

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 26th JUNE 2013
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	Deputy Chairman	N/A
1.2.	Minutes of Meeting held on 29 th May 2013*	Enc 1	Deputy Chairman	N/A
1.3.	Actions	Enc 2	Deputy Chairman	N/A
1.4.	Matters Arising	Verbal	Deputy Chairman	N/A
1.5.	Declarations of Interest	Verbal	Deputy Chairman	N/A
1.6.	Chairman's Report	Verbal	Deputy Chairman	N/A
1.7	Private Trust Board Meeting Session Report – 29 th May 2013*	Enc 3	Deputy Chairman	N/A
1.8	Chief Executive's Report	Verbal	Chief Executive Officer	N/A
1.9	Integrated Performance Report	Enc 4	Mrs G Nolan, Chief Finance Officer	Quality & Safety
1.10	Provider Management Regime	Enc 5	Mrs G Nolan, Chief Finance Officer	Governance

2	To Deliver Excellent Patient Care and Experience	Paper	Presenter	Category
2.1	SIG Report	Enc 6	Mrs M Pandit, Chief Medical Officer	Governance
2.2	Mortality Report	Enc 7	Mrs M Pandit, Chief Medical Officer	Governance

3	To Deliver Value for Money	Paper	Presenter	Category
3.1	Remuneration Committee ToR	Enc 8	Chairman	Governance
3.2	<i>Finance & Performance Committee Meeting Report – 22nd April 2013*</i>	<i>Enc 9</i>	<i>Ms S Tubb, Senior Independent Director</i>	<i>Governance</i>

4	To be an Employer of Choice	Paper	Presenter	Category
4.2	Foundation Trust Application Update*	Enc 10	Mr A Hardy, Chief Executive Officer	Strategy

5	To be a Research Based Healthcare Organisation		Presenter	Category
	No Reports			

6	To be a Leading Training and Education Centre			
	No Reports			

7	Administrative Matters			
7.1	Work Programme*	Enc 11	Deputy Chairman	Governance
7.2	Any Other Business	Verbal	Deputy Chairman	

8	Questions from the Public up to 15 minutes			

9	Date of Next Meeting:			
	Wednesday 31 st July 2013 at 3:00pm, following Private Board			

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 29th MAY 2013 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 13/204 PRESENT	Mr D Eltringham, Chief Operating Officer Mr A Hardy, Chief Executive Officer Mrs G Nolan, Chief Finance Officer/Deputy Chief Executive 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, Deputy Chair Mr P Townshend, Chairman Ms S Tubb, Senior Independent Director Professor P Winstanley, Non-Executive Director	
HTB 13/205 IN ATTENDANCE	Dr Mike Iredale, Deputy Medical Director Professor Chris Imray, Consultant Ms Barbara Hay, Head of Equality & Diversity Mrs J Gardiner, Trust Board Secretary Mrs Debbie Siddall, Executive Assistant (Note taker) Miss Alex Johnson, Executive Assistant (Observer)	
HTB 13/206 APOLOGIES	Mrs M Pandit, Chief Medical Officer Mr I Crich, Chief HR Officer	
HTB 13/207 MINUTES OF MEETING HELD 24th April 2013*	The Trust Board APPROVED the minutes of the meeting held on Wednesday 24 th April 2013 as a true record of the meeting.	
HTB 13/208 ACTIONS	The actions completed and actions in progress were NOTED .	
HTB 13/209 MATTERS ARISING	There were no matters arising.	
HTB 13/210 DECLARATIONS OF INTEREST	There were no declarations of interest.	
HTB 13/211 RESEARCH AND DEVELOPMENT ANNUAL REPORT	The Deputy Chairman advised those present that the agenda would be taken out of order as there were two guest presenters. The Deputy Chairman thanked Professor Imray for attending the meeting. The Trust's mission, Care – Achieve – Innovate, is explicit in that it delivers the best care for its patients, achieves excellence in education and teaching and innovation through research and learning. As such, a	

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	<p>clear strategy was approved by the Board in September 2012 to develop research and innovation within the Trust. The paper before the Board provides an update of delivery against an action plan.</p> <p>The key issues: -</p> <ul style="list-style-type: none"> • The West Midlands Academic Health Scheme Network (AHSN) offers opportunities for the Trust • Hosting West Midlands Local Clinical Research Network (CLRN) will require Board level commitment and oversight • Launch of the Innovation agenda at the Grand Round on 24th May 2013 • Targets for 2012/13 have been met. Additional national targets ('70 day target' from receipt of R&D application to first patient recruited) are proving more challenging, compounded by lack of resource. This is being resolved. <p>Professor Imray informed the Board that the Trust's AHSN bid was successful and the Trust was one of eight successful applicants, who will transform and embed innovation into Health Care. He thanked Mr Hardy for leading the application.</p> <p>There would now be a Transition phase, as the Trust is represented on the newly formed AHSN Board and the amalgamation of the three CLRN networks; Wolverhampton, the Ambulance Service and UHCW. UHCW is keen to host the CLRN and it would have significant implications for the Trust. Office space would be required to house the team and discussions have been had with the Director of Estates & Facilities.</p> <p>Professor Imray went on to inform the Board that recruitment into NINR trial was above target for the CLRN and continuing to rise. CLRN West Midlands South had hit the target ahead of schedule.</p> <p>Professor Imray highlighted the key risks :</p> <ul style="list-style-type: none"> • Failure to capitalise on existing research facilities • Research income is highly reliant on a few individuals • That the Trust is not considered to be a place where research / innovation happens <p>The Chief Executive Officer thanked Professor Imray for the report and informed the Board that the Trust was one of fifteen Academic Health Science Networks (AHSN), licensed without conditions and awarded maximum budget. A new Governance Framework is proposed and advertising is underway for an Independent Chair and a Managing Director. The AHSN will be hosted by the Foundation Trust in Birmingham and it is proposed that Mr Hardy will be a Board Member.</p> <p>The Trust has received support from other University Hospitals in its ambition to host the Local Clinical Research Network and Mr Hardy added that the focus of the previous Friday's Grand Round had been innovation and had been positively received.</p> <p>The Deputy Chairman thanked Professor Imray and his team for the</p>	

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

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	<p>report, which was positive and encouraging.</p> <p>Professor Winstanley noted that the report shows progress and pointed out that innovation and research was only visible to Trust Board yearly. Mrs Pandit had given assurance at a previous Board meeting that there would be a monthly update on research KPI's through the Integrated Performance Report. Professor Imray replied that he would be happy to provide an update monthly.</p> <p>Professor Winstanley asked about the metrics that were presented to the Board, and queried whether best practice had been sought from other Trusts? Other possible metrics might include the amount of capacity development funding, engagement of nursing professionals in research for example. The Board were informed that the metrics would form part of the IPR going forward.</p> <p>Professor Winstanley went on to ask about taking a bottom up versus a bottom down approach with clinical audit informing research, more evidence of partnership working with Warwick Medical School, Clinical Fellows & Lecturers' etc</p> <p>Professor Imray pointed out that the Grand Round attendance had been made compulsory once a month and this has meant that the lecture theatre is filled over capacity and has shown a massive transformation. He would like to see more representation from academia but acknowledged that it is a Trust meeting. Mr Imray also pointed out that he would like to see more hospital based research taking place. He also suggested that time be given at Grand Rounds for Clinicians who had published journals, etc the opportunity to speak about work they were undertaking. Greater collaboration with the University of Warwick to drive forward patient based research within UHCW is also required. Professor Winstanley agreed with this sentiment and told the Board that he had a copy of a congratulatory letter from Dame Sally Davis regarding the Bio-medical research. He will send a copy to Board members.</p> <p>Dr Sabapathy congratulated Professor Imray on the work so far and added that finding and attracting the right people to UHCW was key to developing research and innovation within the Trust and was also a key issue for its reputation. Mr Imray replied that it was important to have teaching and training as part of job plans. Offering PA's to new consultants who are still fresh regarding writing papers will help this going forward.</p> <p>Mr Robinson drew attention to the final key risk, that the Trust is not considered to be a place where research / innovation happens. Professor Radford asked Professor Imray if he felt that there was sufficient mitigation and recourse to manage these risks. Professor Imray replied that there was a baseline, National, International benchmarking and published papers but we need to get the basics right. Therefore we can see the impact we are having. Sorting the 4 hour waits and 18 weeks is essential, this allows staff time to think, staff who feel good about their job feel good about research and</p>	<p align="right">Professor Winstanley</p>

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

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	<p>innovation. Mr Eltringham agreed and added need to consider 'How can I do my job better'. Multi-disciplinary working helps and leads these thoughts, supporting ideas and crucially allowing people time to think.</p>	
Procedural Note	<i>Mr Townshend arrived</i>	
	<p>Professor Winstanley pointed out that a proportion of the ED problem was outside of the Trust but that doesn't mean that the Trust can't show leadership and vision, changing the way Doctors practice through innovation.</p> <p>The Deputy Chairman asked if engagement and support was being received from Coventry University. Professor Imray replied that a Nurse led research post was being interviewed for Midwifery in conjunction with Coventry University.</p> <p>The Board AGREED to continue to support the Research, Development and Innovation Strategy implementation.</p>	
Procedural Note	<i>Professor Imray Left</i>	
HTB 13/212 EQUALITY AND DIVERSITY REPORT	<p>The Deputy Chairman advised that the purpose of the report before the Board was</p> <ul style="list-style-type: none"> • To present the Equality Objectives and Plan update for approval • For the Board to note the contents of the document • To seek agreement from the Board for publication of overall AMBER rating for progress against actions in the plan. <p>Ms Hay informed the Board that the action plan had been updated to show Red, Amber, Green (RAG) rating and was very positive showing an overall amber rating for this year. Using the Equality Objectives and Plan (based on NHS Equality Delivery System Framework, (EDS)) the actions are a reflection of issues raised thorough consultation with staff and the wider community. A number of other Trusts have struggled and a lot have not had community input.</p> <p>The translation and interpretation services contracts have been renegotiated and are now managed by the Equality and Diversity Team, saving approximately £120k per year.</p> <p>Ms Hay now has the support of Monica Mabbett who is also completing her British Sign Language (BSL) interpreter qualification. This will also save the Trust money going forward.</p> <p>The Board Leadership has been superseded by the Deloitte Board Development work and will be picked up with Janet White who has commenced to develop the coming years plan.</p> <p>The Deputy Chairman thanked Ms Hay for the work that has been undertaken. This was supported by Mr Robinson who added that the report was excellent and although an Amber rating doesn't on first</p>	

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

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	<p>glance appear good when the report is read it shows great achievement. He proposed that a report come more regularly to the Board.</p> <p>The Chief Executive Officer congratulated Ms Hay on the report, adding that it was her passion that pushes the Trust forward with equality and diversity.</p> <p>Questions were asked around the changes in population and whether the growing number of Eastern Europeans views are represented. Ms Hay replied that at meetings there had been no Eastern European representation at the consultation event but a representative from the Refugee Centre in Coventry had attended.</p> <p>The key risks to the report were failing to achieve against the EDS will be highlighted to the Department of Health and could affect our registration status with CQC,</p> <p>The Board NOTED :-</p> <ul style="list-style-type: none"> • The changes to the interpreting services in relation to the suppliers and the expected savings c £115k per year (spoken word) and c£10k-£20k (BSL) • The additional support that is in place of the delivery of the Equality Plan 2012-14 • The progress made in relation to the actions in the Equality Plan 2013 -14 • AGREED - the overall AMBER rating for the Trust's Equality Plan 2013 -14. 	
<p>HTB 13/213 CHAIRMAN'S REPORT</p>	<p>The Deputy Chairman took the opportunity to thank the three members of the Board whose last meeting this was. Mr Sawdon for his 10 years service and the Chairman, Mr Townshend who had been with the Trust for 13 years the final 6½ as Chairman. Finally thanks to Dr Sabapathy who hasn't been with the Trust for very long but whose presence had been a breath of fresh air.</p> <p>The Chairman thanked Mr Stokes for assuming the role of Chair in his absence and apologised to the Board for arriving late.</p> <p>He too thanked his fellow Board members past and present for their support and encouragement over his time with the Trust, adding that he was a passionate supporter of the Health Service within Coventry and Warwickshire and would continue to support the Health Economy for the people of Coventry. Mr Stokes would continue as Deputy Chairman until a substantive Chairperson was appointed.</p>	
<p>HTB 13/214 PRIVATE TRUST BOARD MEETING SESSION REPORTS – 24th</p>	<p>The Chairman advised that the purpose of the report is to advise of the private Trust Board session meeting agenda held on 24th April 2013 and any key decisions or outcomes made by the Trust Board.</p>	

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

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April 2013*	The Board NOTED the contents of the report.	
HTB 13/215 CHIEF EXECUTIVE OFFICERS REPORT	<p>The Chief Executive Officer said that the West Midlands Academic Health Science Network (AHSN) had been covered within Professor Imray's report earlier in the meeting. He reiterated how keen the Trust was to host the CLRN and UHCW had a lot to offer research going forward.</p> <p>The Chief Executive Officer informed the Board that the following the Francis Report that it was important to be open with the public and that the Trust had held meetings with Coventry and Warwickshire Overview Scrutiny Committee (OSC), LiNK and Health-watch. On 10th June we are launching the "We are Listening" Campaign. There are posters around the site and there will be a Listening pod in the main reception area for people to talk to members of staff. Chief Officers will also take a turn in the pod.</p> <p>The Chief Executive Officer added his thanks to the members of the Board that were leaving, stating that in total they had given over 25 years service to the Trust, seeing many changes and facing many challenges but offering commitment and support throughout.</p>	
HTB 13/216 INTEGRATED PERFORMANCE REPORT	<p>The purpose of the report is to inform the Board of the performance against the key agreed dashboard indicators for the month of April 2013</p> <p>23 of the 52 KPIs reported against (44%) are breaching the standard/target. This compares to 26 (50%) in the previous month.</p> <p>Pressure on the non-elective pathway appears to be having a negative effect on a number of wider Trust KPIs. Given the level of operational pressure on the organisation the primary focus is on ensuring patient safety.</p> <p>Mrs Nolan informed the Board as an aside but following on from earlier discussions around Research and Development that metrics were being designed regarding research and will be included in future reports.</p> <p><u>Principal performance exceptions by Domain</u></p> <p>Excellence in patient care The Trusts' recorded Standard Hospital-level Mortality Indicator (SHMI) score of 103.00 is a marginal improvement from previous quarter but remains above the 100 threshold. There have been 3 reported Grade 3 pressure ulcers during April. Following root cause analysis (RCA) one is deemed as avoidable and 2 are pending and may become unavoidable following scrutiny.</p> <p>Excellence in patient experience The Trust has recorded 81.44% against the A&E 4 hour wait target in April. This is the 7th consecutive month below the 95% standard. The</p>	

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

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	<p>Trust has recorded 855 minutes total time in A&E – admitted patients (95th centile). This KPI has further deteriorated and represents a continued breach. Patient flow and discharge through inpatient wards remains the crux of this issue. The Trust has recorded 400 minutes total time in A&E - non-admitted patients (95th centile). This KPI has further deteriorated and represents a continued breach. Breaches of the 28 day treatment guarantee following elective cancellation have doubled since last month to 30.31% of cancelled patients not treated within 28 days. However, last minute non-clinical cancelled operations (elective) have reduced from last month to 2.04%. Both KPI's are a significant breach of their respective thresholds.</p> <p>Mr Sawdon stated that the report before the Board was eminently more readable.</p> <p>Delivery of Value for Money</p> <p>The Trust is currently reporting a net deficit of £2.4m which is in line with the plan signed off by the Trust Board and submitted to the NHS Trust Development Authority. The forecast outturn for 2013/14 is a £2.5m surplus.</p> <p>Employer of Choice</p> <p>The Trust has recorded a 53.28% appraisal rate, considerably below target and a 62.06% consultant appraisal rate again below target. The Trust has also recorded a 65.83% attendance of mandatory training, again below target. The Trust has also recorded a 4.43% sickness rate this is above Year to date (YTD) plan.</p> <p>Mr Robinson said that it was noticeable that these were disappointing results and queried the Executive Officers response to this.</p> <p>The Chief Executive Officer said that a discussion was had at Finance and Performance Committee yesterday and it was pointed out that mandatory training had been re-designed and the number of categories reduced. Mr Crich was reviewing all the figures to ensure they are correct and it is being stressed across the organisation that only the data on the Electronic Staff Records (ESR) is being taken into account. It is a central part of the performance management of the Clinical Directors (CD's) and it is essential criteria at the quarterly reviews with Groups. CD's must ensure information ESR is up to date.</p> <p>Professor Radford informed the Board that 2 wards at the Hospital of St Cross had long term sickness issues which were being addressed with support from HR.</p> <p>Dr Iredale told the Board that the driver for compliance for Consultant appraisals would be the Consultant revalidation; dates already coming through will focus minds.</p> <p>The detailed discussion at Finance & Performance Committee acknowledged that it was a cultural issue of process. There has to be</p>	

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

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	<p>buy in from staff to address the issues. Mr Stokes noted that the IPR FRR had dipped from 2 to 1. Mrs Nolan explained that this was the planned position around liquidity issues.</p> <p>Research Based Healthcare Organisation</p> <p>There are 2 additional KPI's being developed that will be included in future reports under this domain</p> <p>New Domain – “To be a leading training and education centre”</p> <p>There is a new domain to include in future reports that reflects the Trusts objective to be a leading training and education centre. Metrics to be developed to support this.</p> <p>The Chairman added that there were areas of performance where profound excellence was overlooked. Job Plans are still an issue and this needs addressing to be then able to address performance issues. Revalidation would be a driver for this but not with all Doctors.</p> <p>Sickness rate is above average but better than other public sector organisations. The Trusts A&E performance reflects a myriad of issues, externally access to GP's, GP's sending patients to A&E for quicker testing, new people in the area not used to having health services on their doorstep. These and many other issues all add to the Trust A&E problems, but these problems need to be addressed within the next 3-6 months to change the culture within the organisation, look at new ways of partnership working.</p> <p>The Trust Board;</p> <p>RECEIVED and ACCEPTED the report and CONTINUED their understanding of the contents of the report and the associated actions</p>	
<p>HTB 13/217 PROVIDER MANAGEMENT REGIME</p>	<p>While the Trust Development Authority (TDA) is in the process of establishing new reporting procedures, Providers are encouraged to maintain the completion and submission of the PMR return in its current format on the last working day of every month. The monthly template returns will continue to be signed off by the Trust Board to support good practice rather than requirement as this reflects the guidance of the TDA.</p> <p>In addition to sustaining the PMR returns, the Trust must now complete two submissions to the TDA each month; the first a self-certification for Monitor compliance and the second self-certification for Board statements. The Board statement template asks the same questions as the Board Statement sheet in the PMR template, with updated references to the TDA's Accountability Framework, the exception being the omission of the Financial Risk Rating statement (Statement 4). The submissions were required mid-month for the first one made in May although a request has been made by the Trust to seek alignment to the PMR process timescales.</p>	

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

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	<p>The Provider Management Regime (PMR) process became fully operational across the former SHA region from April 2012. This regime was introduced to support Trusts, by working 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.</p> <p>As well as sections for Board statements, Quality, Financial Risk Ratings (FRR) and Financial Triggers, Governance Risk Ratings (GRR) and Contractual data, the return also includes a section for Trusts to demonstrate progress against their Tripartite Formal Agreement (TFA) to become a Foundation Trust.</p> <p>The Overriding Rules in the Governance Risk Rating Section of the PMR are the same as the governance red-rated overrides in the 2012/13 Monitor Compliance Framework and have been applied at the discretion of the East and Midlands SHA prior to April 2013 and by the TDA in April 2013. 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. A similar approach to Monitor is being taken whereby Trust’s whose overriding rules have been applied will be deemed “unauthorisable”.</p> <p>The Governance Risk Rating of Red (4.0) for April 2013 is because of the continuation of the application of the overriding rule which was first applied by the then SHA in January 2013. This automatically gave an overall weighting of 4 and was retrospectively applied back to October 2012.</p> <p>Specified areas of insufficient assurance and associated actions are:</p> <ul style="list-style-type: none"> • A&E - maximum waiting time of four hours from arrival to admission/transfer/discharge: With support from the Emergency Care Intensive Support Team, existing recovery plans (and the associated governance framework) are being evaluated and revised to deliver performance improvements throughout Q1 & Q2. The main themes for improvement are developing alternative pathways to ED, improving ED processes, inpatient capacity & capacity management including bed modelling, proactive discharge planning (simple) and improving supported discharge (complex). Performance during May has been broadly on the revised trajectory after a very challenging April. • Financial Risk Rating (FRR) - The governance declaration is based on the year to date FRR. The Trust has recorded an FRR 1 for month one of the 2013/14 financial year, driven by poor liquidity and a low surplus margin. • Board Statement 4 asks the board to confirm that the Trust will maintain a financial risk rating of at least 3 over the next 12 months. The 2013/14 financial plan is currently forecast to have a financial risk rating (FRR) of 2. This is due to the liquidity metric being less than 10 days. The route to improving liquidity is to target 	

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

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	<p>increasing revenue surpluses.</p> <p>It is noted that if the Board does not self certify against Board Statement 4, UHCW could be deemed to be in escalation by the TDA.</p> <p>The Trust Board;</p> <p>APPROVED the Provider Manager Regime return based on April 2013 data for onward submission to the TDA.</p> <p>CONFIRMED its support for Governance Declaration 2 (for insufficient assurance that all targets are being met) in relation to the Financial Risk Rating and A&E.</p> <p>AGREED that, in line with the current 2013/14 financial plan, the Board will not self-certify against Board Statement 4.</p> <p>NOTED that the new monthly submissions are now being made to the TDA.</p> <p>RESOLVED that the Board continues to provide Management Regime reports until further resolution from the TDA Board.</p>	
<p>HTB 13/218 ANNUAL PLAN</p>	<p>The Annual Plan and the detailed Financial Plan were formally approved at the March 2013 Trust Board. The full Annual Plan document is available on a shared drive for management use and it is planned that this summary document be produced by the Trust Communications Team, to be available for all staff. In addition it will be sent to stakeholders (e.g. UHCW’s commissioners) and will be available to the public via the UHCW internet site and supported by Trust communications events.</p> <p>Key issues:-</p> <ul style="list-style-type: none"> • The plan has been developed in line with UHCW’s own planning framework and external guidance including Monitors Compliance Framework and the NHS Trust Development Authority’s Planning Guidance. • The Annual Plan outlines past performance and future plans for the next three years i.e. 2013/14 – 2015-16 • Delivery of quality services is and will remain a key priority. UHCW’s mission is to Care, Achieve and Innovate. • The Plan seeks to achieve and exceed core standards relating to quality i.e. patient experience, safety and outcomes. • Delivery of 4 hour waiting times in A&E continues to be a challenge and the Plan outlines the “4 steps to 4 hours” that will achieve this quality target. • The Plan also seeks to achieve efficiency and has set a plan to deliver £2.5m revenue surplus (as agreed at March 2013 Trust Board) including an efficiency target of £25m • Service transformation is identified as key to future service provision and sustainability. A programme of internal service change as well as integrated partnership change with others such as Clinical Commissioning Groups is identified within the 	

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

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AGENDA ITEM	DISCUSSION	ACTION
	<p align="center">Plan.</p> <p>Key Risks: non delivery of plan. This is mitigated through</p> <ul style="list-style-type: none"> • Clinically led Groups and specialities responsible for delivery, supported by Service Transformation Programme. • Alignment of key assets required to support delivery e.g. leadership and workforce, estates and ICT. • Clear governance arrangements including the Trust Board, Board Sub Committees and the Programme and Performance Management Office. <p>The Trust Board:</p> <p>APPROVED the Annual Plan Summary for internal and external circulation.</p>	
<p>HTB 13/219 ICT REPORT</p>	<p>The purpose of the report is to inform the Trust Board of the progress of Information and Communication Technologies (ICT) at the Trust in 2013/14, and plans for delivery in 2013/14</p> <p>There was a full programme of work for ICT in 2013/14 including three major components, procurement of replacements for two critical clinical systems, initiation of the electronic records programme (EPR) and exploitation of the Trusts' wireless (WiFi) network, whilst maintaining the existing ICT infrastructure and services.</p> <p>The 2013/14 ICT work programme is substantial. Many of the projects from 2012/13 will continue and be delivered in 2013/14. Delivery workload will not only depend on the resources of the ICT team but also the involvement, leadership and commitment of clinical and business colleagues.</p> <p>Mr Robinson said that ICT came under his NED portfolio and he commends the excellent work and approach of Mr Arnold and the ICT team. The Chief Executive Officer added that there were ambitious plans for 2014/15 and the Trust was ICT rich but didn't fully exploit what was available.</p> <p>Professor Winstanley asked if conversations had been had with University Hospital Birmingham (UHB) regarding their approach to e-prescribing. Mr Eltringham explained that UHB had a bespoke system and that UHCW would be looking at data rich environments and obtaining feedback and learning from these innovations but that we had to be sure that information required/obtained linked with systems currently within the Trust. Professor Winstanley asked that Mr Eltringham speak to UHB and report back to the Board.</p> <p>The Trust Board:</p> <p>NOTED the report and REQUESTED Mr Eltringham to bring back a report after talking to UHB to the September Board.</p>	<p align="right">Mr Eltringham</p>

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 29th MAY 2013 AT 1.00PM IN ROOM 20063/64, CLINICAL SCIENCES BUILDING, UNIVERSITY HOSPITAL, COVENTRY, CV2 2DX

AGENDA ITEM	DISCUSSION	ACTION
HTB 13/220 PATIENT AND STAFF STORY	<p>The purpose of the report is to apprise the Board of a letter received from an elderly patient's daughter regarding her Mothers experience at the Trust.</p> <p>The Complaints Department, on receipt of the letter wrote to the writer of the letter (the patients daughter) explaining that consent would be required from the patient to investigate the issues raised. At that point the daughter informed the Complaints Department that she did not want to complain formally but would like assurance that the letter was brought to the attention of the Ward Manager and Modern Matron concerned to be used as a learning tool. This was duly done and the letter brought to the attention of the ward staff involved. The letter was then given to the Patient Involvement Facilitator for submission as a Patient Story to the Trust Board; the issues outlined in the letter are not unique to the patient.</p> <p>The Key issues highlighted included:</p> <ul style="list-style-type: none"> • Out of hours in hospital transfers • Communication with patients and relatives <p>Professor Radford added that the letter this had had a profound effect on the Orthopaedic team. Key was communication at all parts of the patient Journey and should have been better throughout the patients stay.</p> <p>Mr Sawdon said that what concerned him was that the action taken should have been in place anyway. Professor Radford pointed out that the action taken were additional support actions and this was an isolated case within a specific ward and the issues within these wards were being addressed and looked at across the hospital.</p>	
Procedural Note	<i>Mrs Nolan left the meeting</i>	
HTB 13/220 PATIENT AND STAFF STORY Cont.	The Chairman said that it was commendable that these reports come to Trust Board for consideration. There had been previous patient stories where incontinence and toiletry needs had been issues and it was not acceptable that nursing staff should be irritated at answering buzzers which is a fundamental part of caring for patients.	
Procedural Note	<i>Mrs Nolan rejoined the meeting</i>	
HTB 13/220 PATIENT AND STAFF STORY Cont.	<p>The Chairman said that the Board had a responsibility to do something.</p> <p>The Trust Board:</p> <p>NOTED the letter</p> <p>REQUESTED that a letter be sent to the patients daughter thanking her for bringing the issue to the Boards attention.</p> <p>REQUESTED that wards 52 & 53 be subject to monthly inspections</p> <p>REQUESTED that a further report be brought to Trust Board in September regarding toileting, pressure sores and discharge.</p>	<p>Prof. Radford</p> <p>Prof. Radford</p> <p>Prof. Radford</p>
HTB 13/221	The purpose of the report before the Board is to update on the work	

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 29th MAY 2013 AT 1.00PM IN ROOM 20063/64, CLINICAL SCIENCES BUILDING, UNIVERSITY HOSPITAL, COVENTRY, CV2 2DX

AGENDA ITEM	DISCUSSION	ACTION
<p>PATIENT EXPERIENCE REVOLUTION</p>	<p>and conclusions of management consultancy TMI in respect of the Patient revolution – UHCW Pathfinder Patient Experience project and to note the next steps.</p> <p>Professor Radford told the Board that the PEEG will work with Clinical Groups to embed the patient experience using real time feedback to inform decision making. It will be overseen by the Chief Officers Group., triangulated by FFT, Complaints impressions and informal feedback.</p> <p>Dr Sabapathy noted that the report stated a “lack of personal service skills and empathy, specifically in some reception staff. And asked if this was not addressed at interview stage. Mr Crich is looking at values and behaviours and incorporating within recruitment process. The Chief Executive Officer said that value based recruitment within the NHS had been highlighted in the Francis report.</p> <p>Mr Robinson highlighted that the discharge process appeared again within this report, listing a number of discharge arrangements that would ease pressures. Professor Radford said that actions were already being taken by Dr Nick Balcombe and Michelle Linnane to address discharge issues.</p> <p>Ms Tubb said that she had sat in on the feedback from TMI. The way they had constructed the issues was excellent, patient pathway spans multiple disciplines and encouraged using co-productive model.</p> <p>The Trust Board:</p> <p>ACCEPTED the report and proposed actions</p>	
<p>HTB 13/222 QUALITY ACCOUNT</p>	<p>The purpose of the report is to provide the Board with a pick list of priorities from which the Board have to choose a topic from each category of Patient safety, Clinical Effectiveness and Patient /Staff Experience to be the Trusts Quality Priorities for 2013-14 that shall be published in this year’s (2012/13) Quality Account.</p> <p>The pick list represents themes formed from various sources, namely Complaints, incidents, audits, external stakeholders, i.e. LiNKs and OSC’s and national drivers. The Chief Officers have considered the list and the priorities that the CMO and CNO would like to be recommended to the Board:</p> <p>Patient Safety – Falls – Consistently the largest number of CAEs reported. Performance being driven through the implementation of the NHS Safety Thermometer</p> <p>Clinical Excellence – Hospital Discharge – was included in 2009/10 QA and is still an issue of concern highlighted in patient feedback and by external stakeholders.</p> <p>Patient / Staff Experience – Demonstrating how patient feedback is</p>	

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 29th MAY 2013 AT 1.00PM IN ROOM 20063/64, CLINICAL SCIENCES BUILDING, UNIVERSITY HOSPITAL, COVENTRY, CV2 2DX

AGENDA ITEM	DISCUSSION	ACTION
	<p>used – There has been national and regional focus around use of real time data capture – the focus needs to move on from data capture to the way the feedback is driving changes to the actual experience of patients.</p> <p>Due to the Quality Governance Committee not being quorate in May and in order to comply with the requirement for Trust Boards to decide and agree the priorities for the coming year it was felt appropriate to escalate to the Board for a decision.</p> <p>An element of communication (Hospital to patient and GPs at discharge or after outpatient appointments) would be picked up in hospital discharge priority. Two Non-Executives opposed the idea of not having Communication as Patient /Staff Experience priority. It was clarified that the Trust could have more than one priority in each category but discussions with partners showed that they wished to focus on three areas predominately.</p> <p>Professor Radford informed the Board that a lot of work on patient experience and embedding communication was already undertaken.</p> <p>Dr Iredale said that the Francis report is centred around using patient feedback and on improving After Care discharge is the biggest area raised in patient complaints. Falls are highlighted within the patient safety thermometer. Professor Radford added the highlighted priorities are the focus of the quality account other not highlighted are covered within other areas of the organisation.</p> <p>Mr Robinson suggested that it might be more appropriate to include communication as a specific element within discharge priority. This was supported by Board members.</p> <p>The Trust Board:</p> <p>AGREED Falls as the priority for Patient Safety</p> <p>AGREED Hospital discharge as the priority for Clinical Effectiveness With particular reference being made to communication from hospital to patient, GP's & relatives at discharge.</p> <p>AGREED Demonstrating how patient feedback is used as the priority for Patient / Staff experience.</p> <p>RESOLVED that the above 13/14 Quality priority should be published on the 3rd June in our 2012/13 Quality Accounts.</p>	
<p>HTB 13/223 FINANCE AND PERFORMANCE COMMITTEE MEETING REPORT 25th MARCH 2013*</p>	<p>The Trust Board ACCEPTED the contents of the Finance and Performance Committee Report.</p>	

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 29th MAY 2013 AT 1.00PM IN ROOM 20063/64, CLINICAL SCIENCES BUILDING, UNIVERSITY HOSPITAL, COVENTRY, CV2 2DX

AGENDA ITEM	DISCUSSION	ACTION
HTB 13/224 FOUNDATION TRUST APPLICATION UPDATE*	<p>The purpose of the report is to provide the Board with an update on the progress and the timeline for the Foundation Trust status application and report on decisions made by the FT Steering Committee.</p> <p>The FT Steering Committee and Project Team met on 8th April and 13th May to review the Master Action Plan. A summary of the actions completed since the last report to the Board are included in the attached Exception Report.</p> <p>Key Risks:</p> <p>UHCW NHS Trust has submitted a revised timeline for achieving foundation status to the SHA. The current risk impacting upon achievement of foundation trust status are:</p> <ul style="list-style-type: none"> • The deteriorating performance in A&E • The Action needed to achieve the financial requirements set out by Monitor. <p>The Trust Board: RECEIVED and ACCEPTED the report</p>	
HTB 13/225 AUDIT COMMITTEE MEETING REPORT – 11TH FEBRUARY 2013*	<p>The Board REVIEWED and NOTED the meeting report of the Audit Committee held on 11 February 2013</p>	
HTB 13/226 WORK PROGRAMME	<p>The Trust Board NOTED the Work Programme.</p>	
HTB 13/227 ANY OTHER BUSINESS	<p>The Chairman thanked Mrs Rita Stewart, Trust Lay Member for her support and years of service to the Trust</p> <p>Dr Sabapathy thanked Board colleagues for their support and said that he had learnt a lot in his short time at the Trust.</p> <p>Mr Sawdon stated that it had been a privilege to serve the people of Coventry and Warwickshire both as a Non Executive Board member of UHCW and as Lord Mayor of Coventry and he too would continue to support the local health economy,</p> <p>In response to a question from a member of the public the Chairman thanked them for raising the issue of missing records from a file and confirmed he would happily discuss the matter privately outside of the the public Board. He also took the opportunity to thank the members of the public who regularly attend the Trusts Public Board meetings for the courtesy and diplomacy they had shown over the years.</p> <p>The Chief Executive Officer in response to a question from a member of the public said that he would raise with the Arden CCG Systems Board the issue of funding for the Eye Care Liaison Officer. The</p>	

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 29th MAY 2013 AT 1.00PM IN ROOM 20063/64, CLINICAL SCIENCES BUILDING, UNIVERSITY HOSPITAL, COVENTRY, CV2 2DX

AGENDA ITEM	DISCUSSION	ACTION						
	member of the public stressed that this was a key post for the visually impaired and focused on the whole patient journey.							
HTB 13/228 DATE OF NEXT MEETING	The date of the next meeting is Wednesday 26th June 2013 at 1.00pm in the Clinical Sciences Building, University Hospital, Coventry CV2 2DX.							
HTB 13/229 APPROVAL OF MINUTES	<p>These minutes are approved subject to any amendments agreed at the next Trust Board meeting.</p> <table border="1" data-bbox="429 701 1082 1059"> <tr> <td data-bbox="429 701 576 831">SIGNED</td> <td data-bbox="576 701 1082 831">.....</td> </tr> <tr> <td data-bbox="429 831 576 931"></td> <td data-bbox="576 831 1082 931">CHAIRMAN</td> </tr> <tr> <td data-bbox="429 931 576 1059">DATE</td> <td data-bbox="576 931 1082 1059">.....</td> </tr> </table>	SIGNED		CHAIRMAN	DATE	
SIGNED							
	CHAIRMAN							
DATE							

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST
ACTIONS UPDATE: PUBLIC TRUST BOARD MEETINGS

29th May 2013

AGENDA ITEM	ACTION	LEAD	DATE TO BE COMPLETED	COMMENT
ACTIONS IN PROGRESS				
HTB 13/172 (24.4.13) INTEGRATED PERFORMANCE REPORT	REQUESTED that the Chief Executive Officer writes to all parties setting out the views of the Trust in relation to the workings of the local health economy and across areas of common concern	AH	3.6.13	
ACTIONS COMPLETE				
REPORTS SCHEDULED FOR NEXT MEETING				
REPORTS SCHEDULED FOR FUTURE MEETINGS				
HTB 13/175 (24.4.13) FRANCIS INQUIRY: TASK & FINISH GROUP UPDATE	The Chief Executive Officer confirmed that a detailed gap analysis and action plan will be presented to the Trust Board in June 2013. The Trust Board ENDORSED and SUPPORTED the actions of the Chief Executive Officer and the Executive Team and REQUESTED further periodic reports of not less than annual in nature.	AH AH	June 2013 June 2014	Deferred to July
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	
HTB 13/219 ICT REPORT	Trust Board REQUESTED Mr Eltringham to bring back a report after talking to UHB to the September Board.	DE	September 2013	
HTB 13/211 RESEARCH AND DEVELOPMENT ANNUAL REPORT	Professor Winstanley had a copy of a congratulatory letter from Dame Sally Davis regarding the Bio-medical research. He will send a copy to Board members.	PW	June 2013	

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
ACTIONS UPDATE: PUBLIC TRUST BOARD MEETINGS

29th May 2013

AGENDA ITEM	ACTION	LEAD	DATE TO BE COMPLETED	COMMENT
HTB 13/220 PATIENT AND STAFF STORY	Trust Board REQUESTED that a letter be sent to the patients daughter thanking her for bringing the issue to the Boards attention.	MR	11 June	Complete
	REQUESTED that wards 52 & 53 be subject to monthly inspections	MR	Care Assurance review initiated in June	Complete
	REQUESTED that a further report be bought to Trust Board in September regarding toileting, pressure sores and discharge.	MR	September Trust Board	
ACTIONS REFERRED TO TRUST BOARD SUB-COMMITTEES				
HTB 13/012 (30.1.13) MORTALITY REPORT	REQUESTED that a list be made available to the Board Seminar in March relating to the level of complaints received regarding to mortality issues for three years prior to 31 st March 2013.	MP	4.3.13	Scheduled for 6.3.13; but B/S cancelled. To be rescheduled

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

29th May 2013

Subject:	Trust Board Meeting Session Reports of 29th May 2013 and EO Trust Board held 4th June
Report By:	Philip Townshend, Chairman
Author:	Jenny Gardiner, Trust Board Secretary
Accountable Executive Director:	Philip Townshend, Chairman

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 the Board of the private Trust Board Session meeting agendas for 29th May 2013 and Extraordinary Trust Board Meeting held 4th June 2013 of any key decisions/outcomes made by the Trust Board.

Trust Board Session of 29th May 2013

<p>Chairman's Report: Mr P Townshend, Chairman The Trust Board NOTED the Chairman's report.</p>
<p>Chief Executive's Report: Mr A Hardy, Chief Executive Officer The Trust Board NOTED the Chief Executive Officer's report.</p>
<p>Hospital of St Cross Artwork: Mr A Hardy, Chief Executive Officer The Trust Board AGREED to sell two paintings and reinvest the monies into the Hospital of St Cross with funds raised assigned to the Healing Arts Programme. It was FURTHER RESOLVED that the painting of Mr Richard Henry Woods be retained by the Trust and put on display as part of the Trusts history</p>
<p>The Safety Debate: Mr D Eltringham, Chief Operating Officer The Trust Board NOTED the report and RESOLVED to hold a further discussion.</p>
<p>CQC Registration Report: Dr M Iredale, Deputy Medical Director for Mrs M Pandit, Chief Medical Officer The Trust Board NOTED the report.</p>
<p>Draft Quality Governance Committee Meeting Report – 14 May Mr T Sawdon, Non-Executive Director The Trust Board ACCEPTED the report.</p>
<p>Reference Costing Sign Off: Mrs G Nolan, Chief Finance Officer The Trust Board APPROVED the costing process and NOTED that:</p> <ul style="list-style-type: none"> • Reference Costs are prepared in accordance with Monitor's approved costing standards • Appropriate costing and information capture systems are in place • The Costing Team is appropriately resourced to complete the Reference Cost return accurately with the prescribed timescales • Procedures are in place to ensure that the self assessment quality checklist is completed at all times of the Reference Costing return.
<p>Finance and Performance Committee Meeting Chair's Report – 28 May: Ms S Tubb, Senior Independent Director The Trust Board ACCEPTED the report.</p>
<p>Draft Finance and Performance Committee Minutes of Meeting held 22 April : Ms S Tubb, Senior Independent Director The Trust Board ACCEPTED the minutes.</p>
<p>Review of Consultant PA's: Dr M Iredale, Deputy Medical Director for Mrs M Pandit, Chief Medical Officer The Trust Board NOTED this update.</p>
<p>National Staff Attitude and Opinion Survey Results: Mr A Hardy, Chief Executive Officer for Mr I Crich, Chief HR Officer The Trust Board RECEIVED, NOTED and SUPPORTED the recommendations and ENDORSED the development of a revised Employee Communication and Engagement Strategy as part of the recently approved Workforce Strategy.</p>

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

29th May 2013

Audit Committed Chairs Meeting Report – 13 May: Mr T Robinson, Non-Executive Director The Trust Board ACCEPTED the report.
Draft Audit Committee Minutes of Meeting held 13 May: Mr T Robinson, Non-Executive Director The Trust Board ACCEPTED the minutes.
Work Programme: Chairman The Trust Board NOTED the work programme.
Late Items: Chairman The Trust Board NOTED the late items report.
Board Performance: Chairman The Board Performance was NOTED .

Extraordinary Trust Board Meeting held 4th June 2013

Adoption of the annual accounts for 2012 / 2013: Mrs G Nolan, Chief Finance Officer and Mr A Hardy, Chief Executive Officer The Trust Board AGREED to adopt the accounts.
Schedule of Key documents to be authorised and signed: Mrs G Nolan, Chief Finance Officer and Mr A Hardy, Chief Executive Officer The Trust Board AGREED to adopt the accounts.
Quality Account 2012/2013: Mrs M Pandit, Chief Medical Officer, Professor M Radford, Chief Nursing Officer The Trust Board APPROVED the account and RECOMMENDED it for adoption at June Trust Board.
Annual Report 2012/2013: Mrs G Nolan, Chief Finance Officer and Mr I Crich, Chief HR Officer The Trust Board APPROVED the report and RECOMMENDED it for presentation at the AGM in July.
Annual review 2012/2013 (Summary Report): Mrs G Nolan, Chief Finance Officer and Mr I Crich, Chief HR Officer The Trust Board APPROVED the report.
Annual General Meeting: Mr A Hardy, Chief Executive Officer The Trust Board NOTED the arrangements for the Annual General Meeting.

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:	
Data Quality Controls:	
Data Limitations:	

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

26 June 2013

Subject:	Integrated Performance Report – Month 2 – 2012/13
Report By:	Gail Nolan, Chief Finance Officer
Author:	Jonathan Brotherton, Director of Performance and Programme Management Lynda Cockrill, Head of Performance and Programme Analytics Sarah Oakley, Head of Performance and Programme Finance
Accountable Executive Director:	Gail Nolan, Chief Finance Officer

GLOSSARY

Abbreviation	In Full
A&E	Accident and Emergency
ALOS	Average Length of Stay
AMU	Acute Medical Unit
CAB	Choose and Book
CIP	Cost Improvement Programme
DNA	Did Not Attend
EBITDA	Earnings Before Interest, Tax, Depreciation and Amortisation
ED	Emergency Department
FRR	Financial Risk Rating
FTE	Full Time Equivalent
HRED	Human Resources Equality and Diversity
HSMR	Hospital Standardised Mortality Ratio
KPI	Key Performance Indicator
NIHR	National Institute for Health and Research
NPS	Net Promoter Score
PMR	Provider Management Regime
PPMO	Performance and Programme Management Office
QIPP	Quality Innovation Productivity and Prevention
QPS	Quality and Patient Safety
RTT	Referral To Treatment
SHMI	Standardised Hospital-level Mortality Indicator
VTE	Venous Thromboembolism
WTE	Whole Time Equivalent
YTD	Year To Date

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 inform the Board of the performance against the key agreed dashboard indicators for the month of May 2013

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

26 June 2013

SUMMARY OF KEY ISSUES:

In this report, 23 of the 53 KPIs reported against are breaching the standard / target, the same number to the previous month, although not necessarily the same targets in failure. Further detail is contained within the report.

Recent and sustained pressure on the non-elective pathway is manifesting itself as month on month deterioration of the KPIs linked to the elective pathway thus creating a significant performance risk.

Quality Governance Committee have highlighted the necessary continued review of indicators around clostridium difficile (C-Diff), mandatory training and consultant appraisal rates. These are covered in the escalation sections of the report.

Excellence in patient care and experience

- The Trust has recorded 92.87% against the A&E 4 hour wait target for April. This is the eighth consecutive month below the 95% standard but is a considerable improvement from previous months and is the best performance since October 2012.
- The Trust has recorded 498 minutes Total time in A&E - admitted patients (95th centile). This KPI has improved considerably in line with 4 hour performance but represents a continued breach.
- Breaches of the 28 day treatment guarantee following elective cancellation have reduced considerably since last month to 13.04% of cancelled patients not treated within 28 days. This still remains a significant breach of the threshold. Last minute non-clinical cancelled operations (elective) have reduced further from last month to 1.21% but is still above the target.
- As at month 2 reported incidences of clostridium difficile (C-Diff) have reduced from 2012/13 levels and are within the new trajectory. Data reported during 2012/13 has been interrogated and it was identified that 26 out of 76 patients were asymptomatic for C-Diff. Actions are underway to resolve the issues attributed to this.

Delivery value for money

- The Trust is currently reporting a net deficit of £3.0m which is a £0.7m negative variance to the plan signed off by the Trust Board and submitted to the NHS Trust Development Authority. Income under-performance, driven by activity, is the primary driver for the YTD under-performance
- The forecast outturn remains a a £2.5m surplus for 2013/14

Employer of Choice

- The Trust has recorded a **53.49%** Appraisal rate. This is considerably below target.
- The Trust has recorded a **58.24%** Consultant appraisal rate. This is below target.
- The Trust has recorded a **65.07%** attendance at mandatory training. This is below target.
- The Trust has recorded a **4.19%** Sickness rate. This is above YTD plan.

Research Based Healthcare Organisation

- There are 2 additional KPIs being developed that will be included in future reports under this domain.

To be a leading training and education centre

- This is a new domain included in this months report. At present there is a single KPI with a further 2 to follow in future months.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

26 June 2013

SUMMARY OF KEY RISKS:

- | |
|--|
| <ul style="list-style-type: none"> • Failure to deliver and sustain the A&E target • Recent and sustained pressure on the non-elective pathway is manifesting itself as month on month deterioration of the KPIs linked to the elective pathway • Performance metrics around workforce are yet to show significant signs of improvement • Development of CIPs to ensure recurrent savings needs to be accelerated which may require transformational support |
|--|

RECOMMENDATION / DECISION REQUIRED:

- | |
|--|
| <ul style="list-style-type: none"> • The Board are asked to confirm their understanding of the contents of the May 2013 IPR and note the associated actions. |
|--|

IMPLICATIONS:

Financial:	CIP development and the impact of additional resources to deliver the A&E and waiting times
HR / Equality & Diversity:	Effective Management of attendance and appraisal of staff
Governance:	None
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:	Various
Data Quality Controls:	DQ policies, PPMC and F&P
Data Limitations:	ESR Self Service roll out not yet complete.

University Hospitals Coventry and Warwickshire NHS Trust

Integrated Quality, Performance and Finance Reporting Framework

Reporting Period:
June 2013

Report Date:
20 June 2013

Contents

Section	Page
Executive Summary	3
Summary of performance	4
Trust Scorecard	7
Domain 1: Excellence in patient care and experience	9
Domain 2: Deliver value for money	26
Domain 3: Employer of choice	34
Domain 4: Leading research based health organisation	40
Domain 5: Leading training & education centre	42
Appendix 1: Financial Statements	44

Executive Summary

Executive Summary

Summary of performance

Commentary

In this report the Trust has highlighted areas of compliance and underperformance. Areas which are underperforming also include an exception report and trends/benchmarking where available.

In this report, 23 of the 53 KPIs reported against are breaching the standard / target, the same number to the previous month, although not necessarily the same targets in failure. Further detail is contained within the report.

Recent and sustained pressure on the non-elective pathway is manifesting itself as month on month deterioration of the KPIs linked to the elective pathway thus creating a significant performance risk.

Principal performance exceptions by Domain

Excellence in patient care and experience

- The Trust has recorded **92.87%** against the A&E 4 hour wait target for April. This is the eighth consecutive month below the 95% standard but is a considerable improvement from previous months and is the best performance since October 2012.
- The Trust has recorded **498** minutes Total time in A&E - admitted patients (95th centile). This KPI has improved considerably in line with 4 hour performance but represents a continued breach.
- Breaches of the 28 day treatment guarantee following elective cancellation have reduced considerably since last month to **13.04%** of cancelled patients not treated within 28 days. This still remains a significant breach of the threshold. Last minute non-clinical cancelled operations (elective) have reduced further from last month to **1.21%** but is still above the target.
- As at month 2 reported incidences of **clostridium difficile** (C-Diff) have reduced from 2012/13 levels and are within the new trajectory. Data reported during 2012/13 has been interrogated and it was identified that 26 out of 76 patients were asymptomatic for C-Diff. Actions are underway to resolve the issues attributed to this.

Executive Summary

Summary of performance

Delivery of Value for Money

- The Trust is currently reporting a net deficit of £3.0m which is a £0.7m negative variance to the plan signed off by the Trust Board and submitted to the NHS Trust Development Authority. Income under-performance, driven by activity, is the primary driver for the YTD under-performance
- The forecast outturn remains a £2.5m surplus for 2013/14

Employer of Choice

- The Trust has recorded a **53.49%** Appraisal rate. This is considerably below target.
- The Trust has recorded a **58.24%** Consultant appraisal rate. This is below target.
- The Trust has recorded a **65.07%** attendance at mandatory training. This is below target.
- The Trust has recorded a **4.19%** Sickness rate. This is above YTD plan.

Research Based Healthcare Organisation

- There are 2 additional KPIs being developed that will be included in future reports under this domain.

Leading Training and Education Centre

- This is a new domain included in this months report. At present there is a single KPI with a further 2 to follow in future months.

Executive Summary

Summary of performance

PMR

PMR status for May is reported as below:

PERIOD	Governance Risk Rating	Financial Risk Rating
Jun-12	Amber/Red (2.0)	Green (3.0)
Jul-12	Green (1.0)	Red (2.0)
Aug-12	Green (1.0)	Red (2.0)
Sep-12	Green (0.0)	Red (2.0)
Oct-12	Red (4.0)	Red (2.0)
Nov-12	Red (4.0)	Red (2.0)
Dec-12	Red (4.0)	Red (2.0)
Jan-13	Red (4.0)	Red (2.0)
Feb-13	Red (4.0)	Red (2.0)
Mar-13	Red (4.0)	Red (2.0)
Apr-13	Red (4.0)	Red (1.0)
May-13	Red (4.0)	Red (2.0)

Executive Summary

Trust Scorecard – April 2013

	No Target or RAG rating		Performance has improved from the previous month		High data quality assurance
	Achieving or exceeding target		Performance has deteriorated from the previous month		Medium data quality assurance
	Slightly behind target		Performance is stable compared to previous month		Low data quality assurance
	Not achieving target				
	Data not currently available				

Trust Board Scorecard		Reporting Period								May
Domain - Excellence in patient care and experience										
Measure	Previous month	Actual	DoT	YTD Plan	Annual Target	Annual FOT	Executive Lead	Owner	Trend	DQ
Clostridium difficile (Trust acquired) - cumulative	3	7	↓	11	57	57	Mark Radford	Karen Bond		
MRSA bacteremia (Trust acquired) - cumulative	0	0	⇒	0	0	0	Mark Radford	Karen Bond		
Eligible patients having VTE risk assessment (1 month in arrears)	95.73%	95.88%	↑	95.00%	95.00%	95.00%	Mark Radford	Oliver Chapman		
Falls per 1000 occupied bed days resulting in serious harm	0.03	0.12	↓	0.05	0.05	0.05	Mark Radford	Paul Martin		
HSMR (basket of 56 diagnosis groups) (3 month in arrears)	97	104	↓	100	100	100	Meghana Pandit	Paul Martin		
SHMI (Quarterly) (6 month in arrears)	103.00	103.00	⇒	100	100	100	Meghana Pandit	Paul Martin		
Number of never events reported - cumulative	0	1	↓	0	0	1	Meghana Pandit	Paul Martin		
Pressure Ulcers 3 and 4 (Trust associated)	3	0	↑	0	0	3	Mark Radford	Karen Bond		
Dementia case finding question (1 month in arrears)	93.05%	91.50%	↓	90.00%	90.00%	90.00%	Meghana Pandit	Mark Radford		
No of Dr Foster Red mortality alerts (3 month in arrears)	1	0	↑	0	0	0	Meghana Pandit	Paul Martin		
No of Dr Foster High Relative risks (3 month in arrears)	0	1	↓	0	0	0	Meghana Pandit	Paul Martin		
% spending >90% of their stay on a stroke unit (1 month in arrears)	81.13%	86.44%	↑	80.00%	80.00%	80.00%	David Eltringham	Jon Barnes		
18 week referral to treatment time - Admitted (1 month in arrears)	94.37%	91.90%	↓	90.00%	90.00%	90.00%	David Eltringham	Ros Kay		
18 week referral to treatment time - Non-admitted (1 month in arrears)	97.77%	97.57%	↓	95.00%	95.00%	95.00%	David Eltringham	Ros Kay		
RTT - incomplete in 18 weeks (1 month in arrears)	94.23%	95.59%	↑	92.00%	92.00%	92.00%	David Eltringham	Ros Kay		
RTT non delivery in all specialties (1 month in arrears)	5	14	↓	0	0	0	David Eltringham	Ros Kay		
2 week cancer wait (GP referral to outpatient appointment - 1 month in arrears)	95.09%	94.72%	↓	93.00%	93.00%	93.00%	David Eltringham	Jon Barnes		
31 day diagnosis to treatment cancer target (1 month in arrears)	100.00%	100.00%	⇒	96.00%	96.00%	96.00%	David Eltringham	Jon Barnes		
62 days urgent referral to treatment cancer target (1 month in arrears)	87.40%	85.86%	↓	85.00%	85.00%	85.00%	David Eltringham	Jon Barnes		
A&E 4 hour wait target	81.44%	92.87%	↑	95.00%	95.00%	95.00%	David Eltringham	Jon Barnes		
A&E Total time in A&E - admitted patients	708	498	↑	240	240	240	David Eltringham	Jon Barnes		
A&E Total time in A&E - non-admitted patients	330	237	↑	240	240	240	David Eltringham	Jon Barnes		
Breaches of the 28 day treatment guarantee following elective cancellation	30.31%	13.04%	↑	5.00%	5.00%	5.00%	David Eltringham	Jon Barnes		
Delayed transfers as a percentage of admissions	5.22%	4.05%	↑	3.50%	3.50%	3.50%	David Eltringham	Jon Barnes		
Diagnostic waiters, 6 weeks and over	0.43%	0.33%	↑	1.00%	1.00%	1.00%	David Eltringham	Jon Barnes		
DNA rates (first) (3 month in arrears)	7.12%	6.59%	↑	7.60%	7.60%	7.60%	David Eltringham	Jon Barnes		
DNA rates (FU) (3 month in arrears)	8.26%	7.33%	↑	9.40%	9.40%	9.40%	David Eltringham	Jon Barnes		
Last minute non-clinical cancelled ops(elective)	2.04%	1.21%	↑	0.80%	0.80%	0.80%	David Eltringham	Jon Barnes		
Theatre efficiency - Main	74.50%	82.50%	↑	85.00%	85.00%	85.00%	Meghana Pandit	Steve Parker		
Theatre efficiency - Rugby	84.10%	86.70%	↑	85.00%	85.00%	85.00%	Meghana Pandit	Steve Parker		
Theatre efficiency - Day Surgery	59.50%	64.70%	↑	70.00%	70.00%	70.00%	Meghana Pandit	Steve Parker		
Same sex accommodation standards breaches	0	0	⇒	0	0	0	David Eltringham	Gillian Arblaster		
Standardised ALOS (Elective) (3 month in arrears)	3.00	3.60	↓	3.80	3.80	3.80	David Eltringham	Jon Barnes		
Standardised ALOS (Non-Elective) (3 month in arrears)	5.30	5.60	↓	4.60	4.60	4.60	David Eltringham	Jon Barnes		
Successful Choose and Book	6.40%	5.69%	↑	5.00%	5.00%	5.00%	David Eltringham	Jon Barnes		
Readmission Rate (6 month in arrears)	6.77%	0.00%	↑	7.10%	7.10%	7.10%	David Eltringham	Jon Barnes		
Friends & Family Test (combined percentage coverage)	22.80	19.65	↓	15	15	15	Meghana Pandit	Paul Martin		
Number of complaints registered	39	35	↑	80	480	480	Meghana Pandit	Paul Martin		

Executive Summary

Trust Scorecard – April 2013

	No Target or RAG rating		Performance has improved from the previous month		High data quality assurance
	Achieving or exceeding target		Performance has deteriorated from the previous month		Medium data quality assurance
	Slightly behind target		Performance is stable compared to previous month		Low data quality assurance
	Not achieving target				
	Data not currently available				

Trust Board Scorecard										Reporting Period	May
Domain - Deliver value for money											
Measure	Previous month	Actual	DoT	YTD Plan	Annual Target	Annual FOT	Executive Lead	Owner	Trend	DQ	
Pay expenditure (actual vs plan)	2.70%	3.00%	↓	0.00%	0.00%	8.29%	Gail Nolan	Anthony Hobbs			
Non pay expenditure (actual vs plan)	-3.00%	-4.30%	↑	0.00%	0.00%	4.76%	Gail Nolan	Anthony Hobbs			
CIP (actual vs plan)	92.76%	279.44%	↑	100.00%	100.00%	-73.85%	Gail Nolan	Anthony Hobbs			
EBITDA margin	3.80%	5.90%	↑	6.61%	9.80%	9.80%	Gail Nolan	Sarah Oakley			
I&E Surplus margin	-5.90%	-3.60%	↑	-3.34%	0.48%	0.48%	Gail Nolan	Sarah Oakley			
Liquidity ratio (days)	4.00	1.80	↓	4.10	8.26	8.26	Gail Nolan	Alan Jones			
Monitor Risk Rating	1	2	↑	2	2	2	Gail Nolan	Sarah Oakley			
PMR indices	5	5	⇒	0	0	0	Gail Nolan	Sarah Oakley			
Total income (actual vs plan)	-2.60%	-2.70%	↑	0.00%	0.00%	0.02%	Gail Nolan	Anthony Hobbs			
Domain - Employer of Choice											
Measure	Previous month	Actual	DoT	YTD Plan	Annual Target	Annual FOT	Executive Lead	Owner	Trend	DQ	
Appraisal rate	53.28%	53.49%	↑	90.00%	90.00%	90.00%	Ian Crich	Andrew Mcmenemy			
Consultant appraisal rate	62.06%	58.24%	↓	90.00%	90.00%	90.00%	Ian Crich	Andrew Mcmenemy			
Attendance at mandatory training (1 month in arrears)	65.83%	65.07%	↓	90.00%	90.00%	90.00%	Ian Crich	Andrew Mcmenemy			
Sickness rate	4.43%	4.19%	↑	3.39%	3.39%	3.39%	Ian Crich	Andrew Mcmenemy			
Domain - Leading research based health care organisation											
Measure	Previous month	Actual	DoT	YTD Plan	Annual Target	Annual FOT	Executive Lead	Owner	Trend	DQ	
Number of Pts recruited into NIHR portfolio - cumulative	386	432	↑	354	4,250	4,250	Meghana Pandit	Chris Imray			
Domain - Leading training and education centre											
Measure	Previous month	Actual	DoT	YTD Plan	Annual Target	Annual FOT	Executive Lead	Owner	Trend	DQ	
Job evaluation survey tool (JEST) score (1 month in arrears)	N/A	3.70		3.5	3.5	3.5	Meghana Pandit	Maggie Allen			

Domain 1: Excellence in patient care and experience

Domain Summary – Excellence in Patient Care and Experience

Commentary

In this summary, we have outlined the overall performance for the Trust for all of the **Excellence in Patient Care and Experience** indicators. It should be noted that the Trusts' recorded **SHMI score of 103.0** hasn't changed since the previous month as it is reported quarterly. So whilst this represents a breach of the KPI there is nothing new to report this month.

The **readmission rate** is unavailable for this month due to delays in the updating of the Dr Foster tool which is the data source for this indicator. Where the Trust has achieved the required target for the year to date, there are no areas of concern.

The following areas are covered in more detail overleaf due to their current performance:

- The Trusts' recorded **HSMR score** has deteriorated to **104** this month.
- **Patient falls per 1000 occupied bed days resulting in serious harm** showed an increase from last month. This measure will need to remain under close scrutiny.
- There has been **one** reported **Dr Foster High Relative Risk** for an excision of colon and/or rectum.
- There has been **one never event** reported this month.
- The Trust has recorded **92.87%** against the **A&E 4 hour wait** target for April. Although this shows a substantial improvement from last month, this is the eighth consecutive month below the 95% standard.
- The Trust has recorded **498 minutes Total time in A&E - admitted patients (95th centile)**. This KPI has improved significantly from the position last month but continues to be a breach.
- **Breaches of the 28 day treatment guarantee following elective cancellation** have continued since last month. Although there has been a significant improvement to **13.04%** of cancelled patients not treated within 28 days, this remains significantly above the target of 5%. **Last minute non-clinical cancelled operations (elective)** have reduced again from last month to **1.21%** and are at their lowest rate for five months. This is still above the target.

Domain Summary – Excellence in Patient Care and Experience

Commentary (continued)

- The Trust has recorded **5.6** days as the **Standardised ALOS (non elective)**. This is another small increase from last month and is above the benchmarked target of 4.6 days.
- The **Successful Choose and Book** KPI has improved again since last month with performance at **5.69%**, this is marginally above the target of 5%.
- **Referral to Treatment non delivery** was recorded across a number of specialties; Oral Surgery, Neurology, General Surgery, Urology, Plastic Surgery, Trauma and Orthopaedics, Gynaecology and Acute Medicine. Deterioration of this KPI is of significant concern to the wider RTT performance. A weekly risk assessment is undertaken and Groups are preparing recovery plans which are sighted by the Chief Officers.

There are two indicators that are in a **watching or amber** status;

- **Delayed transfers of care** decreased from the previous month to **3.53%** and are now only slightly above the target of 3.5%.
- The Trust has again recorded improved **theatre efficiency** at all three sites although main theatres and day surgery are still below the required thresholds.

The Trust has recorded **237 minutes Total time in A&E – non admitted patients (95th centile)** this month and while the KPI has been improved and achieved, it remains close to the target of 240 minutes and will require continued close scrutiny.

The **clostridium difficile** (C-Diff) data reported during 2012/13 has been interrogated and it was identified that 26 out of 76 patients were asymptomatic for C-Diff. Bowel management was identified as an area for action. All wards who sent samples were visited and a targeted educational campaign to support decision making was introduced. Work is on-going to improve general bowel/constipation management. To date in 2013/14, the target for C-Diff has been achieved.

Excellence in patient care – area of underperformance

Falls per 1000 occupied bed days resulting in serious harm

Commentary

This indicator reports patient falls (graded as causing major or catastrophic injury) per 1000 occupied bed days.

May's reported position shows an increase from 0.03 to 0.12 which has breached the 0.05 threshold. This represents 4 falls in this category this month. This is marginally above the average performance throughout 2012/13.

Other quality and safety indicators regarding patient falls have been reviewed and no new concerns are evident at this stage.

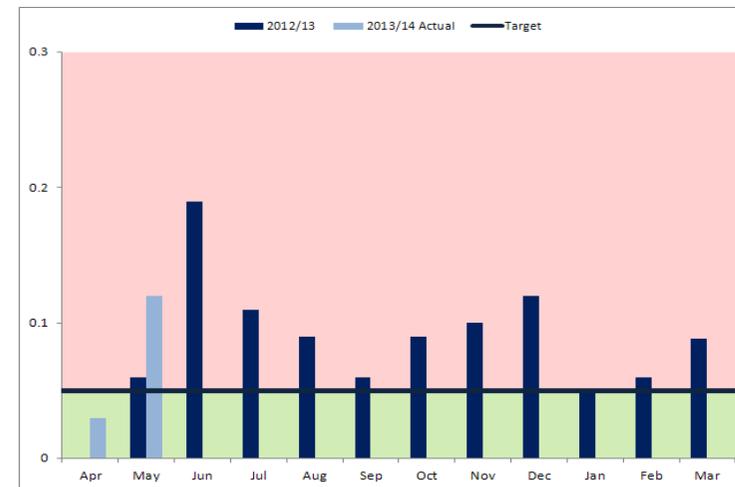
The falls action plan that is led by the Chief Nursing Officer remains active and is reviewed monthly at a Trust wide falls forum.

This indicator will remain under close scrutiny for further deviation.

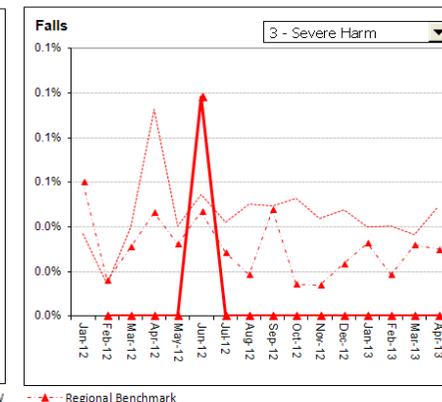
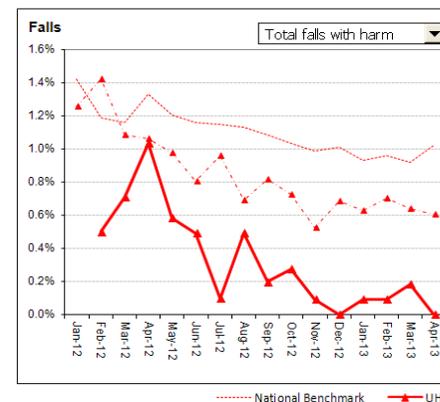
Falls will be discussed at the newly set up Coventry and Warwickshire learning forum for serious incidents on 11 July.

The Trust will be presenting alongside all other providers in the health economy at the 'Falls Focus Day' run by the Clinical Commissioning Groups. This day has been rescheduled to September and will be looking at best practice and improvements for preventing patient falls.

Overall Trust position



The national safety thermometer shows that the Trust is performing well compared to the Regional and National Benchmark for falls with harm. In light of this, the target for this indicator will be revised for future monitoring.



Excellence in patient care – area of underperformance

HSMR

Commentary

Applicable Frameworks/Contracts:

Acute Contract - Quality Schedule

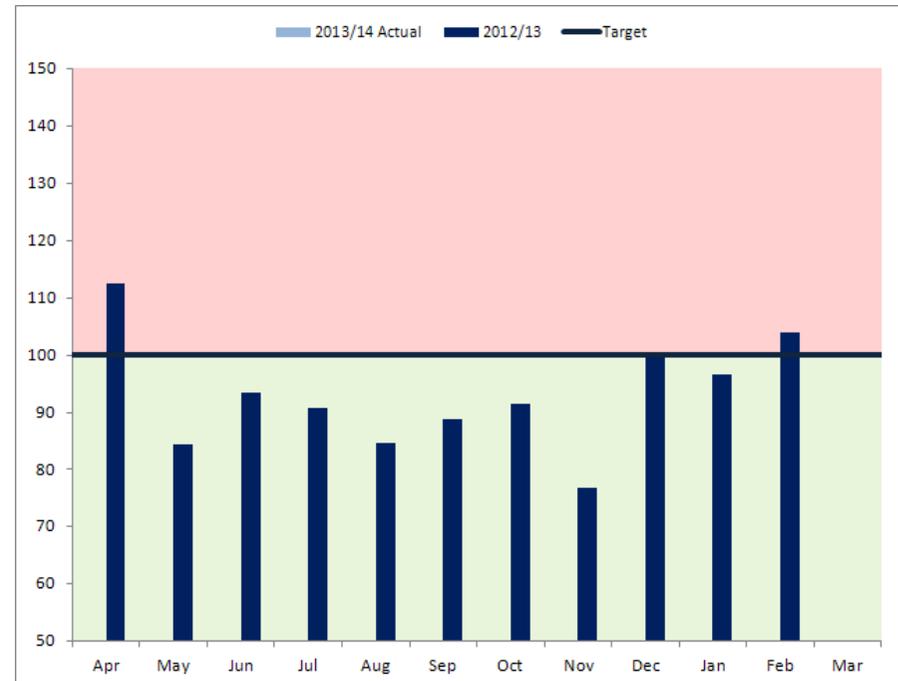
This indicator reports the comparison of the number of expected deaths with the number of actual deaths. The data are based on the diagnoses that lead to 80 per cent of all deaths and are adjusted for factors statistically associated with hospital death rates. The organisation has a target of 100. By achieving this target, the organisation can demonstrate links to quality of care and to managing its reputation as a healthcare provider.

This indicator is reported 3 month in arrears.

The HSMR has been fluctuating over the past three months and in February 2013 (the latest figure) had deteriorated to 104 against a benchmark of 100. It has proved difficult to draw any firm conclusions as to the cause of the fluctuation, however, the HSMR appears to be influenced mostly by the non-elective HSMR.

Analysis shows that it is likely that lower activity rates have affected the HSMR since the number of deaths has remained similar to other months. A number of small changes, for example deaths due to COPD, appear to have influenced the overall picture.

Overall Trust position



Excellence in patient experience – area of underperformance

Number of never events reported

Commentary

Applicable Frameworks/Contracts:

Acute Contract – Never events

This indicator reports the number of never events reported per calendar month. "Never events" are very serious, largely preventable patient safety incidents that should not occur if the relevant preventative measures have been put in place. There are 25 "never events" on the current list. These incidents are considered unacceptable and preventable. Providers of health care are expected to implement systems and processes to ensure that never events do not occur. An event is to be reported as a serious incident and financial penalties can be incurred as a result.

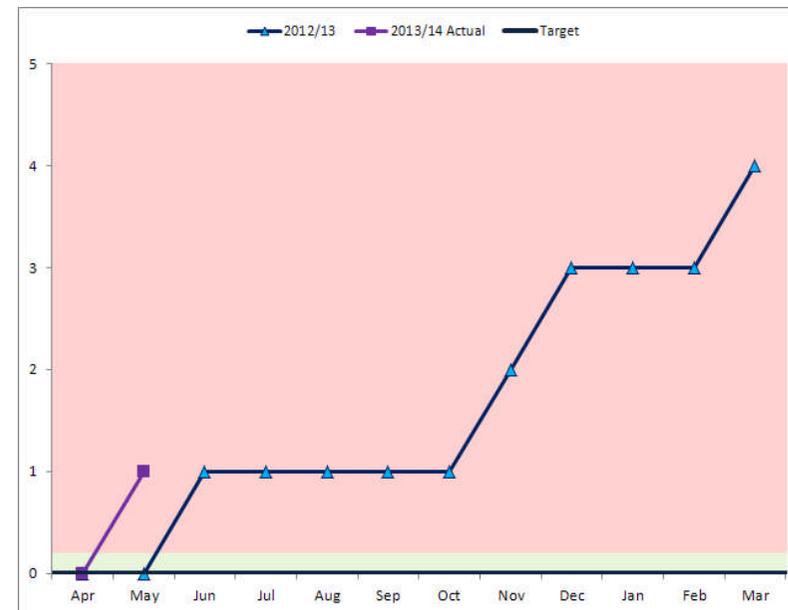
The never event reported for May 2013 was due to a wrong implant/prosthesis.

A root cause analysis investigation has taken place and actions are being implemented.

Lessons learned

- Surgery performed by more than one surgeon introduces a potential risk for requesting & checking components.
- Components provided from more than one location introduces a potential risk for requesting & checking components.
- Current procedure for checking of components did not ensure all theatre team members were aware of the specific characteristics of critical components.

Overall Trust position



Excellence in patient care – area of underperformance

No of Dr Foster High Relative Risks

Commentary

Applicable Frameworks/Contracts:

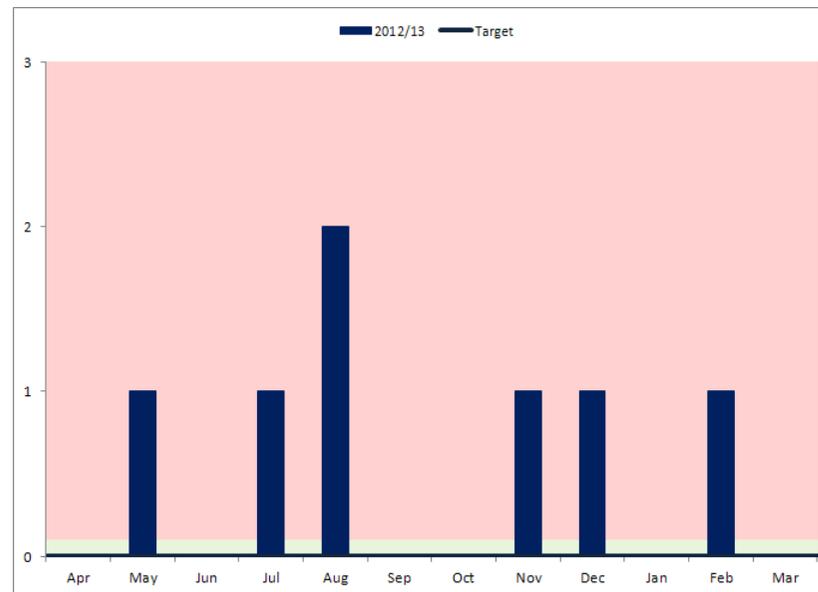
Acute Contract - Quality Schedule

This indicator reports the number of Dr Foster High Relative Risk alerts per calendar month. The organisation has a target of 0. By achieving this target, the organisation can demonstrate links to quality of care and to managing its reputation as a healthcare provider.

This indicator is reported 3 months in arrears.

The Dr Foster Alert for High Relative Risk that alerted for February in May's reporting was for an excision of colon and/or rectum. A clinical review is currently being undertaken and a coding review will take place. Results of these reviews will be fed back to the Mortality Committee and actions will then be agreed and undertaken.

Overall Trust position



Excellence in patient experience – area of underperformance

A&E 4 hour wait

Commentary

Applicable Frameworks/Contracts:

NHS Performance Framework; Monitor Compliance Framework; Acute Contract - Quality Schedule

This indicator reports the percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. This is a measure against the national waiting time standard, for which the target is 95%.

4 hour performance continues to be the key challenge facing the organisation, however the performance for May has significantly improved to 92.87% from April's position of 81.44%.

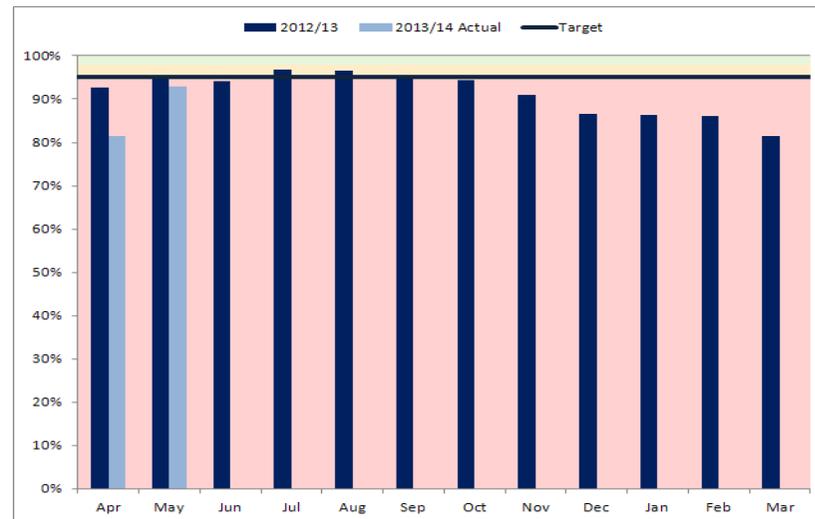
The 4 hour recovery programme has been signed off by the Chief Officers Group, the steering group has been established and has met to review progress of each work stream.

Recruitment for the substantive site operations team is progressing well with interviews scheduled for 24 & 25 June. Two workshops have been held with UNIPART focusing on visual management for the new team and discussions around supporting team development are underway.

The Clinical Directors Group were tasked with creating a plan for the bed reconfiguration by the Chief Officers Group. They are due to produce the plan for consideration by COG on 21 June.

Recruitment is underway for Acute Physicians and Gerontologists to support the Acute Medical Model.

Overall Trust position



Further progress has been made on the ED Model:

- A 'see and treat' model trial commenced on 17 June 2013.
- The 'rapid assessment and treatment' is commencing late July.
- Minors streaming is due to start at the beginning of July
- The ENP service has been approved and is out to recruitment.

As part of the Trust's formal escalation meetings with the NHS Trust Development Authority (TDA) a 4 hour performance trajectory for the remainder of 2013/14 has been prepared and submitted to the TDA. The trajectory combines historical weekly performance analysis along with expected impacts from the work stream outputs contained within the revamped 4 hour recovery programme.

Excellence in patient experience – area of underperformance

A&E Total time in A&E - admitted patients

Commentary

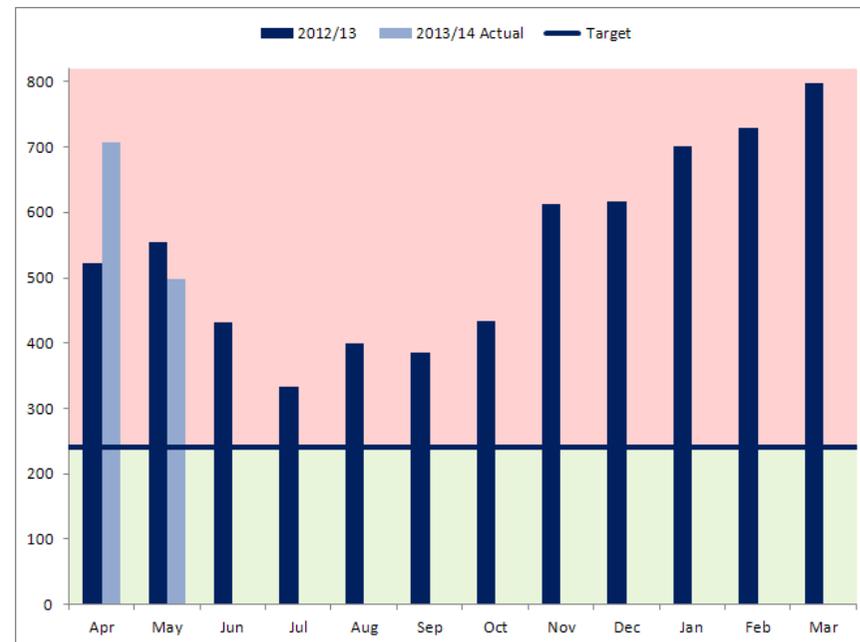
Applicable Frameworks/Contracts:

- NHS Performance Framework
- Monitor Compliance Framework
- Acute Contract - Quality Schedule

This indicator reports in minutes the length of time of the 95th percentile of admitted patients seen in A&E in a calendar month. This calculation excludes planned follow up attendances and attendances with unknown total times. The organisation's target is less than 240 minutes. By achieving this target, the organisation can demonstrate that their patient's receive fast access to treatment, which can improve outcomes and reduce anxiety for the patient.

The Trusts performance against this indicator has improved in line with overall 4 hour performance but remains significantly above target. The actions required to further improve this KPI are those highlighted in the commentary attached to overall 4 hour performance.

Overall Trust position



Excellence in patient experience – area of underperformance

Breaches of the 28 day treatment guarantee following elective cancellation

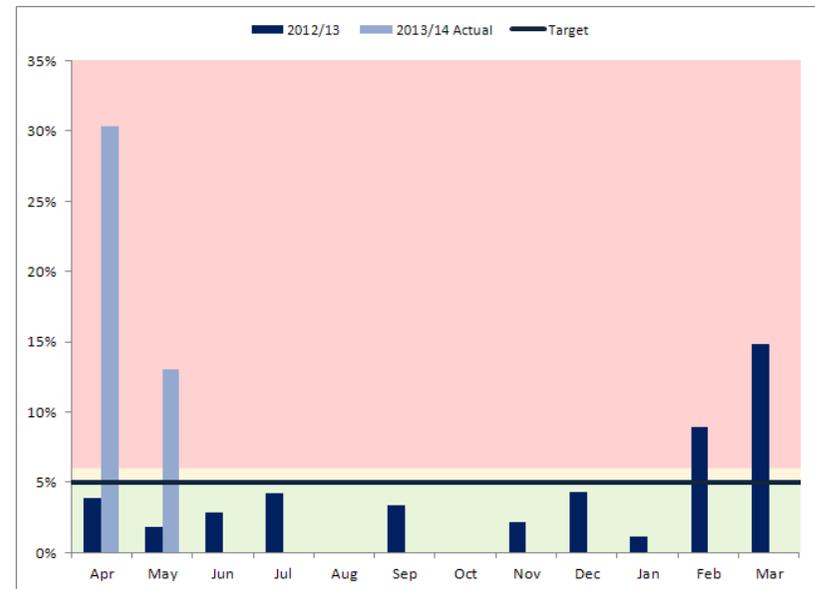
Commentary

This indicator reports the percentage of patients whose operation was cancelled, by the hospital, for non-clinical reasons, on the day of or after admission, who were not treated within 28 days. The organisation's target is less than 5%. By achieving this target, the organisation can demonstrate their patient's receive fast access to treatment where they have not been the cause of delay, which can improve outcomes and reduce anxiety for the patient.

Performance has improved this month but continues to be considerably above target with **13.04%** of cancelled patients not treated within 28 days.

Over the course of this calendar year the Trust has faced continual pressure on its elective admissions due to the resource required (mainly beds) to support the emergency pathway. This resource has been diverted from the elective pathway at short notice and has caused the Trust to cancel more routine elective patients on the day of surgery than had previously been the case. As a consequence the waiting list backlog has grown significantly and is impacting on the ability to reschedule treatment within the 28 day timescale, including for patients who have had multiple cancellations due to competing clinical priorities. This was notably at its highest in April following the most significant pressures of the Winter through March and April. As the number of on the day cancelled operations reduces the subsequent breaches of this standard are expected to follow suit.

Overall Trust position



Excellence in patient experience – area of underperformance

Delayed transfers as a percentage of admissions

Commentary

Applicable Frameworks/Contracts:

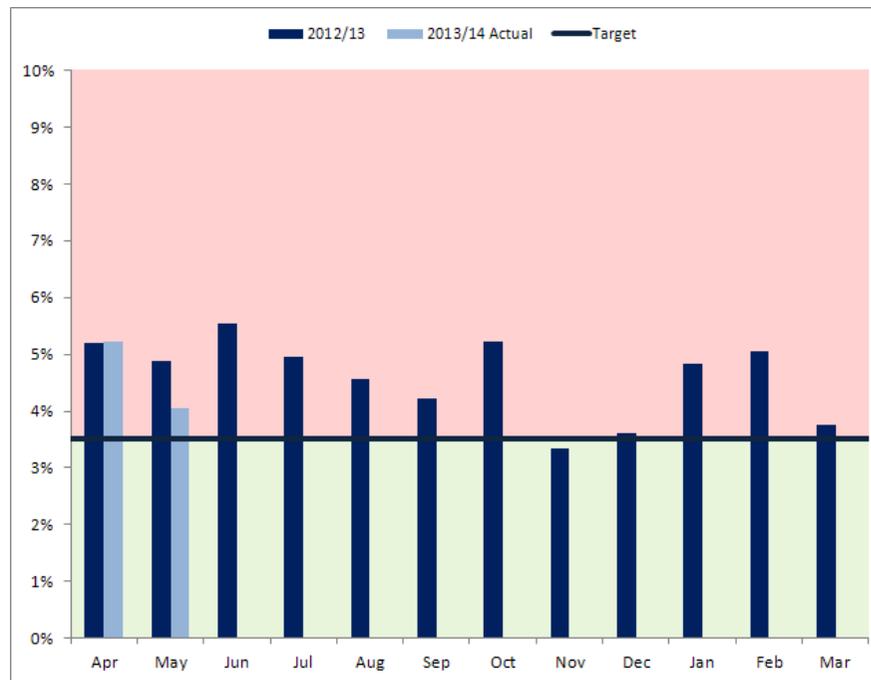
Acute Contract - Quality Schedule

This indicator reports the percentage of Delayed Transfers of Care. This should be maintained at a minimum level. The organisation's target is less than 3.5%. By achieving this target, the organisation can demonstrate that it offers accessible and responsive services that are delivered in a timely and efficient manner.

The introduction of daily teleconferences with health and social care partners provides a useful platform to highlight and resolve delays in complex discharges. Delayed transfer performance has fluctuated between 3.5% and 5.5% across the year with May at 4.05%.

Cross-organisational work is underway at a senior level to further strengthen the whole system linkage around complex discharge.

Overall Trust position



Excellence in patient experience – area of underperformance

Last minute non-clinical cancelled ops (elective)

Commentary

Applicable Frameworks/Contracts:

Acute Contract - Quality Schedule

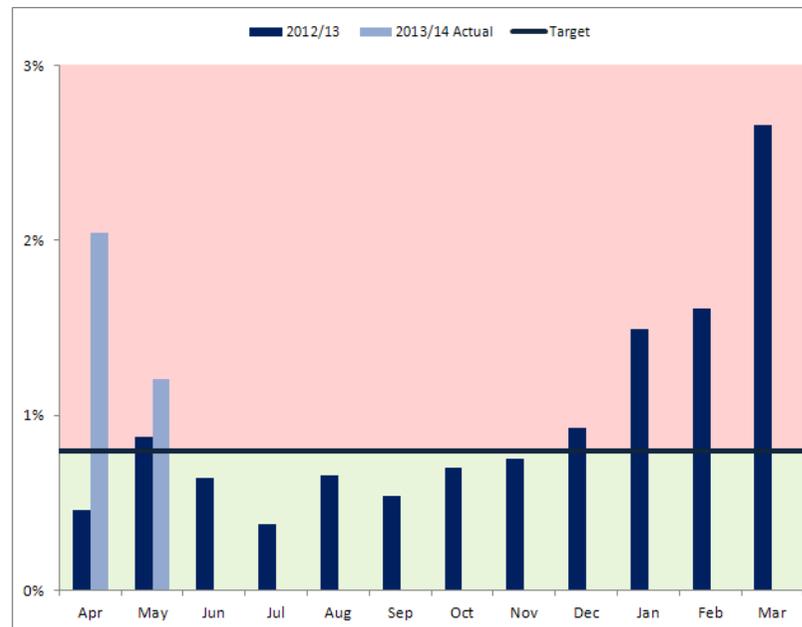
This indicator reports the percentage of Elective Care operations cancelled by the Provider for non-clinical reasons either before or after patient admission per calendar month. The organisation's performance is measured against a target of less than 0.8%. By achieving this target, the organisation can demonstrate that it offers accessible and responsive services that are delivered in a timely and efficient manner, which can improve outcomes and reduce anxiety for the patient.

Last minute cancelled operations continued to improve to 1.21% (69 cases), however it remains higher than the target of 0.8%.

The primary reason for the cancellations was bed availability (sufficient to maintain ED flow & associated patient safety).

Improvements in timely discharge (i.e. before midday) need to be realised to help resolve this issue.

Overall Trust position



Excellence in patient experience – area of underperformance

Standardised ALOS (Non-Elective)

Commentary

Applicable Frameworks/Contracts:

Acute Contract - Quality Schedule

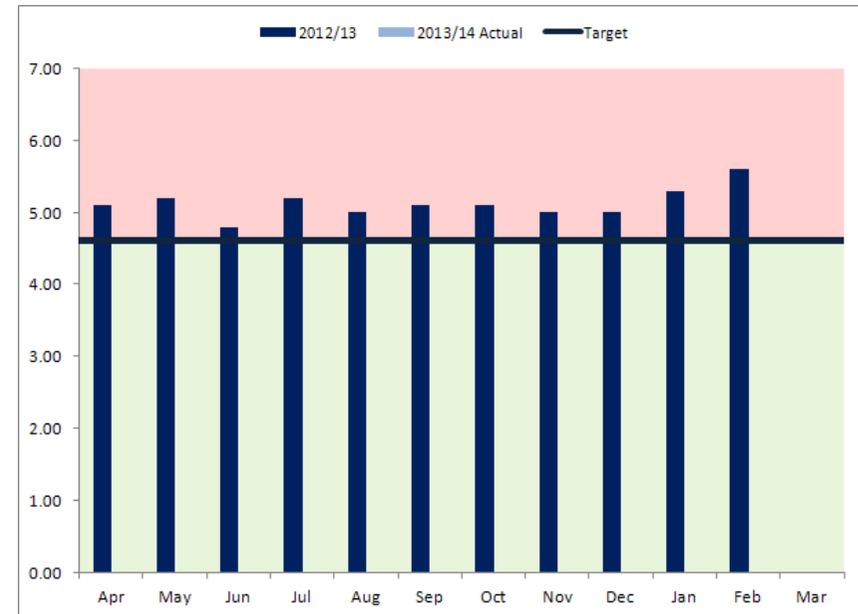
This indicator reports the average length of stay in a calendar month for non-elective patients, recorded on completion of their stay. The organisation's performance is measured against a target of 4.6. By achieving this target, the organisation can demonstrate that it offers accessible and responsive services that are delivered in a timely and efficient manner.

This indicator is reported 3 months in arrears.

This target has been set internally, based on the average performance against a benchmark group of ten other large acute/teaching hospitals in England.

Trust ALOS for non-elective patients has worsened slightly from the April's position and is showing a slight trend away from the target.

Overall Trust position



Excellence in patient experience – area of underperformance

Successful Choose and Book

Commentary

Applicable Frameworks/Contracts:

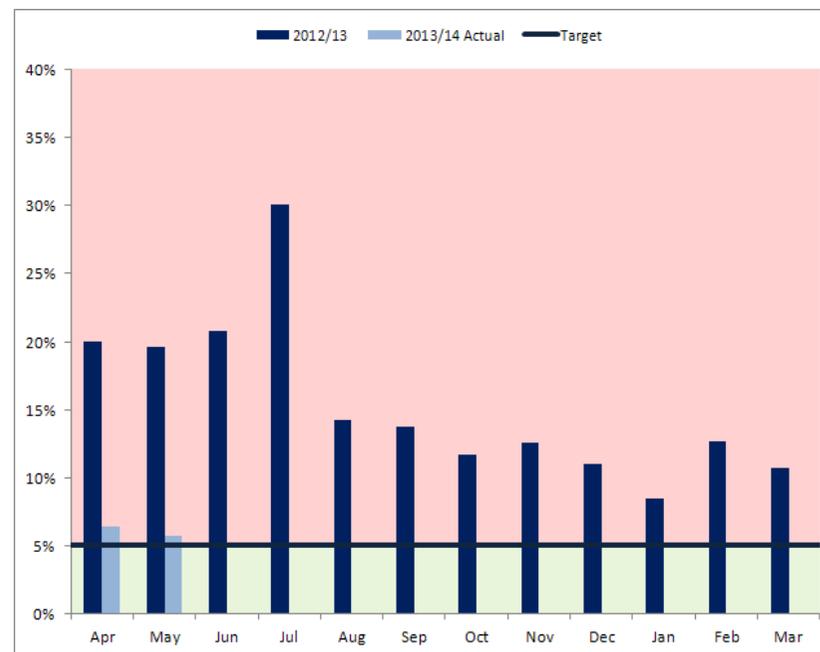
Acute Contract - Quality Schedule

This indicator reports the percentage of patients who could not book into an appointment slot. The organisation's performance is measured against a target of no more than 5%. By achieving this target, the organisation can demonstrate its commitment to offering accessible and responsive services that are delivered in a timely and effective manner.

The number of patients unable to book has continued to improve in May from April's position and is now only 0.69% above the target of 5% which is the best position for the past 12 months.

Capacity within certain specialties remains the issue but continues to be actively addressed with these specialities.

Overall Trust position



Excellence in patient care – area of underperformance

RTT non delivery in all specialties

Commentary

Applicable Frameworks/Contracts:

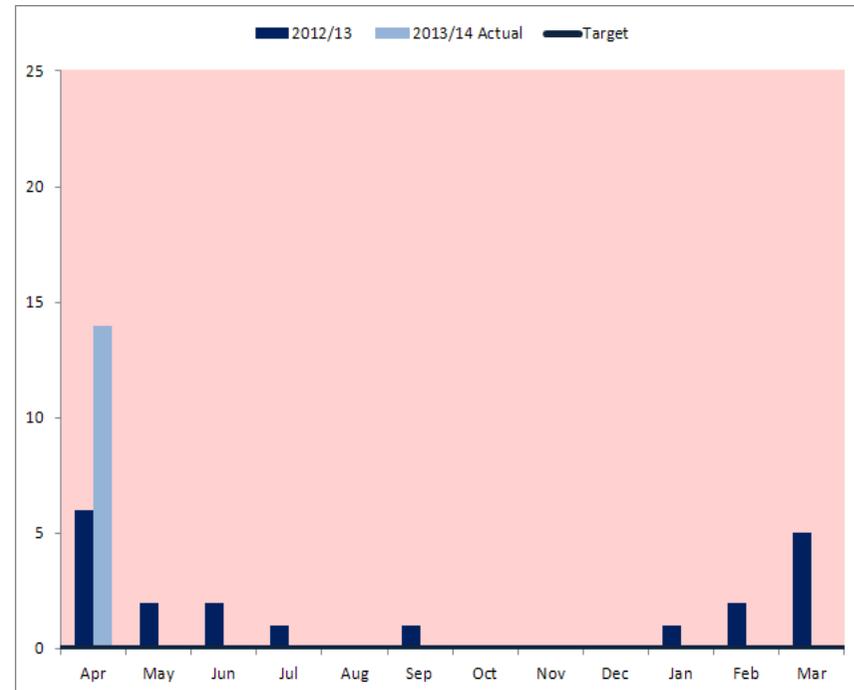
Acute Contract – NHS Performance Framework

This indicator reports the number of specialties (treatment functions) where RTT standards are not delivered. The organisation's target is 0. By achieving this target the organisation can demonstrate that it offers accessible and responsive services that are delivered in a timely and efficient manner. This indicator is reported 1 month in arrears.

Referral to Treatment non delivery was recorded across a number of specialties; Oral Surgery, Neurology, General Surgery, Urology, Plastic Surgery, Trauma and Orthopaedics, Gynaecology and Acute Medicine. Deterioration of this KPI is of significant concern to the wider RTT performance. A weekly risk assessment is undertaken and Groups are preparing recovery plans which are sighted by the Chief Officers.

On-going cancellations continue to hamper performance. The admitted backlog is now at its greatest – this is causing surgical specialties to fail the open pathway target and the admitted target.

Overall Trust position



Excellence in patient experience – standard reporting item

Friends and Family Test

The Friends and Family test forms a part of the Commissioning for Quality and Innovation (CQUIN) framework for 2013/14 which aims to secure improvements in quality of services and better outcomes for patients. This test intends to improve the experience of patients in line with Domain 4 of the NHS Outcomes Framework. The Friends and Family Test will provide timely, granular feedback from patients about their experience.

The Trust is required to achieve a baseline response rate of at least 15% and by Q4 a response rate that is both (a) higher than the response rate for Q1 and (b) 20% or over. A single response rate for each provider will be calculated by combining the response rates from the A&E and acute inpatient areas. The position for May is **19.25%** and therefore the target is being achieved.

A&E position

Ward	NPS Type			Grand Total	Score	Coverage %
	Number of Detractors	Number of Passives	Number of Promoters			
Accident and Emergency	257	294	700	1251	35.41	20.76

Inpatient survey Specialty Group position

Group	NPS Type			Grand Total	Score	Coverage%
	Number of Detractors	Number of Passives	Number of Promoters			
Cardiothoracic Surgery/Cardiology/Respiratory	7	15	63	85	65.88	15.14
Renal/Transplant	0	1	8	9	88.89	14.29
Emergency Department	2	0	2	4	0.00	21.57
Neurosciences	5	7	23	35	51.43	21.51
Oncology & Haematology	3	6	19	28	57.14	23.39
Surgery	16	33	68	117	44.44	16.35
Trauma & Orthopaedics	9	22	95	126	68.25	37.84
Women & Children	0	0	3	3	100.00	11.78
Ambulatory Care	3	5	8	16	31.25	17.63
Anaesthetics	0	0	1	1	100.00	25
Care of the Elderly	8	17	45	70	52.86	11.04
Unknown Specialty	1	7	10	18	50.00	0
Grand Total	54	113	345	512	56.84	17.40

Excellence in patient experience – standard reporting item

Friends and Family Test – Inpatient Survey

Specialty position

Group	NPS Type			Grand Total	Score	Coverage%
	Number of Detractors	Number of Passives	Number of Promoters			
100 : General Surgery	10	14	28	52	34.62	14.60
101 : Urology	2	3	7	12	41.67	11.76
103 : Breast Surgery	1	0	1	2	0.00	33.33
104 : Colorectal Surgery	0	2	2	4	50.00	30.77
107 : Vascular Surgery	0	1	2	3	66.67	23.08
110 : Trauma & Orthopaedics	9	22	95	126	68.25	37.84
120 : ENT	0	4	8	12	66.67	20.34
130 : Ophthalmology	0	0	1	1	100.00	4.76
144 : Maxillo-Facial Surgery	1	2	2	5	20.00	16.67
150 : Neurosurgery	4	3	17	24	54.17	19.83
160 : Plastic Surgery	0	4	10	14	71.43	45.16
170 : Cardiothoracic Surgery	1	3	14	18	72.22	14.63
180 : Accident & Emergency	2	0	2	4	0.00	10.64
192 : Critical Care	0	0	1	1	100.00	25.00
300 : Acute Medicine	4	3	21	28	60.71	9.96
301 : Gastroenterology	2	3	8	13	46.15	9.22
302 : Endocrinology	1	2	6	9	55.56	7.38
303 : Clinical Haematology	1	0	7	8	75.00	18.60
307 : Diabetic Medicine	1	0	0	1	-100.00	1.61
314 : Rehabilitation	0	4	9	13	69.23	33.33
320 : Cardiology	0	1	25	26	96.15	15.88
340 : Respiratory Medicine	6	9	23	38	44.74	17.51
350 : Infectious Diseases	0	2	1	3	33.33	5.17
361 : Nephrology	0	1	8	9	88.89	15.00
400 : Neurology	1	4	6	11	45.45	25.49
410 : Rheumatology	1	3	1	5	0.00	31.25
430 : Age related Medicine	4	10	15	29	37.93	9.29
502 : Gynaecology	0	0	2	2	100.00	2.78
503 : Gynaecological Oncology	0	0	1	1	100.00	4.35
800 : Clinical Oncology	2	6	12	20	50.00	25.93
999a : Unknown Specialty	1	7	10	18	50.00	0.00
TOTAL	54	113	345	512	56.84	17.40

Ward position

Ward	NPS Type			Grand Total	Score	Coverage %
	Number of Detractors	Number of Passives	Number of Promoters			
Cardiothoracic Critical Care	0	1	0	1	0.00	25.00
Coronary Care Unit	0	1	6	7	85.71	13.50
General Critical Care	0	0	1	1	100.00	-
Surgery on Day of Admission	1	0	0	1	-100.00	-
UA - Unknown Area (UHCW)	1	6	12	19	57.89	666.70
Ward 1	1	2	5	8	50.00	8.00
Ward 10	0	0	20	20	100.00	18.80
Ward 11	1	2	14	17	76.47	11.10
Ward 12/AMU	5	2	6	13	7.69	12.80
Ward 2/AMU Short Stay	1	1	7	9	66.67	7.40
Ward 20	2	1	8	11	54.55	7.70
Ward 21 Medicine	0	2	5	7	71.43	14.00
Ward 21 Surgery	3	4	12	19	47.37	20.90
Ward 22 ECU	0	0	1	1	100.00	7.40
Ward 22 SAU	4	7	5	16	6.25	16.20
Ward 22a Vascular	1	0	6	7	71.43	14.00
Ward 23	1	0	5	6	66.67	4.10
Ward 3	1	3	1	5	0.00	12.20
Ward 30	5	4	12	21	33.33	18.80
Ward 31 Respiratory Medicine	1	7	11	19	52.63	11.90
Ward 32	2	12	24	38	57.89	22.90
Ward 33 Renal	0	0	4	4	100.00	8.20
Ward 33 Short Stay	3	10	14	27	40.74	23.10
Ward 33 Urology	3	2	8	13	38.46	10.60
Ward 34 Haematology	1	0	6	7	71.43	16.70
Ward 35	2	6	19	27	62.96	26.90
Ward 40	1	3	3	7	28.57	9.50
Ward 41 Stroke	1	4	1	6	0.00	16.30
Ward 42	0	1	4	5	80.00	9.50
Ward 43 Neurosurgery	1	1	9	11	72.73	13.30
Ward 50	0	1	7	8	87.50	13.10
Ward 52	2	7	14	23	52.17	20.90
Ward 53	1	3	10	14	64.29	16.30
Cedar Unit	7	12	73	92	71.74	48.40
Hoskyn Ward	1	2	4	7	42.86	14.00
Mulberry Ward	1	4	2	7	14.29	26.70
Oak Ward	0	2	5	7	71.43	24.10
UA Unknown Area (STX)	0	0	1	1	100.00	-
Grand Total	54	113	345	512	56.84	17.40

Domain 2: Deliver value for money

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 May the following areas are covered in more detail:

The Trust has recorded **3.0% YTD variance in Pay expenditure against budget.**

The Trust has recorded a YTD **EBITDA Margin** of **5.9%**. This is below a YTD plan of 6.6%.

The Trust has recorded a YTD **I&E Surplus Margin** of **-3.6%**. This is below a YTD plan of -3.3%.

The Trust has recorded a **Liquidity ratio** of **1.8 days**. This is below the YTD plan of 4.1 days.

The Trust has recorded a score of **2 against the Monitor Financial Risk Rating**. This is on plan for this point in the year and is green-rated but it should be noted that the expectation of an applicant FT is FRR3 – no separate escalation is included.

The Trust has recorded failure against **5 out of 10 Provider Management Regime indices (PMR)**. Green rated performance requires failure of no more than 1 indicator.

The Trust has recorded **-2.7% YTD variance in Total income against budget.**

Value for Money – area of underperformance

Pay expenditure (actual vs plan)

Indicator Range:			Performance			Timeframe to meet Standard	Executive Lead	
Red	Amber	Green	Plan	YTD	Forecast			
> 1%	< 1%	< 0.5%	0.0%	3.0%	9.7%	Q4 2013/14	CFO	COO
	> 0.5%							

Commentary

This indicator reports the YTD actual pay expenditure as compared to the YTD planned expenditure (the budget position). The organisation has a target of a variance of no more than 0.5% above budget per calendar month. Reporting of this target enables the organisation to assess progress on efficiency savings.

The year to date variances are driven by:

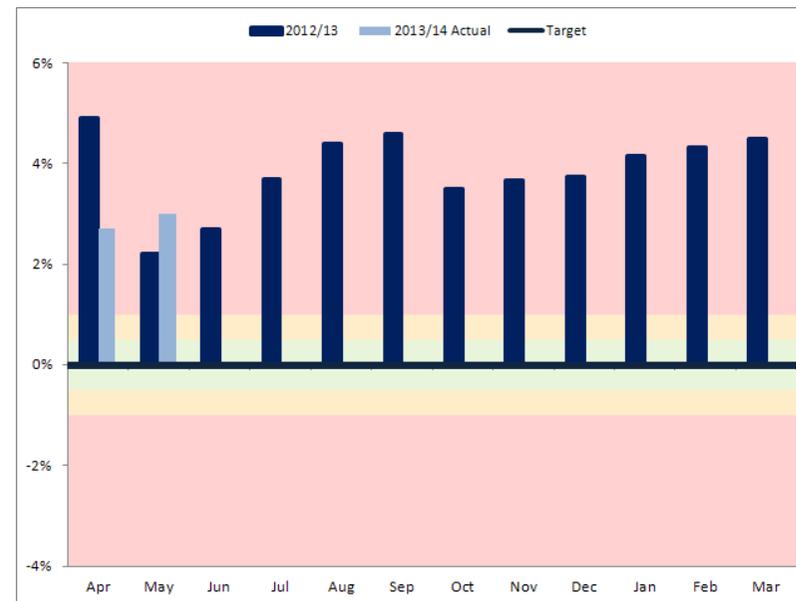
- Unplanned operational pressures
- Vacancies being filled by agency staff
- Additional agency used to cover emergency medicine

The SOCI identifies that groups have forecast a deficit on operational expenditure. This is driven by:

- Unplanned operational pressures
- 70% unidentified CIPS allocated to pay

Groups are attending confirm and challenge meetings every two weeks to support the identification and delivery of CIP targets.

Overall Trust position



Value for Money – area of underperformance

EBITDA margin

Indicator Range:			Performance			Timeframe to meet	Executive Lead
Red	Amber	Green	Plan	YTD	Forecast	Standard	
< 9%	> 9%	>=11%	6.6%	5.9%	9.9%	Forecast non-compliant for 2013/14	CFO
	< 11%						

Overall Trust position

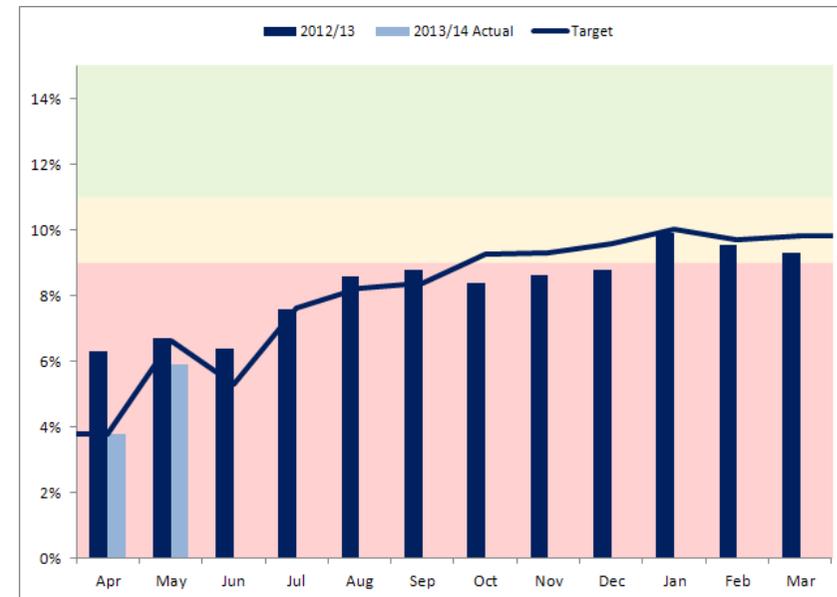
Commentary

This indicator reports the actual YTD Earnings before Interest, Tax, Depreciation and Amortisation figure (EBITDA) as a percentage of Income. The organisation has a target of more than 11 %.

The EBITDA margin is low at Month 2 given the unidentified CIP delivery phased into the plan from Month 4 onwards and operational pressures.

EBITDA performance against plan is being exacerbated by the income under-performance against plan year-to-date.

The forecast margin remains below the 11% internal target set by the Trust.



Value for Money – area of underperformance

5.11 I&E surplus margin

Indicator Range:			Performance			Timeframe to meet Standard	Executive Lead
Red	Amber	Green	In Month	YTD	Forecast		
< 0%	> 0%	>=1%	-1.3%	-3.6%	0.5%	Forecast non-compliant for 2013/14	CFO
	< 1%						

Commentary

This indicator reports the YTD Income and Expenditure Surplus as a percentage of YTD Trust Income. The organisation has a target of more than 1%. Reporting on this target enables the organisation to assess progress on income and efficiency savings.

The M2 bottom line position shows a £3.0m revenue deficit

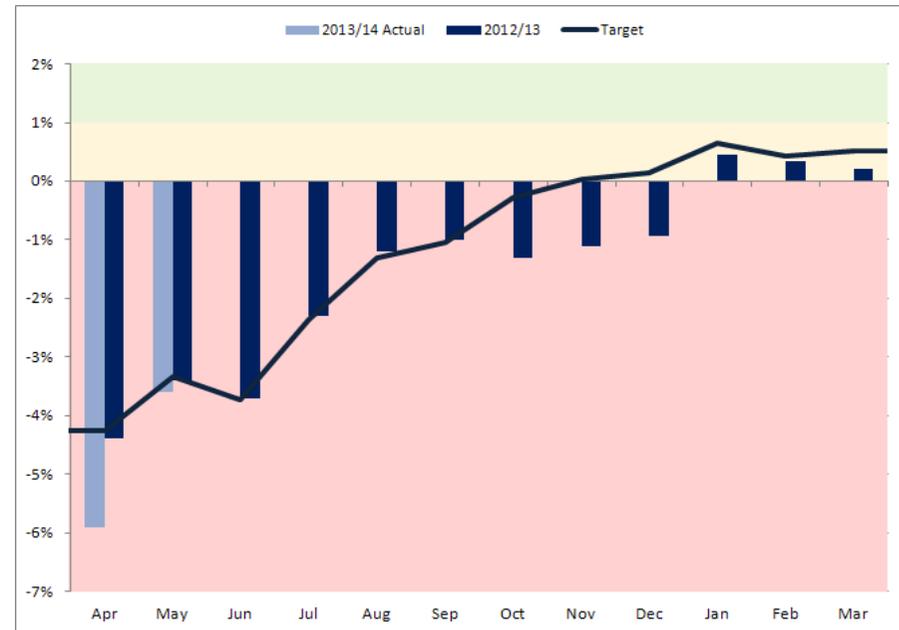
This is £0.7m below the plan approved by the Board and submitted to the NHS Trust Development Authority

Income under-performance, driven by activity, is the primary driver for the YTD under-performance

The Trust is still forecasting delivery of a 0.5% surplus margin for 2013/14

This is dependant on the robust management of income, expenditure and risk during the financial year

Overall Trust position



Value for Money – area of underperformance

5.12 Liquidity ratio (days)

Indicator Range:			Performance			Timeframe to meet Standard	Executive Lead
Red	Amber	Green	Plan	YTD	Forecast		
< 10 days	> 10 days < 15days	>= 15 days	4.1 days	1.8 days	5.4 days	Forecast non-compliant for 2013/14	CFO

Commentary

This indicator reports the number of the days the organisation can operate for with no incoming cash-flow. The organisation has a target of more than 15 days.

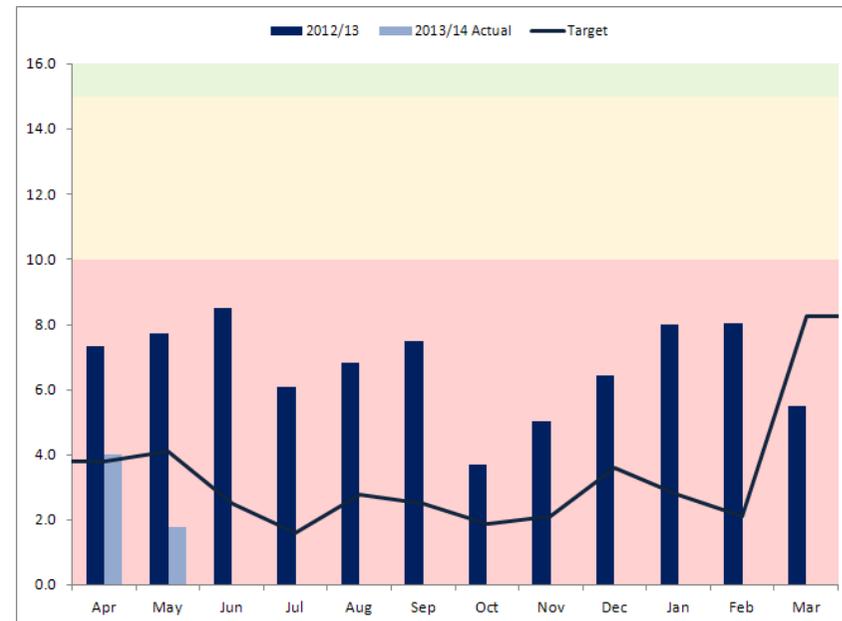
The Trust is unable to forecast liquidity of above 10 days for 2013/14.

The forecast outturn for liquidity for 2013/14 continues to be a rating of 1. The overall Trust FRR remains at a forecast of FRR 2.

The Trust's quarterly cash balance will be addressed by the following key actions:

- Target increasing revenue surpluses;
- Ensure capital investment financing does not adversely impact upon liquidity.

Overall Trust position



Value for Money – area of underperformance

PMR indices

Commentary

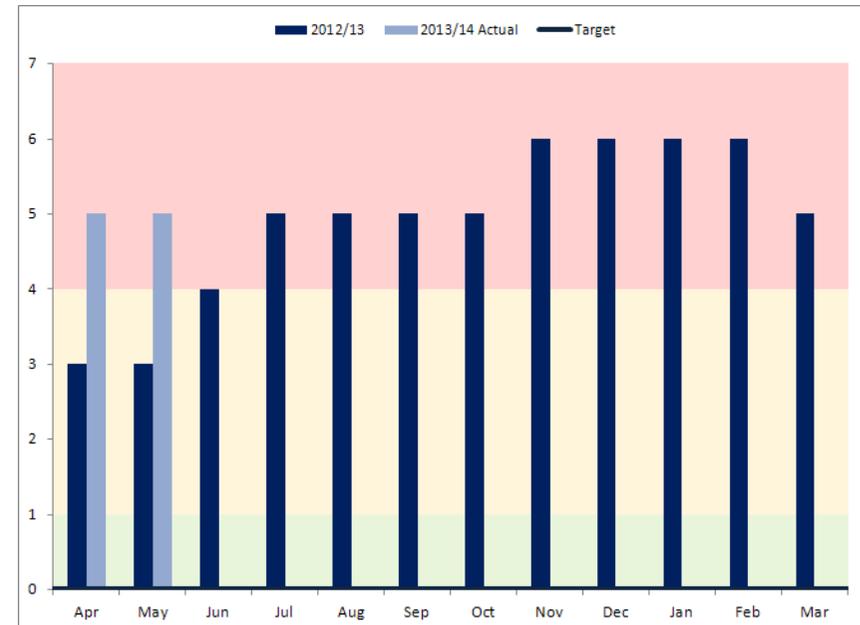
This indicator reports on the 10 indicators of forward financial risk. The organisation has a target of failing to achieve no more than one of these indicators.

The indicators that are red reflect four main areas:

- I&E performance below planned levels.
- High Debtor/Creditor balances.
- Low Cash Balances.
- Future years CIP identification

Performance for Month 2 has the same number of indicators in failure as in Month 1 of 2013/14, although the incidence has changed. EBITDA is now behind plan, but the capital measure has come back into line.

Overall Trust position



Value for Money – area of underperformance

Total income (actual vs plan)

Indicator Range:			Performance			Timeframe to meet Standard	Executive Lead
Red	Amber	Green	Plan	YTD	Forecast		
> +/-1% of plan	< +/-1% > +/-0.5%	< +/-0.5%	0.0%	-3.4%	-0.8%	Q4 2013/14	CFO

Commentary

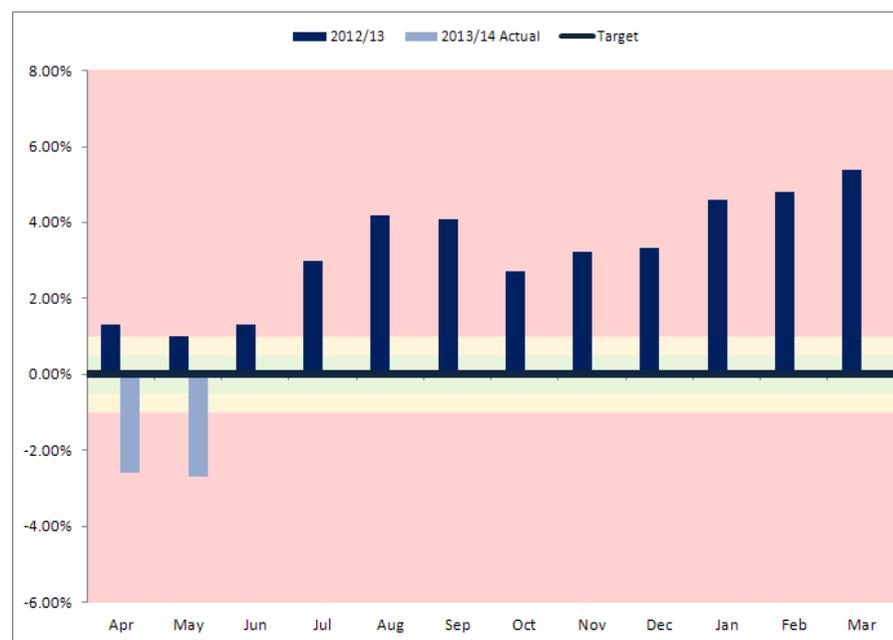
This indicator reports the YTD actual income as compared to the YTD planned income (the budget position). The organisation has a target of no more than 0.5% either side of the budget position.

Elective and daycase underperformance against the income plan is the primary driver of income underperformance year to date. As at month 2, elective inpatient income is 23% (£2m) below plan which is due largely to the impact of the high volume of emergency admissions on the Trust’s capacity.

The specialties where we have experienced the greatest level of income underperformance are within Trauma and Orthopaedics, Gynaecology and a combination of General Surgery, Colorectal Surgery and Upper-GI Surgery.

Critical care income is also under-performing year to date against plan (£298k) which is being driven primarily by an underperformance of neonatal critical care.

Overall Trust position



Domain 3: Employer of choice

Domain Summary – Employer of choice

Commentary

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

In this month's report the following areas are covered in more detail overleaf:

- The Trust has recorded a **53.49% Appraisal rate**. This is considerably below YTD plan although the position has stabilised from last month.
- The Trust has recorded a **58.24% Consultant appraisal rate** which is a slight deterioration from last month when first reported. Rates have improved by circa 10% over the last 12 months with more actions planned to increase further.
- The Trust has recorded a **65.07% attendance at mandatory training**. This is consistent with performance throughout the year with the majority of teams highlighting mediocre performance.
- The Trust has recorded a **4.19% Sickness rate**. This is above YTD plan but shows a marginal improvement from the previous month and is at it's lowest rate for the last twelve months.

Employer of choice – area of underperformance

Appraisal rate

Commentary

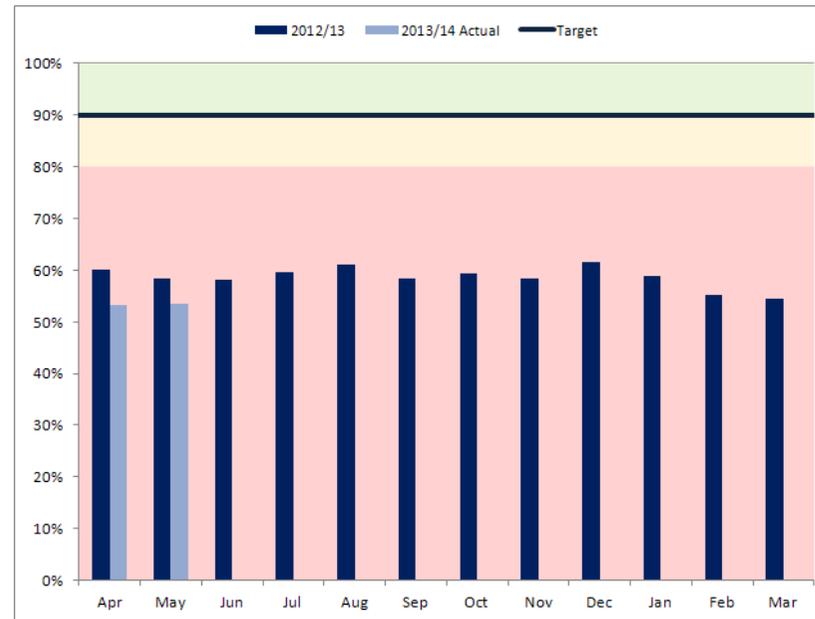
This indicator reports all staff other than medical staff in relation to whether they have received an appraisal in the previous 12 month period. The organisation has established a target of 100% of those eligible to undertake an appraisal process. The completion of an appraisal for staff alongside clear objectives and performance development plan demonstrates a workforce that has clarity in what they should be achieving in relation to their job and aligned to the strategy, values and behaviours of the Trust.

Appraisal rates have marginally improved to 53.49% against an overall target of 100%. The monthly workforce key performance indicator report highlights the management teams of Anaesthetics, T&O, Care of the Elderly, Emergency, Oncology/Haematology, Pathology and Surgery are all demonstrating rates below 50%.

In order to provide improved performance alongside this indicator the following actions are either in place or are planned to take place:

- To review the paperwork and procedure to support the appraisal process.
- To establish a task and finish group to consider why appraisal rates are low and what specific interventions need to take place to improve performance.
- The HR&ED Committee to continue to hold areas of poor performance to account and request action plans to demonstrate improved performance within an agreed trajectory.

Overall Trust position



- That workforce targets including appraisal rates are managed within the new performance framework and management teams held accountable.

Employer of choice – area of underperformance

Consultant appraisal rate

Commentary

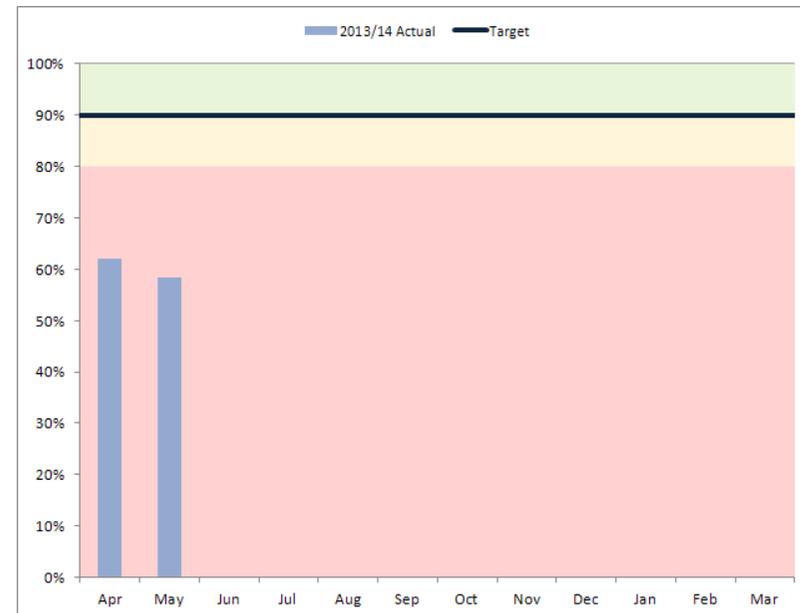
This indicator reports the percentage of consultant doctors recorded as having received an appraisal within the previous 12 months. The organisation has a target of 100%. In addition, this is a contractual and professional requirement for all consultants to ensure satisfactory revalidation. In addition, consultants are required to demonstrate that they have undertaken a satisfactory appraisal in the previous 12 months as a prerequisite for an application to the clinical excellence awards.

Consultant Appraisal rates have fallen again since last month to 58.24%. The monthly workforce key performance indicator report highlights the management teams of Ambulatory Care, Cardiac, Surgery, Theatres and T&O are all demonstrating rates below 50%.

In order to provide improved performance alongside this indicator the following actions are either in place or are planned to take place:

- The Chief Medical Officer to hold Clinical Directors to account.
- To undertake reconciliation work between local information that suggests the current performance is over 80% alongside the data represented on ESR with shows performance much lower. The results of this work will be reported within the narrative next month.
- To establish a task and finish group to consider why appraisal rates are low and what specific interventions need to take place to improve performance.

Overall Trust position



- The HR&ED Committee to continue to hold areas of poor performance to account and request action plans to demonstrate improved performance within an agreed trajectory.
- That workforce targets including appraisal rates are managed within the new performance framework and management teams held accountable.

Employer of choice – area of underperformance

Attendance at mandatory training

Commentary

This indicator reports the percentage of staff compliant with their mandatory training requirements that are required as part of their role on a rolling 12 month basis. The organisation has a target of 100% compliance for those eligible staff. The achievement of full compliance not only reduces our clinical and non-clinical risks regarding workforce but also enhances the skill base of our staff.

The Trust's overall compliance for May is 65.07% which represents a small deterioration from last month.

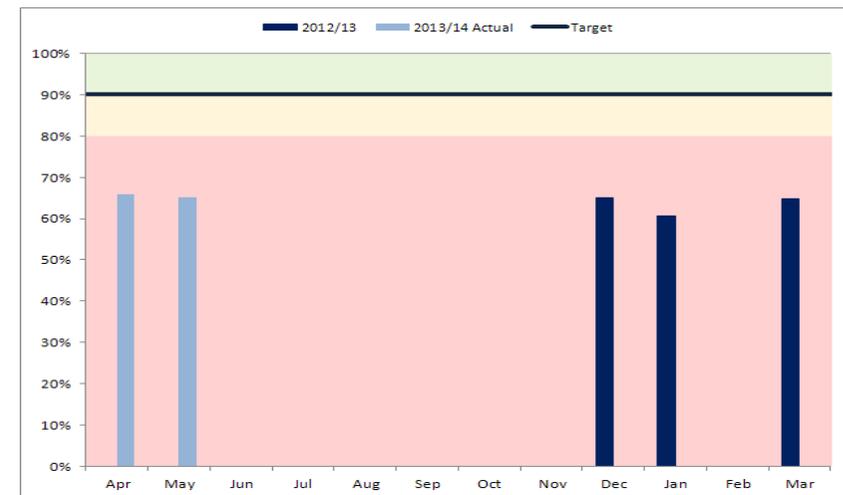
As part of the 2013/14 HR Business Plan, the target for overall Trust compliance is 80% by October 2013 and for 90% by the end of March 2014 which was ratified by the HR, Equality and Diversity Committee.

In December 2012 at the request of the Quality Governance Committee, reporting changed to include the current 13 topics. Previously ESR reported on a higher number of topics which were reduced as a result of the HR Function undertaking a major review of Mandatory Training.

There are a number of training topics that are under 50%, notably Information Governance e-learning (annual), ALS, Neonates Life Support, Advanced Paediatric Life Support and Bloods specifically NPSA obtaining venous blood.

The new Mandatory Training programme was launched on the 1st June. Communication was made with key stakeholders to explain the key changes to the programme, specifically that there would be less topics, less face to face training and that individuals are more responsible for undertaking their mandatory training via e-learning on ESR.

Overall Trust position



Essential clinical skills remain face to face and sufficient capacity has been built for the whole of 2013 until March 2014.

In response to concerns about staff competence and confidence about using e-learning, the Learning and OD Team have a rota of supported e-learning sessions.

The HR function has set up a specific working group to further improve how we can continue to contribute to improving overall compliance.

The Subject Matter Experts (SMEs) within the Trust will examine the compliance data and refocus their work in the clinical areas where compliance remains low on key topics, as well as the staff groups where this remains the case. This will be monitored by the monthly Mandatory Training Committee (MTC).

Employer of choice – area of underperformance

Sickness rate

Commentary

This indicator reports the percentage of sickness recorded in the organisation against the overall hours. The organisation has set itself a target of 3.39% as this aligns with national recommendations. The rate of absence provides an indication of the wider health of the business as it takes consideration of various factors such as motivation and the general health & well being of the workforce.

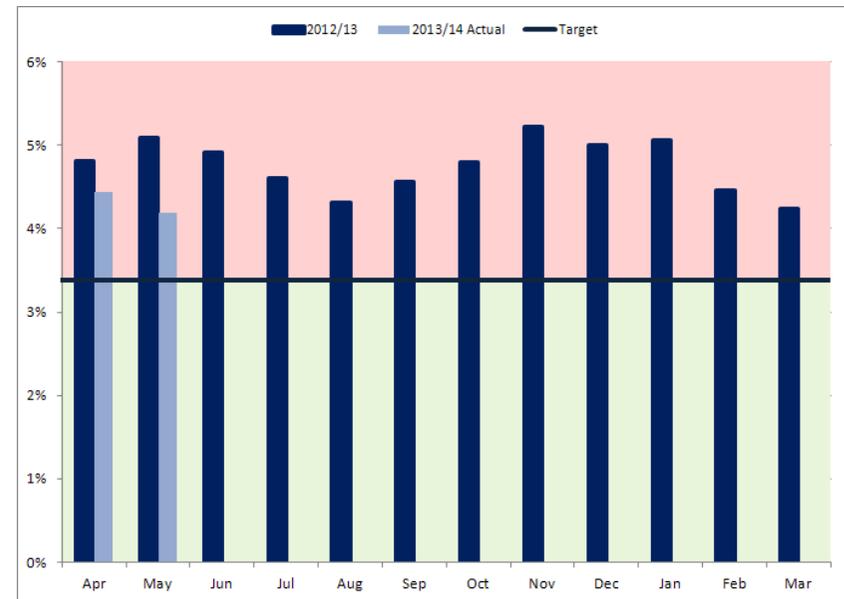
The absence rate for May 2013 is now at 4.19% which is a reduction from the previous month. We are aware of significant areas of high sickness absence with particular emphasis on Rugby St. Cross which was highlighting a sickness rate above 10%. However, this has improved significantly and is now just above 7%.

In order to provide improved and sustained performance alongside this indicator the following actions are either in place or are planned to take place:

The HR Team are working alongside particular areas where there are high rates of sickness in order to provide interventions that can assist with lowering absence rates.

There is an absence campaign underway and also recognition of those with 100% in the previous 12 months.

Overall Trust position



Domain 4: Leading research based health organisation

Domain Summary – Leading research based health care organisation

Commentary

In this summary, we have outlined the overall performance for the Trust for all of the **Leading research based health care organisation** indicators. Where the Trust has achieved the required target for the year to date, there are no areas of concern.

The only KPI currently in this domain is the **number of patients recruited into NIHR portfolio**. This indicator has an outturn of 386, which exceeds the year to date target of 354.

Development work is underway to incorporate two further KPIs in this domain:

1. The percentage of commercially funded studies where the first patient is recruited within 70 days of receipt of the research application. This indicator will be reported for the first time in August for July's data.
2. Peer-reviewed publications from UHCW staff. This indicator will be reported in October for September's data.

Domain 5: To be a leading training & education centre

Domain Summary – Leading training & education centre

Commentary

The **Job Evaluation Survey Tool (JEST)** figure has been included in the report for the first time this month. The Job Evaluation Survey is run by the West Midlands Deanery and includes responses from all trainee doctors (foundation and specialty trainees). The date range reported this time is August 2012 to April 2013. There are three key reporting dates throughout the year; April, August and December and these updates will be included within the IPR upon release. A set number of questions are included in the survey with responses ranging from 5 (excellent) to 1 (unsatisfactory). Any responses of 1 and 2 are considered low. The score represents an average of all responses. The target has been set at 3.5 to allow for future improvement. The figure included this month is **3.7** which is marginally above the target.

In this summary, we have outlined the 2 KPIs that are being scoped for inclusion in future reports to reflect the organisations realisation of this objective.

GMC Annual Survey

This survey of all trainees' is undertaken during March and April each year and results compiled by the Deanery. Information could be presented as a Trust overview and may be comparable with other Trusts. It could also be shown at specialty level for internal reporting as well as good practice identification and to highlight concerns and trends. The target would be no unsatisfactory ratings.

GMC accreditation standards

These are new standards for all teachers / trainers of junior medical staff. The standards aren't yet in force but will be by 2015. They will vary according to the specific role. UHCW are completing their initial gap analysis survey. Once complete this could be reported and updated periodically throughout the year (3 monthly at most).

In theory 100% of undergraduate trainers and 100% of post graduate trainers should meet GMC requirements. As this is a new requirement a 90% target is thought to be challenging yet realistic.

Appendix 1: Financial Statements

Month 2 – 2013/14

Statement of Comprehensive Income – Primary Statement

University Hospitals 
Coventry and Warwickshire

NHS Trust

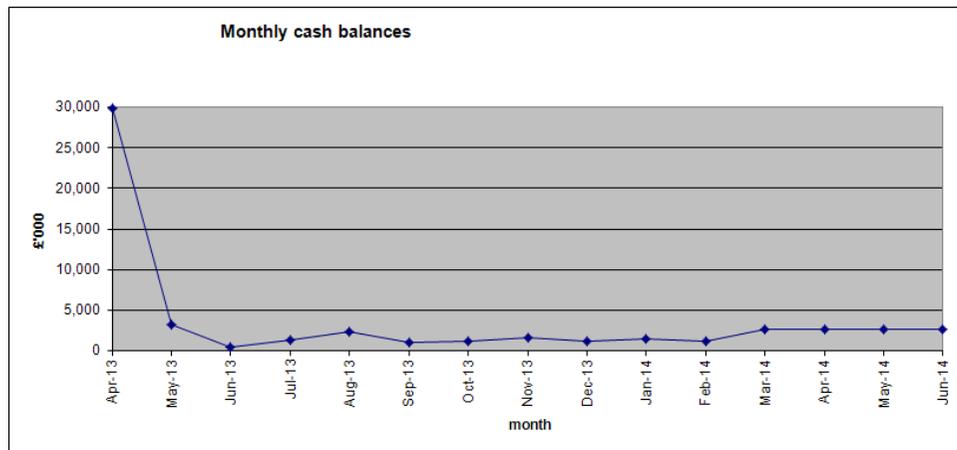
Statement of Comprehensive Income	2013/14			Year To Date			Month		
	Plan £000	Forecast Outturn £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Income									
Income from Activities	448,198	444,646	(3,552)	75,431	73,014	(2,417)	39,210	37,945	(1,265)
Other Operating Income	66,428	66,049	(379)	11,056	11,113	57	5,259	5,245	(14)
Total Income	514,626	510,695	(3,931)	86,487	84,127	(2,360)	44,469	43,190	(1,279)
Operating Expenses									
Pay	(282,223)	(309,562)	(27,339)	(48,994)	(50,481)	(1,487)	(24,526)	(25,348)	(822)
Non Pay	(172,194)	(176,631)	(4,437)	(30,284)	(28,971)	1,313	(15,224)	(14,371)	853
CIP gap to target delivery	0	12,096	12,096						
Additional savings required	0	14,864	14,864						
Reserves	(9,676)	(1,133)	8,543	(1,489)	275	1,764	(581)	(87)	494
Total Operating Expenses	(464,093)	(460,366)	3,727	(80,767)	(79,177)	1,590	(40,331)	(39,806)	525
EBITDA	50,533	50,329	(204)	5,720	4,950	(770)	4,138	3,384	(754)
EBITDA Margin %	9.8%	9.9%		6.6%	5.9%		9.3%	7.8%	
Non Operating Items									
Profit / loss on asset disposals	0	8	8	0	8	8	0	8	8
Fixed Asset Impairments	0	0	0	0	0	0	0	0	0
Depreciation	(19,833)	(19,833)	0	(3,306)	(3,288)	18	(1,653)	(1,644)	9
Interest Receivable	83	88	5	14	19	5	7	5	(2)
Interest Charges	(272)	(272)	0	(45)	(45)	0	(23)	(23)	0
Financing Costs	(25,292)	(25,292)	0	(4,215)	(4,225)	(10)	(2,108)	(2,118)	(10)
PDC Dividend	(2,719)	(2,528)	191	(453)	(421)	32	(227)	(195)	32
Total Non Operating Items	(48,033)	(47,829)	204	(8,005)	(7,952)	53	(4,004)	(3,967)	37
Net Surplus/(Deficit)	2,500	2,500	0	(2,285)	(3,002)	(717)	134	(583)	(717)
	0.5%	0.5%		-2.6%	-3.6%		0.3%	-1.4%	

Month 2 – 2013/14
Statement of Financial Position

Prior Year Outturn £000	Statement of Financial Position	2013/14 Forecast Outturn			Year To Date			Month		
		Plan £000	Forecast Outturn £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
	Non-current assets									
340,122	Property, plant and equipment	362,328	357,252	(5,076)	345,420	339,817	(5,603)	1,072	(4,232)	(5,304)
112	Intangible assets	112	112	0	112	113	1	0	0	0
3,515	Investment Property	3,515	3,515	0	3,515	3,515	0	0	0	0
36,902	Trade and other receivables	30,081	30,081	0	36,964	36,857	(107)	(1,826)	(175)	1,651
380,651	Total non-current assets	396,036	390,960	(5,076)	386,011	380,302	(5,709)	(754)	(4,407)	(3,653)
	Current assets									
9,864	Inventories	10,864	10,864	0	9,864	9,507	(357)	0	(161)	(161)
21,252	Trade and other receivables	18,685	18,679	(6)	23,892	23,929	37	(8,488)	12,110	20,598
3,968	Cash and cash equivalents	2,562	2,562	0	6,343	3,198	(3,145)	212	(26,714)	(26,926)
35,084		32,111	32,105	(6)	40,099	36,634	(3,465)	(8,276)	(14,765)	(6,489)
453	Non-current assets held for sale	0	0	0	453	227	(226)	0	(226)	(226)
35,537	Total current assets	32,111	32,105	(6)	40,552	36,861	(3,691)	(8,276)	(14,991)	(6,715)
416,188	Total assets	428,147	423,065	(5,082)	426,563	417,163	(9,400)	(9,030)	(19,398)	(10,368)
	Current liabilities									
(40,000)	Trade and other payables	(37,902)	(37,902)	0	(49,181)	(46,247)	2,934	9,129	11,546	2,417
(6,329)	Borrowings	(8,606)	(8,606)	0	(6,857)	(6,857)	0	0	(583)	(583)
0	DH Working Capital Loan	(500)	(500)	0	0	0	0	0	0	0
(1,500)	DH Capital loan	(2,160)	(2,160)	0	(1,500)	(1,500)	0	0	0	0
(5,953)	Provisions	(192)	(192)	0	(5,953)	(5,119)	834	0	843	843
(18,245)	Net current assets/(liabilities)	(17,249)	(17,255)	(6)	(22,939)	(22,862)	77	853	(3,185)	(4,038)
362,406	Total assets less current liabilities	378,787	373,705	(5,082)	363,072	357,440	(5,632)	99	(7,592)	(7,691)
	Non-current liabilities:									
(279,618)	Trade and other payables									
0	Borrowings	(272,174)	(272,174)	0	(277,493)	(277,528)	(35)	40	2,065	2,025
(8,250)	DH Working Capital Loan	(4,500)	(4,500)	0	0	0	0	0	0	0
(2,418)	DH Capital loan	(12,695)	(12,695)	0	(8,250)	(8,250)	0	0	0	0
	Provisions	(2,359)	(2,353)	6	(2,418)	(2,545)	(127)	0	(127)	(127)
72,120	Total assets employed	87,059	81,983	(5,076)	74,911	69,117	(5,794)	139	(5,654)	(5,793)
	Financed by taxpayers' equity:									
24,870	Public dividend capital	24,870	24,870	0	24,870	24,870	0	0	0	0
9,234	Retained earnings	16,734	11,909	(4,825)	11,949	6,406	(5,543)	139	(5,403)	(5,542)
38,016	Revaluation reserve	45,455	45,204	(251)	38,092	37,841	(251)	0	(251)	(251)
72,120	Total Taxpayers' Equity	87,059	81,983	(5,076)	74,911	69,117	(5,794)	139	(5,654)	(5,793)

Month 2 – 2013/14 Cash Flow

Cash Flow	Apr-13 £000	May-13 £000	Jun-13 £000	Jul-13 £000	Aug-13 £000	Sep-13 £000	Oct-13 £000	Nov-13 £000	Dec-13 £000	Jan-14 £000	Feb-14 £000	Mar-14 £000	Total £'000
EBITDA	1,563	3,390	1,730	6,368	4,594	3,857	6,455	3,912	5,239	6,161	2,449	4,611	50,329
Donated assets received credited to revenue but non-cash	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest paid	(6,299)	(118)	(37)	(6,300)	(46)	(47)	(6,300)	(46)	(45)	(6,298)	(44)	(45)	(25,625)
Dividends paid	0	0	0	0	0	(1,364)	0	0	0	0	0	(1,262)	(2,626)
Increase/(Decrease) in provisions	9	(716)	(48)	0	(1,666)	0	(48)	0	0	(48)	(2,000)	(1,309)	(5,826)
Operating cash flows before movements in working capital	(4,727)	2,556	1,645	68	2,882	2,446	107	3,866	5,194	(185)	405	1,995	16,252
Movements in Working Capital	32,147	(24,452)	(808)	4,675	(82)	(1,432)	2,595	(2,054)	(4,582)	5,309	2,932	(7,793)	6,455
Net cash inflow/(outflow) from operating activities	27,420	(21,896)	837	4,743	2,800	1,014	2,702	1,812	612	5,124	3,337	(5,798)	22,707
Capex spend	(1,409)	(3,575)	(3,589)	(2,527)	(1,789)	(1,621)	(1,023)	(1,347)	(1,040)	(3,290)	(3,554)	(3,618)	(28,382)
Interest received	13	5	7	7	7	7	7	7	7	7	7	7	88
Cash receipt from asset sales		234		227									461
Net cash inflow/(outflow) from investing activities	(1,396)	(3,336)	(3,582)	(2,293)	(1,782)	(1,614)	(1,016)	(1,340)	(1,033)	(3,283)	(3,547)	(3,611)	(27,833)
CF before Financing	26,024	(25,232)	(2,745)	2,450	1,018	(600)	1,686	472	(421)	1,841	(210)	(9,409)	(5,126)
Public Dividend Capital received													
Public Dividend Capital repaid													
DH loans repaid	0	0	0	0	0	(750)	0	0	0	0	0	(750)	(1,500)
Capital Element of payments in respect of finance leases and PFI	(25)	(1,482)	(40)	(1,502)	(40)	(40)	(1,502)	(40)	(40)	(1,500)	(60)	(59)	(6,330)
Drawdown of new DH loans	0	0	0	0	0	0	0	0	0	0	0	11,605	11,605
Net cash inflow/(outflow) from financing	(25)	(1,482)	(40)	(1,502)	(40)	(790)	(1,502)	(40)	(40)	(1,500)	(60)	10,796	3,775
Net cash outflow/inflow	25,999	(26,714)	(2,785)	948	978	(1,390)	184	432	(461)	341	(270)	1,387	(1,351)
Opening Cash Balance	3,913	29,912	3,198	413	1,361	2,339	949	1,133	1,565	1,104	1,445	1,175	3,913
Closing Cash Balance	29,912	3,198	413	1,361	2,339	949	1,133	1,565	1,104	1,445	1,175	2,562	2,562



Month 2 – 2013/14 Capital Expenditure

Capital Resource Limit (CRL)	2013/14			Year To Date			Month		
	Plan £000	Forecast Outturn £000	Variance fav/(adv) £000	Plan £000	Actual £000	Variance fav/(adv) £000	Plan £000	Actual £000	Variance fav/(adv) £000
Confirmed CRL	0	0	0	0	0	0	0	0	0
Forecast CRL Adjustments for PFI	14,372	14,372	0	1,826	1,826	0	1,826	1,826	0
Forecast CRL Adjustments for non PFI	14,775	14,775	0	1,702	1,702	0	899	1,206	307
Total Forecast CRL	29,147	29,147	0	3,528	3,528	0	2,725	3,032	307
Capital Expenditure Programme	2013/14			Year To Date			Month		
	Plan £000	Forecast Outturn £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Major Schemes									
PFI lifecycle	14,372	14,372	0	1,826	1,826	0	1,826	1,826	0
Site Infrastructure/access development	2,450	2,450	0	0	0	0	0	0	0
Hill-Rom critical care beds	586	586	0	0	0	0	0	0	0
Pathology Replacement Project (Net UHCW)	620	620	0	34	8	26	17	7	10
PACS Replacement Project	692	692	0	474	400	74	140	393	(253)
E'Prescribing	710	710	0	0	0	0	0	0	0
Technology Refresh - PC and peripherals including	750	750	0	10	62	(52)	0	62	(62)
VitalPAC Replacement scheme	940	940	0	0	0	0	0	0	0
Aggregated Other Schemes	8,480	8,480	0	1,184	690	494	742	202	540
Total Capital Expenditure	29,600	29,600	0	3,528	2,986	542	2,725	2,490	235
Less: Donated/granted Asset Purchases	0	0	0	0	0	0	0	0	0
Less: Book value of assets disposed of:	453	453	0	0	226	226	0	226	226
Net Charge against CRL	29,147	29,147	0	3,528	2,760	768	2,725	2,264	461
Under/(Over)Commitment against CRL (total)	0	0	0	0	768	768	0	768	768

Month 2 – 2013/14 Capital Financing

	2013/14 Plan £'000
Capital Expenditure	
Gross Capital Expenditure	29,600
Less: PFI Capital Expenditure	(14,372)
Total Non-PFI Capital Expenditure	15,228
Capital Financing	
Depreciation	
Gross Depreciation	19,833
Less: PFI Depreciation	(12,492)
Net Depreciation	7,341
Movement in Capital Payables/Receivables	
Finance Lease Repayments (non-PFI)	(484)
New Finance Leases (non-PFI)	1,218
Other Capital Payables/Receivables (non-PFI)	0
Movement in Capital Payables/Receivables	734
Other Funding Sources	
Grants and Donations	0
Net Book Value of Non-Current Asset Disposals	453
Other Funding Sources	453
Revenue Surplus	
Surplus for the Year	2,500
Less: Applied to Finance PFI	(905)
Less: Applied to Working Capital Loan Repayments	0
Less: Applied to Other Working Capital	0
Surplus Applied to Capital	1,595
Total Internally Generated Funds	10,123
External Funding	
New Public Dividend Capital (PDC)	0
New Capital Investment Loans (CIL)	6,605
Capital Investment Loan Repayments	(1,500)
Total External Funding	5,105
Total Capital Funding	15,228
Capital Surplus/(Deficit)	0

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO TRUST BOARD: PUBLIC

JUNE 2013

Subject:	Provider Management Regime
Report By:	Gail Nolan, Chief Finance Officer
Author:	Simon Reed, Senior Performance Manager
Accountable Executive Director:	Gail Nolan, Chief Finance 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
TDA	Trust Development 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:

While the Trust Development Authority (TDA) is in the process of establishing new reporting procedures, Providers are encouraged to maintain the completion and submission of the PMR return in its current format on the last working day of every month. The monthly template returns will continue to be signed off by the Trust Board to support good practice rather than requirement as this reflects the guidance of the TDA.

In addition to sustaining the PMR returns, the Trust must now complete two submissions to the TDA each month; the first a self-certification for Monitor compliance and the second self-certification for Board statements. The Board statement template asks the same questions as the Board Statement sheet in the PMR template, with updated references to the TDA's Accountability Framework, the exception being the omission of the Financial Risk Rating statement (Statement 4). The submissions were required mid-month for the first one made in May although a request has been made by the Trust to seek alignment to the PMR process timescales. **Appendix A** is the submission made for Monitor compliance and **Appendix B** the submission made for Board statements.

The Provider Management Regime (PMR) process became fully operational across the former SHA region from April 2012. This regime was introduced to support Trusts, by working 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.

As well as sections for Board statements, Quality, Financial Risk Ratings (FRR) and Financial Triggers, Governance Risk Ratings (GRR) and Contractual data, the return also includes a section for Trusts to demonstrate progress against their Tripartite Formal Agreement (TFA) to become a Foundation Trust.

The Overriding Rules in the Governance Risk Rating Section of the PMR are the same as the governance red-rated overrides in the 2012/13 Monitor Compliance Framework and have been applied at the discretion of the Midlands and East SHA prior to April 2013 and by the TDA in April 2013. 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 it has the discretion to intervene. A similar approach to Monitor is being taken whereby Trusts' whose overriding rules have been applied will be deemed "unauthorisable".

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO TRUST BOARD: PUBLIC

JUNE 2013

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
JUN-12	Amber/Red (2.0)	Green (3.0)
JUL-12	Green (1.0)	Red (2.0)
AUG-12	Green (1.0)	Red (2.0)
SEP-12	Green (0.0)	Red (2.0)
OCT-12	Red (4.0)	Red (2.0)
NOV-12	Red (4.0)	Red (2.0)
DEC-12	Red (4.0)	Red (2.0)
JAN-13	Red (4.0)	Red (2.0)
FEB-13	Red (4.0)	Red (2.0)
MAR-13	Red (4.0)	Red (2.0)
APR-13	Red (4.0)	Red (1.0)
MAY-13	Red (4.0)	Red (2.0)

The Governance Risk Rating of Red (4.0) for May 2013 is because of the continuation of the application of the overriding rule which was first applied by the then SHA in January 2013. This automatically gave an overall weighting of 4 and was retrospectively applied back to October 2012.

Note: the scoring in the PMR return has changed so that a GRR weighting of greater than or equal to 1 but less than 2 will give a rating of Amber/Green (in the previous version used for reporting performance for July to October 2012 a score of 1 or under gave a rating of Green). The error in the GRR section of the PMR template which is incorrectly applying an additional weighting against the c-diff metric for quarter 3 is still to be amended by the TDA (previously this was to be resolved by the SHA).

Appendix C is UHCW's proposed submission to the TDA at the end of June 2013.

Specified areas of insufficient assurance and associated actions are:

- A&E - maximum waiting time of four hours from arrival to admission/transfer/discharge:
 - ED recovery plan: This has been signed off by COG and the steering group has been established and has met to review progress of each work stream.
 - Site Operations Team: Recruitment for the substantive site operations team is progressing well with interviews scheduled for 24 & 25 June. Two workshops have been held with UNIPART focusing on visual management for the new team and discussions around supporting team development are underway.
 - Bed modelling: CD Group are considering best option for bed reconfiguration – decision to be discussed at COG/CD group in 21st June 2013.
 - Acute Medical Model: Advert in BMJ on 17 June for Acute Physicians and Gerontologists. 1st stage interview for 3 candidates are scheduled for 24 June 2013 and a second date will be scheduled following the closure of the advert. Interviews for the Gerontology consultant posts are being scheduled for July 2013.
 - ED Model:
 - A 'See and treat model' trial commenced on 17 June 2013 with approximately 30 patients being seen. It will run daily from 12:00 to 20:00 with continuous review.
 - A progress review meeting for the RATT operations policy was held on 17 June and the start date is planned for mid to end of July.
 - Minors streaming progress meeting was held on 12 June and the anticipated start date is beginning of July
 - Recruitment for the ENP service is underway.
- Financial Risk Rating (FRR) - The governance declaration is based on the year to date FRR. The Trust has

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO TRUST BOARD: PUBLIC

JUNE 2013

recorded an FRR 2 for month two of the 2013/14 financial year, driven by poor liquidity and a low surplus margin.

- Board Statement 4 asks the board to confirm that the Trust will maintain a financial risk rating of at least 3 over the next 12 months. The 2013/14 financial plan is currently forecast to have a financial risk rating (FRR) of 2. This is due to the liquidity metric being less than 10 days. The route to improving liquidity is to target increasing revenue surpluses.

It is noted that if the Board does not self certify against Board Statement 4, UHCW could be deemed to be in escalation by the TDA.

SUMMARY OF KEY RISKS:

- **The Governance Risk Rating and Financial Risk Rating are showing as Red**
- **The overriding rule against the 95%, 4-hour A&E target has been applied for October, November and December 2012 and January, February, March, April and May 2013**
- **In line with the current 2013/14 financial plan, the board does not self-certify against Board Statement 4.**

RECOMMENDATION / DECISION REQUIRED:

- Trust Board to approve the Provider Manager Regime return based on May 2013 data for onward submission to the TDA. (It is noted that there has been no significant change since last month in the performance reported in this month's submission)
- 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 and A&E.
- It is recommended that, in line with the current 2013/14 financial plan, the board does not self-certify against Board Statement 4.
- Trust Board to note the new monthly submissions that are now being made to the TDA.

IMPLICATIONS:

Financial:	N/A
HR / Equality & Diversity:	N/A
Governance:	Performance against the PMR submission will impact on the trust's 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:
May 2013
NHS Trust Over-sight self certification template

Returns to XXX by the last working day of each

NHS Trust Governance Declarations : 2013/14 In-Year Reporting

Name of Organisation:	University Hospitals Coventry & Warwickshire NHS Trust	Period:	May 2013
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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)	R
Normalised YTD Financial Risk Rating (Assign number as per SOM guidance)	2

* Please type in R, AR, AG or G and assign a number for the FRR

Governance Declarations

Declaration 1 or declaration 2 reflects whether the Board believes the Trust is currently performing at a level compatible with FT authorisation.

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 sufficiently assured in its ability to declare conformity with **all** of the Clinical Quality, Finance and Governance elements of the Board Statements.

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

At the current time, the board is yet to gain sufficient assurance to declare conformity with all of the Clinical Quality, Finance and Governance elements of the Board Statements.

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

Signed by :		Print Name :	Nick Stokes
on behalf of the Trust Board	Acting in capacity as:		Deputy Chairman

If Declaration 2 has been signed:

For each target/standard, 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 :	Continuing pressures with a rise in both volume and acuity of medical admissions
Action :	<ul style="list-style-type: none"> o ED recovery plan: This has been signed off by COG and the steering group has been established and has met to review progress of each work stream. o Site Operations Team: Recruitment for the substantive site operations team is progressing well with interviews scheduled for 24 & 25 June. Two workshops have been held with UNIPART focusing on visual management for the new team and discussions around supporting team development are underway. o Bed modelling: CD Group are considering best option for bed reconfiguration – decision to be discussed at COG/CD group in 21st June 2013. o Acute Medical Model: Advert in BMJ on 17 June for Acute Physicians and Gerontologists. 1st stage interview for 3 candidates are scheduled for 24 June 2013 and a second date will be scheduled following the closure of the advert. Interviews for the Gerontology consultant posts are being scheduled for July 2013. o ED Model: <ul style="list-style-type: none"> • A 'See and treat model' trail commenced on 17 June 2013 with approximately 30 patients being seen. It will run daily from 12:00 to 20:00 with continuous review. • A progress review meeting for the RATT operations policy was held on 17 June and the start date is planned • Minors streaming progress meeting was held on 12 June and the anticipated start date is beginning of July • Recruitment for the ENP service is underway.

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 based on the year to date FRR. The Trust has recorded an FRR 2 for the month two position, driven by poor liquidity and a low surplus margin. This also results in Trust being unable to self certify against Board Statement 4 (that the Trust will continue to maintain a financial risk rating of at least 3 over the next 12 months).

Target/Standard:	
The Issue :	
Action :	

Target/Standard:	
The Issue :	
Action :	

Target/Standard:	
The Issue :	
Action :	

Board Statements

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 SOM's Oversight 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 at all times 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 occurrence 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 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 Governance Risk Rating; and a commitment to comply with all commissioned targets going forward.	✓
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, and that any elections to the shadow board of governors are held in accordance with the election rules.	✓
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 plan; and the management structure in place is adequate to deliver the annual plan.	✓
Signed on behalf of the Trust:		Date
CEO		29/05/2013
Chair		29/05/2013

QUALITY

University Hospitals Coventry & Warwickshire NHS Trust

Information to inform the discussion meeting

Insert Performance in Month

Refresh Data for new Month

Criteria	Unit	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Jan-13	Mar-13	Apr-13	May-13	Board Action
1 SHMI - latest data	Score	105.3	106.1	106.1	106.1	107.4	107.4	107.4	103.4	103.4	103.4	103.0	103.0	The SHMI is produced and published quarterly by the NHS IC. 103.3 relates to published data in April. SHMI's first publication was end of October 2011
2 Venous Thromboembolism (VTE) Screening	%	92.3	93.1	93.2	92.6	93	93.68	93.66	93.87	95.88	95.73	95.88	96.07	
3a Elective MRSA Screening	%	136.36	135.22	136.62	137.37	137.6	140.8	129.96	131.39	122.37	125.6	120.2	114.67	1360 tests were undertaken on patients needing screening out of the 1186 total number of admissions.
3b Non Elective MRSA Screening	%	69.9	70.3	71.1	76.2	70.3	72	69.42	77.21	70.22	68.12	66.69	69.58	
4 Single Sex Accommodation Breaches	Number	0	0	0	0	0	0	0	0	0	0	0	0	
5 Open Serious Incidents Requiring Investigation (SIRI)	Number	22 2	24 6	19 7	21 7	21 5	22 7	28 1	22 2	36 8	30 4	25 2	29 4	Open SIRIs Number that were over the 45 day target on the last day of
6 "Never Events" occurring in month	Number	1	0	0	0	0	1	1	0	0	1	0	1	Never events - 1 wrong implant/prosthesis
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	13	11	9 2	8 2	8 1	7 2	5 2	3 2	9 0	9 3	8 4	14 5	14 open CAS alerts. outstanding 5
9 RED rated areas on your maternity dashboard?	Number	1	2	3	2	4	3	3	3	3	3	1	0	
10 Falls resulting in severe injury or death	Number	3	4	1	2	3	2	4	1	2	3	1	4	interpreted as those falls incidents graded as 'major' or 'catastrophic'
11 Grade 3 or 4 pressure ulcers	Number	4	0	3	0	0	2	0	1	1	0	3	0	
12 100% compliance with WHO surgical checklist	Y/N	N	N	N	N	N	N	N	N	N	N	N	Y	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%, Nov 99.5%, Dec 99.7%, Jan 99.4%, Feb 99.7%, Mar 99.7%, Apr 99.7%, May-13 100% (99.97%)
13 Formal complaints received	Number	29	48	45	47	40	37	36	38	40	38	39	35	
14 Agency as a % of Employee Benefit Expenditure	%	2.94	3.39	4.1	2.84	4.23	3.7	3.17	4	3.86	5.17	5.51	6.28	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	%	4.73	4.62	4.32	4.56	4.79	5.23	5.00	5.06	4.46	4.24	4.43	4.19	
16 Consultants which, at their last appraisal, had fully completed their previous years PDP	%	53.39	46.23	52.98	55.62	57.49	59.94	63.93	64.35	65.41	63.45	62.06	58.24	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

FINANCIAL RISK RATING

University Hospitals Coventry & Warwickshire NHS Trust

Insert the Score (1-5) Achieved for each Criteria Per Month

Criteria	Indicator	Weight	Risk Ratings					Reported Position		Normalised Position*		Board Action
			5	4	3	2	1	Year to Date	Forecast Outturn	Year to Date	Forecast Outturn	
Underlying performance	EBITDA margin %	25%	11	9	5	1	<1	3	4	3	4	
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	4	4	4	4	
Financial efficiency	Net return after financing %	20%	>3	2	-0.5	-5	<-5	2	3	2	3	
	I&E surplus margin %	20%	3	2	1	-2	<-2	1	2	1	2	
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	1	1	1	1	
Weighted Average		100%						2.0	2.7	2.0	2.7	
Overriding rules								2	2	2	2	
Overall rating								2	2	2	2	

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	Unplanned breach of the PBC	No			
2	One Financial Criterion at "1"		2	2	2
3	One Financial Criterion at "2"		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

Refresh Triggers for New Quarter

	Criteria	Historic Data			Current Data				Board Action
		Qtr to Sep-12	Qtr to Dec-12	Qtr to Mar-13	Apr-13	May-13	Jun-13	Qtr to Jun-13	
1	Unplanned decrease in EBITDA margin in two consecutive quarters	Yes	Yes	Yes	No	Yes			EBITDA performance is behind plan for M2 of 2013/14
2	Quarterly self-certification by trust that the normalised financial risk rating (FRR) may be less than 3 in the next 12 months	Yes	Yes	Yes	Yes	Yes			The FRR is forecast to be less than 3 for 2013/14 given the poor liquidity position
3	Working capital facility (WCF) agreement includes default clause	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
4	Debtors > 90 days past due account for more than 5% of total debtor balances	Yes	Yes	Yes	No	No			Action - Continued 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	No	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 requires ongoing increases in liquidity - M2 2013/14 position also <10 days of operating expenditure
9	Capital expenditure < 75% of plan for the year to date	No	No	No	Yes	No			
10	Yet to identify two years of detailed CIP schemes		Yes	Yes	Yes	Yes			Development of 2 years of CIP schemes is progressing but not yet complete

GOVERNANCE RISK RATINGS

University Hospitals Coventry & Warwickshire NHS Trust

Insert YES, NO or N/A (as appropriate)

Refresh GRR for New Quarter

See Notes for further detail of each of the below indicators

Area	Ref	Indicator	Sub Sections	Thresh- old	Weight- ing	Historic Data			Current Data			Board Action	
						Qtr to Sep-12	Qtr to Dec-12	Qtr to Mar-13	Apr-13	May-13	Jun-13		Qtr to Jun-13
Effectiveness	1a	Data completeness: Community services comprising:	Referral to treatment information	50%	1.0	N/a	N/a	N/a	N/a	N/a			
			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	N/a				
		Patients dying at home / care home	50%	N/a	N/a	N/a	N/a	N/a					
	1c	Data completeness: identifiers MHMDS		97%	0.5	N/a	N/a	N/a	N/a				
	1c	Data completeness: outcomes for patients on CPA		50%	0.5	N/a	N/a	N/a	N/a				
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	Yes	No	No	No	No		hours. This means that UHCW's performance was at 92.82% or 2.18% below the minimum performance threshold of 95%. ACTIONS: o ED recovery plan: This has been signed off by COG and the steering group has been established and has met to review progress of each work stream. o Site Operations Team: Recruitment for the substantive site operations team is progressing well with interviews scheduled for 24 & 25 June. Two workshops have been held with UNIPART focusing on visual management for the new team and discussions around supporting team development are underway. o Bed modelling: CD Group are considering best option for bed reconfiguration – decision to be discussed at COG/CD group in 21st June 2013. o Acute Medical Model: Advert in BMJ on 17 June for Acute Physicians and Gerontologists. 1st stage interview for 3 candidates are scheduled for 24 June 2013 and a second date will be scheduled following the closure of the advert. Interviews for the Gerontology consultant posts are being scheduled for July 2013. o ED Model: o A 'See and treat model' trial commenced on 17 June 2013 with approximately 30 patients o A progress review meeting for the RATT operations policy was held on 17 June and the o Minors streaming progress meeting was held on 12 June and the anticipated start date is o Recruitment for the ENP service is underway.
		3f	Care Programme Approach (CPA) patients, comprising:	Receiving follow-up contact within 7 days of discharge Having formal review within 12 months	95% 95%	1.0	N/a	N/a	N/a	N/a	N/a		
	3g	Minimising mental health delayed transfers of care		≤7.5%	1.0	N/a	N/a	N/a	N/a	N/a			
	3h	Admissions to inpatients services had access to Crisis Resolution/Home Treatment teams		95%	1.0	N/a	N/a	N/a	N/a	N/a			
	3i	Meeting commitment to serve new psychosis cases by early intervention teams		95%	0.5	N/a	N/a	N/a	N/a	N/a			
	3j	Category A call – emergency response within 8 minutes	Red 1	80%	0.5	N/a	N/a	N/a	N/a	N/a			
			Red 2	75%	0.5	N/a	N/a	N/a	N/a	N/a			
	3k	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0	N/a	N/a	N/a	N/a	N/a			
Safety	4a	Clostridium Difficile	Is the Trust below the de minimus	12	1.0	No	No	No	Yes	Yes		In April 2013 there were 3 c-diff infections in UHCW against a target of 6. The SHA have confirmed the spreadsheet is applying a weighting of 1 for this metric where Trusts are exceeding the de minimus.	
			Is the Trust below the YTD ceiling	Enter contractual ceiling		Yes	Yes	No	Yes	Yes			
	4b	MRSA	Is the Trust below the de minimus	6	1.0	Yes	Yes	Yes	Yes	Yes		No MRSA for April 2013	
			Is the Trust below the YTD ceiling	Enter contractual ceiling		Yes	Yes	Yes	Yes	Yes			
		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						1.0	2.0	2.0	1.0	1.0	0.0	0.0	

RAG RATING :

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

Insert YES, NO or N/A (as appropriate)

Refresh GRR for New Quarter

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

Historic Data | Current Data

Overriding Rules - Nature and Duration of Override at SHA's Discretion

i)	Meeting the MRSA Objective	Greater than six cases in the year to date, and breaches the cumulative year-to-date trajectory for three successive quarters							
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 Reports important or significant 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.	Yes	Yes	Yes	Yes			UHCW did not achieve the 95%, 4-hour A&E target in Q3 2012/13. The target was not achieved in Q4 2012/13. UHCW has therefore failed to meet the A&E target twice in any two quarters over the last 12 months. UHCW did not achieve the target in October, November, December 2012 or January, February, March, April and May 2013. The SHA advised UHCW in January 2013 that the overriding rule will be applied retrospectively from October 2012 because this target has been failed in the subsequent nine-month period
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 either Red 1 or Red 2 targets for a third successive quarter							
vii)	Community Services data completeness	Fails to maintain the threshold for data completeness for: referral to treatment information for a third successive quarter; service referral information for a third successive quarter, or; treatment activity information for a third successive quarter							
viii)	Any other Indicator weighted 1.0	Breaches the indicator for three successive quarters.							
Adjusted Governance Risk Rating			1.0	4.0	4.0	4.0	4.0	0.0	0.0
			AG	R	R	R	R	G	G

CONTRACTUAL DATA

University Hospitals Coventry & Warwickshire NHS Trust

Information to inform the discussion meeting

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

Refresh Data for new Quarter

Criteria	Historic Data			Current Data				Board Action
	Qtr to Sep-12	Qtr to Dec-12	Qtr to Mar-13	Apr-13	May-13	Jun-13	Qtr to Jun-13	
1 Are the prior year contracts* closed?	Yes	Yes	Yes	Yes	Yes			
2 Are all current year contracts* agreed and signed?	Yes	Yes	Yes	No	Yes			Financial values are agreed. Terms and conditions are being validated. Final sign off date for the Arden CCGs was 20th May 2013.
3 Has the Trust received income support outside of the NHS standard contract e.g. transformational support?	Yes	Yes	Yes	Yes	Yes			
4 Are both the NHS Trust and commissioner fulfilling the terms of the contract?	Yes	Yes	Yes	Yes	Yes			
5 Are there any disputes over the terms of the contract?	No	No	No	No	No			
6 Might the dispute require third party intervention or arbitration?	No	No	No	No	No			
7 Are the parties already in arbitration?	No	No	No	No	No			
8 Have any performance notices been issued?	Yes	Yes	Yes	No	No			
9 Have any penalties been applied?	Yes	No	No	No	No			

*All contracts which represent more than 25% of the Trust's operating revenue.

TFA Progress

Jun-13

University Hospitals Coventry & Warwickshire NHS Trust

Select the Performance from the drop-down list

TFA Milestone (All including those delivered)		Milestone Date	Due or Delivered Milestones	Future Milestones	Board Action
1	SHA Interviews with the board, SHA initial meeting with the commissioners	Mar-12	Fully achieved in time		Completed
2	SHA/UHCW discussion of IBP/LTFM & PMR escalation meeting	Mar-12	Fully achieved in time		Completed
3	Self-assessment completion of BGAF	Mar-12	Fully achieved in time		Completed.
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		Risk to delivery within timescale	Revised timeline submitted to SHA 25th January 2013.
6	HDD1	Jan-13	Fully achieved in time	On track to deliver	Final report received and actions incorporated into plan.
7	Submit high quality draft of IBP/LTFM to SHA	Jan-13	Not fully achieved	Risk to delivery within timescale	Revised timeline submitted to SHA 25th January 2013
8	Final Draft of the IBP/LTFM to the SHA	Feb-13	Not fully achieved	Risk to delivery within timescale	Revised timeline submitted to SHA 25th January 2013
9	CQC Opinion received by SHA (SHA action)	Mar-13	Not fully achieved	Risk to delivery within timescale	This is an SHA action - revised timeline submitted to SHA on 25th January 2013
10	HDD 2	Mar-13	Not fully achieved	Risk to delivery within timescale	Delayed due to new timeline
11	Implement recommendations from HDD 1	Sep-13		On track to deliver	Revised timeline submitted to SHA 25th January 2013 - TBC
12	IBP to Board for review	Sep-13		On track to deliver	
13	HDD1 Reassessment	Dec-13		On track to deliver	Advised by SHA requirement to reassess HDD1 due to changes in service strategy model and replacement of Chair/NEDS
14	FT Readiness review NTDA/UHCW including PMR escalation meeting	Jan-14		On track to deliver	
15	Complete QGAF assessment	Mar-14		On track to deliver	
16	Board seminar BGAF, ICTstrategy, IBP and LTFM prior to submission to NTDA	Mar-14		On track to deliver	
17	Final IBP LTFM and supporting appendices to NTDA	Mar-14		On track to deliver	
18	BGAF external validation and CQC opinion	Apr-14		On track to deliver	
19	Formal 12 weeks public consultation	Jun-14		On track to deliver	Advised by NTDA that formal consultation required
20	HDD2 assessment	Dec-14		On track to deliver	
21	Board seminar on HDD2, financial plans and risks and BGAF	Mar-15		On track to deliver	
22	CCG letter of support	Mar-15		On track to deliver	
23	NTDA interview with HDD 2 lead and review of self certifications	Apr-15		On track to deliver	
24	Board seminar on final IBP HDD and BGAF	Apr-15		On track to deliver	
25	Completed IBP/LTFM to NTDA	Apr-15		On track to deliver	
26	NTDA/UHCW Board to Board (Full Voting Board), includes review of PMR	May-15		On track to deliver	
27	Submit FT application to the DH	Jun-15		On track to deliver	
28					
29					
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40					

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: <ul style="list-style-type: none"> - 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 MHMSD) to consist of: <ul style="list-style-type: none"> - 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/mhmsd/dq) Denominator: total number of entries
1d	Mental Health: CPA	Outcomes for patients on Care Programme Approach: <ul style="list-style-type: none"> • 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 reported month. • 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: <ul style="list-style-type: none"> - 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 do so will result in a red-rating.
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 nature is reached, the SHA will not score trusts failing individual cancer thresholds but only reporting a single patient breach over the quarter.
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	<p>7-day follow up:</p> <p>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.</p> <p>Denominator: the total number of people under adult mental illness specialties on CPA who were discharged from psychiatric inpatient care.</p> <p>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.</p> <p>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.</p> <p>For 12 month review (from Mental Health Minimum Data Set):</p> <p>Numerator: the number of adults in the denominator who have had at least one formal review in the last 12 months.</p> <p>Denominator: the total number of adults who have received secondary mental health services during the reporting period (month) who had spent at least 12 months in psychiatric inpatient care.</p> <p>For full details of the changes to the CPA process, please see the implementation guidance Refocusing the Care Programme Approach on the Department of Health's website.</p>
3g	Mental Health: DTOC	<p>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.</p> <p>Denominator: the total number of occupied bed days (consultant-led and non-consultant-led) during the month.</p> <p>Delayed transfers of care attributable to social care services are included.</p>
3h	Mental Health: I/P and CRHT	<p>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.</p> <p>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.</p> <p>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 demonstrated otherwise; 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.</p>
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	<p>For patients with immediately life-threatening conditions.</p> <p>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.</p> <p>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.</p>
4a	C.Diff	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 will apply a red rating and consider the trust for escalation.</p>
4b	MRSA	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>

OVERSIGHT: Monthly self-certification requirements - Board Statements Monthly Data.

CONTACT INFORMATION:



Enter Your Name:

Enter Your Email Address

Full Telephone Number:

Tel Extension:

SELF-CERTIFICATION DETAILS:



Select Your Trust:

Submission Date:

Reporting Year:

Select the Month

April

May

June

July

August

September

October

November

December

January

February

March

BOARD STATEMENTS:



The NHS TDA's role is to ensure, on behalf of the Secretary of State, that aspirant FTs are ready to proceed for assessment by Monitor. As such, the processes outlined here replace those previously undertaken by both SHAs and the Department of Health.

In line with the recommendations of the Mid Staffordshire Public Inquiry, the achievement of FT status will only be possible for NHS Trusts that are delivering the key fundamentals of clinical quality, good patient experience, and national and local standards and targets, within the available financial envelope.

BOARD STATEMENTS:



For CLINICAL QUALITY, that

1. The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (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.

1. CLINICAL QUALITY

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For CLINICAL QUALITY, that

2. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.

2. CLINICAL QUALITY

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For CLINICAL QUALITY, that

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.

3. CLINICAL QUALITY

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For FINANCE, that

4. The board is satisfied that the trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force from time to time.

4. FINANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

5. The board will ensure that the trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times.

5. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

6. All current key risks to compliance with the NTDA's Accountability Framework 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.

6. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

7. The board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance.

7. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

8. 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.

8. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

9. 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).

9. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

10. The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.

10. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

11. The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.

11. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

12. 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.

12. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

13. 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.

13. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

14. 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.

14. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

OVERSIGHT: Monthly self-certification requirements - Compliance Monitor Monthly Data.

CONTACT INFORMATION:



Enter Your Name:

Enter Your Email Address

Full Telephone Number:

Tel Extension:

SELF-CERTIFICATION DETAILS:



Select Your Trust:

Submission Date:

Reporting Year:

Select the Month

April

May

June

July

August

September

October

November

December

January

February

March

COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



1. **Condition G4** – Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions).
2. **Condition G5** – Having regard to monitor Guidance.
3. **Condition G7** – Registration with the Care Quality Commission.
4. **Condition G8** – Patient eligibility and selection criteria.

5. **Condition P1** – Recording of information.
6. **Condition P2** – Provision of information.
7. **Condition P3** – Assurance report on submissions to Monitor.
8. **Condition P4** – Compliance with the National Tariff.
9. **Condition P5** – Constructive engagement concerning local tariff modifications.

10. **Condition C1** – The right of patients to make choices.
11. **Condition C2** – Competition oversight.

12. **Condition IC1** – Provision of integrated care.

Further guidance can be found in Monitor's response to the statutory consultation on the new NHS provider licence: [The new NHS Provider Licence](#)

COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



Comment where non-compliant or at risk of non-compliance

1. Condition G4

Fit and proper persons as Governors and Directors.

Timescale for compliance:

2. Condition G5

Having regard to monitor Guidance.

Timescale for compliance:

3. Condition G7

Registration with the Care Quality Commission.

Timescale for compliance:

Comment where non-compliant or at risk of non-compliance

4. Condition G8

Patient eligibility and selection criteria.

Timescale for compliance:

Comment where non-compliant or at risk of non-compliance

5. Condition P1

Recording of information.

Timescale for compliance:

6. Condition P2

Provision of information.

Timescale for compliance:

7. Condition P3

Assurance report on submissions to Monitor.

Timescale for compliance:

8. Condition P4

Compliance with the National Tariff.

Timescale for compliance:

Comment where non-compliant or at risk of non-compliance

9. Condition P5

Constructive engagement concerning local tariff modifications.

Timescale for compliance:

Comment where non-compliant or at risk of non-compliance

10. Condition C1

The right of patients to make choices.

Timescale for compliance:

11. Condition C2

Competition oversight.

Timescale for compliance:

12. Condition IC1

Provision of integrated care.

Timescale for compliance:

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

WEDNESDAY 26 JUNE 2013

Subject:	Significant Incident Report
Report By:	Meghana Pandit, Chief Medical Officer
Author:	Yvonne Gatley, Associate Director of Governance (Patient Safety)
Accountable Executive Director:	Meghana Pandit, Chief Medical Officer

GLOSSARY

Abbreviation	In Full
SI	Significant incident

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 Trust Board with a quantitative summary of the significant incidents that were opened or closed during the period January – May 2013.

All SIs are reviewed at the weekly SI Group (excluding the healthcare-associated infections, which are discussed at the Infection Control Committee), who ensure that investigations are undertaken and appropriate actions are put in place to reduce identified risks.

Details of SI investigations are also presented monthly to the Patient Safety Committee and Quality Governance Committee.

Incidents that fall into the SIRI category (Significant Incident Requiring Investigation, NPSA definition) are also reported to the TDA and CCG. These incidents include healthcare-associated infections such as MRSA, C Difficile & Norovirus. Each has to be investigated by root cause analysis and the commissioners require a copy of the investigation report and action plan within a timescale of 45 working days from the date of notification, unless a clock-stop has been negotiated with them.

SUMMARY OF KEY ISSUES:

See report

- 49 SIs were opened during quarter 3: see report for details of types of incident
- 45 SI investigations were completed during the quarter
- There were 79 incidents reported as SIRIs (see definition above)

SUMMARY OF KEY RISKS:

- **Never events** – the Trust has conducted a corporate gap-analysis and continues to put in measures to minimise the risk of further never events. CMO has requested all specialties to review their practices against the guidance and thereby minimise the risk of a never event occurring. This analysis is being undertaken again by the Clinical Directors in June 2013. Compliance with the surgical safety checklist is monitored monthly.
- **Serious Falls** – the Falls Group is putting additional measures into practice to mitigate the risks based on the findings of the investigations.
- **Infection Control incidents** – Norovirus outbreaks are reportable as SIs. Each is managed by the Infection Prevention & Control Team to minimise risks to patients and to ensure timely re-opening of wards.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

WEDNESDAY 26 JUNE 2013

There was also an influenza outbreak during this period.

RECOMMENDATION / DECISION REQUIRED:

The Trust Board are asked to **RECEIVE** and **ACCEPT** the report.

IMPLICATIONS:

Financial:	
HR / Equality & Diversity:	
Governance:	Patient Safety
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:	DATIX Risk Management System
Data Quality Controls:	Internal quality checks
Data Limitations:	

SIGNIFICANT INCIDENT REPORT TO TRUST BOARD JUNE 2013

1.0 SUMMARY OF SIs (including Never Events) DISCUSSED AT SI GROUP JANUARY – MAY 2013

1.1 New SIs:

Jan	6
Feb	8
Mar	9
Apr	13
May	13
Total:	49

1.2 Completed SIs:

Jan	6
Feb	7
Mar	11
Apr	15
May	6
Total:	45

1.3 SIRIs (Serious Incidents Requiring Reporting) – i.e. to the commissioners

	<i>MRSA</i>	<i>Maternity</i>	<i>C Diff (deaths or outbreaks only)</i>	<i>Other infections</i>	<i>Pressure ulcers</i>	<i>Patient Falls</i>	<i>Other SIRIs</i>	<i>Total</i>
Jan	1	1	1	2	4	2	0	11
Feb	1	2	0	1	7	0	2	13
Mar	1	2	1	11	1	4	1	21
Apr	0	2	0	5	4	4	1	16
May	1	2	0	2	7	3	3	18
TOTAL:	4	9	2	21	23	13	7	79

1.4 Never events:

No. of Never Events reported this period:	2
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1. Type of Never event: Wrong implant/prosthesis

Hip replacement operation. A 28mm cup was implanted with a 32mm head instead of 28mm. Noticed when the surgeon was writing the operation notes. The patient had to be reanaesthetised and the femoral head was changed.

2. Type of Never event: Wrong implant/prosthesis

Cataract operation. Wrong diopter lens inserted, noticed by the surgeon when writing the operation notes. Patient returned to theatre where lens was replaced with correct diopter.

SIGNIFICANT INCIDENT REPORT TO TRUST BOARD JUNE 2013

1.5 SIs opened 1/01/13 – 31/05/13 by Specialty and Type of Adverse Event

	Acute Physicians	Cardiothoracic Surgery	Emergency Department	Endocrinology	ENT	Gastroenterology	General Surgery	Hospital at Night Team	ICT	Infection Control	Gerontology	Neonatology	Renal services	Neurology	Obstetrics	Ophthalmology	Orthopaedics	Critical Care	Radiology	Respiratory medicine	Urology	Total	
Unauthorised access or use of password	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Adverse reaction when drug used as intended	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Delay / difficulty in obtaining clinical assistance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Capacity issues - staffing and patients	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Healthcare associated cross infection	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Diagnosis - wrong	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Dose or strength was wrong or unclear	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Inadequate handover of care	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Fall from a height, bed or chair	0	0	1	1	0	0	0	0	0	0	3	0	0	1	0	0	0	0	0	0	0	1	7
Inappropriate Transfer	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	2
Intra Uterine Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	3
Methicillin Resistant Staphylococcus Aureus	0	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Unexpected admission to Neo-Natal Unit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	2
Patient incorrectly identified	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Respiratory arrest	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Fall on level ground	0	0	0	1	1	1	0	0	0	0	4	0	1	1	0	0	0	0	0	2	0	0	11
Lack of suitably trained / skilled Nursing Staff	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Stillbirth	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	2
Unplanned return to theatre	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Treatment/procedure - inappropriate/wrong	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1

SIGNIFICANT INCIDENT REPORT TO TRUST BOARD JUNE 2013

	Acute Physicians	Cardiothoracic Surgery	Emergency Department	Endocrinology	ENT	Gastroenterology	General Surgery	Hospital at Night Team	ICT	Infection Control	Gerontology	Neonatology	Renal services	Neurology	Obstetrics	Ophthalmology	Orthopaedics	Critical Care	Radiology	Respiratory medicine	Urology	Total	
Unplanned admission / transfer to specialist care unit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	2
Unexpected deterioration following treatment/procedure	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Failed Instrumentation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Failure to act on adverse symptoms	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Totals:	1	1	7	3	1	2	1	1	1	1	11	2	3	3	10	1	2	1	2	4	2	49	

SIGNIFICANT INCIDENT REPORT TO TRUST BOARD JUNE 2013

1.6 Completed SIs 1/01/13 – 31/05/13 by Specialty and Type of Adverse Event

	Acute Physicians	Cardiothoracic Surgery	Colorectal Surgery	Emergency Department	Endocrinology	Gastroenterology	General Surgery	Hospital at Night Team	ICT	Infection Control	Cardiology	Gerontology	Neonatology	Renal services	Neurology	Neurosurgery	Obstetrics	Orthopaedics	Paediatrics	Radiology	Respiratory medicine	Retinal Screening	Urology	Total
Delay / difficulty in obtaining clinical assistance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Breach of patient confidentiality	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Diagnosis - wrong	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Inadequate handover of care	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Fall from a height, bed or chair	0	0	0	1	0	0	0	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	1	5
Breach of confidentiality of staff records or information	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Inappropriate Transfer	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Intra Uterine Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	2
Equipment damaged / faulty	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Failure of a device or equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Methicillin Resistant Staphylococcus Aureus	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Unexpected admission to Neo-Natal Unit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	2
Medicine not administered	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Failure of IT systems	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Retained needle/swab/instrument	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	2
Operation or procedure wrongly sited	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Fall on level ground	0	0	0	0	0	1	0	0	0	0	0	2	0	0	1	1	0	2	0	0	1	0	0	8
Stillbirth	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	2
Unplanned admission / transfer to specialist care unit	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	1	0	0	0	0	4
Unexpected deterioration following treatment/procedure	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Failure to act on adverse test results or images	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Failed Instrumentation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Delay or failure to monitor	1	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	3
Totals:	1	1	1	3	2	2	1	1	1	2	1	8	3	2	3	3	9	6	1	2	3	1	2	45

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

WEDNESDAY 26 JUNE 2013

Subject:	Mortality
Report By:	Meghana Pandit, Chief Medical Officer
Author:	Alexander Brough, Mortality Review Facilitator
Accountable Executive Director:	Meghana Pandit, Chief Medical Officer

GLOSSARY

Abbreviation	In Full
HSMR	Hospital Standardised Mortality Ratio
SHMI	Summary Hospital-Level Mortality Indicator
MRC	Mortality Review Committee
CuSUM	Cumulative Sum
QIPS	Quality, Improvement and Patient Safety

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	N/A
Approx. Length	N/A

PURPOSE OF THE REPORT / PRESENTATION:

To provide the Trust Board with a quantitative summary of Trustwide mortality data for February and March 2013 (there is a 2-month time lag for this data).

To provide the Trust Board with an update on the status of any closed and ongoing Dr Foster mortality alerts.

SUMMARY OF KEY ISSUES:

The Trust's HSMR for March 2013 is 90.2 which is below the national benchmark of 100 and the peer group average of 93.4. This is a decrease from February's figure of 103.9.

The Trust's latest SHMI figure is 103.00 which is above the national benchmark but it is not a significant outlier.

SHMI is a different measure of mortality, which includes both in-hospital and 30 day mortality. These deaths are attributed to the hospital where the patient leaves the health care system and is risk adjusted for fewer factors than are used in HSMR and it excludes palliative care.

Dr Foster Mortality Alerts

There has been a total of 19 mortality alerts since January 2013. A breakdown of these alerts is as follows:

Green Alerts - 14

A Green Alert is a diagnosis or procedure group with an expected outcome at least twice as low as National benchmark or relative risk significantly better than benchmark

- Septicaemia (except in labour) (alerted three times)
- Fluid and electrolyte disorders (alerted twice)
- Acute Bronchitis (alerted in twice)
- Secondary Malignancies
- Cardiac Dysrhythmias
- Pneumonia (alerted twice)

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

WEDNESDAY 26 JUNE 2013

- Gastrointestinal Haemorrhage
- Other Lower Respiratory Diseases

Blue Alerts - 3

A Blue Alert is for a High Relative Risk which is significantly worse than benchmark.

- Therapeutic Endoscopic Procedures on the Biliary Tract
- Clip and Coil Aneurysms
- Excision of colon and/or rectum

Red Alerts – 2

A Red Alert is where the expected outcome at least twice as high as National benchmark, triggering negative CuSUM alert.

- Liveborn
- Drainage through Perineal Region

All mortality alerts are discussed at MRC on a monthly basis. If they are a negative alert (red or high relative risk alert) they are investigated by an appropriate senior clinician and any findings are reported back to MRC.

Dr Foster Mortality Alert Investigations

Of the 7 alerts that have required investigation since January 2013 the following investigations have taken place:

- Liveborn
 - This alerted due to a coding error which has since been corrected.
- Therapeutic Endoscopic Procedures on the Biliary Tract
 - An investigation took place finding no significant deficiencies in care. However two case studies were reported to specialty QIPS meetings for learning.
- Clip and Coil Aneurysms
 - An investigation took place finding no significant deficiencies in care. However, an audit was conducted of these patients and the findings have been reported by to MRC. This audit will also be repeated to monitor this group of patients.

The alerts for Drainage through Perineal Region and Excision of colon and/or rectum are due to take place.

There are two alerts from prior to January 2013 with ongoing actions:

- Urinary Tract Infection
 - The investigation has been completed and there is an action plan in progress with some actions completed.
- Other Femoral Bypass
 - The investigation has been completed and there is an action plan in progress. The outcomes of this are due to be reported back to MRC in due course.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

WEDNESDAY 26 JUNE 2013

SUMMARY OF KEY RISKS:

Rising mortality will indicate failure of implementation with internal safety measures.

RECOMMENDATION / DECISION REQUIRED:

The Trust Board are asked to **RECEIVE** and **ACCEPT** the report.

IMPLICATIONS:

Financial:	
HR / Equality & Diversity:	
Governance:	Patient Safety
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:	

DR FOSTER MORTALITY REPORT – TRUST BOARD
 – May and June 2013

SUMMARY FOR DR FOSTER DATA – 28th February 2013
 (2 Month Time Lag)

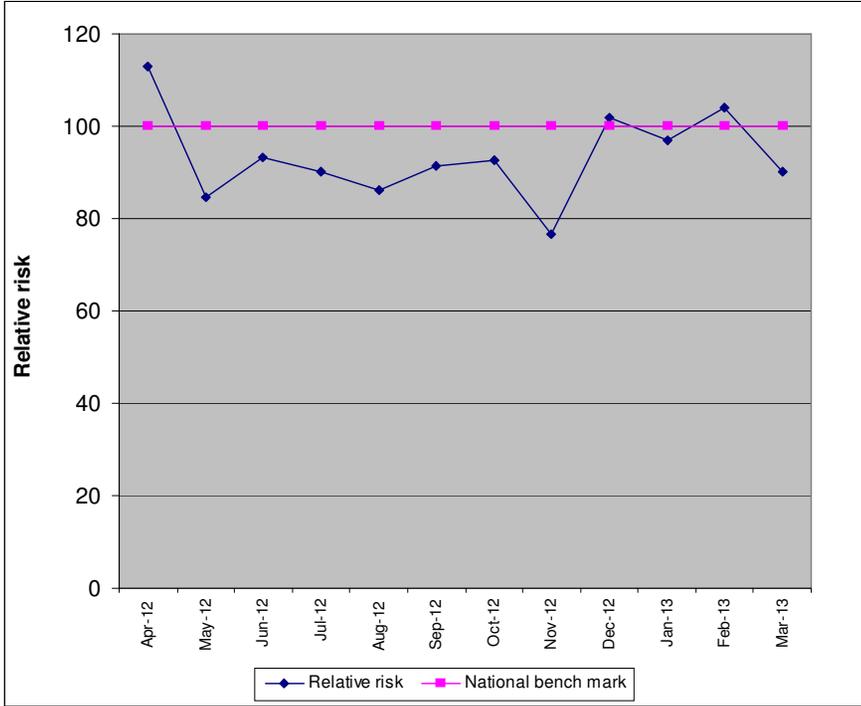
Month	All HSMR	Non-Elective HSMR	Elective Procedures	All Procedures	Peer Group (12)
February 2013	103.9	105.3	32.3	110.9	93.1
March 2012 – February 2013	93.4	95.3	88.4	99.8	94.0
Month	Red Alerts		Green Alerts		High Relative Risk
February 2013	0		1		1

SUMMARY FOR DR FOSTER DATA – 31st March 2013
 (2 Month Time Lag)

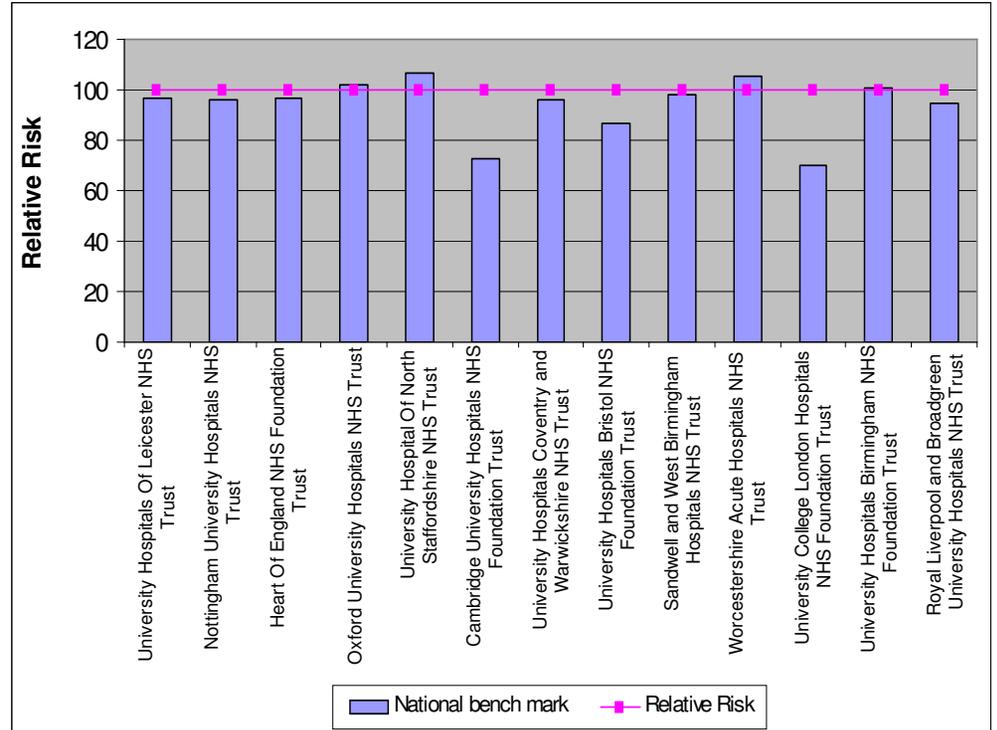
Month	All HSMR	Non-Elective HSMR	Elective Procedures	All Procedures	Peer Group (12)
March 2013	90.2	91.1	37.0	105.3	93.4
April 2012 – March 2013	93.6	93.7	86.0	100.7	94.3
Month	Red Alerts		Green Alerts		High Relative Risk
March 2013	1		4		0

Time period	SHMI (All Deaths)
July 2010 to June 2011	107.34
October 10 to September 11	105.25
January 2011 to December 2011	106.06
Apr 2011 to Mar 2012	107.39
July 2011 to June 2012	103.38
October 2011 to September 2012	103.00

All HSMR Trend: April 2012 – March 2013



Peer Group (12) HSMR Trend: April 2012 – March 2013



NEW RED MORTALITY ALERTS (Expected outcome at least twice as high as National benchmark, triggering negative cusum alert)

Date Received	Month Alerted	Datix No	Green / Red	Diagnosis/ Procedure Group	Description	Action Description	Trust Lead	Status
01.06.2013	Mar. 2013	331	Red	Drainage through Perineal Region	1 death vs. 0.1 expected	Investigation Required	Mr C Harmston	For Investigation

HIGH RELATIVE RISK (Relative Risk is significant worse than benchmark)

Date Received	Month Alerted	Datix No	Green / Red	Diagnosis/ Procedure Group	Description	Action Description	Trust Lead	Status
01-Jun-13	Feb-13	326	High RR	Excision of colon and/or rectum	7 deaths vs. 2.7 expected	Investigation Required	Mr C Harmston	For Investigation

NEW GREEN MORTALITY ALERTS (Expected outcome at least twice as low as National benchmark or relative risk significantly better than benchmark)

Date Received	Month Alerted	Datix No	Green / Red	Diagnosis/ Procedure Group	Description	Action Description	Trust Lead	Status
01-Jun-13	Feb-13	325	Green	Fluid and electrolyte disorders	4 deaths vs. 6.8 expected	For information only	N/A	No action required.
01-Jun-13	Mar-13	327	Green	Gastrointestinal Haemorrhage	2 deaths vs. 5.0 expected	For information only	N/A	No Action required
01-Jun-13	Mar-13	328	Green	Other Lower Respiratory Diseases	0 deaths vs. 4.7 expected	For information only	N/A	No Action required
01-Jun-13	Mar-13	329	Green	Pneumonia	26 deaths vs. 44.6 expected	For information only	N/A	No Action required
01-Jun-13	Mar-13	330	Green	Septicaemia (except in labour)	3 deaths vs. 5.5 expected	For information only	N/A	No Action required

ALERTS: Investigations in Progress

Date Received	Month Alerted	Datix No	Blue/Red	Diagnosis/Procedure Group	Description	Action Description	Trust Lead	Status
01-Jun-13	Feb-13	326	High RR	Excision of colon and/or rectum	7 deaths vs. 2.7 expected	Lead assigned. Coding and Clinical Review to be completed	Mr C Harmston	For Investigation
01.06.2013	Mar-13	331	Red	Drainage through Perineal Region	1 death vs. 0.1 expected	Lead assigned. Coding and Clinical Review to be completed	Mr C Harmston	For Investigation

ALERTS: Actions in Progress

Date Received	Month Alerted	Datix No	Blue/Red	Diagnosis/Procedure Group	Description	Action Description	Trust Lead	Status
02-Jul-12	Apr-12	297	High RR	Urinary Tract Infection	Jan – Apr 2012 38 deaths v 27.9 expected	Coding reviewed. Clinician Review in Progress. Interim report presented December 2012 Final report due January 2013. Final Report complete - developing action plan	Dr A Phillips Miss C Marshall Mr V Menon Dr B Murthy	Investigation complete. Actions in progress
01-Nov-12	Aug-12	310	High RR	Other Femoral Bypass	3 deaths vs. 0.5 expected	Coding Review complete Clinician Review in progress Clinician Review Complete Feedback to be given at MRC on 8th April 2013. Feedback given on 8 th April 2013. Action Plan in Progress – to feedback to MRC.	Miss C Marshall	Investigation complete. Actions in progress

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO TRUST BOARD: PUBLIC

JUNE 2013

Subject:	Remuneration Committee Terms of Reference
Report By:	Jenny Gardiner, Trust Board Secretary
Author:	Jenny Gardiner, Trust Board Secretary
Accountable Executive Director:	Deputy Chair

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:

In line with best practice the Remuneration Committee is required to review and approve its terms of reference annually.

The Remuneration Committee discussed and agreed its terms of reference at its meeting on 8th May 2013. The TOR now require annual review and approval by the Trust Board.

SUMMARY OF KEY ISSUES:

The TOR attached, reflect best practice as defined by;

- ICSA guidance on terms of reference for Remuneration Committees
- Governing the NHS a guide for Boards
- The Trust Standing Orders
- The Healthy NHS Board

There are no material changes to the terms of reference from those agreed in June 2012, other than minor amends which are identifiable through track changes.

Currently the Trust does not have a separate Nominations Committee, however, if the Trust is successful in its bid to become a Foundation Trust it will formally establish a Nominations Committee once licensed, which will be sit alongside the Trust Remuneration Committee.

SUMMARY OF KEY RISKS:

Up to date terms of reference are required as part of the Board Governance Assurance Framework and will form a part of the Trust Integrated Business Plan.

RECOMMENDATION / DECISION REQUIRED:

Remuneration Committee ask the Trust Board to approve the revisions to the TOR.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO TRUST BOARD: PUBLIC

JUNE 2013

IMPLICATIONS:

Financial:	The Remuneration Committee will determine the remuneration and terms of service for voting Executive Directors of the Trust. This will include <ul style="list-style-type: none"> • All aspects of salary, including any performance related elements and bonuses; • Provisions for other benefits, including pensions and lease cars Arrangements for termination of employment, including the terms of any compensation package and other contractual terms.
HR / Equality & Diversity:	As above
Governance:	Formal sub-committee of Trust Board with delegated powers as defined within the Trust Scheme of Delegation
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:	
Data Quality Controls:	
Data Limitations:	

Remuneration Committee Terms of Reference

1. Purpose

- 1.1 The Remuneration Committee is one of only two statutorily required committees within the Trust ^{1,2}.
- 1.2 The Remuneration Committee is responsible for determining the Trust policy on Executive Director (Voting) remuneration, and the specific remuneration packages of each Executive Director, including compensation payments in the event of early termination ^{1,2}.

2. Membership

- 2.1. The Committee will be made up of the Non-Executive Directors of the Trust, and will include the Chairman and Deputy-Chair of the Trust Board and the Senior Independent Director.
- 2.2. The Chief Executive Officer, Trust Board Secretary and Chief HR Officer will be available to be in attendance at all meetings of the Remuneration Committee at the discretion of the committee Chairman, dependent on the nature of the business to be discussed.
- 2.3. Additional colleagues will be invited to attend for specific items on the agenda, as and when required.
- 2.4. Members should attend as many meetings as possible, and where unable to attend should submit their apologies in advance of the meeting. Members will be required to attend a minimum of half of all scheduled meetings per year.

3. Chair

- 3.1 The Remuneration Committee will be chaired by the Trust Chairman and in his absence the Deputy Chair.

4. Secretariat

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

5. Quorum

- 5.1 The quorum necessary for the transaction of business shall be three members, of which one will be the Chair or Deputy-Chair.

6. Frequency of Meetings

- 6.1 The Committee shall meet at least twice during the course of the financial year and an annual programme/schedule of business will be available.

- 6.1. The Chairman of the Remuneration Committee may call ad hoc meetings as appropriate.

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 Remuneration 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 Remuneration 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 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 committee meeting.

10. Duties

- 10.1. The Remuneration Committee will determine on behalf of the Trust the appropriate remuneration and terms of service for voting Executive Directors of the Trust^{1,2}. This will include
- All aspects of salary, including any performance related elements and bonuses;
 - Provisions for other benefits in kind, including pensions and lease cars
 - Contractual arrangements, including severance packages for directors in the event of termination of employment³.
- 10.2. In discharging this responsibility the committee will take into account independently sourced benchmark information e.g. NHS Boardroom Pay Report (Income Data Services Ltd), Hay Group, Foundation Trust Network, Association of United Kingdom University Hospitals (AUKUH), Capita etc.

- 10.3. The Committee will consider other NHS pay frameworks such as the Very Senior Mangers and Agenda for Change annual pay reviews when awarding inflationary uplifts.
- 10.4. The Committee will have retrospective oversight of all salaries within the Trust exceeding £100,000 (excluding clinicians who only hold a consultant contract). The setting of the terms and conditions for staff on spot salaries, including the award of any annual uplifts, is delegated to the Chief Executive Officer, taking into consideration national policy and locally defined pay awards of voting executives.
- 10.5. The Remuneration Committee will review and approve the remuneration report for voting Directors prior to inclusion in the annual report and the AGM.
- 10.6. Annually, the Committee will receive a report from the Chief Executive Officer on the performance objectives and appraisal of individual Executive Directors.
- 10.7. The Remuneration Committee will receive reports for proper calculation and scrutiny of all termination payments to senior managers (defined as the Chief Executive Officer or any director who reports to the Chief Executive Officer, whether or not they are an ~~Executive Member of the Board~~), including compromise agreements, which fall outside of contractual terms. In discharging this responsibility the Remuneration Committee should³;
- satisfy itself that it has the relevant information to make a decision
 - conscientiously discuss and assess the merits of the business case
 - consider the payment or payment range being proposed and address whether it is appropriate, taking into account the issues set out under initial considerations. The committee should only approve such sum or range which it considers value for money, the best use of public funds and in the public interest
 - keep a written record summarising its discussions and its decision (remembering that such a document could potentially be subject to public scrutiny in various ways e.g. by the Public Accounts Committee (PAC)).

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11. Reporting Responsibilities

- 11.1 Following each meeting of the Remuneration 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 will prepare an annual review of the performance, function and effectiveness of the committee, which will include an assessment of compliance with its terms of reference, report on attendance disclosures, key decisions made, work undertaken in relation to the forward work plan and future developments for forthcoming year. This review will be prepared by the Committee Secretary on behalf of the Chair and presented to the Remuneration Committee for agreement and to the ~~Audit Committee~~ for approval.

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12. Authority

12.1 The Remuneration Committee receives formal delegated powers from Trust Board, and must act in accordance with the Trust Standing Orders, Scheme of Delegation and Standing Financial Instructions.

References

- ¹ National Leadership Council (2010) The Healthy NHS Board; Principles for good governance.
- ² Department of Health and NHS Appointments Commission (2003). Governing the NHS: A guide for Boards.
- ³ NHS Employers guidance for employers within the NHS on the process for making severance payments to senior managers

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Approval

- Outline Terms of Reference were discussed at the Remuneration Committee meeting held on 28 May 2009.
- These detailed Terms of Reference were approved at the Trust Board meeting and incorporated into Standing Orders on 25 November 2009.
- Version 2.1 of the TOR considered by the Remuneration Committee meeting on 20th May 2010
- Version 3 of the TOR were approved by Trust Board at its meeting on 26th May 2010
- Version 3.1 of the TOR were agreed by Remuneration Committee on 12th May 2011
- Version 4.0 approved by Trust Board on 28th September 2011.
- Version 4.1 draft TOR discussed at Remuneration Committee meeting on 7th June 2012.
- Version 5.0 approved by Trust Board at its meeting on 27th June 2012.
- Version 5.1 draft TOR agreed, at Remuneration Committee meeting on 8th May 2013 and presented to Trust Board for approval 26th June 2013.

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Review date: May 2014
Version number: V5.1
Author: Trust Board Secretary

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Appendix 1 to Terms of Reference - Nominations Committee

If the Trust is successful in its bid to become a Foundation Trust it will formally establish a Nominations Committee, which will be sit alongside the Trust Remuneration Committee.

The Nominations Committee will be responsible for;

- Regularly reviewing the structure, size and composition of the Board of Directors and make recommendations for changes where appropriate.
- Giving full consideration to succession planning, taking into account the challenges and opportunities facing the NHS Foundation Trust and the skills and experience required by the Board.
- Overseeing the nomination process for the identification and nominations of executive and non-executive directors.
- Evaluating the balance of skills, knowledge and experience on the board and, in the light of this evaluation, prepare a description of the role and capabilities required for a particular appointment of both executive and non-executive directors, including the chairman.

The chairman or an independent non-executive director should chair the committee(s).

The governors are responsible at a general meeting for the appointment, re-appointment and removal of the chair and the other non-executive directors. They should agree with the nominations committee a clear process for the nomination of a new chair and non-executive directors. Once suitable candidates have been identified the nominations committee should make recommendations to the board of governors.

A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

26 June 2013

Subject:	Finance and Performance Meeting Report – 22 April 2013
Report By:	Ms S Tubb, Non-Executive Director
Author:	Mrs G Nolan, Chief Finance Officer
Accountable Executive Director:	Mrs G Nolan, Chief Finance 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 the Board of the Finance and Performance Committee meeting agenda for 22 April 2013 and of any key decisions/outcomes made by the Finance and Performance Committee.

SUMMARY OF KEY ISSUES:

DEVELOPMENT REPORTS – ANALYTICAL REVIEW, KEY QUESTIONS

The purpose of the report was to prompt the Committee to consider the performance of the Trust over the course of 2012/13 and to compare this with the performance that was expected as provided for within the plan and to use this exercise to consider the implications for the year ahead and beyond.

DEVELOPMENT REPORTS – STRATEGIC TRANSFORMATION PROJECT

The specification for the engagement of external support to assist the Trust with the Service Transformation Programme has been drawn up. Individual fortnightly meetings with Groups have been arranged. The Committee noted the update on the Strategic Transformation Programme.

DEVELOPMENT REPORTS – FINANCIAL STRATEGY

The financial strategy was presented to the Committee which will underpin the delivery of the Trust's strategic objectives to become a national and international leader in the provision of health care. It will enable the delivery of a sustainable portfolio of excellent health care services which collectively achieve a recurrent cash-backed net surplus for management of risk and to support future investments. The Committee agreed to receive an annual refresh of the Strategy. The Committee agreed to recommend the strategy to the Trust Board for approval.

DEVELOPMENT REPORTS – PERFORMANCE FRAMEWORK UPDATE

The Committee were informed that work is ongoing to design the Groups individual scorecard and that the first scorecard will be published in May for April data. It is intended to roll out at specialty level in the summer. The Committee noted the update on the Performance Framework.

PLANNING REPORTS – UPDATE OF ANNUAL PLAN (INCLUDING FINANCIAL PLAN)

The Committee received a report updating the 2013/14 to 2015/16 plans and planning for 2014/15 and beyond. The plan had been submitted to the NHS Trust Development Authority. The Committee noted the report.

PLANNING REPORTS – FINANCIAL PLAN

The purpose of the report is to brief the Committee on the Trust's financial plan for 2013/14 and the likely level of savings required to achieve a surplus. The paper provides an update on the plan previously presented to the Committee in March. The Committee noted the update.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

26 June 2013

PERFORMANCE REPORTS – INTEGRATED PERFORMANCE REPORT

The Integrated Performance Report was presented to the Committee with key issues being highlighted. It was noted that there continues to be substantial external pressures on the Emergency Department which need to be escalated, as well as the internal flow within the Trust which was experiencing problems. The Committee confirmed their understanding of the contents of the report and noted the associated actions.

PERFORMANCE REPORTS – TRANSFORMATION PROGRAMME: DELIVERY REPORT

The purpose of the report is to update the Committee on current progress with the efficiency agenda for 2013/14. The paper set out the process by which the opportunities identified as part of the work undertaken by an external consultancy will contribute to both the efficiency and transformation agenda. The Committee noted the update and the process laid out in the report as a means of resolving the CIP gap.

REPORTING SUB-COMMITTEES – DEVELOPMENT AND PFI

The Committee received an update in relation to the PFI and Estates related issues at the Trust with key points within the report being highlighted.

REPORTING SUB-COMMITTEES – CARBON IMPACT AND BUSINESS PLANNING

The Committee were advised on the proposed methodology in relation to incorporating carbon accounting into the business decision making process of the Trust.

FINANCE REPORTS – INTEGRATED FINANCE REPORT

The Integrated Finance Report was received by the Committee and attention was drawn to salient points within the report.

FINANCE REPORTS – COSTING UPDATE: 2012/13 REFERENCE COSTING SIGN OFF

The Trust is required to submit its annual Reference Costs return in July 2013. This year, for the first time, the Trust Board is required to approve the costing process that supports the submission. The Committee recommended that the Trust Board approves the costing process which supports the 2012/13 Reference Cost Submission in light of the above assurances.

FINANCE REPORTS – COSTING UPDATE: SERVICE LINE REPORTING UPDATE, QUARTER 3

The reported presented outlined the patient level costing and service line reporting results for Quarter 3 (April to December cumulatively). The Committee were also updated on progress of the Service Line Reporting Steering Group.

FINANCE REPORTS – FINANCE RISK REGISTER

The Risk Register which forms part of the Trust's Corporate Risk Register was presented. The Committee noted the contents of the report.

SUMMARY OF KEY RISKS:

No key risks were identified.

RECOMMENDATION / DECISION REQUIRED:

The Board is asked to review and note the minutes of the Finance and Performance Committee meeting held on 22 April 2013.

IMPLICATIONS:

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

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

26 June 2013

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

June 2013

Subject:	Foundation Trust Project
Report By:	Andrew Hardy Chief Executive Officer
Author:	Christine Emerton Foundation Trust Programme Director
Accountable Executive Director:	Andrew Hardy Chief Executive Officer

GLOSSARY

Abbreviation	In Full
BAF	Board Assurance Framework
BGAF	Board Governance Assurance Framework
FT SC	Foundation Trust Steering Committee
HDD	Historic Due Diligence
IBP	Integrated Business plan
LTFM	Long Term Financial Model
NTDA	NHS Trust Development Authority
NED	Non-Executive Director
PWC	Price Waterhouse Cooper
SHA	Strategic Health Authority
QGAF	Quality Governance Assessment Framework
PPMO	Performance and Programme Management

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 the Foundation Trust status application and report on decisions made by the FT Steering Committee.

SUMMARY OF KEY ISSUES:

The FT Steering Committee and the Project Team met on 10th June 2013 to review the Master Action Plan. A summary of the actions completed since the last report to the Board is included in the attached Exception Report.

SUMMARY OF KEY RISKS:

UHCW NHS Trust has submitted a revised timeline for achieving foundation status to the SHA. The current risks impacting upon achievement of foundation trust status are:

- The deteriorating performance in A&E
- The action needed to achieve the financial requirements set out by Monitor.

RECOMMENDATION / DECISION REQUIRED:

The Trust Board are asked to **RECEIVE** and **ACCEPT** this report.

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:	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

June 2013

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:	FT Steering Committee review 10 th June 2013
Data Limitations:	

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

June 2013

10th June for June Trust Board

Actions since last month:

Decisions made by the FT Steering Committee 10th June 20131. **Integrated Business Plan**

Section 2 The Trust Profile and Section 4 The Market Assessment drafts were reviewed by the FT SC and comments made on the contents. Overall work completed has improved the flow of the narrative of the document and links to the trust's strategic objectives, vision and values is clear. Further sections of the document will be review by the FT SC over the next 2 months and a full IBP will be submitted to the Board in September 2013 for approval.

2. **Monitor Compliance Framework April 2013 Self Assessment against Appendix B 12**

Appendix B12 is a new schedule from April 2013 that requires a set of statements to be confirmed by the Board upon submission of the application. An initial assessment against the 14 standards has been completed. The assessment relates to the Board's assurance that plans are in place that are sufficient to ensure;

- Ongoing compliance with key performance requirements.
- CQC registration.
- Professional registration and revalidation.
- Any internal or external audit concerns are responded to.
- Timely and accurate reporting of operational activities to enable appropriate decision making.
- Appropriate planning, performance and risk management processes in place to deliver the IBP – including finance and quality of care.
- Information governance standards are met.
- All Board positions are filled and plans in place to ensure vacancies are filled.
- The management team has the capability and experience to deliver the IBP and that the executive and non executive directors have the appropriate qualifications, experience and skills to discharge their functions.

The initial assessment showed the trust to be fully assured against 8 of the standards with a further 6 standards requiring action to evidence assurance. The FT SC agreed that further work be taken forward by the Executive Director leads to ensure compliance within the next 3-6 months.

3. **Other actions:**

- **Planning and IBP –Finance/LTFM** – Outputs from the divisional strategy workshops have been written up for incorporation into the IBP.
- **Membership** –Membership now stands at Public 9,101 and Staff 8,514. Strategies to maintain membership numbers are being developed by the Membership Manager and the Communications Team.
- **Board Development** – The PWC quality governance framework was presented to the Board on 28th May and a seminar on risk mapping was held on 5th June.

Activities for coming month:

- **Planning and IBP** – Hold further planning surgeries with the divisional teams to complete the service development section of the IBP.
- **FT Timeline** – review the key milestones in the high level FT timeline plan to ensure all elements of the NTDA Accountability Framework are included and present this to COG for approval.
- **Finance/LTFM** – Complete the next iteration of the LTFM to include Q1 financial position.
- **Membership** – Hold a members event on 19th June to present the Annual Plan 2013/14.

Risks:
<ul style="list-style-type: none">• FT R 31 Current rate of FT authorisations low
<ul style="list-style-type: none">• FT R 12 Financial compliance and failure to demonstrate stable financial footing for FT authorisation
<ul style="list-style-type: none">• FT R 11 National targets and deterioration in A&E performance.
<ul style="list-style-type: none">• FT R 47 Quality Governance Framework assessment score of 3.5 well above Monitor QGAF threshold.
Mitigations:
<ul style="list-style-type: none">• Revised timeline submitted to SHA.
<ul style="list-style-type: none">• The achievement of the 4 hour target continues to be a high priority for the Executive Team and recent initiatives have demonstrated improvements in delivery with achievement of 96% for week ending 7th June.
<ul style="list-style-type: none">• A detailed review of the Quality Governance Framework has been completed with external support to identify areas of weakness and actions required.• PPMO process established to monitor delivery of CIP.

Report	Private	Exec Lead	Frequency	No.	Set date for in-year report?	Report for Noting / Approval	Report for											
							Jan	Feb	Mar	Apr	May	Jun	Jul	Sept	Oct	Nov		
Delivery of Action Plans from External Reviews	Private	AH	Quarterly	4	Jan, Mar, Jun, Sept	Approval	√		√			√		√				
Work Programme	Private	AH	Monthly	10	Monthly	Noting	√	√	√	√	√	√	√	√	√	√		
Board and Committee fit for purpose review	Private	AH	Annual	1	Nov	Approval										√		
Clinical negligence, personal injury and ET claims report	Private	AH	Bi-annual	2	Mar, Sep	Noting			√					√				
Coventry and Rugby Hospital Company Board to Board*	Private	AH	Twice Yearly	2	Mar / Oct	Noting			√						√			
NHS Coventry Board to Board*	Private	AH	Annual	1	As required	Noting												
Trust Strategy, Values and Objectives - Strategic Plan 2009 - 2015 (IBP)	Private	AH	Quarterly	4	Jan, Apr, Jul, Oct	Approval	√			√			√		√			
Annual Plan	Private	DE	Annual	1	Mar	Approval			√									
Major Incident Planning / Emergency preparedness Annual Report	Private	DE	Annual	1	Oct	Approval									√			
Safeguarding Children, Young People & Child Protection & Vulnerable Adults Report	Private	MR	Annual	1	Sept	Noting							√					
Adoption of Annual Report and Accounts (including Annual Governance Statement and Quality Account)	Private	GN	Annual	1	June (EO meeting)	Approval					√							
Annual Audit Letter	Private	GN	Annual	1	Sept	Noting							√					
Constitution (Review SOs, SFIs and Scheme of Delegation)	Private	GN	Annual	1	November	Approval										√		
Extra Ordinary Trust Board Meeting minutes to sign off accounts	Private	GN	Annual	1	June	Approval					√							
National Staff Attitude and Opinion Survey Results	Private	IC	Annual	1	May	Noting				√								
Update from the Dean	Private	N/A	Quarterly	4	Jan, Apr, Jul, Oct	Verbal	√			√			√		√			
Audit Committee Annual Report*	Private	NED	Annual	1	Sept	Noting							√					
Draft Audit Committee Minutes of Meeting	Private	NED	6 times per year	6	As required	Approval	√	√	√	√	√	√	√	√	√	√		
Draft Finance & Performance Minutes of Meeting	Private	NED	8 times per year	8	As required	Approval	√	√	√	√	√	√	√	√	√	√		
Draft Quality Governance Minutes of Meeting	Private	NED	10 times per year	10	Monthly	Approval	√	√	√	√	√	√	√	√	√	√		
Remuneration Report	Private	NED	Twice Yearly	2	Jan & Jun	Approval	√				√							
Board Assurance Framework	Private	MP	Bi-annual	2	Jan, Jun	Approval	√				√							
CQC Registration report	Private	MP	Annual	1	May	Approval				√								
IG Toolkit Submission	Private	MP	Annual	1	March	Approval			√									
Quality Account	Private	MP	Annual	1	EO TB June	Approval					√							
Risk Register Report	Private	MP	Quarterly	4	Jan, Apr, Jul, Oct	Approval	√			√			√		√			
Number of Reports				58														

