of which:		
Related to continuing operations	87,703	95,860



Note 5 Fees and charges

2017/18	2016/17
£000	£000

The Trust undertakes some minor income generation activities with an aim of achieving profit, which is then used in patient care. However, none of these activities incurred costs or income in excess of £1 million or was otherwise material.

Note 6.1 Operating expenses

2017/18	2016/17
£000	£000

Purchase of healthcare from NHS and DHSC bodies ^{*1}	1,501	244
Purchase of healthcare from non-NHS and non-DHSC bodies	4,409	5,160
Staff and executive directors costs *	365,795	351,845
Remuneration of non-executive directors	89	80
Supplies and services - clinical (excluding drugs costs)	73,695	67,347
Supplies and services - general	2,818	3,673
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	53,563	50,204
Consultancy costs	2,625	283
Establishment	8,791	9,545
Premises	13,295	12,363
Transport (including patient travel)	773	779
Depreciation on property, plant and equipment	20,372	19,430
Amortisation on intangible assets	859	785
Net impairments	(3,554)	12,789
Increase/(decrease) in provision for impairment of receivables	2,781	1,374
Increase/(decrease) in other provisions	2,951	(1,095)
Change in provisions discount rate(s)	-	243
Audit fees payable to the external auditor		
audit services- statutory audit ^{*2}	95	112
other auditor remuneration (external auditor only) ^{*3}	11	32
Internal audit costs	109	107
Clinical negligence	13,747	9,826
Legal fees	539	241
Insurance	362	416
Research and development *	8,754	9,089
Education and training *	5,642	4,186
Rentals under operating leases	344	408
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT) on IFRS basis	35,736	36,115
Hospitality	101	317
Losses, ex gratia & special payments	179	84
Other	1,721	1,195
Total	618,103	597,177
Of which:		
Related to continuing operations	618,103	597,177

*Comparative figures for 2016-17 have been reclassified in accordance with the requirements of the Group Accounting Manual.

^{*1} Services from NHS bodies does not include expenditure which falls into a category below

^{*2} Auditor remuneration for 2017-18 was £79k excluding VAT (£93k in 2016-17). The figures in the table above include irrecoverable VAT.

^{*3} Other auditor's remuneration for 2017-18 was £9k excluding VAT (£10k in 2016-17) for Quality Accounts. The figures in the table above include irrecoverable VAT.

Note 6.2 Other auditor remuneration

	2017/18 £000	2016/17 £000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	11	12
3. Taxation compliance services	-	20
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
Total	11	32

Note 6.3 Limitation on auditor's liability

There is a £2 million limitation on auditor's liability for external audit work carried out for the Trust in 2017/18 (unlimited in 2016/17)

Note 7 Impairment of assets

	2017/18 £000	2016/17 £000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	-	-
Over specification of assets	-	-
Abandonment of assets in course of construction	-	-
Unforeseen obsolescence	48	861
Loss as a result of catastrophe	-	-
Changes in market price	(3,602)	11,928
Other	-	-
Total net impairments charged to operating surplus / deficit	(3,554)	12,789
Impairments charged to the revaluation reserve	-	11,181
Total net impairments	(3,554)	23,970

The Trust engaged a professional property valuer to undertake a desktop revaluation of its land, buildings, residences and investment properties as at 31st March 2018 in order to reflect current valuations of those assets. This resulted in an increase in a net increase in values part of which was credited to the Statement of Comprehensive Income as a reversal of previous impairments charged there. The balance of the revaluation gain was credited to the revaluation reserve.



	Total £000	Total £000
Salaries and wages	288,860	252,041
Social security costs	27,634	25,927
Apprenticeship levy	1,442	-
Employer's contributions to NHS pensions	32,860	31,024
Termination benefits	88	-
Temporary staff (including agency)	22,299	49,956
Total gross staff costs	373,183	358,948
Recoveries in respect of seconded staff	-	-
Total staff costs	373,183	358,948
Of which		
Costs capitalised as part of assets	683	704

Note 8.1 Retirements due to ill-health

During 2017/18 there were 3 early retirements from the trust agreed on the grounds of ill-health (5 in the year ended 31 March 2017). The estimated additional pension liabilities of these ill-health retirements is ££90k (£176k in 2016/17).



Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this ‘employer cost cap’ assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.



Note 10.1 University Hospitals Coventry And Warwickshire NHS Trust as a lessor

This note discloses income generated in operating lease agreements where University Hospitals Coventry And Warwickshire NHS Trust is the lessor.

	2017/18 £000	2016/17 £000
Operating lease revenue		
Minimum lease receipts	1,194	1,161
Total	1,194	1,161
	31 March 2018 £000	31 March 2017 £000
Future minimum lease receipts due:		
- not later than one year;	1,194	1,161
- later than one year and not later than five years;	2,222	2,156
- later than five years.	36,596	36,447
Total	40,012	39,764

lessee

This note discloses costs and commitments incurred in operating lease arrangements where University Hospitals Coventry And Warwickshire NHS Trust is the lessee.

The majority of the Trust's operating leases are short term fixed price leases and include:

Lease cars
Equipment (including medical and office equipment)
Premises

	2017/18 £000	2016/17 £000
Operating lease expense		
Minimum lease payments	344	408
Total	344	408
	31 March 2018 £000	31 March 2017 £000
Future minimum lease payments due:		
- not later than one year;	351	407
- later than one year and not later than five years;	732	829
- later than five years.	499	658
Total	1,582	1,894



Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2017/18	2016/17
	£000	£000
Interest on bank accounts	56	71
Total	56	71

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2017/18	2016/17
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	706	459
Finance leases	20	37
Main finance costs on PFI and LIFT schemes obligations	14,858	14,922
Contingent finance costs on PFI and LIFT scheme obligations	11,056	7,260
Total interest expense	26,640	22,678
Unwinding of discount on provisions	7	35
Total finance costs	26,647	22,713

Note 13 Other gains / (losses)

	2017/18	2016/17
	£000	£000
Gains on disposal of assets	37	298
Total gains / (losses) on disposal of assets	37	298
Fair value gains / (losses) on investment properties	345	-
Total other gains / (losses)	382	298

Note 14 Discontinued operations

Not relevant for trust

Note 15 Intangible assets - 2017/18

	Software licences £000	Total £000
Valuation / gross cost at 1 April 2017 - brought forward	8,997	8,997
Additions	2,005	2,005
Gross cost at 31 March 2018	11,002	11,002
Amortisation at 1 April 2017 - brought forward	2,201	2,201
Provided during the year	859	859
Amortisation at 31 March 2018	3,060	3,060
Net book value at 31 March 2018	7,942	7,942
Net book value at 1 April 2017	6,796	6,796

Note 15.1 Intangible assets - 2016/17

	Software licences £000	Total £000
Valuation / gross cost at 1 April 2016 - as previously stated	6,503	6,503
Valuation / gross cost at 1 April 2016 - restated	6,503	6,503
Additions	2,494	2,494
Valuation / gross cost at 31 March 2017	8,997	8,997
Amortisation at 1 April 2016 - as previously stated	1,416	1,416
Amortisation at 1 April 2016 - restated	1,416	1,416
Provided during the year	785	785
Amortisation at 31 March 2017	2,201	2,201
Net book value at 31 March 2017	6,796	6,796
Net book value at 1 April 2016	5,087	5,087

Note 16.1 Property, plant and equipment - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2017 - brought forward	20,883	239,280	777	8,959	141,297	202	35,339	160	446,897
Additions	-	5,315	-	545	9,963	-	3,870	-	19,693
Impairments	-	(262)	-	-	-	-	-	-	(262)
Reversals of impairments	-	3,864	-	-	-	-	-	-	3,864
Revaluations	-	5,817	30	-	-	-	-	-	5,847
Reclassifications	-	2,606	-	(2,606)	-	-	-	-	-
Disposals / derecognition	-	-	-	-	(2,019)	-	-	-	(2,019)
Valuation/gross cost at 31 March 2018	20,883	256,620	807	6,898	149,241	202	39,209	160	474,020
Accumulated depreciation at 1 April 2017 - brought forward	-	-	-	-	86,635	202	28,527	140	115,504
Transfers by absorption	-	-	-	-	-	-	-	-	-
Provided during the year	-	7,448	34	-	10,706	-	2,182	2	20,372
Impairments	-	(262)	-	-	48	-	-	-	(214)
Reversals of impairments	-	262	-	-	-	-	-	-	262
Disposals / derecognition	-	-	-	-	(2,019)	-	-	-	(2,019)
Accumulated depreciation at 31 March 2018	-	7,448	34	-	95,370	202	30,709	142	133,905
Net book value at 31 March 2018	20,883	249,172	773	6,898	53,871	-	8,500	18	340,115
Net book value at 1 April 2017	20,883	239,280	777	8,959	54,662	-	6,812	20	331,393

Note 16.2 Property, plant and equipment - 2016/17

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2016 - as previously stated	30,430	275,594	543	3,009	134,036	202	33,138	155	477,107
Additions	-	2,635	-	6,106	13,525	-	2,201	-	24,467
Impairments	(9,547)	(27,778)	342	-	(861)	-	-	-	(37,844)
Reversals of impairments	-	13,874	-	-	-	-	-	-	13,874
Revaluations	-	(25,041)	(108)	-	-	-	-	-	(25,149)
Disposals / derecognition	-	-	-	-	(5,558)	-	-	-	(5,558)
Valuation/gross cost at 31 March 2017	20,883	239,280	777	8,959	141,297	202	35,339	160	446,897
Accumulated depreciation at 1 April 2016 - as previously stated	-	17,498	88	-	82,399	202	26,454	140	126,781
Provided during the year	-	7,543	20	-	9,794	-	2,073	-	19,430
Revaluations	-	(25,041)	(108)	-	-	-	-	-	(25,149)
Disposals/ derecognition	-	-	-	-	(5,558)	-	-	-	(5,558)
Accumulated depreciation at 31 March 2017	-	-	-	-	86,635	202	28,527	140	115,504
Net book value at 31 March 2017	20,883	239,280	777	8,959	54,662	-	6,812	20	331,393
Net book value at 1 April 2016	30,430	258,096	455	3,009	51,637	-	6,684	15	350,326

Note 16.3 Property, plant and equipment financing - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2018								
Owned - purchased	20,883	23,409	773	6,898	23,801	8,465	18	84,247
Finance leased	-	-	-	-	22	-	-	22
On-SoFP PFI contracts and other service concession arrangements	-	224,223	-	-	29,160	-	-	253,383
Owned - donated	-	1,540	-	-	888	35	-	2,463
NBV total at 31 March 2018	20,883	249,172	773	6,898	53,871	8,500	18	340,115

Note 16.4 Property, plant and equipment financing - 2016/17

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2017								
Owned - purchased	20,883	18,171	777	8,959	21,482	6,812	20	77,104
Finance leased	-	-	-	-	422	-	-	422
On-SoFP PFI contracts and other service concession arrangements	-	219,578	-	-	31,753	-	-	251,331
Owned - donated	-	1,531	-	-	1,005	-	-	2,536
NBV total at 31 March 2017	20,883	239,280	777	8,959	54,662	6,812	20	331,393

Note 17 Donations of property, plant and equipment

The Trust receives grant from Charities for the purchase of donated capital assets - mainly medical and surgical equipment.

Note 18 Revaluations of property, plant and equipment

The Trust engaged GVA Grimley, a professional property valuer to undertake a desktop revaluation of its land, buildings, residences and investment properties as at 31st March 2018 in order to reflect current valuations of those assets. The valuer used national BCIS cost and tender price indices. This resulted in a net increase in values, part of which was credited to the Statement of Comprehensive Income, as a reversal of previous impairments. The balance of the revaluation gain was credited to the revaluation reserve.

There were no significant changes to:

- useful economic lives;
- valuation methodology; or
- depreciation methods.

Note 19 Investment Property

	2017/18 £000	2016/17 £000
Carrying value at 1 April - brought forward	8,230	8,230
Prior period adjustments		-
Carrying value at 1 April - restated	8,230	8,230
Movement in fair value	345	-
Carrying value at 31 March	8,575	8,230

Note 20 Investments in associates and joint ventures

Not relevant for Trust

Note 21 Other investments / financial assets

Not relevant for Trust

Note 22 Disclosure of interests in other entities

Not relevant for Trust



Note 23 Inventories

	31 March 2018 £000	31 March 2017 £000
Drugs	3,715	3,845
Consumables	9,731	10,459
Total inventories	13,446	14,304
of which:		

Inventories recognised in expenses for the year were £106,227k (2016/17: £95,785k). Write-down of inventories recognised as expenses for the year were £0k (2016/17: £0k).



Note 24.1 Trade receivables and other receivables

	31 March 2018 £000	31 March 2017 £000
Current		
Trade receivables	42,775	18,260
Accrued income	4,393	15,073
Provision for impaired receivables	(6,602)	(4,914)
Prepayments (non-PFI)	3,214	2,636
PDC dividend receivable	-	468
VAT receivable	767	887
Other receivables	3,176	3,171
Total current trade and other receivables	47,723	35,581
Non-current		
PFI lifecycle prepayments	34,152	30,697
Interest receivable	-	-
Finance lease receivables	-	-
VAT receivable	-	-
Corporation and other taxes receivable	-	-
Other receivables	5,538	5,137
Total non-current trade and other receivables	39,690	35,834
Of which receivables from NHS and DHSC group bodies:		
Current	34,423	26,283



Note 24.2 Provision for impairment of receivables

	2017/18 £000	2016/17 £000
At 1 April as previously stated	4,914	4,879
Increase in provision	4,702	(591)
Amounts utilised	(1,093)	(1,339)
Unused amounts reversed	(1,921)	1,965
At 31 March	6,602	4,914

The Trust's policy for the impairment of receivables is as follows:

- Injury cost recovery income: subject to a provision for impairment of receivables of 22.84% as per DH guidance.
- Non-NHS receivables that are over 6 months old: subject to a provision for impairment of receivables of 100%
- Non-NHS receivables less than 6 months old: individually assessed and an appropriate provision made
- Overseas visitors invoices from 1/4/15 are subject to a 50% provision
- NHS receivables: individually assessed and an appropriate provision made (taking account of the NHS agreement of balances exercise)

Note 24.3 Credit quality of financial assets

	31 March 2018		31 March 2017	
	Trade and other receivables	Investments & Other financial assets	Trade and other receivables	Investments & Other financial assets
	£000	£000	£000	£000
Ageing of impaired financial assets				
0 - 30 days	1,568	47	407	-
30-60 Days	107	-	94	-
60-90 days	525	-	199	-
90- 180 days	473	-	137	-
Over 180 days	1,883	-	2,170	-
Total	4,556	47	3,007	-
Ageing of non-impaired financial assets past their due date				
0 - 30 days	15,633	15,997	6,331	9,697
30-60 Days	798	-	563	-
60-90 days	1,146	-	407	-
90- 180 days	2,221	-	606	-
Over 180 days	6,785	-	807	-
Total	26,583	15,997	8,714	9,697

Note 25 Other assets

Not relevant for trust

Note 26 Non-current assets held for sale and assets in disposal groups

Not relevant for trust

Note 27.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2017/18	2016/17
	£000	£000
At 1 April	1,007	2,760
Prior period adjustments	-	-
At 1 April (restated)	1,007	2,760
Transfers by absorption	-	-
Net change in year	465	(1,753)
At 31 March	1,472	1,007
Broken down into:		
Cash at commercial banks and in hand	59	4
Cash with the Government Banking Service	1,413	1,003
Total cash and cash equivalents as in SoFP	1,472	1,007
Bank overdrafts (GBS and commercial banks)	-	(3)
Total cash and cash equivalents as in SoCF	1,472	1,004

Note 27.2 Third party assets held by the trust

The trust held cash and cash equivalents which relate to monies held by the trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March	31 March
	2018	2017
	£000	£000
Bank balances	35	9
Total third party assets	35	9



Note 28.1 Trade and other payables

	31 March 2018 £000	31 March 2017 £000
Current		
Trade payables	20,647	15,528
Capital payables	9,692	6,472
Accruals	13,517	14,178
Social security costs	4,227	3,897
VAT payables	217	68
Other taxes payable	512	2,302
PDC dividend payable	140	-
Accrued interest on loans	214	111
Other payables	5,339	4,730
Total current trade and other payables	54,505	47,286
Non-current		
Trade payables	-	-
Capital payables	-	-
Accruals	-	-
Receipts in advance (including payments on account)	-	-
VAT payables	-	-
Other taxes payable	-	-
Other payables	-	-
Total non-current trade and other payables	-	-
Of which payables from NHS and DHSC group bodies:		
Current	12,996	5,240
Non-current	-	-

Note 28.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2018 £000	31 March 2018 Number	31 March 2017 £000	31 March 2017 Number
- to buy out the liability for early retirements over 5 years	-	-	-	-
- number of cases involved	-	-	-	-
- outstanding pension contributions	4,589	-	4,374	-

Note 29 Other financial liabilities

Not relevant for Trust



Note 30 Other liabilities

	31 March 2018 £000	31 March 2017 £000
Current		
Deferred income	10,763	9,087
Total other current liabilities	10,763	9,087

Note 31 Borrowings

	31 March 2018 £000	31 March 2017 £000
Current		
Bank overdrafts	-	3
Loans from the Department of Health and Social Care	12,736	15,338
Obligations under finance leases	89	405
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	7,988	5,445
Total current borrowings	20,813	21,191
Non-current		
Loans from the Department of Health and Social Care	54,655	26,959
Obligations under finance leases	121	209
Obligations under PFI, LIFT or other service concession contracts	250,739	258,727
Total non-current borrowings	305,515	285,895



Note 32 Finance leases**lessee**

Obligations under finance leases where University Hospitals Coventry And Warwickshire NHS Trust is the lessee.

	31 March 2018	31 March 2017
	£000	£000
Gross lease liabilities	230	655
of which liabilities are due:		
- not later than one year;	98	425
- later than one year and not later than five years;	132	230
Finance charges allocated to future periods	(20)	(41)
Net lease liabilities	210	614
of which payable:		
- not later than one year;	89	405
- later than one year and not later than five years;	121	209



Note 33.1 Provisions for liabilities and charges analysis

	Pensions - early departure costs	Legal claims	Other	Total
	£000	£000	£000	£000
At 1 April 2017	1,327	138	2,489	3,954
Arising during the year	-	87	3,822	3,909
Utilised during the year	(101)	-	(120)	(221)
Reversed unused	(70)	(51)	(754)	(875)
Unwinding of discount	3	-	4	7
At 31 March 2018	1,159	174	5,441	6,774
Expected timing of cash flows:				
- not later than one year;	136	174	5,397	5,707
- later than one year and not later than five years;	887	-	44	931
- later than five years.	136	-	-	136
Total	1,159	174	5,441	6,774



Note 33.2 Clinical negligence liabilities

At 31 March 2018, £131,916k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of University Hospitals Coventry And Warwickshire NHS Trust (31 March 2017: £121,784k).

Note 34 Contingent assets and liabilities

	31 March 2018 £000	31 March 2017 £000
Value of contingent liabilities		
NHS Resolution legal claims	(79)	(73)
Gross value of contingent liabilities	(79)	(73)
Net value of contingent liabilities	(79)	(73)
Net value of contingent assets	-	-

Note 35 Contractual capital commitments

	31 March 2018 £000	31 March 2017 £000
Property, plant and equipment	985	483
Intangible assets	307	-
Total	1,292	483

Note 36 Other financial commitments

Not relevant for Trust

Note 37 Defined benefit pension schemes

Not relevant for Trust



Note 38 On-SoFP PFI, LIFT or other service concession arrangements**Note 38.1 Imputed finance lease obligations**

The Trust has entered into a PFI contract for the construction, operation and maintenance of a major acute hospital along with the provision of a significant proportion of medical and other equipment required for use in the hospital. The PFI contractor is also responsible for the provision of a number of services including estate maintenance, certain equipment maintenance and the provision of hotel / soft services to a required Trust specification. These services include catering, domestic, laundry / linen, portering, transport, switchboard, help desk, car parking and security. In addition as part of the PFI contract these services are also provided to the existing Hospital of St Cross.

The PFI consortium includes:

1. Principal contract party with the Trust, is Coventry & Rugby Hospital Company (CRHC)
2. Coventry & Rugby Hospital Company have contracts with:
 - a. Hard FM – Vinci Facilities
 - b. Soft FM – ISS Mediclean whose current contract is market tested under the PFI contract every seven years
 - c. Equipment – GE Medical Systems

The PFI contract terminates on 31st December 2042 at which point ownership of the buildings and equipment provided under the contract passes to the Trust for no additional consideration.

The PFI contract is a tripartite contract involving the provision of a University Hospital for UHCW NHS Trust, and also incorporates a Mental Health facility for Coventry and Warwickshire Partnership NHS Trust, all of which are on the same NHS PFI site and jointly contracted with CRHC.

Inflation on the PFI Unitary Payment is twofold. All costs except Soft FM pay are based upon the movement in the Retail Prices Index (RPI) over the previous 12 months on a February to February basis. Soft FM pay uplift is based mainly on Agenda for Change as a result of the Retention of Employment model being used, where the majority of staff are in effect seconded by the Trust to the soft services provider but remain on NHS conditions of service.

University Hospitals Coventry And Warwickshire NHS Trust has the following obligations in respect of the finance lease element of on-Statement of Financial Position PFI and LIFT schemes:

	31 March 2018 £000	31 March 2017 £000
Gross PFI, LIFT or other service concession liabilities	485,864	506,166
Of which liabilities are due		
- not later than one year;	22,503	20,303
- later than one year and not later than five years;	79,497	84,063
- later than five years.	383,864	401,800
Finance charges allocated to future periods	(227,137)	(241,994)
Net PFI, LIFT or other service concession arrangement obligation	258,727	264,172
- not later than one year;	7,988	5,445
- later than one year and not later than five years;	25,309	28,317
- later than five years.	225,430	230,410

Note 38.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future obligations under these on-SoFP schemes are as follows:

	31 March 2018 £000	31 March 2017 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	1,984,307	2,035,856



Of which liabilities are due:

- not later than one year;	80,174	79,033
- later than one year and not later than five years;	320,696	316,130
- later than five years.	1,583,437	1,640,693

Note 38.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the trust's payments in 2017/18:

	2017/18	2016/17
	£000	£000
Unitary payment payable to service concession operator	77,590	73,873
Consisting of:		
- Interest charge	14,858	14,922
- Repayment of finance lease liability	5,445	(287)
- Service element and other charges to operating expenditure	35,736	36,115
- Contingent rent	11,056	7,260
- Addition to lifecycle prepayment	10,495	15,863
Total amount paid to service concession operator	77,590	73,873

Note 39 Off-SoFP PFI, LIFT and other service concession arrangements

Not applicable for Trust



Note 40 Financial instruments**Note 40.1 Financial risk management**

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS organisation has with commissioners and the way those commissioners are financed, the NHS organisation is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS organisation has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing University Hospitals Coventry And Warwickshire NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors rather than being held to change the risks facing University Hospitals Coventry And Warwickshire NHS Trust in undertaking its activities.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by the NHS Trust Development Authority. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2018 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with clinical commissioning groups and NHS England, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.



Note 40.2 Carrying values of financial assets

	Loans and receivables £000	Assets at fair value through the £000	Held to maturity at £000	Available- for-sale £000	Total book value £000
Assets as per SoFP as at 31 March 2018					
Trade and other receivables excluding non financial assets	48,804	-	-	-	48,804
Cash and cash equivalents at bank and in hand	1,472	-	-	-	1,472
Total at 31 March 2018	50,276	-	-	-	50,276

	Loans and receivables £000	Assets at fair value through the £000	Held to maturity £000	Available- for-sale £000	Total book value £000
Assets as per SoFP as at 31 March 2017					
Trade and other receivables excluding non financial assets	18,411	-	-	-	18,411
Cash and cash equivalents at bank and in hand	1,007	-	-	-	1,007
Total at 31 March 2017	19,418	-	-	-	19,418

Note 40.3 Carrying value of financial liabilities

	Other financial liabilities £000	Liabilities at fair value through the I&E £000	Total book value £000
Liabilities as per SoFP as at 31 March 2018			
Borrowings excluding finance lease and PFI liabilities	67,391	-	67,391
Obligations under finance leases	210	-	210
Obligations under PFI, LIFT and other service concession contracts	258,727	-	258,727
Trade and other payables excluding non financial liabilities	54,505	-	54,505
Total at 31 March 2018	380,833	-	380,833

	Other financial liabilities £000	Liabilities at fair value through the I&E £000	Total book value £000
Liabilities as per SoFP as at 31 March 2017			
Borrowings excluding finance lease and PFI liabilities	42,300	-	42,300
Obligations under finance leases	614	-	614
Obligations under PFI, LIFT and other service concession contracts	264,172	-	264,172
Trade and other payables excluding non financial liabilities	41,680	-	41,680
Total at 31 March 2017	348,766	-	348,766



Note 40.4 Fair values of financial assets and liabilities

Not relevant to Trust

Note 40.5 Maturity of financial liabilities

	31 March 2018 £000	31 March 2017 £000
In one year or less	75,317	59,798
In more than one year but not more than two years	19,233	17,099
In more than two years but not more than five years	54,152	40,676
In more than five years	232,131	231,193
Total	380,833	348,766



Note 41 Losses and special payments

	2017/18		2016/17	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Fruitless payments	5	-	-	-
Bad debts and claims abandoned	131	132	73	61
Stores losses and damage to property	1	-	-	-
Total losses	137	132	73	61
Special payments				
Compensation under court order or legally binding arbitration award	2	34	2	9
Ex-gratia payments	32	13	40	15
Total special payments	34	47	42	23
Total losses and special payments	171	179	115	84
Compensation payments received		21		1

Note 42 Gifts

The Trust received no gifts in excess of £300,000



Note 43 Related parties

The Department of Health and Social Care is regarded as a the Trust's parent department. During the year University Hospitals Coventry and Warwickshire NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

Those entities with which the Trust has had material transactions are listed below:

Coventry And Rugby CCG
 West Midlands Specialised Commissioning Hub
 Warwickshire North CCG
 Health Education England
 South Warwickshire CCG
 West Midlands Local Office
 South Warwickshire NHS Foundation Trust
 NHS England Core
 Department of Health
 NHS Resolution
 West Leicestershire CCG
 Nene CCG
 George Eliot Hospital NHS Trust
 Burton Hospitals NHS Foundation Trust
 East Leicestershire And Rutland CCG
 Coventry and Warwickshire Partnership NHS Trust
 Cheshire and Merseyside Local Office
 NHS Blood and Transplant
 East Midlands Specialised Commissioning Hub
 The Royal Wolverhampton NHS Trust
 Solihull CCG

In addition, the Trust also undertakes transactions with other government/public sector bodies and those with material transactions are listed below:

HM Revenue and Customs Trust Statement
 National Health Service Pension Scheme
 Coventry City Council



Professor Kumar, Non-Executive Director of the Trust holds the position of Dean of Warwick Medical School which is part of the University of Warwick and honorary appointments with Heart of England NHS Foundation Trust and George Eliot Hospital NHS Trust. The Trust has significant financial transactions with these organisations relating to the provision of services, education, training, research and staff recharges.

Four Directors of the Trust were also trustees of University Hospitals Coventry and Warwickshire Charity during 2017/18. The charity is independent from the Trust but the Trust has the right to appoint four out of the nine trustees of the charity.

None of the other members of the Trust Board, or parties related to them, have undertaken any material transactions with the Trust.

	Payments to Related Party 2017/18	Receipts from Related Party 2017/18	Amounts owed to Related Party 31 March 2018	Amounts due from Related Party 31 March 2018
	£000s	£000s	£000s	£000s
University of Warwick	3,888	1,616	448	255
University Hospitals Coventry and Warwickshire Charity		314		118

Note 44 Transfers by absorption

Does not apply to the Trust

Note 45 Prior period adjustments

There are no prior period adjustments to report



Note 46 Better Payment Practice code

	2017/18 Number	2017/18 £000	2016/17 Number	2016/17 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	120,108	374,349	129,811	381,930
Total non-NHS trade invoices paid within target	110,862	343,192	121,849	357,060
Percentage of non-NHS trade invoices paid within target	92.30%	91.68%	93.87%	93.49%
NHS Payables				
Total NHS trade invoices paid in the year	3,570	96,424	3,902	89,530
Total NHS trade invoices paid within target	1,990	90,804	2,072	81,658
Percentage of NHS trade invoices paid within target	55.74%	94.17%	53.10%	91.21%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 47 External financing

The trust is given an external financing limit against which it is permitted to underspend:

	2017/18 £000	2016/17 £000
Cash flow financing	22,591	19,128
Finance leases taken out in year		165
External financing requirement	22,591	19,293
External financing limit (EFL)	22,877	20,077
Under / (over) spend against EFL	286	784

Note 48 Capital Resource Limit

	2017/18 £000	2016/17 £000
Gross capital expenditure	21,698	26,961
Less: Donated and granted capital additions	(191)	(243)
Charge against Capital Resource Limit	21,507	26,718
Capital Resource Limit	23,159	26,739
Under / (over) spend against CRL	1,652	21

Note 49 Breakeven duty financial performance

	2017/18 £000
Adjusted financial performance surplus / (deficit) (control total basis)	(18,278)
Remove impairments scoring to Departmental Expenditure Limit	-
Add back income for impact of 2016/17 post-accounts STF reallocation	-
Add back non-cash element of On-SoFP pension scheme charges	-
IFRIC 12 breakeven adjustment	2,565
Breakeven duty financial performance surplus / (deficit)	(15,713)

Note 50 Breakeven duty rolling assessment

	2008/09	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000
Breakeven duty in-year financial performance		10,234	4,162	1,465	1,916	214	(16,900)	(9,129)	703	(15,713)
Breakeven duty cumulative position	2,558	12,792	16,954	18,419	20,335	20,549	3,649	(5,481)	(4,778)	(20,491)
Operating income		465,211	472,923	484,816	509,163	528,881	550,196	585,157	608,790	630,651
Cumulative breakeven position as a percentage of operating income		2.75%	3.58%	3.80%	3.99%	3.89%	0.66%	-0.94%	-0.78%	-3.25%

The amount in the above table in respect of financial year 2008/09 has not been restated to IFRS and remains on a UK GAAP basis.





2017 - 2018

Quality Account

We Care, We Achieve, We Innovate

PART 5: Quality Account

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An Invitation to comment and offer feedback

Your Views - Your Involvement

You can also share your views:

Commentary from Joint Quality Account Task Group

Commentary from Coventry and Warwickshire Clinical Commissioning Group

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Glossary



1. A Welcome from our Chief Executive Officer

Welcome to our Quality Account for 2017/18. This report provides you with an overview of the quality of the services we provided to our patients over the last year, and an outline of our priorities for 2018/19. University Hospitals Coventry and Warwickshire (UHCW) NHS Trust is one of the largest and busiest hospital Trusts in the country.

As Chief Executive Officer, I am proud to celebrate the achievements of our fantastic and dedicated staff over the last year, as well as looking ahead to what we hope to achieve by March 2019. In 2017/18, we have continued to face increasing pressures on our services, which have affected our performance. However, our staff have responded to these challenges, displaying compassion to deliver the best care possible to our patients.

We are now over half way through our five-year partnership with the prestigious Virginia Mason Institute in Seattle. This partnership has led to us creating our own UHCW Improvement System, UHCWi. We have already made many improvements to our care for patients as a result of this work. However, one of the biggest achievements in 2017/18 has been the launch of a new form to make it easier to report and investigate patient safety incidents. This form was introduced across the Trust in June 2017 after it was successfully tested in our Critical Care department. At the same time, we also introduced regular patient safety huddles across all our wards so we can take immediate action to keep our patients safe.

Last year, our top three priorities were **Patient Safety**; reducing falls and pressure ulcers, **Clinical Effectiveness**; reducing the Trust's Hospital Standardised Mortality Ratio score, and **Patient Experience**; delivering customer care training for staff. Throughout this report you will find examples of our achievements in the above areas.

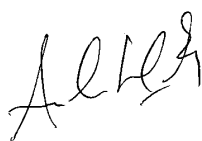
Looking forward to our year ahead, our priorities for 2018/19 focus on:

- **Patient Safety:** Reduce avoidable infections;
- **Clinical Effectiveness:** To provide care in line with national and local evidence-based guidance, and;
- **Patient Experience:** Establish a process for reviewing the patient environment and acting upon issues effectively with support from the process of Patient-led Assessment of the Care Environment (PLACE)

Listening to what our patients, relatives and staff are saying is vital to help us improve the experience and care we provide. We will continue to do this throughout 2018/19, and we have an exciting programme of opportunities for people to have their say. This includes the new Involvement Hub which has recently opened in the Main Reception of University Hospital. This year will also see engagement opportunities as part of Better Health, Better Care, Better Value, of which UHCW is one of nine partners.

The information and data contained within this report has been subject to internal review and, where appropriate, external verification. Therefore, to the best of my knowledge, the information contained within this document reflects a true and accurate picture of the performance of the Trust.

I would like to thank all our staff, volunteers and patient support groups for their input and support in helping us to progress against our objectives throughout 2017/18.



Professor Andrew Hardy
Chief Executive Officer

2. Introduction to Quality

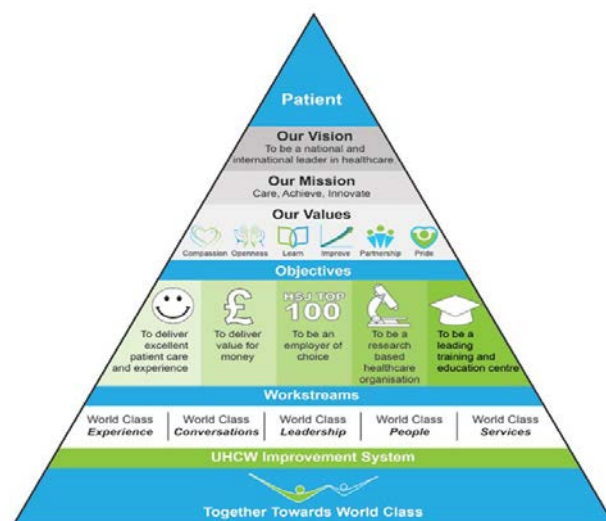
A Quality Account is a report about the quality of services by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public.

Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided.

2.1 Introduction to the Annual Quality Account

UHCW is on a journey to become a national and international leader in healthcare. There are a number of building blocks that support this ambition; these are articulated within the vision, mission, values, aims and objectives which are illustrated within the strategic framework for Quality below:



Patient Safety

To reduce avoidable infections

To improve performance in pressure ulcer management & falls prevention

To increase learning to prevent future harm and avoidable deaths

To improve the management of the deteriorating patient

To improve the management of Medicines

Clinical Effectiveness

To provide care in line with national and local evidence based guidance

To identify areas for improvement through a continuous programme of clinical audit

To reduce HSMR to below 100

To interpret and deliver national regulations and standards of care

Patient Experience

To improve the way we listen, respond and use patient and carer feedback to support improvements

To improve the management and provision of patient health information

To ensure that staff place trust values at the centre of care improvement

To ensure that patient voice is at the centre of care improvements

To improve the patient environment

These building blocks which underpin achievement of our vision are directly relevant to the things that matter the most to our patients namely; safety, outcomes and experience. These three dimensions provide a framework in which we will drive and achieve quality improvement at UHCW. Our annual Quality Account provides an opportunity for us to take stock of achievements and progress to date and to look forward to the year ahead.

2017-2018 Quality Highlights

Patient Advice and Liaison Service Seven Day Service

In March 2018 the Patient Advice and Liaison Service (PALS) launched the service's late opening and seven day service, enhancing the support available to patients and their representatives. PALS also relocated to the PALS Centre in the main foyer at University Hospital, Coventry with enhanced signage in place making the service more open and inviting.

New Friends and Family Test questionnaires

This year a new Friends and Family Test questionnaire was introduced in Outpatients (and will be rolled out to the rest of the Trust by September 2018) which now includes questions based on five of the Trust's values (in blue):

1. Were you treated as an individual with care and kindness? **Compassion**
2. Did staff involve you in your care? **Partnership**
3. Did staff treat you with dignity and respect? **Respect**
4. Were staff open and honest with you at all times? **Openness**
5. Were staff passionate about delivering high standards of care? **Pride**

These questions were co-designed and tested with patients and visitors of UHCW NHS Trust to ensure they were understandable and meaningful. Each clinic and ward area have been assigned individual codes which are included on the new questionnaire so that more granular feedback is provided which will result in more effective action being taken to improve the patient experience.

Improvement to Patient Safety Investigations

As part of our work to improve the quality of patient safety investigations, and the learning and actions that emerge from them, a new training package for incident investigators has been developed and introduced. An e-learning resource covering accident causation, human factors and investigation methodology is available to all investigators and is complemented by face to face training where investigators have an opportunity to learn and practice data collection and analysis tools in a simulated investigation. In addition, a shorter face to face update session is available for existing investigators looking to refresh or update their skills.

The UHCW NHS Trust vision is to be "World Class" and safety is at the forefront of this ambitious goal. The Trust has implemented a Quality Strategy 2016 to 2021. Of the three main aims in the strategy, the first is: 'Avoid preventable harm through Patient Safety'. UHCW is one of only five NHS Trusts working with the Virginia Mason Institute as part of a five year initiative led by NHSI. Patient Safety was selected as one of the 'value streams'. The following activities, undertaken in 2017 are examples of the high standard of work of the Trust:

- Increase in incident reporting rate from 31 to 44 incidents per thousand bed days in 2017
- National staff survey results 2017 demonstrate improvements in staff feeling secure in raising concerns, being treated fairly, confidence they would be addressed



- Reduction in the proportion of incidents causing harm from 19.2% to 15.9% during 2016/17, and a reduction in Serious Incidents
- Patient falls have reduced significantly in the last financial year, there has been a reduction of 18% for all falls and a reduction of 32% for falls with moderate harm or above.
- In October 2017 the Trust was one of 24 organisations chosen to be part of the pressure ulcer collaborative working with NHSI. Two areas of high incidence were identified and using UHCW methodologies, improvement work was undertaken.

We have been inundated with queries from other Patient Safety Teams and we have been holding seminars and 'shadowing' experiences to share our work with other trusts from across the country. Local trusts have asked to utilise our new reporting form, and since we have been sharing our progress many other trusts nationally have said they plan to implement safety huddles and/or the Patient Safety Response process.

Heart patients benefit from super small leadless pacemakers

This year, Consultant Cardiologists (Dr Faizel Osman/Dr Sajad Hayat) at University Hospital in Coventry implanted the first ever leadless pacemakers in Coventry & Warwickshire. The device was a Medtronic Micra™ pacemaker, which is just two centimetres long. Traditional pacemakers require placement of wires into the heart and connecting a device in the patient's upper chest to deliver electrical pulses to the heart to maintain its rhythm. The new state-of-the-art Micra pacemaker sits directly within the patient's heart and eliminates the need for wires. The tiny device can be implanted without the need to operate on the patient's chest. Instead it is inserted directly into the heart via a catheter through a vein in the patient's leg. Patients stay awake for the procedure, which is carried out under local anesthetic, and patients often go home the same day.

UHCW achieves international information security standard

The Information and Communications Technology (ICT) department at the Trust has achieved the ISO 27001:2013 accreditation, a globally recognised international standard for information security. The standard will enhance the team's efforts to protect the Trust against cyber security threats such as the well-publicised attack that affected a number of NHS Trust's earlier this year. It will also enable the department to provide a more flexible and secure email service.

Cancer cells detected more accurately with artificial intelligence

Cancer cells are to be detected and classified more efficiently and accurately, using ground-breaking artificial intelligence – thanks to a new collaboration between the University of Warwick, Intel Corporation, the Alan Turing Institute and University Hospitals Coventry & Warwickshire NHS Trust (UHCW).

Scientists at the University of Warwick's Tissue Image Analytics (TIA) Laboratory - led by Professor Nasir Rajpoot from the Department of Computer Science - are creating a large, digital repository of a variety of tumour and immune cells found in thousands of human tissue samples, and are developing algorithms to recognise these cells automatically. The digital pathology imaging solution aims to enable pathologists to increase their accuracy and reliability in analysing cancerous tissue specimens over what can be achieved with existing methods.

UHCW is annotating the digital pathology images to help inform the model. The aim is to create a model that will eventually be useful in many types of cancer - creating more objective results, lowering the risk of human errors, and aiding oncologists and patients in their selection of treatments. The TIA lab at Warwick and the Pathology Department at UHCW have established the UHCW Centre of Excellence for Digital Pathology and begun digitising their histopathology service.



This digital pathology imaging solution will be the next step in revolutionising traditional healthcare with computerised systems and could be placed in any pathology department, in any hospital.

Please refer to UHCW NHS Trust's Annual Report 2017-18 for further updates on performance, i.e. Accident and Emergency and accountability reports. The Annual Report 2017-18 can be found: www.uhcw.nhs.uk.

2.2 Quality Account Improvement Priorities 2017-18: a progress update

Below are details of our progress and achievements against the Quality Improvement Priorities for 2017-18, as outlined in the 2016-17 Quality Account.

Priority 1 – Patient Safety: A) Elimination of avoidable hospital acquired pressure ulcers and B) Falls

Rationale for Inclusion:

- a) To build on the existing strategy for pressure ulcer prevention and reduction that have been achieved and to further deliver a reduction in the numbers and severity of harm of avoidable hospital acquired pressure ulcers.
- b) All falls, even those that do not result in injury, can cause older patients and their family to feel anxious and distressed. For those who are frail, minor injuries from a fall can affect their physical function, resulting in reduced mobility, and undermining their confidence and independence. Addressing the problem of inpatient falls is challenging. There are no single or easily defined interventions which, when done on their own, are shown to reduce falls. However, research has shown that multiple interventions performed by the multidisciplinary team and tailored to the individual patient can reduce falls (Royal College of Physicians Audit of Inpatient Falls 2015).

Achievements:

- a) **Pressure Ulcer Reduction and Prevention: PARTIALLY ACHIEVED**
 - A multi-professional pressure ulcer forum was established in July 2017 to improve governance.
 - All patients that have a grade 3 or 4 pressure ulcer have a visit from the Patient Safety Response Team.
 - Weekly production board/huddle established with the Tissue Viability Team and is attended by the Associate Director of Nursing for Quality and Patient Safety.
 - There have been positive outcomes from the two departments that participated in the pressure ulcer improvement collaborative work. Both areas have not had an avoidable pressure ulcer since the improvement work began. This methodology will continue in other areas of high incidence to support further pressure ulcer reduction.
- b) **Falls: ACHIEVED**
 - Patient falls incidents have continued to perform ahead of improvement trajectories set at April 1st 2017 to date.
 - The implementation of an individualised multi-factorial falls prevention booklet was completed Trust wide by September 2017.
 - All Private Finance Initiative replacement beds now have an ultra-low feature. It is believed the widespread availability of this ultra-low setting is a key factor in the reduction of falls with harm.

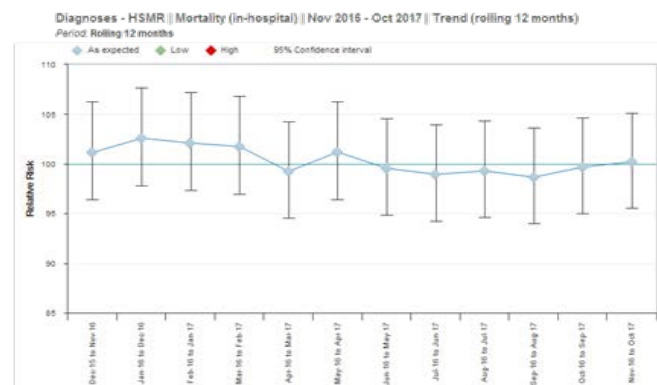
Priority 2 – Clinical Effectiveness: Maintaining HSMR for UHCW NHS Trust at less than 100: ACHIEVED

Rationale for Inclusion:

UHCW is committed to accurately monitoring and understanding its mortality outcomes. Reviewing patient outcomes such as mortality is important to Trusts as it helps provide assurance and evidence that the quality of care is of a high standard, and also highlights pathways where process and care can be improved to benefit quality of patient care.

The Trust uses mortality indicators such as the Hospital Standardised Mortality Ratio (HSMR) to compare mortality data nationally. This helps the Trust to identify areas for potential improvement. Although HSMR is not a measure of poor care in hospitals, it does provide a 'warning' for potential problems and help identify areas for investigation. The Trust's goal to maintain HSMR for UHCW at less than the 100 benchmark over the next 12 months will support the improvement of services.

Achievements:



The HSMR is monitored by the Mortality Review Committee and over the last year has seen a decrease towards the national benchmark of 100 and remains within expected range. The Trust's current position for HSMR is 100.2 based on a rolling 12 month period November 2016 - October 2017.

Achievements in reducing the HSMR include the continued development of care bundles to enable the delivery of the best possible care for patients undergoing particular treatments. The Mortality Review Committee has worked to investigate specific diagnosis groups with higher than expected mortality and work with clinicians and the clinical coding team to improve the quality of data recording in healthcare records. The release of national guidance on learning from deaths underpinned the updating of the Trust mortality review process and policy to incorporate the recommendations and share the policy online via the Trust internet page.

The Trust is working with the Clinical Commissioning Group to understand patient deaths within 30 days of discharge with a view to reduce our Summary Hospital-Level Mortality Indicator.

Priority 3 – Patient Experience: Delivering a customer care course for staff: ACHIEVED

Rationale for Inclusion:

The Trust introduced a set of values into the Trust in 2015 and we recognise that these values may not be consistently demonstrated by all. As UHCW strives to become a world class organisation we need to ensure these values are consistently demonstrated by our employees' who will through their decisions, choices and actions shape the culture of the organisation.

Since April 2015 the Trust has received over 150 formal complaints which cited poor staff attitude as one of the reasons for making the complaint. In addition poor customer care has featured regularly in patient Impressions, patient Friends and Family Test feedback, patient stories as well as contact through our Patient Advice and Liaison Service (PALS).

Achievements:

Brilliant Basics, the Trust's Customer Care Course, continued to be delivered throughout the year. A total of 1,000 staff, from across all staff groups, have gone through the training.

Brilliant Basics is now included in the Trust Induction Programme, and quarterly sessions will be held for Brilliant Basics Champions offering approximately 100 places per year for staff.

2.3 Quality Improvement Priorities for 2018-19

Quality Priority 1- Patient Safety: a)Year on year improvement against baseline (55%) for WHO 5 moments for hand hygiene

Why is it a priority?

Hand Hygiene is an effective method to avoid transmission of dangerous pathogens, reducing incidents of healthcare associated infections (HCAI).

Systematic reviews of Hand Hygiene suggest widely varying levels of behaviour. In 2014 reported levels of between 4% and 100% were cited, with an overall median rate of 40%. Influencing factors on rates of Hand Hygiene include type of ward, moment of care, and healthcare professional category.

The World Health Organisation (WHO) launched their SAVE LIVES: Clean Your Hands campaign in 2009 with the objective that all healthcare workers should clean their hands at the right time and in the right way. Their definitive report establishing that effective Hand Hygiene can be performed using soap and water or alcohol-based hand rub, at 5 key moments of patient care (figure 1).



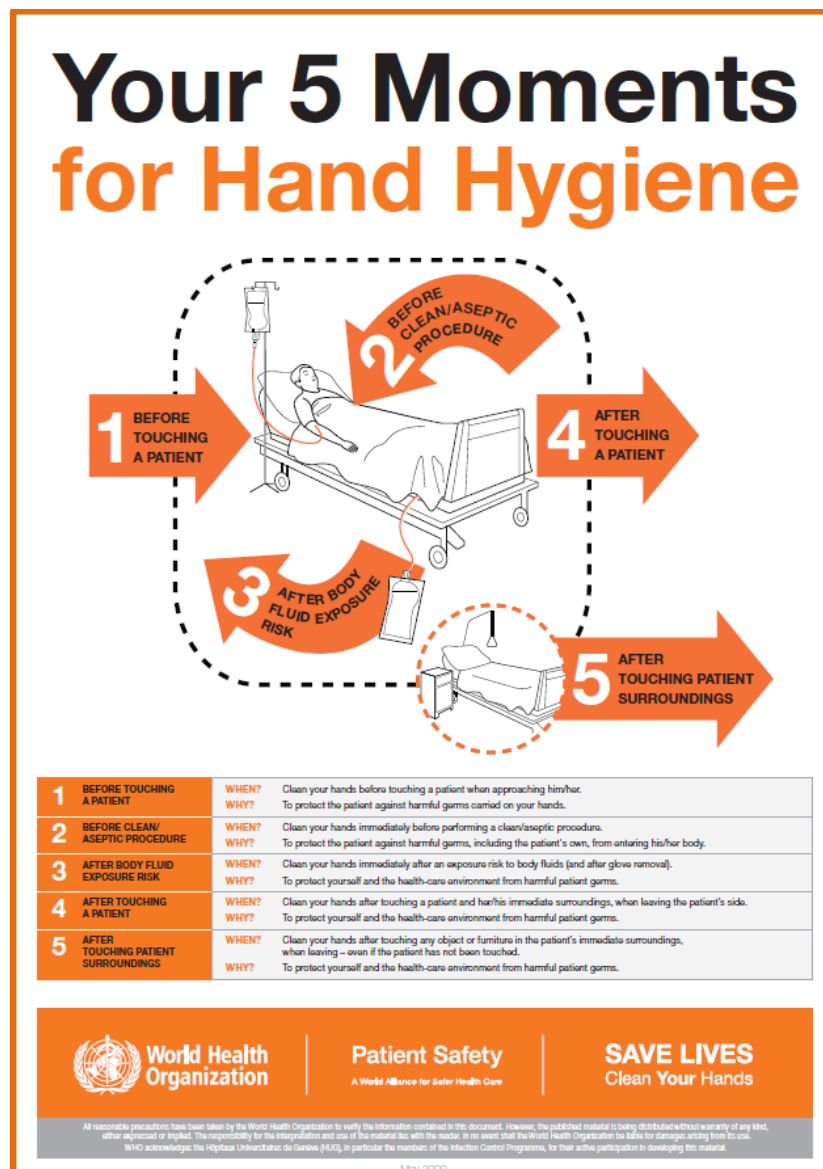


Figure 1: WHO 5 Moments

Increasingly the WHO 5 Moments are becoming the global standard for measuring Hand Hygiene, with centres of excellence achieving up to 74%. Feasibility of using this standard to successfully improve Hand Hygiene across a variety of different geographical and income settings was established in 2013, with study sites showing increases in compliance from 51% to 67%.

Our Goal

Our previous work has shown high levels of knowledge regarding Hand Hygiene practice across the Trust, indicating that providing information alone is not the answer to improving Hand Hygiene; meaningful, practice-based measurements are also required.

In 2015 we developed a new measurement tool, based on one design and validated by the Infection Prevention Society (IPS) will allows us to measure Hand Hygiene at the WHO 5 Moments, as well as specifically monitor which clinical activities within these moments may be specifically related to high/low Hand Hygiene performance. This provides the opportunity to target meaningful education and resource to areas of identified weakness.

Our starting point- baseline

No benchmark currently exists for HH compliance to the WHO 5 Moments, therefore we set a 55% benchmark based on existing literature, which indicates ranges between 40-60% compliance across numerous studies.

We aim to:

- (i) Increase our Trust adherence level to 60% by 2018-2019 using bespoke educational resources, providing clear incremental targets identified for each clinical area.
- (ii) Increase the validity of our adherence data by using peer-level measurement, cross-over observers, ad-hoc IPCT measurements, and on-going Hand Hygiene measurement training.

How will we achieve our goals?

- Monthly peer-level measurement of Hand Hygiene against the WHO 5 Moments will be conducted by Infection Prevention and Control Team trained link staff. This data will be reviewed via the IPC Performance Scorecard, with matrons taking responsibility for identifying areas requiring improvement.
- The Infection Control and Prevention Team will develop and deliver bespoke educational support in areas identified as requiring improvement. Matrons will be responsible for ensuring this educational resource is implemented into daily clinical practice.
- Quarterly reviews of Hand Hygiene data from link staff will be undertaken by the Infection Control and Prevention Team, co-ordinated by our Band 7 Team. Ongoing strategy will be developed in response to these reviews, including reviewing area improvement targets based on known influences to Hand Hygiene (i.e. ward type, staff level).
- Ad-hoc WHO 5 Moment measurement will be conducted by the Infection Control and Prevention Team in response to clinical need, and findings from these measurements will influence educational focus.

How will we monitor and report progress?

Progress against these measures will be monitored by the Infection Prevention and Control Performance Scorecard, reviewed monthly by the Infection Prevention and Control Committee.

Leads:

The work is being collaboratively led by:

- Kate Prevc (Lead Nurse Infection Prevention and Control and Decontamination)
- Carolyn Dawson (Infection Prevention and Control Research Practitioner)
- Infection Prevention and Control Team (Allison Bradley, Melanie Gallo, Merja Thomas)

b) Reduce avoidable infections

Why is it a priority?

Bloodstream infections associated with central venous catheter insertion are a major cause of morbidity. A 2006 prevalence survey found that 42.3% of bloodstream infections in England are central line related.

The 2000 National Audit Office Report Four noted that 13% of the hospitals in its study had been using catheter care guidelines and that this had reduced the incidence of healthcare associated infection (HCAI). However, a follow-up report in 2004 noted that 10% of responding trusts had still not taken up the guidelines. In addition, the 2009 National Audit Office Report identified that 95% of trusts had reduced the infection risk.



from the use of catheters in their Infection Prevention and Control policies and 97% rated it as very important in reducing HCAs.

Regular auditing of the care bundle actions will support cycles of review and continuous improvement in care settings. The aim of the care bundle, as set out in this high impact intervention, is to ensure appropriate and high quality patient care. The use of central venous line insertion guidelines, together with a method for monitoring usage of these guidelines, has been shown to reduce significantly the incidence of CRBSIs in intensive care units. Dressings containing 2% chlorhexidine gluconate may also further reduce the incidence of catheter site infection.

Our Goal

To build on the existing strategy for catheter related blood stream infection prevention and reduction that have been achieved and to further deliver a reduction in the number and severity of harm avoidable hospital acquired CLABSI.

Our starting point - baseline

Our baseline is 2016-17 data on the compliance with central line management is 23%. We will aim for a 70% compliance with central line management.

How will we achieve our goals?

- Strict implementation of staff competence and training: In line with policy, staff should be appropriately trained and competent in any stated procedure or care process.
- Weekly monitoring of adult in-patient with central venous catheter and audit practice against the standard set by the Department of Health High Impact Intervention. The result will be reported to Infection Prevention and Control Group and Patient Safety Committee.
- Focused education and support to the clinical teams on wards that consistently have patients who are developing avoidable hospital acquired central line related infections.
- Development of a Multi-professional Vascular Access Steering Group to increasing the learning and improvement.

How will we monitor and report progress?

Progress against these measures will be monitored by the Infection Prevention and Control Group and reported to Patient Safety Committee.

Leads:

The work is being collaboratively led by:

- Kate Prevc (Lead Nurse for Infection Prevention and Control and Decontamination)
- Roy Ventura (Lead Nurse for Vascular Access)



Quality Priority 2 - Clinical Effectiveness: To provide care in line with national and local evidence based guidance

Why is it our priority?

UHCW is committed to providing good quality care based on latest available evidence. Developing and reviewing guidance both on a local and national level is important to Trusts as it helps provide assurance and evidence that the quality of care is of a high standard, and also highlights pathways where process and care can be improved to benefit patients. Reviewing and implementing evidence based clinical guidance helps fulfil two of the five domains set in the NHS Outcomes Framework:

- Preventing people from dying prematurely
- Treating and caring for people in a safe environment and protecting them from avoidable harm

The Trust uses an electronic record management system called e library to support the accessibility of local guidelines across the organisation and shares NICE guidance across the Trust to support the development of clinical practice. Monitoring the review process and implementation of clinical guidance helps the Trust to identify areas for potential improvement.

Our Goal

To provide care in line with national and local evidence based guidance $\leq 4\%$ yearly average expired guidelines by 2018 (currently 4.75%) and 90% compliance with NICE Guidance by 2019 (currently 61.8%).

Our starting point – baseline

The Trust's current baseline for local clinical guidelines expired beyond their review date for 2017/2018 is 4.6%. Full implementation of national guidance issued by NICE for 2017/2018 is 71%.

How will we achieve our goal?

To achieve this goal the Trust will continue to:

- Increase current performance in the updating of expired clinical guidelines and the timely review of guidance due to expire within 4 months.
- Increase Trust awareness of the approval process for guidance including a fast track review process.
- Increase support offered to clinicians in the development of clinical guidance.
- Increase communication of newly issued national guidance from NICE across the Trust.
- Work to better understand the factors that influence the partial implementation of national guidance.
- Improve reporting of implementing national guidance with the use of electronic reporting systems.

How will we monitor and report progress?

The Trust's performance in maintaining current local clinical guidance and implementation of national guidance is reported to the Patient Safety and Clinical Effectiveness Committee. The status of local clinical guidelines is available to all staff via electronic reporting systems, which will allow sharing of progress at local levels and forms part of monthly Quality Improvement and Patient Safety meetings.

Leads:

Sharron Oulds, Head of Clinical Effectiveness

Quality Priority 3: Patient Experience: Establish a process for reviewing the patient environment and acting upon issues effectively with support from the process of PLACE

Why is it our priority?

- The maintenance of a high standard of patient environment is linked closely to minimising hospital acquired Infections (HAI) at the organisation.
- Patient Experience – Any reduction in the patient environment will have a direct impact on the patient experience.
- The annual PLACE score feeds into the CQC, a reduction in current standards would have a detrimental effect on the outcome of CQC assessments undertaken at the Trust.

Cleanliness

ISS are contracted under the PFI Contract to achieve certain levels of cleaning dependent on risk rating. Currently ISS are achieving scores as follows:

Risk Category	NCS / PMS* Target	Jan-Dec 2017 Average Score
Very High Risk	95%	97.77%
High Risk	90%	95.32%
Significant	85%	93.37%
Low	75%	91.00%

* NCS - National Cleaning Standards

PMS - Performance Measurement Standards (under the PFI Contract Schedule 18 payment mechanism – meaning that if they fail it could incur penalties or financial penalties).

Our Goal

To improve and maintain the required standards across both hospital sites University Hospital Coventry and the Hospital of St Cross, Rugby.

Our Starting Point – baseline

The table below details a comparison of the previous year's audit results and provides the 2017 baseline scores.

	2016 %	2017 %	Movement	Above or Below National Average %
University Hospital				
Cleanliness	99.00	98.71	→	0.33
Food & Hydration	88.00	89.03	↑	0.65
Food Organisation	81.00	85.62	↑	3.18
Food Ward	89.00	89.76	→	0.43
Privacy, Dignity and Wellbeing	89.00	83.10	↓	0.58
Condition Appearance and Maintenance	95.00	91.08	↓	0.89
Dementia	76.00	60.79	↓	15.92
Disability		79.06	N/A	3.5
St Cross				
Cleanliness	99.00	97.40	↓	0.98
Food & Hydration	86.00	89.69	↑	0.01
Food Organisation	84.00	85.62	↑	3.18
Food Ward	88.00	93.41	↑	3.22
Privacy, Dignity and Wellbeing	88.00	72.62	↓	11.06
Condition Appearance and Maintenance	94.00	94.46	→	0.44
Dementia	74.00	55.68	↓	21.03
Disability		70.85	N/A	11.71

Key	
Improvement of more than 1%	
Less than a 1% movement	
Decline of more than 1%	

How we will achieve our goals

A Task and Finish Group has been assigned to each section to undertake works and investigate further.

How we will monitor and report progress

The Task and Finish Groups will meet monthly and feed into the Director of Estates who will co-ordinate a formal monthly update on progress against plan to Patient Experience and Engagement Committee.

Leads

Cleanliness - David Powell

Food and Hydration/Food Ward/Food Organization – Rebecca Ford

Privacy/Dignity and Wellbeing – Nursing Division, to be confirmed

Condition, Appearance and Maintenance – David Powell

Dementia/Disability - Mick O'Donovan

Statements of Assurance from the Board

2.4.1. Review of Services

During 2017-18, UHCW was commissioned by Clinical Commissioning Groups (CCGs) to provide 66 General Acute Services, in addition to a range of Specialised Services commissioned by NHS England that fall within NHS England's four Programmes of Specialised Care. UHCW has reviewed the quality of care of these services, with its Commissioners, in accordance with its contractual obligations.

2.4.2. Participation in Clinical Audits

During 2017-18, 53 national clinical audits and seven national confidential enquiries covered relevant health services that UHCW provides.

During 2017-18 UHCW participated in 98% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in. The national clinical audits and national confidential enquiries that UHCW was eligible to participate in during 2017-18 are listed in the table below. The national clinical audits and national confidential enquiries that UHCW participated in, and for which data collection was completed during 2017-18 are indicated with a green tick, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.



Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Did UHCW participate in 2017-18?	Participation 2017-18
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	✓	100%
Adult Cardiac Surgery Audit (CABG and Valvular Surgery)	✓	100%
British Association of Urological Surgeons (BAUS) Cystectomy Audit Nephrectomy Audit Percutaneous Nephrolithotomy (PCNL) Radical Prostatectomy Audit Urethroplasty Audit Female Stress Urinary incontinence Audit	✓	100%
National Bowel Cancer Audit Programme (NBOCAP)	✓	100%
Cardiac Arrhythmia (Cardiac Rhythm Management Audit)	✓	100%
Adult critical care (Case Mix Programme)	✓	100%
NCEPOD Child Health Clinical Outcome Review Programme: Chronic Neurodisability	✓	100%
NCEPOD Child Health Clinical Outcome Review Programme: Young People's Mental Health	✓	100%
Coronary Angioplasty (Adult Cardiac Interventions Audit)	✓	100%
National Paediatric Diabetes Audit (NPDA)	✓	100%
Endocrine and Thyroid National Audit (BAETS)	✓	100%
Falls and Fragility Fractures Audit Programme: National Hip Fracture Database (NHFD)	✓	100%
Falls and Fragility Fractures Audit Programme: National Audit of Inpatient Falls	✓	100%
RCEM Fractured Neck of Femur	✓	100%
Inflammatory Bowel Disease (IBD) Programme	✓	100%
Learning Disability Mortality Review Programme (LeDeR)	✓	100%
Trauma Audit & Research Network (TARN) (Major Trauma Audit)	✓	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) - <i>previously CEMACH</i>	✓	100%
NCEPOD Non-invasive Ventilation Study	✓	100%
NCEPOD Cancer in Children, teens and young adult study	✓	100%
NCEPOD Acute Heart Failure Study	✓	100%
NCEPOD Perioperative Diabetes Study	✓	100%

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Did UHCW participate in 2017-18?	Participation 2017-18
NCEPOD Pulmonary Embolism	✓	New study currently identifying patient sample Participation expected to be 100%
National Audit of Breast Cancer in Older People (NABCOP)	✓	100%
National Audit of Dementia:	✓	100%
<ul style="list-style-type: none"> National Audit of Dementia (care in general hospitals) National Audit of Dementia 2017 Spotlight Audit: Content of delirium screen and delirium assessment 	✓	100%
National Bariatric Surgery Registry (NBSR)	✓	100%
National Cardiac Arrest Audit (NCAA)	✓	100%
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – Secondary Care	✓	70%*
National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)	✓	100%
National Comparative Audit of Blood Transfusion Programme: Re-audit of Red Cell and Platelet Transfusion in Adult Haematology Patients	✓	100%
National Comparative Audit of Blood Transfusion Programme: Re-audit of Patient Blood Management in Scheduled Surgery	✓	100%
National Comparative Audit of Blood Transfusion Programme: Audit of Transfusion Associated Circulatory Overload (TACO)	✓	100%
National Diabetes Footcare Audit (NDFA)	✗	0%
National Diabetes Inpatient Audit (NaDia)	✓	100%
National Pregnancy in Diabetes Audit (NPID)	✓	86%*
National Core Diabetes Audit (NDA)	✓	100%
National Emergency Laparotomy Audit (NELA)	✓	100%
National Heart Failure Audit	✓	100%
National Joint Registry (NJR)	✓	100%
National Lung Cancer Audit (NLCA)	✓	100%
National Maternity and Perinatal Audit (NMPA)	✓	100%
National Neonatal Audit Programme (NNAP)	✓	100%
National Ophthalmology Audit	✓	97%*
National Vascular Registry (NVR)	✓	100%
Neurosurgical National Audit Programme	✓	100%
National Oesophago-gastric (NAOGC) Cancer Audit	✓	100%
RCEM Pain in Children	✓	100%

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Did UHCW participate in 2017-18?	Participation 2017-18
RCEM Procedural Sedation in Adults	✓	100%
National Prostate Cancer Audit	✓	100%
Sentinel Stroke National Audit Programme (SSNAP)	✓	100%
Serious Hazards of Transfusion (SHOT) - UK Haemovigilance Scheme	✓	100%
UK Parkinson's Audit	✓	100%

* UHCW has investigated why the participation rate was lower than expected in the audits that have been identified with an asterisk. The reasons why this occurred have been provided in the next table.

Audit title	Participation Rate	Rationale for low participation rate
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – Secondary Care	70%*	Participation is low due to issues with obtaining patient health records and lack of staff resourcing available for this audit. Previous data collection rounds have been undertaken retrospectively, however the Trust is currently piloting prospective data collection with the aim to improve participation for 2018/19. In 2018/19 the national body has also extended the deadline date for submitting the information allowing more time to ensure all cases have been included in the audit.
National Pregnancy in Diabetes Audit (NPID)	86%*	6 patients were missed from the audit in 2017/18 due to only one core midwife being available in Diabetes Clinics. Therefore those patients that were seen in other clinics were missed from the audit. In addition, the current midwife does not see patients who attend clinics at St Cross Hospital in Rugby so these patients aren't captured within the audit either. Obtaining patient consent in clinic to enable data to be submitted to the audit will no longer be a requirement for 2018/19. Providing patients have authorised the data sharing agreement within the green pregnancy notes, their data will be included in the audit moving forward. This will increase our participation rate during 2018/19.
National Ophthalmology Audit	97%*	The Trust is continuing to resolve discrepancies identified in the data between two hospital systems which record the cases required for this audit. The discrepancies have an impact upon the Trust's participation rate in the audit; however improvements have been made to the process for capturing the data which has been reflected in the increased participation since reporting within the Quality Account in 2016/17, from 21% to 97%. It should be noted that the participation rate reported is subject to change as the national body is currently in the process of validating and analysing the data submitted and therefore cases may be excluded.



The following national clinical audits are included on the Quality Account list for 2017-2018; however the Trust did not participate, even though it was eligible to, for the reasons outlined below:

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Rationale for Non-participation during 2017-2018
NCEPOD Child Health Clinical Outcome Review Programme: Long-term Ventilation in Children, Young People and Adults	New study commences April/May 2018. UHCW to participate during 2018/19.
Head and Neck Cancer Audit (HANA)	No requirement to submit data during 2017/18 as currently awaiting instructions from the national body to submit data from November 2016. However 100% of cases are collected locally in preparation for submission nationally.
NCEPOD Acute Bowel Obstruction	New study commences April/May 2018. UHCW to participate during 2018/19.
National Audit of Anxiety and Depression	New Audit commences April 2018. UHCW to participate during 2018/19.
National Clinical Audit of Rheumatoid and Early Inflammatory Arthritis	New Audit commences April 2018. UHCW to participate during 2018/19.
National Audit of Seizures and Epilepsies in Children and Young People	New Audit commences April 2018. UHCW to participate during 2018/19.
National Diabetes Footcare Audit (NDFA)	The Trust has not been able to provide the service during 2017/18 due to the lack of a podiatrist and has therefore not been able to participate in the audit. A podiatrist is now in post which will ensure participation in the audit during 2018/19. The national body has also confirmed there is no longer the requirement to seek patients' consent prior to including them in the audit which will help to ensure all cases are captured.
National Audit of Care at the End of Life (NACEL) (New audit)	New Audit commences May 2018. UHCW to participate during 2018/19.

The following table details the eleven clinical audits included in the Quality Account list published by the Department of Health in which UHCW did not participate due to eligibility.

Of these eleven audits, in five UHCW does not provide the relevant service, in two the Trust does not perform the procedure and the other four are not applicable to Acute Trusts.

Audit Title	Rationale for Non-participation
Congenital Heart Disease (CHD) (NICOR) (Adult & Paediatric)	Not eligible – procedure not performed
Elective Surgery (National PROMs Programme) (HSCIC)	Not eligible – service not provided at UHCW
Fracture Liaison Service Database (RCP London)	Not eligible – service not provided at UHCW
Mental Health Clinical Outcome Review Programme – National Confidential Inquiry into Suicide and Homicide for People with Mental Health Illness (NCISH)	Not eligible – not applicable to Acute Trusts
National Audit of Pulmonary Hypertension (HSCIC)	Not eligible – service not provided at UHCW
National Chronic Obstructive Pulmonary Disease (COPD) – Pulmonary Rehabilitation Workstream	Not eligible – service not provided at UHCW
National Chronic Obstructive Pulmonary Disease (COPD) – Primary Care	Not eligible – not applicable to Acute Trusts
Paediatric Intensive Care (PICANet) (University of Leeds)	Not eligible – procedure not performed
Prescribing Observatory for Mental Health (POMH-UK)	Not eligible – not applicable to Acute Trusts
National Audit of Intermediate Care (NAIC)	Not eligible – service not provided at UHCW
National Audit of Psychosis	Not eligible – not applicable to Acute Trusts

The following table outlines participation in the National Clinical Audit and Patient Outcomes Programme (NCAPOP)

Participation in the National Audit and Patient Outcomes Programme	
2010 – 2011	100%
2011 – 2012	95% (non-participation in 1 audit)
2012 – 2013	98% (non-participation in 1 audit)
2013 – 2014	97% (non-participation in 1 audit)
2014 – 2015	98% (non-participation in 1 audit)
2015 – 2016	100%
2016 – 2017	100%
2017 - 2018	96%

National Clinical Audits – Key Actions Taken in 2017-18

The following are brief summaries of some of the key actions the Trust has taken to improve the quality of healthcare as a result of the review of national clinical audit reports:

Audit Title	Key Actions
NCEPOD Acute Pancreatitis Study	A Hot gallbladder list has been set up; this ensures that all eligible patients are now considered for laparoscopic cholecystectomy during the same admission or soon after their discharge from the hospital. This helps to provide early definitive management to patients with gallstones pancreatitis, improve morbidity and mortality in patients who have gallstones disease, prevent the readmissions secondary to gallstones, reduce the cost of the interventions such as Endoscopic retrograde cholangiopancreatography (ERCP)/ Magnetic resonance cholangiopancreatography (MRCP), comply with the guidelines, take pressure off the laparoscopic cholecystectomy waiting list and reduce the number of the outpatient clinics.
National Bowel Cancer Audit Programme (NBOCAP)	The Trust's patient information leaflet on anterior resection was amended to include and make sure anterior resection patients are aware that data suggests that in a significant proportion of patients a 'temporary' stoma may not be reversed within 18 months. This ensures patients have all information in regards to their surgery and high levels of patient care are maintained.
RCEM Severe Sepsis and Septic Shock - care in emergency departments	The Trust created a patient information leaflet on Sepsis for patients, relatives & carers. It includes information to explain what sepsis is, how it affects the body, how it is diagnosed and how it is treated. This ensures patients have all information in regards to sepsis and high levels of patient care are maintained.
Tamba Maternity Engagement Project	<p>The Trust has appointed 'champions' for multiple pregnancy to oversee scans, to ensure that women with multiple pregnancy have their fetuses labelled using ultrasound and recorded between 11 weeks 0 days and 13 weeks 6 days.</p> <p>Sonographers have been given access to educational resources to allow them to develop knowledge and skills around multiple pregnancies. This should ensure that women are seen by a sonographer who specialises in multiple pregnancies.</p> <p>There is now a nominated midwife for multiple pregnancy, who holds a midwife-led multiple pregnancy clinic. This ensures that women are seen by a midwife specialising in multiple pregnancies.</p>
RCEM Fitting Child (Care in Emergency Departments)	The Trust has included information about the correct treatment for hypoglycaemia and the importance of this in the training given to trainees working in the Emergency Department. This should ensure that hypoglycaemia is appropriately managed and treated as soon as possible.
RCEM Consultant Sign-off (Emergency Departments)	The Trust has developed posters to promote the need to discuss high risk patients with a Consultant. These posters are displayed in the majors and minors areas of the Emergency Department. This should ensure that patients falling into high risk categories receive a senior review promptly and efficiently by a Consultant. The high risk patient groups are also included in staff induction and weekly training, to explain that these patients require a consultant review.
National Audit of Dementia (Care in General Hospitals)	The Trust has agreed that tier 3 dementia training will be offered to all site co-ordinators, ward based band 6 and 7 nurses and associate directors of nursing. This will ensure that these staff members have expertise in dementia care, and will allow dementia champions to be available 24 hours per day, 7 days per week. This should help to ensure patients with dementia receive the best possible care during their hospital stay.
BTS Pleural Procedures	A new Pleural Service was set up in May 2017 to help with Pleural procedures which will improve the efficiency of the service offered to patients and also improve patient safety and experience.
NCEPOD sepsis	Further education and training was provided to GP's and nurses within GP practices in the recognition and management of sepsis.
National Childhood Epilepsy Audit (Epilepsy 12)	A Paediatrician with an interest in Neurology commenced in post. This helps to improve the percentage of children diagnosed with epilepsy with input by a consultant Paediatrician with expertise in epilepsies and will also help improve the percentage of children with epilepsy meeting defined criteria for Paediatric neurology referral, with input of tertiary care by one year.
National Paediatric Diabetes Audit (NPDA)	<p>Use of continuous glucose monitoring is now being used to aid tighter glycaemic control which therefore increases patient safety.</p> <p>There have been modifications to snack advice with staff training and a patient information sheet to go with this. This improves the patient experience as there is more details on self-management as well as patient safety as this can help patients manage their condition.</p> <p>Local guidelines have been revised and approved to include colic screening as well as thyroid screening when type 1 diabetes is diagnosed.</p>
Falls and Fragility Fractures Audit Programme (inc National Hip Fracture Database)	A 12 bedded area dedicated to patients with fractured neck of femur has opened therefore leading to better patient experience and safety.

Audit Title	Key Actions
Audit of the Management of Periorbital Cellulitis	A new local clinical guideline has been implemented to ensure the management of patients with periorbital cellulitis is consistent which will lead to improved effectiveness of care and patient experience.
Re Audit of Management of Diabetic Ketoacidosis (DKA)	<p>A local clinical guideline has been updated to incorporate potassium monitoring into the existing Diabetic Ketoacidosis (DKA) clerking proforma which is filed within the patients' healthcare record. This ensures effective potassium monitoring for patients with DKA and avoids risk of harm to patients.</p> <p>A care plan has also been developed for provision on patient discharge which will improve communication between the patients, healthcare staff within the hospital and General Practitioners for the continuity of care.</p>
Audit to assess compliance with documentation and goal setting from NICE CG83 (critical illness rehabilitation)	<p>A rehabilitation manual has been created for patients on comprehensive assessment pathways to highlight exercises that patients can continue with throughout the day. The manual is provided to patients and includes a structured individualised plan of care. This ensures patients have a documented exercise timetable and have the knowledge and confidence to complete their rehabilitation exercises.</p> <p>Details of the patients lead therapist are also documented in the rehabilitation manual which enables patients to contact their lead therapist at any time.</p>
The Forgotten Fluid Balance Chart	<p>The implementation of the hydration chart provides an alternative documentation tool for ensuring hydration for patients who are not acutely unwell. This reduces the numbers of fluid balance charts that are being completed for patients and ensures patients fluid intake is being monitored correctly.</p> <p>Awareness of the importance of fluid balance was added to the training programme for nurses and healthcare assistants. This improves learning amongst staff and ensures consistency amongst the clinical team.</p>
Audit of post thrombolysis bleeds with regards to hypertension at presentation	A new version of the Acute Stroke Pathway has been implemented, which incorporates blood pressure management guidelines, to avoid the risk of a post thrombolysis bleed in patients who present with hypertension.
Audit of Compliance with armbands and vital signs during blood transfusion	A Red Blood Cell and Anaemia app has been developed to reinforce the importance of documenting weight, to ensure patients are transfused safely and appropriately.
Re-audit of the accuracy of Parkinson's disease medication prescribing during hospital admission	<p>On-going training for Parkinson's Disease is provided to Nursing staff on the wards and Junior Doctors during induction. The training focuses on the hospital areas A&E and Acute Medical Decisions Unit (AMU) as patients admitted to these areas have a higher prevalence of Parkinson's Disease. Providing this training increases staffs knowledge of the illness, barriers they may face and management techniques to improve patient experience.</p> <p>A Parkinson's Disease Nurse Specialist (PDNS) has been appointed to the Trust, allowing early review of patients suffering from symptoms of Parkinson's Disease.</p>
Audit of MRI for anterior low lying placenta in previous CS	The Trust guideline has been updated to reflect the need for early discussion with interventional radiology if fetal medicine scans are suspicious for invasive placenta. This is to ensure patients are identified and treated as soon and as effectively as possible.
Re-audit of the feed at risk audit	A lead clinician has been identified to support on-going activities to raise awareness within the Trust of the Feed At Risk guideline. This ensures Feed At Risk decisions can be made in a prompt and thorough way and advanced care planning improvements could prevent patients being readmitted to hospital unnecessarily.
Audit of Non-Medical Referrer Compliance to Protocol	Radiation Protection training is now delivered to all new Non-Medical Referrers to reinforce the importance of compliance to protocols. This ensures patients are investigated and treated in the correct way.



2.4.3. Participation in Clinical Research

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

The number of patients receiving relevant health services provided or sub-contracted by UHCW during financial year 2016-2017, that were recruited to participate in research (approved by a Research Ethics Committee and the Health Research Authority) was 4772 in total. The portfolio of trials available to recruit into, and their complexity, change each year, as such, our recruitment target for 2017-2018 was 4083 patients; we are currently on target to exceed this as the total number of recruits as of January 2018 is 3560.

We are one of the leading research centres within the West Midlands, with a proven track record of delivering high quality research. We have developed our research base in recent years, moving from a position of little research activity to becoming very research active. We have actively developed our external collaboration with academic and industry partners thereby attracting significant research income. In 2017, 134 research grant applications were submitted to external funders. Currently, 25 (19%) of these have been funded (total value of more than £6 million) but this will rise as the outcome of applications becomes known.

Our Research and Development team were awarded the Silver Pharma times NHS Clinical Research Site of the Year 2017, judged by the National Institute for Health Research (NIHR) and Association of British Pharmaceutical Industries.

With over 386 ongoing research projects led by staff across a wide range of specialties, our patients are given many opportunities to take part in research across the Trust. Patient involvement and representation is demonstrated throughout our research infrastructure. Regular events such as open days, the annual Summit, work experience opportunities, multi-media communications and social media enable us to engage with staff, patients and the public.

Research activity continues to increase at UHCW with over 100 clinicians leading research. They are supported by 81 research nurses, midwives, allied health professionals and administrators and increasing numbers of staff are undertaking research, clinical academic internships, higher degrees and PhDs. The Trust provides free research training for all staff now including a Principal Investigator masterclass, which is NIHR accredited course. This increasing level of participation in clinical research demonstrates UHCW NHS Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

In April 2017 the Coventry and Warwickshire Clinical Research Facility (CRF) became a designated National Institute for Health Research (NIHR) CRF, and will receive £750,000 over a five year period to fund infrastructure and support costs associated with conducting experimental medicine and translational studies. To maintain our CRF status we are required to increase our portfolio of experimental medicine and translational studies, which we are confident we will achieve. Thirty-five studies conducted at UHCW NHS Trust in 2017/18 met the CRF criteria and our first Phase I study is due to commence in 2018. The CRF is also supporting the Arthritis Therapy Acceleration Programme (A-TAP), which is a prestigious partnership between UHCW NHS Trust and the Universities of Oxford and Birmingham.

Patient and Public Involvement and Engagement (PPIE) in research has continued to expand this year. Members of the Patients in Pregnancy Research (PIPR) group have continued to contribute to Reproductive Health research. In addition, we have recruited three Patient Research Ambassadors (PRAs) who are willing to promote research from their perspective and have also established the

Patient and Public Research Advisory Group (PRAG) whose members are keen to influence research at UHCW NHS Trust.

In the last three years, (Jan 2016 to date) 594 publications have resulted from our involvement in research, helping to improve patient outcomes and experience across the NHS. The Trust's mission, Care - Achieve - Innovate, is explicit in that we will deliver the best care for our patients, achieve excellence in education and teaching and innovate through research, development and learning. As such, we have a clear strategy to develop research. The key areas for delivery are to 'instill and embed a culture of research and development' and 'grow investment in, and revenue from, research'. By delivering on our research strategy, we also contribute to the delivery of the other Trust strategic priorities. You can follow UHCW research on Twitter: https://twitter.com/UHCW_RandD.

2.4.4. Goals Agreed with Commissioners (CQUIN)

In 2017/18, £10.6m (c2%) of the Trust's Contracted Revenue for its Commissioners was conditional upon achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) framework. Performance against the 2017-18 schemes has yet to be ratified with Commissioner's at the time this Account was published. Further details of the agreed goals for 2017/18 and 2018/19 can be found in Appendices A and B of this Quality Account.

2.4.5. Care Quality Commission

We are registered with the Care Quality Commission (CQC) to provide nine regulated activities on our two sites, University Hospital and the Hospital of St Cross and we have maintained registration throughout 2017-18, without any compliance conditions being imposed. The Chief Nursing Officer is the Trust's CQC nominated responsible officer for the services. In order to maintain registration, we are required to demonstrate compliance with the CQC's Fundamental Standards of Care.

The CQC assesses compliance with these standards through various types of inspections. This includes unannounced inspections, if there are concerns about quality or safety and thematic reviews to evaluate the quality of a care pathway or a specific area of service provision. A full inspection took place in April 2018, with the results of this visit to be published later this year.

In January 2018, the CQC undertook a Local System Review, looking at how people move between health and social care services across Coventry. This review considered the whole local health economy, and is an addition to the anticipated CQC inspection of Trust services. This review has been carried out following a request from the Secretaries of State for Health and for Communities and Local Government to undertake a programme of 20 targeted reviews of local authority areas. The purpose of this review was to understand how people move through the health and social care system with a focus on the interfaces between services.

The full of the Local System Review Report can be found: <https://www.uhcw.nhs.uk/our-organisation/the-care-quality-commission/>.

2.4.6. Data Quality

A number of the requirements of the Information Governance Toolkit encompasses data quality. To ensure that we meet the required attainment levels, the data quality team provides training and advice to users of the Patient Administration System that is used to record patient information to support the provision of patient care and data submissions.

A suite of data quality reports for data reported both internally and externally are routinely produced. These are reviewed, areas of concern highlighted and appropriate actions taken to rectify any issues.

UHCW submitted records from 2017/18 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data for April 2017 to February 2018 which included the patient's valid NHS number was:

- 99.4% for admitted patient care
- 99.8% for outpatient care
- 98.0% for accident and emergency care

Which included the patient's valid General Medical Practice Code was:

- 99.9% for admitted patient care
- 100% for outpatient care
- 100% for accident and emergency care

Data quality is high on the Trust's agenda to improve patient safety and experience. To further support this agenda and improve data quality the following work streams are being implemented:

- Data Quality and Performance Assurance steering group.
- Review of Data Quality Policy and development of DQ framework
- Data quality performance dashboards are to be created targeting specific areas of poor data quality at group level
- Standardised processes embedded throughout the Organisation.
- Central Admin training and regular meetings led by a central function
- Review of ward clerk management, hours and function moving forward in line with EPR
- Review of DQ function post EPR

2.4.7. Information Governance Toolkit

The UHCW Information Governance Toolkit assessment overall score for 2017-18 was 90% and was graded 'satisfactory/green'.

2.4.8. Clinical Coding Error Rate

Results below are from the Information Governance Audit which took place in March 2018. The scope of this Information Governance Audit was based on 200 Finished Consultant Episodes. A Finished Consultant Episode is the time a patient spends in the care of one consultant in one health-care provider. If a patient is transferred to a different hospital provider or a different consultant within the same hospital, a new episode begins. The period from which the results show below are from 1st April 2017 to 31st March 2018. A random sample was taken which included 80 Cardiology, 20 General Surgery, 20 Gynaecology, 40 Neurosurgery and 40 Trauma and Orthopaedic Finished Consultant Episodes.

Primary diagnosis correct	Secondary diagnosis correct	Primary procedures correct	Secondary procedures correct
97.00%	93.90%	98.01%	97.25%



2.4.9 Performance against National Quality Board Learning from deaths guidance 2017

The National Quality Board published Guidance on learning from deaths in March 2017 based on a CQC review into 'Learning, candour and accountability' December 2016.

The Department of Health and Social Care published the NHS (Quality Accounts) Amendment Regulations 2017 in July 2017 adding new mandatory disclosure requirements relating to "Learning from Deaths" to Quality Accounts.

The Trust has an in-depth mortality review process where each death of an inpatient aged 18 and above is subjected to an initial review of their care and graded according to the standard of care they received. Furthermore, secondary reviews are conducted by an appropriate consultant or team if potential problems in care have been identified. This is to encourage learning from patient outcomes.

The number of deaths of inpatients who have died during 2017/2018 is 2454. The number of in hospital deaths of patients over the age of 18 per quarter is illustrated below.

Quarter	Year	Grand Total
1	2017/18	544
2	2017/18	543
3	2017/18	641
4	2017/18	610
	Total	2338

The number of deaths which have been subjected to an initial review of care to determine what problems (if any) there were in the care provided to the patient is:

Year	Quarter	completed	Incomplete	Grand Total
2017/18	Quarter 1	532	12	544
2017/18	Quarter 2	516	27	543
2017/18	Quarter 3	552	89	641
2017/18	Quarter 4	287	323	610
	All	1887	451	2338

In cases where possible problems in care have been identified from the primary mortality review, a secondary review is conducted and shared with the multidisciplinary team to review the case and identify areas for improvement. Cases where care was less than satisfactory are reported to the Mortality Review Committee for discussion and identification of actions to improve care.

The number of deaths during 2017/2018 for which a secondary mortality review or investigation has been carried out, which was judged at primary review or investigation as more likely than not to have been due to problems in the care provided to the patient is illustrated below:

Year	Quarter	Completed	Requested	Grand Total
2017/18	Quarter 1	51	6	57
2017/18	Quarter 2	70	8	78
2017/18	Quarter 3	46	25	71
2017/18	Quarter 4	10	28	38
	Grand Total	177	67	244

The learning identified from the Trust wide mortality review process is shared within the organisation through specialty led Quality Improvement and Patient Safety or Morbidity and Mortality meetings. This allows a multidisciplinary approach to sharing learning from deaths and dissemination across teams. Sharing of learning themes also takes place through the Mortality Review Committee and wider organisation through forums such as Grand Round and the Learning from Deaths Newsletter.

Learning themes identified from the Trust wide mortality review process include communication and handover of information between colleagues and teams and appropriate transfer of patients to other clinical areas.

The review of inpatient deaths and sharing of the learning identified has enabled improvements in the delivery of care for patients. The Trust has developed a number of evidence-based care bundles to support patient care with high risk conditions. The Sepsis Six assessment tool and care bundle has been implemented within the Trust along with others, supporting the treatment of patients with pneumonia, acute kidney injury and heart failure.

The delivery of patient care has been improved with the development of advanced practice teams to deliver quality evidence-based care in areas including hip fracture and acute kidney injury. Specific patient pathways have been implemented to support the diagnosis and care of patients with conditions such as hip fracture and abdominal aortic aneurysm.

The Trust has also worked to improve the documentation of patient's co morbidities, which has had an impact on communication of information and data quality within the organisation.

2.4.10 Seven Day Services

The demand for urgent and emergency care does not follow a pattern that is consistent with the traditional working week of Monday to Friday, 9am to 5pm – acute illness happens 24 hours a day, seven days a week. There is inconsistency in provision when comparing in hours and out of hours services. Poor emergency service provision in the evening and particularly at the weekend is associated with increased variation in mortality rates, patient experience, length of hospital stay and re-admission rates.

The Introduction of 7 Day Services (7DS) is about the provision of acute medical care in such a way that there is no difference in quality (patient safety, clinical effectiveness and patient experience) for patients, whether it is a weekday or a weekend. To help achieve this, the Department of Health introduced 10 clinical standards, of which four were identified as priorities for implementation on the basis of their potential to positively affect patient outcomes. These are:

- Standard 2 – Time to first consultant review
- Standard 5 – Access to diagnostic tests
- Standard 6 – Access to consultant-directed interventions
- Standard 8 – Ongoing review by consultant twice daily if high dependency patients, daily for others

Against these four standards acute hospital trusts are required to meet the following targets for their implementation:

In March 2017 the four priority standards were implemented in Acute Trusts so that 25% of the population benefit from 7DS, 50% by March 2018 and 100% by March 2020.

UHCW's performance against the 4 standards were (2017/18):

UHCW (National Performance)	Standard 2 Time to First Consultant Review	Standard 5 Diagnostics	Standard 6 Intervention / key services	Standard 8 On-going review
7 Days	66% (72.3%)	100% (95.9%)	100% (93.5%)	90% (85.2%)
Week Days	66% (73%)	100% (99.7%)	100% (95.2%)	96% (90.9%)
Weekend	65% (70.3%)	100% (92.1%)	100% (91.9%)	78% (69.7%)

It can clearly be seen that of the patients audited, performance against Standards Five and Six was 100% across all days and that Standard Eight achieved an impressive 90% combined score across the 7 days. Standard 2 is the primary standard amongst these four, and whilst showing a 66% combined score which is well above the 25% threshold for 2017 and even exceeds the 2018 requirement it is the area that requires most attention. The 2018 audit of these standards takes place in April 2018 and once the results are known it will be possible to target our work towards those specialties that are performing less well and thereby better improve the Trusts overall position. Further internal audits to augment those that are mandated will also better inform our work. Against the remaining six standards we are required to show that we have made progress towards them, but not against any set target; we are achieving this.

2.5 Performance against NHS Outcomes Framework 2017-18

There are five domains within the national NHS outcomes framework. These are areas of performance for which there are agreed national indicators. The Trust provides information to the Health and Social Care Information Centre which, in turn, provides us with a comparison against other Trusts. By publishing these figures you can compare our performance with the best, the worst and the average performing trusts in the NHS.

The Five Domains are:

1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long-term conditions
3. Helping people to recover from episodes of ill health or following injury
4. Ensuring that people have a positive experience of care
5. Treating and caring for people in a safe environment and protecting them from avoidable harm

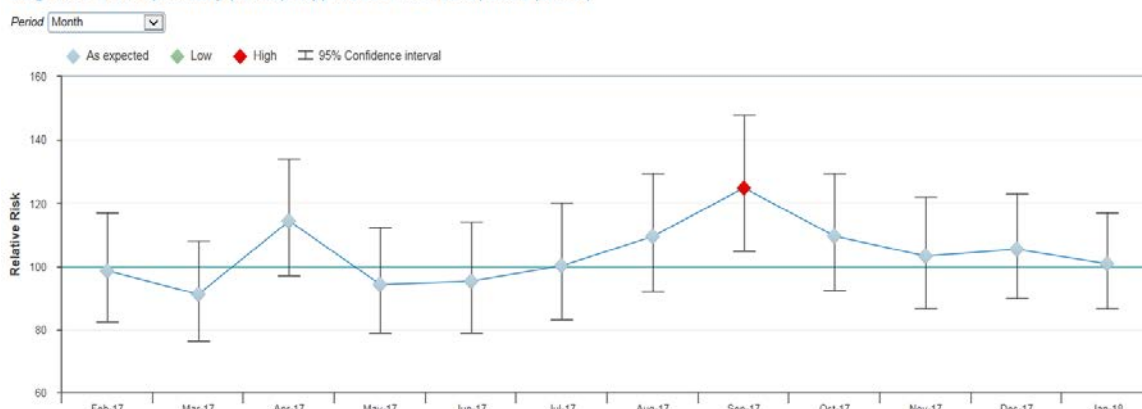
Related NHS Outcomes Domain 1						
Indicator: Mortality Rates [source: Dr Foster]	Jan 2015 – Dec 2015	Apr 2015 – Mar 2016	Jul 2015 – Jun 2016	Oct 2015 – Sep 2016	National Average	Lowest and Highest reported Trust Oct15- Sep16
a) The value and banding of the summary hospital-level mortality indicator ("SHMI") for the trust for the reporting period	1.063 (Band 2) Within expected	1.0778 (Band 2) Within expected	1.0921 (Band 2) Within expected	1.1079 (Band 2) Within expected	1.00	0.6897 (Band 3) 1.1638 (Band 1)
b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.	23.1%	28.8%	35.1%	42.4%	27.3%	0% 93% (Peer acute providers)

Indicator: Mortality Rates [source: Dr Foster]	Jan 2016 – Dec 2016	Apr 2016 – Mar 2017	Jul 2016 – Jun 2017	National Average	Lowest and Highest reported Trust July 16- Jun 17
a) The value and banding of the summary hospital-level mortality indicator ("SHMI") for the trust for the reporting period	1.1047 (Band 2) Within expected	1.0972 (Band 2) Within expected	1.0950 (Band 2) Within expected	1.00	0.7261 (Band 3) 1.2277 (Band 1)
b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.	37.59%	39.70 %	38.65%	31.06%	5.2% 86.3% (Peer acute providers)

At UHCW:

- The Trust monitors mortality rates using the national Hospital Standardised Mortality Ratio (HSMR: Provided by Dr Foster Intelligence) and Summary Level Hospital Indicator (SHMI: provided by NHS Digital), which measure mortality as to whether it is higher or lower than that which would be expected.
- Both SHMI and HSMR are not definitive measures of quality of care. They act as a warning system for deviance from the 'norm' and can provide indication for areas to investigate. They provide the Trust with 'alerts' when there has been significantly more deaths than expected. All alerts received from both monitoring reports are reviewed and discussed at the Trust's Mortality Review Committee.
- The SHMI uses a benchmark of 1 to monitor performance. If the value is higher than 1, then it implies that there have been more deaths than expected. If the value is below 1, then there have been fewer deaths than expected. An alert will only be generated if there have been significantly more or fewer deaths than expected. If there are significantly more deaths or fewer deaths than expected, a mortality alert (either negative or positive) will be created.
- The HSMR uses a benchmark of 100 to monitor performance. If the value is higher than 100, then there have been more deaths than expected. If the HSMR is below 100, it means that there are fewer deaths than expected. If there are significantly more deaths or fewer deaths than expected a mortality alert (either positive or negative) will be created.
- For February 2017 – January 2018, the HSMR is 103.4, which is within the 'expected' mortality range (this is the latest available data). The HSMR for January 2018 is 100.7, which is also within the expected range. The chart below shows the Trust's mortality performance trend over 12 months. It highlights a gradual increasing trend, but remains within the expected range.

Diagnoses - HSMR | Mortality (in-hospital) | Feb 2017 - Jan 2018 | Trend (month)

**Graph: UHCW HSMR performance trend over 12 months**

The Trust intends to take the following actions to improve this percentage, and so the quality of its services:

- Palliative care is important to the Trust as it focuses on providing patients with relief from the symptoms, pain and stress of a serious illness. In previous years the Trust has been one of the lowest Trusts for recording palliative care, but work has continued through 2017 and 2018 to increase the numbers of patients receiving care by our Specialist Palliative Care Team by more accurately recording their activities. This has resulted in the palliative coding rate for deceased HSMR patients to increase from 10.2% for the time period Apr 2014- Mar 2015 to the most recent available 12 months February 2017 – January 2018, which is 37.33%. The national average for palliative care coding during this time is 29.52%. This has had a positive impact on the Trust's HSMR performance.
- The Trust has taken on board recommendations from the CQC and National Quality Board in relation to learning from deaths and has updated the mortality review and monitoring policy and process to reflect the recommendations.

Indicator : Patient reported outcome measures scores (PROMS) [source: NHS Digital]	2015-16	2016-17 Provisional	2017-18 April/Sep provisional	National Average 2017- 18 April/Sep provisional	Lowest and Highest Reported Trust Average 2017-18 April/Sep provisional
Groin Hernia surgery	0.041	*	*	0.089	0.055 – 0.140
Varicose Vein surgery	*	*	*	0.096	0.068 - .0134
Hip replacement surgery	0.448	0.438	*	0.451	0.330 – 0.525
Knee Replacement surgery	0.304	0.320	*	0.331	0.291 – 0.361

*Indicates the information is not available on the NHS Digital portal

The PROMs table has been updated with the latest available data from the NHS Digital PROMS website.

Please note that the 2016-2017 data remains provisional on the website.

The Trust considers that this data is as described for the following reasons: Patients are asked to complete a feedback form post-operatively following a nationally agreed protocol.

The Trust intends to take the following actions to improve score and so the quality of its services by sharing feedback and liaising with the relevant clinical areas to ensure information about the questionnaire is given to patients and patients are encouraged to participate.

Related NHS Outcomes Domain 3					
Indicator: emergency readmissions to hospital [source: NHS Digital, UHCW]	Year	UHCW	NHS England Average	Lowest Reported Trust	Highest Reported Trust
The percentage of patients aged 0 to 15 readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period	2016-17	8.43	*	*	*
	2017-18	8.36	*	*	*
the percentage of patients aged 16 or over readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period	2016-17	7.72	*	*	*
	2017-18	7.64	*	*	*

*Indicates the information is not available on the NHS Digital portal

Related NHS Outcomes Domain 4					
Indicator: A positive experience of care [source NHS Digital]	2014/15	2015-16	2016-17	National Average 2016-17	Lowest and Highest Reported Trust
The Trust's responsiveness to the personal needs of its patients during the reporting period.	67.6	65.0	68.2	68.1	60.0 lowest 85.2 highest
The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	70%	76%	74%	70%	*

*Indicates the information is not available on the NHS Digital portal

The Trust considers that this data is as described for the following reasons:

- The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends: These figures are based on the results for UHCW from the National Staff Survey 2016. In the past, 850 randomly selected staff were invited to take part in the survey, however, a decision was made to invite all staff to participate in the 2016 survey. Conducting a full staff census allowed us to ensure we gathered data across all staff groups, departments and demographic groups, as well as; creating greater staff engagement so that all feel included rather than some feeling their voice had not been captured, increasing staff trust in the results as everyone had the opportunity to participate, and easier publicity as everyone had been invited.

- The National Staff Friends and Family Test, launched in April 2014, sees staff being asked whether they would recommend the Trust as a place for their friends and family to work or a place for them to be treated. We are required to ask all staff each year the friends and family questions. The above results were captured during the National Staff Survey.

The Trust intends to take the following actions to improve this percentage:

- Compared to other Acute Trusts, UHCW's result is above (better than) average for this question. There has been no significant change since 2015 results.
- A Task and Finish Group has been set up and will first meet on 15th March to respond to areas of concern.



Related NHS Outcomes Domain 5				
Indicator: avoiding harm [source NHS Digital]	Year by quarters	UHCW	National average	Trust with highest/lowest score
<p>The percentage of patients who were admitted to hospital and who were risk assessed for Venous Thromboembolism (VTE) during the reporting period</p> <p><i>The indicator is expressed as a percentage of all adult in-patients that have received a VTE risk assessment upon admission to the Trust using the clinical criteria of the national VTE tool</i></p>	2015-16			
	Q1	96.6%	96.0%	100%
				86.1%
	Q2	95.8%	95.9%	100%
				75.0%
	Q3	96.2%	95.5%	100%
				61.5%
	Q4	96.4%	95.5%	100%
78.1%				
Indicator: avoiding harm [source NHS Digital]	Year by quarters	UHCW	National average	Trust with highest/lowest score
<p>The percentage of patients who were admitted to hospital and who were risk assessed for Venous Thromboembolism (VTE) during the reporting period</p> <p><i>The indicator is expressed as a percentage of all adult in-patients that have received a VTE risk assessment upon admission to the Trust using the clinical criteria of the national VTE tool</i></p>	2016-17			
	Q1	96.7%	95.7%	100%
				80.61%
	Q2	97.2%	95.5%	100%
				72.14%
	Q3	96.7%	95.6%	100%
				76.48%
	Q4	96.5%	95.5%	100%
				63.02%
	2017-18			
	Q1	96.12%	95.20%	100%
				51.38%
	Q2	97.01%	95.25%	100%
				71.88%
	Q3	96.95%	95.36%	100%
				76.08%
	Q4	97.30%	Data not	Data not available until

The Trust considers that this data is as described for the following reasons: the consistency and accuracy of the data collection has been evaluated by internal audit and is routinely monitored by the Trust Performance Management Office.

The Trust intends to take the following actions to improve this percentage; continue to monitor compliance and identify gaps and put in corrective action where necessary.

Related NHS Outcomes Domain 5					
Indicator: Reducing Infection [source NHS Digital]	2015-16	2016-17	2017-18	National Average	Lowest to Highest Reported Trust
<p>The rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.</p> <p><i>The Trust is deemed responsible for a case where the sample was taken on the fourth day or later of an admission to that trust (where the day of admission is day one)</i></p>	9.9	7.5	8.8	*	*

*National averages are not available from PHE until mid-July. It will then be available on the PHE website.

Please note that the 2017-18 rate has been calculated using C Difficile reported cases available on the PHE website and KH03 bed day data (34/387,178x100,000).

The Trust considers that this data is as described for the following reasons: Reporting of data on C.difficile infection is mandatory; data quality is monitored through infection control and subject to audit and reporting to commissioners. UHCW has submitted its mandatory return, but this has not yet been published nationally.

The Trust intends to take the following actions to improve this percentage by continuing to implement its infection control and prevention strategy.

Indicator: Incident reporting [source NRLS]	Apr 15 – Sep 15	Oct 15 – Mar 16	Apr 16 – Sep 16	National Median (Acute non-specialist Trusts) Apr 16 – Sep 16	Lowest and Highest reported Trusts Apr 16 – Sep 16
The number of Patient Safety Incidents reported within the Trust in the reporting period	6,047	6,104	6,228	4.335	Lowest - 1,485 Highest - 13,485
Rate of Patient Safety Incidents reported within the Trust in the reporting period (per 1000 bed days)	32.18	31.48	32.06	40	Lowest – 21.15 Highest – 71.81
The number of such incidents that resulted in severe harm or death	37	27	17	14	Lowest - 0 Highest - 111
**Percentage of such Patient Safety Incidents that resulted in severe harm or death	0.6%	0.4%	0.3 %	0.4%	Lowest - 0.0% Highest - 2.0%

**The patient safety indicator is expressed as a percentage of patient safety incidents reported to the National Reporting and Learning Service (NRLS) that have resulted in severe harm or death.

A patient safety incident is defined as ‘any unintended or unexpected incident(s) that could or did lead to harm for one or more person(s) receiving NHS funded healthcare’.

The ‘degree of harm’ for patient safety incidents is defined as follows:

- ‘severe’ – the patient has been permanently harmed as a result of the incident
- ‘death’ – the incident has directly resulted in the death of the patient

The Trust considers that this data is as described for the following reasons:

- UHCW assesses data quality before submission to NHS England’s National Reporting and Learning System (NRLS). The NRLS monitors the data and informs UHCW of any anomalies or errors

3 Overview of Organisational Quality

3.1. Patient Safety and Risk

The aim of incident reporting is to capture themes and trends from the numerous low level incidents and resolve them, to avoid the potential for failures that can cause patients a higher degree of harm. Our online incident reporting system (Datix) allows any member of our staff to report an incident and enables early detection of trends and alerts the Patient Safety Team to any Serious Incidents, enabling escalation and swift investigation.

The basic process for incident reporting is taught at Trust induction, further Datix training is given at levels appropriate to individual staff members' roles and responsibilities.

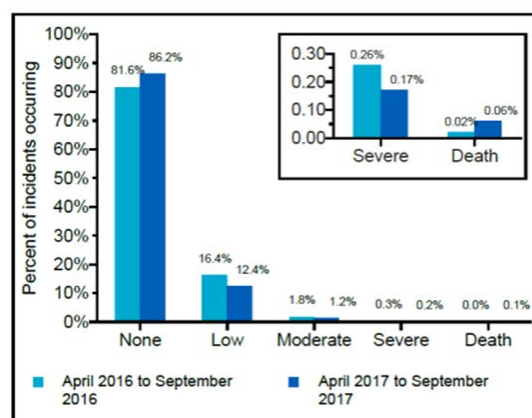
UHCW is one of five Acute NHS Trusts that has been partnered with the Virginia Mason Institute as part of NHS Improvement's (NHSi) ongoing continuous improvement project. This project seeks to embed a lean methodology and ethos of continuous improvement. UHCW chose Patient Safety as a focus area for this work, also known as a 'Value Stream'. A Rapid Process Improvement Workshop (RPIW) was held to review the process for incident reporting. This focused on the online form used to report incidents and the process for feeding back the outcome of Patient Safety Incidents (PSI). A Daily Safety Huddle was implemented to ensure learning is shared with staff. Following successful completion of the testing, a Trust wide roll out of the new process was commenced in June 2017.

This process has increased incident reporting and fostered a change in the way Patient Safety Incidents (PSI) are managed by the specialty.

The last twelve months have seen an increase in the reporting of PSI from 14,219 to 16,832 in the last financial year. The reporting of all incidents which impact on a patient's care is something which is encouraged, however minor the outcome. All reported incidents are investigated according to the type of incident and their potential for harm. Serious incidents are investigated using root cause analysis methodology.

The majority of patients involved in a safety incident incur minor or no harm, which is an indication of an open, learning culture (refer to the graph below for how we compare with other Trusts). We share the outcomes of investigations and trend analysis across the organisation as well as with our commissioners, other local providers and with NHS England.

Incidents reported by degree of harm for Acute (non-specialist) Organisations April 2017 – September 2017, extracted from National Reporting and Learning Systems (NRLS)



Degree of harm, April 2017 to September 2017

None	Low	Moderate	Severe	Death
6,188	889	89	12	4

Following the process of roll out of our improvement work, the team continues to highlight the PSI reporting process with a view to continue increasing incident reporting by:

- Maintaining a presence on Trust induction and ad-hoc spot checks on wards and departments
- Improve feedback to staff through a variety of media, e.g. email, posters, newsletters, Grand Round presentations, web pages
- Ensure that action plans to address incidents are realistic and achievable and hence completed within their deadlines

The improvement work of the Trust has been recognised by the HSJ in 2018 being shortlisted for awards in the following categories; Organisation of the Year, Patient Safety Team of the Year and Changing Culture.

Serious Incidents (SI)

In March 2015 NHS England (NHSE) published the revised Serious Incident Framework. This document defines Serious incidents in broad terms as 'events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. Serious incidents can extend beyond incidents which affect patients directly and include incidents which may indirectly impact patient safety or an organisation's ability to deliver ongoing healthcare.

We reported 136 SI incidents in 2017-18 (Data from STEIS).

Using the UHCW Improvement process, a second RPIW was held to review the process of Serious Incident investigation within the Trust. The RPIW team was empowered to make changes to the current process to expedite the initiation of investigation into serious or potentially serious incidents.

The changes made have led to the establishment of a Patient Safety Response (PSR). The PSR team consists of a senior doctor, senior nurse and patient safety officer who attend to the area where a serious incident has occurred. The team support staff and patients involved in the incident and remove any immediate barriers to commencing an investigation

The PSR's recommendations are then presented at the weekly meeting of the Serious Incident Group meeting (SIG), which is attended by senior clinical and non-clinical staff as well as a commissioning representative, who ensure that our process conforms to the national Serious Incident Framework 2015. The group oversees the investigations and resulting action plans, all of which are monitored until completion.

The investigation outcomes from these are regularly collated for review to ascertain any common issues or causes from which the Trust can learn lessons. Investigation reports are considered by the Tissue Viability Team and the Falls Steering Group respectively and analyses are shared at Quality Governance Committee and with the local commissioners at the Clinical Quality Review Group.

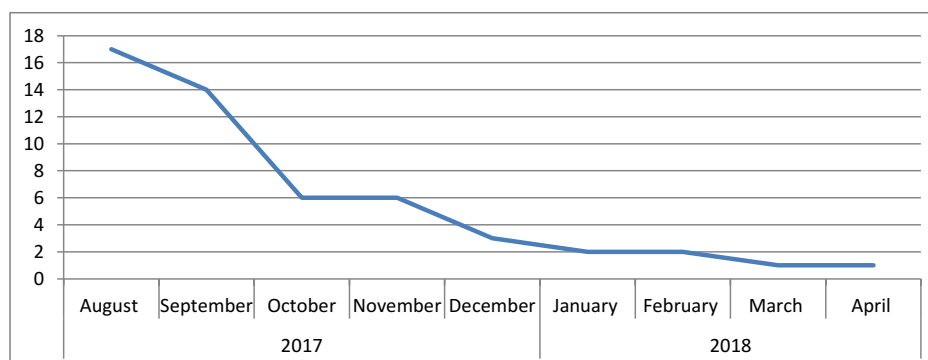
A number of actions have been taken to reduce the number of overdue Serious Incident investigations over the last 12 months:

- Escalation process via Associate Director and Director of Quality
- Patient Safety Response to ensure timely gathering of information
- UHCWi improvements including safety huddles resulting in more timely incident reporting review and reporting culture
- Training for investigators
- Regular communication and updates with the CCG
- Patient Safety Team restructure with new roles: Head of Patient Safety & Risk and Patient Safety Coordinator

This has resulted in a reduction from 17 overdue SI investigations in August 2017 to 1 by April 2018.

Serious Incidents Overdue Investigaion August 2017- April 2018

Graph 2



Never Events

Never Events are defined as “serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers”.

During 2017-2018 regrettably UHCW reported five Never Events. We have responded to these incidents with robust investigations and scrutiny of our processes and procedures.

These have consisted of:

- Two retained foreign objects
- Two wrong route administration of medication
- One wrong site surgery

Only one of the incidents was determined to have caused any harm to the patient. This was the retained colorectal swab, as the patient required a procedure to remove the swab. The remaining four were no or low harm.

All five cases are subject to a comprehensive investigation which led to recommendations and actions for learning. All cases were/will be reported to the Serious Incident Group and investigation reports and action plans approved and underway.

The detail of these cases is as follows:

Reference	Specialty	Date declared as Never Event	Category
1271/WEB-99639	Colorectal Surgery	05/07/2017	NE - Retained Foreign Object post-procedure (Swab)
1278/WEB-101498	Obstetrics	08/08/2017	NE - Retained Foreign Object post-procedure (Swab)
1295/WEB-105372	Gerontology	25/10/2017	NE - Wrong route administration of medication (Oramorph)
1302/WEB-107333	Anaesthesia	01/12/2017	NE - Wrong route administration of medication (epidural via IV)
1284/WEB-103096	Theatres	08/12/2017	NE – Wrong site

On each occasion we have discussed the error with the patient involved and/or their next of kin and offered to share the results of our investigations. The investigations were each led by a senior clinician using Root Cause Analysis (RCA) methodology. RCA reports are scrutinised by our Serious Incident Group to ensure that all aspects are considered and that the associated action plans are robust. All actions are monitored until completion.

Staff involved in a Never Event are required to discuss the incident and actions taken at a meeting with the Chief Executive Officer and the RCA reports are shared with the Trust Board. Details about Never Events are also published in the public Trust Board papers available on the Trust website at www.uhcw.nhs.uk/about-us/trust-board

We continue to take active steps to try to eradicate the occurrence of Never Events in the organisation. Examples of actions we have taken are:

Duty of Candour

The Duty of Candour became part of a regulatory registration package which was implemented in October 2014. A Policy for Duty of Candour for keeping patients and their relatives informed of any investigation of incidents which have caused moderate harm and above has been implemented within the Trust.

The policy includes clear information for staff on what they should do when they are involved in a serious incident and the support available to them to deal with the consequences of what happened and how to communicate with the patients or service users, their families and carers.

Following an incident to which the Duty of Candour applies, the patient involved receives a verbal apology and a written information leaflet with a contact name and number and details of what will happen next. Following the investigation they are given an opportunity to discuss the findings with a member of the clinical team.

Since implementation this process has been subject to a formal clinical audit which found that all patients had been promptly made aware of the incident occurring. The audit found opportunities for improvement, for some categories of event such as venous thrombo-embolism and in the way we maintain communication with patients after the initial disclosure. The most recent audit was presented to the Patient Safety Committee in November 2017 and an action plan is being implemented.

Sign up to Safety

UHCW joined the national Sign up to Safety campaign in 2014, which has the ambition of making the NHS the safest healthcare system in the world. After an initial 3 year programme focused on specific pledges the national campaign has now pivoted to address safety culture by facilitating open and honest conversations about safety. Developing a culture where staff feel empowered not only to have these conversations, but also to develop solutions for addressing the issues they identify is a key component of all 'ultra-safe' industries. This national campaign ties in with local initiatives developed by the Trust, such as Learning Teams and the UHCWi programme.

Human Factors

The Trust introduced a Human Factors Programme in 2016 with a remit to help improve safety within the organisation. Human Factors refer to environmental, organisational and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety (Health & Safety Executive).

- Over 1000 staff have received training in key Human Factors principles and tools to improve team communication and effectiveness.



- Safety improvement projects have been undertaken by Human Factors facilitators in a number of clinical areas, looking at issues such as communication, teamwork, interruptions, documentation and equipment, with more underway and planned for 2018.
- 'Learning Teams' are facilitated workshops where front line staff examine existing ways of working, in order to proactively identify potential safety issues and fix them before they lead to harm. These are used to identify issues, errors and excellence and are now an integral component of Serious Incident investigations and allow us to use Serious Incidents as a trigger for safety improvement.
- The Root Cause Analysis (RCA) investigator training has been completely revised to include key Human Factors concepts and current investigation tools and methodologies. The new package includes e-learning structured around a simulated incident, and also includes update training for existing investigators to refine their skills.

Claims

The Trust reported 74 clinical negligence claims to NHS Resolution (NHSR) in the financial year 2017-2018 to date. In 2017-18, NHSR, on behalf of the Trust, settled 42 claims [to date]. Further information on the Trust's claims history can be obtained via the NHS Litigation Authority website: www.nhs.uk (see Factsheet 5).

The Trust is committed to minimising the opportunity for human error in medicine. In keeping with our open and honest culture staff are encouraged to report clinical adverse events in a timely manner so that they can be investigated to identify opportunities for future learning and improvement. Action plans are implemented seeking to avoid similar incidents occurring again.

QUESTT- Quality is being Underachieved which affects the patients Experience and Safety and needs to be Turned around in a Timely manner.

The Questt tool is a safety and quality trigger tool used by Ward Managers and Modern Matrons to monitor standards and harm to patients. The tool was formulated following the Francis report 2013 where a fundamental decline in standards of care was identified across the country. The tool highlights where standards of care are being achieved and recognises wards that are performing well. It also highlights areas of underachievement and supports Ward Managers and Matrons to develop actions to assist in improving standards. The QUESTT tool incorporates harm indicators and risk indicators which can impact patient safety and quality at the point of care. In order to demonstrate improvements to patient safety and quality and highlight those wards that need improvement a monthly QUESTT escalation report has been developed. This allows Ward Managers and Matrons to monitor achievements over time. Action plans are compiled by Matrons/Ward Managers addressing specific standards that are being underachieved which are then discussed with the Associate Director of Nursing in a monthly 1:1 meeting. These actions are further analysed at group

Monthly accountability meetings and by the Chief Nursing Officer at the Quarterly performance reviews. It was identified in the last quarterly report that seven wards had improved their failure of 'harms' indicators through targeted action plans. Specific improvements were seen on these wards in relation falls and drug administration errors.



QUEST Rating					Harm Indicators				
QUEST Harm Escalation (Automatic Escalation if one or more of the Harm Indicators is greater than 0)	QUEST Harm DOT	QUEST Risk Indicators Score Based on all listed Risk Indicators if 4+ failed then red (Mandatory training is Grouped together in the Scoring)	QUEST Risk DOT	QUEST Flag	Clostridium Difficile	Incidence of MRSA	Falls with Harm (Any level of harm)	Pressure ulcers (Grade 2,3,4 (1 Month in arrears))	Drug Administration Errors (Meds Admin) with harm
1	↓	5	↓	Red	✓	✓	✗	✓	✓
2	↓	6	↓	Red	✗	✓	✗	✓	✓
1	→	5	↑	Red	✓	✓	✗	✓	✓
1	↓	4	→	Red	✓	✓	✗	✓	✓
0	→	3	→	Green	✓	✓	✓	✓	✓
2	↓	5	→	Red	✓	✓	✗	✓	✗
1	→	4	↑	Red	✓	✓	✗	✓	✓
0	→	3	↑	Green	✓	✓	✓	✓	✓

The tool uses the following methodology any 'harm' indicator failure triggers an alert (RED). If no harm has occurred the QUESTT rating is green. The arrows identify 'the direction of travel' on QUESTT compared to the previous month as demonstrated above.

3.2. Infection Control

UHCW continues to perform well against Department of Health (DH) targets. Compared to a basket of 33 large teaching NHS Trusts the combined unweighted rank of UHCW for outbreaks of MRSA, MSSA and C. diff is second, reflecting the Trust's excellent performance in infection prevention and control across the board.

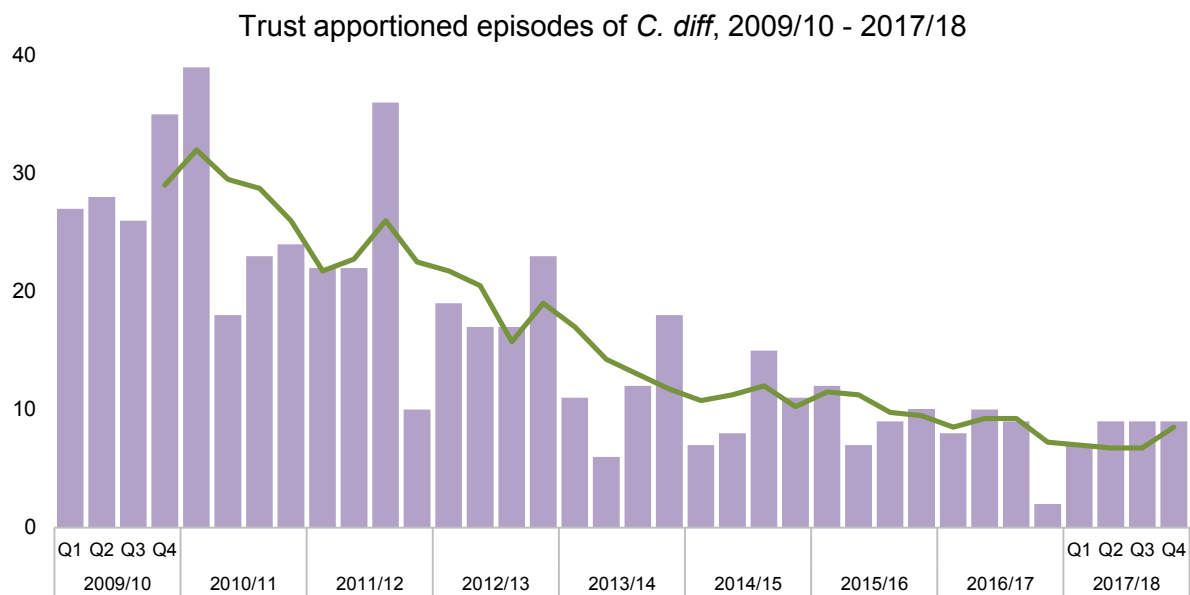
Clostridium difficile (C. diff)

UHCW reported 34 cases of C. diff against a DH set aim of having less than 42.

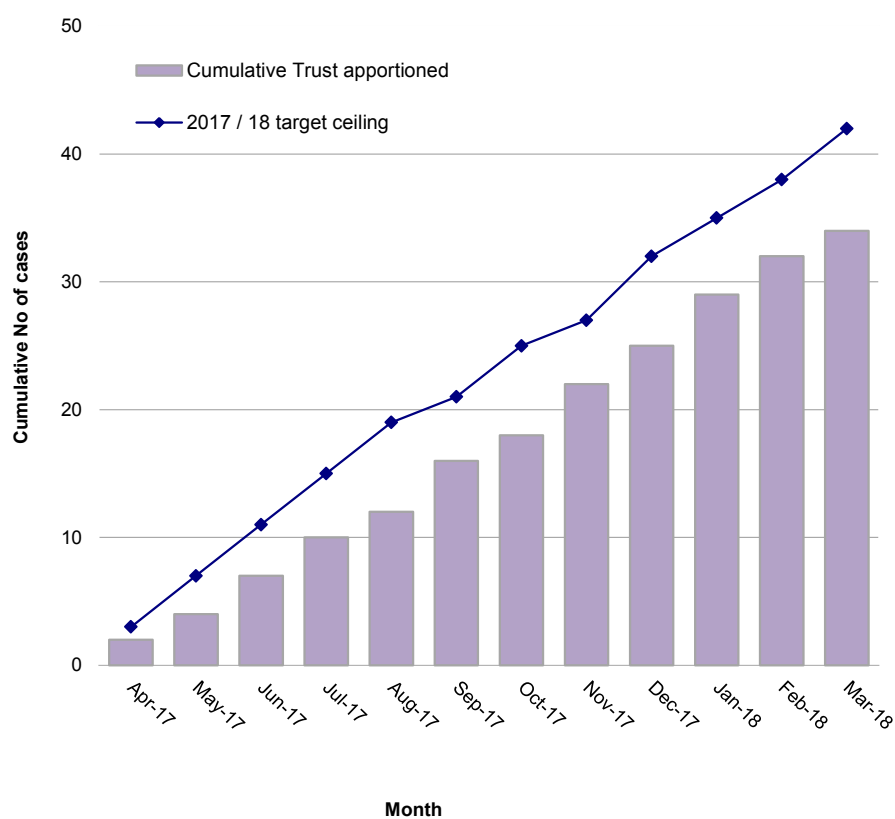
DH Target	Internal Target	Total cases Trust apportioned
42	37	34

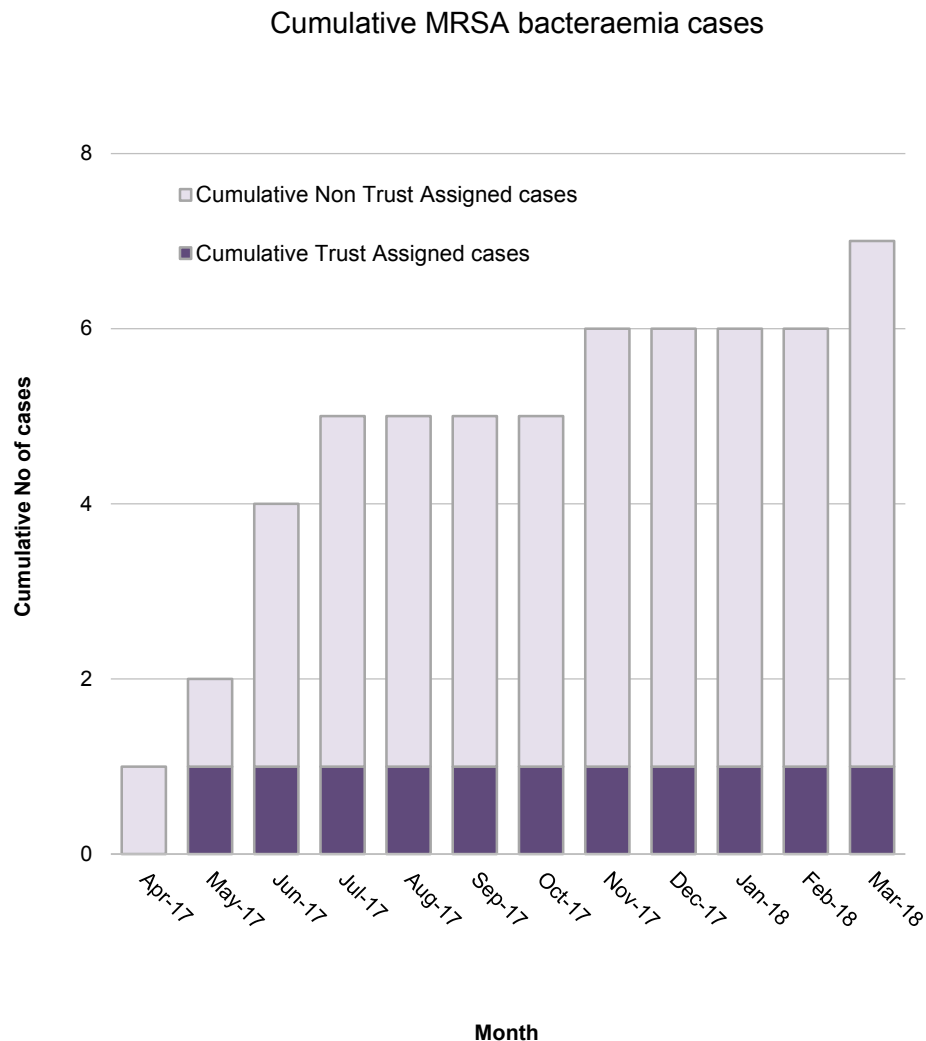
The graph below (Graph 1) shows the improvement in Trust apportioned cases of C. diff since 2009-10. This represents a significant improvement locally and places UHCW amongst the best performing Trusts of its kind. Nationally the rate for Trust apportioned cases of C. diff per 100,000 bed days is 13.63. UHCW had a rate of 8.8. Against a basket of 33 large teaching NHS Trusts UHCW's rate ranked fourth.

Graph 1



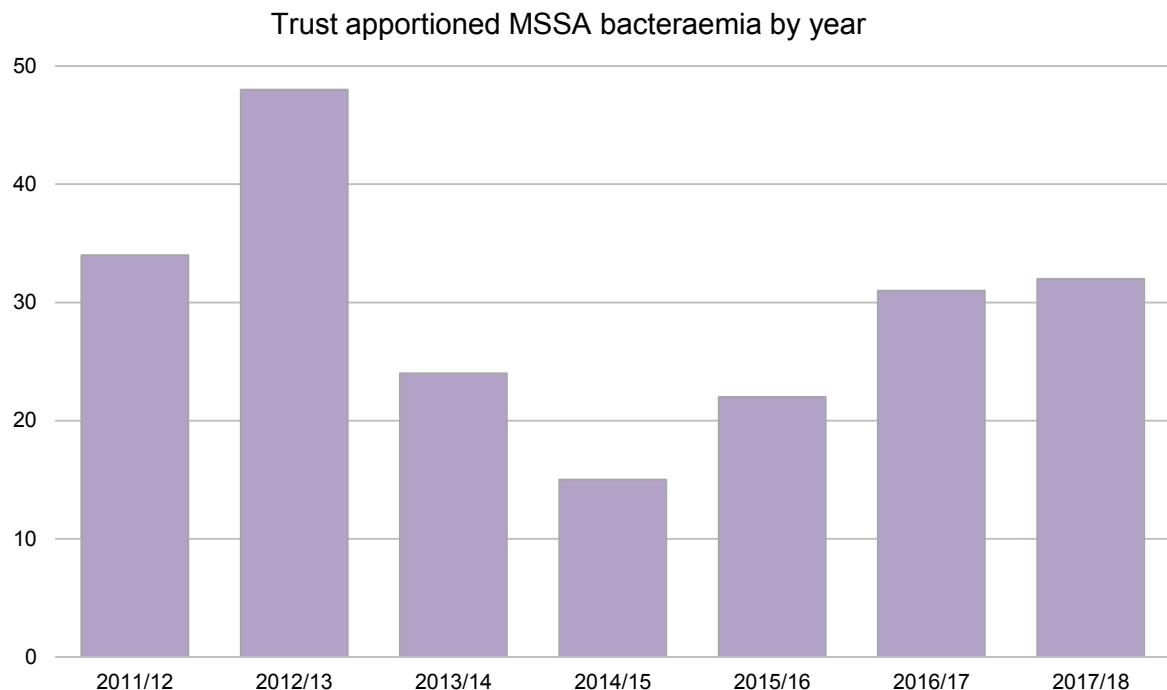
Graph 2 illustrates the year's cumulative figures for hospital acquisition of *C. diff*, compared to our target ceiling. Acquisition is defined by DH as occurring more than 48 hours after admission.

Cumulative Trust apportioned *C. diff* cases against target ceiling

Graph 3

Methicillin Sensitive Staphylococcus aureus (MSSA)

The Trust continues to perform well when compared to other Trusts. The national average rate of Trust apportioned MSSA bacteremia per 100 000 bed days is 9.05. UHCW rate is 8.29.

Graph 4

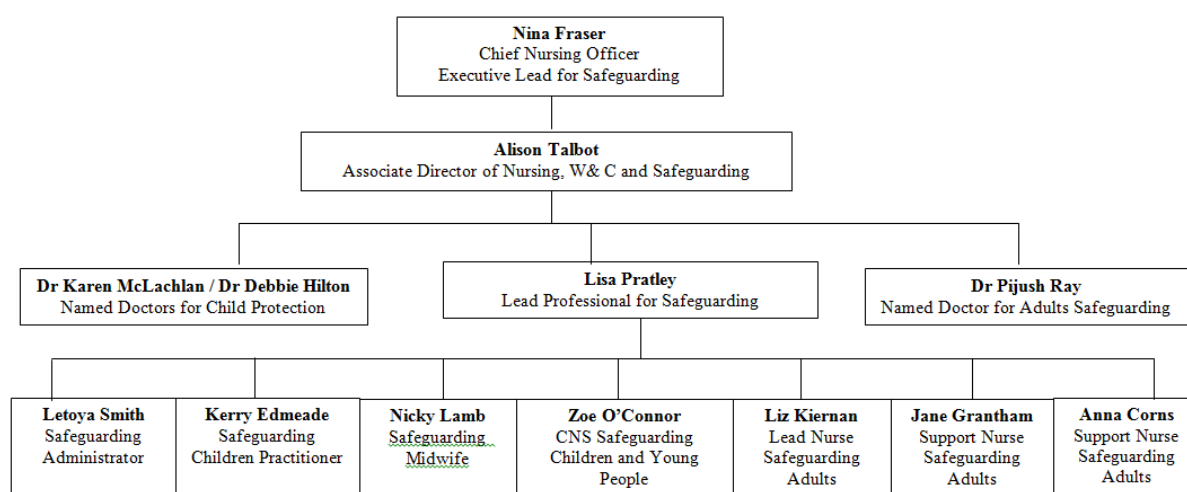
Influenza and Norovirus

During 2017-18 national levels of both influenza and Norovirus were higher than the five year average that they are measured against. UHCW reported high levels of swabbing and positive detection of respiratory virus. Despite this, there was very little disruption to operational work and only a small number of incidents where an organism appears to have spread. This reflects positively on the infection prevention and control practices of staff throughout the Trust.

3.4 Safeguarding and Child Protection

The Safeguarding Team consists of a Lead Professional for Safeguarding, a Named Nurse for Safeguarding Vulnerable Adults, two Support Nurses for Safeguarding Adults, a Clinical Nurse Specialist for Safeguarding Children and Young People, a Safeguarding Children Practitioner, a Safeguarding Midwife and a Safeguarding Administrator. The team is co-located and this allows for seamless safeguarding advice and support to be available. There are also two Child Protection Consultants and one Safeguarding Adult Consultant.

Organisational Structure – Safeguarding



Updated on 13th February 2018

Support, advice and guidance are required by staff on a daily basis and participation in professional development with students is also offered. Learning events are organised following serious case reviews and safeguarding incidents and this is shared with the relevant teams and departments. Lessons learnt are disseminated to all relevant staff and appropriate changes to practice are introduced.

UHCW continues to work collaboratively with partner agencies in order to ensure statutory safeguarding arrangements are met within children and adult services. UHCW NHS Trust is represented at both the Local Safeguarding Children Board and the Safeguarding Adult Board by the Associate Director of Nursing for Women, Children and Safeguarding. The Lead Professional for Safeguarding, the Named Nurse for Safeguarding Adults or the Named Doctor represent the Trust on all Safeguarding Board Subcommittees. The Serious Case Review Subcommittee is chaired by UHCW's Named Doctor for Child Protection and the Workforce and development sub group by the Named Nurse for Safeguarding Adults.

Training

All UHCW employees are required to be competent in safeguarding children and safeguarding adults however there are different competencies depending on their job role. For the majority of staff they require Safeguarding Children Level Two and Safeguarding Adults Level One, therefore this is delivered face to face on induction to the trust. The safeguarding team aim to facilitate individual training needs by offering a range of training methods as detailed below:

Competency	Training offered via
Safeguarding Children level 1	<ul style="list-style-type: none"> • Workbook • E-Learning via ESR • Bespoke face to face
Safeguarding Children level 2	<ul style="list-style-type: none"> • E-Learning via ESR • Monthly face to face
Safeguarding Children level 3	<ul style="list-style-type: none"> • Monthly face to face • Attendance at Local Safeguarding Childrens Board training
Safeguarding Adults level 1	<ul style="list-style-type: none"> • Workbook • E-Learning via ESR • Bespoke face to face
Safeguarding Adults level 2	<ul style="list-style-type: none"> • E-Learning via ESR • Monthly face to face

Working Together to Safeguard Children (2015) and the Intercollegiate Document (2014) have both been incorporated into all Safeguarding Children Training.

PREVENT Training

PREVENT training forms part of the Government's agenda to prevent vulnerable people being drawn into terrorism. The Government has outlined a duty that all health workers will receive PREVENT training. The NHS is one of the best placed sectors to identify individuals who may be groomed in terrorist activity, with 1.3 million people employed by the NHS and a further 700,000 private and charitable staff delivering services to NHS patients, we have 315,000 patient contacts per day in England alone. Staff must be able to recognise signs of radicalisation and be confident in referring individuals who can then receive support.

The Safeguarding Team have led this training throughout the trust with support from other cascade trainers. This training is included on induction for all new starters.

References

Department for Education (2015). Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children. London: HM Government.

Royal College of Paediatrics and Child Health (2014). Safeguarding Children and young people: roles and competencies for healthcare staff: intercollegiate document. 3rd ed. London: RCPCH.

3.5 Medical Revalidation

Medical Revalidation is a statutory requirement by which licensed doctors must demonstrate they are up-to-date and fit to practise.

It is based primarily on the outcome of annual appraisal through a doctor's connection with an organisation, known as a Designated Body. Each Designated Body has a Responsible Officer who is responsible for ensuring processes are in place to support medical appraisal and revalidation along with submitting recommendations to the General Medical Council. For UHCW this is Chief Medical Officer, Professor Meghana Pandit. To date she has submitted 513 recommendations to revalidate.

In line with NHS England's Framework for Quality Assurance the Trust is obligated to externally report Quarterly Appraisal Rates. Snapshots of compliance for the appraisal year 1st April 2017 - 31st March 2018 are as follows:

- Quarter 1 – 87%
- Quarter 2 – 84.26%
- Quarter 3 – 83.38%
- Quarter 4 – 90.54%

For the last quarter (1st January - 31st March 2018) 253 appraisals were due, with 189 of these completed and 64 doctors failing to hold their appraisal meeting in this period. 14 doctors have a valid reason for postponing their appraisal (e.g. sick leave, maternity, etc.). Overall of the 677 doctors connected to the Trust for the purposes of revalidation at end of year, 613 were compliant with annual appraisal.

Achievements to strengthen and standardise the revalidation and appraisal process made during this year include:

- Delivery of training sessions to maintain the ratio of trained appraisers in the Trust at 1:6.
- Provided the medical staffing body with guidance on reflective practice in order to help drive up the quality of the information provided to support medical appraisal.
- Reconciliation of month end figures between the Electronic Staff Record (ESR) and Revalidation Management System (RMS).

Trust objectives for 2018-2019 to continue to progress medical appraisal and revalidation are to:

- Increase medical appraisal rates by at least 2% for continued alignment with Key Performance Indicators.
- Explore validation database for ESR and RMS data with Programme and Performance Management Office so that the need for time-consuming manual cross-referencing of data is less necessary.
- Support medical appraisers with the re-establishment of Appraiser Forums (formerly Appraiser Support Groups).
- Introduce appraisee training for medical staff who have recently started employment in the Trust, especially those new to the UK. To ensure there is common knowledge of what is required from the appraisal process (i.e. the standard of inputs [supporting information] and outputs).
- Explore means of obtaining more supporting information in relation to Quality improvement activity to be prepopulated into a doctor's portfolio, specifically in relation to audit data and mortality reviews. This is to make the process of data collation less onerous on doctors.

UHCW will continue to work to embed revalidation across the Trust to ensure it is viewed as a tool by which doctors can reflect on and develop their practice, and in turn deliver a higher quality of care to patients.

3.6 Innovation to Improve Patient Care

From April 2017 to the end of February 2018, 29 ideas were submitted by staff members to the Innovation team. 19 of these were submitted via our new Idea Submission process – Where Ideas Grow, a planned calendar of Ideas Calls, Ideas Clinics (to offer advice and support for staff with their ideas) and Ideas Dens, were selected. The Ideas Clinics provides staff with a regular place to come and network, collaborate and have their idea sense-checked, as well as being provided with support from a range of disciplines from Intellectual Property to Finance & ICT. The clinic is set up with a growing number of expert stations which staff can visit to discuss their ideas and get advice and guidance on how to develop them further.

The Ideas Calls and Clinics are then followed by the UHCW Ideas Den which takes the most relevant ideas from the Ideas Calls and gives staff the opportunity to pitch those ideas at a quarterly Den to a senior team. This gives them the opportunity to get buy in to take their ideas forward and get recognition for the great work they have done in trying to change the way we do things in the hospital.

Where Ideas Grow, Ideas Calls, Clinics and Dens launched in November 2017 enabling staff to submit their product innovations for further support. Several of these ideas had Intellectual Property which could potentially be protected and/or exploited. MidTech (one of the regional NHS Intellectual Property Hubs) supports Intellectual Property management in the organisation.

MidTech recent KPIs report show that UHCW are one of the highest users of the MidTech service. A significant contributing factor to this is the 'embedded service' negotiated as part of UHCW's enhanced membership to the West Midlands Academic Health Science Network.

Access to a MidTech representative directly within the Trust is now available 2 days per week, enabling this service to be more visible and accessible.

Staff ideas disclosed and considered by the Innovation Team varies considerably. The first two Ideas Calls of 2017/18 have kept these categories wide ranging, reflecting the ideas that have historically been submitted to the team. Communication surrounding the Ideas Calls stated 'from medical devices to education & training, from technology & software to pathway and process' to illustrate the wide variety of ideas which would be considered. Future calls may align to specific health challenges and/or funding opportunities for example and so may call for ideas of a specific nature.

Product' Innovation: how new or existing products, devices and equipment could function and perform better to fill a clinical need. The Innovation Hub has been involved in manufacturing devices to transform care. Working alongside external organisations to produce prototypes and 3D models to enhance current surgical procedures and rehabilitation.

Digital' Innovation: how superior processes, systems or networks can be created by considering how they are best arranged or combined utilising technology.

UHCW are part of Warwickshire A-Equip Partnership (WAP), one of five pilot sites for the newly launched A-Equip model of midwifery supervision. An App, the WAP App, has been conceptualised and developed at UHCW to support Midwives and Professional Midwifery Advocates through the process, aiding transition to the new system.

The Innovation team has supported conversations regarding the potential relationship and development with NHS England exploring the Trusts ability, feasibility/viability to develop and support this.



3.7 Library and Knowledge Services

“Every day more than a million decisions are made across the healthcare sector. These decisions have a profound effect on people’s lives and a significant impact on the quality and cost of healthcare. Under the Health and Social Care Act 2012, there is a responsibility for health services to use evidence obtained from research,” (Cumming, Professor Ian 2016).

“Evidence does not speak for itself but needs to be mobilised at the right time, and through the right people, to make a difference in decision making” (Health Education England 2016).

Library and Knowledge Services’ vision of putting evidence-based practice at the heart of what we do; staff and patients can take effective action by having the right knowledge when and where they need it, makes a difference in clinical and corporate decision making.

Our Clinical Evidence Based Information Specialists (CEBIS) work to locate the evidence for specific clinical questions, and with the specialties with which they are embedded, put it into practice using the evidence-based practice group (EPG) model: a clinical query; discussion and a search of the literature; appraisal, evaluation and presentation at EPG; the implications of the evidence are discussed; agreed changes are implemented; evaluation and revision.

Recent literature search case studies have shown the impact of the CEBIS team:

The CEBIS Specialist supporting Ophthalmology was asked to look into the urgent treatment of tears in the retina (at the back of the eye) using a laser to seal off the break with the aim of preventing a larger tear or a retinal detachment. Research suggested that Ophthalmologists need to be trained in the use of an indirect laser machine for this procedure, rather than the commonly used slit-lamp which may be less effective. UHCW Eye Department therefore continues to promote use of indirect laser, and it is believed that this contributes to treatment success rates of about 80%- reported success rates from other UK hospitals are around 60%. The information provided by CEBIS has therefore supported a reduction in the need for repeat hospital visits by patients for laser or other treatments.

Library and Knowledge Services is quality assured under the NHS Library Quality Assurance Framework. For 2017-18 we achieved 100% compliance with the LQAF criteria. We continue to provide high quality services to UHCW staff and to be responsive to the needs of the Trust and to the vision set out in Health Education England’s Knowledge for Healthcare: a development framework for NHS Library and Knowledge Services in England, and also in our strategy.

Cumming, Professor Ian 2016, A million decisions campaign, Health Education England, viewed 26 January 2016, <https://hee.nhs.uk/our-work/research-learning-innovation/healthcare-library-knowledge-services/million-decisions-campaign>.

Health Education England 2016, NHS Library and Knowledge Services in England Policy, viewed 26 January 2016: <https://hee.nhs.uk/sites/default/files/documents/Knowledge>.

Patient Insight and Involvement

This year the Trust launched its Patient Experience and Engagement five year delivery plan. The Trust used information provided by our patients and carers from the thousands of written comments received through our Friends and Family Test surveys to identify key areas patients and carers wanted to see improvements in. From these comments the Trust developed five key objectives to improve patient experience and engagement across the trust:

Objective One: Improve the way we listen, respond and use patient feedback to support improvements.

Objective Two: Improve the way we develop and manage patient information leaflets.

Objective Three: Ensure our staff place the Trust values at the centre of care improvements.

Objective Four: Ensure that patient voice is at the centre of care improvements.

Objective Five: Improve the patient care environment.

The full plan can be found at www.uhcw.nhs.uk and further updates on the progress of this plan will be shared in the 2018-19 Quality Account.

Friends and Family Test (FFT)

The Trust has implemented the Friends and Family Test (FFT) in line with national guidance and it is used throughout all its services.

Patients responding to the Friends and Family Test indicated the highest and lowest levels of satisfaction in the following elements of the Trust's services:

Highest:

- Kindness and Compassion Shown
- Cleanliness
- Privacy and Dignity

Lowest:

- Parking
- The standard of food and drink
- Doing things on time

Inpatient and A&E National Comparison

The following tables show how the Trust has compared nationally with both its FFT recommender and response rates for both Inpatients and A&E.



FFT Inpatient Experience Response Rate % by Month

Month	UHCW Figures	National Figures	Comparison
Apr-17	28%	26%	2% ↑
May-17	26%	26%	0% ↔
Jun-17	28%	26%	2% ↑
Jul-17	27%	25%	2% ↑
Aug-17	25%	25%	0% ↔
Sep-17	21%	25%	4% ↓
Oct-17	25%	25%	0% ↔
Nov-17	24%	25%	1% ↓
Dec-17	21%	25%	4% ↓
Jan-18	21%	25%	4% ↓
Feb-18	22%	25%	3% ↓
Mar-18	21%	25 %	3% ↓

FFT Inpatient Experience Recommender % by Month

Month	UHCW Figures	National Figures	Comparison
Apr-17	91%	96%	5% ↓
May-17	91%	96%	5% ↓
Jun-17	91%	96%	5% ↓
Jul-17	92%	95%	3% ↓
Aug-17	92%	95%	3% ↓
Sep-17	90%	95%	5% ↓
Oct-17	91%	95%	4% ↓
Nov-17	92%	95%	3% ↓
Dec-17	92%	95%	3% ↓
Jan-18	92%	95%	3% ↓
Feb-18	92%	95%	3% ↓
Mar-18	92%	95 %	3% ↓

FFT A&E Experience Response Rate % by Month

Month	UHCW Figures	National Figures	Comparison
Apr-17	16%	13%	3% ↑
May-17	14%	13%	1% ↑
Jun-17	15%	13%	2% ↑
Jul-17	14%	13%	1% ↑
Aug-17	14%	13%	1% ↑
Sep-17	9%	13%	4% ↓
Oct-17	11%	13%	2% ↓
Nov-17	11%	13%	2% ↓
Dec-17	11%	13%	2% ↓
Jan-18	12%	13%	1% ↓
Feb-18	12%	13%	1% ↓
Mar-18	12%	13%	1% ↓

FFT A&E Experience Recommender % by Month:

Month	UHCW Figures	National Figures	Comparison
Apr-17	16%	13%	3% ↑
May-17	14%	13%	1% ↑
Jun-17	15%	13%	2% ↑
Jul-17	14%	13%	1% ↑
Aug-17	14%	13%	1% ↑
Sep-17	9%	13%	4% ↓
Oct-17	11%	13%	2% ↓
Nov-17	11%	13%	2% ↓
Dec-17	11%	13%	2% ↓
Jan-18	12%	13%	1% ↓
Feb-18	12%	13%	1% ↓
Mar-18	12%	13%	1% ↓

Maternity Friends and Family Test

Antenatal question: the Trust notes that for 4 months its recommender rate was higher than the national average and for 6 months the response rate for this question was higher than the internal target set.

Birth question: the Trust is pleased to note that for 6 months its recommender rate was higher than the national average. For 6 months the Trust's response rate for this question met or was higher than the internal target set.

Postnatal in hospital question: the Trust notes that for 7 months its recommender rate was higher than the national average and for 7 months the response rate for this question met or was higher than the internal target set.

Postnatal in community question: the Trust notes that for 7 months its recommender rate was higher than the national average for 8 months the response rate for this question met or was higher than the internal target set.

Improving the results and findings of the Friends and Family Test

UHCW NHS Trust is committed to improving the response and recommender rate of the Friends and Family Test. A new questionnaire has been co-developed with patients and staff to not only include the Friends and Family Test but also five questions based around Trust values. By the end of 2018, all areas will have this questionnaire available to them. The Trust's Patient Insight Team is confident that the relaunch of the questionnaire will engage the public more and encourage them to feedback about their hospital experiences. These changes will also inspire staff to give out this questionnaire to their patients as feedback received on them will be more granular and lead to effective change to the patient experience.

Surveys undertaken as part of the national NHS Patient Survey Programme

The National Patient Survey Programme which has been running since 2002, is a mandatory programme which all Trusts have to take part in. The Programme is overseen by the CQC. The Programme currently consists of the annual inpatient survey, and the A&E Survey, Maternity Survey and Children and Young People's Survey, being conducted every 2 years. The Trust commissions Quality Health Ltd to carry out the surveys on its behalf. During 2017-18, the results of four national patient surveys were received as part of the Care Quality Commission's NHS Patient Survey Programme. Findings suggest:

Inpatient 2017

The National Inpatient Survey was undertaken by Quality Health for University Hospitals Coventry and Warwickshire NHS Trust between August 2017 and January 2018. The final response rate for the Trust was 39% (465 responded out of 1187 surveyed). This embargoed report provides the Trust with an early at a glance summary of the results highlighting performance against the 32 Trust Quality Health work with.

The survey required a sample of 1250 consecutively discharged inpatients, working back from the last day of July 2017, who had had a stay of at least one night in hospital. There were a number of categories of patients excluded from the survey e.g. psychiatric patients and maternity patients. The survey provides information on people's experiences throughout their hospital stay, including:

- Accident and Emergency
- Waiting List or Planned Admission
- All types of Admission



- The Hospital and Ward
- Doctors and Nurses
- Your Care and Treatment
- Operations and Procedures
- Leaving Hospital
- Overall experience

From 63 scored questions the Trust was in the bottom quintile (20%) for 37 of the scored questions when compared to the 32 Trusts in the Quality Health survey pool. The largest area of concern is 'Leaving Hospital,' this section contained the highest number of questions in the bottom quintile.

The Trust takes this feedback very seriously and an action plan to look into improving areas where the Trust has underperformed has been developed with Trust Leads. Updates on progress will be reported through the Patient Experience reporting structure to ensure improvements are made.

Accident and Emergency 2016-17

Top performing areas found from this survey were:

- Explanation of results of tests
- Patients feeling safe and secure

Area where the Trust needs to improve:

- Confidence and trust in the doctors and nurses examining and treating patients
- Opportunity for family members to talk to a doctor
- Information about conditions and treatments
- Involvement in care
- Pain management
- Ability to get food and drink
- Information about resuming usual activities
- Being treated with respect and dignity

Women's experience of Maternity Care 2016-17

The Trust's scores were mixed throughout the survey. While there are some improvements, many scores have declined in all sections and particularly within care at home after the birth.

Children and Young People's 2016-17

The survey is reported into 3 age categories:

- 0-7 (completed by parents and carers)
- 8-15 (completed by children)
- 0-15 (completed by parents and carers)

At a glance 0-7 category completed by parents UHCW had 6 out of 18 scored questions in the lowest 20% of the 29 trusts within the Quality Health survey pool. Three areas account for the 6 questions in the bottom 20%:

- Communicating with patients
- Hospital staff
- Leaving hospital



At a glance 8-15 category completed by children the Trust performed the best in this category compared with the other two age groups. UHCW had 3 out of 18 questions in the top 20%. All other questions rated average in this category against the other 29 trusts in QHSP.

At a glance 0-15 category completed by parents and carers UHCW had 7 out of 28 scored questions in the bottom 20% of the 29 trusts within the QHSP. The 5 areas below account for the 7 questions in the bottom 20%.

- The hospital ward
- Communicating with patients
- Hospital staff
- Facilities for patients and carers
- Operations and procedures

Responding to feedback more effectively

The Trust's real time feedback system, Impressions, has continued to capture feedback about its service from patients, relatives, carers and visitors. This year the Patient Insight Team has developed an Action Log on Impressions. This captures "extremely unlikely" and negative feedback from the FFT questionnaire and also where the Trust has underperformed in certain areas highlighted through the National Survey Programme.

Negative feedback is captured here so that themes can be identified and that departments and leads are held accountable in taking action to prevent similar feedback being fed back again by the public. Once this is logged into Impressions, the appropriate lead will be emailed the negative feedback and asked to complete an Action Log Proforma within a certain timeframe depending on which survey it is being fed back from. All evidence and documentation around these actions is held by the Patient Insight Team and reported to the Trust's Patient Experience and Engagement Committee. Robust governance arrangements have been shared with Trust leads to ensure better process is followed when receiving feedback.

Co-Development Involvement Workshops

Three Co-Development workshops were held as part of a consultative process to produce a new patient involvement programme for the Trust. The co-development events were held as follows: October 2017 (in the CSB, for 3rd sector organisations), November 2017 (at the Queens Road Baptist Church, Coventry for: patients, relatives, carers) and December 2017 (in the Octopus Centre, Hospital of St Cross for patients, relatives, carers). A total of 73 people attended with 13 organisations being represented from across Coventry and Warwickshire.

The co-development events evaluated well with 96% (Workshop 1), 94% (Workshop 2) and 91% (Workshop 3) of attendees assessing their workshop overall as either very good or good. Following approval at the Trust's Strategic Patient Experience and Engagement Committee, in February 2018, the new Involvement Programme is now being implemented.

Focus Groups on Trust Values

Two focus groups were held on 30th November 2017 at the Central Library in Coventry to explore what the values of Compassion and Respect mean to patients. A total of 12 lay people attended the Compassion Focus Group and 9 attended the Respect Focus Group.

A further two focus groups were held on 5th February 2018 at the Octopus Centre, at the Hospital of St Cross, Rugby to explore what the values of Pride, Openness and Partnership meant to patients. A total of 5 lay people attended the Pride and Openness Focus Group and 9 attended the Partnership Focus Group.

The information from the focus groups will be used by the workforce team to support the staff values based work stream.

3.8. Complaints

During 2017-2018 the Trust received 650 formal complaints. 571 of the 650 complaints were responded to within 25 Working days of receipt of the complaint.

In the same period, the Trust responded to 631 formal complaints and of these, 112 were upheld, 372 were partially upheld and 147 not upheld.

Parliamentary and Health Service Ombudsman (PHSO)

- New requests received in 2017-2018: 19
- The PHSO decided 22 complaints in 2017-2018: 3 were upheld, 9 partially upheld and 10 were not upheld.

Total number of complaints 2017-18

Total Number of Complaints	2014-15	2015-16	2016-17	2017-18
University Hospital, Coventry	457	537	570	619
Hospital of St. Cross, Rugby	21	36	35	27
Other	0	1	1	4
Totals	478	574	606	650
Referred to the PHSO	14	25	30	19
Ratio of complaints to activity	0.05%	0.06%	0.06%	0.06%

The top 5 subjects of complaint

Communications	87
Clinical Treatment - Surgical Group	82
Admissions, Discharges & Transfers (excl delayed discharge due to absence of care package - see Integrated care)	72
Values and Behaviours (staff)	68
Patient Care including Nutrition / Hydration	59
Totals:	368

For further information about complaints please access the Complaints and PALS Annual Report on the Trust's website: www.uchw.nhs.uk which will be available from July 2018.

3.9. Staff Experience

Each year, between October and December, NHS staff are invited to take part in the NHS Staff Survey, the largest survey of staff opinion in the UK. It gathers views on staff experience at work around key areas including Appraisals and Development, Health and Wellbeing, Raising Concerns and Staff Engagement and Involvement.

Nationally, the NHS Staff Survey results provide an important measure of performance against the pledges set out in the NHS Constitution. The Constitution outlines the principles and values of the NHS in England, setting out a number of pledges that define what staff should expect from NHS employers.

Staff Pledges

The four staff pledges contained in the NHS constitution are:

- **Staff Pledge 1:** To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
- **Staff Pledge 2:** To provide all staff with personal development, access to appropriate training for their jobs and line management support to enable them to fulfil their potential.
- **Staff Pledge 3:** To provide support and opportunities for staff to maintain their health, well-being and safety.
- **Staff Pledge 4:** To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

2017 National Staff Survey

The 2017 survey ran 4th October 2017 – 1st December 2017.

In previous years (2015 and previously) a random sample of 850 staff were invited to participate in the NHS Staff Survey. However, for the second year running a decision was made to invite all staff (8275), including ISS/Retention of Employment (RoE) staff) to participate during 2017. Conducting a full staff census ensured data was gathered across all staff groups, departments and demographic groups, but also led to greater staff engagement and increased trust in the results, because everyone had the opportunity to participate. Publicity for the survey was also simplified as everyone had received it. Conducting a full staff census ensured data was gathered across all staff groups, departments and demographic groups, as well as:

- Greater staff engagement, with all staff having the opportunity to give their views rather than them feeling the survey was only conducted with a few staff and doesn't capture their voice
- Increased staff trust in the results because everyone had the opportunity to participate
- Easier publicity for the survey as everyone received it (rather than having to say "you may have been selected") and the data to have more organisational credibility
- A mixed mode method was undertaken with some staff receiving an online link to the survey via email, and others (all staff Band 6 and below from clinical areas and all ISS Roe staff) receiving a hard copy survey
- Quality Health, our national staff survey administrator, sent the hard copy surveys and survey emails alongside a letter from our Chief Executive Officer. Reminder copies of the survey and emails were also sent to those who had not returned their survey.

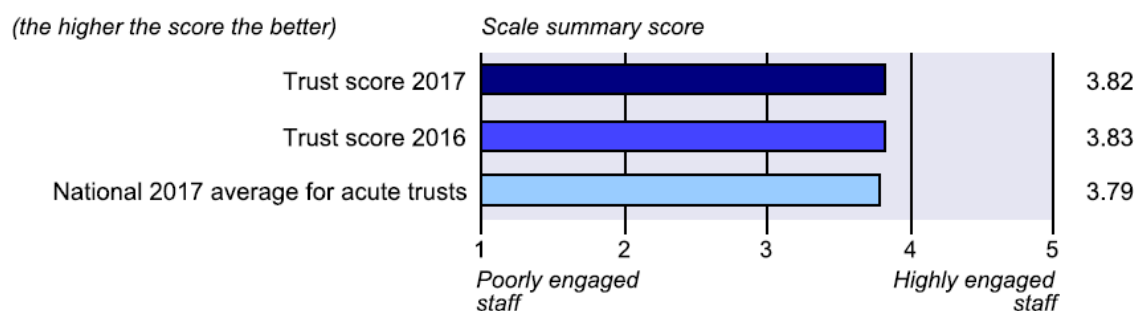
Response rate

The Trust's response rate has improved slightly this year to 41.5%, an increase of 0.5% from 2016, although slightly below the national average for Acute Trusts which was 44%. The national average for Acute Trusts increased slightly from 41% in 2015 to 44% in 2016.

Engagement Score

Overall our engagement score, measured on a scale of 1 (poorly engaged) to 5 (highly engaged) calculated using the response to several of the survey questions, stands at 3.82.

This is a decrease from 3.83 in 2016 although is slightly above the national average for Acute Trusts which stands at 3.79. On a national scale, the overall staff engagement indicator has sustained from 3.79 (2015) to 3.79 (2017).



Acute Sector Comparisons

As well as receiving our response directly, our responses are compared to other Acute Trusts in England. From this we can identify the areas where we perform most and least favorably. The National Staff Survey provides us with a baseline set of data and an indication of where actions should be focused.

Top Five Ranking Areas

Area	2017 UHCW Percentage Score or Scale Summary Score	2017 Acute Average Score
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.84	3.73
KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month	92%	90%
KF11. Percentage of staff appraised in last 12 months	92%	86%
KF7. Percentage of staff able to contribute towards improvements at work	72%	70%
KF12. Quality of non-mandatory training, learning or development	4.09	4.05

The drivers for this improvement on this metric include how much staff feel they can give good care and that they make a difference to patients. Also, that staff feel training, learning and development has had a positive impact on their work, and they are more confident to report errors and near misses.

Bottom Five Ranking Scores

Area	2017 UHCW Percentage Score	2017 Acute Average Score
KF27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse	43%	45%
KF18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves	54%	52%
KF16. Percentage of staff working extra hours	73%	72%
KF15. Percentage of staff satisfied with the opportunities for flexible working patterns	49%	51%
KF19. Organisation and management interest in and action on health and wellbeing	3.57	3.62

Where Staff Experience Has Improved

The table below highlights the four key findings where staff experience has improved at the Trust since the 2016 survey.

Area	2017 UHCW Score	2016 UHCW Score
KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	15%	18%
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.84	3.78
KF11. Percentage of staff appraised in last 12 months	92%	89%
KF6 Percentage of staff reporting good communication between senior management and staff	34%	32%

Where Staff Experience Has Deteriorated

The table below highlights the four Key Findings which have deteriorated at the Trust since the 2016 survey.

Area	2017 UHCW Score	2016 UHCW Score
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.95	4.07
KF3. Percentage of staff agreeing that their role makes a difference to patients / service users	90%	92%
KF17. Percentage of staff feeling unwell due to work related stress in the last 12 months	38%	35%
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.75	3.81

The Trust will now commence a number of listening events and re-establish the NSS Task and Finish Group, made up of Staff Side, Change Makers and some Senior Leaders, who will meet in March 2018 and April 2018 to look at the areas where we compare least favourably compared to 2016 and those where we compare least favourably to other Acute Trusts. Action plans will be agreed and taken forward.

Workforce Race Equality Standard

Area	2017 UHCW Percentage Score	2016 UHCW Average Score	Average (median) for Acute Trusts
KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White: 29% BME: 22%	White: 32% BME: 25%	White: 27% BME: 28%
KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White: 24% BME: 26%	White: 26% BME: 28%	White: 25% BME: 27%
KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White: 89% BME: 78%	White: 89% BME: 74%	White: 87% BME: 75%
Q17b. In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White: 6% BME: 13%	White: 7% BME: 14%	White: 7% BME: 15%

Staff Friends and Family Test

Background

Undertaken every three months, the Staff Friends and Family Test (SFFT) asks staff to give their feedback on how likely they are to recommend the Trust to friends and family for care or treatment and how likely they are to recommend the Trust as a place to work.

The Trust is obliged to ask all staff the Staff Friends and Family Test questions on an annual basis, with the opportunity to undertake identified samples in the remaining periods. Since the start of SFFT in 2014 we have provided all staff with the opportunity to complete the questions on a quarterly basis, with the exception of Quarter 3 (September – November 2017) where results are gathered through the National Staff Survey.

Staff Friends and Family – Service/ Treatment Provider

2017-2018 Results - "How likely are you to recommend our Trust to friends and family if they needed care or treatment?"

Period	Recommender	Non-recommender	Unsure
Qtr 1	89%	4%	6%
Qtr 2	90%	3%	8%
Qtr 3	72%	8%	20%
Qtr 4	85%	3%	12%

In Quarter 3 (through the National Staff Survey) 72% of survey respondents said that they would recommend the Trust as a place for treatment and care, this is 2% less than 2016. Although this is a decline trend, it is less than the national decline trend and above the national average, which declined from 79% to 71%.

Staff Friends and Family – Workplace

2017-2018 Results – “How likely are you to recommend our Trust to friends and family as a place to work?”

Period	Recommender	Non-recommender	Unsure
Qtr 1	69%	13%	17%
Qtr 2	68%	13%	19%
Qtr 3	61%	15%	24%
Qtr 4	67%	14%	19%

In Quarter 3 (through the National Staff Survey) 61% of survey respondents said they would recommend the Trust as a place to work, this is 2% less than 2016. Although this is a decline trend, it is less than the national decline and equal to the national average, for this question which declined by 3% from 64% to 61%.

3.10 Dementia Care

There are currently over 800,000 people in the UK living with dementia, at any one time this group occupies approximately 25% of general hospital beds. For the first time, dementia has overtaken heart disease as the biggest cause of death in England and Wales with 62,000 deaths attributable to dementia in 2015. In line with this trend, numbers of patients with dementia that are admitted to UHCW NHS Trust have risen year on year.

Patients in hospital with dementia tend to stay in hospital longer than those without, are more likely to suffer complications during their stay and have higher levels of readmissions and mortality. At UHCW NHS Trust, our aim is to ensure we provide high quality, personalised, compassionate care for this vulnerable group of patients, making sure they are properly supported and cared for whilst they are in hospital and after discharge in the community.

The dementia team provide specialist knowledge, support and advice to patients, carers and staff regarding all aspects of dementia care. This takes the form of direct interface with patients, carers and staff, both within and outside of the hospital environment, as well as other initiatives such as training and education and influencing the development of services which are reflective of need for patients with dementia.















A dementia strategy group has been set up to oversee the development of dementia care at UHCW NHS Trust. This newly formed group has three key priorities for delivery: clinical care, education and standards.

UHCW NHS Trust took part in the National Audit of Dementia (care in general hospitals) – Round 3 (2016/2017) and standards were measured against ‘NICE CG 42 Dementia: supporting people with dementia and their carers in health and social care’. Results are promising demonstrating improvements in care standards with consistent compliance with availability of personal information documents, nutritional support and activity and engagement programme.






Further development work is ongoing with regard to delirium screening and reassessment as well as education standardisation for all relevant staff groups, an education strategy has been developed to support this implementation. Round 4 of the National Audit of Dementia data collection is currently underway.

3.11 Performance against National Priorities 2017-18

Quality and Patient Safety Indicators give Trusts, Commissioners and the general public, comparable data on how we are performing. Because the indicators are standardised, and have to be measured in specific ways, they provide an opportunity for performance to be compared over time and across the NHS. The local indicators are agreed by the Trust Board and where appropriate agreed with our Commissioners. The below table of indicators are ones where UHCW is required to submit information nationally.

INDICATORS	TARGET 2017/18	2017/18	2016/17	2015/16	Rating
CQC Fundamental Standards	n/a	Licensed without conditions	Licensed without conditions	Licensed without conditions	
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	82.3%	86.5%	89.67%	
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	80.1%	82.37%	89.17%	
Cancer: two week wait from referral to date first seen, comprising: - all urgent referrals (cancer suspected)	93%	95.6%	96.0%	96.0%	
- for symptomatic breast patients (cancer not initially suspected)	93%	97.6%	97.5%	93.0%	
All cancers: 31-day wait from diagnosis to first treatment	96%	98.9%	99.4%	99.1%	
All cancers: 31-day wait for second or subsequent treatment, comprising: - surgery	94%	98.4%	97.2%	97.0%	
- anti cancer drug treatments	98%	100%	100%	100.0%	
- radiotherapy	94%	96.7%	96.2%	96.0%	
All cancers: 62-day wait for first treatment from: - from urgent GP referral for suspected cancer	85%	85.1%	83.3%	82.7%	
- from NHS cancer Screening Service referral	90%	95.5%	94.0%	93.7%	
Clostridium Difficile – meeting the Clostridium Difficile objective	42	34	29	38	
Methicillin-resistant Staphylococcus Aureus (MRSA) bacteraemia – meeting the MRSA objective	0	1	1	0	
Certification against compliance with required access to healthcare for people with learning disability	Green	Green	Green	Green	

Performance against locally agreed priorities

INDICATORS	TARGET 2017/18	2017/18	2016/17	2015/16	Rating
Numbers of acquired avoidable Pressure Ulcers Incident reporting <i>This reports the number of incidences of grade 3 and 4 avoidable pressure ulcers acquired by inpatients in the care of the organisation</i>	Grade 3: 12 Grade 4: 0	Grade 3: 27 Grade 4: 1	Grade 3: 13 Grade 4: 1	Grade 3: 21 Grade 4: 0	
Harm Free Care <i>This is the % of inpatients treated who experienced 'harm free' care who were audited as part of the Patient Safety Thermometer. That is care free from pressure ulcers, falls, urinary catheter infections and VTE</i>	95%	95.3%	96.3%	95.7%	
Number of Serious Incidents <i>This is the total number of Serious Incidents that were reported to Steis within the month. These are the Serious Incidents as monitored by the QPS – Quality and Patient Safety Team</i>	180	124	135	183	
Delayed transfers of care <i>% of medically fit patients who can be discharged but who are delayed due to one of the following reasons: A). Completion of assessment. B) Public Funding. C). Further non acute NHS care. D). Care Home Placement. E). Care package in own home. F). Community Equipment/adaptions. G). Patient or family choice. H). Disputes. I). Housing</i>	3.5%	4.84%	6.95%	6.67%	
Breaches of the 28 day readmission guarantee <i>This reports the number of patients whose operation was cancelled, by the hospital, for non-clinical reasons, on the day of or after admission, who were not rescheduled within 28 days</i>	0	194	142	112	
Friends and Family Test inpatient recommenders <i>The % is worked out by taking the number of respondents who chose the response "likely" or "extremely likely" against the total number of all types of responses</i>	95%	92.4%	85.7%	89.23%	
Friends and Family Test A&E recommenders† <i>The % is worked out by taking the number of respondents who would recommend the service (response being "likely" or "extremely likely") against the total number of all types of responses</i>	87%	81.1%	79.3%	83.17%	

Due to continuing significant pressures that are being experienced in our Accident and Emergency Department, the target has not been achieved in any month this financial year, with the best reported performance being 85.5% in October 2017. This is in keeping with the pressures that are being experienced in Accident and Emergency Departments across the country. There has been a continued increase in attendances to our services and our performance was compounded by a continuingly high number of patients that are medically fit for discharge but awaiting transfer elsewhere or for a package of care to be established (known as Delayed Transfers of Care or DTOC).

We agreed a set of priorities with our Regulators around themes such as Emergency Department streaming, the minors stream, Emergency Department staffing and DTOCs. We have taken a number of actions during the year to improve our A&E performance, both internally and with partners, including improved ambulance triage and handover and adoption of Red to Green Days, which is a simple tool that is aimed at helping to ensure that every day spent in hospital is necessary and that discharge occurs as soon as possible. We have also focused on improving ambulatory pathways which provide an alternative to hospital admission and on delivering the SAFER principles to improve care for all our patients.

Unfortunately, due to our performance challenges a continued number of patients waited longer than 18 weeks for their treatment and thus we have not met the 92% standard for the referral to treatment (RTT) measurement for incomplete pathways. Throughout the year, actions have been taken to try to reduce this, including weekly patient level tracking and setting clear targets for each of our Clinical Groups and monitoring performance against these. However, the pressure on the emergency pathway, coupled with difficulties with flow through the hospital has increased the number of medical patients that are not in medical wards and the consequent need to cancel elective patients, all of which contributes towards us having made no significant improvement in performance against this target.

The Delayed Transfer of Care (DTOC) indicator remains challenging to deliver due to the complexity of discharges and the number of partner organisations that are involved in discharge processes. We have consistently maintained close scrutiny of our DTOC position because of the impact that this has on our patients and flow through the Trust. As a consequence, we have continually engaged with community partners to ensure that patients are transferred to more appropriate settings in a timely fashion. As a result, overall performance has improved against this measure in 2017/18 compared with last year. However, there is limitation within the community in terms of both capacity and staffing and this has resulted in the level of DTOCs remaining high and exceeding the national standard.

We have generally seen an improved position against the 85% target throughout 2017-18 and our year-end performance achieved the national standard. Late referrals from other Trusts after 62 days are categorised as shared breaches but are also a contributory factor to underachievement. A number of actions have been taken to improve our performance during the year including a weekly patient level tracking meeting with additional support for tracking patients on an urgent suspected cancer pathway and reviews of all patients with no comprehensive plan in place. We continue to work with partners to ensure that late referrals are eradicated.



An Invitation to comment and offer feedback

Your Views - Your Involvement

Thank you for taking the time to read our annual Quality Account. We hope you have found it an interesting and enjoyable read. If you would like to comment on any aspect of this Account or give us feedback on any aspect of our services, please write to:

Sarah Brennan, Patient Insight Manager
Quality Department
University Hospitals Coventry and Warwickshire NHS Trust
Clifford Bridge Road
Coventry
CV2 2DX

You can also share your views:

- emailing us at feedback@uhcw.nhs.uk or
- by visiting our website www.uhcw.nhs.uk and completing the Impressions survey or
- by visiting NHS Choices website at www.nhs.uk

We look forward to hearing your comments and suggestions.



Commentary from Joint Quality Account Task Group

The Quality Account Task Group consists of Healthwatch Coventry, Healthwatch Warwickshire, and Coventry City Council Scrutiny (HOSC). The Group held two meetings with Trust to discuss progress on last year's quality priorities and potential priorities for 2017-18. Members found updates on work undertaken very helpful.

Overall this document is clear within the constraints of the template Trusts' must use when writing a Quality Account.

The Trust aligns production of its Quality Account with its Annual Report, meaning our commentary was required at an earlier date. Therefore the draft we saw did not contain data present in this final version and we cannot make comments in relation to this e.g. complaints handling.

Last year's priorities

Priority One: Pressure ulcer and falls reduction

The Trust set itself a target of reducing pressure ulcers by 15%. It is unclear if this has been achieved, although important process work has been undertaken to ensure learning.

The Trust set targets for reducing falls over a two year period. The Trust reports that harm from falls has been reduced in line with targets. A target for reducing repeat fallers was also set but it is unclear what progress has been made from the information we have seen.

1. Reducing mortality

The Trust has maintained its mortality score under the HSMR measure. The SHMI measure of mortality takes into account of all those who either die whilst in hospital or within 30 days of discharge, and therefore provides an important measure which the Trust could focus on.

2. Customer care training for staff

How staff treat patients and their family carers is very important for patient experience. Whilst it is positive this training is now part of the programme for new the Trust should set out how it will embed this approach with staff who have already completed the training and existing staff not yet trained. The approach must become normal working culture. The work completed is the start of a journey and resource is needed to continue this and as such training should apply to all staff including doctors and consultants.

2018/19 priorities

The process by which UHCW has identified priorities could be clearer and does not show that patient input has been used to develop the quality priorities for this year other than the conversation with our task group. However the selected are beneficial for patients and should benefit from the status of being a Quality Account goal.

It is very positive to see that the Trust has begun work to put in place a much wider programme for patient and public engagement activities through its five year strategy for patient experience and engagement. This has been a gap at the Trust. Sessions have been held to involve patients/public in a refresher of the how the Trust collects patient feedback through the 'Friends and Family Test'; new volunteer roles are being developed and new signage/posters have been put up to tell people how they can get involved. This approach should mean that by the next Quality Account cycle the Trust has more ability to define Quality Account priorities based on what patients tell it.



Establish a process for reviewing the patient environment and acting upon issues effectively with support from the process of PLACE

We discussed this priority with the Trust as part of our meetings and recommended that the opportunity was to build an ongoing cycle for review of patient environment themes using the framework of the national PLACE scheme but setting a framework for success broader than achieving the annual PLACE rankings produced nationally for every Trust. We would like to see more emphasis on the involvement of patients within this work as the weakness of the annual PLACE reviews is they are not sufficiently patient led.

Missing elements

It is surprising that the document does not reflect the challenges in A&E; 4 hour waiting time performance and flow into and out of the hospital including very high bed occupancy rates, which has been ongoing. The local focus on solutions and initiatives to address hospital discharge delays is also not included. Healthwatch Coventry carried out visits to a number of wards in 2017 to gather patient views on communication and found that most people we spoke to were not aware of their discharge plans. UHCW supplied an action plan to address recommendations made. An update on progress could be featured.

The Trust's place within the local Better Health, Better Care, Better Value (Sustainability and Transformation Partnership (STP)) is not featured within the document. This aims to bring together provider organisations such as UHCW with organisations responsible for commissioning health service to develop collaborative plans for the future of services around quality, cost and effectiveness. The Chief Executive of UHCW chairs the STP Board for Coventry and Warwickshire. Importantly STPs highlight that organisations within the NHS cannot work in isolation, but the Quality Account does not reflect or address this important theme.

Other comments

The greater accessibility of the Trust's Patient Advice and Liaison Service is welcomed. Healthwatch Coventry runs the Independent Complaints Advocacy Service (ICAS) and the responsiveness of PALS has been a concern based on what complainants have told us. Healthwatch have had discussions with the Trust about this.

The Coventry HOSC has engaged with UHCW on a number of occasions throughout the year. Whilst attendance is forthcoming, the HOSC would like to see improved transparency, openness and timeliness in the way that data is shared and presented. HOSC hope UHCW will work with them in an open and accountable way during 2018/19, recognising the important role scrutiny can play in improving health services locally.

We look forward to continuing to work with UHCW in the coming year.



UHCW Response

We welcome the response from the Joint Quality Account Task Group. The Trust is pleased to receive positive feedback about its Patient Experience and Engagement Delivery Plan. The Trust looks forward to working with this group to help embed this plan across the organisation and share its successes and is confident this plan will lead to patient focussed priorities being chosen in the future.

Customer care training for staff

It is important to highlight that Brilliant Basics is now part of the Trust's Induction programme for all new starters which will mean all staff groups will receive this training.

Missing elements

Updates about the challenges in the Accident and Emergency Department and information about the Sustainability and Transformation Partnership will be detailed in UHCW NHS Trust's Annual Report 2017-18.

Commentary from Coventry and Rugby Clinical Commissioner Group as Lead Commissioner

NHS Coventry and Rugby Clinical Commissioning Group (CCG) welcomes the opportunity to comment on University Hospitals Coventry and Warwickshire NHS Trust (UHCW) Quality Account. The CCG believes that the Quality Account for 2017-18 meets the minimum required content as set out in national guidance and contains an accurate reflection of the quality of services provided by the Trust. Whilst not all data fields were complete in the draft account, the CCG has reviewed the information presented against data sources available to the CCG as part of quality, contracting and performance to confirm them as accurate.

The Trust has worked in the spirit of openness and partnership with the CCG over the last year to further develop and strengthen working relationships. This is demonstrated through invitations by the Trust for CCG representation on a range of quality and patient safety related internal working groups, forums and Committee's in order to promote transparency and internal culture accepting of challenge. With this in mind it has been disappointing that the timeliness of responses to quality concerns raised by the CCG has, at times, not been of a consistent standard. We acknowledge this is unusual and due in part to operational pressures but hope that this will not be an ongoing issue going forward in the coming year.

Increasing demand on Accident and Emergency (A and E) Services has again been a key challenge for the Trust this year. The CCG has continued to conduct a number of assurance visits to the Accident and Emergency Department. The CCG was assured that the Trust has robust processes in place to ensure patients are managed safely. However, it is recognised that the care and environmental experience of patients and their families or carers is an area that requires improvement.

The Trust has been responsive in reviewing its existing patient feedback processes and will be implementing a refreshed strategy to improve patient experience. We look forward to seeing the positive impact of this in this particular area through the Friends and Family Test and National Survey in 2018/19. This is an area that will continue to be closely monitored by the CCG in 2018/19.

Maintaining Trust-wide service delivery in the context of increasing demand and system wide pressures has also contributed to the Trust failing to consistently achieve the national Referral to Treatment Time (RTT) performance target. The CCG expects the Trust to continue to improve patient pathways and provide ongoing assurance, over the coming year, to robustly identify, assess and report patient harms caused as a direct consequence of RTT delays.



The Trust has worked hard to embed robust processes in place for the identification, reporting, review and learning from deaths in line with the recommendations in the national guidance (National Guidance on Learning from Death March 2017). However, the CCG is disappointed that the Trust has been less proactive with regard to their engagement with the Learning Disabilities Mortality Review (LeDeR) programme. It is expected that this element will be incorporated into the Trust's current mortality review process in 2018/19 and we look forward to working with the Trust to progress this in the coming year.

The CCG is surprised that the Quality Account 2017/18 does not contain more detail showcasing the work the Trust is involved in in relation to addressing health inequalities and how its contribution is positively impacting on the prevention agenda across each area of the local Sustainability and Transformation Partnership (STP) plan's. The Trust should consider how this could be translated into patient information and patient involvement strategies in the coming year.

Last year the CCG set out the expectation that it would look forward to seeing positive improvements in the Trusts response to feedback from General Practice. As a result of the Trusts willingness to improve communication and outcomes for patients an agreed process for the escalation of clinical concerns from General Practice has now been formally agreed.

This process will be further developed, over the coming year in order to agree a process that allows the Trust to feedback clinical concerns in relation to community based providers. This is an extremely important and positive means of supporting system wide working.

In conclusion, we recognise that the Trust has made positive progress in a number of areas last year and can confirm that we fully support the priorities identified by the Trust in their Quality Account for 2017/18.

UHCW Response

UHCW thanks its Commissioner colleagues for their considered response again this year and for supporting this year's priorities. It is pleasing to hear that our relationship has been strengthened through partnership working. Looking ahead the Trust welcomes working with our Commissioner Colleagues on the Learning Disabilities Mortality Review Programme, the new Patient Experience and Engagement Delivery Plan and to continue to share learning and success in other areas also.

We would agree that the increase in demand in the Accident and Emergency Department has been a challenge for the Trust but we would like to thank our Commissioner colleagues for their assurance reviews of our Emergency Department.

The Trust recognizes and takes seriously that a number of patients have had to wait longer than 18 weeks for their treatment or an initial outpatient appointment and we would like to reassure our Commissioner Colleagues that we are committed to further improving patient pathways in 2018-19.



Statement of Directors Responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account each financial year. The Department of Health has issued guidance on the form and content of the Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011 and the National Health Service (Quality accounts) Amendment Regulations)

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

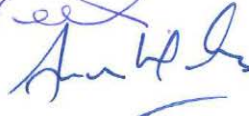
The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Chair:



Chief Executive Officer:




External Auditors: External Assurance Report

INDEPENDENT AUDITOR'S LIMITED ASSURANCE REPORT TO THE DIRECTORS OF UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

We are required to perform an independent assurance engagement in respect of University Hospitals Coventry and Warwickshire NHS Trust's Quality Account for the year ended 31 March 2018 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the following indicators:

- Percentage of patient safety incidents resulting in severe harm or death; and
- Rate of clostridium difficile infections.

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of the Directors and the auditor

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations). In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with

the

Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.



We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2017 to May 2018;
- papers relating to quality reported to the Board over the period April 2017 to May 2018;
- feedback from the Commissioners dated 1 May 2018;
- feedback from the Quality Account Task Group comprising of local healthwatch organisations and Coventry City Council Scrutiny Committee dated 1 May 2018;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009,
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;
- the latest national patient survey dated January 2018;
- the latest national staff survey dated March 2018;
- the Head of Internal Audit's annual opinion over the trust's control environment dated March 2018;
- the annual governance statement dated 25 May 2018; and
- Care Quality Commission inspection dated August 2015.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of University Hospitals Coventry and Warwickshire NHS Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and University Hospitals Coventry and Warwickshire for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or nonmandated indicators which have been determined locally by University Hospitals Coventry and Warwickshire NHS Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.



KPMG LLP
Chartered Accountants One Snowhill
Snow Hill Queensway Birmingham
84 6GH
29 May 2018



Appendix 1

Commissioning for Quality and Innovation (CQUIN) Schemes: 2018-19

The CQUIN Programme was introduced in April 2009 as a national approach for creating financial incentives to facilitate quality improvement. The programme enables Commissioners to reward excellence by linking a proportion of healthcare provider's income to the achievement of quality improvement goals. The Framework aims to embed quality within commissioner-provider discussions and create a culture of continuous quality improvement, with stretching goals agreed in contracts on an annual basis.

For further information on the CQUIN Schemes, please contact a member of the UHCW Contracting Team on 02476 968471.

Clinical Commissioning Group (CCG) schemes
Improving staff health and wellbeing
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)
Improving services for people with mental health needs
Offering advice and guidance
Tobacco and Alcohol Screening and Advice
Sustainability and Transformation Plan (STP) Engagement
NHS England Specialised Service schemes
Enhanced supportive care
Chemotherapy Dose banding
Medicines optimization
Cardiac Device Utilisation
Palliative Chemotherapy
Paediatric Networked Care
Neonatal community outreach
NHS England Dental and Screening schemes
Secondary Care Dental, Breast and Bowel Screening



Appendix 2

Proportion of the income during 2017-18 conditional on achieving quality improvement and innovation goals through the CQUIN payment framework

Clinical Commissioning Group (CCG) schemes	£
Improving staff health and wellbeing	791,391
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	791,391
Improving services for people with mental health needs	791,391
Offering advice and guidance	791,391
NHS E-Referral (one year only)	791,391
Supporting safe and proactive discharge	791,391
Sustainability and Transformation Plan (STP) Engagement	1,582,782
Payment for 2016-17 Control Total achievement	1,582,782
Total	7,913,912
NHS England Specialised Service schemes	£
Haemtrack	200,060
Enhanced supportive care	200,060
Chemotherapy Dose banding	300,205
Medicines optimization	350,163
Palliative Chemotherapy	300,205
Cardiac Device Utilisation	200,060
Paediatric Networked Care	440,683
Neonatal community outreach	300,205
Total	2,291,642
NHS England Dental and Screening schemes	
Secondary Care Dental, Breast and Bowel Screening	415,314
Total	415,314
Total value of programme*	10,620,867

*Represents the 2017/18 Annual Plan Value.

Glossary

Appraisal

The process by which a manager or consultant examines and evaluates an employee's work behaviour by comparing it with preset standards, documents the results of the comparison, and uses the results to provide feedback to the employee to show where improvements are needed and why.

Benchmark

A standard or set of standards used as a point of reference for evaluating performance or level of quality. **Benchmarking** is used to compare one organisation with others

Board (of Trust)

The role of the Trust's Board is to take corporate responsibility for the organisation's strategies and actions. The Chair and non-executive directors are lay people drawn from the local community and are accountable to the Secretary of State. The Chief Executive is responsible for ensuring that the board is properly supported to govern the organisation and to deliver its clinical, quality and financial objectives.

Capacity – see Mental Capacity Act (MCA)

Care Bundles

A bundle is a structured way of improving the processes of care and patient outcomes: a small, straightforward set of evidence-based practices that, when performed collectively and reliably, have been proven to improve patient outcomes.

Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. It makes available reports and information on all healthcare providers, and anyone can use their website to comment on services. Visit www.cqc.org.uk From August 2013 the CQC began to change the way that it assesses the quality of hospital services. Longer inspections with larger teams (including professionals and patients) evaluate quality and contribute to the 'Rating'; ultimately every health and social care service will have such a rating.

Chief Inspector of Hospitals (CiH)

CQC appointed Ted Baker as the first Chief Inspector of Hospitals, tasked with implementing the CQC's new way of inspecting hospitals. He is responsible for leading the inspection service and assessing the extent to which hospitals are delivering quality care.

Clinical Audit

Clinical audit measures the quality of care and of services against agreed standards and suggests or makes improvements where necessary. It tells us whether we are doing what we should be doing

Clinical Coding

Clinical coding translates the medical terminology written by clinicians to describe a patient's diagnosis and treatment into standard, recognised codes. The accuracy of coding is an indicator of the accuracy of the patient health records. Incorrect coding can have potentially serious consequences for the commissioning of health services, as well as misleading managers and clinicians by falsely representing the prevalence of particular health problems. The Trust is assessed annually on the accuracy of its coding system.



Clinical Commissioning Group (CCG)

Since 1 April 2013 CCGs have been responsible for ensuring adequate care is available for their local population by assessing need and purchasing services. They commission services (including acute care, primary care and mental healthcare) for the whole of their local population, with a view to improving health and well-being. CCGs commission emergency and urgent care, including ambulance and out-of-hours services. See also Commissioning

Clostridium Difficile (C.diff)

A species of Gram-positive bacteria that causes severe diarrhoea and other intestinal disease when competing bacteria in the gut flora have been wiped out by antibiotics.

Commissioning

Commissioning is the process of ensuring that health services meet the needs of the population. It is a complex process that includes assessing the needs of the population, procuring health care services and ensuring that services are safe, effective, patient-centred and of high quality.

NHS Specialised Services is a national organisation responsible for the commissioning of specialised services that help to improve the lives of children and adults with very rare conditions. See also **Clinical Commissioning Group**

All primary care is commissioned by **NHS England**

Commissioning for Quality and Innovation (CQUIN)

High Quality Care for All included a commitment to make a proportion of providers' income conditional on quality and innovation, through the Commissioning for Quality and Innovation (CQUIN) payment framework. The Trust has to meet agreed national and local performance targets; a proportion of our budget is only handed over by Commissioners if the Trust can show that it has met the targets.

Dashboard

A visual tool that gives clinicians relevant and timely information they need to inform those daily decisions that improve quality of patient care. The tool gives clinicians easy access to a wealth of data that is captured locally, whenever they need it. It also provides straightforward comparisons between local and national performance for some activities

DATIX

Online incident reporting tool to record patient safety incidents, complaints, claims and risks.

Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.

Discharge

Complex discharge concerns patients' who have continuing healthcare needs after leaving hospital and who may have social care needs requiring specialist equipment to support them in a community environment

Simple discharge concerns patients going home or to residential care who need intermediate care services, renewed short term packages of care and access to rehabilitation facilities in the community.

Duty of Candour

Every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress.

Dr Foster

An independent provider of healthcare information in the United Kingdom; it monitors NHS performance and provides information on behalf of the public. Dr Foster Intelligence is a joint-venture with the Department of Health and was launched in February 2006. Visit www.drfoosterhealth.co.uk for more information

The Friends and Family Test (FFT)

Launched on 1 April 2012, the FFT is part of a national initiative requiring that patients are asked whether they would recommend the ward or department to their friends and family. The trust already has an established patient experience feedback process, but this national requirement asks the key national question on which we will be compared with other hospitals across the UK.

The new Friends and Family Test question is: *How likely are you to recommend our ward/Minor Injury Unit to friends and family if they needed similar care or treatment?* Answers chosen from the following options: Extremely likely; Likely; Neither likely nor unlikely; Unlikely, Extremely Unlikely or Don't know.

The Friends and Family Test gives patients the opportunity share their views of the care or treatment they have received providing us with valuable feedback. We use the feedback, alongside other information, to identify and tackle concerns at an early stage, improve the quality of care we provide, and celebrate our successes. From July 2013, and monthly thereafter, our FFT results will be published on NHS Choices allowing the public to compare us with other hospitals and assess whether we are improving over time.

For more information on the Friends and Family Test, please visit www.nhs.uk/friendsandfamily

General Medical Council

Independent regulator for doctors in the UK. The purpose is to protect, promote and maintain the health and safety of the public by making sure that doctors meet our standards for good medical practice. www.gmc-uk.org

Healthcare

Healthcare includes all forms of healthcare provided for individuals, whether relating to physical or mental health, and includes other procedures that are not necessarily provided as a result of a medical condition such as cosmetic surgery.

Healthwatch

Healthwatch is the consumer champion for the NHS and social care services. Local Healthwatch enables local people and voluntary groups to work for the improvement of NHS and social care services by collecting the experiences of the local community and make recommendations to service providers.

High Quality Care for All

High Quality Care for All, published in June 2008, was the final report of the NHS Next Stage Review, a year-long process led by Lord Darzi, a respected and renowned surgeon, and around 2000 frontline staff, which involved 60,000 NHS staff, patients, stakeholders and members of the public. It was this report that described quality as having three components: Patient Safety, Clinical Effectiveness and Patient Experience.

Hospital Standardised Mortality Ratio (HSMR)

The Hospital Standardised Mortality Ratio is the ratio of observed deaths to expected deaths for a basket of 56 diagnosis groups which represent approximately 80% of in hospital deaths. This subset represents about 35% of admitted patient activity. HSMR is quoted as a percentage and is equal to 100; this means the number of observed deaths equals that of expected. If higher than 100, then there is a higher reported mortality ratio.

Human Factors

Traditional safety tools such as policies, protocols and clinical training play a vital role in improving patient safety, but the complexity of healthcare makes it impossible to eliminate risk and error. Human Factors focuses on the creation of resilient systems to prevent error leading to harm.

Information Governance Toolkit

The IG Toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards.

Intellectual Property

Broad description for the set of intangibles owned and legally protected by a company from outside use or implementation without consent. Intellectual property can consist of patents, trade secrets, copyrights and trademarks, or simply ideas.

The concept of intellectual property relates to the fact that certain products of human intellect should be afforded the same protective rights that apply to physical property.

ISS

ISS Facility Services manage the recruitment of cleaning, patient hospitality, security, portering and catering staff and provide these services at UHCW

IV (Intravenous)

A procedure in which a hypodermic needle inserted into a vein provides a continuous supply of blood plasma, nutrients, or medicine directly to the bloodstream

Key Performance Indicator (KPI)

A type of performance measurement, KPIs are commonly used by an organisation to evaluate its success or the success of a particular activity in which it is engaged

Lean Methodology

Maximising customer value while minimising waste.

Major Trauma

Defined as multiple, serious injuries that could result in death or serious disability, these might include serious head injuries, severe gunshot wounds or road traffic accidents.

Mental Capacity Act (MCA)

Legislation designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment.

MRSA and MSSA Bacteraemia

Staphylococcus aureus is a bacterium found on the skin and a proportion (up to 30%) of the healthy population carry *Staph. aureus* in their nose or in other moist parts of the body.

Commonly *Staphylococcus aureus* causes infections such as boils and infected skin wounds. It can cause pneumonia, urinary tract infections and bacteraemia both in the community and in hospital practice.

Some types of *Staph. aureus* have become resistant to various antibiotics. These are known as methicillin resistant *Staph. aureus* or MRSA. Those types that are not resistant to certain antibiotics are known as methicillin sensitive *Staph. aureus* or MSSA.

National Patient Safety Agency (NPSA)

The National Patient Safety Agency was an arm's-length body of the Department of Health, responsible for promoting patient safety wherever the NHS provides care. Its role has been taken over by NHS England.

National Reporting and Learning System (NRLS)

The system enables patient safety incident reports to be submitted to a national database. This data is then analysed to identify hazards, risks and opportunities to improve the safety of patient care.

National Research Ethics Service

The National Research Ethics Service is part of the National Patient Safety Agency. It provides a robust ethical review of clinical trials to protect the safety, dignity and wellbeing of research participants as well as ensure through the delivery of a professional service that it is also able to promote and facilitate ethical research within the NHS.

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

Confidential enquiries help maintain and improve standards of medical and surgical care for the benefit of the public. Using anonymised data from confidential surveys and research, they review the clinical management of patients, publishing reports and making recommendations for improvement. By respecting confidentiality, they maximise the compliance of medical and surgical staff in sharing information on clinical outcomes.

NHS England's National Programmes of Specialised Care

Specialised care commissioned by NHS England rather than by local Clinical Commissioning Groups. The six NPOCs are:

- Internal medicine – digestion, renal, hepatobiliary and circulatory system
- Cancer
- Mental health
- Trauma – traumatic injury, orthopaedics, head and neck and rehabilitation
- Women and children – women and children, congenital and inherited diseases
- Blood and infection – infection, immunity and haematology

Never Event

Never Events are serious, often preventable patient safety incidents that should not occur if available preventative measures have been implemented. NHS England publishes a full list of Never Events each quarter. See <https://www.england.nhs.uk/patientsafety/never-events/> for a list.



NHS Choices

A website for the public containing extensive information about the NHS and its services; go to www.nhs.uk

NHS Digital

NHS Digital is a data, information and technology resource for the health and social care system. It provides support to everyone striving for better care, improving services and the best outcomes for patients. It supports the delivery of IT infrastructure, information systems and standards helping to ensure that clinical and organisational information flows efficiently and securely through health and social care systems. Visit <https://digital.nhs.uk/>

NHS Litigation Authority (now NHS Resolution)

Manages negligence and other claims against the NHS in England on behalf of the Trust.

NHS Next Stage Review

A review led by Lord Darzi. This was primarily a locally led process, with clinical visions published by each region of the NHS in May 2008 and a national enabling report, High Quality Care for All, published in June 2008.

NICE - National Institute for Health and Care Excellence

NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Clinicians are generally expected to follow guidance unless they have good cause.

Parliamentary and Health Service Ombudsman (PHSO)

The role of PHSO is to investigate complaints of individuals that have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England.

Pathway

A tool used by all healthcare professionals in treating patients, in which the different tasks involved in the patient's care are defined. A pathway will clarify staff roles and responsibilities, and what factors should be considered in determining when and how patients move to the next stage of care and treatment. Healthcare can be more effective and efficient when well-designed and patient-centred pathways are used.

Patient and Advice Liaison Service (PALS)

Offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.

Patient-led assessments of the care environment (PLACE)

A new system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections. The assessments will apply to hospitals, hospices and day treatment centres providing NHS funded care. They will look at how the environment supports patient privacy and dignity, the meeting of dietary needs, cleanliness and general building maintenance. Results from the Annual assessments are reported publicly to help drive improvements in the care environment; they will show how we are doing locally and by comparison with other Trusts across England. For more information visit www.england.nhs.uk/ourwork/qual-clin-lead/place.

PPMO (Performance and Programme Management Office)

Trust department comprising clinical coding, data quality, performance information and analysis, and corporate reporting to relevant bodies, such as NHS Improvement and NHS Digital.

Pressure Ulcer

Also sometimes known as bedsores or pressure sores, they are a type of injury that affects areas of the skin and underlying tissue. They are caused when the affected area of skin is placed under too much pressure. Pressure ulcers can range in severity from patches of discoloured skin to open wounds that expose the underlying bone or muscle.

Avoidable pressure ulcer: The person receiving care developed a pressure ulcer and the provider of care did not do one of the following: evaluate the person's clinical condition and pressure ulcer risk factors; plan and implement interventions that are consistent with the persons needs and goals, and recognised standards of practice; monitor and evaluate the impact of the interventions; or revise the interventions as appropriate.

Unavoidable pressure ulcer: means that the individual developed a pressure ulcer even though the individual's condition and pressure ulcer risk had been evaluated; goals and recognised standards of practice that are consistent with individual needs has been implemented. The impact of these interventions had been monitored, evaluated and recorded; and the approaches had revised as appropriate.

- **Inherited pressure ulcer:** A patient is admitted to the Trust with pressure damage and this is identified or becomes apparent within 72 hours of admission
- **Acquired pressure ulcer:** the patient develops a pressure ulcer whilst a hospital in patient after the first 72 hours of admission
- **Grade 1 pressure ulcer:** The skin at this point is red and on the application of fingertip pressure the skin remains red.
- **Grade 2 pressure ulcer:** the superficial layer of the skin is damaged. It presents as a blister, abrasion or shallow crater and any of these can have blue / purple / black discoloration.
- **Grade 3 pressure ulcer:** full thickness skin loss involving damage or necrosis to subcutaneous tissue
- **Grade 4 pressure ulcer:** full thickness skin loss with extensive destruction extending to underlying structures; i.e. bone, muscle, tendon, or joint capsule.

Prescribed Connection

A licensed doctor with a formal connection (e.g. contract of employment) to the organisation for the purposes of regular appraisal and supporting them in the process of revalidation.

Private Finance Initiative (PFI)

A method of providing funds for major capital investments where private firms are contracted to complete and manage public projects.

QIPS - Quality Improvement Patient Safety

Meetings at which improvements to quality and patient safety are discussed.

RAG Rate

Traffic light system is used as a coding system for good or bad performance - usually known as a 'RAG rating'. For example in relation to the workload performance, red would mean inadequate, amber would mean reasonable, and green would mean ideal. The letters R, A and G are used in addition to swatches of colour.

Rapid Process Improvement Workshops (RPIWs)

Part of UHCWi, where staff remove waste and streamline services for a particular process, such as discharge.

Registration – licence to provide health services

From April 2009, every NHS Trust that provides healthcare directly to patients must be registered with the Care Quality Commission (CQC). UHCW is licensed to provide healthcare services without conditions

Research

Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve people in good health as well as those undergoing treatment. Research and Trials help clinical staff learn the best ways of treating patients, but can also be useful in showing what works less well, or not at all.

Root Cause Analysis (RCA)

Every day a million people are treated safely and successfully in the NHS. However, when incidents that result in harm to patients (or that are 'near misses') do happen, it is important that lessons are learned to prevent the same incident occurring again. Root Cause Analysis investigation is an established way of doing this.

Investigations identify how and why patient safety incidents happen. Analysis is used to identify areas for change and to develop recommendations which deliver improved services to our patients. The Trust has clinicians trained in the use of RCA techniques.

Secondary Uses Service

The Secondary Uses Service is designed to provide anonymous patient-based data for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development. The Trust can use this information to compare performance with other similar Trusts.

Serious Incident Requiring Investigation (SIRI)

A serious incident requiring investigation is defined as an incident that occurred in relation to NHS-funded services and care resulting in one of the following:

- Unexpected or avoidable death of one or more patients, staff, visitors or members of the public
- Serious harm to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm (this includes incidents graded under the NPSA definition of severe harm);
- A scenario that prevents or threatens to prevent a provider organisation's ability to continue to deliver healthcare services, for example, actual or potential loss of personal/organisational information, damage to property, reputation or the environment, or IT failure;
- Allegations of abuse;
- Adverse media coverage or public concern about the organisation or the wider NHS;
- One of the core set of 'Never Events,' see <https://www.england.nhs.uk/patientsafety/never-events/>



Sign up to Safety

Sign up to Safety is a national initiative to help NHS organisations and their staff achieve their patient safety aspirations and care for their patients in the safest way possible. At the heart of Sign up to Safety is the philosophy of locally led, self-directed safety improvement.

Special Review

A special review is conducted by the Care Quality Commission (CQC). Special reviews and studies are projects that look at themes in health and social care. They focus on services, pathways of care or groups of people. A review will usually result in assessments by the CQC of local health and social care organisations. A study will usually result in national-level findings based on the CQC's research.

Summary Hospital Mortality Indicators (SHMI)

The SHMI is like the HSMR, a ratio of the observed number of deaths to the expected number of deaths. However, this is only applied to non-specialist acute providers. The calculation is the total number of patient admissions to the hospital which resulted in a death either in hospital or within 30 days post discharge. Like all mortality indicators, the SHMI shows whether the number of deaths linked to a particular hospital is more or less than expected, and whether that difference is statistically significant.

Teaching Trusts

A hospital that is affiliated to a medical school and provides the students with teaching and supervised practical experience; UHCW has close ties with the University of Warwick Medical School

Trust

A Trust is an NHS organisation responsible for providing a group of healthcare services. An Acute Trust provides hospital services (but not mental health hospital services, which are provided by a Mental Health Trust).

UHCWi

UHCW Improvement System. A structured approach to removing waste and puts the patient first. It involves front-line staff making improvements in their workplace.

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