University Hospitals Coventry and Warwickshire NHS Trust

Resolution of Items Heard in Private
In accordance with the provisions of Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, and the Public Bodies (Admissions to Meetings) (NHS Trusts) Order 1997, it has been resolved that the representatives of the press and other members of the public are excluded from the second part of the Trust Board meeting on the grounds that it would be prejudicial to the public interest due to the confidential nature of the business transacted. This section of the meeting has been held in private session.

TRUST BOARD MEETING TO BE HELD ON WEDNESDAY 28th NOVEMBER 2012
IN ROOM 20063/64, CLINICAL SCIENCES BUILDING, UNIVERSITY HOSPITAL, COVENTRY, CV2 2DX

PUBLIC AGENDA

THE PUBLIC SESSION OF THE TRUST BOARD WILL COMMENCE PROMPTLY AT 1.00PM

1	General Business	Paper	Presenter	Category
1.1.	Apologies for Absence	Verbal	Chairman	N/A
1.2.	Minutes of Meeting held on 26th September 2012	Enc 1	Chairman	N/A
1.3.	Actions	Enc 2	Chairman	N/A
1.4.	Matters Arising	Verbal	Chairman	N/A
1.5.	Declarations of Interest	Verbal	Chairman	N/A
1.6.	Chairman's Report • Trust Board Terms of Reference	Enc 3	Chairman	N/A
1.7	*Private Trust Board Meeting Session Report – 31st October 2012**	*Enc 4*	*Chairman*	*N/A*
1.8	Chief Executive's Report	Verbal	Chief Executive Officer	N/A

2	Delivering safe, high quality and evidenced patient care	Paper	Presenter	Category
2.1	Quality Governance Committee Terms of Reference	Enc 5	Mr T Sawdon, Non-Executive Director	Governance
2.2	*Quality Governance Committee Meeting Report 9th October 2012**	*Enc 6*	*Mr T Sawdon, Non-Executive Director*	*Governance*

3	Developing excellence in research, innovation and education	Paper	Presenter	Category
	No reports			

4	Improving the business and service framework	Paper	Presenter	Category
4.1	Integrated Performance Report	Enc 7 To follow	Mrs G Nolan, Chief Finance Officer	Governance
4.2	Finance Report	Enc 8	Mrs G Nolan, Chief Finance Officer	
4.3	*Finance and Performance Meeting Report – 24th September 2012**	*Enc 9*	*Ms S Tubb, Senior Independent Director*	*Governance*
4.4	*Audit Committee Meeting Report – 17th September 2012**	*Enc 10*	*Mr T Robinson, Non-Executive Director*	*Governance*
4.5	Provider Management Regime	Enc 11	Mr D Eltringham, Chief Operating Officer	Governance
4.6	Calendar of Meetings	Enc 12	Mr A Hardy, Chief Executive Officer	Governance

5	Building a positive reputation and identity		Presenter	Category
5.1	Patient and Staff Story - Update on wards 2 and 10	Enc 13	Professor M Radford, Chief Nursing Officer	Quality & Safety
5.2	*Foundation Trust Application Update**	*Enc 14*	*Mr A Hardy, Chief Executive Officer*	*Strategy*

6	Administrative Matters			
6.1	Work Programme	Enc 15	Chairman	Governance
6.2	Any Other Business	Verbal	Chairman	

7	Questions from the Public up to 15 minutes			

8	Date of Next Meeting:			
	Wednesday 30th January 2013 starting at 13.00			

Please note: asterisked items (*) are for noting and, in general, do not require discussion.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

MINUTES OF THE PUBLIC MEETING OF THE UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST BOARD HELD ON WEDNESDAY 31st OCTOBER 2012 AT 1.00PM IN ROOM 20063/64, CLINICAL SCIENCES BUILDING, UNIVERSITY HOSPITAL, COVENTRY, CV2 2DX

In accordance with the provisions of Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, and the Public Bodies (Admissions to Meetings) (NHS Trusts) Order 1997, it is resolved that the representatives of the press and other members of the public are excluded from the second part of the Trust Board meeting on the grounds that it is prejudicial to the public interest due to the confidential nature of the business about to be transacted. This section of the meeting will be held in private session.

AGENDA ITEM	DISCUSSION	ACTION
HTB 12/448 PRESENT	Mr D Eltringham, Chief Operating Officer Mr A Hardy, Chief Executive Officer Mrs G Nolan, Chief Finance Officer/Deputy Chief Executive Officer Mrs M Pandit, Chief Medical Officer Professor Radford, Chief Nursing Officer Mr T Robinson, Non-Executive Director Dr P Sabapathy, Non-Executive Director Mr T Sawdon, Non-Executive Director Mr N Stokes, Non-Executive Director **Mr P Townshend, Chairman** Ms S Tubb, Senior Independent Director Professor P Winstanley, Non-Executive Director	
HTB 12/449 IN ATTENDANCE	Mrs J Gardiner, Trust Board Secretary Dr A Phillips, Deputy Medical Director (HTB 12/458) Mrs Paula Young, Executive Assistant (note taker)	
HTB 12/450 APOLOGIES	Mr I Crich, Chief Human Resources Officer	
HTB 12/451 MINUTES OF MEETING HELD 26th SEPTEMBER 2012	The Trust Board **APPROVED** the minutes of the meeting held on Wednesday 26th September 2012 as a true record of the meeting.	
HTB 12/452 ACTIONS	The actions completed and actions in progress were **NOTED**.	
HTB 12/453 MATTERS ARISING	There were no matters arising.	
HTB 12/454 DECLARATIONS OF INTEREST	There were no declarations of interest.	
HTB 12/455 CHAIRMAN'S REPORT	The Chairman noted that he had recently met with the Chair of the Arden Cluster, as well as Martin Lee, Medical Director of the Arden Cluster as part of the regular framework of discussions within the local health economy. Mr Lee is keen for UHCW NHS Trust to engage with GP commissioning groups and the Trust Board Secretary is making arrangements for the first Board to Board to be held in January 2013. The Chairman reported that a further local health economy partnership working dinner is to be scheduled, which will provide the vehicle to	

AGENDA ITEM	DISCUSSION	ACTION
	explore collaborative working arrangements. The Chairman welcomed the news that Mr Crich will be returning to work tomorrow. He acknowledged the huge gap felt during his absence. **Committee Membership** Membership on Trust Board sub-committees was reviewed and refreshed in July 2012 to reflect the appointments of Dr Paul Sabapathy, Prof Peter Winstanley, Dr Mark Radford and Mr David Eltringham. It is suggested that Non-Executive Director membership on the Quality Governance Committee is further reviewed and aligned to that of Finance and Perfomance Committee so that Non-Executive Director representation is reduced from four members to three. **Non-Executive Director Portfolios** However, the Non-Executive Director portfolios previously held by Mrs Wendy Coy require further review to reallocate the following portfolio areas: • HR, Equality and Diversity Committee • Training, Education and Research Committee The nominated Non-Executive Director will receive papers and be available to offer guidance and input to the committees as required but there is no requirement to attend the above committee meetings. In July 2010 (HTB 10/433) there was a requirement for Trust Board to appoint a Non-Executive Champion for health and wellbeing which was also aligned to the Health and Wellbeing Committee. These roles were previously held by Wendy Coy to support the health and wellbeing pilot scheme for counselling/therapy support in relation to staff absenteeism and sickness. Now that the pilot scheme has now been rolled out and implemented substantively the requirement for a NED champion and affiliate to the Health and Wellbeing Committee no longer exists and will be removed from the Non-Executive Director portfolios. In addition, there is also a new regional requirement to identify a Non-Executive Champion for Patient Experience. If approved the nominated Non-Executive Director champion will receive a letter formally confirming their nomination, any associated guidance and a meeting will be arranged with the relevant leads to brief them on their portfolio. NHS Midlands and East will also be notified of the nomination. The Chairman has reviewed Non-Executive Director portfolios and has suggested: • Peter Winstanley receives the HR, Equality and Diversity	

AGENDA ITEM	DISCUSSION	ACTION
	Committee and Training, Education and Research Committee papers and provides advice and support to the committee as required. • Trevor Robinson is no longer a member of Quality Governance Committee • Tim Sawdon is the Non-Executive Champion for Patient Experience **The Trust Board;** • **APPROVED** the proposed changes to the Quality Governance Committee membership for Non-Executive Directors • **APPROVED** the proposed Non-Executive Director nomination for Patient Experience • **APPROVED** the proposed Non-Executive Director lead for the HR, Equality and Diversity Committee and Training, Education and Research Committee • **NOTED** the Non-Executive Director portfolio requirement for the Health and Wellbeing Committee and Non-Executive Champion no longer exists	
HTB 12/456 PRIVATE TRUST BOARD MEETING SESSION REPORTS – 26th SEPTEMBER 2012	The Chairman advised that the purpose of the report is to advise of the private Trust Board session meeting agenda held on 26th September 2012 and any key decisions or outcomes made by the Trust Board. The Board **NOTED** the contents of the report.	
HTB 12/457 CHIEF EXECUTIVE OFFICERS REPORT	The Chief Executive Officer reported that the Trust recently welcomed Lord Bhattacharyya, CBE who opened the Surgical Skills Suite in the Trust, which is at the forefront of education and is a facility utilised well. The annual Outstanding Service and Care Awards were held on Friday 19th October 2012. This was an exceptional evening celebrating the outstanding achievement of staff. The Trust will be looking to publicise the event within the local media. The Chief Executive Officer thanked the Friends of St Cross for their generous donation of £35,000 to support the recent opening of a new Retinal Screening Van in Rugby.	
Procedural Note:	Mr Robinson left the meeting	
HTB 12/458 MAKE EVERY CONTACT COUNT (MECC)	Dr Phillips thanked the Trust Board for inviting him to present today and advised that the purpose of the report is to provide an update to the Trust Board on the MECC programme and seek the support of the Trust Board in its continuing implementation. He added that the Trust Board received a presentation on UHCW's participation in the SHA's Making Every Contact Count initiative at the Public Trust Board on 25th April 2012. In addition to Trust Board recording their support for MECC, the Trust Board requested that they	

AGENDA ITEM	DISCUSSION	ACTION
	receive assurance through regular 6 monthly updates via the Quality Governance Committee on progress with MECC. He continued to provide some background and progress; the Midlands and East Strategic Health Authority (the SHA) has from its inception identified the Making Every Contact Count (MECC) ambition to be a cornerstone for the development of a healthier population in the region. All healthcare workers in primary care, secondary care and community care meet many people including; patients, families and relatives, and fellow healthcare workers. Within these "patient contact" interactions an opportunity may arise where brief health advice can be provided that assists in identifying the resources available to help those individuals who wish to be a part of improving their own health. Prior the SHA launching this initiative, UHCW had commenced work with Coventry Primary Care Trust (PCT) to promote support for healthy living for all under the banner of the Clinical Champion Programme (CCP). This initiative was based on the principal that encouraging a healthier population should not be regarded as solely Public Health's responsibility but a duty for all healthcare providers and consequently all healthcare workers. The announcement and development of the MECC campaign resulted in the CCP group rebranding itself under MECC as the aspirations were fundamentally identical. A principal of the MECC ambition was that all frontline healthcare workers in the SHA receive appropriate training to ensure they are suitably prepared to be willing to offer advice on how to access the available resources that provide advice, support and encouragement for individuals adopting healthier lifestyles and ultimately achieving better health. The desired outcome from this ambition is a healthier population within the SHA. This desirable outcome will be an ongoing development with no final end point and with diverse intermediate indicators of success. To address these difficulties the SHA has decided that the training of staff and the delivery of appropriate advice will be the indicators of an organisation's support and progress for MECC. The Trust has a MECC Strategy Group (MECC group), chaired by the Trust's Implementation lead. This group has received support and advice from the SHA MECC Project Team and worked with representatives of local commissioners to develop the systems, processes and people necessary for UHCW to deliver MECC and achieve the SHA ambition. Examples of innovative progress to date include; • a successful application for financial support from the SHA's innovation fund to include a question within the Trust's established patient survey, Impressions, to record patients being offered MECC advice • Development of training delivery • Subsequent recording of delivery of training using the	

AGENDA ITEM	DISCUSSION	ACTION
	Electronic Staff Record facility • Partnership working with Public Health and Clinical Commissioning Groups to access funding to support development and delivery of training • Developing shared practice with Coventry University Business School associated with MECC programme to develop healthier current and future workforce • Invited to be an SHA pilot site for the electronic referral of patient's requesting advice with subsequent provision information/ appointment to the local provider service It is acknowledged that the provisional training needs and plans assume a significant proportion of staff can be identified as requiring no or minimal training to participate and that the recording of offering of advice to patients may be under reported/recorded. The Chief Executive Officer noted his full support for the programme. In response to a question from Mr Sawdon, Dr Phillips confirmed that the training will not detract from the mandatory training programmes which staff are currently required to complete. He added that the training reaffirms good medical and nursing practices and will help improve delivery and communications skills. It presents educational benefits for the Trust and will have a positive impact in time but more time must be invested on training.	
Procedural Note:	Mrs Gardiner left the meeting and Mr Robinson re-joined the meeting	
HTB 12/458 MAKE EVERY CONTACT COUNT (MECC)	Professor Winstanley queried how the programme is being measured to demonstrate success. Dr Phillips responded that the desired outcome is for a healthier population and this may take 20 – 40 years to validate. Dr Sabapathy commended Dr Phillips on an excellent initiative and stated that there is a responsibility to provide good quality healthcare for the population of Coventry and Warwickshire.	
Procedural Note:	Mrs Gardiner re-joined the meeting	
HTB 12/458 MAKE EVERY CONTACT COUNT (MECC)	Ms Tubb highlighted the four key risks in the report; training, quantum of training, size of the overall plan and recording of advice and questioned how these risks would be mitigated. Dr Phillips responded that the plan is to train 1000 staff per year which should generate engagement and establish a trainer's pool. He acknowledged that there is a need to put in place substantial deliverable training going forward. Engagement with Coventry University ensures that newly qualified nurses going forward will receive this training as part of their student training programme. Professor Winstanley suggested that this initiative presents an opportunity to produce a good quality business paper demonstrating a cost effective analysis. In response to a question from the Chairman, Dr Phillips confirmed that each referral to the smoking cessation clinic generates £118 of income. The Trust has received £5,000 grant to fund the launch of a questionnaire and analysis of this for several years. A three-year (non-	

AGENDA ITEM	DISCUSSION	ACTION
	recurrent) funding of £50,000 has been awarded from Public Health to be used over the course of three years to support the recruitment of a band 5 to help with the delivery of training. The Trust Board; • **ACCEPTED** the progress report on MECC • **SUPPORTED** the current development • **AGREED** to receive assurance through regular 6 monthly updates via the Quality Governance Committee on progress with MECC.	**Mrs Pandit**
HTB 12/459 MORTALITY HSMR AND SHMI REPORT	The purpose of the report is to provide the Board with information on HSMR and SHMI and the key differences between them. Mrs Pandit advised that the HSMR is a method of comparing mortality levels in different years, or for different sub-populations in the same year, while taking account of differences in case mix. It is the observed number of in-hospital spells resulting in death divided by an expected figure, for a basket of 56 diagnoses which represent 80% of hospital mortality in England. The ratio is of observed to expected deaths (multiplied conventionally by 100). Thus if mortality levels are higher in the population being studied than would be expected, the HSMR will be greater than 100. For all of the 56 diagnosis groups, the observed deaths are the number that have occurred following admission in each NHS Trust during the specified time period. Each year, usually in September Dr Foster Intelligence and the Dr Foster Unit at Imperial College London recalculate the expected values and the risk estimates which are used to produce HSMRs. This is to take into account the changing patterns of in-hospital deaths and volume of admissions which alter year on year. Due to the natural decline in mortality all Trusts will see their most recent HSMR increase following this update. The SHMI is a ratio of the observed number of deaths to the expected number of deaths for a provider. The observed number of deaths is the total number of patient admissions to the hospital which resulted in a death either in-hospital or within 30 days post discharge from the hospital. Observed Deaths: If a patient dies whilst in hospital or within 30 days of discharge from hospital their death will be attributed to the trust providing their care. If the patient is treated by another trust within those 30 days their death will only be attributed to the last trust to treat them. Mental Health, community health and specialist trusts are excluded from this.	

AGENDA ITEM	DISCUSSION	ACTION
	Expected Deaths: For the SHMI a statistical risk model is derived that estimates the risk of mortality. In response to a query from Mr Sawdon, Mrs Pandit confirmed that the Trust's mortality rate is lower than the average for the West Midlands. She added that Chris Brown from Dr Foster attends the Mortality meetings and uses real time to drill down as part of the audit process. Mr Sawdon thanked Mrs Pandit and added that he was assured that the Trust responds correctly to matters of patient safety. Mr Stokes queried the justification for the 30 days post discharge target; the Chief Executive Officer advised that this is to drive figures down and increase patient care. He added that this is a requirement for all Trust's to meet nationally. Mrs Pandit assured the Trust Board that the differential for recording of data between HSMR and SHMI is acknowledged nationally and concerns have been raised at the AUKUH Director meeting. The Trust Board **NOTED** the report and **REQUESTED** that future reports be presented to the Quality Governance Committee who will by exception refer matters to the Trust Board.	**Mrs Pandit**
HTB 12/460 SUSTAINABLE SPECIALTIES & FRAIL OLDER PEOPLES PROGRAMME	The purpose of the report is to update the Trust Board of the proposal to take forward an Arden Cluster combined sustainable specialties and frail older people's programme. The Chairman highlighted that the report summarises the key risks as lack of support and leadership to drive the programme and lack of collaborative working and asked Mrs Pandit to expand on this statement. Mrs Pandit responded that the Trust needs to be represented as a provider on the Arden System Board of which the Chief Executive Officer and Chief Medical Officer are both members. The risk is in relation to transitional arrangements from the transfer of Primary Care Trust's to Clinical Commissioning Groups at the end of March 2013. The Chairman noted that the highest risk faced is the readmission of patients within 30 days; given the likelihood that the number of frail and elderly patients is to increase which will pose another financial challenge to the Trust. Ms Tubb added that there is no mention of timeframes and that there are elements of the report which appear open ended. Dr Sabapathy commended this excellent piece of work but queried who would be the driver for the programme. Mrs Pandit confirmed that the Arden System Board will be responsible for delivering the programme which is chaired by Dr Steve Allen. In response to a query from Mr Stokes, the Chief Executive Officer advised that the programme is not simply a case of bureaucracy but will affect the entire population which is living longer.	

AGENDA ITEM	DISCUSSION	ACTION
	Dr Sabapathy noted that the programme is clinically-led and presents a great opportunity to improve standards of patient care. Professor Winstanley suggested that the programme should be re-visited again to measure success.	
Procedural Note:	Professor Winstanley left the meeting	
HTB 12/460 SUSTAINABLE SPECIALTIES & FRAIL OLDER PEOPLES PROGRAMME	The Trust Board; • **RECEIVED** and **SUPPORTED** the recommendations as agreed by the Arden CCG Federation and Arden System Board • **REQUESTED** that the Chief Medical Officer provides an update on progress in six months time to the Quality Governance Committee with permission for the Quality Governance Committee to refer any operational or performance issues to the Trust Board Dr Sabapathy suggested that this be the first item for discussion on the Board to Board agenda with the CCG's as a topic for partnership working.	**Mrs Pandit** **Mrs Gardiner**
HTB 12/461 QUALITY GOVERNANCE COMMITTEE MEETING REPORT – 11th SEPTEMBER 2012	Mr Sawdon noted that he was not present for this meeting but drew the Board's attention to two matters which the Quality Governance Committee are looking to address; mandatory training compliance and mortality, both of which have been raised earlier in the Board today. The purpose of the report is to advise the Trust Board of the Quality Governance Committee meeting held on 11th September 2012. The Trust Board **ACCEPTED** the contents of the report.	
Procedural Note:	Professor Winstanley re-joined the meeting	
HTB 12/462 ACADEMIC HEALTH SCIENCE NETWORKS	The Chief Executive Officer reported that a formal application has been submitted on behalf of the West Midlands and accepted with positive feedback and areas for development. The Chief Executive Officer is due to attend a key meeting in Manchester on 12th November 2012 and a feedback session in Newbury on 15th November 2012. Going forward the work will include key elements of inclusivity. Professor Winstanley concurred with this statement and emphasised the need for a sense of team working and an opportunity to share good ideas and adopt best practices. The Trust Board **RECEIVED** the verbal report.	
HTB 12/463 PROVIDER MANAGEMENT REGIME	The SHA wide Provider Management Regime (PMR) has been rolled out which each Trust is required to complete on a monthly basis. The PMR was introduced in shadow form for East Midlands and West Midlands Trusts during the period January to February 2012. The return from Trusts for March 2012 was reported at the SHA's public board meeting in May 2012. The PMR process has been fully operational from April 2012 onwards. This regime was introduced to support Trusts, by working with the SHA in a "Monitor like" way, to help prepare Trusts for their DH and Monitor Foundation Trust assessment and subsequent monitoring post authorisation under the Monitor	

AGENDA ITEM	DISCUSSION	ACTION
	Compliance Framework. The regime provides an opportunity for providers to earn autonomy from the SHA. Providers who can demonstrate consistent performance of governance, finance, quality and contract management will make less frequent PMR returns and meet with the SHA less often than those Trusts that face issues. There is also a clear escalation process for Trusts with persistently poor ratings or other issues. The detailed processes and rules by which a Trust can gain autonomy or might face escalation are outlined within separate SHA guidance. Mr Eltringham was pleased to report that the Trust achieved a green governance risk rating for September and the quarter. The Trust is reporting a financial risk rating of 2 based on the year to date position; although this remains the Trust plan for this point in the financial year. The Trust continues to forecast a financial risk rating 3 for the financial year, with improvement being achieved by delivery of the forecast surplus position. In response to a query from Dr Sabapathy, Professor Radford confirmed that there is a clear framework set out to meet compliance with requirements regarding access to healthcare for people with a learning disability. The SHA completed a review at the beginning of this month and gave the Trust a fully supportive review; a full written report is awaited. The Trust Board; • **APPROVED** the Provider Manager Regime return based on September 2012 data for onward submission to the SHA. • **CONFIRMED** its support for Governance Declaration 2 (for insufficient assurance that all targets are being met) in relation to the Financial Risk Rating.	
HTB 12/464 FINANCE REPORT	The purpose of the report is to update the Board as to the financial position of the Trust as at Month 6 of the 2012/13 financial year and the forecast year end position. The month 6 position is a deficit position of £2.5m which is in line with plan. The forecast surplus remains at £2.5m which is dependant on the robust management of risk. Escalation issues have been pursued through the Finance & Performance Committee. The Chairman requested, in an attempt to avoid repetition of discussion, that discussion for this item be deferred to the private session of the Trust Board. The Trust Board **NOTED** the contents of the report and in particular the Trust's financial position in month 6 of 2012/13.	
HTB 12/465 FINANCE AND PERFORMANCE	The purpose of the report is to advise the Trust Board of the Finance and Performance Committee meeting held on 23rd July 2012.	

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

MINUTES OF THE PUBLIC MEETING OF THE UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST BOARD HELD ON WEDNESDAY 31st OCTOBER 2012 AT 1.00PM IN ROOM 20063/64, CLINICAL SCIENCES BUILDING, UNIVERSITY HOSPITAL, COVENTRY, CV2 2DX

AGENDA ITEM	DISCUSSION	ACTION
COMMITTEE MEETING REPORT – 23rd JULY 2012	The Trust Board **ACCEPTED** the contents of the report.	
HTB 12/466 FOUNDATION TRUST APPLICATION	The Chief Executive Officer advised that the purpose of the report is to provide an update on the progress and timeline for Foundation Trust status application. UHCW NHS Trust is working to a Department of Health submission date of 1st June 2013. The Trust Board **RECEIVED** and **ACCEPTED** this report.	
HTB 12/467 ANY OTHER BUSINESS	Following recent media coverage in relation to the allegations made against Jimmy Savile and issues around safeguarding and the treatment of vulnerable adults in care homes; the Chairman questioned the lessons to be learned and in particular highlighted the need for accurate up-to-date criminal records bureau (CRB) checks. The Chief Executive Officer assured the Board that the Trust takes safeguarding very seriously with that the Trust employs dedicated Leads to oversee the care in place. Rigorous reviews are undertaken and the results reflected within the reports that are presented to the Board. He added that in the case of Jimmy Savile, a CRB check would not have revealed anything as he had not been charged with any offence. The Trust Board; **REQUESTED** that all Board members have an up-to-date CRB check and that a report be presented to the Trust Board in November in relation to the CRB status requirements for Board members, clinicians, nurses, ISS staff, volunteers and all other partner organisations. Mr Stokes queried why Non-Executive Directors had not been alerted to the television media coverage of a mother campaigning to lobby Government for medics to take parents comments more seriously following the care her daughter had received at UHCW NHS Trust. The Chief Executive Officer responded that the particular media story in question was not expected to be shared so soon and that he would ask Mr Crich to raise this matter with the Communications Department.	**Mr Crich** **Mr Crich**
HTB 12/468 QUESTIONS FROM THE PUBLIC	In response to a question from public in relation to CRB checks, the Chief Executive Officer advised that a standard CRB check is £35 which is currently paid for by the Trust; however, this is currently being reviewed and may result in individuals funding this themselves. In response to a question from the public the Chief Executive Officer advised that staff currently employed by Primary Care Trusts may provide back office functions support to the Clinical Commissioning Groups. In response to a suggestion from the public, the Chairman requested that the Chief Nursing Officer work with the Communications Team to better promote the effectiveness of the smoking cessation clinics.	**Professor Radford**

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

MINUTES OF THE PUBLIC MEETING OF THE UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST BOARD HELD ON WEDNESDAY 31st OCTOBER 2012 AT 1.00PM IN ROOM 20063/64, CLINICAL SCIENCES BUILDING, UNIVERSITY HOSPITAL, COVENTRY, CV2 2DX

<table>
<tr><th>AGENDA ITEM</th><th>DISCUSSION</th><th>ACTION</th></tr>
<tr><td></td><td>In response to a question from the public, the Chairman confirmed that the cost of funding alcohol related treatment within Coventry and Warwickshire is approximately £300m.</td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>HTB 12/469
DATE OF NEXT MEETING</td><td>The date of the next meeting is Wednesday 28th November 2012 at 1.00pm in the Clinical Sciences Building, University Hospital, Coventry CV2 2DX.</td><td></td></tr>
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<tr><td>HTB 12/470
APPROVAL OF MINUTES</td><td>These minutes are approved subject to any amendments agreed at the next Trust Board meeting.

<table><tr><td>SIGNED</td><td>…….
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UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST
ACTIONS UPDATE: PUBLIC TRUST BOARD MEETINGS

28th November 2012

AGENDA ITEM	ACTION	LEAD	DATE TO BE COMPLETED	COMMENT
ACTIONS IN PROGRESS				
HTB 12/467 (31.10.12) ANY OTHER BUSINESS	Mr Stokes queried why Non-Executive Directors had not been alerted to the television media coverage of a mother campaigning to lobby Government for medics to take parents comments more seriously following the care her daughter had received at UHCW NHS Trust. The Chief Executive Officer responded that the particular media story in question was not expected to be shared so soon and that he would ask Mr Crich to raise this matter with the Communications Department.	IC	3.12.12	
HTB 12/468 (31.10.12) QUESTIONS FROM THE PUBLIC	In response to a suggestion from the public, the Chairman requested that the Chief Nursing Officer work with the Communications Team to better promote the effectiveness of the smoking cessation clinics	MR	3.12.12	
ACTIONS COMPLETE				
HTB 12/458 (31.10.12) MAKE EVERY CONTACT COUNT (MECC)	The Trust Board **AGREED** to receive assurance through regular 6 monthly updates via the Quality Governance Committee on progress with MECC.	MP	3.12.12	Referred to QGC 8.11.12
HTB 12/460 (31.10.12) SUSTAINABLE SPECIALTIES & FRAIL OLDER PEOPLES PROGRAMME	The Trust Board **REQUESTED** that the Chief Medical Officer provides an update on progress in six months time to the Quality Governance Committee with permission for the Quality Governance Committee to refer any operational or performance issues to the Trust Board	MP	3.12.12	Referred to QGC 8.11.12
HTB 12/414 (26.9.12) PATIENT AND STAFF STORY	The Chairman asked that Mrs Pandit provide the Board with details of how the issues highlighted within the report in relation to ward 2 and ward 10 have been dealt with in terms of procedures and practices. This feedback is to be included within the next patient story report scheduled to be delivered to Trust Board in November.	MP	Scheduled for November 2012	Reported to November Trust Board
HTB 12/467 (31.10.12) ANY OTHER BUSINESS	**REQUESTED** that all Board members have an up-to-date CRB check and that a report be presented to the Trust Board in November in relation to the CRB status requirements for Board members, clinicians, nurses, ISS staff, volunteers and all other partner organisations.	IC	3.12.12	Reported to November Trust Board
HTB 12/459 (31.10.12) MORTALITY HSMR AND SHMI REPORT	The Trust Board **REQUESTED** that future reports be presented to Quality Governance Committee who will by exception refer matters to Trust Board.	MP	3.12.12	Referred to QGC 8.11.12
REPORTS SCHEDULED FOR NEXT MEETING				
REPORTS SCHEDULED FOR FUTURE MEETINGS				
HTB 12/061 (29.2.12) CHIEF EXECUTIVES REPORT	Mr I Crich would present a paper on the future of medical education	IC	Scheduled for February 2013	
HTB 12/230 (30.5.12) EDUCATION REPORT	The Trust Board **RECEIVED** the report and **SUPPORTED** the work undertaken by Mr Fraser. The Chairman requested that the issue of	MP	Scheduled for November 2012	Deferred to January 2013 in line with

Red = outstanding
Black = in progress not yet due
Green = complete

Unless a date is specified it will be assumed that the date for completion is the 1st Monday following the next Trust Board.

28th November 2012

AGENDA ITEM	ACTION	LEAD	DATE TO BE COMPLETED	COMMENT
	education be referred to the Training, Education and Research Committee with a view to exploring matters of research, development and education to be brought back to the Trust Board as part of the strategic objectives of the Trust, and will feature as part of the scheduled Education report in November.			revised Trust Board work programme
HTB 12/410 (26.9.12) PERFORMANCE REPORT	The Board will look to have more formal periodical meetings with the CCG's to engage with them and build up good solid working relationships. The Chairman requested that Mrs Gardiner facilitate a meeting in the next 2-3 months. Mrs Gardiner advised that she will need to take guidance from the CCG's in terms of whether they yet have full Board appointments.	JG	July 2013	Exec to Exec meetings with CCG's on 24.10.12 and 21.11.12 both cancelled by CCG. CEO confirmed with CCG Accountable Officer that the CCG does not require Board to Board meetings at this time. To be reviewed in six months i.e. July 2013
HTB 12/460 (31.10.12) SUSTAINABLE SPECIALTIES & FRAIL OLDER PEOPLES PROGRAMME	Dr Sabapathy suggested that this be the first item for discussion on the Board to Board agenda with the CCG's as a topic for partnership working.	JG	As above	
ACTIONS REFERRED TO TRUST BOARD SUB-COMMITTEES				

Red = outstanding
Black = in progress not yet due
Green = complete

Unless a date is specified it will be assumed that the date for completion is the 1st Monday following the next Trust Board.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

28th November 2012

Subject:	Trust Board Terms of Reference
Report By:	Chairman
Author:	Jenny Gardiner, Trust Board Secretary
Accountable Executive Director:	Andy Hardy, Chief Executive Officer

GLOSSARY

Abbreviation	In Full
TOR	Terms of reference
IBP	Integrated Business Plan
HDD	Historical Due Diligence

WRITTEN REPORT (provided in addition to cover sheet)? ☒ **Yes** ☐ **No**

POWERPOINT PRESENTATION? ☐ **Yes** ☒ **No**
NB Presentations need to be submitted for inclusion in Board papers

Title	
Approx. Length	

PURPOSE OF THE REPORT / PRESENTATION:

Annual best practice requirement for Trust Board to review and approve its own terms of reference and those of its sub-committees. These are scheduled into the Trust Board work programme for annual review.

SUMMARY OF KEY ISSUES:

The Trust Board terms of reference (TOR) are presented to Trust Board for ratification and approval. These were last reviewed and approved by Trust Board in September 2011.

Trust Board TOR have not been considered by any other committee since they were last approved by Trust Board. There are no material changes to the terms of reference from those previously agreed, other than minor amends which are identifiable through track changes.

SUMMARY OF KEY RISKS:

Trust Board sub-committee terms of reference are key evidence to underpin the IBP and HDD assessments and require re-approval.

RECOMMENDATION / DECISION REQUIRED:

Trust Board to REVIEW and APPROVE its terms of reference.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

28th November 2012

IMPLICATIONS:

Financial:	
HR / Equality & Diversity:	
Governance:	Trust Board is the committee responsible for governance and legal compliance across the Trust.
Legal:	

REVIEW:

Trust Standing Committee	**Date**	**Trust Standing Committee**	**Date**
Quality Governance Committee		Remuneration Committee	
Finance and Performance Committee		Executive Meeting	
Audit Committee			

DATA QUALITY:

Data/information Source:	
Data Quality Controls:	
Data Limitations:	

University Hospitals Coventry and Warwickshire NHS Trust

Trust Board
Terms of Reference

1. Purpose

The purpose of the Board is to:

1.1. Provide leadership to the Trust;

1.2. Set the values and strategic direction of the trust;

1.3. Agree the Trust's financial and strategic objectives, including approval of the annual business plan and financial plan;

1.4. Oversee the implementation of the Trust's strategic objectives;

1.5. Monitor the performance of the Trust and ensure that the Executive Directors manage the Trust within the resources available in such a way as to:

- ensure the safety of patients and the delivery of a high quality of care;
- protect the health and safety of Trust employees and all others to whom the Trust owes a duty of care;
- make effective and efficient use of Trust resources;
- promote the prevention and control of Healthcare Associated Infection;
- comply with all relevant regulatory, legal and code of conduct requirements;
- maintain high standards of ethical behaviour, corporate governance and personal conduct in the business of the Trust;
- maintain the high reputation of the Trust both with reference to local stakeholders and the wider community;

1.6. Ensure that the Trust has adequate and effective governance and risk management systems in place.

1.7. Review and approve the Trust's Annual Reports and Accounts;

1.8. Receive and consider high level reports on matters material to the Trust detailing, in particular, information and action with respect to:

- human resource matters;
- operational performance;
- clinical quality and safety, including infection prevention and control;
- financial performance;
- the identification and management of risk;
- matters pertaining to the reputation of the Trust;

1.9. Promote teaching, training, research and innovation in healthcare to a degree commensurate with the Trust's 'teaching hospital' status;

1.10. Promote and develop appropriate partnerships with other organisations in accordance with the Trust's values and strategic direction;

1.11. Act as corporate trustee for the University Hospitals Coventry & Warwickshire NHS Trust Charitable Funds or equivalent successor funds. The Trust Board carries out these duties when it meets as the Corporate Trustee Board of the UHCW Charity.

2. Membership

2.1 Membership of the Board is as follows:-

(a) an independent non-executive Chairman
(b) five other independent non-executive directors
(c) five executive directors; and
(d) a non-executive director nominated by the University of Warwick

2.2. Only members of the Board are entitled to be present at its meetings and will count towards quorum.

2.3. Members will be required to attend as many meetings as possible and should maintain a minimum 80% attendance level.

2.4. Where members are unable to attend they should submit their apologies in advance of the meeting.

2.5. If an Executive director is unable to attend a meeting of the Board, an alternate may be appointed to attend all meeting or part of the meeting at the discretion of the Chairman. Any such alternate shall not be counted as part of the required quorum unless they have been formally appointed by the Board as an Acting Director. Deputies must be fully briefed and able to represent the issues of the absentee when presenting items on their behalf.

2.6. The Board may invite non-members to attend its meetings as it considers necessary and appropriate. The Chief HR Officer shall attend all meetings of the Trust Board.

2.7. The Trust Secretary, or whoever covers her duties, shall be Secretary to the Board and shall attend to take minutes of the meeting and provide appropriate advice and support to the Chairman and Board members.

2.8. The Committee holds a key role in the governance of the Trust. For avoidance of doubt Trust employees who serve as members of the committee do not do so to represent or advocate for their service areas but to act in the interests of the Trust as a whole and as part of the Trustwide governance structure.

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3. Chair

3.1. The Trust Board will be chaired by the Trust Chairman, as appointed by the Secretary of State.

4. Secretariat

4.1. The Trust Board Secretary, or their nominee, will act as the Secretary to the Board meeting.

5. Quorum

5.1. No business shall be transacted at a meeting of the Board unless at least one third of the whole number of the directors is present, including at least one Executive director and one Non-Executive director.

6. Frequency of Meetings

6.1. Meetings of the Board shall be held at such times as the Board may determine. The Board routinely meets ten times a year, with an additional meeting held in June each year to approve the annual report and accounts.

7. Notice of Meetings

7.1. Unless otherwise agreed, notice of each meeting confirming the venue, time, and date together with the agenda items for discussion and supporting papers, will be forwarded to each member of the committee and any other person required to attend, within seven days (five working days) before the meeting.

8. Conduct of Meetings

8.1. The agenda for meetings will be determined by the Chairman of the Trust Board, working in close harmony with the Chief Executive Officer to ensure that key and appropriate issues are discussed by the Board in a timely manner, with all of the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.

8.2. Where relevant, agenda items will be based on an annual schedule of business.

8.3. The terms of reference will be formally reviewed by the Board each year, and may be amended by the Board at any time to reflect changes in circumstance which may arise.

8.4. A formal log of amendments to the Terms of Reference must be retained by the meeting Secretary for audit purposes.

8.5. The front sheet of any report to the Board should indicate its purpose, i.e. whether it is for decision or information only. In order to enable members of the Board to give proper consideration to all relevant matters, persons preparing papers for the Board should employ appropriate brevity commensurate with the subject matter.

9. Minutes of Meetings

9.1. The meeting Secretary will take the minutes of the meeting, including recording the names of those present and in attendance.

9.2. Minutes of the meeting shall be agreed by the Chairman within one week of the meeting occurring, and shall be circulated promptly to all members of the committee thereafter.

9.3. The Secretary will maintain an action log of key actions and report completed and outstanding actions at each Board meeting.

10. Duties / Schedule Of Matters Reserved To The Board

The following matters have been reserved to Trust Board for its collective decision:

10.1 Setting the values and strategic direction of the Trust and approving the Trust's strategic objectives;

10.2 Agreeing levels of delegated authority and the Trust's Scheme of Delegation;

10.3 Major changes to the trust's corporate structure or governance arrangements;

10.4 Establishment of Board Committees and review of their Terms of Reference and reports;

10.5 Approval of the Trust's Annual Report and Accounts and Quality Account.

10.6 Approval of the annual business plan;

10.7 Approval of the Trust's 'forward planning' documentation;

10.8 Review and approval of the Trust's Risk Management Strategy and Policy;

10.9 Approval of contracts, contract bids, joint ventures, partnerships and commitments, including disposal of assets, falling beyond the limits set in the Scheme of Delegation;

10.10 Approval of appointment of members and Chairman of each of the Committees listed at 11.2 of these terms of reference;

10.11 Approval of appointment of the Senior Independent Director from amongst the Non-Executive Directors of the Trust;

10.12 Approval of any substantive change to the trust's insurance or indemnity arrangements in relation to Directors and Officers Liability;

10.13 Agreement to amend the Standing Orders;

10.14 Annual review and revision of the Schedule of Matters Reserved to the Board;

11. Reporting Responsibilities

11.1. The Board may delegate powers to formally constituted committees, which may have executive authority in accordance with their Terms of Reference.

11.2. The Board has established the following Committees of the Trust

- Audit Committee
- Quality Governance Committee
- Remuneration Committee
- Finance and Performance Committee

11.3. The Board will receive reports and minutes from its delegated committees on a regular and planned basis.

12. Authority

12.1 In accordance with its Constitution, the Trust has a Board of Directors which comprises both executive and non-executive directors. The Trust has Standing orders for the Practice and Procedure of the Board of Directors. For the avoidance of doubt, those standing orders take precedence over these Terms of Reference, which do not form part of the Trust's constitution.

Approval

- V1.0 TOR were approved by Trust Board at its meeting on 27.05.09.
- V2.1 of the TOR were reviewed at the private Trust Board meeting held on 28th April 2010
- V3.0 of the TOR were reviewed and approved at the private Trust Board meeting held on 28th September 2011

Review date: November 2012
Version number: V3.1
Author: **Trust Board Secretary**

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UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

28th November 2012

Subject:	**Trust Board Meeting Session Reports of 31st October 2012**
Report By:	**Philip Townshend, Chairman**
Author:	**Jenny Gardiner, Trust Board Secretary**
Accountable Executive Director:	**Philip Townshend, Chairman**

GLOSSARY

Abbreviation	In Full
NPS	Net Promoter Score
CQUIN	Commissioning for Quality Innovation

WRITTEN REPORT (provided in addition to cover sheet)? ☐ **Yes** ☒ **No**

POWERPOINT PRESENTATION? ☐ **Yes** ☒ **No**
NB Presentations need to be submitted for inclusion in Board papers

Title	
Approx. Length	

PURPOSE OF THE REPORT / PRESENTATION:

To advise the Board of the private Trust Board Session meeting agendas for 31st October 2012 and of any key decisions/outcomes made by the Trust Board.

Chairman's Report: Mr P Townshend, Chairman
The Trust Board **NOTED** the Chairman's report

Chief Executive's Report: Mr A Hardy, Chief Executive Officer
The Trust Board **RECEIVED** and **ACCEPTED** the Chief Executive Officer's report.

Non-Elective Performance: Mr D Eltringham, Chief Operating Officer

The Trust Board;

- **RECOGNISED** performance and the proactive work being progressed as the agreed way forward and
- **RECOGNISED** the context in which ED is operating and the challenges which the whole hospital faces in this regard
- **APPROVED** and **SUPPORTED** the plan to deliver 98% performance against the 4 hour target by October 2013 but recognised the importance of ensuring compliance with the A&E target on a yearly and quarterly basis.
- **RECOGNISED** and **SUPPORTED** the governance approach to programme management which is currently being implemented.
- **EXPRESSED** profound concern as to the risks which remain in this regard and the Board **COMMITS** to the mitigation plans which sit behind these risks and **SUPPORTS** the Chief Operating Officer in taking any necessary interim actions to address these risks.

Corporate Risk Register: Mrs M Pandit, Chief Medical Officer
The Trust Board **RECEIVED** and **ACCEPTED** the report

Midwifery Business Case: Professor M Radford
The Trust Board **ENDORSED** the content of the report and associated risks and **AUTHORISED** the Chief Nursing Officer to progress the business case.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

28th November 2012

Consultant Cardiologist Business Case: Mrs M Pandit, Chief Medical Officer
The Trust Board;

- **APPROVED** recruitment to the post and
- **REFLECTED** its show of gratitude to the Cardiology Interventionist Team for the approach taken and **RECOGISED** the commitment to the Trust and outstanding clinical performance.

Quality Governance Committee Draft Minutes of the Meeting – 9th October 2012: Mr T Sawdon, Non-Executive Director
The Trust Board **ACCEPTED** the Quality Governance Committee meeting report of 9th October 2012.

Update from the Dean: Professor P Winstanley
The Trust Board **NOTED** the Dean's report.

Draft Finance and Performance Committee Meeting Report – 24th September 2012: Ms S Tubb, Senior Independent Director
The Trust Board **ACCEPTED** the Finance & Performance Committee meeting report of 24th September 2012.

Integrated Business Plan: Mr A Hardy, Chief Executive Officer
The Trust Board;

- **RECOGNISED** that all members of the Board had opportunity to engage and have engaged in the development and oversight of the first draft of the IBP which is to be submitted to the SHA on 2nd November 2012.
- **ENDORSED** and **SUPPORTED** the first draft of the IBP return to be submitted as stated above.

Trust Board Schedule of Business: Mr A Hardy, Chief Executive Officer
The Trust Board;

- **APPROVED** the report
- **APPROVED** the amendments to the Trust Board work programme
- **ENDORSED** the progress made to date in implementing the Deloitte recommendations arising from the Committee Structures and Reporting Arrangements report

Draft Audit Committee Meeting Report – 17th September 2012: Mr T Robinson, Non-Executive Director
The Trust Board **ACCEPTED** the Audit Committee meeting report of 17th September 2012.

Proposal for the Collaboration of Pathology: Mr A Hardy, Chief Executive Officer
The Trust Board **NOTED** the proposal and actions being taken and the change to the timeline

Management Overview Agreement: Mr I Crich, Chief HR Officer
The directors having considered the Hard Services Management Overview Agreement and the reports and advice received in respect of them to **RESOLVE** to execute the agreement.

Major Incident Planning/Emergency Preparedness Annual Report: Mr D Eltringham, Chief Operating Officer
The Trust Board **RECEIVED** and **APPROVED** the report

Late Items: Mr P Townshend, Chairman
The Trust Board **NOTED** the report

Revised Financial Plan: Mrs G Nolan, Chief Finance Officer

The Trust Board;

- **CONSIDERED** the initial plan for 2013/14 as presented and
- **CONSIDERED** the summary report of the Finance and Perfomance Committee held on 29th October 2012 prepared by Ms Tubb and tabled at the meeting
- **NOTED** the assumptions within the plan, which correspond with the Trusts latest LTFM
- **CONSIDERED** all of the risks associated with the plan and discussed them at length
- **RESOLVED** to agree the differential approach to CIP targets at this moment in time unanimously
- **AGREED** to receive updates of the financial plan at future meetings.

Integrated Performance Report: Mrs G Nolan, Chief Finance Officer

The Trust Board;

- **NOTED** the contents of the attached report.
- **AGREED** the draft Trust Balanced Scorecard
- **AGREED** to review the re-phasing of Trust Board and Finance and Performance Committees dates to ensure that Finance and Performance Committee has an opportunity to scrutinise the data, prior to

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

28th November 2012

submission to Trust Board. • **NOTED** the improvement in the UHCW score for NPS and the continued achievement of a response rate above the required 10% • that ensures UHCW remains in a strong position to achieve the CQUIN indicators • **NOTED** the action planning actions and proposals for improving the NPS score.

SUMMARY OF KEY RISKS:

No risks were identified.

RECOMMENDATION / DECISION REQUIRED:

For Noting.

IMPLICATIONS:

Financial:	N/A
HR / Equality & Diversity:	N/A
Governance:	N/A
Legal:	N/A

REVIEW:

Trust Standing Committee	**Date**	**Trust Standing Committee**	**Date**
Quality Governance Committee		Remuneration Committee	
Finance and Performance Committee		Executive Meeting	
Audit Committee			

DATA QUALITY:

Data/information Source:	Report provided to the private sessions of the Trust Board held on 26th September 2012
Data Quality Controls:	
Data Limitations:	

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST
REPORT TO THE TRUST BOARD: PUBLIC

28th November 2012

Subject:	Quality Governance Committee Terms of Reference
Report By:	Tim Sawdon, Non-Executive Director
Author:	Paul Martin, Director of Clinical Governance
Accountable Executive Director:	Meghana Pandit, Chief Medical Officer

GLOSSARY

Abbreviation	In Full

WRITTEN REPORT (provided in addition to cover sheet)? ☒ **Yes** ☐ **No**

POWERPOINT PRESENTATION? ☐ **Yes** ☒ **No**

NB Presentations need to be submitted for inclusion in Board papers

Title	
Approx. Length	

PURPOSE OF THE REPORT / PRESENTATION:

To advise Trust Board of the change of the Quality Governance Committee Terms of Reference v5

SUMMARY OF KEY ISSUES:

Terms of Reference have been changed to show the revised number of Non Executive Directors required at Quality Governance Committee. This requirement is now 3 instead of the original requirement of 4.

The 80% attendance requirement, as required by Deloitte, has also been updated.

SUMMARY OF KEY RISKS:

The meetings would be non quorate if the required membership was not observed.

RECOMMENDATION / DECISION REQUIRED:

For consideration by the Board

IMPLICATIONS:

Financial:	None Highlighted
HR / Equality & Diversity:	None highlighted
Governance:	Potential risk to compliance with CQC Registration outcomes re QRP
Legal:	None

REVIEW:

Trust Standing Committee	Date	Trust Standing Committee	Date
Quality Governance Committee		Remuneration Committee	
Finance and Performance Committee		Executive Meeting	
Audit Committee			

DATA QUALITY:

Data/information Source:	
Data Quality Controls:	
Data Limitations:	

University Hospitals Coventry and Warwickshire NHS Trust

Quality Governance Committee
Terms of Reference – v 6
November 2012

1. Purpose

1.1. The purpose of the Quality Governance Committee is to support the Trust Board in assuring that the Trust delivers high quality, safe services to patient.

1.2. The Committee will ensure that adequate and appropriate quality governance structures, processes and controls are in place across the Trust and in each of its specialities, to:

(a) Promote safety, quality and excellence in patient care
(b) Ensure the effective and efficient use of resources through the evidence-based clinical practice.
(c) Protect the safety of employees and all others to whom the Trust owes a duty of care
(d) Ensure that effective systems and processes are in place to support high quality care through an effectual training and education and ICT infrastructure
(e) Ensure appropriate arrangements across the Trust are in place for identifying, prioritising and managing risk

1.3. It will oversee and monitor the corporate delivery of patient safety, patient experience, risk management, education and training, information and information technology 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.

1.4. It will act as the principal source of advice and assurance to the Trust Board on patient safety and quality governance.

2. Membership

2.1. Membership of the Committee shall comprise the following 12 members:-

- Three Non Executive Directors (one of whom will be Chair)
- Chief Executive Officer
- Chief Nursing Officer
- Chief Medical Officer
- Chief Operating Officer
- Director of Governance
- Chief Human Resources Officer
- Associate Medical Director : Quality & Patient Safety
- Associate Director of Nursing : Quality & Patient Safety
- Trust Lay Representative

2.2. Only members of the Committee are entitled to be present at its meetings and will count towards quoracy, however, Chairs of reporting committees should ensure an appropriate deputy attends in their absence. The Committee may invite non-members to attend its meetings as it considers necessary.

2.3. Members will be required to attend as many meetings as possible and should maintain a minimum 80% attendance level. Where members are unable to attend they should submit their apologies in advance of the meeting.

2.4. The Trust Board Secretary may be in attendance at committee meetings as required, unless requested to be excluded by the Chair of the Committee, due to the nature of the business to be discussed.

2.5. The Associate Directors of Governance will be in attendance at all meetings of the Committee, unless requested to be excluded by the Chair of the Committee, due to the nature of the business to be discussed.

2.6. The Trust Board will review the membership of the Committee annually to ensure it meets the governance requirements of the Trust. Members will be required to attend at least half of the Committee meetings in any one year.

2.7. The Committee holds a key role in the governance of the Trust. For the avoidance of doubt Trust employees who serve as members of the Committee do not do so to represent or advocate for their service area but to act in the interests of the Trust as a whole and as part of the Trust wide governance structure.

3. Chair

3.1. The Quality Governance Committee will be chaired by a Non-Executive Director who is a member of the Committee.

3.2. The Chair of the Quality Governance Committee will nominate a deputy from the Non-Executive members to chair the meeting in their absence.

4. Secretariat

4.1. The Director of Governance, or their nominee, will act as the Secretary to the Committee.

5. Quorum

5.1. To be quorate, at least half (8) of the total number of the members of the Committee must be present, including at least one of the Executive Directors and one of the Non Executive Directors.

6. Frequency of Meetings

6.1. The Committee shall meet ten times during the course of the financial year and an annual programme/schedule of business will be available.

6.2. Additional meetings of the Committee may be held on an exceptional basis at the request of the Chair or any three members of the Committee.

7. Notice of Meetings

7.1. Unless otherwise agreed, notice of each meeting confirming the venue, time, and date together with the agenda items for discussion and supporting papers, will be forwarded to each member of the committee and any other person required to attend, within seven days (five working days) before the meeting.

8. Conduct of Meetings

8.1. The agenda for meetings will be determined by the Chair of the Quality Governance Committee.

8.2. Where relevant, agenda items will be based on an annual schedule of business.

8.3. The terms of reference will be formally reviewed by the Committee each year, and may be amended by the Committee at any time to reflect changes in circumstance which may arise.

8.4. A formal log of amendments to the Terms of Reference must be retained by the meeting Secretary for audit purposes.

9. Minutes of Meetings

9.1. The meeting Secretary will take the minutes of the meeting, including recording the names of those present and in attendance.

9.2. Minutes of the meeting shall be agreed by the Chair within one week of the meeting occurring, and shall be circulated promptly to all members of the Committee thereafter.

9.3. Minutes of the Committee meeting will be presented to the Trust Board. The Chair of the Committee shall draw attention of the Trust Board to any issues that require its particular attention or require it to take action.

9.4. The Secretary will maintain an action log of key actions and report completed and outstanding actions at each committee meeting.

10. Duties

10.1. Ensure that patient safety, health care standards and governance measures underpin each speciality's clinical delivery and that improvements required to meet high standards of patient care and governance measures are included as necessary in business and local delivery plans.

10.2. Approve the Terms of Reference and membership of its "reporting Committees/Groups" (as may be required from time to time at the discretion of the Committee) and oversee the work of those sub committees, receiving reports from them as specified by the Committee in the sub committee terms of reference for consideration and action as necessary.

10.3. Receive reports from the Risk Committee on clinical and non-clinical risks and escalate to the Executive and/or Trust Board any identified unresolved risks arising within the scope of these terms of reference that require Executive action or that pose significant threat(s) to the operation, resources or reputation of the Trust.

10.4. Receive progress reports against the clinical audit plan and by exception individual clinical audit reports.

10.5. Oversee the Trust's policies and procedures with respect to the use of clinical data and patient identifiable information to ensure that this is in accordance with all relevant legislation and guidance including the Caldicott Guidelines and the Data Protection Act 1998.

10.6. Promote within the Trust a culture of open, and honest reporting of any situation that may threaten the quality of patient care.

10.7. Ensure that there is an appropriate process in place to monitor and promote compliance across the trust with mandatory clinical standards and guidelines such as NICE guidelines, radiation use and

protection regulations, NHSLA Risk Management Standards, resuscitation requirements and consent processes.

10.8. Oversee the processes within the Trust to ensure that appropriate action is taken in response to adverse clinical incidents, complaints and litigation and that examples of good practice are disseminated within the Trust and beyond, if appropriate.

10.9. Ensure that there is an appropriate mechanism in place for action to be taken in response to the results of clinical audit and the recommendations of any relevant external reports (eg from the CQC)

10.10. Review the Trust's Risk Management Strategy prior to its presentation to the Trust Board for approval.

10.11. Monitor the Trust compliance with those regulatory standards that are relevant to the Committee area of responsibility, in order to provide relevant assurance to the Trust Board so that it may approve the Trust Annual Declaration of Compliance.

10.12. Via a report from the Chief Internal Auditor, ensure that the Internal Audit plan includes the necessary audits of the quality governance framework to provide assurance to both the Quality Governance and Audit Committees.

10.13. Review the Trust's Annual Quality Report and Account prior to presentation to Trust Board for approval.

10.14. Undertake an annual review of the performance and function of the Committee and its satisfaction of these terms of reference.

11. Reporting Responsibilities

11.1. Following each meeting of the Quality Governance Committee, a summary report of the meetings main agenda and action points should be prepared for Trust Board by the Secretary and agreed by the committee chair.

11.2. The Committee is responsible for receiving reports from its sub-committees on a scheduled and regular basis;

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

The committee will also receive reports detailing quality and safety outcomes in the clinical specialties.

11.3. The Committee Chair will prepare an annual report for the Trust Board on its effectiveness, attendance disclosures, the reporting arrangements for Sub-Committees, work undertaken and key decisions, alongside a forward plan for the forthcoming year.

12. Authority

12.1. The Committee has no executive powers other than those specified in these Terms of Reference or otherwise by the Trust Board in its Scheme of Delegation.

12.2. The Quality Governance Committee is authorised to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

12.3. The Committee is authorised to obtain independent professional advice as it considers necessary in accordance with these Terms of Reference.

Approval

- Outline Terms of Reference were discussed at the Quality Governance Committee meeting held on 10.04.12 and agreed at that meeting

Review date: April 2013
Version number: 2012 v3
Author: Paul Martin, Director of Governance

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST
REPORT TO THE TRUST BOARD: PUBLIC
NOVEMBER 2012

Subject:	Quality Governance Committee
Report By:	Tim Sawdon, Non-Executive Director
Author:	Paul Martin, Director of Clinical Governance
Accountable Executive Director:	Meghana Pandit, Chief Medical Officer

GLOSSARY

Abbreviation	In Full
HRED	Human Resources Equality & Diversity
TER	Training, Education and Research
A&E	Accident and Emergency
PALS	Patient Advice Liaison Service
HRMC	Health Records Management Committee
CQC	Care Quality Commission
NHSLA	National Health Service Litigation Authority

WRITTEN REPORT (provided in addition to cover sheet)? ☒ **Yes** ☐ **No**

POWERPOINT PRESENTATION? ☐ **Yes** ☒ **No**

NB Presentations need to be submitted for inclusion in Board papers

Title	
Approx. Length	

PURPOSE OF THE REPORT / PRESENTATION:

To advise Trust Board of the details of the Quality Governance Committee meeting on 9 October 2012

SUMMARY OF KEY ISSUES:

- Minutes, actions, and matters arising from September 2012 meeting all agreed
- HRED – Mandatory Training to be returned to this Committee in November
- TER – next report due in November
- Patient Experience Committee – no meeting last month, therefore next report will be in November
- Patient Safety Committee – significant improvement was reported regarding incidents of pressure sores. Nutrition Steering Group is being monitored to address any training needs. Infection control issues are under investigation to ensure compliance with challenging new national targets. NHSLA assessment successfully completed for Stage 1, further assessments have been suspended pending changes taking place to the litigation process.
- Information and IT Committee – next report due in November
- Risk Committee – risk reporting has improved, but more work is still needed for it to become an embedded process across the Trust.
- Ad Hoc Reports -
  - 8.1 Quality Patient Safety Quarterly Report – the Trust is currently 8th out of 27 regarding incident reporting in the teaching hospital peer group; Dr Foster trends in general are good; and the audit process is working well. Complaints Department is gradually returning to full strength following staff sick leave. Impressions advised of a recent rise in positive opinions of the Trust and a report will be forthcoming regarding the financial implications incurred in delay regarding discharge of patients.

SUMMARY OF KEY RISKS:

Identified within individual reports

RECOMMENDATION / DECISION REQUIRED:

For consideration by the Board

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST
REPORT TO THE TRUST BOARD: PUBLIC
NOVEMBER 2012

IMPLICATIONS:

Financial:	None Highlighted
HR / Equality & Diversity:	None highlighted
Governance:	Potential risk to compliance with CQC Registration outcomes re QRP
Legal:	None

REVIEW:

Trust Standing Committee	**Date**	**Trust Standing Committee**	**Date**
Quality Governance Committee		Remuneration Committee	
Finance and Performance Committee		Executive Meeting	
Audit Committee			

DATA QUALITY:

Data/information Source:	
Data Quality Controls:	
Data Limitations:	

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

28th November 2012

Subject:	Integrated Performance Report
Report By:	Gail Nolan
Author:	Gail Nolan
Accountable Executive Director:	Gail Nolan

GLOSSARY

Abbreviation	In Full
PMR	Provider Management Regime
CQUIN	Commissioning for Quality and Innovation

WRITTEN REPORT (provided in addition to cover sheet)? ☒ **Yes** ☐ **No**

POWERPOINT PRESENTATION? ☐ **Yes** ☒ **No**
NB Presentations need to be submitted for inclusion in Board papers

Title	
Approx. Length	

PURPOSE OF THE REPORT / PRESENTATION:

To provide the Board with the summary Integrated Quality, Performance and Finance Report for October 2012

SUMMARY OF KEY ISSUES:

The attached report in the revised format sets out the Trust's performance against an agreed scorecard of 55 indicators. This report has been considered and amended following scrutiny by the Finance and Performance Committee on 26th November 2012. Improvements to the reporting process have been made including more detailed escalation reporting to the Finance and Performance Committee, setting out the actions being taken to rectify underperformance. Further improvements will take place over the next 3 months following feedback from Finance and Performance Committee and Trust Board and as the Performance and Programme Management Committee moves more from reviewing process into a scrutiny function.

Clinical Indicators

The areas where the operational services, with corporate support, are taking further action relate to the A&E 4 hour target, Choose and Book, Delayed Transfers of Care and Stroke Unit access. Significant action is being taken across the Trust to improve and sustain A&E performance and this is highlighted in the PMR report elsewhere on the Board's agenda.

Staff Experience

There has been some improvement in the appraisal rates and staff attending mandatory training. Sickness rates overall have remained static.

Patient safety and Experience

There have been 2 Dr Foster mortality alerts and high relative risk alerts which are being reviewed by the Trust's Mortality Review Group.

The latest reported position against the Net Promoter Score is presented in compliance with CQUIN requirements; this shows an overall improvement from 54.10 in September to 54.30 in October.

Value for money

This domain remains a challenging area for the Trust. The successful delivery of this domain is very much

dependent on the operational and corporate services to deliver a transformation programme of change but also at least in the shorter term to reduce expenditure whilst balancing delivery against key quality metrics.

SUMMARY OF KEY RISKS:

- Delivery of financial and performance targets whilst maintaining safe, accessible patient care
- CIP delivery and the delivery of strategic schemes
- Service development
- SHA assurance

RECOMMENDATION / DECISION REQUIRED:

The Board is asked to:

- Note performance delivery for October 2012
- Support the escalation action being taken by Management
- Review and comment on the Trust Integrated Dashboard process making comments for improvement

IMPLICATIONS:

Financial:	Financial requirement to control expenditure and the imperative to develop robust 3 year CIPs
HR / Equality & Diversity:	Escalation process will in the short term require expertise and effort to be targeted in key areas
Governance:	Support the delivery of Monitor's requirement for robust governance and information reporting arrangements
Legal:	None

REVIEW:

Trust Standing Committee	**Date**	**Trust Standing Committee**	**Date**
Quality Governance Committee		Remuneration Committee	
Finance and Performance Committee	26.11.12	Executive Meeting: Performance and Programme Management Committee	22.11.12
Audit Committee			

DATA QUALITY:

Data/information Source:	Trust information systems
Data Quality Controls:	Trust performance reporting arrangements including operational and core management teams
Data Limitations:	A number of metrics are reported at Trust-level only due to data recording and reporting arrangements

University Hospitals Coventry and Warwickshire NHS Trust

University Hospitals Coventry and Warwickshire NHS Trust

Integrated Quality, Performance and Finance Report

Reporting Period:
October 2012

Report Date:
23rd November 2012

Contents

Executive Summary

Trust Scorecard – October 2012

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

Performance has improved from the previous month
Performance has deteriorated from the previous month
Performance is stable compared to previous month

Trust Board Scorecard					Reporting Period		October	
Domain - Clinical Indicators								
Measure	**Previous Month**	**Actual**	**DoT**	**YTD Plan**	**Annual Target**	**Annual FOT**	**Indicator Lead**	**Date Available**
% spending >90% of their stay on a stroke unit (1 month in arrears)	83.64%	80.00%	⇩	80.00%	80.00%	80.00%	Stroke Team	
18 week referral to treatment time - Admitted (1 month in arrears)	96.20%	95.33%	⇩	90.00%	90.00%	90.00%	Patient Access Team	
18 week referral to treatment time - Non-admitted (1 month in arrears)	97.99%	97.56%	⇩	95.00%	95.00%	95.00%	Patient Access Team	
RTT - incomplete in 18 weeks (1 month in arrears)	96.83%	96.78%	⇩	92.00%	92.00%	92.00%	Patient Access Team	
RTT delivery in all specialties (1 month in arrears)	-	1.00	⇩	-	-	-	Patient Access Team	
2 week GP referral to outpatient appointment (1 month in arrears)	92.99%	94.78%	⇧	93.00%	93.00%	93.00%	Dendrite Manager	
31 day diagnosis to treatment (1 month in arrears)	100.00%	100.00%	⇧	96.00%	96.00%	96.00%	Dendrite Manager	
62 days urgent referral to treatment (1 month in arrears)	85.71%	85.14%	⇩	85.00%	85.00%	85.00%	Dendrite Manager	
A&E 4 hour wait target	95.54%	94.30%	⇩	95.00%	95.00%	95.00%	Information Department	
A&E Total time in A&E - admitted patients	386	434	⇩	240	240	240	Information Department	
A&E Total time in A&E - non-admitted patients	228	231	⇩	240	240	240	Information Department	
Breaches of the 28 day readmission guarantee	3.33%	0.00%	⇧	5.00%	5.00%	5.00%	Information Department	
Delayed transfers as a percentage of admissions	4.23%	5.23%	⇩	3.50%	3.50%	3.50%	Information Department	
Diagnostic waiters, 6 weeks and over	0.03%	0.07%	⇩	1.00%	1.00%	1.00%	Information Department	
DNA rates (first) (3 month in arrears)	6.87%	7.05%	N/A	0.00%	N/A	N/A	Information Department	
DNA rates (FU) (3 month in arrears)	8.13%	7.52%	N/A	0.00%	N/A	N/A	Information Department	
Last minute non-clinical cancelled ops(elective)	0.54%	0.70%	⇩	0.80%	0.80%	0.80%	Information Department	
Same sex accommodation standards breaches	0	0	⇨	-	-	-	Information Department	
Standardised ALOS (Elective) (3 month in arrears)	3.40	3.70	N/A	-	N/A	N/A	Information Department	
Standardised ALOS (Non-Elective) (3 month in arrears)	4.80	5.20	N/A	-	N/A	N/A	Information Department	
Successful Choose and Book	13.76%	11.72%	⇧	5.00%	5.00%	5.00%	Information Department	
Readmission Rate (6 month in arrears)	8.29%	8.54%	N/A	0.00%	N/A	N/A	Information Department	
Domain - Staff Experience								
Measure	**Previous month**	**Actual**	**DoT**	**YTD Plan**	**Annual Target**	**Annual FOT**	**Indicator Lead**	**Date Available**
Appraisal rate	58.26%	59.33%	⇧	100.00%	100.00%	100.00%	Human Resources	
Attendance at mandatory training (1 month in arrears)	64.10%	64.84%	⇧	100.00%	100.00%	100.00%	Human Resources	
Sickness rate	4.56%	4.79%	⇩	3.39%	3.39%	3.39%	Human Resources	
Vacancy rate	8.80%	8.62%	N/A	0.00%	N/A	N/A	Human Resources	
WTE (total)	6,037	6049	N/A	0	N/A	N/A	Human Resources	

Executive Summary

Trust Scorecard – October 2012

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

Performance has improved from the previous month
Performance has deteriorated from the previous month
Performance is stable compared to previous month

Trust Board Scorecard				Reporting Period		October		
Domain - Patient Safety & Experience								
Measure	**Previous month**	**Actual**	**DoT**	**YTD Plan**	**Annual Target**	**Annual FOT**	**Indicator Lead**	**Date Available**
Clostridium difficile (Trust acquired) - cumulative	36	42	⇩	42	70	70	Infection Control Analyst	
MRSA bacteremia (Trust acquired) - cumulative	1	1	⇨	2	2	2	Infection Control Analyst	
Eligible patients having VTE risk assessment (1 month in arrears)	93.24%	92.57%	⇩	90.00%	90.00%	90.00%	Information Department	
Falls per 1000 occupied bed days resulting in serious harm (1 month in arrears)	0.09	0.06	⇧	0.00	TBC	TBC	Information Department	
HSMR (basket of 56 diagnosis groups) (3 month in arrears)	92	89	⇧	100	100	100	Information Department	
SHMI (Quarterly) (6 month in arrears)	107.39	107.39	⇩	100	100	100	Information Department	
Net promoter score	54.10	54.40	⇧	50	55	55	Information Department	
Number of never events reported - cumulative	1	1	⇨	0	0	0	Information Department	
Pressure Ulcers 3 and 4 (Trust associated)	0	0	⇨	2	-	-	Tissue Viability Nurse	
No of Dr Foster Red mortality alerts (3 month in arrears)	0	2	⇩	-	-	-	Information Department	
No of Dr Foster High Relative risks (3 month in arrears)	0	1	⇩	-	-	-	Information Department	
Domain - Research & Development								
Measure	**Previous month**	**Actual**	**DoT**	**YTD Plan**	**Annual Target**	**Annual FOT**	**Indicator Lead**	**Date Available**
Number of Pts recruited into NIHR portfolio (1 month in arrears) - cumulative	1,757	2,375	⇧	2,478	4,250	4,250	R&D Business Manager	
Domain - Value for Money								
Measure	**Previous month**	**Actual**	**DoT**	**YTD Plan**	**Annual Target**	**Annual FOT**	**Indicator Lead**	**Date Available**
Pay expenditure (actual vs plan)	4.60%	3.50%	⇩	0.00%	0.00%	4.20%	Finance Manager	
Temporary staff as a % of pay	6.62%	6.84%	N/A	0.00%	0.00%	7.03%	Finance Manager	
Agency spend (% of temporary staff spend)	48.70%	49.26%	N/A	0.00%	0.00%	47.40%	Finance Manager	
Non pay expenditure (actual vs plan)	8.70%	4.20%	⇩	0.00%	0.00%	4.50%	Finance Manager	
Capex (actual vs plan)	-4.48%	-19.16%	⇧	0.00%	0.00%	-1.70%	Finance Manager	
CIP (actual vs plan)	-37.50%	-34.70%	⇧	0.00%	0.00%	-31.50%	Finance Manager	
Delivery of QIPP	TBC	TBC	TBC	TBC	TBC	TBC	Director of Service Improvement	
Compliance with CQUIN (Quarterly) (3 month in arrears) - cumulative	£ 1,763,483	TBC	TBC	£ 2,128,004	£ 9,432,461	£ 9,432,461	Performance Manager	
EBITDA achieved	96.10%	88.70%	⇩	100.00%	100.00%	99.70%	Finance Manager	
EBITDA margin	8.80%	8.40%	⇩	10.34%	11.00%	10.40%	Finance Manager	
I&E Surplus margin	-1.00%	-1.30%	⇩	-0.27%	0.50%	0.50%	Finance Manager	
Liquidity ratio (days)	7.5	3.7	⇩	4.90	11.40	11.90	Finance Manager	
Monitor Risk Rating	2	2	⇨	2	3	3	Finance Manager	
PMR indicators of forward financial risk	5	5	⇨	0	0	4	Finance Manager	
Return on Assets (%)	-1.24%	-1.63%	⇩	-0.32%	0.60%	0.60%	Finance Manager	
Total income (actual vs plan)	4.10%	2.70%	⇧	0.00%	0.00%	1.30%	Finance Manager	

Domain Summary – Clinical Indicators

Commentary

In this summary, we have outlined the overall performance for the Trust for all of the **Clinical Outcome** indicators. Where the Trust has achieved the required target for the year to date, there are no areas of concern.

In October, the following areas are covered in more detail:

- 1.5: The Trust has recorded **1 RTT delivery in all specialities.** This represents a breach of the KPI.

Any potential issues are flagged in advance through weekly meetings with the Groups, both individually as required and also collectively at the Weekly Access Meeting.

Potential issues are also discussed at the weekly Operational Meeting with chaired by the Chief Operating Officer.
Specialties have been required to provide recovery plans where performance falls below the standard.

- 1.9: The Trust has recorded **94.30% A&E 4 hour wait target.** This represents a breach of the KPI.
- 1.10: The Trust has recorded **434 minutes A&E Total time in A&E - admitted patients.** This represents a breach of the KPI.

  The Perfect Weekend: Introduction of additional clinical resources to support the emergency care pathway at the weekend with the overall aim to create 30 empty beds at the start of each Monday.
- 1.13: The Trust has recorded **5.23% Delayed transfers as a percentage of admissions.** This represents a breach of the KPI.
- The issue has been escalated to the Partnership Trust and to Social Care who commission the services and an urgent meeting is being arranged with the senior management team to resolve.

Ref	Indicators with no areas of concern	YTD Target	YTD Actual
1.1	% Spending > 90% of their stay on a stroke unit	**80.00%**	**80.00%**
1.2	18 week RTT – Admitted	**90.00%**	**95.33%**
1.3	18 week RTT – Non Admitted	**95.00%**	**97.56%**
1.4	RTT - incomplete in 18 weeks	**92.00%**	**96.78%**
1.6	2 week GP referral to outpatient appointment	**93.00%**	**94.78%**
1.7	31 day diagnosis to treatment	**100.00%**	**100.00%**
1.8	62 days urgent referral to treatment	**85.00%**	**85.14%**
1.11	Total time in A&E – Non Admitted	**240**	**231**
1.12	Breaches of 28 day readmission guarantee	**5.00%**	**0.00%**
1.14	Diagnosis waiters, 6 weeks and over	**1.00%**	**0.07%**
1.15	DNA rates (first)	**N/A**	**7.05%**
1.16	DNA rates (follow up)	**N/A**	**7.52%**
1.17	Last minute non-clinical cancelled ops(elective)	**0.80%**	**0.70%**
1.18	Same sex accommodation standards breaches	**0**	**0**
1.19	Standardised ALOS (Elective)	**N/A**	**3.70**
1.20	Standardised ALOS (Non-Elective)	**N/A**	**5.20**
1.22	Readmission Rate	**0.00%**	**8.54%**

•1.21: The Trust has recorded **11.72% Successful choose and book.** This is slightly above YTD plan.

Action plans have been requested from each specialty to state how they will achieve the 5% target.

Domain Summary – Staff experience

Commentary

In this summary, we have outlined the overall performance for the Trust for all of the **Staff Experience** indicators. Where the Trust has achieved the required target for the year to date, there are no areas of concern.

In October the following areas are covered in more detail:

- 2.1: The Trust has recorded **59.33% Appraisal rate**. This is considerably below YTD plan.
- 2.2: The Trust has recorded **64.84% Attendance at mandatory training.** This is considerably below YTD plan.
- 2.3: The Trust has recorded **4.79% Sickness rate.** This is slightly above YTD plan.

These three performance issues will be considered by the HR & ED Committee in order to hold the respective management teams to account for improved performance.

Ref	Indicators with no areas of concern	YTD Target	YTD Actual
2.4	Vacancy rate	**N/A**	**8.62%**
2.5	WTE – actual vs planned	**N/A**	**6,049**

Domain Summary – Patient Safety and Experience

Commentary

In this summary, we have outlined the overall performance for the Trust for all of the **Patient Safety and Experience** indicators. Where the Trust has achieved the required target for the year to date, there are no areas of concern.

In October, **C Diff r**emains on trajectory (42/42), although it is below the modelled position for year based upon seasonal variation and a 22% on 11/12 position.

In addition, **Pressure Ulcers** is on trajectory to deliver SHA ambition 1 for avoidable pressure ulcers. 1 Grade 4 YTD (0 since May) and 9 grade 3 YTD. (0 in October).

However, the following areas are covered in more detail overleaf due to their current performance:

3.6: The Trust has recorded **107.39 SHMI score**. This represents a breach of the KPI.

Twice monthly Mortality Review Group meetings where all alerts and high relative risk notices are investigated and action plans formulated and monitored.

3.8: The Trust has recorded **1 never event.** This represents a breach of the KPI.

A full Root Cause Analysis has been undertaken, a comprehensive report produced and signed off by the Significant Incident Group, and a full action plan is in place.

3.10: The Trust has recorded **2 Dr Foster Red mortality alerts.** This represents a breach of the KPI.

3.11: The Trust has recorded **1 Dr Foster High Relative risks.** This represents a breach of the KPI.

These alerts are being managed through the formal Trust channels.

Ref	Indicators with no areas of concern	YTD Target	YTD Actual
3.1	Clostridium difficile (Trust acquired) - cumulative	**42**	**42**
3.2	MRSA bacteremia (Trust acquired) - cumulative	**2**	**1**
3.3	Eligible patients having VTE risk assessment	**90.00%**	**92.57%**
3.4	Falls per 1000 occupied bed days resulting in serious harm	**0.00%**	**0.06%**
3.5	HSMR (basket of 56 diagnosis groups)	**100**	**89**
3.7	Net promoter score	**50**	**54.40**
3.9	Pressure Ulcers 3 and 4 (Trust associated)	**2**	**0**
3.10	No of Dr Foster Red mortality alerts	**0**	**2**
3.11	No of Dr Foster High Relative risks	**0**	**1**

In addition, the report includes the detail for the **Net Promoter Score** as a standard reporting item.

Patient Safety and Experience – standard reporting item

Net Promoter Score

Trust wide position

Contract Ref.	PERFORMANCE INDICATOR	REPORTING FREQUENCY	TARGET	Monthly Average/ YTD	QUARTER ONE			QUARTER TWO			QUARTER THREE			RAG
					Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	
CQUIN 3a	Patient Revolution: Improving Patient Experience - Establish Question and Baseline Score.	Continuous	Demonstration that the question is established and reported for 10% of inpatient discharges, with patients surveyed at or within 48 hours of discharge.	Monthly Average	14.67%	15.76%	13.06%	14.16%	14.25%	12.87%	13.56%			G
				YTD	14.67%	15.22%	14.38%	14.33%	14.31%	14.04%	13.97%			
CQUIN 3b	Patient Experience - Board and Commissioner Reporting	Monthly	Monthly Trust board minutes for each month clearly demonstrate reporting of patient experience including Net Promoter Score (broken down to organisational, speciality and ward level), board challenge and actions relating to improvement	Monthly Average	G	G	G	G	G	G	G			G
				YTD	G	G	G	G	G	G	G			
CQUIN 3c	Patient Experience - Weekly Reporting	Continuous	Evidence of weekly collation and review of the Net Promoter Score from beginning of Quarter 2	Monthly Average	G	G	G	G	G	G	G			G
				YTD	G	G	G	G	G	G	G			
CQUIN 3d	Patient Experience - Performance Improvement	Monthly	Monthly Net Promoter Score shows either: (A) A 10 point improvement in Net Promoter Score or (B) Achievement or maintenance of top quartile performance throughout 2012/13. Targets, including top quartile performance targets, to be set and agreed using Mon	Monthly Average	44.4	43.54	44.2	49.5	50.6	54.1	54.4			G
				YTD	44.4	43.95	44.05	45.4	46.45	47.72	48.67			

Patient Safety and Experience – standard reporting item

Net Promoter Score

Speciality position

	Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
Trust Total	**923**	**613**	**199**	**111**	**54.4**
A&E	48	25	12	11	29.2
Age Related Medicine	42	31	11		73.8
Anaesthetics	1	1			100.0
Audiology	1		1		0.0
Breast Surgery	10	8	1	1	70.0
Cardiology	40	30	7	3	67.5
Cardiothoracic Surgery	18	13	3	2	61.1
Clinical Haematology	8	8			100.0
Clinical Oncology	19	16	1	2	73.7
Clinical Pharmacology	1	1			100.0
Colorectal Surgery	3	3			100.0
Critical Care Medicine	1	1			100.0
Dermatology	2	1	1		50.0
Diabetes/Endocrinology	15	6	3	6	0.0
Ent	21	7	9	5	9.5
Gastroenterology	28	16	11	1	53.6
General Medicine	117	71	28	18	45.3
General Surgery	65	49	13	3	70.8
Gynaecological Oncology	2		2		0.0
Gynaecology	44	27	11	6	47.7
Infectious Diseases	4	3	1		75.0
Maxillo-Facial Surgery	13	11	2		84.6
Mixed Specialties	1	1			100.0

Patient Safety and Experience – standard reporting item

Net Promoter Score

Speciality position (continued)

	Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
Neonatology	7	5	1	1	57.1
Nephrology	25	22	3		88.0
Neuro Rehabilitation	1	1			100.0
Neurology	40	26	11	3	57.5
Neurosurgery	22	10	5	7	13.6
No Specialty Given	1			1	-100.0
Obstetrics	110	80	16	14	60.0
Ophthalmology	7	4	2	1	42.9
Orthodontics	1	1			100.0
T&O	120	82	26	12	58.3
Paediatrics	4	3		1	50.0
Plastic Surgery	14	8	4	2	42.9
Rehabilitation	6	4		2	33.3
Respiratory Medicine	19	9	6	4	26.3
Rheumatology	5	3	1	1	40.0
Transplantation Surgery	2	2			100.0
Unknown	10	6	2	2	40.0
Urology	23	16	5	2	60.9
Vascular Surgery	2	2			100.0

Patient Safety and Experience – standard reporting item

Net Promoter Score

Ward position

Ward	NPS Type			Grand Total	Score
	Number of Detractors	Number of Passives	Number of Promoters		
1		1	7	8	87.5
2	3	2	3	8	0.0
3	1	1	3	5	40.0
10			2	2	100.0
11	2	1	11	14	64.3
20			5	5	100.0
23	3	4	9	16	37.5
30		1	5	6	83.3
31	1	1	6	8	62.5
32	7	11	23	41	39.0
33	1	2	9	12	66.7
34		1	5	6	83.3
35	3		12	15	60.0
40		1		1	0.0
41	2		5	7	42.9
42	1	2	2	5	20.0
43	4		4	8	0.0
50			3	3	100.0
52	1	3	10	14	64.3
53	3	1	5	9	22.2
12 - CDU	8	12	27	47	40.4
21M	1			1	-100.0
21S		3	2	5	40.0

Ward	NPS Type			Grand Total	Score
	Number of Detractors	Number of Passives	Number of Promoters		
22a Surgery	1	1	4	6	50.0
22ECU			1	1	100.0
22-SAU	2		8	10	60.0
33 Renal			5	5	100.0
33 Short Stay	2	2	4	8	25.0
50A			1	1	100.0
52 Pre-op	3			3	-100.0
Cedar Female	2	4	21	27	70.4
Cedar Male		3	11	14	78.6
Coronary Care			4	4	100.0
Day Surgery Unit	3	7	18	28	53.6
Diabetes Centre	1			1	-100.0
Haematology Day Unit			2	2	100.0
Hoskyn			4	4	100.0
Hospitality Lounge	4	18	42	64	59.4
Mulberry		1		1	0.0
NULL	1			1	-100.0
Oak	1			1	-100.0
Observation Ward	5	6	14	25	36.0
Ophthalmic Day Unit		1	1	2	50.0
Rugby Day Surgery Unit			2	2	100.0
SODA	1		1	2	0.0
Grand Total	**67**	**90**	**301**	**458**	**51.1**

Ward/Area breakdown is currently presented as two tables; text message returns and Impressions Survey responses (next slide). Mapping is on-going between iPM and the Impressions software although this is limited to the maintenance contract which only allows the Impressions database structure to be amended annually.

Patient Safety and Experience – standard reporting item

Net Promoter Score

Ward position (continued)

Ward	NPS Type			Grand Total	Score
	Number of Detractors	Number of Passives	Number of Promoters		
Cedar Unit	2	8	37	47	74.5
General Critical Care			1	1	100.0
Hoskyn Ward	3	5	10	18	38.9
Hospitality Lounge, Ground Floor			1	1	100.0
I don't know	2	2	13	17	64.7
Labour Unit, West Wing			1	1	100.0
Mulberry Ward	2	4	7	13	38.5
Neo Natal Unit, West Wing	1	1	4	6	50.0
Oak Ward		4	4	8	50.0
Other location not listed	1	1		2	-50.0
Surgery on Day of Admission Ward (SODA)			11	11	100.0
Ward 1	1	1	4	6	50.0
Ward 10		1	3	4	75.0
Ward 11	1	2	13	16	75.0
Ward 12	1	3	6	10	50.0
Ward 15			1	1	100.0
Ward 16	1		2	3	33.3
Ward 2			2	2	100.0
Ward 20		7	3	10	30.0
Ward 21		3	3	6	50.0
Ward 22		1	6	7	85.7
Ward 23	3	7	16	26	50.0
Ward 24	3	2	11	16	50.0
Ward 25	12	17	76	105	61.0

Ward	NPS Type			Grand Total	Score
	Number of Detractors	Number of Passives	Number of Promoters		
Ward 3		1	1	2	50.0
Ward 30		5	4	9	44.4
Ward 31 - Cardiology	1	4	5	10	40.0
Ward 31 - Respiratory Med	4		3	7	-14.3
Ward 32		6	7	13	53.8
Ward 33 - Overflow			2	2	100.0
Ward 33 - Renal			1	1	100.0
Ward 33 - Short Stay		2	3	5	60.0
Ward 33 - Urology		1	3	4	75.0
Ward 34 - IP Haematology			1	1	100.0
Ward 35		1	4	5	80.0
Ward 40			2	2	100.0
Ward 41 - Stroke	1	1	6	8	62.5
Ward 42	1	4	4	9	33.3
Ward 43	2	7	12	21	47.6
Ward 50		3	16	19	84.2
Ward 52 - Areas 1 & 2	1	3	3	7	28.6
Ward 53 - Area 4		1		1	0.0
Ward 53 - Areas 1, 2 & 3	1	1		2	-50.0
Grand Total	**44**	**109**	**312**	**465**	**57.6**

Ward/Area breakdown is currently presented as two tables; text message returns (previous slide) and Impressions Survey responses. Mapping is on-going between iPM and the Impressions software although this is limited to the maintenance contract which only allows the Impressions database structure to be amended annually.

Domain Summary – Research and Development

Commentary

In this summary, we have outlined the overall performance for the Trust for all of the **Research and Development** indicators. Where the Trust has achieved the required target for the year to date, there are no areas of concern.

The only KPI in this domain is **Number of patients recruited into NIHR portfolio.** This indicator has an outturn of 2,375 which is an improvement from the previous month of 1,757. Therefore, this indicator does not need to be investigated any further at this stage.

Ref	Indicators with no areas of concern	YTD Target	YTD Actual
4.1	Number of patients recruited into NIHR portfolio	**2,478**	**2,375**

Domain Summary – Value for Money

Commentary

In this summary, we have outlined the overall performance for the Trust for all of the **Value for Money** indicators. Where the Trust has achieved the required target for the year to date, there are no areas of concern.

In October the following areas are covered in more detail:

- 5.1: The Trust has recorded **3.5% variance in Pay expenditure from plan.** This is above YTD plan.
- 5.4: The Trust has recorded **4.2% variance in Non pay expenditure from plan.** This is above YTD plan.
- 5.6: The Trust has recorded **-34.7% variance in CIP delivery from plan.** This equates to an under-delivery of £4.8m YTD.
- 5.10: The Trust has recorded an **EBITDA Margin of 8.4%.** This is below the YTD plan of 9.8%.
- 5.11: The Trust has recorded an **I&E surplus margin of -1.3%.** This is below the YTD plan of -0.3%.

5.12: The Trust has recorded **3.71 days Liquidity.** This is below the YTD plan of 4.9 days.

5.13: The Trust has recorded a score of **2 Monitor Risk Rating**. This is on plan for the YTD.

5.14: The Trust has recorded **5 PMR indices.** The target is 1 indicator or fewer.

5.15: The Trust has recorded **Return on Assets of -1.6%.** This is below the YTD plan of -0.3%

5.16: The Trust has recorded **7.91% variance in Total income from plan.** This is above YTD plan.

Ref	Indicators with no areas of concern	YTD Target	YTD Actual
5.2	Temporary staff as a % of pay	**0.00%**	**6.84%**
5.3	Agency spend (% of temporary staff spend)	**0.00%**	**49.26%**
5.5	Capex (actual vs plan)	**0.00%**	**4.20%**
5.7	Delivery of QIPP	**TBC**	**TBC**
5.8	Compliance with CQUIN (Quarterly) - cumulative	**£ 2,128,004**	**TBC**
5.9	EBITDA achieved	**100.00%**	**88.70%**

Assessment of budgetary indicators at Month 7 now takes account of the Mid-Year Review of budgets as part of the revisions to the Financial Plan in November.

For actions being taken to address the indicators opposite, please reference the integrated finance report which is also included on the Board Agenda.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

28 November 2012

Subject:	**UHCW Finance Report for the Period to 31st October 2012**
Report By:	**Mrs G Nolan - Chief Finance Officer**
Author:	**Miss S Oakley - Senior Finance Manager** **Mr A Hobbs - Associate Director of Finance – Operations** **Mrs S Rollason – Associate Director of Finance – Commissioning & Information** **Mr A Jones – Associate Director of Finance – Corporate Services**
Accountable Executive Director:	**Mrs G Nolan - Chief Finance Officer**

GLOSSARY

Abbreviation	In Full
BPPC	Better Payments Practice Code
CIP	Cost Improvement Programme
CLRN	Comprehensive Local Research Network
CQUIN	Commissioning for Quality and Innovation
CRL	Capital Resource Limit
DH	Department of Health
EBITDA	Earnings before Interest, Depreciation and Amortisation
EFL	External Financing Limit
ENT	Ear, Nose and Throat
ET&R	Education, Training and Research
GP	General Practitioner
HPC	Healthcare Purchasing Consortium
HR	Human Resources
I&E	Income and Expenditure
ICT	Information and Communications Technology
IFRS	International Financial Reporting Standards
PDC	Public Dividend Capital
PFI	Private Finance Initiative
ROA	Return on Assets
UHCW	University Hospitals Coventry and Warwickshire NHS Trust
VAT	Value Added Tax
WTE	Whole Time Equivalent
YTD	Year to Date
RAG	Red, Amber, Green (Risk rating scoring system)

WRITTEN REPORT (provided in addition to cover sheet)? ☒ **Yes** ☐ **No**

POWERPOINT PRESENTATION? ☐ **Yes** ☒ **No**
NB Presentations need to be submitted for inclusion in Board papers

Title	
Approx. Length	

PURPOSE OF THE REPORT / PRESENTATION:

- To update the Board as to the financial position of the Trust as at Month 7 of the 2012/13 financial year and the forecast year end position.

SUMMARY OF KEY ISSUES:

- The month 7 position is a deficit position of £3.8m which is an adverse variance of £3.1m against a planned deficit of £0.7m.
- The forecast surplus remains at £2.5m which is dependant on the robust management of risk.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

28 November 2012

- The deterioration of the Trust's year to date position has now prompted a programme of 'financial recovery' across all Groups and Core functions.
- All Clinical and Corporate function directors have been briefed on the seriousness of the situation and their responsibility for addressing the net expenditure pressure that needs to be addressed for the Trust to meet its surplus target of £2.5m for the year.
- Escalation issues have been pursued through the Finance & Performance Committee

SUMMARY OF KEY RISKS:

- Continued over-performance on activity
- Additional activity associated with emergency admissions continues to rise, for which the Trust received only marginal tariff.
- Overspends against expenditure budgets totalling £5.9m, largely driven by the increased activity levels
- Slippage against CIP.
- This has meant that performance is below plan at Month 7 by £3.1m
- £4.9m of additional savings over and above the original CIP requirement are necessary to achieve the £2.5m surplus forecast
- £3.7m of QIPP reductions are currently built into the income forecast. Plans for these reductions are not yet finalised (by commissioners). If these are realised in future months the associated expenditure is assumed removed from group positions. Plans to remove the expenditure have not yet been finalised.

RECOMMENDATION / DECISION REQUIRED:

The Trust Board is asked to **APPROVE** the report, in particular the Trust's financial position in Month 7 of 2012/13

IMPLICATIONS:

Financial:	Achieve statutory break-even duty and remain within CRL and EFL
HR / Equality & Diversity:	None identified
Governance:	None identified
Legal:	None identified

REVIEW:

Trust Standing Committee	**Date**	**Trust Standing Committee**	**Date**
Quality Governance Committee		Remuneration Committee	
Finance and Performance Committee	26.11.12	Executive Meeting	
Audit Committee			

DATA QUALITY:

Data/information Source:	
Data Quality Controls:	
Data Limitations:	

University Hospitals Coventry and Warwickshire NHS Trust

TRUST BOARD – 28th November 2012

Integrated Finance Report – as at Month 7– 2012/13

Finance Report – as at Month 7 – 2012/13
Statement of Comprehensive Income – Primary Statement

University Hospitals Coventry and Warwickshire NHS Trust

Statement of Comprehensive Income	2012/13 Plan £000	2012/13 Forecast Outturn £000	2012/13 Variance £000	Year To Date Plan £000	Year To Date Actual £000	Year To Date Variance £000	Month Plan £000	Month Actual £000	Month Variance £000
Income									
Income from Activities	411,364	413,408	2,044	241,882	247,170	5,288	38,739	35,639	(3,101)
Other Operating Income	69,311	73,556	4,245	40,169	42,587	2,419	5,782	6,075	293
Corporate Workstreams	169	0	(169)	75	0	(75)	(15)	0	15
Total Income	**480,844**	**486,964**	**6,120**	**282,125**	**289,757**	**7,632**	**44,507**	**41,714**	**(2,793)**
Operating Expenses									
Pay	(269,600)	(280,892)	(11,292)	(158,080)	(163,537)	(5,457)	(24,299)	(23,633)	666
Non Pay	(167,282)	(174,818)	(7,536)	(98,239)	(102,393)	(4,155)	(18,364)	(15,572)	2,792
Corporate Workstreams	7,956	3,583	(4,373)	1,737	0	(1,737)	(1,742)	0	1,742
CIP gap to target delivery	0	9,075	9,075	0	0	0	0	0	0
Additional savings required	0	4,870	4,870	0	0	0	0	0	0
Reserves	(890)	553	1,443	2	621	620	4,671	53	(4,618)
QIPP	0	1,515	1,515	0	0	0	0	0	0
Total Operating Expenses	**(429,816)**	**(436,114)**	**(6,298)**	**(254,580)**	**(265,309)**	**(10,729)**	**(39,734)**	**(39,152)**	**582**
EBITDA	**51,028**	**50,850**	**(178)**	**27,545**	**24,448**	**(3,097)**	**4,773**	**2,562**	**(2,211)**
EBITDA Margin %	10.6%	10.4%		9.8%	8.4%		10.7%	6.1%	
Non Operating Items									
Profit / loss on asset disposals	0	10	10	0	10	10	0	0	0
Fixed Asset Impairments	0	(14)	(14)	0	(14)	(14)	0	0	0
Depreciation	(21,079)	(21,079)	0	(12,296)	(12,368)	(72)	(748)	(1,670)	(922)
Interest Receivable	96	91	(5)	56	53	(3)	8	7	(1)
Interest Charges	(462)	(393)	69	(270)	(229)	40	(39)	(33)	5
Financing Costs	(23,213)	(23,193)	20	(13,541)	(13,533)	8	(1,934)	(1,933)	2
PDC Dividend	(3,870)	(3,773)	97	(2,258)	(2,201)	57	(323)	(266)	57
Total Non Operating Items	**(48,528)**	**(48,350)**	**178**	**(28,308)**	**(28,281)**	**27**	**(3,036)**	**(3,895)**	**(860)**
Net Surplus	**2,500**	**2,500**	**0**	**(763)**	**(3,833)**	**(3,071)**	**1,737**	**(1,333)**	**(3,071)**
Net Surplus Margin %	0.5%	0.5%		-0.3%	-1.3%		3.9%	-3.2%	

Year to Date

- **Surplus Position**
  - The Trust is currently reporting a net deficit of £3.8m which is £3.1m deterioration from plan at Month 7
- **Mid-Year review**
  - The plan has been revised in month & as part of the mid-year review process.
  - £12.5m of additional funding has been allocated to Groups
  - £2.1m of the corporate workstream target has been allocated out.
- **Income**
  - Income from activities is above plan by £5.3m at Month 7 due to significant over-performance on activity in the first part of the year.
  - Other income reflects timing differences in ET&R between income and expenditure
- **Expenditure**
  - CIPs are under-delivering by £4.8m YTD
  - Pressures in the system amount to £5.9m
  - Non-Operating expenditure is on budget

Forecast

- **Surplus Position**
  - In order to deliver the planned surplus position of £2.5m the following key issues must be addressed:
- **Expenditure**
  - The additional management action over and above currently identified savings necessary to deliver the £2.5m surplus is £13.9m (Month 6 - £11.4m)
  - This is needed due to a combination of:
    - Forecast under-delivery of CIPs of £9.1m
    - Net pressures in the system (including activity) amount to £4.8m
- **QIPP**
  - The income forecast currently assumes £3.7m of QIPP savings are delivered, matched by a reduction in expenditure of £1.5m (currently held in reserves)

Income Risks

- The forecast position anticipates a number of potential risks around contract challenges driven by commissioner response to their need to manage affordability

Finance Report – as at Month 7 – 2012/13
Statement of Financial Position

University Hospitals Coventry and Warwickshire NHS Trust

Prior Year Outturn £000	Statement of Financial Position	2012/13 Plan £000	2012/13 Forecast Outturn £000	2012/13 Variance £000	Year To Date Plan £000	Year To Date Actual £000	Year To Date Variance £000	Month Plan £000	Month Actual £000	Month Variance £000
	Non-current assets									
379,857	Property, plant and equipment	386,922	388,765	1,843	377,813	376,402	(1,411)	1,363	(188)	(1,551)
0	Intangible assets	0	0	0	0	0	0	0	0	0
3,511	Investment Property	3,511	3,511	0	3,511	3,511	0	0	0	0
32,066	Trade and other receivables	34,333	33,970	(363)	35,799	36,238	439	1,803	1,981	178
415,434	**Total non-current assets**	**424,766**	**426,246**	**1,480**	**417,123**	**416,151**	**(972)**	**3,166**	**1,793**	**(1,373)**
	Current assets									
10,217	Inventories	10,821	10,717	(104)	10,571	10,628	57	0	122	122
18,158	Trade and other receivables	17,909	19,313	1,404	31,981	42,222	10,241	13,487	15,922	2,435
7,459	Cash and cash equivalents	1,764	2,296	532	3,002	4,356	1,354	503	1,970	1,467
35,834		**30,494**	**32,326**	**1,832**	**45,554**	**57,206**	**11,652**	**13,990**	**18,014**	**4,024**
124	Non-current assets held for sale	0	0	0	124	0	(124)	0	0	0
35,958	**Total current assets**	**30,494**	**32,326**	**1,832**	**45,678**	**57,206**	**11,528**	**13,990**	**18,014**	**4,024**
451,392	**Total assets**	**455,260**	**458,572**	**3,312**	**462,801**	**473,357**	**10,556**	**17,156**	**19,807**	**2,651**
	Current liabilities									
(38,174)	Trade and other payables	(29,620)	(32,414)	(2,794)	(54,721)	(67,057)	(12,337)	(16,060)	(21,735)	(5,676)
(2,862)	Borrowings	(6,246)	(6,246)	0	(5,341)	(5,349)	(8)	(906)	(896)	10
(2,000)	DH Working Capital Loan	0	0	0	(1,000)	(1,000)	0	0	0	0
(1,500)	DH Capital loan	(3,120)	(3,120)	0	(1,500)	(1,500)	0	0	0	0
(1,982)	Provisions	(427)	(434)	(7)	(577)	(1,989)	(1,412)	0	0	0
(10,560)	**Net current assets/(liabilities)**	**(8,919)**	**(9,888)**	**(969)**	**(17,461)**	**(19,689)**	**(2,229)**	**(2,976)**	**(4,617)**	**(1,642)**
404,874	**Total assets less current liabilities**	**415,847**	**416,358**	**511**	**399,663**	**396,462**	**(3,201)**	**191**	**(2,824)**	**(3,015)**
	Non-current liabilities:									
	Trade and other payables	0	0							
(284,216)	Borrowings	(278,778)	(279,377)	(599)	(280,444)	(280,315)	129	1,503	1,491	(12)
0	DH Working Capital Loan	0	0	0	0	0	0	0	0	0
(9,750)	DH Capital loan	(14,730)	(14,730)	0	(9,000)	(9,000)	0	0	0	0
(2,247)	Provisions	(1,956)	(1,946)	10	(2,246)	(2,323)	(77)	44	0	(44)
108,661	**Total assets employed**	**120,383**	**120,305**	**(78)**	**107,973**	**104,824**	**(3,149)**	**1,738**	**(1,333)**	**(3,071)**
	Financed by taxpayers' equity:									
24,124	Public dividend capital	24,124	24,124	0	24,124	24,124	0	0	0	0
32,445	Retained earnings	35,019	35,040	21	31,757	28,707	(3,050)	1,738	(1,333)	(3,071)
52,092	Revaluation reserve	61,240	61,141	(99)	52,092	51,993	(99)	0	0	0
108,661	**Total Taxpayers' Equity**	**120,383**	**120,305**	**(78)**	**107,973**	**104,824**	**(3,149)**	**1,738**	**(1,333)**	**(3,071)**

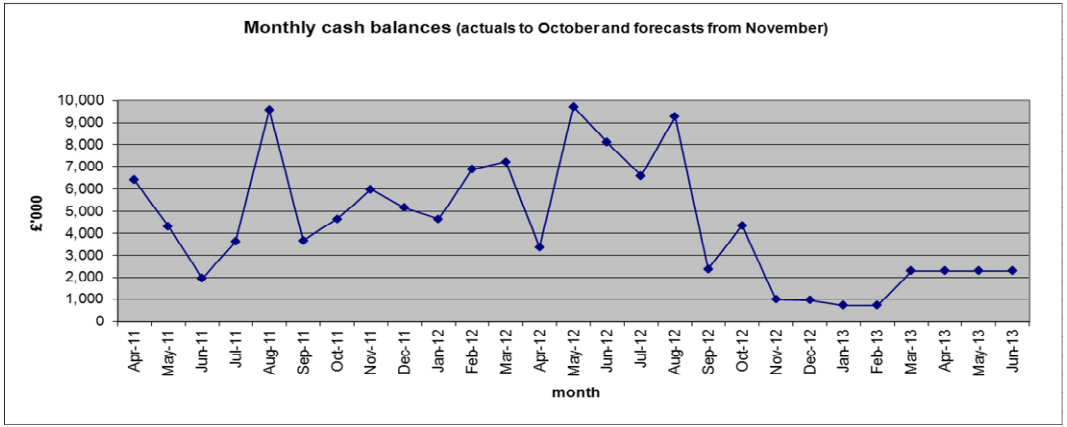
The main statement of financial position year to date variances against the plan are as a result of working capital movements: i) an increase in trade and other receivables of £10.2m, which is largely due to NHS contract income accruals of £8.7m in the month 7 position; ii) an increase in trade payables of £12.3m, which is due to £9.6m of SLA advances that Coventry PCT has made to the Trust (repayable during 2012/13). The other significant year to date variance against plan is retained earnings is £3m less than plan, which is a result of the year to date deficit.

The variances in forecast outturn to plan reflect the final presentation adjustments that were made to the Trust's 2011/12 year-end accounts. The depreciation charge forecast for 2012/13 has also been reduced from plan by £1.8m to take account of the year-end revaluation exercise.

Finance Report – as at Month 7 – 2012/13
Cash Flow

University Hospitals Coventry and Warwickshire NHS Trust

Mar-12 £000	Cash Flow	Apr-12 £000	May-12 £000	Jun-12 £000	Jul-12 £000	Aug-12 £000	Sep-12 £000	Oct-12 £000	Nov-12 £000	Dec-12 £000	Jan-13 £000	Feb-13 £000	Mar-13 £000
46,883	***EBITDA***	**2,509**	**2,903**	**2,297**	**4,659**	**5,308**	**4,142**	**2,565**	**6,635**	**7,263**	**8,251**	**5,611**	**(1,357)**
(78)	Donated assets received credited to revenue but non-cash	0	0	0	0	0	(44)	0	0	(861)	0	0	(42)
(22,601)	Interest paid	(1,978)	(1,964)	(2,012)	(1,894)	(1,983)	(1,965)	(1,966)	(1,965)	(1,965)	(1,965)	(1,965)	(1,965)
(4,185)	Dividends paid						(991)						(1,838)
1,700	Increase/(Decrease) in provisions	0	0	130	0	(46)	(1)	0	(44)	0	(45)	0	(1,843)
21,719	***Operating cash flows before movements in working capital***	**531**	**939**	**415**	**2,765**	**3,279**	**1,141**	**599**	**4,626**	**4,437**	**6,241**	**3,646**	**(7,045)**
(17,950)	Movements in Working Capital	(1,881)	6,606	(916)	(2,552)	(153)	(4,480)	3,434	(5,080)	(2,980)	(4,418)	(2,645)	4,879
3,769	***Net cash inflow/(outflow) from operating activities***	**(1,350)**	**7,545**	**(501)**	**213**	**3,126**	**(3,339)**	**4,033**	**(454)**	**1,457**	**1,823**	**1,001**	**(2,166)**
(10,165)	Capex spend	(1,896)	(1,170)	(1,123)	(1,282)	(330)	(1,769)	(1,405)	(2,934)	(1,472)	(1,463)	(974)	(2,644)
75	Interest received	9	7	6	13	7	5	7	8	8	8	8	5
1,135	Cash receipt from asset sales					115							57
(8,955)	***Net cash inflow/(outflow) from investing activities***	**(1,887)**	**(1,163)**	**(1,117)**	**(1,269)**	**(208)**	**(1,764)**	**(1,398)**	**(2,926)**	**(1,464)**	**(1,455)**	**(966)**	**(2,582)**
(5,186)	***CF before Financing***	**(3,237)**	**6,382**	**(1,618)**	**(1,056)**	**2,918**	**(5,103)**	**2,635**	**(3,380)**	**(7)**	**368**	**35**	**(4,748)**
0	Public Dividend Capital received												
0	Public Dividend Capital repaid												
(3,500)	DH loans repaid	0	0	0	0	0	(1,750)	0	0	0	0	0	(1,750)
(1,691)	Capital Element of payments in respect of finance leases and PFI	(606)	(33)	(4)	(456)	(237)	(37)	(665)	27	(38)	(593)	(37)	(37)
0	Drawdown of loans	0	0	0	0	0	0	0	0	0	0	0	8,100
(5,191)	***Net cash inflow/(outflow) from financing***	**(606)**	**(33)**	**(4)**	**(456)**	**(237)**	**(1,787)**	**(665)**	**27**	**(38)**	**(593)**	**(37)**	**6,313**
(10,377)	***Net cash outflow/inflow***	**(3,843)**	**6,349**	**(1,622)**	**(1,512)**	**2,681**	**(6,890)**	**1,970**	**(3,353)**	**(45)**	**(225)**	**(2)**	**1,565**
17,600	**Opening Cash Balance**	**7,223**	**3,380**	**9,729**	**8,107**	**6,595**	**9,276**	**2,386**	**4,356**	**1,003**	**958**	**733**	**731**
7,223	**Closing Cash Balance**	**3,380**	**9,729**	**8,107**	**6,595**	**9,276**	**2,386**	**4,356**	**1,003**	**958**	**733**	**731**	**2,296**



The year to date cashflow contains £9.56m of SLA advances from Coventry PCT, which are repayable during 2012/13. Additional advances of £5m in December and £3m in January are included in the cashflow above, which are agreed to be repaid in February and March to the PCT.

The mid-year review of capital expenditure and financing will be reported to the Committee in November; this will include specific consideration of the use of borrowing to finance this year's programme.

Finance Report – as at Month 7 – 2012/13
Capital Expenditure

University Hospitals Coventry and Warwickshire NHS Trust

Capital Resource Limit (CRL)	2012/13 Plan £000	2012/13 Forecast Outturn £000	2012/13 Variance fav/(adv) £000	Year To Date Plan £000	Year To Date Actual £000	Year To Date Variance fav/(adv) £000	Month Plan £000	Month Actual £000	Month Variance fav/(adv) £000
Confirmed CRL	2,098	2,098	0	2,098	2,098	0	0	0	0
Forecast CRL Adjustments for PFI	9,696	10,886	1,190	5,181	5,181	0	1,246	1,246	0
Forecast CRL Adjustments for non PFI	8,100	8,100	0	3,957	0	(3,957)	2,042	0	(2,042)
Total Forecast CRL	**19,894**	**21,084**	**1,190**	**11,236**	**7,279**	**(3,957)**	**3,288**	**1,246**	**(2,042)**

Capital Expenditure Programme	2012/13 Plan £000	2012/13 Forecast Outturn £000	2012/13 Variance £000	Year To Date Plan £000	Year To Date Actual £000	Year To Date Variance £000	Month Plan £000	Month Actual £000	Month Variance £000
Major Schemes									
PFI lifecycle	9,696	10,886	(1,190)	5,181	5,181	0	1,246	1,246	0
New staff car park on land formerly for staff residences	2,000	1,317	683	1,000	753	247	500	3	497
Lifecycle of Radiotherapy including Linacs	1,200	1,564	(364)	1,200	1,373	(173)	0	62	(62)
PACS Replacement Project	1,350	1,203	147	65	37	28	15	7	8
Neurosurgical Inst For CJD	1,000	300	700	1,000	107	893	700	54	646
Aggregated Other Schemes	5,629	5,954	(325)	2,847	1,678	1,169	827	111	716
Total Capital Expenditure	**20,875**	**21,224**	**(349)**	**11,293**	**9,129**	**2,164**	**3,288**	**1,483**	**1,805**
Less: Donated/granted Asset Purchases	800	903	103	0	44	44	0	0	0
Less: Book value of assets disposed of:	181	173	(8)	57	173	116	0	(149)	(149)
Net Charge against CRL	**19,894**	**20,148**	**-254**	**11,236**	**8,912**	**2,324**	**3,288**	**1,632**	**1,656**
Under/(Over)Commitment against CRL (total)	**0**	**936**	**936**	**0**	**(1,633)**	**(1,633)**	**0**	**(386)**	**(386)**

The Trust has confirmed CRL currently of £2.098 million. Forecast CRL adjustments still to take place are:

- £10.886 million associated with the PFI additions. This allocation is made at the end of the financial year by DH and will match the actual PFI addition spend incurred at the end of the year. In month the Trust's PFI partner, GEMS, has revised their forecast for in year PFI additions, with the total PFI lifecycle additions for 2012/13 now forecast to be £10.886 million.

- £8.1 million which is the CRL that will accompany the new capital investment loan. This £8.1 million loan is still to be agreed with the Strategic Health Authority and the Department of Health. As this loan has still not been agreed this is the cause of the year to date over commitment against the CRL of £1.633 million. If the loan is not agreed, or not agreed to the £8.1 million level, the Trust will still require additional CRL. The SHA is aware of this.

The forecast outturn reflects the mid year capital review of the capital programme that was agreed by Chief Officers Group on the 1st November.

Finance Report – as at Month 7 – 2012/13
Capital Financing

University Hospitals Coventry and Warwickshire NHS Trust

Capital Cash Funding Sources	2012/13 Budget £'000	2012/13 Forecast Outturn £'000	Movement £'000	Notes
Internally Generated Funds				
Depreciation	23,096	21,241	(1,855)	Potential reduction re revaluation exercise
Surplus	1,700	1,593	(107)	Surplus excludes donations * (shown separately)
Proceeds of Asset Disposals	57	57	0	Bowel Screening Equipment
House Sale	0	116	116	
External Funds				
New Finance Leases (Net)	864	1,497	633	
Donations *	800	907	107	re Arden Cancer Centre
Other Capital Contributions Received	700	0	(700)	re Staff Car Park
New Public Dividend Capital	0	0	0	
New Capital Investment Loans	8,100	8,100	0	
Applications				
Working Capital Loan Repayment	(2,000)	(2,000)	0	
Capital Investment Loan Repayment	(1,500)	(1,500)	0	
New Capital Investment Loan Repayment	0	0	0	
PFI Finance Lease Creditor	(2,226)	(2,226)	0	
Other Finance Lease Repayments	(451)	(451)	0	
Pathology LIMS Finance Lease Repayments	0	(24)	(24)	
PFI Lifecycling				
Lifecycle Payments in Unitary Payment	(12,249)	(12,194)	55	
Net Cash Generated	**16,891**	**15,116**	**(1,775)**	
Cash (Applied)/Released to Address Liquidity				
Movement in Loan Repayments (< 1 year)	2,000	2,000	0	} Cash released or applied in order to ensure
Movement in New Loan Repayments (< 1 year)	(1,620)	(1,620)	0	} liquidity is unaffected by balance sheet
Movement in PFI Finance Lease Principal Repayments (< 1 year)	(3,620)	(3,620)	0	} movements
Adjustment	0	0	0	
Liquidity (Improvement)/Reduction	(1,700)	(1,593)	107	All revenue surpluses applied to improving liquidity
Net Cash Available for Capital Expenditure	**11,951**	**10,283**	**(1,668)**	

Reconciliation to Capital Programme

Capital Funding				
Funding Available for non-PFI Capital Expenditure	11,951	10,283	-1,668	Reduction in funding is described above
Add PFI Capital Expenditure	9,696	10,886	1,190	Capital funding for PFI matches PFI capital expenditure
Total Capital Funding (including PFI Capital)	**21,647**	**21,169**	**(478)**	
Capital Expenditure				
Non-PFI Capital Expenditure	11,179	10,338	-841	Reduction in capital programme as agreed in the mid-year review
PFI Capital expenditure	9,696	10,886	1,190	Capital funding for PFI matches PFI capital expenditure
Total Capital Expenditure (including PFI Capital)	**20,875**	**21,224**	**349**	
Surplus/(Deficit) of Capital Funding Compared to Expenditure	**772**	**(55)**	**(827)**	**= Favourable/(Adverse) Impact upon Liquidity**

Finance Report – as at Month 7 – 2012/13
Glossary of Terms

University Hospitals Coventry and Warwickshire NHS Trust

EBITDA	**Earnings before Interest, Tax, Depreciation & Amortisation**	**Calculated as Income less Operating Expenditure i.e. a measure of operating profit**
FRR	**Financial Risk Rating**	**Scoring method used by Monitor to assess financial risk – compound measure of five Individual metrics (see below)**
	EBITDA Margin	Calculated as: $\frac{EBITDA}{Operating\ Revenue} \times 100\%$
	EBITDA % Achieved	Calculated as: $\frac{Actual\ EBITDA}{Planned\ EBITDA} \times 100\%$
	Net Return after Financing	Calculated as: $\frac{EBITDA - Interest\ \ receivable - Interest\ \ payable - Dep'n - PDC}{Average\ \ Total\ \ Assets\ \ Employed\ \ (adjusted\ \ for\ \ short\ \ and\ \ long\ \ term\ \ debt)} \times 100\%$
	I&E Surplus Margin	Calculated as: $\frac{Surplus\ (adjusted\ \ for\ impairments\ and\ asset\ sales)}{Total\ Operating\ Revenue} \times 100\%$
	Liquidity	Calculated as: $\frac{prior\ Year(receivables + cash - assets\ held\ \ for\ sale - payables) + WC\ Facility}{Current\ \ year\ operating\ costs} \times 360\ days$
PMR	**Provider Management Regime**	**SHA reporting regime for aspirant Foundation Trusts**
SOCI	**Statement of Comprehensive Income**	**IFRS terminology for Income and Expenditure Account**
SOFP	**Statement of Financial Position**	**IFRS terminology for Balance Sheet**
SLR	**Service Line Reporting**	
	Non-Operating Items/Expenditure	**Expenditure items appearing below EBITDA in the Statement of Comprehensive Income i.e. Depreciation, Amortisation, Impairments, Interest, PDC**

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

28th November 2012

Subject:	**Finance and Performance Committee Minutes from 24th September 2012 Meeting**
Report By:	**Ms S Tubb, Non-Executive Director**
Author:	**Mr M Sargent, Chief Financial Accountant**
Accountable Executive Director:	**Mrs G Nolan, Chief Finance Officer**

GLOSSARY

Abbreviation	In Full
LTFM	Long term financial model
PwC	PriceWaterhouseCoopers
PMO	Performance management office
OPPM	Operational Performance and Planning Meeting
ED	Emergency department
A&E	Accident and emergency
CIP	Cost Improvement Programme
PCT	Primary Care Trust
CCG	Clinical Commissioning Groups
NCB	NHS Commissioning Board
BAF	Business Assurance Framework
PFI	Private finance initiative
F&P	Finance and Performance

WRITTEN REPORT (provided in addition to cover sheet)? ☐ **Yes** ☒ **No**

POWERPOINT PRESENTATION? ☐ **Yes** ☒ **No**
NB Presentations need to be submitted for inclusion in Board papers

Title	
Approx. Length	

PURPOSE OF THE REPORT / PRESENTATION:

To advise the Board of the Finance and Performance Committee meeting agenda for the 24th September 2012 and of any key decisions/outcomes made by the Finance and Performance Committee.

SUMMARY OF KEY ISSUES:

Actions from Previous Meetings:

- **Action Matrix.** *The Committee agreed the matrix.*
- **Consultant Numbers**. *Mrs Nolan circulated a schedule and informed the Committee that this action was now complete; Committee members were invited to pursue any queries in respect of the schedule directly with Mrs Nolan outside the meeting.*

Development Reports:

- **Service Strategy Framework-Phase 1**: Mrs Gail Nolan, Chief Finance Officer and Mr Johnathan Lloyd*. Mr Lloyd gave a presentation to the Committee on phase 1 of the service strategy framework.*

- **Financial Plan Mid-Year Review:** *Mrs Nolan explained to the Committee that the report sets out the process for updating the Trust's 2012/13 financial plan. The Committee supported the process.*

- **External Audit Report on the LTFM**- *Mrs Nolan explained that the Trust's LTFM had been reviewed by PwC. The review was based on the existing assumptions that had been previously taken to the Committee. PwC's findings were consistent with the Trust's current position and acknowledge the requirement for the Trust to have has a more robust strategy in place through the work currently being developed on the clinical strategy. The Trust faces a £33 million CIP target for next year (taking into account current planning assumptions). The report from PwC was for information and was an early snapshot.*

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

28th November 2012

- **Costing Update-** *Mr Antony Hobbs gave a costing update presentation to the Committee.*

- **PMO Update-** *Mr Johnathan Lloyd gave a presentation to the Committee on the background and work undertaken to date to develop and implement a performance and programme office in the Trust. The Committee discussed the size, identification and delivery of CIPs for future years.*

Performance Reports: Mr David Eltringham, Chief Operating Officer

- **Key Performance Indicators**
- **Performance Escalation Reports: - Clostridium Difficile; Delayed Transfer of Care**
- **OPPM Feedback Report**

Mr Eltringham presented the performance reports to the Committee. An improvement in ED with the 4 hours 95% target now being achieved. There are two areas the Trust is failing on currently; -Clostridium difficile- 1 case over the threshold of 30; and delayed transfers of care.
The Committee discussed the A&E target and acknowledged the need to build up a buffer to stay ahead with winter coming up.

Finance Reports: Mrs Gail Nolan, Chief Finance Officer

- **Integrated Finance report.** *The Committee discussed the finance report and how the suite of metrics were useful, however there was concern that each month the metrics show a deteriorating position.*

- **Debtors and Creditors Action Plan.** *Mrs Nolan advised the Committee that PCTs were under strict instructions to clear all outstanding balance items from the Department of Health in preparation for formal transfer of commissioning responsibilities to CCGs and NCB.*

- **Finance Risk Register.** *Mrs Nolan said this register will inform the BAF risks.*

Reporting Committees : Development & PFI
Mrs Nolan informed the Committee that this was a routine update. Dr Sabapathy said for the various PFI CIP initiatives it would be helpful to quantify/see what they are. Mr Crich agreed to pull together a list and circulate.

Administrative Matters: Mrs Gail Nolan, Chief Finance Officer

- **F&P Committee Work plan.** *The Committee **APPROVED** the work plan.*

- **Draft agenda for next meeting**. *The Committee **APPROVED** the draft agenda.*

SUMMARY OF KEY RISKS:

Delivery of a £2.5m surplus for 2012/13.
The size of the CIP for 2013/14.

RECOMMENDATION / DECISION REQUIRED:

The Board is asked to note this report.

IMPLICATIONS:

Financial:	As summarised in key issues above
HR / Equality & Diversity:	As summarised in key issues above
Governance:	As summarised in key issues above
Legal:	As summarised in key issues above

REVIEW:

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

28th November 2012

Trust Standing Committee	Date	Trust Standing Committee	Date
Quality Governance Committee		Remuneration Committee	
Finance and Performance Committee		Executive Meeting	
Audit Committee			

DATA QUALITY:

Data/information Source:	
Data Quality Controls:	
Data Limitations:	

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

28 November 2012

Subject:	Audit Committee Meeting Report – 17 September 2012
Report By:	Mr Trevor Robinson, Non-Executive Director
Author:	Mr Alan Jones, Associate Director of Finance – Corporate Services
Accountable Executive Director:	Mrs Gail Nolan, Chief Finance Officer

GLOSSARY

Abbreviation	In Full
IT HDD	Information Technology Historic Due Diligence
CRM	Centre for Reproductive Medicine
IT	Information Technology
ICT	Information Communications Technology
SFI	Standing Financial Instructions
BAF	Board Assurance Framework

WRITTEN REPORT (provided in addition to cover sheet)? ☐ **Yes** ☒ **No**

POWERPOINT PRESENTATION? ☐ **Yes** ☒ **No**
NB Presentations need to be submitted for inclusion in Board papers

Title	
Approx. Length	

PURPOSE OF THE REPORT / PRESENTATION:

To advise the Board of the Audit Committee meeting agenda for 17 September 2012 and of any key issues or decisions arising from the meeting.

SUMMARY OF KEY ISSUES:

Clinical Audit Plan

- The plan was reviewed. Future reports will be received twice per annum and be exception based.

Actions from Previous Meetings

- **Internal audit report on clinical audit:** four out of six recommendations had already been cleared. Actions to resolve the remaining recommendations were agreed.
- **Minutes of previous meeting and action matrix:** were reviewed and approved.
- **IT HDD progress report:** item deferred due to the absence of the Director of Estates.
- **Health tourism progress report:** revised procedures will be rolled out by December and all audit matters cleared by March 2013.
- **Security review progress report:** resolution of issues had been delayed but were planned to be fully addressed in November. The Committee will follow up in November.
- **Medical staff job planning progress report:** the job planning policy is in the final stages of approval and work on ensuring all consultants have up to date job plans is ongoing. The Committee will follow up in November.
- **Consultant medical staff remuneration:** the Committee reviewed the report on consultant remuneration – the main concern was around the extent of additional hours being worked. The Chief Human Resources Officer will ensure this is reviewed by relevant clinical directors.
- **Overseas visitor debtor:** the UK Border Agency has now provided appropriate information to facilitate pursuing the debt. The Finance Department will look into the issue of guarantors for overseas visitors.
- **Waiting list initiative policy:** was approved by the Corporate Business Records Committee in December 2011.
- **Research and development audit:** the audit scope is under development – the Committee will review once the audit is completed.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

28 November 2012

Counter Fraud

- The Committee reviewed the progress report and noted that it was broadly in line with plan.

Internal Audit

- The Committee reviewed the progress report and noted that it was broadly in line with plan.
- Outstanding recommendations continue to reduce – sixteen are overdue (including four level 2s)
- **Audit Report – CRM Income:** this was a moderate assurance report with many recommendations already implemented. The Committee asked for the service manager to provide some further information on two matters.
- **Audit Report – Charitable Funds:** this was a moderate assurance report.
- **Audit Report – IT Systems Asset Verification**: this was a piece of consultancy work undertaken at the request of the Director of ICT. The Committee asked for a report back from the Director of ICT as to how he proposed to take follow up this report.

External Audit

- The Committee reviewed the Annual Audit Letter prior to submission to the Trust Board – it was consistent with previous reports from the Trust's external auditor. The report is a public document and will be published on the Audit Commission's website in due course.

Review and Approval Functions

- **Losses and special payments:** the Committee reviewed the report and there was nothing significant or exceptional requiring follow-up.
- **Debt write-offs:** one invoice for £166.20 was approved for write-off.
- **Waivers of SFIs:** the Committee reviewed and approved the report noting that whilst there was a downward trend in the number and value of waivers, the figures for August had shown an increase – large value waivers were specifically reviewed

Overall Governance Arrangements

- **Quality Governance Committee Annual Report:** the Committee reviewed the report and agreed that it was well written and provided assurance around the effectiveness of the Quality Governance Committee.
- **Register of Interests:** the Committee noted that the register and the format of the report was approved.
- Board Assurance Framework: the Committee noted that the BAF was still work in progress. The Committee endorsed the methodology for developing the BAF risks and asked for a further update at the next meeting.
- **Audit Committee Annual Report:** the Committee reviewed the report and approved it for submission to the Trust Board.

Administrative Matters

- **Workplan:** the workplan was approved.
- **Agenda for next meeting:** was approved subject to the scheduled agenda review meeting with the chair of the Committee.

SUMMARY OF KEY RISKS:

No significant risks were identified.

RECOMMENDATION / DECISION REQUIRED:

The Trust Board is asked to review and note the minutes of the Audit Committee meeting held on 17 September 2012.

IMPLICATIONS:

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

28 November 2012

Financial:	
HR / Equality & Diversity:	
Governance:	The Audit Committee provides assurance to the Trust Board on the operation of the Trust's systems of internal control.
Legal:	

REVIEW:

Trust Standing Committee	**Date**	**Trust Standing Committee**	**Date**
Quality Governance Committee		Remuneration Committee	
Finance and Performance Committee		Executive Meeting	
Audit Committee			

DATA QUALITY:

Data/information Source:	
Data Quality Controls:	
Data Limitations:	

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO TRUST BOARD: PUBLIC

28th NOVEMBER 2012

Subject:	Provider Management Regime
Report By:	David Eltringham, Chief Operating Officer
Author:	Simon Reed, Senior Performance Manager
Accountable Executive Director:	David Eltringham, Chief Operating Officer

GLOSSARY

Abbreviation	In Full
DH	Department of Health
UHCW	University Hospitals Coventry and Warwickshire
SHAs	Strategic Health Authorities
PCTs	Primary Care Trusts
PMR	Provider Management Regime

WRITTEN REPORT (provided in addition to cover sheet)? ☒ **Yes** ☐ **No**

POWERPOINT PRESENTATION? ☐ **Yes** ☒ **No**
NB Presentations need to be submitted for inclusion in Board papers

Title	
Approx. Length	

PURPOSE OF THE REPORT / PRESENTATION:

The SHA wide Provider Management Regime (PMR) has been rolled out which each Trust is required to complete on a monthly basis.

The PMR was introduced in shadow form for East Midlands and West Midlands Trusts during the period January to February 2012. The return from Trusts for March 2012 was reported at the SHA's public board meeting in May 2012. The PMR process has been fully operational from April 2012 onwards. This regime was introduced to support Trusts, by working with the SHA in a "Monitor like" way, to help prepare Trusts for their DH and Monitor Foundation Trust assessment and subsequent monitoring post authorisation under the Monitor Compliance Framework.

The regime provides an opportunity for providers to earn autonomy from the SHA. Providers who can demonstrate consistent performance of governance, finance, quality and contract management will make less frequent PMR returns and meet with the SHA less often than those Trusts that face issues. There is also a clear escalation process for Trusts with persistently poor ratings or other issues. The detailed processes and rules by which a Trust can gain autonomy or might face escalation are outlined within separate SHA guidance.

The first return of the Provider Management Regime templates to the SHA was on the last working day of January (31 January 2012); and is required on the last working date of every month thereafter. Late submissions are automatically given a **red** governance risk rating. The expectation is that the monthly template returns are signed off by the Trust Board.

The East and Midlands SHA have published the new PMR process for 2012/13. A new section of the return has been included for Trusts to demonstrate progress against their Tripartite Formal Agreement (TFA) to become a Foundation Trust. A new performance metric has been included in the Governance Risk Ratings (GRR) section (patients on an incomplete, 18-week pathway) and new overriding rules have been applied that will effect performance where these rules are not being satisfied. In additiona a new quality metric has been included in the Quality section (completion of consultant personal development plans) and new detail is to be submitted regarding financial and contractual performance. The following metrics have been removed from the PMR:

- GRR Section - Line 8b: Quality – A&E
- Financial Risk Triggers Section - Line 3: FRR 2 for any one quarter

The East and Midlands SHA have confirmed that the overriding rules in the Governance Risk Rating Section of the PMR will be applied at their discretion. The Overriding Rules are the same as the governance red-rated

overrides in the 2012/13 Monitor Compliance Framework. Using this framework, Monitor may apply the overriding rules where Foundation Trusts are not compliant and escalate the Trust for consideration as to whether it is in significant breach. If Monitor is satisfied a Trust is in significant breach they have the discretion to intervene. The SHA have confirmed that they will be taking a similar approach to Monitor and Trust's whose overriding rules have been applied will be deemed "unauthorisable".

SUMMARY OF KEY ISSUES:

Based on the data provided by the relevant leads the Trust risk ratings are as detailed below:

PERIOD	Governance Risk Rating	Financial Risk Rating	Contractual Position	PMR Version
APR-12	Amber/Green (1.0)	Green (3.0)	Amber	Old version
MAY-12	Amber/Green (1.0)	Green (3.0)	Amber	Old version
JUN-12	Amber/Red (2.0)	Green (3.0)	Amber	Old version
JUL-12	Green (1.0)	Red (2.0)	Blank	New version
AUG-12	Green (1.0)	Red (2.0)	Blank	New version
SEP-12	Green (0.0)	Red (2.0)	Blank	New version
OCT-12	Green (1.0)	Red (2.0)	Blank	New version

Note: the scoring in the new PMR return has changed so that a GRR rating of 1 or under will give a rating of Green (in the old version a score of between 1 and 1.9 was rated Amber/Green). The Contractual Position is no longer rated in the new PMR return and guidance from the SHA is that this should be reported as "Blank".

Appendix A is UHCW's proposed submission to the SHA at the end of November 2012.

Specified areas of insufficient assurance and associated actions are:

- A&E - maximum waiting time of four hours from arrival to admission/transfer/discharge: The Perfect Weekend - Introduction of additional clinical resources to support the emergency care pathway at the weekend with the overall aim to create 30 empty beds at the start of each Monday: Additional decision making and diagnostic staff in ED; Additional imaging and reporting; Additional intensive discharge support (implemented for 2 weekends in October and will recommence from week commencing 17 November for 17 weeks); Introduction of Hot Clinics from mid-November; Provision of urgent care centre from mid-December; Strengthening of proactive discharge team from mid-November.
- Financial Risk Rating (FRR) - The Trust is reporting an FRR of 2 based on the year-to-date position. The governance declaration is now based on the year-to-date FRR (forecast outturn in previous months) as per a change in the SHA guidance. The year-to-date position means an FRR of 2, although this remains the Trust plan for this point in the year. The Trust continues to forecast an FRR 3 for the financial year, with the improvement being delivered by delivery of the forecast surplus position.

The Overriding Rules which is at risk of being applied by the SHA is:

- A&E Clinical Quality Indicator: UHCW did not achieve the 95%, 4-hour A&E target in Q4 2011/12. The target was not achieved in Q1 2012/13. UHCW has therefore failed to meet the A&E target twice in any two quarters over the last 12 months however, no quarters have been failed subsequently to date and therefore this overriding rule is at risk of being applied by the SHA if this target is failed in any quarters in 2012/13.

SUMMARY OF KEY RISKS:

The financial risk rating is showing as Red

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO TRUST BOARD: PUBLIC

28th NOVEMBER 2012

RECOMMENDATION / DECISION REQUIRED:

- Trust Board to approve the Provider Manager Regime return based on October 2012 data for onward submission to the SHA.
- Trust Board to confirm its support for Governance Declaration 2 (for insufficient assurance that all targets are being met) in relation to the Financial Risk Rating.
- Trust Board to grant delegated responsibility to enable the November return to be submitted to the SHA in December because there is no scheduled Trust Board meeting in December

IMPLICATIONS:

Financial:	N/A
HR / Equality & Diversity:	N/A
Governance:	Performance against the PMR submission will impact on the trusts ability to move forward with its Foundation Trust application
Legal:	N/A

REVIEW:

Trust Standing Committee	**Date**	**Trust Standing Committee**	**Date**
Quality Governance Committee		Remuneration Committee	
Finance and Performance Committee		Executive Meeting	
Audit Committee			

DATA QUALITY:

Data/information Source:	
Data Quality Controls:	
Data Limitations:	

SELF-CERTIFICATION RETURNS
Organisation Name:
University Hospitals Coventry & Warwickshire NHS Trust
Monitoring Period:
October 2012
NHS Trust Over-sight self certification template

Returns to XXX by the last working day of each

TFA Progress

Oct-12

University Hospitals Coventry & Warwickshire NHS Trust

Select the Performance from the drop-down list

	TFA Milestone (All including those delivered)	Milestone Date	Performance	Comments where milestones are not delivered or where a risk to delivery has been identified
1	SHA Interviews with the board, SHA initial meeting with the commissioners	Mar-12	Fully achieved in time	
2	SHA/UHCW discussion of IBP/LTFM & PMR escalation meeting	Mar-12	Fully achieved in time	
3	Self-assessment completion of BGAF	Mar-12	Fully achieved in time	Will be refreshed during late 2012 for external assessment in early 2013
4	Submit 1st draft of IBP/LTFM and authorization for HDD1 refresh	Nov-12	Fully achieved in time	Completed
5	Trust complete self-assessment against quality dashboard and submit to the SHA	Mar-13	On track to deliver	
6	HDD1 Refresh	Jan-13	On track to deliver	Potential date in Decemeber confirmed with HDD auditors but needs to be agreed with SHA post November submission of draft IBP. Likely date straddles Dec 2012 and Jan 2013 but can only enter one date in Milestone column
7	Submit high quality draft of IBP/LTFM to SHA	Jan-13	On track to deliver	
8	Final Draft of the IBP/LTFM to the SHA	Feb-13	On track to deliver	
9	CQC Opinion received by SHA (SHA action)	Mar-13	On track to deliver	This is an SHA action
10	HDD2 Refresh	Mar-13	On track to deliver	Date to be confirmed with HDD auditors and agreed with SHA.
11	NTDA interview with lead HDD reviewer	May-13	On track to deliver	NTDA action
12	Complete IBP/LTFM and appendices submitted to SHA	Apr-13	On track to deliver	Dates TBC by SHA/NTDA
13	NTDA/UHCW Board to Board (Full Voting Board), includes review of PMR	May-13	On track to deliver	Dates TBC by SHA/NTDA
14	Submit FT application to the DH	Jun-13	On track to deliver	
15				
16				

NHS Trust Governance Declarations : 2012/13 In-Year Reporting

Name of Organisation:	University Hospitals Coventry & Warwickshire NHS Trust	Period:	October 2012

Organisational risk rating

Each organisation is required to calculate their risk score and RAG rate their current performance, in addition to providing comment with regard to any contractual issues and compliance with CQC essential standards:

Key Area for rating / comment by Provider	Score / RAG rating*
Governance Risk Rating (RAG as per SOM guidance)	1.0 (Green)
Financial Risk Rating (Assign number as per SOM guidance)	2.0 (Red)
Contractual Position (RAG as per SOM guidance)	Blank

*** Please type in R, A or G**

Governance Declarations

NHS Trusts must ensure that plans in place are sufficient to ensure compliance in relation to all national targets and including ongoing compliance with the Code of Practice for the Prevention and Control of Healthcare Associated Infections, CQC Essential standards and declare any contractual issues.

Supporting detail is required where compliance cannot be confirmed.

Please complete sign **one** of the two declarations below. If you sign declaration 2, provide supporting detail using the form below. Signature may be either hand written or electronic, you are required to print your name.

Governance declaration 1

The Board is satisfied that plans in place **are sufficient** to ensure continuing compliance with all existing targets (after the application of thresholds), and with all known targets going forward. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Code of Practice for the Prevention and Control of Healthcare Associated Infections (including the Hygiene Code) and CQC Essential standards. The board also confirms that there are no material contractual disputes.

Signed by:		Print Name:	
on behalf of the Trust Board	Acting in capacity as:		
Signed by:		Print Name:	
on behalf of the Trust Board	Acting in capacity as:		

Governance declaration 2

For one or some of the following declarations Governance, Finance, Service Provision, Quality and Safety, CQC essential standards or the Code of Practice for the Prevention and Control of Healthcare Associated Infections the Board cannot make Declaration 1 and has provided relevant details below.

The board is suggesting that at the current time there is **insufficient assurance available** to ensure continuing compliance with all existing targets (after the application of thresholds) and/or that it may have material contractual disputes.

Signed by :		Print Name :	Andrew Hardy
on behalf of the Trust Board	Acting in capacity as:		Chief Executive Officer
Signed by :		Print Name :	Philip Townshend
on behalf of the Trust Board	Acting in capacity as:		Chairman

If Declaration 2 has been signed:

Please identify which targets have led to the Board being unable to sign declaration 1. For each area such as Governance, Finance, Contractual, CQC Essential Standards, where the board is declaring insufficient assurance please state the reason for being unable to sign the declaration, and explain briefly what steps are being taken to resolve the issue. Please provide an appropriate level of detail.

Target/Standard:	**A&E: total time in A&E**
The Issue :	**Norovirus outbreak impacted detrementally on capacity and patient flow**
Action :	**Norovirus outbreak – closed beds in the last week of October and continued with the further closure of beds. All wards were re-opened by the 8th November. The Perfect Weekend - Introduction of additional clinical resources to support the emergency care pathway at the weekend with the overall aim to create 30 empty beds at the start of each Monday: Additional decision making and diagnostic staff in ED; Additional imaging and reporting; Additional intensive discharge support (implemented for 2 weekends in October and will recommence from week commencing 17 November for 17 weeks); Introduction of Hot Clinics from mid-November; Provision of urgent care centre from mid-December; Strengthening of proactive discharge team from mid-November**

Target/Standard:	**Financial Risk Rating**
The Issue :	**The Trust is reporting an FRR of 2 based on the year-to-date position**
Action :	**The governance declaration is now based on the year-to-date FRR (forecast outturn in previous months) as per a change in the SHA guidance.** **The year-to-date position means an FRR of 2, although this remains the Trust plan for this point in the year.** **The Trust continues to forecast an FRR 3 for the financial year, with the improvement being delivered by delivery of the forecast surplus position.**

Target/Standard:	
The Issue :	
Action :	

GOVERNANCE RISK RATINGS

University Hospitals Coventry & Warwickshire NHS Trust

Insert YES (target met in month), NO (not met in month) or N/A (as appropriate)
See separate rule for A&E

See 'Notes' for further detail of each of the below indicators

Area	Ref	Indicator	Sub Sections	Thresh-old	Weight-ing	Historic Data: Qtr to Mar 12	Historic Data: Qtr to Jun-12	Historic Data: Qtr to Sep-12	Current Data: Oct-12	Current Data: Nov-12	Current Data: Dec-12	Current Data: Qtr to Dec-12	Comments where target not achieved
Effectiveness	1a	Data completeness: Community services comprising:	Referral to treatment information	50%	1.0	N/a	N/a	N/a	N/a			Yes	
			Referral information	50%									
			Treatment activity information	50%									
	1b	Data completeness, community services: *(may be introduced later)*	Patient identifier information	50%		N/a	N/a	N/a	N/a			Yes	
			Patients dying at home / care home	50%		N/a	N/a	N/a	N/a			Yes	
	1c	Data completeness: identifiers MHMDS		97%	0.5	N/a	N/a	N/a	N/a			Yes	
	1c	Data completeness: outcomes for patients on CPA		50%	0.5	N/a	N/a	N/a	N/a			Yes	
Patient Experience	2a	From point of referral to treatment in aggregate (RTT) – admitted	Maximum time of 18 weeks	90%	1.0	Yes	Yes	Yes	Yes			Yes	
	2b	From point of referral to treatment in aggregate (RTT) – non-admitted	Maximum time of 18 weeks	95%	1.0	Yes	Yes	Yes	yes			Yes	
	2c	From point of referral to treatment in aggregate (RTT) – patients on an incomplete pathway	Maximum time of 18 weeks	92%	1.0	Yes	Yes	Yes	yes			Yes	
	2d	Certification against compliance with requirements regarding access to healthcare for people with a learning disability		N/A	0.5	Yes	Yes	Yes	Yes			Yes	
Quality	3a	All cancers: 31-day wait for second or subsequent treatment, comprising :	Surgery	94%	1.0	Yes	Yes	Yes	Yes			Yes	
			Anti cancer drug treatments	98%									
			Radiotherapy	94%									
	3b	All cancers: 62-day wait for first treatment:	From urgent GP referral for suspected cancer	85%	1.0	Yes	Yes	Yes	Yes			Yes	
			From NHS Cancer Screening Service referral	90%									
	3c	All Cancers: 31-day wait from diagnosis to first treatment		96%	0.5	Yes	Yes	Yes	Yes			Yes	
	3d	Cancer: 2 week wait from referral to date first seen, comprising:	all urgent referrals	93%	0.5	Yes	Yes	Yes	Yes			Yes	
			for symptomatic breast patients (cancer not initially suspected)	93%									
	3e	A&E: From arrival to admission/transfer/discharge	Maximum waiting time of four hours	95%	1.0	No	No	Yes	No			No	In October we achieved 94.36% (0.64% below target) • Norovirus outbreak – closed 88 beds on wards 31 and 32 in the last week of October and this continued with the further closure of 34 beds on CDU and 34 beds on ward 35. All wards were re-opened by the 8th November but it placed a huge pressure on the A&E department and in turn the 4 hour target ACTIONS: • The Perfect Weekend - Introduction of additional clinical resources to support the emergency care pathway at the weekend with the overall aim to create 30 empty beds at the start of each Monday: Additional decision making and diagnostic staff in ED; Additional imaging and reporting; Additional intensive discharge support (implemented for 2 weekends in October and will recommence from week commencing 17 November for 17 weeks); Introduction of Hot Clinics from mid-November; Provision of urgent care centre from mid-December; Strengthening of proactive discharge team from mid-November
	3f	Care Programme Approach (CPA) patients, comprising:	Receiving follow-up contact within 7 days of discharge	95%	1.0	N/a	N/a	N/a	N/a			Yes	
			Having formal review within 12 months	95%									
	3g	Minimising mental health delayed transfers of care		≤7.5%	1.0	N/a	N/a	N/a	N/a			Yes	
	3h	Admissions to inpatients services had access to Crisis Resolution/Home Treatment teams		95%	1.0	N/a	N/a	N/a	N/a			Yes	
	3i	Meeting commitment to serve new psychosis cases by early intervention teams		95%	0.5	N/a	N/a	N/a	N/a			Yes	
	3j	Category A call – emergency response within 8 minutes		75%	1.0	N/a	N/a	N/a	N/a			Yes	
	3k	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0	N/a	N/a	N/a	N/a			Yes	
Safety	4a	Clostridium Difficile	Are you below the ceiling for your monthly trajectory	*Enter contractual ceiling*	1.0	No	No	Yes	Yes			Yes	In October 2012 there were 6 c-diff infections in UHCW. This met the performance threshold of 6 for October 2012 and results in our ytd position being in line with target (42 cases)
	4b	MRSA	Are you below the ceiling for your monthly trajectory	*Enter contractual ceiling*	1.0	Yes	Yes	Yes	Yes			Yes	In July we had 1 MRSA against our performance threshold of 1 (2 for the full-year)
		CQC Registration											
	A	Non-Compliance with CQC Essential Standards resulting in a Major Impact on Patients		0	2.0	No	No	No	No			No	
	B	Non-Compliance with CQC Essential Standards resulting in Enforcement Action		0	4.0	No	No	No	No			No	
	C	NHS Litigation Authority – Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements		0	2.0	No	No	No	No			No	
				TOTAL		**2.0**	**2.0**	**0.0**	**1.0**	**0.0**	**0.0**	**1.0**	

RAG RATING :

GREEN	**= Score of 1 or under**
AMBER/GREEN	**= Score between 1 and 1.9**
AMBER / RED	**= Score between 2 and 3.9**
RED	**= Score of 4 or above**

See 'Notes' for further detail of each of the below indicators

Area	Ref	Indicator	Sub Sections	Thresh-old	Weight-ing	Historic Data: Qtr to Mar 12	Historic Data: Qtr to Jun-12	Historic Data: Qtr to Sep-12	Current Data: Oct-12	Current Data: Nov-12	Current Data: Dec-12	Current Data: Qtr to Dec-12	Comments where target not achieved
Overriding Rules - Nature and Duration of Override at SHA's Discretion													
i)		Meeting the MRSA Objective	Greater than six cases in the year to date, and either: Breaches the cumulative year-to-date trajectory for three successive quarters Breaches its full year objective										
ii)		Meeting the C-Diff Objective	Greater than 12 cases in the year to date, and either: Breaches the cumulative year-to-date trajectory for three successive quarters Breaches its full year objective Reports important or signficant outbreaks of C.difficile, as defined by the Health Protection Agency.										
iii)		RTT Waiting Times	Breaches: The admitted patients 18 weeks waiting time measure for a third successive quarter The non-admitted patients 18 weeks waiting time measure for a third successive quarter The incomplete pathway 18 weeks waiting time measure for a third successive quarter										
iv)		A&E Clinical Quality Indicator	Fails to meet the A&E target twice in any two quarters over a 12-month period and fails the indicator in a quarter during the subsequent nine-month period or the full year.										
v)		Cancer Wait Times	Breaches either: the 31-day cancer waiting time target for a third successive quarter the 62-day cancer waiting time target for a third successive quarter										
vi)		Ambulance Response Times	Breaches either: the category A 8-minute response time target for a third successive quarter the category A 19-minute response time target for a third successive quarter			N/a	N/a	N/a	N/a	N/a	N/a	N/a	
vii)		Community Services data completeness	Fails to maintain the threshold for data completeness for: referral to treatment information for a third successive quarter; service referral information for a third successive quarter, or; treatment activity information for a third successive quarter			N/a	N/a	N/a	N/a	N/a	N/a	N/a	
viii)		Any Indicator weighted 1.0	Breaches the indicator for three successive quarters.										
			Number of Overrides Triggered			***0.0***	***0.0***	***0.0***	***0.0***	***0.0***	***0.0***	***0.0***	

FINANCIAL RISK RATING

University Hospitals Coventry & Warwickshire NHS Trust

			Risk Ratings					Insert the Score (1-5) Achieved for each Criteria Per Month				
								Reported Position		Normalised Position*		
Criteria	Indicator	Weight	5	4	3	2	1	Year to Date	Forecast Outturn	Year to Date	Forecast Outturn	Comments where target not achieved
Underlying performance	**EBITDA margin %**	25%	11	9	5	1	<1	3	4	3	4	YTD deficit position means that this metric is below the forecast outturn value (based on delivery of the surplus plan)
Achievement of plan	**EBITDA achieved %**	10%	100	85	70	50	<50	4	4	4	4	The Trust has delivered EBITDA within 85% of plan YTD
Financial efficiency	**Net return after financing %**	20%	>3	2	-0.5	-5	<-5	2	3	2	3	YTD deficit position means that this metric is below the forecast outturn value (based on delivery of the surplus plan)
	I&E surplus margin %	20%	3	2	1	-2	<-2	2	2	2	2	YTD deficit position means that this metric is below the forecast outturn value (based on delivery of the surplus plan)
Liquidity	**Liquid ratio days**	25%	60	25	15	10	<10	1	2	1	2	YTD deficit position means that this metric is below the forecast outturn value (based on delivery of the surplus plan)
Weighted Average		**100%**						**2.2**	**2.9**	**2.2**	**2.9**	
Overriding rules								2	3	2	3	
Overall rating								**2**	**3**	**2**	**3**	£4.5m of transitional support contained within the main commissioner contract to support recurrent delivery of the QIPP agenda has been normalised out of the posititon

Overriding Rules :

Max Rating	Rule					
3	Plan not submitted on time	No				
3	Plan not submitted complete and correct	No				
2	PDC dividend not paid in full	No				
2	One Financial Criterion at "1"		2		2	
3	One Financial Criterion at "2"		3	3	3	3
1	Two Financial Criteria at "1"					
2	Two Financial Criteria at "2"					

* Trust should detail the normalising adjustments made to calculate this rating within the comments box.

FINANCIAL RISK TRIGGERS

University Hospitals Coventry & Warwickshire NHS Trust

Insert "Yes" / "No" Assessment for the Month

	Criteria	Historic Data			Current Data				Comments where risks are triggered
		Qtr to Mar-12	Qtr to Jun-12	Qtr to Sep-12	Oct-12	Nov-12	Dec-12	Qtr to Dec-12	
1	Unplanned decrease in EBITDA margin in two consecutive quarters	Yes	Yes	Yes	Yes			Yes	Performance below trajectory in Q1 of 2012/13 and Q2 of 2012/13
2	Quarterly self-certification by trust that the financial risk rating (FRR) may be less than 3 in the next 12 months	No	No	Yes	Yes			Yes	Due to change in guidance from the SHA as to which FRR should be used to measure. The Trust was previously using the forecast outturn FRR for 2012/13 and 2013/14 to inform this assessment and is now using the YTD position forecast by month for the current year. The forecast outturn for 2012/13 remains at 3.
3	Working capital facility (WCF) agreement includes default clause								
4	Debtors > 90 days past due account for more than 5% of total debtor balances	Yes	Yes	Yes	Yes			Yes	Action - Increased focus on debt recovery
5	Creditors > 90 days past due account for more than 5% of total creditor balances	Yes	Yes	Yes	Yes			Yes	Issues around large intra-NHS balances
6	Two or more changes in Finance Director in a twelve month period	No	No	No	No			No	
7	Interim Finance Director in place over more than one quarter end	Yes	No	No	No			No	Substantive FD appointed in Jan 2012
8	Quarter end cash balance <10 days of operating expenses	Yes	Yes	Yes	Yes			Yes	Improvement necessitates ongoing increases in liquidity - M7 2012/13 position also <10 days of operating expenditure
9	Capital expenditure < 75% of plan for the year to date	No	No	No	No			No	

CONTRACTUAL DATA

University Hospitals Coventry & Warwickshire NHS Trust

Insert "Yes" / "No" Assessment for the Month

Criteria	Historic Data			Current Data				Comments where reds are triggered
	Qtr to Mar-12	Qtr to Jun-12	Qtr to Sep-12	Oct-12	Nov-12	Dec-12	Qtr to Dec-12	
Are the prior year contracts* closed?	Yes	Yes	Yes	Yes			Yes	
Are all current year contracts* agreed and signed?	Yes	Yes	Yes	Yes			Yes	
Are both the NHS Trust and commissioner fulfilling the terms of the contract?	Yes	Yes	Yes	Yes			Yes	
Are there any disputes over the terms of the contract?	No	No	No	No			No	
Might the dispute require SHA intervention or arbitration?	No	No	No	No			No	
Are the parties already in arbitration?	No	No	No	No			No	
Have any performance notices been issued?	Yes	Yes	Yes	No			No	11/12 A&E performance notice formally closed down.
Have any penalties been applied?	Yes	Yes	Yes	No			No	RTT

QUALITY

University Hospitals Coventry & Warwickshire NHS Trust

Insert Performance in Month

	Criteria	Unit	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Comments on Performance in Month
1	SHMI - latest data	Ratio	106.1	106.0	107.3	107.3	107.3	105.3	105.3	105.3	106.1	106.1	106.1	107.4	The SHMI is produced and published quarterly by the NHS IC. 107.4 relates to published data in November. SHMI's first publication was end of October 2011
2	Venous Thromboembolism (VTE) Screening	%	94.6	94.2	94.7	93.8	93.8	93.4	93.3	92.3	93.1	93.3	92.6	92.3	
3a	Elective MRSA Screening	%	132.41	129.26	131.67	128.3	126.81	137.96	125.52	136.36	135.22	136.62	137.37	137.6	1998 tests were undertaken on patients needing screening out of the 1452 total number of admissions.
3b	Non Elective MRSA Screening	%	70.3	70.8	69.3	67.0	65.4	65.3	70.0	69.9	70.3	71.1	76.2	70.3	
4	Single Sex Accommodation Breaches	Number	1	0	0	0	0	0	0	0	0	0	0	0	
5	Open Serious Incidents Requiring Investigation (SIRI)	Number		21 4	7 3	20 3	24 2	16 7	16 1	22 2	24 6	19 7	21 7	21 5	Open SIRIs Number that were over the 45 day target on the last day of the month. NB Sep-Nov data was not collected. Since the figures are a snap-shot on the day, this data cannot be gathered retrospectively
6	"Never Events" in month	Number	0	1	0	0	0	0	0	1	0	0	0	0	Never event - confirmed retained swab post-operatively
7	CQC Conditions or Warning Notices	Number	0	0	0	0	0	0	0	0	0	0	0	0	
8	Open Central Alert System (CAS) Alerts	Number	7	19	15	14	13	12	13	13	11	9 2	8 2	8 1	8 open CAS alerts. 1 outstanding with "Action Required - Ongoing"
9	RED rated areas on your maternity dashboard?	Number	3	4	0	4	4	2	2	1	2	3	2	4	1. C/S Rate 28.90% 2. 3rd and 4th degree tears x15 - Consultant Obstetrician looking into trends 3. Smoking 13.21% 4. Breast Feeding 76.88%
10	Falls resulting in severe injury or death	Number	1	0	1	4	0	0	2	3	4	1	2	3	interpreted as those falls incidents graded as 'major' or 'catastrophic'
11	Grade 3 or 4 pressure ulcers	Number	5	6	8	7	2	2	1	4	0	3	0	0	Hospital Acquired - avoidable
12	100% compliance with WHO surgical checklist	Y/N	N	N	N	N	N	N	N	N	N	N	N	N	Dec-11 94.6%, Jan-12 94.8%, Feb-12 94.4%, Mar-12 96.4%, Apr-12 97.7%, May-12 98.4%, Jun-12 98.9%, Jul-12 99.2%, Aug-12 99.1%, Sep-12 99.6%, Oct-99.2%
13	Formal complaints received	Number	44	35	37	41	44	41	44	29	48	45	47	40	
14	Agency as a % of Employee Benefit Expenditure	%	1.97	1.54	2.19	2.38	3.43	2.88	3.17	2.94	3.39	4.1	2.84	4.23	Historic and current information changed to reflect the different definition. Agency costs ONLY as a % of Employee Benefit Costs - previously Agency & Bank as a % of Turnover
15	Sickness absence rate	%	4.79	4.26%	5.22%	4.42%	4.24%	4.59	4.69	4.73	4.62	4.32	4.56	4.79	
16	Consultants which, at their last appraisal, had fully completed their previous years PDP	%	58.46	59.48	58.67	57.23	52.34	50.6	55.74	53.39	46.23	52.98	55.62	57.49	The figure provided here is based on the number of Consultants whom have completed an appraisal within the previous rolling 12 months as extracted from ESR. Part of the appraisal process incorporates a discussion on the previous year's objectives and PDP and therefore the figure provided presumes that all appraisals have included such discussions

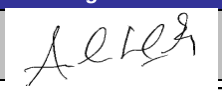
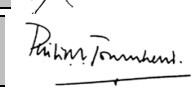
Board Statements

ity Hospitals Coventry & Warwickshire NH

October 2012

For each statement, the Board is asked to confirm the following:

	For CLINICAL QUALITY, that:	Response
1	The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the SHA's Provider Management Regime (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.	✓
2	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.	✓
3	The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.	✓
	For FINANCE, that:	**Response**
4	The board anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months.	✓
5	The board is satisfied that the trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time.	✓
	For GOVERNANCE, that:	**Response**
6	The board will ensure that the trust remains at all times compliant with has regard to the NHS Constitution.	✓
7	All current key risks have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues – in a timely manner.	✓
8	The board has considered all likely future risks and has reviewed appropriate evidence regarding the level of severity, likelihood of it occurring and the plans for mitigation of these risks.	✓
9	The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.	✓
10	An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).	✓
11	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in the relevant GRR; and a commitment to comply with all known targets going forwards.	✓
12	The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	✓
13	The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.	✓
14	The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.	✓
15	The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.	✓

	Signed on behalf of the Trust:	*Print name*	*Date*
CEO		**Andrew Hardy**	**31/10/2012**
Chair		**Philip Townshend**	**31/10/2012**

Notes

Ref	Indicator	Details
Thresholds	The SHA will not utilise a general rounding principle when considering compliance with these targets and standards, e.g. a performance of 94.5% will be considered as failing to achieve a 95% target. However, exceptional cases may be considered on an individual basis, taking into account issues such as low activity or thresholds that have little or no tolerance against the target, e.g. those set between 99-100%.	
1a	Data Completeness: Community Services	Data completeness levels for trusts commissioned to provide community services, using Community Information Data Set (CIDS) definitions, to consist of: - Referral to treatment times – consultant-led treatment in hospitals and Allied Healthcare Professional-led treatments in the community; - Community treatment activity – referrals; and - Community treatment activity – care contact activity. While failure against any threshold will score 1.0, the overall impact will be capped at 1.0. Failure of the same measure for three quarters will result in a red-rating. **Numerator:** all data in the denominator actually captured by the trust electronically (not solely CIDS-specified systems). **Denominator:** all activity data required by CIDS.
1b	Data Completeness Community Services (further data):	The inclusion of this data collection in addition to Monitor's indicators (until the Compliance Framework is changed) is in order for the SHA to track the Trust's action plan to produce such data. This data excludes a weighting, and therefore does not currently impact on the Trust's governance risk rating.
1c	Mental Health MDS	Patient identity data completeness metrics (from MHMDS) to consist of: - NHS number; - Date of birth; - Postcode (normal residence); - Current gender; - Registered General Medical Practice organisation code; and - Commissioner organisation code. **Numerator:** count of valid entries for each data item above. (For details of how data items are classified as VALID please refer to the data quality constructions available on the Information Centre's website: www.ic.nhs.uk/services/mhmds/dq) **Denominator:** total number of entries
1d	Mental Health: CPA	**Outcomes for patients on Care Programme Approach:** • Employment status: **Numerator:** the number of adults in the denominator whose employment status is known at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting, in a financial year. Include only those whose assessments or reviews were carried out during the reference period. The reference period is the last 12 months working back from the end of the reported month. **Denominator:** the total number of adults (aged 18-69) who have received secondary mental health services and who were on the CPA at any point during the reported month. • Accommodation status: **Numerator:** the number of adults in the denominator whose accommodation status (i.e. settled or non-settled accommodation) is known at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting. Include only those whose assessments or reviews were carried out during the reference period. The reference period is the last 12 months working back from the end of the reported month. **Denominator:** the total number of adults (aged 18-69) who have received secondary mental health services and who were on the CPA at any point during the re • Having a Health of the Nation Outcome Scales (HoNOS) assessment in the past 12 months: **Numerator:** The number of adults in the denominator who have had at least one HoNOS assessment in the past 12 months. **Denominator:** The total number of adults who have received secondary mental health services and who were on the CPA during the reference period.
2a-c	RTT	Performance is measured on an aggregate (rather than specialty) basis and trusts are required to meet the threshold on a monthly basis. Consequently, any failure in one month is considered to be a quarterly failure. Failure in any month of a quarter following two quarters' failure of the same measure represents a third successive quarter failure and should be reported via the exception reporting process. Will apply to consultant-led admitted, non-admitted and incomplete pathways provided. While failure against any threshold will score 1.0, the overall impact will be capped at 2.0. The measures apply to acute patients whether in an acute or community setting. Where a trust with existing acute facilities acquires a community hospital, performance will be assessed on a combined basis. The SHA will take account of breaches of the referral to treatment target in 2011/12 when considering consecutive failures of the referral to treatment target in 2012/13. For example, if a trust fails the 2011/12 admitted patients target at quarter 4 and the 2012/13 admitted patients target in quarters 1 and 2, it will be considered to have breached for three quarters in a row.
2d	Learning Disabilities: Access to healthcare	Meeting the six criteria for meeting the needs of people with a learning disability, based on recommendations set out in Healthcare for All (DH, 2008): a) Does the trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients? b) Does the trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria: - treatment options; - complaints procedures; and - appointments? c) Does the trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities? d) Does the trust have protocols in place to routinely include training on providing healthcare to patients with learning disabilities for all staff? e) Does the trust have protocols in place to encourage representation of people with learning disabilities and their family carers? f) Does the trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports? Note: trust boards are required to certify that their trusts meet requirements a) to f) above at the annual plan stage and in each month. Failure to d
3a	Cancer: 31 day wait	31-day wait: measured from cancer treatment period start date to treatment start date. Failure against any threshold represents a failure against the overall target. The target will not apply to trusts having five cases or less in a quarter. The SHA will not score trusts failing individual cancer thresholds but only reporting a single patient breach over the quarter.. Will apply to any community providers providing the specific cancer treatment pathways
3b	Cancer: 62 day wait	62-day wait: measured from day of receipt of referral to treatment start date. This includes referrals from screening service and other consultants. Failure against either threshold represents a failure against the overall target. The target will not apply to trusts having five cases or less in a quarter. The SHA will not score trusts failing individual cancer thresholds but only reporting a single patient breach over the quarter. Will apply to any community providers providing the specific cancer treatment pathways. National guidance states that for patients referred from one provider to another, breaches of this target are automatically shared and treated on a 50:50 basis. These breaches may be reallocated in full back to the referring organisation(s) provided the SHA receive evidence of written agreement to do so between the relevant providers (signed by both Chief Executives) in place at the time the trust makes its monthly declaration to the SHA. In the absence of any locally-agreed contractual arrangements, the SHA encourages trusts to work with other providers to reach a local system-wide agreement on the allocation of cancer target breaches to ensure that patients are treated in a timely manner. Once an agreement of this natu
3c	Cancer	Measured from decision to treat to first definitive treatment. The target will not apply to trusts having five cases or fewer in a quarter. The SHA will not score trusts failing individual cancer thresholds but only reporting a single patient breach over the quarter. Will apply to any community providers providing the specific cancer treatment pathways.
3d	Cancer	Measured from day of receipt of referral – existing standard (includes referrals from general dental practitioners and any primary care professional).Failure against either threshold represents a failure against the overall target. The target will not apply to trusts having five cases or fewer in a quarter. The SHA will not score trusts failing individual cancer thresholds but only reporting a single patient breach over the quarter. Will apply to any community providers providing the specific cancer treatment pathways. Specific guidance and documentation concerning cancer waiting targets can be found at: http://nww.connectingforhealth.nhs.uk/nhais/cancerwaiting/documentation

Notes

Ref	Indicator	Details
3e	A&E	Waiting time is assessed on a site basis: no activity from off-site partner organisations should be included. The 4-hour waiting time indicator will apply to minor injury units/walk in centres.
3f	Mental	7-day follow up: **Numerator**: the number of people under adult mental illness specialties on CPA who were followed up (either by face-to-face contact or by phone discussion) within seven days of discharge from psychiatric inpatient care. **Denominator:** the total number of people under adult mental illness specialties on CPA who were discharged from psychiatric inpatient care. All patients discharged to their place of residence, care home, residential accommodation, or to non-psychiatric care must be followed up within seven days of discharge. Where a patient has been transferred to prison, contact should be made via the prison in-reach team. Exemptions from both the numerator and the denominator of the indicator include: - patients who die within seven days of discharge; - where legal precedence has forced the removal of a patient from the country; or - patients discharged to another NHS psychiatric inpatient ward. For 12 month review (from Mental Health Minimum Data Set): **Numerator:** the number of adults in the denominator who have had at least one formal review in the last 12 months. **Denominator:** the total number of adults who have received secondary mental health services during the reporting period (month) who had spent at least 12 mor For full details of the changes to the CPA process, please see the implementation guidance Refocusing the Care Programme Approach on the De
3g	Mental Health: DTOC	**Numerator:** the number of non-acute patients (aged 18 and over on admission) per day under consultant and non-consultant-led care whose transfer of care was delayed during the month. For example, one patient delayed for five days counts as five. **Denominator:** the total number of occupied bed days (consultant-led and non-consultant-led) during the month. Delayed transfers of care attributable to social care services are included.
3h	Mental Health: I/P and CRHT	This indicator applies only to admissions to the foundation trust's mental health psychiatric inpatient care. The following cases can be excluded: - planned admissions for psychiatric care from specialist units; - internal transfers of service users between wards in a trust and transfers from other trusts; - patients recalled on Community Treatment Orders; or - patients on leave under Section 17 of the Mental Health Act 1983. The indicator applies to users of working age (16-65) only, unless otherwise contracted. An admission has been gate-kept by a crisis resolution team if they have assessed the service user before admission and if they were involved in the decision-making process, which resulted in admission. For full details of the features of gate-keeping, please see Guidance Statement on Fidelity and Best Practice for Crisis Services on the Department of Health's website. As set out in this guidance, the crisis resolution home treatment team should: a) provide a mobile 24 hour, seven days a week response to requests for assessments; b) be actively involved in all requests for admission: for the avoidance of doubt, 'actively involved' requires face-to-face contact unless it can be d c) be notified of all pending Mental Health Act assessments; d) be assessing all these cases before admission happens; and e) be central to the decision making process in conjunction with the rest of the multidisciplinary team.
3i	Mental Health	Monthly performance against commissioner contract. Threshold represents a minimum level of performance against contract performance, rounded down.
3j-k	Ambulance Cat A	For patients with immediately life-threatening conditions. The Operating Framework for 2012-13 requires all Ambulance Trusts to reach 75 per cent of urgent cases, Category A patients, within 8 minutes. From 1 June 2012, Category A cases will be split into Red 1 and Red 2 calls: • Red 1 calls are patients who are suffering cardiac arrest, are unconscious or who have stopped breathing. • Red 2 calls are serious cases, but are not ones where up to 60 additional seconds will affect a patient's outcome, for example diabetic episodes and fits. Ambulance Trusts will be required to improve their performance to show they can reach 80 per cent of Red 1 calls within 8 minutes by April 2013.
4a	C.Diff	Will apply to any inpatient facility with a centrally set C. difficile objective. Where a trust with existing acute facilities acquires a community hospital, the combined objective will be an aggregate of the two organisations' separate objectives. Both avoidable and unavoidable cases of C. difficile will be taken into account for regulatory purposes. Where there is no objective (i.e. if a mental health trust without a C. difficile objective acquires a community provider without an allocated C. difficile objective) we will not apply a C. difficile score to the trust's governance risk rating. Monitor's annual de minimis limit for cases of C. difficile is set at 12. However, Monitor may consider scoring cases of <12 if the Health Protection Agency indicates multiple outbreaks. Where the number of cases is less than or equal to the de minimis limit, no formal regulatory action (including scoring in the governance risk rating) will be taken. If a trust exceeds the de minimis limit, but remains within the in-year trajectory for the national objective, no score will be applied. If a trust exceeds both the de minimis limit and the in-year trajectory for the national objective, a score will apply. If a trust exceeds its national objective above the de minimis limit, the SHA will apply a red rating and consider the trust for escalation. If the Health Protection Agency indicates that the C. difficile target is exceeded due to multiple outbreaks, while still below the de minimis, the SHA
4b	MRSA	Will apply to any inpatient facility with a centrally set MRSA objective. Where a trust with existing acute facilities acquires a community hospital, the combined objective will be an aggregate of the two organisations' separate objectives. Those trusts that are not in the best performing quartile for MRSA should deliver performance that is at least in line with the MRSA objective target figures calculated for them by the Department of Health. We expect those trusts without a centrally calculated MRSA objective as a result of being in the best performing quartile to agree an MRSA target for 2012/13 that at least maintains existing performance. Where there is no objective (i.e. if a mental health trust without an MRSA objective acquires a community provider without an allocated MRSA objective) we will not apply an MRSA score to the trust's governance risk rating. Monitor's annual de minimis limit for cases of MRSA is set at 6. Where the number of cases is less than or equal to the de minimis limit, no formal regulatory action (including scoring in the governance risk rating) will be taken. If a trust exceeds the de minimis limit, but remains within the in-year trajectory for the national objective, no score will be applied. If a trust exceeds both the de minimis limit and the in-year trajectory for the national objective, a score will apply. If a trust exceeds its national objective above the de minimis limit, the SHA will apply a red rating and consider the trust for escalation

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

30/11/12

Subject:	Trust Board and Sub-Committee Calendar of meetings 2012/13
Report By:	Jenny Gardiner, Trust Board Secretary
Author:	Jenny Gardiner, Trust Board Secretary
Accountable Executive Director:	Andy Hardy, Chief Executive Officer

GLOSSARY

Abbreviation	In Full

WRITTEN REPORT (provided in addition to cover sheet)? ☒ **Yes** ☐ **No**

POWERPOINT PRESENTATION? ☐ **Yes** ☒ **No**
NB Presentations need to be submitted for inclusion in Board papers

Title	
Approx. Length	

PURPOSE OF THE REPORT / PRESENTATION:

To provide the Board with an overview of the Trust Board, Board Seminar, and Sub-Committee meetings for 2013/14.

SUMMARY OF KEY ISSUES:

Please note that compared to previous years additional Board Seminars have been scheduled (two per month) in preparation for Foundation Trust assessment, and four strategic Board away days have been scheduled.

For information, a summary of each sub-committees membership and attendees is provided for reference.

At the November private Trust Board meeting, the first iteration of the integrated performance dashboard was presented. The report highlights the following issue which impacts on the scheduling of Trust Board dates;

> *Currently performance and CIP data is released on the 10th working day. Based on the Trust's current governance arrangements, this information must be released by the 6th working day to enable the PPMO to process and validate in advance of all of the OPPMs. In addition, based on the availability of performance data, the Finance and Performance Committee will not be able to review the draft Trust Balanced Scorecard and CIP position prior to Trust Board submission. Therefore, to ensure that operational Committees and Board Sub Committees (Finance and Performance Committee) have sufficient scrutiny of the previous month data, will require the Trust Board to reschedule its Committee dates*

In light of this it was agreed;

- **to review the re-phasing of Trust Board and Finance and Performance Committees dates to ensure that Finance and Performance Committee has an opportunity to scrutinise the data, prior to submission to Trust Board.**

On the advice of the Chief Finance Officer and Chair of Finance & Performance Committee it is suggested that;

- Finance and Perfomance committee meetings remain the last Monday of the month
- Trust Board meetings move from the last Wednesday of every month to the first Wednesday of every month

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

30/11/12

- The Trust Board Seminar moves from the first Wednesday of the month to the last Wednesday of the month.
- Trust Board continues to meet ten times per annum, but that there are no scheduled meetings in January and August (currently there are no meetings in December and August).
- That the proposed changes take effect from April 2013. However, this would effectively mean that there are Board meetings in March and April within 1 week of each other. It is therefore proposed that the 27th March 2013 Trust Board meeting is cancelled and the agenda items rolled forward to the meeting on 3rd April 2013. Please therefore, note that this will be a very full meeting.
- In light of these changes there would no longer be a requirement for an extraordinary Trust Board meeting in June to agree the annual report to accounts.

SUMMARY OF KEY RISKS:

Risks of non-attendance at key committees.

Replicating the current schedule of meetings will impact on the scrutiny of the integrated performance data by the relevant committees prior to submission to Trust Board.

RECOMMENDATION / DECISION REQUIRED:

Trust Board to:

- **RECEIVE the report; and**
- **APPROVE the suggested changes to Trust Board and Board Seminar dates as recommended by the CFO from 1st April 2013**
- **CANCEL 27th March 2013 Trust Board and roll agenda items forward to 3rd April 2013 meeting.**
- **Board members to ensure dates are diarised**

IMPLICATIONS:

Financial:	NA
HR / Equality & Diversity:	Attendance at all Trust Board and sub-committee meetings is monitored and should be at least 80% for each attendee.
Governance:	Minimum attendance levels are required to ensure meetings are quorate.
Legal:	NA

REVIEW:

Trust Standing Committee	**Date**	**Trust Standing Committee**	**Date**
Quality Governance Committee		Remuneration Committee	
Finance and Performance Committee		Executive Meeting	
Audit Committee			

DATA QUALITY:

Data/information Source:	Na
Data Quality Controls:	Na
Data Limitations:	Na

Trust Board and Sub-Committee Meeting Schedule 2013/14 - Paperwork Deadlines

	2013									2014		Mtgs/yr
Deadline for TB Papers	22 Mar	19 Apr	24 May	21 Jun		23 Aug	20 Sep	25 Oct	22 Nov		24 Jan	21 Feb	
Papers copied for distribution	27 Mar	24 Apr	29 May	26 Jun		27 Aug	25 Sep	30 Oct	27 Nov		29 Jan	26 Feb	
TRUST BOARD	3 Apr	1 May	5 Jun **	3 Jul	No Mtg	4 Sep	2 Oct	6 Nov	4 Dec	No Mtg	5 Feb	5 Mar	10 TB + 1 EO
MEETING TIMES	1pm-6pm	1pm-6pm	1pm-6pm	1pm-6pm		1pm-6pm	1pm-6pm	1pm-6pm	1pm-6pm		1pm-6pm	1pm-6pm	
Papers copied for distribution	2 Apr	7 May	4 Jun	2 Jul		3 Sep	1 Oct	5 Nov	3 Dec		4 Feb	4 Mar	
QUALITY GOVERNANCE	9 Apr	14 May	11 Jun	9 Jul	No Mtg	10 Sep	8 Oct	12 Nov	10 Dec	No Mtg	11 Feb	11 Mar	10 QGC
MEETING TIMES	9.30am-	9.30am-	9.30am-	9.30am-		9.30am-	9.30am-	9.30am-	9.30am-		9.30am-	9.30am-	
Deadline for Audit Papers		2 May		27 Jun		28 Aug		31 Oct			30 Jan		
Papers copied for distribution		7 May		1 Jul		2 Sep		4 Nov			3 Feb		
AUDIT	No Mtg	13 May	No Mtg	8 Jul	No Mtg	9 Sep	No Mtg	11 Nov	No Mtg	No Mtg	10 Feb	No Mtg	5 AC + 1 EO*
MEETING TIMES		1pm-3pm*		1pm-3pm*		1pm-3pm*		1pm-3pm*			1pm-3pm*		
Deadline for F&P Papers	11 Apr	16 May	13 Jun	18 Jul		12 Sep	17 Oct	14 Nov		16 Jan	13 Feb	14 Mar	
Papers copied for distribution	15 Apr	20 May	17 Jun	22 Jul		16 Sep	21 Oct	18 Nov		20 Jan	17 Feb	17 Mar	
FINANCE & PERFORMANCE	22 Apr	28 May	24 Jun	29 Jul	No Mtg	23 Sep	28 Oct	25 Nov	No Mtg	27 Jan	24 Feb	24 Mar	8 F&PC
MEETING TIMES	1pm-5pm*	1pm-5pm*	1pm-5pm*	1pm-5pm*		1pm-5pm*	1pm-5pm*	1pm-5pm*		1pm-5pm*	1pm-5pm*	1pm-5pm*	
Papers copied for distribution		1 May							4 Dec				
REMUNERATION	No Mtg	8 May	No Mtg	No Mtg	No Mtg	No Mtg	No Mtg	No Mtg	11 Dec	No Mtg	No Mtg	No Mtg	2 RC
MEETING TIMES		5pm-6pm							5pm-6pm				
Papers copied for distribution	17 Apr	22 May	19 Jun	24 Jul	30 Jul	18 Sep	23 Oct	20 Nov		22 Jan	19 Feb	19 Mar	
BOARD SEMINAR	24 Apr	29 May	26 Jun	31 Jul	7 Aug	25 Sep	30 Oct	27 Nov	No Mtg	29 Jan	26 Feb	26 Mar	11 BS
MEETING TIMES	1pm-5pm	1pm-5pm	1pm-5pm	3pm-5pm	1pm-5pm	1pm-5pm	1pm-5pm	3pm-5pm		1pm-5pm	1pm-5pm	3pm-5pm	
Papers copied for distribution	10 Apr	1 May	5 Jun	10 Jul	7 Aug	4 Sep	9 Oct	6 Nov	4 Dec	8 Jan	5 Feb	5 Mar	
BOARD SEMINAR	17 Apr	8 May	12 Jun	17 Jul	14 Aug	11 Sep	16 Oct	13 Nov	11 Dec	15 Jan	12 Feb	12 Mar	12 BS
MEETING TIMES	1pm-5pm	1pm-4.30pm	1pm-5pm	1pm-5pm	1pm-5pm	1pm-5pm	1pm-5pm	1pm-5pm	1pm-4.30pm	1pm-5pm	1pm-5pm	1pm-5pm	
Papers copied for distribution				24 Jul				20 Nov				19 Mar	
CHARITABLE FUNDS	No Mtg	No Mtg	No Mtg	31 Jul	No Mtg	No Mtg	No Mtg	27 Nov	No Mtg	No Mtg	No Mtg	26 Mar	3CF
MEETING TIMES				1pm – 3pm				1pm – 3pm				1pm – 3pm	

Extraordinary, Away Day and Board to Board Meetings:

Papers copied for distribution	29 May 2013	Time
EO AUDIT (to present the annual accounts)	5 June 2013	10am – 12noon
Papers copied for distribution	13 Feb 2013	11 Sept 2013
BOARD TO BOARD (Project Co)	20 Feb 2013	18 Sept 2013
MEETING TIMES	2pm – 4pm	2pm – 4pm
Papers copied for distribution	27 Mar 2013	1 Jul 2013
TRUST BOARD AWAY DAY	10 Apr 2013	10 Jul 2013
MEETING TIMES	9am – 5pm	9am – 5pm
Papers copied for distribution	30 Sep 2013	14 Jan 2014
TRUST BOARD AWAY DAY	9 Oct 2013	22 Jan 2014
MEETING TIMES	9am – 5pm	9am – 5pm

** The annual accounts will be presented to the Trust Board on 5th June 2013 for formal Board sign off

Committee Membership *(M-Member, A-Attendee)*	Quality Governance	Audit	Finance & Performance	Remuneration Committee	Trust Board / Board Seminar	Corporate Trustee Board
Philip Townshend				Chair	Chair	Chair
Nick Stokes	M	M		M	M	M
Trevor Robinson		Chair	M	M	M	M
Samantha Tubb			Chair	M	M	M
Peter Winstanley	M			M	M	M
Tim Sawdon	Chair	M		M	M	M
Paul Sabapathy		M	M	M	M	M
Chief Executive Officer	M	A	M	A	M	M
Chief Nursing Officer	M		M		M	M
Chief Operating Officer	M	A	M		M	M
Chief Medical Officer	M				M	M
Chief HR Officer	M		M	A	A	A
Chief Finance Officer		A	M		M	M

Please note that meeting times may vary depending upon size of agenda

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

28th November 2012

Subject:	Initial Assurance Report – Wards 10 and 2
Report By:	Professor Mark Radford, Chief Nursing Officer
Authors:	Karen Bond, Associate Director of Nursing – Quality & Patient Safety Michelle Linnane, Lead Nurse – Nursing Care Standards & Discharge
Accountable Executive Director:	Professor Mark Radford, Chief Nursing Officer

GLOSSARY

Abbreviation	In Full
CQC	Care Quality Commission

WRITTEN REPORT (provided in addition to cover sheet)? ☐ **Yes** ☒ **No**

POWERPOINT PRESENTATION? ☐ **Yes** ☒ **No**
NB Presentations need to be submitted for inclusion in Board papers

Title	
Approx. Length	

PURPOSE OF THE REPORT / PRESENTATION:

To give assurance to the Trust Board regarding the quality of the nursing care on wards 10 and 2.

SUMMARY OF KEY ISSUES:

A patient experience report to Trust Board in October highlighted issues which related to patient experience. Following this a review was requested of both wards 10 and 2. The review was undertaken of both areas using the following methodology:

- CQC outcomes - Nursing Practice Assurance Framework was used (not included with this report but available)
- Both registered and support staff interviewed
- Patients' views were gathered through interviews
- Observations of patient care in both areas by independent senior nurses
- Clinical documentation reviewed
- Impressions report for last three months reviewed
- Complaints for the last three months reviewed
- Key Performance Indicators for the last three months were reviewed
- Clinical Adverse Events were reviewed to identify trends
- Evidence was gathered to ensure that staff meetings were both occurring and effective

Ward 10

Findings:

- It is evident that the nursing team within Cardiology strive to ensure that patients understand their care and treatment plan and are fully involved in decisions that affect their ongoing care.
- Patients confirmed that they were treated with dignity and respect and those asked would have no concerns about their friends and family being cared for on the ward.

Actions:

- Ward Manager to continue to work closely with the support of the HR Manager and Modern Matron to proactively manage attendance and reduce absence levels.
- Ward Manager to contact Lead Nurse for Safeguarding Vulnerable adults and arrange ward based sessions to further raise awareness related to safeguarding.

Ward 2

Findings:

- Ward staff indicated a strong team approach to patient care, a great deal of respect was shown towards both Ward Manager and Modern Matron.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

28th November 2012

- Staff reported that they were very well supported and were able to confidently raise concerns to minimise risk to both patients and work colleagues.
- The ward has received 2 formal complaints in the last 3 months, a complaint registered in July has not been resolved as yet. Poor documentation has contributed to the wards inability to provide an accurate account of the incident.
- The ward team communicates a strong focus on involving patients and their carers in decision making regarding their treatment, options and care. However, nursing documentation does not always support this, with inconsistent evidence of patients being involved in care planning or explanations given regarding treatment.

Actions:

- Practice Facilitators to undertake a formal record keeping audit and provide additional training and education to all ward staff in order to improve standards.
- Modern Matron to arrange for additional support/training of staff to further understand the process of and management of complaints.
- Modern Matron to review outstanding complaint and provide feedback to ward staff.

SUMMARY OF KEY RISKS:

- **Ward 10; Vacancy levels and acute sickness levels – Action plan in place.**
- **Ward 2; Variable quality of nursing documentation – Action plan in place.**

RECOMMENDATION / DECISION REQUIRED:

The Trust Board asked to support the outcome of the reviews undertaken and to approve the actions taken.

IMPLICATIONS:

Financial:	None
HR / Equality & Diversity:	None
Governance:	Care Quality; Reputation
Legal:	None

REVIEW:

Trust Standing Committee	**Date**	**Trust Standing Committee**	**Date**
Quality Governance Committee	13.11.12.	Remuneration Committee	
Finance and Performance Committee		Executive Meeting	
Audit Committee			

DATA QUALITY:

Data/information Source:	
Data Quality Controls:	
Data Limitations:	

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

28th November 2012

Subject:	**Foundation Trust Project**
Report By:	**Andrew Hardy, Chief Executive Officer**
Author:	**Janet White, Foundation Trust Project Director**
Accountable Executive Director:	**Andrew Hardy, Chief Executive Officer**

GLOSSARY

Abbreviation	In Full
BAF	Board Assurance Framework
BGAF	Board Governance Assurance Framework
B2B	Board to Board
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CFO	Chief Finance Officer
CQC	Care Quality Commission
DH	Department of Health
FT SC	Foundation Trust Steering Committee
FTN	Foundation Trust Network
HDD	Historic Due Diligence
IBP	Integrated Business plan
LTFM	Long Term Financial Model
NTDA	NHS Trust Development Authority
NED	Non-Executive Director
PMR	Performance Management report
PWC	Price Waterhouse Cooper
SHA	Strategic Health Authority
TFA	Tripartite Formal Agreement

WRITTEN REPORT (provided in addition to cover sheet)? ☒ **Yes** ☐ **No**

POWERPOINT PRESENTATION? ☐ **Yes** ☒ **No**

NB Presentations need to be submitted for inclusion in Board papers

Title	
Approx. Length	

PURPOSE OF THE REPORT / PRESENTATION:

To provide an update on the progress and timeline for Foundation Trust status application.

SUMMARY OF KEY ISSUES:

Current progress and priorities for the coming month.

SUMMARY OF KEY RISKS:

UHCW NHS Trust is working to a DH submission date of 1st June 2013.

RECOMMENDATION / DECISION REQUIRED:

The Trust Board are asked to **RECEIVE** and **ACCEPT** this report.
The Trust Board is asked to **grant delegated authority to Chairman/CEO** for approval of HDD report and IBP for January 18th 2013 submission to SHA.

IMPLICATIONS:

Financial:	Financial performance this year. Importance of achievement of CIPs, work to increase predicted surplus and achieve financial assumptions for down-side scenarios.
HR / Equality & Diversity:	Recruitment and maintenance of a representative and diverse membership.
Governance:	Delegated authority request. Date for achieving Foundation Trust status.
Legal:	Legal constitution and completion of necessary assessment phases.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

28th November 2012

REVIEW:

Trust Standing Committee	Date	Trust Standing Committee	Date
Quality Governance Committee		Remuneration Committee	
Finance and Performance Committee		Executive Meeting	
Audit Committee			

DATA QUALITY:

Data/information Source:	
Data Quality Controls:	
Data Limitations:	

Foundation Trust Project

9th November for November 2012 Trust Board

Progress since last report

- **Planning activities & IBP-** IBP submitted to SHA by due deadline and copied to CCG. Work continues on values. Work to prepare next iteration of IBP underway.
- **Finance/LTFM** – Base case and downside LTFMs submitted with IBP to SHA. Work on LTFM continues in line with having further iterations for IBP preparation during rest of 2012/13.
- **Membership and public communications –** Following recent recruitment drive, membership stands at 8954 public and 8575 staff.
- **Risks and Issues log** – Updated following last FT SC. FT R 34 re-opened (see below).
- **SHA assessment**– SHA gave verbal feed back on Board observation on 2nd October and confirmed our Board to Board with them on 13th December. They are now assessing our IBP/LTFM and will provide full formal feedback on 27th November. A decision on progression to HDD1 will be made by them, along with Grant Thornton' on 18th November.
- **BGAF –** When external assessment will take place is dependent on decisions around NED terms of office. Work on updating current self assessment has commenced and request for up to date evidence will be coming out over the next few weeks.
- **HDD –** HDD 1 evidence is being collated for submission to Grant Thornton by 16th November, ready for decision on 18th as to whether it goes ahead and whether on-site work will commence on 3rd December. Interview/meetings schedule for this is being worked up.
- **Board development –** Reworked Board Seminar schedule to reflect changing requirements and to accommodate Board to Board and necessary preparations. The Board Composition and Contribution work by Deloitte commences in the next week or so. Evidence has already been submitted and other evidence is being collated ready to send to them. The schedule for face to face interviews and feedback sessions with Board members is being populated. Appropriate briefing sessions and information packs are being prepared for the Board to Board, alongside a mock Board to Board with Deloitte.
- **Governance –** Proposed Constitution has been updated to reflect the changes in Monitor's model constitution to reflect 2012 Health Act. Legal opinion will now be sought. DH Governance Rationale template has also been completed as a first draft. Both these documents were submitted with the IBP.
- **FTN -** Attendance at FTN national conference on 22 & 23/10.

Priorities for coming month

- **IBP** – Work on next iteration as further content comes in and we get feedback from SHA. Work on strategy, values and service developments as more content is available. Further work on risks for BAF & IBP around organisational goals and objectives. The next iteration is due to be submitted to the SHA on 18th January so, as there is no Trust Board in December **delegated authority is requested so the Chairman/CEO can approve this version of the IBP.** Please note that it will have been, as draft versions, to Board seminars in early January.
- **Quality Governance Assessment** – Action on outcomes from PWC report continue as matters of good practice and completion of assessment by end of December.
- **HDD –** Complete planning and timetabling meetings/interviews and collate/submit evidence. Audit team on site during December, with receipt of report on 21st December. This report requires Board approval, so **delegated authority is requested so the Chairman/CEO can approve this report.**
- **Communications & membership –** Medicine for Members events. Complete membership recruitment data entry. Internal communications. Rugby membership recruitment. Next newsletter.
- **Constitution –** Legal opinion on constitution.
- **Board Development** – Board Composition and Contribution activity, preparation for Board to Board including briefing packs etc.
- **SHA assessment –** SHA Board to Board on 13th December.

Current FT application risks rated as red

FT R 12 Financial compliance – failure to demonstrate that Trust is on sound enough financial footing to be authorised as an FT
FT R 31 Current rate of FT authorisation by Monitor is very low – potential backlog for Monitor to deal with at time of our assessment
FT R 34 Reliance on single key individuals - for mission critical pieces of work/activities associated with FT application
FT R 47 Quality Governance Framework – self assessment and PWC assessment gave score well above that required to pass Monitor Quality Governance threshold (3.5 or less)

Key milestones towards achievement of date agreed in TFA (as at 9th November)

Date	Milestone
March 2012	SHA Interviews with the board, SHA initial meeting with the commissioners
March 2012	SHA/UHCW discussion of IBP/LTFM & PMR escalation meeting
March 2012	Self-assessment completion of BGAF
May 2012	Review meeting with SHA CEO & Chair to review quality, finance, performance and progress against TFA milestones
June 2012	Review meeting with SHA CEO & Chair to review quality, finance, performance and progress against TFA milestones
7th August 2012	Review meeting with SHA CEO & Chair and UHCW Chair, CEO & CFO to review quality, finance, performance and progress against TFA milestones
Early Aug 2012	Financial Position Review meeting to agree review process with UHCW CFO
Late Aug/Sept 2012	Further IBP & LTFM drafting
10th Oct 2012	Board session on draft IBP/LTFM
During Oct 2012	Update IBP with current figures and appropriate narrative
30th Oct 2012	Board session on draft IBP/LTFM prior to Board on 31st
31st Oct 2012	Formal Record of Board consideration of IBP prior to submitting to SHA
2nd November 2012	Submit 1st draft of IBP/LTFM and authorization for HDD1 refresh. At same time share with CCG.
3rd – 21st December 2012	HDD1 (TBC with SHA on 18th November following Draft IBP submission)
December 2012	Trust complete self-assessment against quality dashboard and submit to the SHA
December 2012	Board session on IBP & LTFM prior to SHA submission on 18th January
December 2012	SHA Board Readiness Assessment - Board to Board
18th January 2013	Submit high quality draft of IBP/LTFM to SHA (This date may be brought forward if SHA Readiness Assessment is in late January)
Jan/Feb 2013	QGAF (Must be completed by end of March)
Jan/Feb 2013	BGAF (has to be done before final SHA Readiness assessment, so suggest this timing. However, may want to push back if there are likely to be Board changes).
Late Jan/Feb 2013	Board session on IBP & LTFM prior to SHA submission on 1st March
End Feb 2013	IBP to Trust Board prior to submitting to SHA
1st March 2013	Final IBP/LTFM (and appendices/supporting strategies) to the SHA
March 2013	CQC Opinion received
4th – 22nd March 2013	HDD2 (TBC with SHA)
March 2013	CCG letter of support
April 2013 *	NTDA interview with lead HDD reviewer (TBC with SHA & appointed auditors)
April 2013 **	Completed IBP/LTFM to SHA (inc. work to model new Monitor Financial assumptions)
April 2013	Final IBP/LTFM to Board
April 2013	Board briefing and preparation for B2B
Late April 2013 *	Financial Position Review Meeting
Late April 2013**	Meet with SHA team to "lock down" IBP & LTFM
Late April 2013	Locked down IBP/LTFM to Board (for information)
Early May 2013 *	NTDA/UHCW Board to Board (Full Voting Board), includes review of PMR
1st June 2013	Submit FT application to the DH

* Dates TBC by SHA/NTDA and frequency of review meetings subject to level of escalation under PMR (provider management regime)

** Depends on date new assumptions are published

Completed SHA arrangements UHCW arrangements UHCW key actions

Report	Public	Exec Lead	Lead Manager	Frequency	No.	Set date for in-year report?	Report for Noting / Approval	Jan	Feb	Mar	Apr	May	Jun	Jul	Sept	Oct	Nov
AHSN	Public	AH	Amanda Royston	Annual	1	Oct	Approval									√	
Calendar of Meetings	Public	AH	Jenny Gardiner	Annual	1	Nov	Approval										√
Foundation Trust Application Update	Public	AH	Janet White	Monthly	10	Monthly	Noting	√	√	√	√	√	√	√	√	√	√
Register of Gifts	Public	AH	Jenny Gardiner	Annual	1	Apr	Noting				√						
Register of Interests	Public	AH	Jenny Gardiner	Annual	1	Apr	Noting				√						
Work Programme	Public	AH	Jenny Gardiner	Monthly	10	Monthly	Noting	√	√	√	√	√	√	√	√	√	√
Signings and Sealing's	Public	AH	Jenny Gardiner	Annual	1	April	Noting				√						
Provider Management Regime	Public	DE	Simon Reed	Monthly	10	Jan, Feb, Mar, Apr, May, Jun, Jul, Sep, Oct, Nov	Approval	√	√	√	√	√	√	√	√	√	√
Integrated Performance Report and Dashboard	Public	DE/GN	Jonathon Lloyd	Monthly	10	Jan, Feb, Mar, Apr, May, Jun, Jul, Sep, Oct, Nov	Approval	√	√	√	√	√	√	√	√	√	√
Annual Plan	Public	DE	John Amphlett/ Sarah Phipps	Annual	1	May	Noting					√					
Infection Prevention and Control Annual Report and Annual Plan	Public	MR	Mike Weinbren	Annual	1	Apr	Noting				√						
Infection Prevention and Control Report including Joint Cleaning Update with ISS Mediclean	Public	MR	Mike Weinbren	Annual	1	Apr	Noting				√						
ICT Report	Public	DE	Robin Arnold	Annual	1	May	Approval					√					
PR Report	Public	IC	Kerry Beadling	Annual	1	January	Approval	√									
Annual Financial Plan (Revenue and Capital) including Health Care Contracts with Commissioners	Public	GN	Antony Hobbs / A Jones	Annual	1	Mar	Approval			√							
Annual Report and Accounts (including Statement of Internal Control and Quality Account)	Public	GN	Alan Jones	Annual	1	July (AGM by 30th Sept)	Noting							√			
Finance Report	Public	GN	Antony Hobbs	Monthly	10	Monthly	Approval	√	√	√	√	√	√	√	√	√	√
Equality and diversity report	Public	IC	Barbara Hay	Annual	1	March	Approval			√							
Risk Management (inc H&S & Radiation Protection) Annual Report	Public	IC	Dipak Chauhan	Annual	1	Sept	Noting								√		
Nolan Principles/NHS Code of Conduct/UHCW Code of Conduct Policy Statement	Public	IC	Jenny Gardiner	Annual	1	February	Approval		√							√	
PEAT Report	Public	IC	David Powell	Annual	1	May	Approval					√					
Audit Committee Meeting Report	Public	NED	Alan Jones	6 times per year	6	As required	Approval	√	√	√	√	√	√	√	√	√	√
Audit Committee TOR	Public	NED	Alan Jones	Annual	1	Mar	Approval			√							
Finance & Performance Meeting Report	Public	NED	Alan Jones	8 times per year	8	As required	Approval	√	√	√	√	√	√	√	√	√	√
Finance and Performance Committee TOR	Public	NED	Alan Jones	Annual	1	July	Approval							√			
Quality Governance Committee TOR	Public	NED	Paul Martin	Annual	1	Nov	Approval										√
Quality Governance Meeting Report	Public	NED	Paul Martin	10 times per year	10	Monthly	Approval	√	√	√	√	√	√	√	√	√	√
Remuneration Committee TOR	Public	NED	Jenny Gardiner	Annual	1	Sept	Approval						√				
Trust Board Terms of Reference	Public	NED	Jenny Gardiner	Annual	1	November	Approval										√
Trust Board meeting report	Public	NED	Jenny Gardiner	Monthly	10	monthly	Noting	√	√	√	√	√	√	√	√	√	√
Patient Experience and Engagement Report	Public	MP	Paul Martin	Annual	1	Sept	Noting								√		
Patient and Staff Story	Public	MP	Paul Martin	Bi-monthly	6	Jan, Mar, May, July, Sept, Nov	Approval	√		√		√		√	√		√
Board Assurance Framework	Public	MP	Jenny Gardiner	Bi-annual	2	Mar, Sep	Noting			√					√		
Education Report	Public	MP	Maggie Allen	Annual	1	January	Noting	√									
SIG and Mortality Report	Public	MP	Paul Martin	Bi-annual	2	January and June	Approval	√					√				
Research and Development Annual Report	Public	MP	Ceri Jones	Annual	1	May	Noting						√				
Number of Reports					117												
								13	**10**	**14**	**14**	**13**	**12**	**12**	**13**	**11**	**13**