

**PUBLIC TRUST BOARD MEETING TO BE HELD AT ON WEDNESDAY  
27 NOVEMBER 2013 at 1.00 PM IN ROOM 20063/64, CLINICAL SCIENCES BUILDING,  
UNIVERSITY HOSPITAL, COVENTRY, CV2 2DX**

**PUBLIC BOARD AGENDA**

| ITEM                              | TITLE   | BOARD ACTION  | PAPER        |
|-----------------------------------|---|---------------|--------------|
| 1                                 | <b>Apologies for Absence</b><br>Acting Chairman   |               |              |
| 2                                 | <b>Declarations of Interest</b><br>Acting Chairman  |               |              |
| 3                                 | <b>Minutes of Public Board Meeting<br/>Held on the 30 October 2013</b><br>Acting Chairman                                       | For Approval  | Enclosure 1  |
| 4                                 | <b>Trust Board Action Matrix</b><br>Acting Chairman   | For Assurance | Enclosure 2  |
| 5                                 | <b>Matters Arising</b><br>Acting Chairman   |               | Verbal       |
| 6                                 | <b>Acting Chairman's Report</b><br>Acting Chairman  | For Assurance | Verbal       |
| 7                                 | <b>Chief Executive's Report</b><br>Chief Executive Officer  | For Assurance | Verbal       |
| <b>Patient Quality and Safety</b> |   |               |              |
| 8                                 | <b>Ward 53 Update Report</b><br>Chief Nursing Officer   | For Assurance | Enclosure 3  |
| 9                                 | <b>Winter Planning Update</b><br>Chief Operating Officer  | For Assurance | Enclosure 4  |
| 10                                | <b>Site Redevelopment Investment<br/>Opportunity</b><br>Chief HR Officer  | For Approval  | Enclosure 5  |
| 11                                | <b>Outsourcing of Outpatient<br/>Pharmacy</b><br>Chief HR Officer   | For Assurance | Enclosure 6  |
| <b>Performance</b>                |   |               |              |
| 12                                | <b>Integrated Performance Report<br/>Month 7 2013/2014</b><br>Chief Finance Officer   | For Assurance | Enclosure 7  |
| 13                                | <b>Provider Management Regime</b><br>Chief Finance Officer  | For Assurance | Enclosure 8  |
| <b>Feedback from Key Meetings</b> |   |               |              |
| 14                                | <b>Private Trust Board Meeting<br/>Session Report of 30 October 2013</b><br>Acting Chairman                                     | For Assurance | Enclosure 9  |
| 15                                | <b>Quality Governance Committee<br/>Meeting Report Held on the 23<br/>September 2013</b><br>Chair, Quality Governance Committee | For Assurance | Enclosure 10 |

| ITEM   | TITLE   | BOARD ACTION  | PAPER        |
|--|---|---------------|--------------|
| 16   | <b>Finance and Performance Meeting Report Held on the 23 September 2013</b><br>Chair, Finance & Performance Committee | For Assurance | Enclosure 11 |
| 17   | <b>Audit Committee Meeting Report Held on the 9 September 2013</b><br>Chair, Audit Committee                          | For Assurance | Enclosure 12 |
| <b>Regulatory, Compliance and Corporate Governance</b> |   |               |              |
| 18   | <b>Any Other Business</b>   |               | Verbal       |
| 19   | <b>Forward Work Programme</b>   | For Assurance | Enclosure 13 |
| 20   | <b>Date of Next Meeting: Wednesday 29 January 2014 at 1.00pm</b>  |               |              |

#### **Resolution of Items to be 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 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.

**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 30 OCTOBER 2013  
AT 1.00PM IN ROOM 20063/64, CLINICAL SCIENCES BUILDING, UNIVERSITY  
HOSPITAL, COVENTRY, CV2 2DX**

| <b>AGENDA ITEM</b>  | <b>DISCUSSION</b>  | <b>ACTION</b> |
|---|--|---------------|
| <b>HTB 13/384<br/>PRESENT</b>   | Mr I Buckley, Non-Executive Director (IB)<br>Mr I Crich, Chief HR Officer (IC)<br>Mr D Eltringham, Chief Operating Officer (DE)<br>Mr A Hardy, Chief Executive Officer (AH)<br>Mr M Iredale, Deputy Medical Director (MI)<br>Mr E Macalister-Smith, Non-Executive Director (EMS)<br>Mrs G Nolan, Chief Finance Officer/Deputy Chief Executive Officer (GN)<br>Mr M Patel, Interim Director of Corporate Affairs (MPa)<br>Professor M Radford, Chief Nursing Officer (MR)<br>Mr T Robinson, Non-Executive Director (TR)<br><b>Mr N Stokes, Acting Chairman (NS)</b><br>Ms S Tubb, Senior Independent Director (ST)<br>Professor P Winstanley, Non-Executive Director (PW)<br>(for agenda items HTB 13/396, HTB 13/398 - HTB 13/410) |               |
| <b>HTB 13/385<br/>IN ATTENDANCE</b>   | Mr B Burnett (BB) & Dr D Snead (DS) (for agenda item HTB 13/397)<br>Miss Z Cox, Minute Taker and Executive Assistant (ZC)<br>Miss A Johnson, Executive Assistant (AJ)  |               |
| <b>HTB 13/386<br/>APOLOGIES</b>   | Mr D Moon, Chief Strategy Officer (DM)<br>Mrs M Pandit, Chief Medical Officer (MP)   |               |
| <b>HTB 13/387<br/>DECLARATIONS<br/>OF INTEREST</b>  | There were no declarations of interest.  |               |
| <b>HTB 13/388<br/>MINUTES OF<br/>TRUST BOARD<br/>MEETING HELD<br/>ON 2 OCTOBER<br/>2013</b> | The Trust Board <b>APPROVED</b> the minutes of the meeting as a true and accurate record of the proceedings.   |               |
| <b>HTB 13/389<br/>ACTIONS UPDATE</b>  | The Trust Board <b>RECEIVED ASSURANCE</b> from the Action Matrix.  |               |
| <b>HTB 13/390<br/>MATTERS<br/>ARISING</b>   | There were no matters arising.   |               |
| <b>HTB 13/391<br/>ACTING<br/>CHAIRMAN'S<br/>REPORT</b>                                      | NS welcomed Mr I Buckley (IB), the Trust's new Non-Executive Director to his first Trust Board Meeting.<br><br>NS advised that he was in ongoing dialogue with the NHS Trust Development Authority (NHS TDA) and would update the Board when he had further information regarding the new replacement Chairman.  |               |

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| AGENDA ITEM   | DISCUSSION  | ACTION                              |
|---|---|-------------------------------------|
| <p><b>HTB 13/392<br/>CHIEF<br/>EXECUTIVE'S<br/>REPORT</b></p>   | <p>AH confirmed that he met with the NHS TDA to discuss the Trusts four Hour A&amp;E standard. Although the Trust had faced challenges over past months in reaching the 95% threshold, the Trust has made significant improvements to achieve this standard going forward. The NHS TDA did confirm that they expected us to meet the 95% standard for the remainder of 2013/14, recognising that the Trust is going into the Winter period facing the most difficult months of December and March 2014, which historically has proved a challenging period for meeting the A&amp;E four hour standard across the NHS.</p> <p>AH advised that he had met with Coventry and Rugby CCG where he discussed an "Engagement Charter", and if the Trust does decide to adopt this he would invite them to the next appropriate Public Board meeting to further share this work.</p> <p>AH advised that he had met with the Health and Wellbeing Board at Coventry City Council. AH noted that there will be a further meeting in the New Year of the Health and Wellbeing Board and the Trust would attend this as well to present its strategic plans.</p> <p>AH noted that the OSCA Awards held on 4 October 2013 were well received within the Trust and generated a great deal of enthusiasm.</p>  |                                     |
| <p><b>HTB 13/393<br/>TRUST RESPONSE<br/>TO FRANCIS<br/>INQUIRY AND<br/>RELATED<br/>DOCUMENTS<br/>UPDATE</b></p> | <p>An update was presented by MI on the Trusts response to the Francis Inquiry and other key documents, including the Keogh and Berwick Report.</p> <p>An update on the action plan was given on where the Trust is currently with adopting the recommendations. AH confirmed that the Trusts findings would be monitored as processes are updated in line with the recommendations and this will be reported to the Public Board on a quarterly basis. TR confirmed that this was given priority during discussions at the most recent meeting of the Quality Governance Committee.</p> <p>The Board was advised that the Clwyd Report had also recently been published and which was commissioned following the Francis Inquiry and which focuses on the NHS complaints procedures. MPa advised the Board that he had discussed the Clwyd Report with the Director of Governance and he had agreed that a paper on this would come to the Board in January 2014.</p> <p>TR noted that a big part of the Francis Inquiry was staff attitudes and behaviours and AH responded that the Trust was implementing an organisational development programme around this in the New Year.</p> <p>ST commented on the number of actions which were dependant on having a full compliment of Non-Executive Directors on the Board. NS confirmed that from January 2014 the Trust should have this in place, enabling these actions to then be progressed.</p> <p>The Trust Board <b>RECEIVED ASSURANCE</b> from the report and <b>NOTED</b> the progress made and agreed that a further update would be presented to the Board on a quarterly basis.</p> | <p><b>MPa</b></p> <p><b>MPa</b></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 30 OCTOBER 2013 AT 1.00PM IN ROOM 20063/64, CLINICAL SCIENCES BUILDING, UNIVERSITY HOSPITAL, COVENTRY, CV2 2DX

| AGENDA ITEM  | DISCUSSION   | ACTION                            |
|--|--|-----------------------------------|
| <p><b>HTB 13/394<br/>INFECTION<br/>PREVENTION AND<br/>CONTROL<br/>REPORT</b></p> | <p>MR presented an update on the Trusts Infection Prevention and Control Report. He advised the Board that there had been two cases of MRSA which were deemed unavoidable. However, MR noted that the Infection Control Team subsequently revisited its processes around dealing with such cases, in order to learn from them and hopefully prevent them occurring again.</p> <p>MR advised that the Trust has seen a reduction of C diff rates in 2013/14 and stands 12 below its trajectory of 29 at the end of September 2013 which is a significant improvement on last year.</p> <p>MR advised that the Trust shows high cleaning scores with continually improving processes in readiness for the busy Winter period and that the team are implementing some new technology to help the Trust achieve this, called Total Room Ultraviolet Disinfectant (TRU-D), which acts as a disinfectant using an ultra violet light and is quick, effective and easy to use.</p> <p>MR advised the Board that Dr Weinbren, Director of Infection Prevention Control (DIPC) at UHCW had unfortunately left the Trust to take up a new position at Chesterfield Royal Hospital NHS Foundation Trust and that MR would temporarily take on this role until a replacement is found. MR will update the Board when the new DIPC is appointed.</p> <p>AH advised the Board that our Infection Control Team would be attending the <i>Nursing Times</i> Awards in London on 30 October 2013 and wanted to wish them all the best in their bid to become 'Infection Control Team of the Year'.</p> <p>NS reiterated that he was extremely proud of the Trusts Infection Control Team and their outstanding work on C diff and congratulate them on all their hard work.</p> <p>DE asked the Board if our learning on this could be used in conjunction with our Winter Planning Campaign. MR advised that he feels that by praising the team's success and following this up with teaching and engaging through social media etc. empowers the team. MR also felt that the teams understanding of the high standards the Board expect on such a vital part of the Trust agenda plays a significant role.</p> <p>AH advised the Board that he wanted to formally thank Dr Weinbren for his outstanding contribution in leading this team over many years and the Board agreed with this.</p> <p>The Trust Board <b>RECEIVED ASSURANCE</b> from the report and provided their continued support for the work of the Infection Control Team.</p> | <p><b>MR</b></p> <p><b>AH</b></p> |

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

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| AGENDA ITEM   | DISCUSSION   | ACTION |
|---|--|--------|
| <p><b>HTB 13/395<br/>FOUNDATION<br/>TRUST PROJECT<br/>UPDATE</b></p>                                  | <p>AH presented this update in DMs absence.</p> <p>AH advised that the second round of CQC's inspection visits had been announced and the Trust was not in this round and the Trust is still waiting to hear when this will be.</p> <p>AH wanted to advise the Board that the Trust is still driving forward its Foundation Trust application and not standing still and that it is an ongoing priority for the Trust, but that the key to achieving this is to meet national recommended performance standards and continue to deliver high quality, safe and effective healthcare and that Foundation Trust status will then automatically follow. AH advised that there will be an IBP Review Session at the Board Seminar on 13 November 2013.</p> <p>EMS sought clarification on the Trust trajectory to achieve NHS Foundation Trust status and AH advised that he did not expect this to happen until late 2015.</p> <p>AH confirmed that the new CQC inspection process is born out of the Keogh Review of mortality rates and the Trusts Director of Governance is currently looking at how the Trust compares to the metrics used within the Keogh Review and the Board will be updated on this self assessment in January 2014.</p> <p>The Trust Board <b>RECEIVED ASSURANCE</b> from the report and ongoing work in this area.</p> |        |
| <p><b>HTB 13/396<br/>UPDATE FROM<br/>THE DEAN OF<br/>WARWICK<br/>MEDICAL SCHOOL</b></p>               | <p>PW gave an update advising the Board that the University of Warwick had been reviewing its Education and Research Strategy over the last year and this involved focus groups of the Medical School and key partners and this paper will be presented to the University of Warwick on the 4 November 2013 for approval and is more widely available if the Board wishes to see it. PW advised that part of the strategy was to engage with non-medical research and that this is to be investigated further.</p> <p>EMS asked if translational research was a priority and PW confirmed that this was a key priority but that reducing the time from research to implementation was not without its costs.</p> <p>The Trust Board <b>RECEIVED ASSURANCE</b> from the report.</p>   |        |
| <p><b>HTB 13/397<br/>WEST MIDLANDS<br/>SURGICAL<br/>TRAINING CENTRE<br/>FOR BODY<br/>DONATION</b></p> | <p>BB and DS presented this case on the Trust establishing a cadaveric donation programme for the Trust and the surrounding area.</p> <p>They asked the Board to note that after careful consideration of a number of options, Option One in the paper was being presented as the preferred option which discusses an offsite body storage facility where the Trust can receive, store and dispose of bodies of those giving themselves to medical science. This carries several advantages as set out in the paper, not least of which is that the proposal supports research, innovative surgical training and medical education across many specialities and establishes the Trust at the forefront of medical education.</p>   |        |

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| AGENDA ITEM  | DISCUSSION   | ACTION |
|--|--|--------|
| <b>HTB 13/397<br/>WEST MIDLANDS<br/>SURGICAL<br/>TRAINING CENTRE<br/>FOR BODY<br/>DONATION</b> | <p>NS advised the Board that this was a proposed strategy for the Trust many years ago as there was a need for such a facility then and there is still a need for this to happen.</p> <p>The Trust Board <b>APPROVED</b> the report and agreed to proceed with Option One as detailed in the paper.</p>  |        |
| <b>HTB 13/398<br/>EMERGENCY<br/>PREPAREDNESS<br/>ANNUAL REPORT<br/>2012/13</b>                 | <p>DE presented the report which outlined the work the Trust has carried out with regards to emergency preparedness during 2012/13.</p> <p>EMS commented that the report shows a strong internal focus and sought clarification whether our external partners were in a similar position of readiness. DE responded that he felt they were starting to come together and becoming stronger and that a number of exercises had taken place to test those emergency planning arrangements.</p> <p>EMS noted the three black alerts in the report and how the Trust can avoid this and DE responded that the key issue is ensuring those black alerts are managed, and that in these instances the Emergency Planning Team provides strong and effective support to the Silver Command Team.</p> <p>TR asked if the Emergency Preparedness Plan was similar to a Disaster Recovery Plan and DE confirmed that it was similar and that they shared two common phases:</p> <ul style="list-style-type: none"> <li>• Dealing with the incident phase</li> <li>• Recovery phase</li> </ul> <p>DE added that an Emergency Planning and Resilience Team were put together to look into the Emergency Preparedness Plan and seek out any weak areas and the Trust then carried out a number of exercises to test these areas.</p> <p>The Trust Board <b>RECEIVED ASSURANCE</b> from the Annual Report 2012/13.</p> |        |
| <b>HTB 13/399<br/>INTEGRATED<br/>PERFORMANCE<br/>REPORT MONTH 6<br/>2013/14</b>                | <p>GN presented this report to the Board and noted performance against the key dashboard indicators for September 2013.</p> <p>GN asked the Board to note that with regard to the HSMR target, it was advised that the figure recorded in June 2013 was incorrect. However, this was identified prior to the discussions at the Quality Governance Committee and the correct figure was reported there. GN informed the Board that the performance was 102.4 rather than 94.9 as reported.</p> <p>GN advised that the relevant parts of the Integrated Performance Report (IPR) is actioned through the Finance and Performance Committee and the Quality Governance Committee. GN noted that this approach enables the Committees to 'deep dive' into particular areas and gain greater assurances on key areas. ST reiterated that at the most recent Finance and Performance Committee meeting they spent some time on the IPR going through the five key areas.</p>  |        |

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| AGENDA ITEM  | DISCUSSION  | ACTION |
|--|---|--------|
| <p><b>HTB 13/399<br/>INTEGRATED<br/>PERFORMANCE<br/>REPORT MONTH 6<br/>2013/14</b></p> | <p>DE gave an update on the A&amp;E four hour standard, advising the Board of the 'Command and Control' process the Trust has put in place and the positive impact it has had to date. It was noted that appraisal rates have seen an improvement and HR have done a lot of work on this with an emphasis on mandatory training and the Trust continues to monitor these rates and that further actions are required to ensure continued progress.</p> <p>DE advised the Board that there had been a significant improvement in the A&amp;E four hour standard during the last 20 days where 17 out of 20 days, the Trust hit a 98% target and there were only two days where they were at 95%-98% and only one day where they were just under 95%. DE commented that everyone had seen a dramatic change within the Trust and that the feel of the place was very different and more in control.</p> <p>It was noted that the Trust is seeing traction from the action plan put in place through the deployment of "Getting Emergency Care Right". The Trust has put into place the Command and Control system with Bronze, Silver and Gold teams in place under three tiers, "A&amp;E", "Acute Medicine" and "Rest of Hospital" with a Clinician and Manager leading each group. It was agreed that this was only a short term option with those teams currently in place and that this plan would be continued for the longer term, but rotating groups of leaders would create a more sustainable plan.</p> <p>AH commented that 'Checks and Challenges' have been carried out as part of the Trust Emergency Care Pathway Campaign around the University Hospital by Non-Executive Directors and Chief Officers and have noted the positive feedback from this and in particular that the messages are being well understood, which is very encouraging.</p> <p>Both EMS and IB noted that they had carried out 'Checks and Challenges' in different parts of the University Hospital and advised the Board that this was very well received and that the staff were extremely enthusiastic regarding the changes taking place. They also noted that there was a good level of understanding of the actions put in place and their impact. MR confirmed that this has been a very beneficial approach and has had an excellent effect on all levels of staff.</p> <p>It was agreed by the Board that the 'Checks and Challenges' programme should continue and would be monitored going forward. TR commented that it was important that the Finance &amp; Performance Committee and the Quality Governance Committee should continue to have a clear agenda for its meeting so that discussions are not duplicated and to make sure all actions are followed up. DE reiterated to the Board that although the Trust has seen positive results, the Trust must keep striving forward and continue to make changes to see long term improvements. AH agreed with these comments.</p> <p>ST advised that delayed transfer of care was discussed also at the Finance and Performance Committee and that this has deteriorated over some months, however, the Emergency Department are working on engagement with external partners.</p> |        |

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|---|---|---------------|
| <b>HTB 13/399<br/>INTEGRATED<br/>PERFORMANCE<br/>REPORT MONTH 6<br/>2013/14</b>                                 | <p>ST advised there was concern regarding theatre utilisation efficiency as this seemed to be moving in a negative direction and was being monitored very closely.</p> <p>ST advised the Board that the Trusts financial position shows just under a £10 million gap with a £2.6 million surplus being forecast but there are some financial risks to this being achieved at this moment in time.</p> <p>NS thanked the Board for their continued support and confirmed that the Trust must continue with this level of performance to achieve the 95% standard expected.</p> <p>DE commented that it would be positive for the Board to send out a communication regarding the encouraging progress to date and AH agreed with this. MR advised that this would be extremely valuable as staff would respond well to such a communication.</p> <p>The Trust Board <b>RECEIVED ASSURANCE</b> from the report.</p> | <b>AH</b>     |
| <b>HTB 13/400<br/>PROVIDER<br/>MANAGEMENT<br/>REGIME</b>  | <p>GN presented this report to the Board.</p> <p>GN noted that the Trust is required by the NHS TDA to submit the report and self-certification for Monitor compliance and the self-certification for Board statements each month. The purpose of this return is to highlight areas in exception and give assurance of respective remedial actions to recover performance.</p> <p>The Trust Board <b>APPROVED</b> the Provider and Management Regime return based on September 2013 data for submission to the NHS TDA.</p>   |               |
| <b>HTB 13/401<br/>PRIVATE TRUST<br/>BOARD MEETING<br/>SESSION REPORT<br/>– 2 OCTOBER</b>                        | <p>NS presented this report to the Board.</p> <p>The Trust Board <b>RECEIVED ASSURANCE</b> from the report.</p>   |               |
| <b>HTB 13/402<br/>QUALITY<br/>GOVERNANCE<br/>COMMITTEE<br/>MEETING REPORT<br/>HELD ON 13<br/>AUGUST 2013</b>    | <p>TR advised there was nothing further to add to this report other than he wanted to clarify that mandatory training was discussed at this meeting in some length along with appraisals as this was not detailed on the report and that the Quality Governance Committee had noted the ongoing work in this area to improve on current performance.</p> <p>The Trust Board <b>RECEIVED ASSURANCE</b> of the report.</p>  |               |
| <b>HTB 13/403<br/>FINANCE AND<br/>PERFORMANCE<br/>COMMITTEE<br/>MEETING REPORT<br/>HELD ON 29 JULY<br/>2013</b> | <p>ST advised there was nothing to add to this report.</p> <p>The Trust Board <b>RECEIVED ASSURANCE</b> of the report.</p>  |               |

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

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| <b>AGENDA ITEM</b>  | <b>DISCUSSION</b>   | <b>ACTION</b> |       |  |                        |             |       |  |
|---|---|---------------|-------|--|------------------------|-------------|-------|--|
| <b>HTB 13/404<br/>NOLAN<br/>PRINCIPLES, NHS<br/>CODE OF<br/>CONDUCT &amp;<br/>UHCW CODE OF<br/>CONDUCT POLICY<br/>STATEMENT</b> | <p>IC presented the report of UHCW's conduct policy annual declaration.</p> <p>The Trust Board <b>ENDORSED</b> its commitment to the Code of Business Conduct in the form of an annual declaration and <b>NOTED</b> the declarations of eligibility and independence.</p>   |               |       |  |                        |             |       |  |
| <b>HTB 13/405<br/>REVISED NON-<br/>EXECUTIVE<br/>DIRECTOR<br/>PORTFOLIOS</b>  | <p>NS presented this report to the Board.</p> <p>It was agreed by the Board that the impact of a reduced number of Non-Executive Directors should stay on the Risk Register until the Trust has a full compliment of Board members.</p> <p>The Trust Board <b>APPROVED</b> the new Non-Executive Director Portfolio and the appointment of Mr Ian Buckley as Senior Independent Director; both of which would take effect from 1 November 2013.</p> |               |       |  |                        |             |       |  |
| <b>HTB 13/406<br/>ANY OTHER<br/>BUSINESS</b>  | There was no other business.  |               |       |  |                        |             |       |  |
| <b>HTB 13/407<br/>FORWARD WORK<br/>PROGRAMME</b>  | The Trust Board <b>APPROVED</b> the Forward Work Programme.   |               |       |  |                        |             |       |  |
| <b>HTB 13/408<br/>DATE OF NEXT<br/>MEETING</b>  | The next Public Trust Board Meeting will be held on Wednesday 27 November 2013 at 1.00 pm at University Hospitals Coventry & Warwickshire NHS Trust.  |               |       |  |                        |             |       |  |
| <b>HTB 13/409<br/>APPROVAL OF<br/>MINUTES</b>   | <p>These minutes are approved subject to any amendments agreed at the next Trust Board meeting.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 15%;"><b>SIGNED</b></td> <td>.....</td> </tr> <tr> <td></td> <td align="center"><b>ACTING CHAIRMAN</b></td> </tr> <tr> <td><b>DATE</b></td> <td>.....</td> </tr> </table>  | <b>SIGNED</b> | ..... |  | <b>ACTING CHAIRMAN</b> | <b>DATE</b> | ..... |  |
| <b>SIGNED</b>   | .....   |               |       |  |                        |             |       |  |
|   | <b>ACTING CHAIRMAN</b>  |               |       |  |                        |             |       |  |
| <b>DATE</b>   | .....   |               |       |  |                        |             |       |  |

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.

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

**27 November 2013**

| AGENDA ITEM  | ACTION   | LEAD   | DATE TO BE COMPLETED | COMMENT   |
|--|--|--------|----------------------|---|
| <b>ACTIONS COMPLETE</b>  |  |        |                      |   |
| <b>HTB 12/410 (26.9.12) PERFORMANCE REPORT</b>                                   | PW updated on the visit of Adrian Canale-Panola, Chair of the Coventry and Rugby CCG, and it was agreed that AH/PW should discuss this matter outside of this meeting.   | PW/AH  | 04.11.13             | Complete: those discussions took place          |
| <b>HTB 13/393 TRUST RESPONSE TO FRANCIS INQUIRY AND RELATED DOCUMENTS UPDATE</b> | AH confirmed that the Trusts findings would be monitored as processes are updated in line with the recommendations and this will be reported to the Public Board on a quarterly basis.   | MPa    | 04.11.13             | Complete: added to Board Forward Work Programme |
| <b>HTB 13/393 TRUST RESPONSE TO FRANCIS INQUIRY AND RELATED DOCUMENTS UPDATE</b> | MPa advised the Board that he had discussed the Clwyd Report with the Director of Governance and he had agreed that a paper on this would come to the Board in January 2014.   | MPa    | January 2014         | Complete: added to Board Forward Work Programme |
| <b>HTB 13/394 INFECTION PREVENTION AND CONTROL REPORT</b>                        | AH advised the Board that he wanted to formally thank Dr Weinbren for his outstanding contribution in leading this team over many years.   | AH     | 04.11.13             | Complete: letter has been sent                  |
| <b>HTB 13/399 INTEGRATED PERFORMANCE REPORT MONTH 6 2013/14</b>                  | DE commented that it would be positive for the Board to send out a communication regarding the encouraging progress to date and AH agreed with this. MR advised that this would be extremely valuable as staff would respond well to such a communication. | AH     | 04.11.13             | Complete: letter has been sent                  |
| <b>HTB 13/012 (30.1.13) MORTALITY REPORT</b>                                     | 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 <sup>st</sup> March 2013.  | MP/MPa | 04.03.13             | Complete: this session took place 13.09.13      |

**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 1<sup>st</sup> Monday following the next Trust Board.

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

27 November 2013

| AGENDA ITEM  | ACTION   | LEAD      | DATE TO BE COMPLETED                                     | COMMENT  |
|--|--|-----------|--|--|
| <b>HTB 12/460<br/>(31.10.12)<br/>SUSTAINABLE<br/>SPECIALTIES &amp;<br/>FRAIL OLDER<br/>PEOPLES<br/>PROGRAMME</b> | 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        | The Trust is in dialogue with the Coventry and Rugby CCG | Complete: this forms part of on-going discussions with the CCG's |
| <b>ACTIONS IN PROGRESS</b>   |  |           |  |  |
| <b>HTB 13/367<br/>PATIENT LED<br/>ASSESSMENTS OF<br/>THE CARE<br/>ENVIRONMENT<br/>(PLACE) REPORT</b>             | TR referred to the table on page 2 of the report and highlighted the difference in the "Food" figure against the other categories shown. TR asked for clarification on why the figures for St Cross are so much lower than UHCW. IC confirmed this would require further investigation and added that no comparative data was currently available. | IC        | 04.11.13   | Ongoing: IC investigating this matter                            |
| <b>HTB 13/376<br/>DEVELOPING<br/>NURSING,<br/>MIDWIFERY AND<br/>AHP RESEARCH</b>                                 | PW requested a separate meeting with MR to discuss this item in more detail, with a view to developing clinical faculty.   | MR/<br>PW | 04.11.13   | Ongoing: meeting to be held 20.01.14                             |
| <b>HTB 13/391<br/>ACTING<br/>CHAIRMAN'S<br/>REPORT</b>   | NS advised that he would update the Board when he had further information regarding the new replacement Chairman.  | NS        | Ongoing  | In hand: Board being continuously updated on progress            |
| <b>HTB 13/394<br/>INFECTION<br/>PREVENTION AND<br/>CONTROL REPORT</b>  | MR will update the Board when he can confirm the new DIPC and that in the meantime, he will fulfil that role.  | MR        | 04.11.13   | In hand: MR moving this forward                                  |

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 1<sup>st</sup> Monday following the next Trust Board.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

27 NOVEMBER 2013

|  |   |
|--|---|
| <b>Subject:</b>                        | Nursing Care Assurance Assessment – Ward 53   |
| <b>Report By:</b>                      | Professor Mark Radford, Chief Nursing Officer   |
| <b>Author:</b>                         | Michelle Linnane, Lead Nurse for Nursing Care Standards and Discharge<br>Judith Smith, Quality and Patient Safety Facilitator |
| <b>Accountable Executive Director:</b> | Professor Mark Radford, Chief Nursing Officer   |

**PURPOSE OF THE REPORT:**

Concerns were raised at a Trust Board meeting following the presentation of a patient story and comments on Impressions. As a result the Chief Nursing Officer conducted a review of Ward 53 to give assurance regarding the quality of the nursing care on the ward. This work has now been completed and is being presented back to the Board to provide assurance that the areas of concern which were originally highlighted have been thoroughly reviewed. The full report has been taken to Quality Governance Committee.

**SUMMARY OF KEY ISSUES:**

- Review completed using Care Quality Commission outcomes - Nursing Practice Framework
- Observation of care environment, interviews with staff and patients by the Lead Nurse for Nursing Care Standards and the Quality & Patient Safety Facilitator
- Review of Key Performance Indicators, complaints and nurse sensitive indicators
- Unannounced visits by Chief Nursing Officer and senior nursing team.

A number of key areas were identified as requiring improvement. These will be reviewed monthly by the Chief Nursing Officer directly until they are complete.

- Ward environment and equipment
- Leadership
- Discharge planning
- Mandatory training compliance
- Support of Audit process
- Protected Mealtimes

**STRATEGIC PRIORITIES THIS PAPER RELATES TO (Please check one):**

|  |                                     |
|--|-------------------------------------|
| To Deliver Excellent Patient Care and Experience | <input checked="" type="checkbox"/> |
| To Deliver Value for Money                       | <input type="checkbox"/>            |
| To be an Employer of Choice                      | <input type="checkbox"/>            |
| To be a Research Based Healthcare Organisation   | <input type="checkbox"/>            |
| To be a Leading Training and Education Centre    | <input type="checkbox"/>            |

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

27 NOVEMBER 2013

**RECOMMENDATION / DECISION REQUIRED:**

Board are asked to receive assurance from report and accompanying action plan.

**IMPLICATIONS:**

|                          |   |
|--------------------------|---|
| Financial:               | None  |
| HR/Equality & Diversity: | None  |
| Governance:              | Care Quality; Care Quality Commission; patient experience |
| Legal:                   | None  |
| NHS Constitution:        | None  |
| Risk:                    | Care Quality; patient experience                          |

**COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:**

| <b>Trust Standing Committee</b>   | <b>Date</b> | <b>Trust Standing Committee</b> | <b>Date</b> |
|-----------------------------------|-------------|---------------------------------|-------------|
| Quality Governance Committee      | 25.11.13.   | Remuneration Committee          | N/A         |
| Finance and Performance Committee | N/A         | Chief Officers Group            | N/A         |
| Audit Committee                   | N/A         |                                 |             |

# Nursing Care Assurance Assessment

Review – Ward 53

Date – October 2013

## Action Plan

**Lead Manager** : Ross Palmer, Modern Matron

**Draft** :

**Final** :

| Ref | Recommendation   | Action Required  | By whom  | By when  |
|-----|--|--|--|--|
| 1   | Development of the second Band 6 post to bring Ward 53 in line with similar wards regarding seniority of Nursing establishment   | Advertise and recruit post, new senior post to 'buddy' existing band 6 to learn responsibilities   | Modern Matron<br>Ward Manager<br>Clinical Sister | Completed                                      |
| 2   | Ward Manager to be supported in re-designing workload and therefore be available on the Ward more frequently as Ward leader rather than working in an area of the Ward | Discussion with Ward Manager re responsibilities of Nurse in charge, observation of Ward Manager within this role and development of other senior staff to continue this in their absence  | Modern Matron<br>Ward Manager                    | Complete                                       |
| 3   | Ward Manager to lead board rounds  | As point 2   | Modern Matron<br>Ward Manager                    | Complete                                       |
| 4   | Monthly Ward meetings to be introduced and formalised  | Dates for next 12 months meetings to be set by Ward Manager, Matron to attend where possible (at least 3 in the first 4 months). Ward Clerk to be approached re taking minutes. Minutes to be shared with staff via notice board. Set agenda and AOB to be developed | Modern Matron<br>Ward Manager                    | 1 Month to arrange meetings and hold first one |
| 5   | Ward Manager to meet with a mentor on a regular basis  | Matron to arrange with colleague a suitable Ward Manager as mentor and arrange regular meetings  | Modern Matron<br>Ward Manager                    | 1 month to arrange mentor and initial meeting  |

|   |   |  |                               |           |
|---|---|--|-------------------------------|-----------|
| 6 | Ward to be de-cluttered   | Ward Manager to support and encourage staff in this, Matron to investigate possibility of more storage on ward (unused bathroom). Ward environment to be audited weekly and tidiness challenged daily.   | Modern Matron<br>Ward Manager | Immediate |
| 7 | Immediate areas for improvement to be discussed at first Ward meeting | Agenda to include: De-cluttering (as point 6) and including removal of drink bottles, treatment door to be kept shut (Matron to again request automatic door closer), staff introducing themselves to patients and explaining their plan of care, protected mealtimes and the identification of the Senior Nurse | Modern Matron<br>Ward Manager | 1 Month   |
| 8 | New Dinamap to be purchased   | Costing to be investigated and ability to purchase assessed  | Modern Matron                 | 1 Month   |

### Ad-hoc unannounced CNO and Senior Nursing team visit schedule

| Date                    | Ward | People  | Issues  | Actions  |
|-------------------------|------|---|---|--|
| 11 <sup>th</sup> June   | 52   | Staff Nurse x 2   | Busy shift , with high admissions and discharges  | Matron and senior nurses aware.  |
| 14 <sup>th</sup> June   | 53   | Staff Nurse x 1<br>Patient                                  | None identified<br><br>Patient positive about care experience   |  |
| 17 <sup>th</sup> June   | 53   | Ward Manager<br>Staff Nurse<br>Patients x 2<br>Relative x 1 | Cleaning of ward bays, sluice, ward areas below standard.<br><br>Patients and Relatives positive on care, feeding and toileting   | Escalation to ISS, Estates on outstanding items.<br><br>Matron aware of nurse cleaning issues - 2 <sup>nd</sup> inspection that day by ADN |
| 17 <sup>th</sup> June   | 52   | Ward Manager<br>Staff Nurse<br>Patients x 2                 | None identified. Patients positive about care experiences.  |  |
| 19 <sup>th</sup> June   | 53   | Modern Matron<br>PSP  | Much improved cleaning and environment. Board round board not up to date  | Matron to review   |
| 19 <sup>th</sup> June   | 52   | Modern Matron   | Patient safety thermometer data not up to date on notice boards   | Matron to review and put up information for relatives  |
| 28 <sup>th</sup> June   | 53   | Staff Nurse<br>Student Nurse<br>Patients (x2)               | Ward temperature high<br>Good supervision and mentorship of student. No care issues identified<br>Observed meal rounds and assistance given to patients   | Book on issues desk  |
| 28 <sup>th</sup> June   | 52   | HCSW<br>Patient (x1) and 2 x relatives                      | No care issues. Staff caring and attentive – unclear on diagnosis (but complex case) seeing Drs regularly (not sure who is main consultant)<br>Ward temperature high<br>Observed meal service - feedback on food positive.<br>HCSW encouraging and assisting patients | Sr to confirm primary clinician  |
| 1 <sup>st</sup> July    | 52   | Staff Nurse<br>Relative                                     | None Identified   |  |
| 12 <sup>th</sup> July   | 53   | Staff Nurse x2<br>Patient                                   | None<br><br>Care praised by patient   |  |
| 27 <sup>th</sup> August | 52   | Ward manager<br>4 staff nurses<br>2 support workers         | Full ward. No problems<br>Patients happy.<br>Ward had a good feel<br>Board round completed and board up to date.<br>Ward very clean and tidy  | No actions<br>Ward Manager well in control of area   |

| Date                          | Ward                         | People  | Issues   | Actions   |
|-------------------------------|------------------------------|---|--|---|
| 27 <sup>th</sup> August       | Ward 52<br>emergency<br>area | 2 staff nurses<br>1 support worker                              | No problems  | No actions  |
| 27 <sup>th</sup> August       | Ward 52                      | 4 trained<br>2 support<br>workers<br>1 student.<br>1 bank nurse | Just had a death on the<br>ward.<br>Student sitting on nurses<br>station swinging her legs.<br>Asked to take a chair.<br>Patients seemed happy,<br>ward nurse referred to her<br>colleague as the bank<br>nurse. | Student nurse felt<br>that all staff were her<br>mentors rather than a<br>named mentor.<br>Check off duty for<br>allocation of mentors<br>and sign off mentor |
| 25 <sup>th</sup><br>September | 53                           | Staff Nurses x 2  | Ward very busy, number of<br>confused elderly patients<br>wandering.   | HCSW in attendance<br>and managing to<br>keep patients safe.  |
| 6 <sup>th</sup> October       | 53                           | Charge Nurse  | Ward was fairly quiet – no<br>issues.  |   |
| 23 <sup>rd</sup> October      | 53                           | Staff Nurse<br>HCSW   | Patient unhappy that TTO's<br>had not arrived – had been<br>waiting sometime to go<br>home.<br>Family were complaining<br>about car parking costs.   | Whilst talking to staff<br>TTO's arrived on<br>ward.  |

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

27 NOVEMBER 2013

|  |   |
|--|---|
| <b>Subject:</b>                        | Winter Planning Update                                  |
| <b>Report By:</b>                      | David Eltringham, Chief Operating Officer               |
| <b>Author:</b>                         | Richard Parker Deputy Chief Operating Officer (Interim) |
| <b>Accountable Executive Director:</b> | David Eltringham, Chief Operating Officer               |

**PURPOSE OF THE REPORT:**

The Trust Board received and approved the internal Winter Plan on 2 October 2013. The Winter Planning template was subsequently submitted to the Trust Development Authority (TDA) for assurance and scrutiny.

Since the Winter Plan was developed the Trust has accelerated delivery against the range of 'Getting Emergency Care Right' (GECR) using a revised clinical and managerial command and control structure. As a consequence the Trust has witnessed a significant improvement against the 4-hr ED transit-time target. Interrogating the success of this work provides an opportunity to both strengthen elements of the Winter Plan that are working and / or reflect and reschedule those that may no longer be valid.

The purpose of this paper is to:

- Provide high-level assurance against the delivery of key components of the Winter Plan
- Indicate where Winter schemes are under review or may change in the context of recent performance improvements

**SUMMARY OF KEY ISSUES:**

The approved UHCW Winter Plan is being mobilised. Key schemes, including staff flu vaccination, ambulatory emergency care clinics, the Medihome virtual ward, 7-day working and outsourced elective activity are either in place or are on track to go-live as planned.

One scheme has slipped against plan (the creation of a short-stay elderly ward through bed reconfiguration) however mitigation using an alternative scheme to virtually eliminate outliers is being developed. The alternative scheme is expected to offset the impact of delays in the implementation of the bed reconfiguration scheme through reducing the length of stay associated with the outlier cohort.

Community led schemes to increase home-reablement capacity and assign GP's to work with paramedic ambulance crews are reported by the CCG to have commenced.

The Trust is also on-plan to deliver against the seasonal flu vaccination programme.

**STRATEGIC PRIORITIES THIS PAPER RELATES TO (Please check one):**

|  |                                     |
|--|-------------------------------------|
| To Deliver Excellent Patient Care and Experience | <input checked="" type="checkbox"/> |
| To Deliver Value for Money                       | <input type="checkbox"/>            |
| To be an Employer of Choice                      | <input type="checkbox"/>            |
| To be a Research Based Healthcare Organisation   | <input type="checkbox"/>            |
| To be a Leading Training and Education Centre    | <input type="checkbox"/>            |

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

27 NOVEMBER 2013

**RECOMMENDATION / DECISION REQUIRED:**

The Trust Board are asked to:

- Acknowledge progress made in the implementation of the Winter Plan.
- Acknowledge amendments made to the original Winter Plan schemes.
- Consider further requirements regarding the reporting of progress against the Winter Plan.

**IMPLICATIONS:**

|                            |   |
|----------------------------|---|
| Financial:                 | Financial risk associated with additional costs of Winter Plans |
| HR / Equality & Diversity: | None  |
| Governance:                | Risks relating to delivery of key national targets              |
| Legal:                     | None  |
| NHS Constitution:          | N/A   |

**COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:**

| <b>Trust Standing Committee</b>   | <b>Date</b> | <b>Trust Standing Committee</b> | <b>Date</b> |
|-----------------------------------|-------------|---------------------------------|-------------|
| Quality Governance Committee      | N/A         | Remuneration Committee          | N/A         |
| Finance and Performance Committee | N/A         | Chief Officers Group            | 21.11.13    |
| Audit Committee                   | N/A         |                                 |             |

## **University Hospitals Coventry & Warwickshire**

### **2013/14 Winter Planning Update**

#### **Summary**

The approved UHCW Winter Plan is being mobilised. Key schemes, including staff flu vaccination, ambulatory emergency care clinics, the Medihome virtual ward, 7-day working and outsourced elective activity are either in place or are on track to go-live as planned.

One scheme has slipped against Plan (the creation of a short-stay elderly ward through bed reconfiguration); however mitigation using an alternative scheme to virtually eliminate outliers is being developed. The alternative scheme is expected to offset the impact of delays in the implementation of the bed reconfiguration scheme through reducing the length of stay associated with the outlier cohort.

Community led schemes to increase home-reablement capacity and assign GP's to work with paramedic ambulance crews are reported by the CCG to have commenced.

The Trust is also on-plan to deliver against the seasonal flu vaccination programme.

#### **1.0 Introduction**

1.1 The Trust Board received and approved the internal Winter Plan on 2 October 2013. The winter planning template was subsequently submitted to the Trust Development Authority (TDA) for assurance and scrutiny.

1.2 Since the Winter Plan was developed the Trust has accelerated delivery against the range of 'Getting Emergency Care Right' (GECR) using a revised clinical and managerial command and control structure. As a consequence the Trust has witnessed a significant improvement against the 4-hr ED transit-time target. Interrogating the success of this work provides an opportunity to both strengthen elements of the Winter Plan that are working and/or reflect and reschedule those that may no longer be valid.

1.3 The purpose of this short briefing paper is to:

- Provide high-level assurance against the delivery of key components of the Winter Plan
- Indicate where Winter schemes are under review or may change in the context of recent performance improvements

#### **2.0 Delivery against key schemes**

2.1 The 2013/14 Winter Plan highlighted that bed capacity was the most significant issue facing the Trust in Q3 and Q4. The plans to respond to these included measures to create physical capacity (in-house and via health economy/private sector partners), improve patient flow through GECR actions and ensure enhanced staffing solutions were available to keep patients safe at times of peak demand. Progress against key schemes is as follows:

- **Medihome.** The Medihome scheme delivers 30 'virtual ward' beds. This scheme is progressing well. The Medihome team have successfully recruited key clinical staff within their team and are on target for the service to go-live on 17 December 2013.
- **Outsourcing elective activity.** Access to elective capacity using local private providers has been secured. This scheme is under continual review as part of the RTT recovery plan and outsourced activity will be titrated accordingly by the Operations Team as part of the weekly patient-access/waiting list review process.
- **24/7 Medical Staff cover to enable day-surgery to be used as an in-patient area.** This scheme can be deployed at relatively short notice. To date it has not been required and current performance, driven by the GECR actions, suggests this scheme could be stood down in favour of targeting additional medical staff resources to expedite discharges in key ward areas (AMU, W2 – Short Stay, W20, W30/31, Ward 1 & Ward 3). This scheme remains under daily review by the Operations Team.
- **7-day working in capacity-generating areas.** Three elements of this scheme have been deployed (Radiology, additional weekend discharge doctors and enhanced staffing in the AMU/ED). The deployment of a GP into the minor illness/minor injuries scheme has been amended and additional Emergency Nurse Practitioners (ENP's) have been deployed as an effective alternative to a GP. Early indications are that this has been successful and has resulted in a 'protected', high performing minors patient stream with the virtual elimination of 4-hr transit time breaches for that patient cohort.
- **Increasing the number of medical assessment/short stay beds through bed reconfiguration.** This scheme was scheduled to go-live in November 2013 however issues with the recruitment of sufficient number of NHS locum gerontologists and nurses have delayed progress. Whilst it was possible to proceed with the scheme and rely on the use of temporary/agency staff this was deemed to be high risk; specifically threatening current levels of performance through the creation of a large, poorly functioning ward area. An alternative scheme, creating capacity through a virtual elimination of outliers, is being developed (due 20 November 2013) and will mitigate delays in the original scheme. The TDA are scrutinising all aspects of the ED recovery and winter plans. They have been briefed regarding any changes to the original plan and appear broadly satisfied with the approach being taken.
- **Increased Community capacity.** Additional homecare reablement hours (100hrs/week out of a total of the additional 500hrs/week available for winter use) were deployed in the first week of November 2013. No additional community beds have been deployed at the time of reporting however a revised, whole-system, conference call and escalation process has been established to enable rapid deployment where system pressures are identified.
- **GP in an ambulance.** This scheme, led by the CCG, is reported to have been mobilised. Data to assess the impact of the scheme has not been provided to date.
- **Ambulatory Emergency Care Clinics.** The full range of pathways (14) went live on 11 November 2013. Data to assess the impact of the scheme is not available at this time.

- **Flu vaccination programme.** Currently 47% of staff have received seasonal flu vaccination. This performance is on-trajectory and further plans, including staff communication, peer vaccination and targeted departmental vaccination visits are planned through November and December 2013.
- **Christmas staffing plans.** Staffing plans and departmental plans are currently being collated and a full schedule of arrangements is due for circulation w/c 9 December 2013.

### 3.0 Additional items

3.1 **Stress-testing arrangements.** The Trust participated in a whole health economy winter planning exercise on 21 November 2013. Additional local exercises are being planned to ensure both on-call management and site operations teams are fully aware of all relevant escalation processes and procedures.

3.2 **Risk.** The top-four risks associated with the winter plan remain unchanged. The risks (& progress against mitigating them) are as follows:

- **High bed occupancy.** Whilst the expected impact of Medihome has not changed, additional capacity (& improvements to patient flow) associated with the revised command and control structure appear to have further mitigated this risk.
- **Vacancies in the Acute Medical Workforce.** The Trust has successfully recruited 5 NHS locums to the acute medical consultant workforce. This has mitigated the risk however further work is required to secure both leadership for the team and substantive recruits. This work is ongoing.
- **Organisational engagement.** The success of recent measures, implemented through the revised command and control arrangements, has improved engagement in this area.
- **Cost pressures arising from additional winter measures.** The Trust received £3.6m of central winter pressures funding to support performance in this area. This funding is fully committed therefore a residual financial risk is retained. Specifically, should measures over and above those already deployed be required, they would pose a further cost pressure to the Trust.

### 4.0 Recommendations

The Board is requested to:

- Acknowledge progress made in the implementation of the Winter Plan.
- Acknowledge amendments made to the original Winter Plan schemes.
- Consider further requirements regarding the reporting of progress against the Winter Plan.

**Richard Parker – Interim Deputy COO (Medicine)**

# UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

## REPORT TO THE TRUST BOARD: PUBLIC

27 NOVEMBER 2013

|  |  |
|--|--|
| <b>Subject:</b>                        | Site Redevelopment Investment Opportunity          |
| <b>Report By:</b>                      | Lincoln Dawkin, Director of Estates and Facilities |
| <b>Author:</b>                         | Lincoln Dawkin, Director of Estates and Facilities |
| <b>Accountable Executive Director:</b> | Ian Crich, Chief Human Resources Officer           |

### PURPOSE OF THE REPORT:

The purpose of this report is to enable the Board to consider a proposal from the current soft services provider (ISS) to support the Trust with a significant capital investment to largely fund the ongoing site development scheme (car parking and other associated improvements).

### SUMMARY OF KEY ISSUES:

Congestion at University Hospital, has for some time been the single biggest area of concern by a large proportion of our stakeholders and the general public we serve. In 2013, planning approval was secured to redevelop areas of the site to address the issue. This redevelopment not only addresses the car park capacity issues, but also the surrounding road infrastructure, and alongside a successful "Pinchpoint" bid by the City Council, also addresses the off site areas of congestion in the surrounding road infrastructure. Work is to commence shortly on the hospital site on the first 2 phases of a 9 phase scheme.

Unfortunately, as there are limited capital funds available, by agreeing to invest in this significant programme, the Trust had taken the difficult decision to prioritise this work over competing demands on the capital programme for other investment requirements within the organisation.

Whilst funding has been identified in the Trusts capital programme to fund the improvement scheme, work has been ongoing to establish if other funding opportunities exist that would then allow capital monies to be redirected towards other key capital investment requirements.

Discussions have taken place between the Trust and ISS (the current service provider under the PFI scheme), to establish if an opportunity existed for an investment to be made, by ISS, to partially fund the on site works.

Following these discussions, an offer of £4m capital investment has been made by ISS. This investment would be as part of a package which would include extending the current market test date under the PFI of October 2018 by two years, thus making the market test date for the soft services October 2020. Whilst this is a large investment for ISS to make, in return they would benefit from an additional 2 years to their existing contract arrangement and thus receive 2 further years income.

This £4m offer, if accepted, would therefore reduce down the amount of Trust capital required for the site improvements to £2.1m, releasing £4m of capital resource to be redirected towards other competing priorities such as investment in clinical services.

Under the PFI agreement, the provision of soft services is contracted out to the PFI provider until 2042. Market testing of the service by the PFI provider is undertaken every 7 years. As part of this agreement, we would effectively be moving the next date of market testing on soft services back by 2 years until 2020. From a commercial perspective the Trust is committed under the PFI agreement for the provision of soft services until 2042.

Legal opinion has been sought from the Trust lawyers, who have both confirmed that this investment opportunity is consistent with the original PFI deal. Policy advice has also been sought from the Private Finance Unit (PFU) at the Department of Health who again raised no specific concerns in relation to the proposal.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

27 NOVEMBER 2013

This proposal does of course have to be seen in the context of the requirement for the whole redevelopment case being given approval by the NHS Trust Development Authority, which is currently awaited.

**STRATEGIC PRIORITIES THIS PAPER RELATES TO (Please check one):**

|  |                                     |
|--|-------------------------------------|
| To Deliver Excellent Patient Care and Experience | <input checked="" type="checkbox"/> |
| To Deliver Value for Money                       | <input checked="" type="checkbox"/> |
| To be an Employer of Choice                      | <input type="checkbox"/>            |
| To be a Research Based Healthcare Organisation   | <input type="checkbox"/>            |
| To be a Leading Training and Education Centre    | <input type="checkbox"/>            |

**RECOMMENDATION / DECISION REQUIRED:**

The Trust Board is asked to SUPPORT the proposed investment opportunity and INSTRUCT the Director of Estates and Facilities, once formal approval to the whole redevelopment scheme has been received from the NHS TDA, to enter into final negotiations with the PFI provider and ISS to secure the £4m investment.

**IMPLICATIONS:**

|                          |                   |
|--------------------------|-------------------|
| Financial:               | As set out above. |
| HR/Equality & Diversity: | None              |
| Governance:              | None              |
| Legal:                   | None              |
| NHS Constitution:        | None              |
| Risk:                    | None              |

**COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:**

| Trust Standing Committee          | Date | Trust Standing Committee | Date |
|-----------------------------------|------|--------------------------|------|
| Quality Governance Committee      | N/A  | Remuneration Committee   | N/A  |
| Finance and Performance Committee | N/A  | Chief Officers Group     | N/A  |
| Audit Committee                   | N/A  |                          |      |

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

27 November 2013

|  |   |
|--|---|
| <b>Subject:</b>                        | Outsourcing of Outpatient Pharmacy Services |
| <b>Report By:</b>                      | Ian Crich – Chief Human Resources Officer   |
| <b>Author:</b>                         | Gabrielle Marsden – Project Manager         |
| <b>Accountable Executive Director:</b> | Ian Crich – Chief Human Resources Officer   |

**PURPOSE OF THE REPORT:**

To provide Trust Board with an update on the progress made by the UHCW NHS Trust Pharmacy Outsourcing Project Board regarding the implementation of the pilot scheme to successfully outsource pharmacy outpatient services to a preferred third party.

**SUMMARY OF KEY ISSUES:**

Successful implementation of the pilot to the third party provider Lloyds Pharmacy was achieved on 16<sup>th</sup> September 2013 in both outpatients units at UHCW and the Hospital of St Cross. The new teams are now in a period of bedding in their processes.

This implementation was achieved through a rigid governance structure involving a joint project group (implementation team) who were responsible for all aspects: Estates, finance, communications, pharmacy operational issues and IT. This project group reported to the Pharmacy Outsourcing Project Board on a monthly basis.

Since the 'Go-Live', a new operational management team have been established to replace the implementation team, with representation from UHCW pharmacy staff and Lloyds Pharmacy to manage the operational issues as they occur to ensure a smooth transition and good service from the new provider. There have been some issues in the first few weeks with Lloyds staff numbers, training, and complaints. However these issues are gradually being ironed out with significant reductions in complaints, and Lloyds are currently increasing their team numbers with the new staff expected to be in place in the New Year.

This operational team will also be responsible for performance monitoring. This will be done through a comprehensive list of KPIs which were agreed as part of the contract (including, complaints, waiting times etc). However, due to the infancy of this project the methods for collecting these KPIs are still in the process of being finalised and we are expecting September and October's KPIs to be available by the end of November. From November, we expect KPIs to be available on a monthly basis and a process of formal monitoring, and data collection to begin. Early data indicates that the financials are on plan with the likelihood of over performance by year end.

Now that the pilot has been successfully implemented attention has now turned to the full tender for the outpatient's pharmacy department. This will be conducted by a separate tender management team involving Health Trust Europe (HTE). It is currently thought that the official OJEU process will begin in February to allow time for initial lessons to be learned from the pilot to be included in the process. The tender management team will also report into the Pharmacy Outsourcing Project Board.

Performance statistics for the current outpatient's pharmacy team, the process (and progress) for the full tender will be reported to the Board in March 2104 when a clearer picture has been established.

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**27 November 2013**

In addition to this, a useful and informative exercise on 'lessons learned' was undertaken by the ImPACT team in November and the outcomes will be reported to Finance and Performance in January.2014.

**STRATEGIC PRIORITIES THIS PAPER RELATES TO (Please check one):**

|  |                                     |
|--|-------------------------------------|
| To Deliver Excellent Patient Care and Experience | <input checked="" type="checkbox"/> |
| To Deliver Value for Money                       | <input checked="" type="checkbox"/> |
| To be an Employer of Choice                      | <input type="checkbox"/>            |
| To be a Research Based Healthcare Organisation   | <input type="checkbox"/>            |
| To be a Leading Training and Education Centre    | <input type="checkbox"/>            |

**RECOMMENDATION / DECISION REQUIRED:**

|   |
|---|
| Trust Board to:   |
| 1) Note the progress made on the project so far   |
| 2) Approve the decision to go ahead with the full tender of the service (dependent on initial data on the success of the pilot) |

**IMPLICATIONS:**

|                          |                            |
|--------------------------|----------------------------|
| Financial:               | Circa £400K in a full year |
| HR/Equality & Diversity: | N/A                        |
| Governance:              | N/A                        |
| Legal:                   | N/A                        |
| NHS Constitution:        | N/A                        |
| Risk:                    | N/A                        |

**COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:**

| <b>Trust Standing Committee</b>   | <b>Date</b> | <b>Trust Standing Committee</b> | <b>Date</b> |
|-----------------------------------|-------------|---------------------------------|-------------|
| Quality Governance Committee      | N/A         | Remuneration Committee          | N/A         |
| Finance and Performance Committee | Jan 2013    | Chief Officers Group            | N/A         |
| Audit Committee                   | N/A         |                                 |             |

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

27 NOVEMBER 2013

|  |   |
|--|---|
| <b>Subject:</b>                        | Integrated Performance Report – Month 7 – 2013/14                     |
| <b>Report By:</b>                      | Gail Nolan, Chief Finance Officer                                     |
| <b>Author:</b>                         | Jonathan Brotherton, Director of Performance and Programme Management |
| <b>Accountable Executive Director:</b> | Gail Nolan, Chief Finance Officer                                     |

**PURPOSE OF THE REPORT:**

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

**SUMMARY OF KEY ISSUES:**

In this report, **29** of the **59** KPIs reported against are breaching the standard / target.

**Principal performance exceptions by Domain**

**Excellence in patient care and experience**

- Last minute non-clinical cancelled operations (elective) was 1% of activity and so remains above target.
- The Trust reported 1 Never Event in October bring the year to date total to 2.
- The Trust reported 2 Grade 3 Pressure Ulcers in October.
- Referral to Treatment non delivery was recorded across a number of specialties.
- A&E 4 hour wait remained below the 95% target for October with a performance of 94.67%.
- The Trust has recorded 425 minutes Total time in A&E - admitted patients (95th centile) which represents a continued breach of this measure.
- Breaches of the 28 day re-admission guarantee rose to 19.

**Delivery of Value for Money**

- The Trust is currently reporting a YTD net deficit of £1.9m which is a £2m adverse deficit to the plan signed off by the Trust Board and submitted to the NHS Trust Development Authority.
- The forecast outturn is a £2.6m surplus for 2013/14.

**Employer of Choice**

- The Trust has recorded a **73.06%** Appraisal rate. This is the highest reported rate since workforce KPIs were introduced 3 ½ years ago.
- The Trust has recorded a **77.71%** Consultant appraisal rate. This is below target and shows a slight increase of 1.29% from last month.
- The Trust has recorded a **66.72%** attendance at mandatory training. This is below target and has demonstrated no improvement since last month.
- The Trust has recorded a **4.34%** Sickness rate. This bucks the improving trend seen over recent months and is over the newly revised target of **4.00%**.

It is noted that from this month, the TDA have ceased the requirement for Trust's to submit the monthly Provider Management Regime (PMR) report, therefore the Financial and Governance Risk Ratings are no longer included in this report.

**STRATEGIC PRIORITIES THIS PAPER RELATES TO (Please check one):**

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**27 NOVEMBER 2013**

|  |                                     |
|--|-------------------------------------|
| To Deliver Excellent Patient Care and Experience | <input checked="" type="checkbox"/> |
| To Deliver Value for Money                       | <input checked="" type="checkbox"/> |
| To be an Employer of Choice                      | <input checked="" type="checkbox"/> |
| To be a Research Based Healthcare Organisation   | <input checked="" type="checkbox"/> |
| To be a Leading Training and Education Centre    | <input checked="" type="checkbox"/> |

**RECOMMENDATION / DECISION REQUIRED:**

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

**IMPLICATIONS:**

|                          |   |
|--------------------------|---|
| Financial:               | CIP development and the impact of additional resources to deliver the A&E targets and other RTT standards |
| HR/Equality & Diversity: | Effective management of attendance, training and appraisal of staff                                       |
| Governance:              | None  |
| Legal:                   | None  |
| NHS Constitution:        |   |
| Risk:                    |   |

**COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:**

| <b>Trust Standing Committee</b>   | <b>Date</b> | <b>Trust Standing Committee</b> | <b>Date</b> |
|-----------------------------------|-------------|---------------------------------|-------------|
| Quality Governance Committee      | N/A         | Remuneration Committee          | N/A         |
| Finance and Performance Committee | N/A         | Chief Officers Group            | N/A         |
| Audit Committee                   | N/A         |                                 |             |

# University Hospitals Coventry and Warwickshire NHS Trust

## Integrated Quality, Performance and Finance Reporting Framework

Reporting Period:  
**October 2013**

Report Date:  
**21<sup>st</sup> November 2013**

# Contents

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| <b>Section</b>                                       | <b>Page</b> |
|--|-------------|
| Executive Summary                                    | 3           |
| Summary of performance                               | 4           |
| Trust Scorecard                                      | 6           |
| Domain 1: Excellence in patient care and experience  | 8           |
| Domain 2: Deliver value for money                    | 31          |
| Domain 3: Employer of choice                         | 39          |
| Domain 4: Leading research based health organisation | 45          |
| Domain 5: Leading training & education centre        | 48          |
| Appendix 1: Financial Statements                     | 50          |

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# Executive Summary

# Executive Summary

## Summary of performance

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### 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, **29** of the **59** KPIs reported against are breaching the standard / target.

### Principal performance exceptions by Domain

#### Excellence in patient care and experience

- Last minute non-clinical cancelled operations (elective) was **1%** of activity and so remains above target.
- The Trust reported **1 Never Event** in October bring the year to date total to **2**.
- The Trust reported **2 Grade 3 Pressure Ulcers** in October.
- **Referral to Treatment** non delivery was recorded across a number of specialties.
- **A&E 4 hour wait** remained below the 95% target for October with a performance of **94.67%**.
- The Trust has recorded **425** minutes Total time in A&E - admitted patients (95th centile) which represents a continued breach of this measure.
- **Breaches of the 28 day admission guarantee** rose to **19**.

#### Delivery of Value for Money

- The Trust is currently reporting a YTD net deficit of **£1.9m** which is a £2m adverse deficit to the plan signed off by the Trust Board and submitted to the NHS Trust Development Authority. The forecast outturn is a **£2.6m** surplus for 2013/14.

# Executive Summary

## Summary of performance

---

### Employer of Choice

- The Trust has recorded a **73.06%** Appraisal rate. This is the highest reported rate since workforce KPIs were introduced 3 ½ years ago.
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From this month, the TDA have ceased the requirement of Trusts to submit the monthly Provider Management Regime (PMR) report and therefore the Financial and Governance Risk Ratings are no longer included in this report.

# Executive Summary

## Trust Scorecard – October 2013

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

|   |  |
|---|--|
| ↑ | Performance has improved from the previous month     |
| ↓ | Performance has deteriorated from the previous month |
| ↔ | Performance is stable compared to previous month     |

|   |                               |
|---|-------------------------------|
| ✔ | High data quality assurance   |
| ⚠ | Medium data quality assurance |
| ✘ | Low data quality assurance    |

| Trust Board Scorecard   |                   | Reporting Period |     |          |               |            |                  |                   | October |    |
|---|-------------------|------------------|-----|----------|---------------|------------|------------------|-------------------|---------|----|
| Domain - Excellence in patient care   |                   |                  |     |          |               |            |                  |                   |         |    |
| Measure   | Previous Position | Latest Position  | DoT | YTD Plan | Annual Target | Annual FOT | Executive Lead   | Owner             | Trend   | DQ |
| Clostridium difficile (Trust acquired) - cumulative                             | 17                | 19               | ↓   | 33       | 57            | 57         | Mark Radford     | Karen Bond        |         | ✔  |
| MRSA bacteremia (Trust acquired) - cumulative                                   | 2                 | 2                | ↔   | 0        | 0             | 2          | Mark Radford     | Karen Bond        |         | ✔  |
| Eligible patients having VTE risk assessment (1 month in arrears)               | 95.73%            | 96.29%           | ↑   | 95.00%   | 95.00%        | 95.00%     | Mark Radford     | Oliver Chapman    |         | ✔  |
| Falls per 1000 occupied bed days resulting in serious harm                      | 0.04              | 0.15             | ↓   | 0.05     | 0.05          | 0.05       | Mark Radford     | Paul Martin       |         | ✔  |
| HSMR (basket of 56 diagnosis groups) (2 month in arrears)                       | 109.20            | 86.10            | ↑   | 100.00   | 100.00        | 100.00     | Meghana Pandit   | Paul Martin       |         | ✔  |
| SHMI (Quarterly) (6 month in arrears)   | 99.62             | 98.13            | ↑   | 100.00   | 100.00        | 100.00     | Meghana Pandit   | Paul Martin       |         | ✔  |
| Number of never events reported - cumulative                                    | 1                 | 2                | ↓   | 0        | 0             | 2          | Meghana Pandit   | Paul Martin       |         | ✔  |
| Pressure Ulcers 3 and 4 (Trust associated)                                      | 0                 | 2                | ↓   | 0        | 0             | 9          | Mark Radford     | Karen Bond        |         | ⚠  |
| Dementia case finding question (1 month in arrears)                             | 96.03%            | 97.19%           | ↑   | 90.00%   | 90.00%        | 90.00%     | Meghana Pandit   | Mark Radford      |         | ✔  |
| No of Dr Foster Red mortality alerts (2 month in arrears)                       | 2                 | 1                | ↑   | 0        | 0             | 0          | Meghana Pandit   | Paul Martin       |         | ✔  |
| No of Dr Foster High Relative risks (2 month in arrears)                        | 1                 | 0                | ↑   | 0        | 0             | 0          | Meghana Pandit   | Paul Martin       |         | ✔  |
| % spending >90% of their stay on a stroke unit (1 month in arrears)             | 82.35%            | 81.58%           | ↓   | 80.00%   | 80.00%        | 80.00%     | David Eltringham | Richard Parker    |         | ⚠  |
| 18 week referral to treatment time - Admitted (1 month in arrears)              | 92.14%            | 91.68%           | ↓   | 90.00%   | 90.00%        | 90.00%     | David Eltringham | Alan Gurney       |         | ✔  |
| 18 week referral to treatment time - Non-admitted (1 month in arrears)          | 97.50%            | 97.80%           | ↓   | 95.00%   | 95.00%        | 95.00%     | David Eltringham | Alan Gurney       |         | ✔  |
| RTT - incomplete in 18 weeks (1 month in arrears)                               | 93.24%            | 94.00%           | ↑   | 92.00%   | 92.00%        | 92.00%     | David Eltringham | Alan Gurney       |         | ✔  |
| RTT non delivery in all specialties (1 month in arrears)                        | 10                | 9                | ↑   | 0        | 0             | 0          | David Eltringham | Alan Gurney       |         | ✔  |
| 2 week cancer wait (GP referral to outpatient appointment - 1 month in arrears) | 93.10%            | 93.10%           | ↔   | 93.00%   | 93.00%        | 93.00%     | David Eltringham | Alan Gurney       |         | ✔  |
| 31 day diagnosis to treatment cancer target (1 month in arrears)                | 98.95%            | 100.00%          | ↑   | 96.00%   | 96.00%        | 96.00%     | David Eltringham | Alan Gurney       |         | ✔  |
| 62 days urgent referral to treatment cancer target (1 month in arrears)         | 83.80%            | 85.53%           | ↑   | 85.00%   | 85.00%        | 85.00%     | David Eltringham | Alan Gurney       |         | ✔  |
| A&E 4 hour wait target  | 93.24%            | 94.67%           | ↑   | 95.00%   | 95.00%        | 95.00%     | David Eltringham | Richard Parker    |         | ✔  |
| A&E Total time in A&E - admitted patients                                       | 512               | 425              | ↑   | 240      | 240           | 240        | David Eltringham | Richard Parker    |         | ✔  |
| A&E Total time in A&E - non-admitted patients                                   | 236               | 232              | ↑   | 240      | 240           | 240        | David Eltringham | Richard Parker    |         | ✔  |
| Breaches of the 28 day readmission guarantee                                    | 3                 | 19               | ↓   | 0        | 0             | 0          | David Eltringham | Alan Gurney       |         | ✔  |
| Delayed transfers as a percentage of admissions                                 | 5.09%             | 4.05%            | ↑   | 3.50%    | 3.50%         | 3.50%      | David Eltringham | Richard Parker    |         | ⚠  |
| Diagnostic waiters, 6 weeks and over  | 0.08%             | 0.01%            | ↑   | 1.00%    | 1.00%         | 1.00%      | David Eltringham | Richard Parker    |         | ✔  |
| DNA rates (first) (2 month in arrears)  | 7.10%             | 7.20%            | ↓   | 7.60%    | 7.60%         | 7.60%      | David Eltringham | Alan Gurney       |         | ✔  |
| DNA rates (FU) (2 month in arrears)   | 7.66%             | 7.45%            | ↑   | 9.40%    | 9.40%         | 9.40%      | David Eltringham | Alan Gurney       |         | ✔  |
| Last minute non-clinical cancelled ops(elective)                                | 1.00%             | 1.03%            | ↓   | 0.80%    | 0.80%         | 0.80%      | David Eltringham | Alan Gurney       |         | ✔  |
| Theatre utilisation - Main  | 82.41%            | 83.15%           | ↓   | 85.00%   | 85.00%        | 85.00%     | Meghana Pandit   | Steve Parker      |         | ✔  |
| Theatre utilisation - Rugby   | 80.04%            | 76.82%           | ↓   | 85.00%   | 85.00%        | 85.00%     | Meghana Pandit   | Steve Parker      |         | ✔  |
| Theatre utilisation - Day Surgery   | 69.80%            | 68.48%           | ↓   | 70.00%   | 70.00%        | 70.00%     | Meghana Pandit   | Steve Parker      |         | ✔  |
| Theatre efficiency - Main   | 66.65%            | 68.56%           | ↑   | 85.00%   | 85.00%        | 85.00%     | Meghana Pandit   | Steve Parker      |         | ✔  |
| Theatre efficiency - Rugby  | 71.79%            | 65.77%           | ↓   | 85.00%   | 85.00%        | 85.00%     | Meghana Pandit   | Steve Parker      |         | ✔  |
| Theatre efficiency - Day Surgery  | 60.78%            | 58.67%           | ↓   | 70.00%   | 70.00%        | 70.00%     | Meghana Pandit   | Steve Parker      |         | ✔  |
| Same sex accommodation standards breaches                                       | 0                 | 0                | ↔   | 0        | 0             | 1          | David Eltringham | Gillian Arblaster |         | ✔  |
| Standardised ALOS (Elective) (2 month in arrears)                               | 3.30              | 3.40             | ↓   | 3.80     | 3.80          | 3.80       | David Eltringham | Alan Gurney       |         | ✔  |
| Standardised ALOS (Non-Elective) (2 month in arrears)                           | 4.90              | 4.80             | ↑   | 4.60     | 4.60          | 4.60       | David Eltringham | Richard Parker    |         | ✔  |
| Successful Choose and Book  | 9.14%             | 10.40%           | ↓   | 3.00%    | 3.00%         | 3.00%      | David Eltringham | Richard Parker    |         | ✔  |
| Readmission Rate (5 month in arrears)   | 7.70%             | 7.50%            | ↑   | 7.10%    | 7.10%         | 7.10%      | David Eltringham | Richard Parker    |         | ✔  |
| Friends & Family Test (combined percentage coverage)                            | 20.34             | 21.25            | ↑   | 23       | 23            | 23         | Meghana Pandit   | Paul Martin       |         | ✔  |
| Maternity Friends & Family Test - No of touch points achieved                   | N/A               | 0                |     | 4        | 4             | 4          | Meghana Pandit   | Paul Martin       |         | ✔  |
| Number of complaints registered - cumulative                                    | 222               | 271              | ↓   | 280      | 480           | 480        | Meghana Pandit   | Paul Martin       |         | ✔  |

# Executive Summary

## Trust Scorecard – October 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 |  | October |
|---|-------------------|-----------------|-----|----------|---------------|------------|----------------|-----------------|-------|------------------|--|---------|
| <b>Domain - Deliver value for money</b>                                       |                   |                 |     |          |               |            |                |                 |       |                  |  |         |
| Measure   | Previous Position | Latest Position | DoT | YTD Plan | Annual Target | Annual FOT | Executive Lead | Owner           | Trend | DQ               |  |         |
| Pay expenditure (actual vs plan)  | 4.80%             | 5.10%           | ↓   | 0.00%    | 0.00%         | 6.80%      | Gail Nolan     | Anthony Hobbs   |       |                  |  |         |
| Non pay expenditure (actual vs plan)  | -1.30%            | -1.30%          | ⇒   | 1.00%    | 1.00%         | 2.50%      | Gail Nolan     | Anthony Hobbs   |       |                  |  |         |
| CIP (actual vs plan)  | 76.0%             | 79.0%           | ↑   | 95.00%   | 95.00%        | 68.40%     | Gail Nolan     | Anthony Hobbs   |       |                  |  |         |
| EBITDA margin   | 7.40%             | 8.20%           | ↑   | 9.28%    | 9.80%         | 9.40%      | Gail Nolan     | Su Rollason     |       |                  |  |         |
| I&E Surplus margin  | -1.60%            | -0.60%          | ↑   | 0.03%    | 0.48%         | 0.50%      | Gail Nolan     | Su Rollason     |       |                  |  |         |
| Liquidity ratio (days)  | 4.16              | 3.76            | ↓   | 1.85     | 7.85          | 8.28       | Gail Nolan     | Alan Jones      |       |                  |  |         |
| Monitor Risk Rating   | 2                 | 2               | ⇒   | 2        | 2             | 2          | Gail Nolan     | Su Rollason     |       |                  |  |         |
| PMR indices   | 6                 | 6               | ⇒   | 1        | 1             | 0          | Gail Nolan     | Su Rollason     |       |                  |  |         |
| Total income (actual vs plan)   | 0.20%             | 0.61%           | ↑   | 0.50%    | 0.50%         | 0.80%      | Gail Nolan     | Anthony Hobbs   |       |                  |  |         |
| <b>Domain - Employer of Choice</b>  |                   |                 |     |          |               |            |                |                 |       |                  |  |         |
| Measure   | Previous Position | Latest Position | DoT | YTD Plan | Annual Target | Annual FOT | Executive Lead | Owner           | Trend | DQ               |  |         |
| Appraisal rate  | 70.22%            | 73.06%          | ↑   | 90.00%   | 90.00%        | 90.00%     | Ian Crich      | Andrew Mcmenemy |       |                  |  |         |
| Consultant appraisal rate   | 76.42%            | 77.71%          | ↑   | 90.00%   | 90.00%        | 90.00%     | Ian Crich      | Andrew Mcmenemy |       |                  |  |         |
| Attendance at mandatory training  | 66.75%            | 66.72%          | ↓   | 90.00%   | 90.00%        | 90.00%     | Ian Crich      | Andrew Mcmenemy |       |                  |  |         |
| Sickness rate   | 3.17%             | 4.34%           | ↓   | 4.00%    | 4.00%         | 4.00%      | Ian Crich      | Andrew Mcmenemy |       |                  |  |         |
| <b>Domain - Leading research based health care organisation</b>               |                   |                 |     |          |               |            |                |                 |       |                  |  |         |
| Measure   | Previous Position | Latest Position | DoT | YTD Plan | Annual Target | Annual FOT | Executive Lead | Owner           | Trend | DQ               |  |         |
| Number of Pts recruited into NIHR portfolio - cumulative (1 month in arrears) | 2079              | 2112            | ↑   | 2,111    | 4,250         | 4,250      | Meghana Pandit | Chris Imray     |       |                  |  |         |
| Performance in initiating trials (quarterly)                                  | 13%               | 21%             | ↑   | 80%      | 80%           | 80%        | Meghana Pandit | Chris Imray     |       |                  |  |         |
| Performance in delivery of trials (quarterly)                                 | 60%               | 75%             | ↓   | 80%      | 80%           | 80%        | Meghana Pandit | Chris Imray     |       |                  |  |         |
| <b>Domain - Leading training and education centre</b>                         |                   |                 |     |          |               |            |                |                 |       |                  |  |         |
| Measure   | Previous Position | Latest Position | DoT | YTD Plan | Annual Target | Annual FOT | Executive Lead | Owner           | Trend | DQ               |  |         |
| Job evaluation survey tool (JEST) score (quarterly)                           | 3.7               | 3.7             | ⇒   | 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. The following areas are covered in more detail overleaf due to their current performance:

- **Patient falls per 1000 occupied bed days resulting in serious harm** have shown an increase this month following a decrease for the last 3 months.
- The **number of never events reported – cumulative** has increased to 2.
- There has been **two reported Grade 3 pressure ulcer** during October. A root cause analysis (RCA) is being conducted and early indications are that it was deemed as avoidable. Confirmation of this will be provided following completion of the RCA.
- There has been **one reported Dr Foster Red Mortality alert** for Cancer of bladder.
- **Referral to Treatment non delivery** prevails across a number of specialties. An 18-week recovery group has been formed to oversee and deliver the 18-week Recovery Plan.
- **A&E 4 hour wait** remained below the 95% Target for October with a performance of **94.67%**.
- The Trust has recorded **425 minutes Total time in A&E - admitted patients** (95th centile) which represents a continued breach in this indicator.
- The Trust has had **19 breaches of the 28 day treatment guarantee following elective cancellation**. This is significant increase on last month.
- **Delayed Transfers of Care** remain an area of concern. Levels of delay have reduced to **4.05% this month** which is slightly over the 3.5% target.
- **Last minute non-clinical cancelled operations (elective)** was **1.03%** of activity which was a slight increase and so remains above the target.
- The Trust has recorded 4.8 days as the **Standardised ALOS (non elective)** thus remaining slightly above the benchmarked target of 4.6 days.
- The **Successful Choose and Book KPI** has deteriorated with performance now at 10.4% which is significantly above the target of 3%.
- **Theatre efficiency** is currently below the target for Main, Rugby and Day Surgery. Further explanation of the metric and challenges for each theatre area is contained in the report.
- **Readmission rates** remain just above the benchmarked target of 7.1% at 7.5% this month.

# Domain Summary – Excellence in Patient Care and Experience

## Commentary

- Friends and Family Maternity – an overall summary indicator for the four individual maternity service touch points has been added to the Trust Scorecard. The indicator measures how many of the touch points have achieved the recommended coverage level. Further details of the individual metrics are included within this report. For this month, the first reporting month, none of the individual metrics have been achieved.

Indicators in a **watching or amber** status;

- **Theatre utilisation** across all three theatre areas is in an amber status, with all areas remaining within 10% below the target.
- The **Friends and Family Test** target has now been changed from September's data onwards from 15% to 23% to support delivery of the CQUIN. Current performance is 21.25%. A graph showing trend in coverage and actual score has been included this month. This will be supplemented with accompanying narrative from next month
- **2 week cancer wait** remains just on target with a performance of 93.01% against the standard of 93%.

# 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.

October's reported position is worse than last month at 0.15 which has breached the 0.05 threshold. This represents 5 falls in this category this month. This remains above the average performance throughout 2012/13.

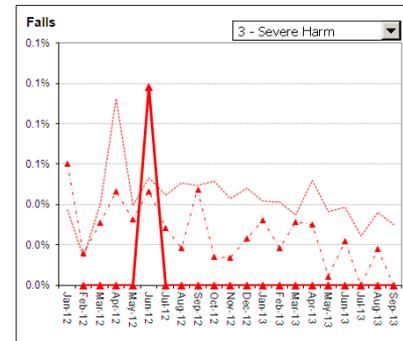
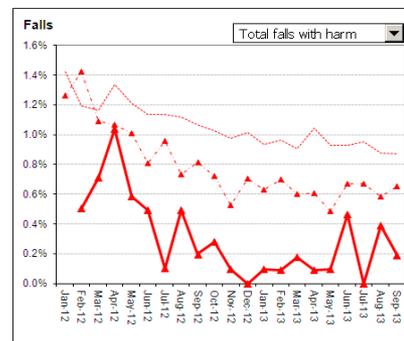
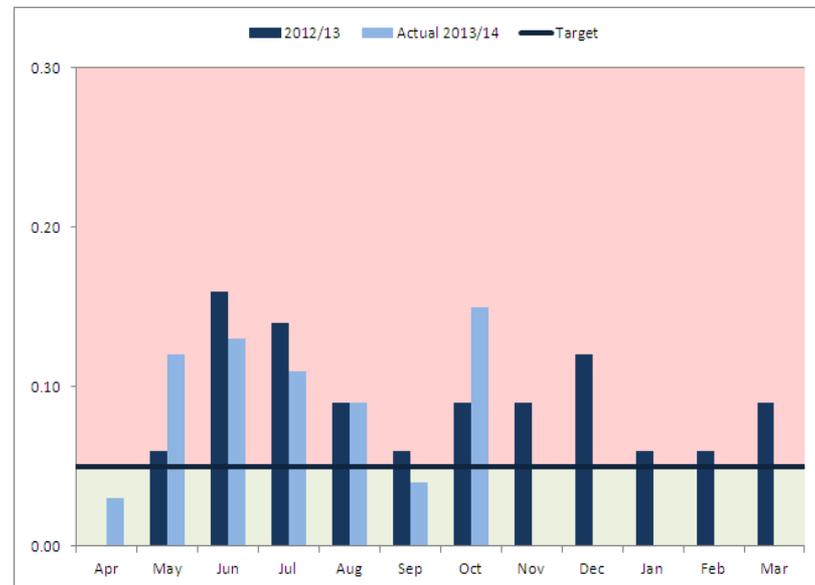
The falls action plan that is led by the Chief Nursing Officer remains active and is reviewed monthly at a Trust wide falls forum, the group remains very active and includes university and Medical representation.

UHCW hosted a falls focus day in September and as a result of this the next 12 months ambitions are being set and a follow up day is being arranged.

The first cross organisation group was held by the CCG in November and will meet on a monthly basis with working groups feeding in to it. UHCW's falls RCA process is going to be used across the patch.

It is worth noting that the national safety thermometer shows 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.

### Overall Trust position



..... National Benchmark    —▲— UHCW    - - - Regional Benchmark

# Excellence in patient care – area of underperformance

## Number of never events reported - cumulative

### Commentary

#### Applicable Frameworks/Contracts:

##### Acute Contract - Never Events

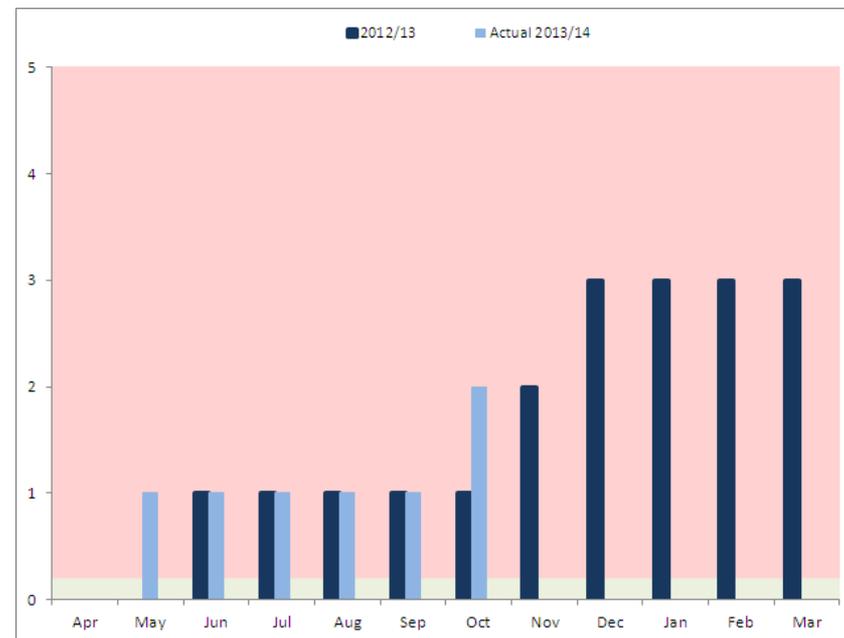
This indicator reports the number of never events reported per calendar month. "Never events" are very serious, largely preventable patient safety incidents that should not occur if the relevant preventative measures have been put in place. There are 25 "never events" on the current list. These incidents 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.

There have been 2 never events reported for 2013/14 to date:

1. Wrong implant/prosthesis – an incorrect diopter lens was inserted and noticed by surgeon when writing the operation notes. The patient returned to theatre where the lens was replaced with the correct diopter.

The Root Cause Analysis has been completed. The root of the issue was a transcription error. Associated key actions have been identified. These include all personnel involved with the delivery of care in ophthalmic theatres to identify, agree and implement a consistent and appropriate process to request, identify and confirm intended prosthetic lens size prior to implantation.

### Overall Trust position



2. Retained foreign object post-operation – The patient had a repair of fractured mandible in emergency theatre. A routine check x-ray performed showed a drill bit in the jaw which had broken off during the procedure. The drill bit had to be removed with further surgery.

A full investigation is currently taking place.

# Excellence in patient care – area of underperformance

## Pressure Ulcers 3 and 4 (Trust Associated)

### Commentary

#### Applicable Frameworks/Contracts:

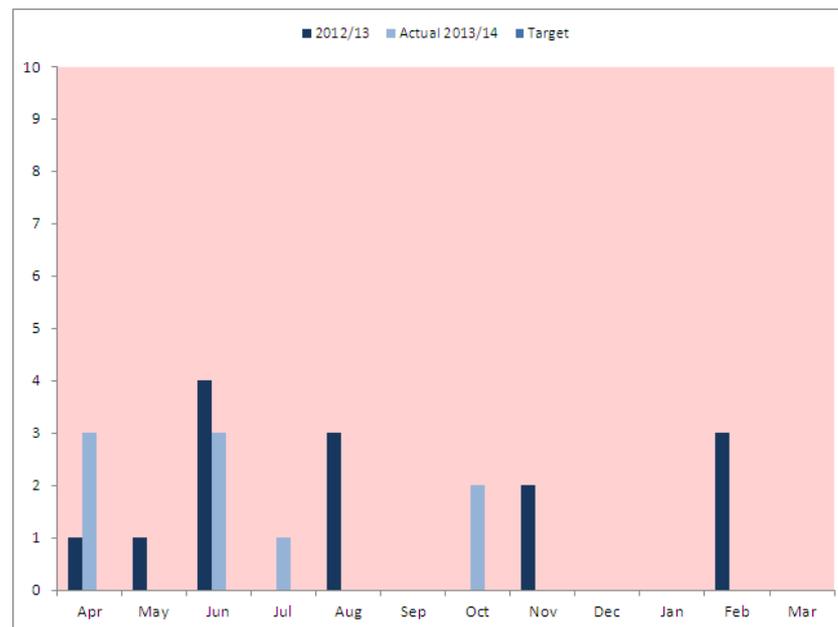
Acute Contract - Quality Schedule

This indicator reports the number of incidences of grade 3 and 4 avoidable pressure ulcers acquired by in patients in the care of the organisation in the calendar month. The organisation has a target of 0. Monitoring this will encourage best practice in prevention and management for all patients at risk of developing pressure ulcers.

There have been 2 grade 3 pressure ulcer in October on two wards. Root Cause Analysis (RCA) have been undertaken and both were identified as avoidable as further actions could have been taken that may have prevented their development. The learning is being implemented into practice and shared with other clinical teams.

A performance monitoring meeting has taken place with one ward team and one is planned for the other team. Actions have been put in place.

### Overall Trust position



# Excellence in patient care – area of underperformance

## No of Dr Foster Red mortality alerts

### Commentary

#### Applicable Frameworks/Contracts:

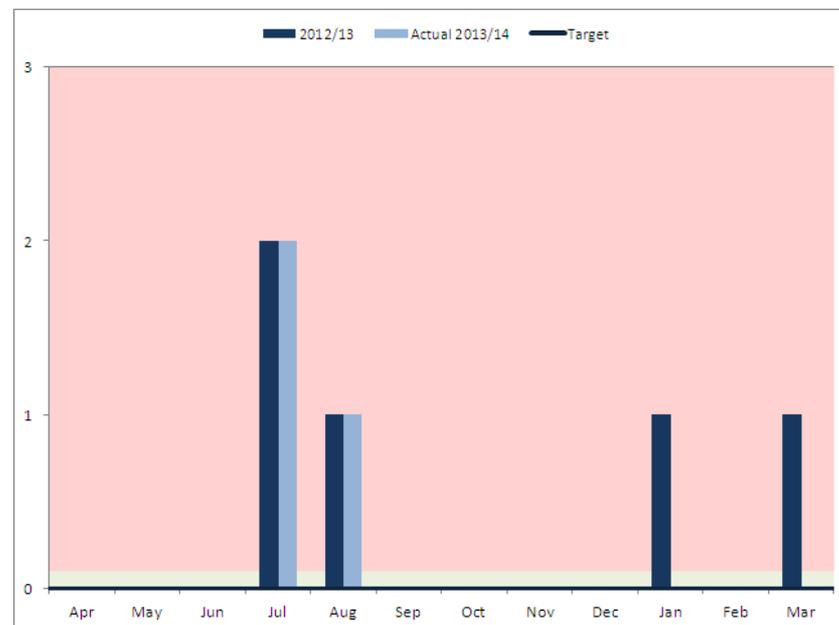
Acute Contract - Quality Schedule

This indicator reports the number of Dr Foster Red mortality 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 2 months in arrears.

There was one alert in August, for Cancer of bladder. The mortality lead for Urology has been assigned to lead the investigation.

### Overall Trust position



# Excellence in patient care – area of underperformance

## RTT non delivery in all specialties

### Commentary

#### Applicable Frameworks/Contracts:

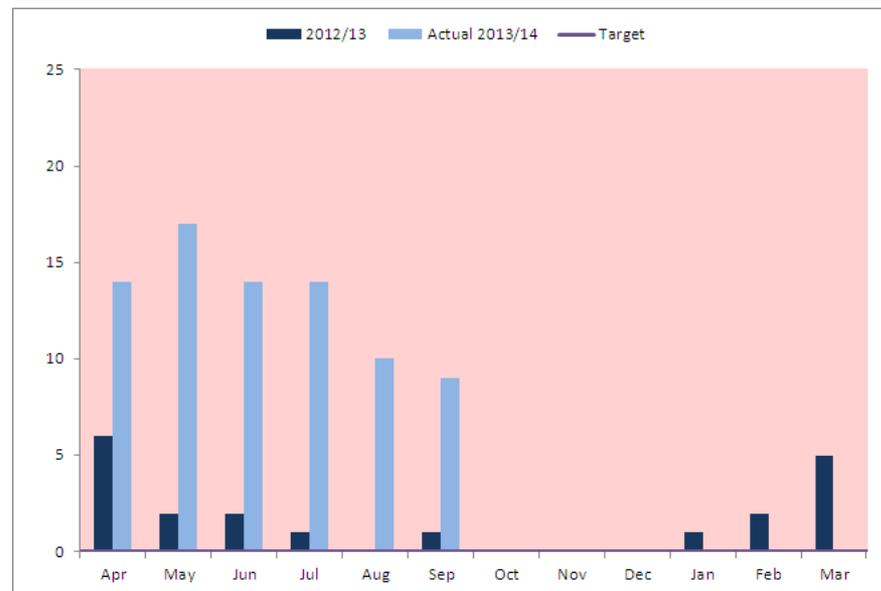
Acute Contract – NHS Performance Framework

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.

The number of specialties failing RTT 18 weeks has reduced to 9 this month. Whilst this remains up on last year this is in line with the performance trajectory associated with the RTT recovery plan.

Delivery of the recovery plan would result in a month by month reduction of the number of specialties not delivering.

### Overall Trust position



# Excellence in patient experience – area of underperformance

## A&E 4 hour Wait Target

### Commentary

#### Applicable Frameworks/Contracts:

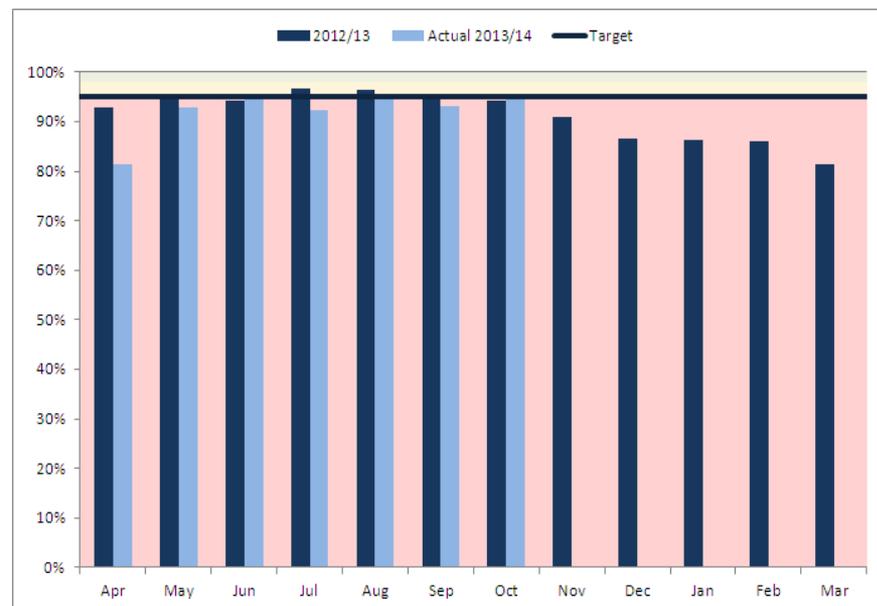
This indicator reports the percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. This is a measure against the national waiting time standard, for which the target is 95%. By achieving this target, the organisation can demonstrate that their patients receive fast access to treatment, which can improve outcomes and reduce anxiety for the patient.

Performance in October remained just below the National Contract Standard at 94.67%.

A significant programme of work (Getting Emergency Care Right) was launched on 6 September with a revised command & control structure implemented in the second week of October.

Whilst October performance is below the National Contract Standard, performance in the second half of October was significantly better. Measures to sustain this improvement are currently being established and it is expected that this work will deliver significant 4 hour transit time improvements in the final portion of 2013/14.

### Overall Trust position



# 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

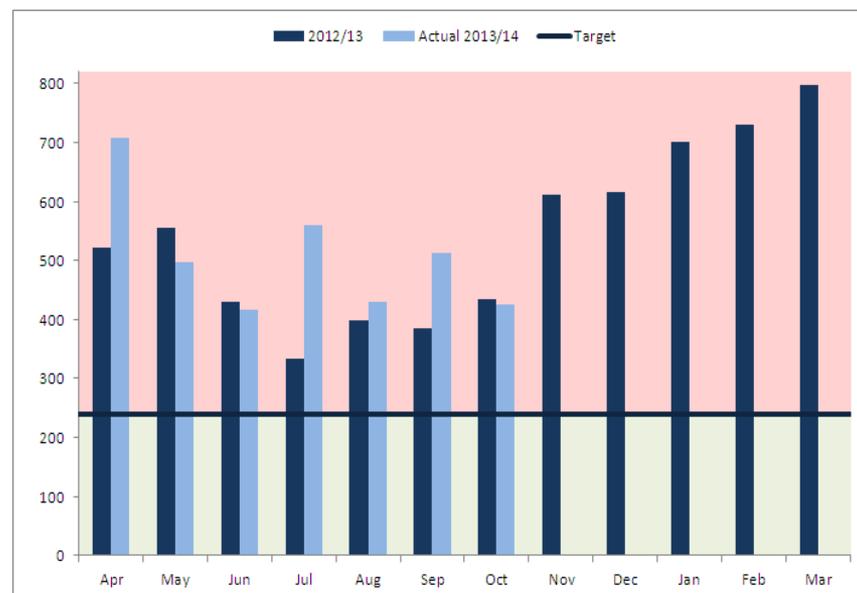
This indicator reports (in minutes) the length of time of the 95th percentile of admitted patients seen in A&E in a calendar month. This calculation excludes planned follow up attendances and attendances with unknown total times. The organisation's target is less than 240 minutes. By achieving this target,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

Performance in October remained well above the target of 240 minutes at 425 minutes.

A significant programme of work (Getting Emergency Care Right) was launched on 6 September with a revised command & control structure implemented in the second week of October.

Whilst October performance is below the National Contract Standard, performance in the second half of October was significantly better. Measures to sustain this improvement are currently being established and it is expected that this work will deliver significant 4 hour transit time improvements in the final portion of 2013/14.

### Overall Trust position



# Excellence in patient experience – area of underperformance

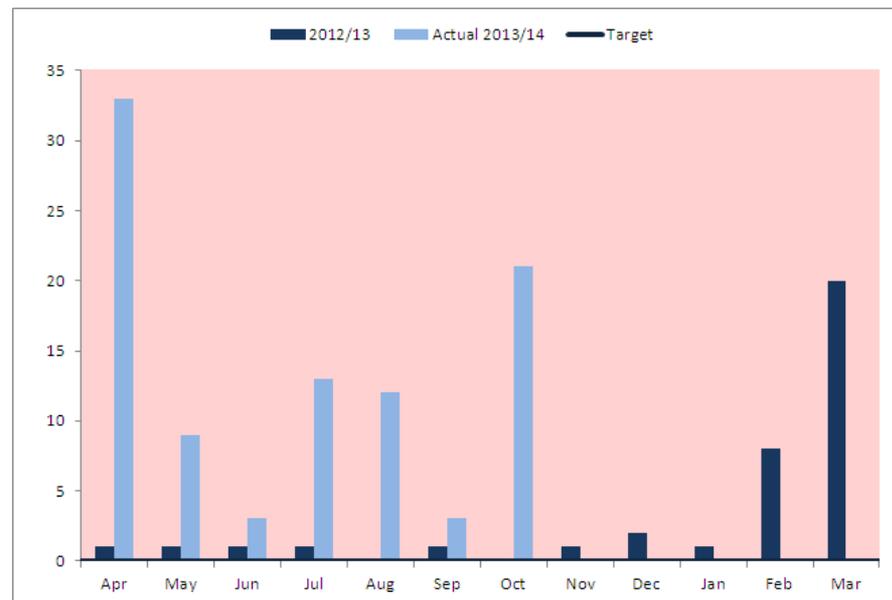
## Breaches of the 28 day treatment guarantee following elective cancellation

### Commentary

This indicator reports the number 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. By achieving this standard, 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.

The 28 day treatment guarantee remains a high priority however performance has deteriorated with an increase from 3 last month to 19 for October. The revised weekly access meeting provides greater assurance of operational grip and a zero tolerance to failure against this standard going forward. The reason for the deterioration in October was as a direct result of the problems with the ceiling in Rugby theatres. We do expect this position to be corrected next month and we expect to see ongoing improvement thereafter.

### Overall Trust position



# Excellence in patient experience – area of underperformance

## Delayed transfers as a percentage of admissions

### Commentary

#### Applicable Frameworks/Contracts:

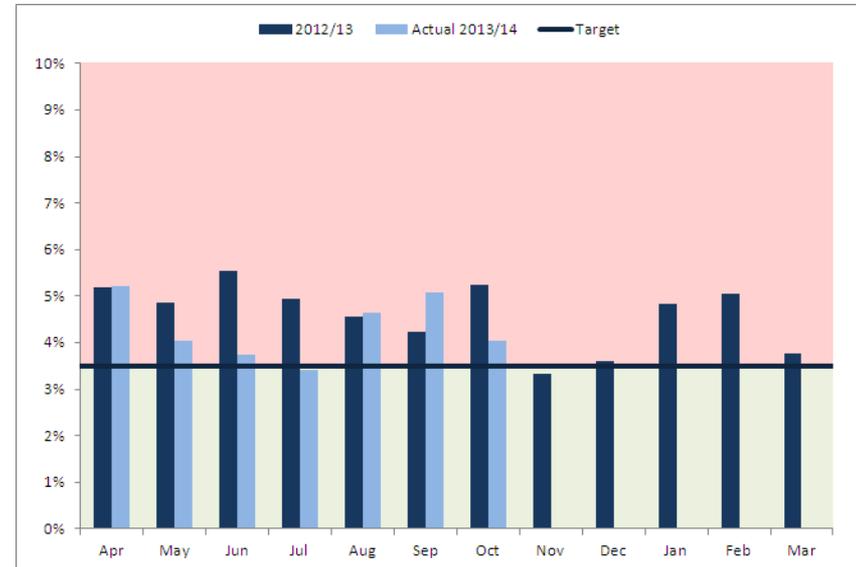
Acute Contract - Quality Schedule

This indicator reports the percentage of Delayed Transfers of Care. This should be maintained at a minimum level. The organisation has a target of 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.

For October a performance level of 4.05% has been achieved against a the target.

Additional work with CCG & local authority partners has commenced as part of preparations for Winter. Whilst access to nursing home beds in the City remains problematic, other measures across the health economy e.g. 3 times per week escalation / problem solving conference calls, are expected to deliver positive improvements.

### 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

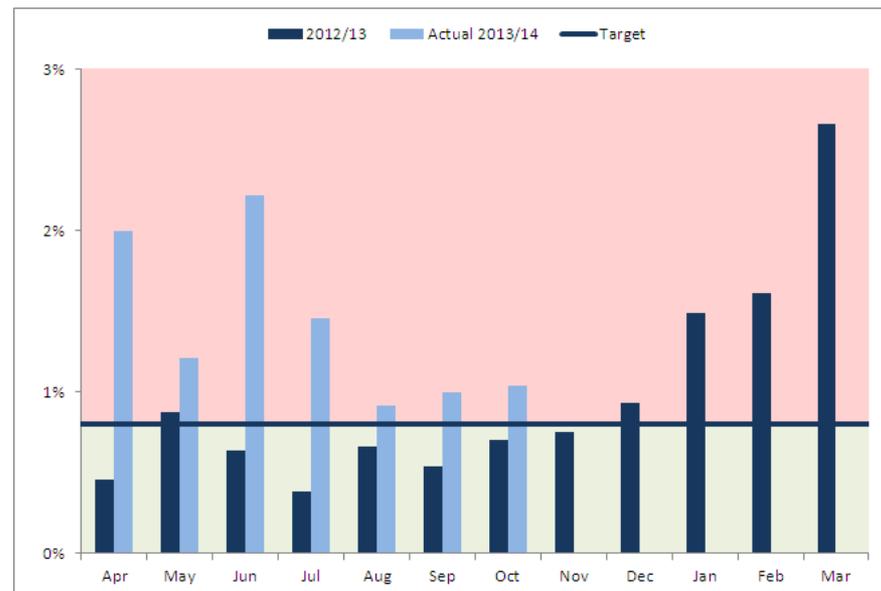
This indicator reports the percentage of Elective Care operations cancelled by the Provider for non-clinical reasons either before or after patient admission per calendar month. Performance is measured against a target of less than 0.8%. By achieving this target, the organisation can demonstrate that 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 remain at around 1% this month (65 cases). Performance for the previous latest 2 months remains stronger than it has been over the 8 months. However performance remains higher than the target of 0.8%.

Performance against this target has been improving month on month, however the position was poor in October due to the issue with the ceiling in theatres at Rugby which resulted in over 20 operations being cancelled on the day. If this incident had not occurred we would have been ahead of the target.

We continue to monitor cancellations weekly via the access meeting.

### Overall Trust position



# Excellence in patient experience – area of underperformance

## Theatre efficiency - Main

### Commentary

This indicator reports on how efficiently the surgical operative pathway is performing.

An efficient theatre session is one during which there are no avoidable cancellations and all scheduled operations are completed within the time available.

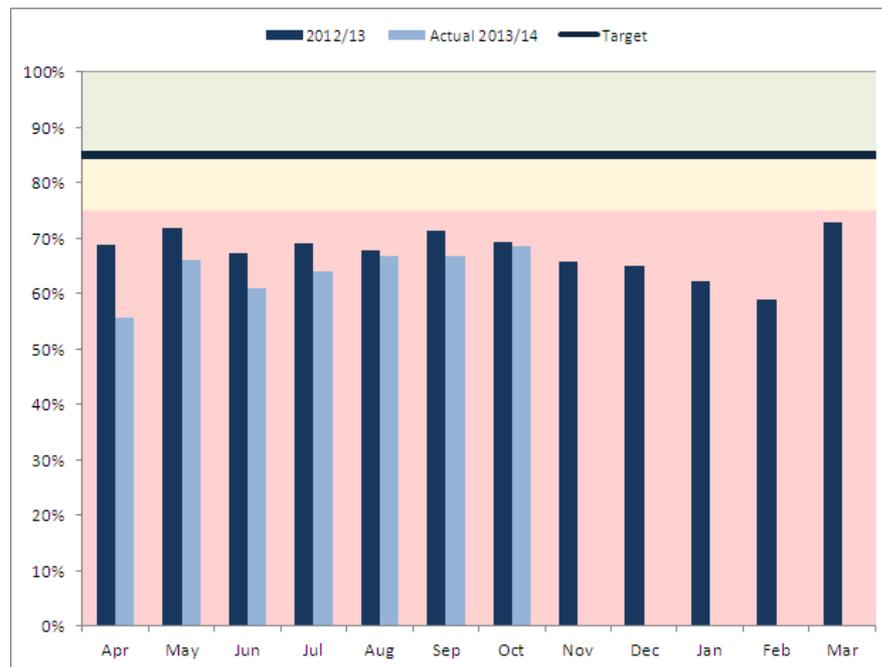
This has benefits for patients through shorter waiting times, avoidance of the stress of operations being cancelled at short notice, and a reduced length of pre-operative fasting. Staff also benefit through a reduction in unplanned late finishes.

An efficient theatre session is calculated using the following formula:

$$\text{Efficiency score} = [(\text{fraction of scheduled time utilised}) - (\text{fraction of scheduled time over-running})] \times [\text{fraction of scheduled operations completed}]$$

Although the overall utilisation in main theatres is high (83%), the fact that some theatre lists start/finish late and patients are cancelled on-the-day, results in a low efficiency score. A project to address late starts in Main theatres commenced in September which has resulted improvements in the number of theatre lists starting on time from 30% to 41%. Further initiatives are in development.

### Overall Trust position



Non-clinical cancellations on-the-day have also seen a decrease. The efficiency score has therefore improved in October.

(Note that issues with Recovery being full late evening and night is not reflected in the efficiency scoring).

# Excellence in patient experience – area of underperformance

## Theatre efficiency - Rugby

### Commentary

This indicator reports on how efficiently the surgical operative pathway is performing.

An efficient theatre session is one during which there are no avoidable cancellations and all scheduled operations are completed within the time available.

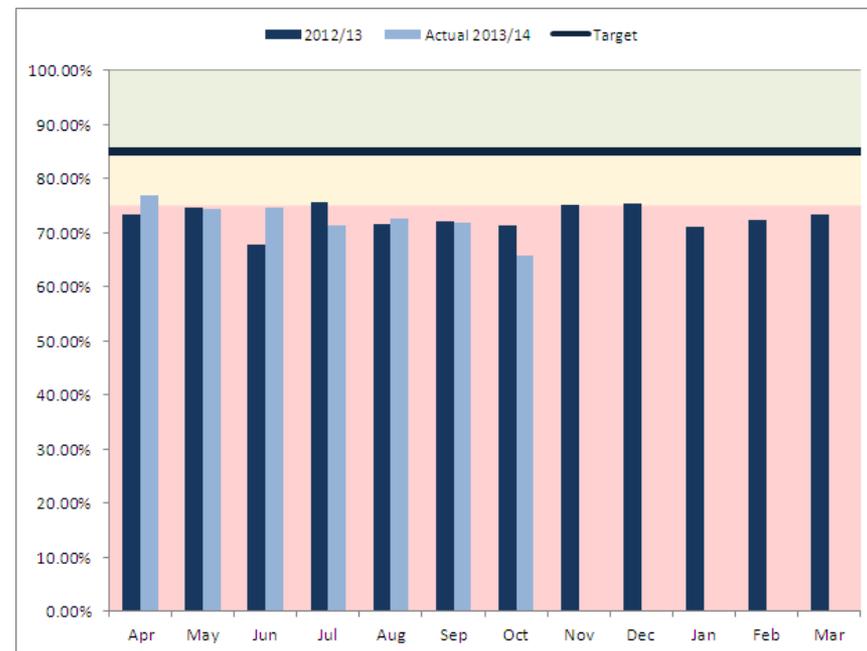
This has benefits for patients through shorter waiting times, avoidance of the stress of operations being cancelled at short notice, and a reduced length of pre-operative fasting. Staff also benefit through a reduction in unplanned late finishes, reducing stress and tiredness.

An efficient theatre session is calculated using the following formula:

*Efficiency score* = [(fraction of scheduled time utilised) - (fraction of scheduled time over-running)] x [fraction of scheduled operations completed]

The vast majority of surgery undertaken at Rugby is Orthopaedics. Due to a high volume of procedures being outsourced to BMI theatres in previous months, this has resulted in lack of minor cases to fill time on theatre lists (often there is only <1 hour of space left which cannot be used for a major case). This has resulted in sessions finishing early and therefore a list planning review is underway within affected specialties.

### Overall Trust position



Cancellations on-the-day due to patients not being fit for surgery also has an impact on the efficiency score.

# Excellence in patient experience – area of underperformance

## Theatre efficiency - Day Surgery

### Commentary

This indicator reports on how efficiently the surgical operative pathway is performing.

An efficient theatre session is one during which there are no avoidable cancellations and all scheduled operations are completed within the time available.

This has benefits for patients through shorter waiting times, avoidance of the stress of operations being cancelled at short notice, and a reduced length of pre-operative fasting. Staff also benefit through a reduction in unplanned late finishes, reducing stress and tiredness.

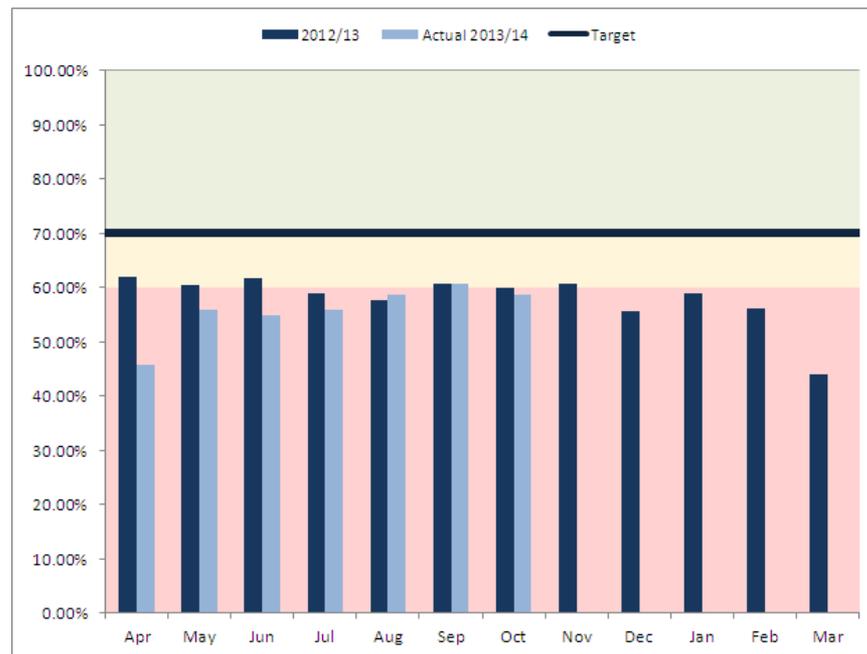
An efficient theatre session is calculated using the following formula:

*Efficiency score* = [(fraction of scheduled time utilised) - (fraction of scheduled time over-running)] x [fraction of scheduled operations completed]

Efficiency in Day Surgery is limited by a wide range of factors, including rationing of paediatric beds, patient cancellations and delays due to beds being used for inpatients.

Work on theatre session booking is on-going between Specialties, Theatres and the Patient Access Team which is resulting in increased productivity.

### Overall Trust position



A project to address the operational issues in Day Surgery is due to commence in December, for which a Clinical Improvement Facilitator has been recruited.

# Excellence in patient experience – area of underperformance

## Standardised ALOS (Non-Elective)

### Commentary

#### Applicable Frameworks/Contracts:

Acute Contract - Quality Schedule

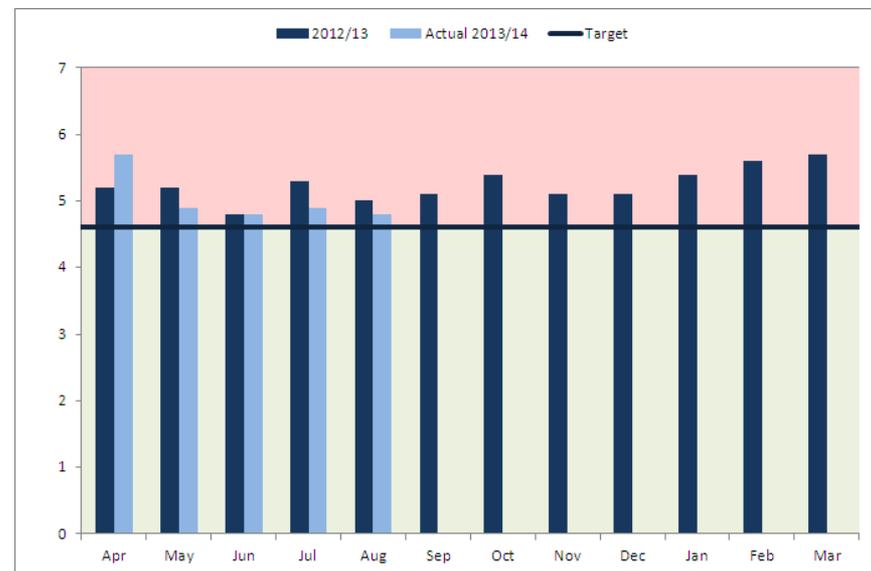
This indicator reports the average length of stay in a calendar month for non-elective patients, recorded on completion of their stay. The organisation's performance is measured against a benchmarked target of 4.6. This target has been set internally, based on the average performance against a benchmark group of ten other large acute/teaching hospitals in England.

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.

Trust ALOS for non-elective patients remains at just 0.2 days above the benchmark and has remained stable for the last 4 months.

### 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 3%. 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.

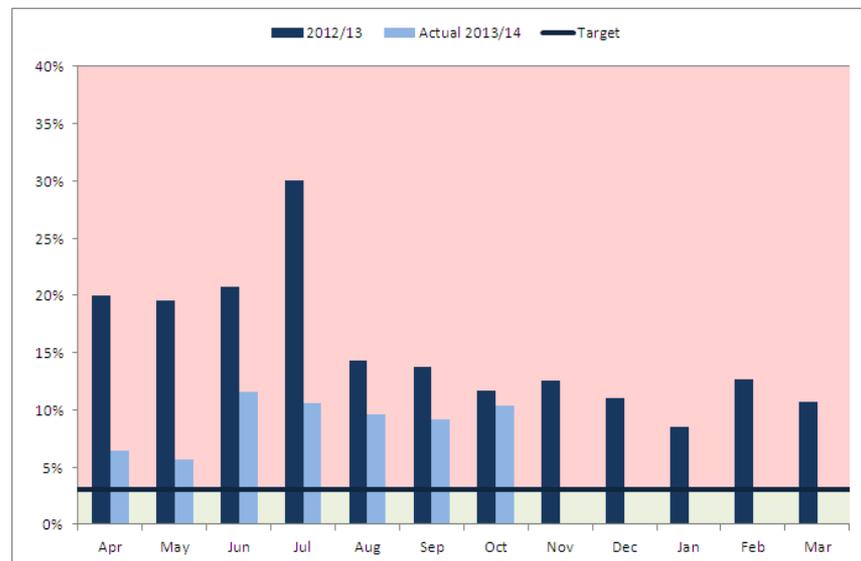
Choose and Book 'Slot-Issue' performance has improved in 2013/14. Poor residual performance relates to two specialties (T&O and Ophthalmology).

The slot issues in the challenged specialties are generated as a consequence of assisting with the delivery of 18-weeks against a backdrop of insufficient OPD capacity. Specifically the 'polling range' whereby slots are released to the Choose and Book system is kept relatively short to prevent long out-patient waits and an associated inability to then deliver the diagnostic and interventional part of the pathway with the 18-week timescale.

All patients who cannot book via the Choose and Book system are contacted and offered a limited booking choice (usually within 3 days).

Capacity plans are being reviewed in each speciality via the weekly access meeting. Compliance is being planned for quarter four.

### Overall Trust position



# Excellence in patient experience – area of underperformance

## Readmission rate

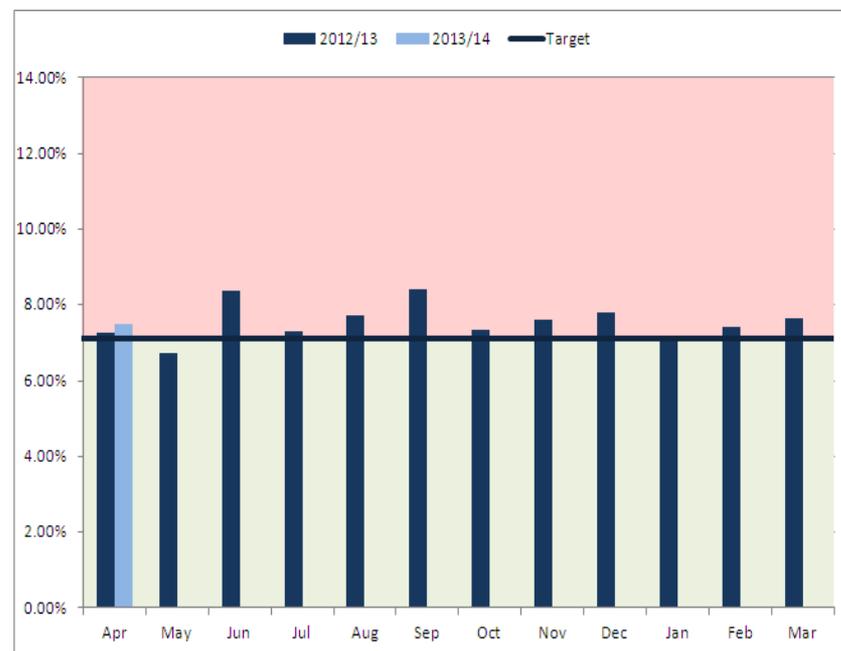
### Commentary

This indicator reports the percentage of emergency readmissions within 28 days of discharge. The organisations performance is measured against a target of **7.1%**. By achieving this target, the organisation can demonstrate a commitment to offering effective services which ensure quality patient care.

This indicator is reported 6 months in arrears. No further data was available on Dr Foster.

The Trust position has reduced on last month and is 0.4% above target. This indicator is maintaining a consistent level of performance.

### 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 October is **21.25%** and therefore the target is being achieved.

### Overall Specialty Group position

| Group  | NPS Type            |                    |                      |                       | Grand Total | Score        | Patients Eligible to Respond | Coverage%    |
|--|---------------------|--------------------|----------------------|-----------------------|-------------|--------------|------------------------------|--------------|
|  | Number of Promoters | Number of Passives | Number of Detractors | Number of Don't Knows |             |              |                              |              |
| Cardiothoracic Surgery/Cardiology/Respiratory        | 114                 | 26                 | 12                   | 0                     | 152         | 67.11        | 546                          | 27.84        |
| Renal/Transplant                                     | 14                  | 7                  | 2                    | 0                     | 23          | 52.17        | 98                           | 23.47        |
| Emergency Department (Includes ED Score)             | 511                 | 153                | 128                  | 17                    | 809         | 48.36        | 4885                         | 16.56        |
| Neurosciences  | 59                  | 13                 | 7                    | 0                     | 79          | 65.82        | 192                          | 41.15        |
| Oncology & Haematology                               | 29                  | 7                  | 1                    | 1                     | 38          | 75.68        | 140                          | 27.14        |
| Surgery  | 127                 | 53                 | 16                   | 5                     | 201         | 56.63        | 892                          | 22.53        |
| Trauma & Orthopaedics                                | 171                 | 30                 | 9                    | 3                     | 213         | 77.14        | 336                          | 63.39        |
| Women & Children (Includes CED and Gynae Short Stay) | 81                  | 18                 | 14                   | 2                     | 115         | 59.29        | 506                          | 22.73        |
| Ambulatory Care ( Includes Eye Unit)                 | 202                 | 62                 | 30                   | 3                     | 297         | 58.50        | 1314                         | 22.60        |
| Anaesthetics   | 0                   | 0                  | 0                    | 0                     | 0           | -            | 9                            | 0.00         |
| Care of the Elderly                                  | 61                  | 16                 | 12                   | 3                     | 92          | 55.06        | 718                          | 12.81        |
| Unknown Specialty                                    | 25                  | 4                  | 0                    | 0                     | 29          | 86.21        | 0                            | -            |
| <b>Grand Total</b>                                   | <b>1394</b>         | <b>389</b>         | <b>231</b>           | <b>34</b>             | <b>2048</b> | <b>57.75</b> | <b>9636</b>                  | <b>21.25</b> |

### A&E position

| Ward                 | NPS Type            |                    |                      |                       | Grand Total | Score        | Patients Eligible to Respond | Coverage %  |
|----------------------|---------------------|--------------------|----------------------|-----------------------|-------------|--------------|------------------------------|-------------|
|                      | Number of Promoters | Number of Passives | Number of Detractors | Number of Don't knows |             |              |                              |             |
| Emergency Department | 507                 | 151                | 127                  | 17                    | 802         | 48.41        | 4842                         | 16.6        |
| Women and Children   | 27                  | 10                 | 10                   | 1                     | 48          | 36.17        | 391                          | 12.3        |
| Ambulatory Care      | 177                 | 55                 | 24                   | 2                     | 258         | 59.77        | 1148                         | 22.5        |
| <b>Total</b>         | <b>711</b>          | <b>216</b>         | <b>161</b>           | <b>20</b>             | <b>1108</b> | <b>50.55</b> | <b>6381</b>                  | <b>17.4</b> |

# Excellence in patient experience – standard reporting item

## Friends and Family Test – Inpatient Survey

### Specialty position

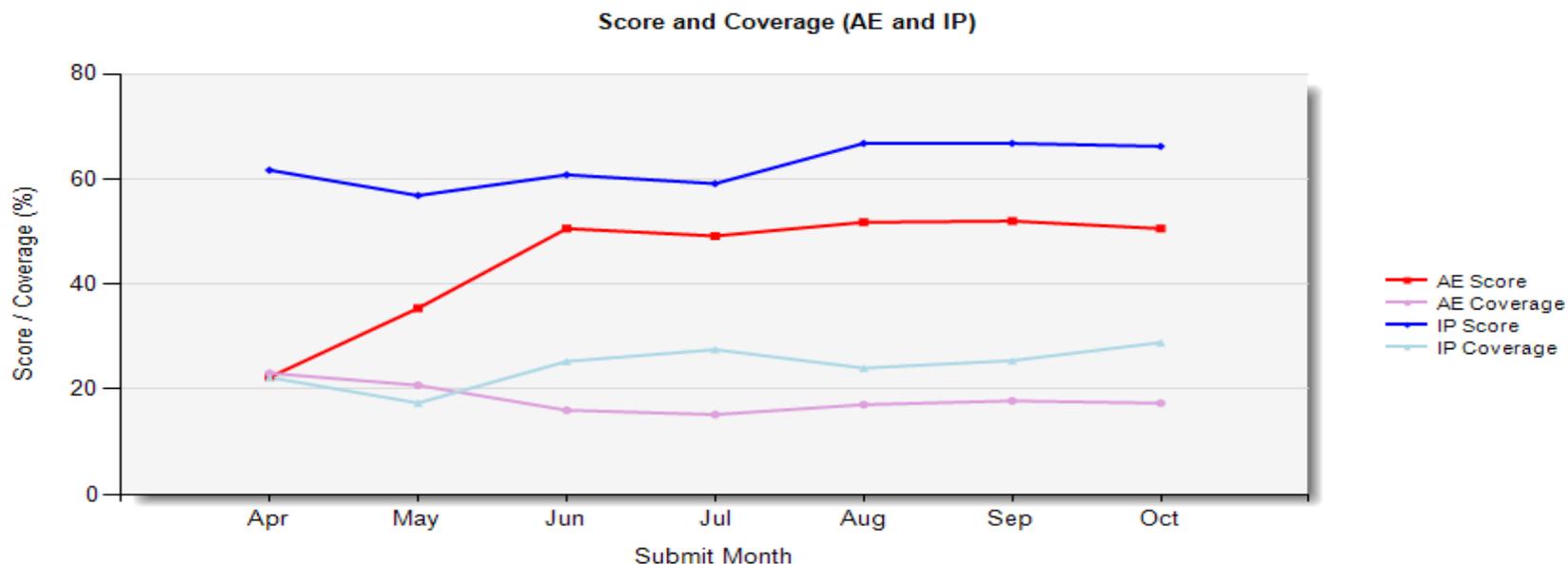
| Group                         | NPS Type            |                    |                      |                       | Grand Total | Score       | Patients Eligible to Respond | Coverage%    |
|-------------------------------|---------------------|--------------------|----------------------|-----------------------|-------------|-------------|------------------------------|--------------|
|                               | Number of Promoters | Number of Passives | Number of Detractors | Number of Don't knows |             |             |                              |              |
| 100 : General Surgery         | 58                  | 33                 | 9                    | 2                     | 102         | 49.00       | 388                          | 26.29        |
| 101 : Urology                 | 13                  | 1                  | 2                    | 1                     | 17          | 68.75       | 108                          | 15.74        |
| 102: Transplantation Surgery  | 0                   | 0                  | 0                    | 0                     | 0           | -           | 6                            | 0.00         |
| 103 : Breast Surgery          | 4                   | 2                  | 0                    | 0                     | 6           | 66.67       | 19                           | 31.58        |
| 104 : Colorectal Surgery      | 2                   | 1                  | 0                    | 0                     | 3           | 66.67       | 22                           | 13.64        |
| 105 : Hepatobiliary Surgery   | 0                   | 0                  | 0                    | 0                     | 0           | -           | 2                            | 0.00         |
| 106 : Upper GI Surgery        | 0                   | 0                  | 0                    | 0                     | 0           | -           | 3                            | 0.00         |
| 107 : Vascular Surgery        | 3                   | 0                  | 0                    | 0                     | 3           | 100.00      | 28                           | 10.71        |
| 110 : Trauma & Orthopaedics   | 171                 | 30                 | 9                    | 3                     | 213         | 77.14       | 336                          | 63.39        |
| 120 : ENT                     | 17                  | 4                  | 0                    | 0                     | 21          | 80.95       | 78                           | 26.92        |
| 130 : Ophthalmology           | 4                   | 1                  | 1                    | 0                     | 6           | 50.00       | 26                           | 23.08        |
| 144 : Maxillo-Facial Surgery  | 10                  | 1                  | 1                    | 0                     | 12          | 75.00       | 43                           | 27.91        |
| 150 : Neurosurgery            | 29                  | 2                  | 5                    | 0                     | 36          | 66.67       | 141                          | 25.53        |
| 160 : Plastic Surgery         | 3                   | 5                  | 1                    | 0                     | 9           | 22.22       | 45                           | 20.00        |
| 170 : Cardiothoracic Surgery  | 28                  | 1                  | 4                    | 0                     | 33          | 72.73       | 120                          | 27.50        |
| 180 : Accident & Emergency    | 4                   | 2                  | 1                    | 0                     | 7           | 42.86       | 43                           | 16.28        |
| 192 : Critical Care           | 0                   | 0                  | 0                    | 0                     | 0           | -           | 9                            | 0.00         |
| 300 : Acute Medicine          | 14                  | 7                  | 1                    | 0                     | 22          | 59.09       | 138                          | 15.94        |
| 301 : Gastroenterology        | 16                  | 6                  | 3                    | 2                     | 27          | 52.00       | 155                          | 17.42        |
| 302 : Endocrinology           | 3                   | 0                  | 2                    | 0                     | 5           | 20.00       | 60                           | 8.33         |
| 303 : Clinical Haematology    | 14                  | 2                  | 1                    | 0                     | 17          | 76.47       | 48                           | 35.42        |
| 305 : Clinical Pharmacology   | 0                   | 0                  | 0                    | 0                     | 0           | -           | 3                            | 0.00         |
| 306 : Hepatology              | 1                   | 0                  | 0                    | 0                     | 1           | 100.00      | 1                            | 100.00       |
| 307 : Diabetic Medicine       | 4                   | 2                  | 2                    | 0                     | 8           | 25.00       | 59                           | 13.56        |
| 314 : Rehabilitation          | 9                   | 2                  | 1                    | 1                     | 13          | 66.67       | 6                            | 216.67       |
| 320 : Cardiology              | 31                  | 5                  | 0                    | 0                     | 36          | 86.11       | 147                          | 24.49        |
| 330 : Dermatology             | 0                   | 1                  | 0                    | 0                     | 1           | 0.00        | 1                            | 100.00       |
| 340 : Respiratory Medicine    | 52                  | 18                 | 8                    | 0                     | 78          | 56.41       | 235                          | 33.19        |
| 350 : Infectious Diseases     | 3                   | 2                  | 0                    | 0                     | 5           | 60.00       | 44                           | 11.36        |
| 361 : Nephrology              | 14                  | 7                  | 2                    | 0                     | 23          | 52.17       | 92                           | 25.00        |
| 400 : Neurology               | 30                  | 11                 | 2                    | 0                     | 43          | 65.12       | 51                           | 84.31        |
| 410 : Rheumatology            | 14                  | 3                  | 1                    | 1                     | 19          | 72.22       | 17                           | 111.76       |
| 430 : Age related Medicine    | 38                  | 7                  | 10                   | 2                     | 57          | 50.91       | 574                          | 9.93         |
| 502 : Gynaecology             | 51                  | 8                  | 3                    | 1                     | 63          | 77.42       | 87                           | 72.41        |
| 503 : Gynaecological Oncology | 3                   | 0                  | 1                    | 0                     | 4           | 50.00       | 28                           | 14.29        |
| 800 : Clinical Oncology       | 15                  | 5                  | 0                    | 1                     | 21          | 75.00       | 92                           | 22.83        |
| 999a : Unknown Specialty      | 25                  | 4                  | 0                    | 0                     | 29          | 86.21       | 0                            | -            |
| <b>TOTAL</b>                  | <b>683</b>          | <b>173</b>         | <b>70</b>            | <b>14</b>             | <b>940</b>  | <b>66.2</b> | <b>3255</b>                  | <b>28.88</b> |

### Ward position

| Ward                         | NPS Type            |                    |                      |                       | Grand Total | Score        | Patients Eligible to Respond | Coverage %  |
|------------------------------|---------------------|--------------------|----------------------|-----------------------|-------------|--------------|------------------------------|-------------|
|                              | Number of Promoters | Number of Passives | Number of Detractors | Number of Don't knows |             |              |                              |             |
| Cardiothoracic Critical Care | 1                   | 0                  | 0                    | 0                     | 1           | 100.00       | 2                            | 50.0        |
| Coronary Care Unit           | 9                   | 1                  | 0                    | 0                     | 10          | 90.00        | 51                           | 19.6        |
| General Critical Care        | 1                   | 0                  | 0                    | 0                     | 1           | 100.00       | 2                            | 50.0        |
| Surgery on Day of Admission  | 0                   | 1                  | 0                    | 0                     | 1           | 0.00         | 0                            | -           |
| UA - Unknown Area (UHCW)     | 30                  | 4                  | 0                    | 0                     | 34          | 88.24        | 9                            | 377.8       |
| Ward 1                       | 3                   | 0                  | 4                    | 0                     | 7           | -14.29       | 74                           | 9.5         |
| Ward 10                      | 24                  | 4                  | 0                    | 0                     | 28          | 85.71        | 111                          | 25.2        |
| Ward 11                      | 29                  | 1                  | 4                    | 0                     | 34          | 73.53        | 134                          | 25.4        |
| Ward 12/AMU                  | 8                   | 7                  | 2                    | 0                     | 17          | 35.29        | 96                           | 17.7        |
| Ward 2/AMU Short Stay        | 17                  | 3                  | 2                    | 0                     | 22          | 68.18        | 155                          | 14.2        |
| Ward 20                      | 16                  | 5                  | 3                    | 2                     | 26          | 54.17        | 148                          | 17.6        |
| Ward 21                      | 1                   | 0                  | 0                    | 0                     | 1           | 100.00       | 0                            | -           |
| Ward 21 Medicine             | 0                   | 0                  | 0                    | 0                     | 0           | -            | 45                           | 0.0         |
| Ward 21 Surgery              | 9                   | 5                  | 0                    | 2                     | 16          | 64.29        | 73                           | 21.9        |
| Ward 22                      | 0                   | 2                  | 2                    | 0                     | 4           | -50.00       | 0                            | -           |
| Ward 22 ECU                  | 10                  | 0                  | 1                    | 0                     | 11          | 81.82        | 24                           | 45.8        |
| Ward 22 SAU                  | 13                  | 8                  | 4                    | 0                     | 25          | 36.00        | 122                          | 20.5        |
| Ward 22a Vascular            | 7                   | 1                  | 0                    | 0                     | 8           | 87.50        | 63                           | 12.7        |
| Ward 23                      | 59                  | 10                 | 8                    | 1                     | 78          | 66.23        | 205                          | 38.0        |
| Ward 3                       | 17                  | 6                  | 1                    | 1                     | 25          | 66.67        | 56                           | 44.6        |
| Ward 30                      | 15                  | 8                  | 3                    | 0                     | 26          | 46.15        | 113                          | 23.0        |
| Ward 31 Respiratory Medicine | 39                  | 11                 | 4                    | 0                     | 54          | 64.81        | 169                          | 32.0        |
| Ward 32                      | 49                  | 17                 | 3                    | 0                     | 69          | 66.67        | 219                          | 31.5        |
| Ward 33 Renal                | 6                   | 2                  | 0                    | 0                     | 8           | 75.00        | 57                           | 14.0        |
| Ward 33 Short Stay           | 18                  | 16                 | 3                    | 0                     | 37          | 40.54        | 149                          | 24.8        |
| Ward 33 Urology              | 14                  | 3                  | 4                    | 1                     | 22          | 47.62        | 128                          | 17.2        |
| Ward 34 Haematology          | 15                  | 2                  | 1                    | 0                     | 18          | 77.78        | 60                           | 30.0        |
| Ward 35                      | 16                  | 6                  | 1                    | 1                     | 24          | 65.22        | 106                          | 22.6        |
| Ward 40                      | 4                   | 0                  | 1                    | 1                     | 6           | 60.00        | 68                           | 8.8         |
| Ward 41                      | 3                   | 0                  | 0                    | 0                     | 3           | 100.00       | 0                            | -           |
| Ward 41 Stroke               | 5                   | 7                  | 0                    | 0                     | 12          | 41.67        | 48                           | 25.0        |
| Ward 42                      | 27                  | 5                  | 1                    | 0                     | 33          | 78.79        | 66                           | 50.0        |
| Ward 43 Neurosurgery         | 21                  | 1                  | 5                    | 0                     | 27          | 59.26        | 120                          | 22.5        |
| Ward 50                      | 14                  | 7                  | 2                    | 0                     | 23          | 52.17        | 92                           | 25.0        |
| Ward 52                      | 15                  | 3                  | 2                    | 2                     | 22          | 65.00        | 86                           | 25.6        |
| Ward 53                      | 25                  | 5                  | 3                    | 0                     | 33          | 66.67        | 104                          | 31.7        |
| Cedar Unit                   | 129                 | 16                 | 3                    | 1                     | 149         | 85.14        | 187                          | 79.7        |
| Hoskyn Ward                  | 3                   | 2                  | 0                    | 0                     | 5           | 60.00        | 54                           | 9.3         |
| Mulberry Ward                | 10                  | 3                  | 3                    | 2                     | 18          | 43.75        | 29                           | 62.1        |
| Oak Ward                     | 1                   | 1                  | 0                    | 0                     | 2           | 50.00        | 30                           | 6.7         |
| <b>Grand Total</b>           | <b>683</b>          | <b>173</b>         | <b>70</b>            | <b>14</b>             | <b>940</b>  | <b>66.20</b> | <b>3255</b>                  | <b>28.9</b> |

# Excellence in patient experience – standard reporting item

## Friends and Family Test- Trend Analysis



| Submit Month | AE Score | AE Coverage (%) | IP Score | IP Coverage (%) |
|--------------|----------|-----------------|----------|-----------------|
| Apr          | 22.28    | 23.05           | 61.67    | 22.24           |
| May          | 35.41    | 20.76           | 56.84    | 17.38           |
| Jun          | 50.55    | 16.01           | 60.78    | 25.3            |
| Jul          | 49.16    | 15.19           | 59.1     | 27.54           |
| Aug          | 51.75    | 17.08           | 66.76    | 24.03           |
| Sep          | 51.99    | 17.79           | 66.76    | 25.45           |
| Oct          | 50.55    | 17.36           | 66.2     | 28.88           |

### How the Score is calculated :

The number of promoters are subtracted from the number of detractors, divided by the total number of responses (excluding the don't knows). 'Likely' is being considered by NHSE to be reclassified as a Promoter.

| Response Categories   | Classification of Respondents |
|---|-------------------------------|
| Extremely Likely  | Promoters                     |
| Likely  | Passives                      |
| Neither Likely nor Unlikely<br>Unlikely<br>Extremely Unlikely<br>Don't know | Detractors                    |

# Excellence in patient experience – standard reporting item

## Friends and Family Test- Maternity (Commenced October 13)

The Friends and Family Test (FFT) aims to provide a simple, headline metric which, when combined with follow-up questions, can be used across the maternity pathway to drive a culture change of continuous recognition of good practice and potential improvements in the quality of the care received by service users.

Women will be surveyed at three touch points:

- i. Antenatal care (question 1) – to be surveyed at the 36 week antenatal appointment
- ii. Birth and care on the postnatal ward (questions 2 and 3) – to be surveyed at discharge from the ward/birth unit/following a home birth
- iii. Postnatal community care (question 4) – to be surveyed at discharge from the care of the community midwifery team to the care of the health visitor/GP (usually at 10 days postnatal)

A descriptive six-point response scale is used to answer the question: Extremely likely, Likely, Neither likely nor unlikely, Unlikely, Extremely unlikely, Don't know. The published guidance states an expectation of a 15% overall response rate - However NHSE have recently advised they are looking at 15% response rate for each touch point. Each midwifery service will receive a score (assuming they provide all these services) for antenatal services, birth (for a labour ward, birth centre/midwife led unit or homebirth), postnatal ward and postnatal community provision.

| Ward                             | NPS Type            |                    |                      |                       | Grand Total | Score        | Patients Eligible to Respond | Coverage % |
|----------------------------------|---------------------|--------------------|----------------------|-----------------------|-------------|--------------|------------------------------|------------|
|                                  | Number of Promoters | Number of Passives | Number of Detractors | Number of Don't knows |             |              |                              |            |
| Question 1 : Antenatal 36 weeks  | 22                  | 8                  | 0                    | 0                     | 30          | 73.33        | 493                          | 6.1        |
| Question 2 : Labour/birth        | 57                  | 11                 | 2                    | 0                     | 70          | 78.57        | 493                          | 14.2       |
| Question 3 : Postnatal hospital  | 38                  | 13                 | 2                    | 0                     | 53          | 67.92        | 493                          | 10.8       |
| Question 4 : Postnatal Community | 6                   | 1                  | 0                    | 0                     | 7           | 85.71        | 493                          | 1.4        |
| <b>Total</b>                     | <b>123</b>          | <b>33</b>          | <b>4</b>             | <b>0</b>              | <b>160</b>  | <b>74.38</b> | <b>1972</b>                  | <b>8.1</b> |

*The FFT Implementation Team has met with representatives from Women's and Children's, namely the Associate Director of Nursing, and the Modern Matron who have assured the FFT team that they will continue to encourage both UH and community teams to complete the FFT postcards to ensure the 15% response rate is met. The CQUIN for 2013/14 was to roll out FFT to Maternity services which UHCW has done, there is no financial risk for non-achievement of the response rate this year.*

# 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.

In October's reporting the following areas are covered in more detail:

- The Trust has recorded **5.1% YTD variance in pay expenditure against budget.**
- The Trust's **I&E surplus margin continues to underperform against plan, recorded -0.6% YTD.**
- The Trust's **EBITDA margin also continues to underperform with the Trust recording 8.2% YTD against a plan of 9.28%.**
- The Trust continues to **underperform against its CIP target for the year recording 79% YTD delivery versus plan.**
- 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 **6 out of 10 Provider Management Regime indices (PMR).** Green rated performance requires failure of no more than 1 indicator.
- Total income YTD is escalated in this month as **income is 0.61% above plan.**

# 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%<br>> 0.5% | < 0.5% | 0.0%        | 5.1% | 6.8%     | Forecast non-compliant for 2013/14 | CFO            | COO |

### 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:

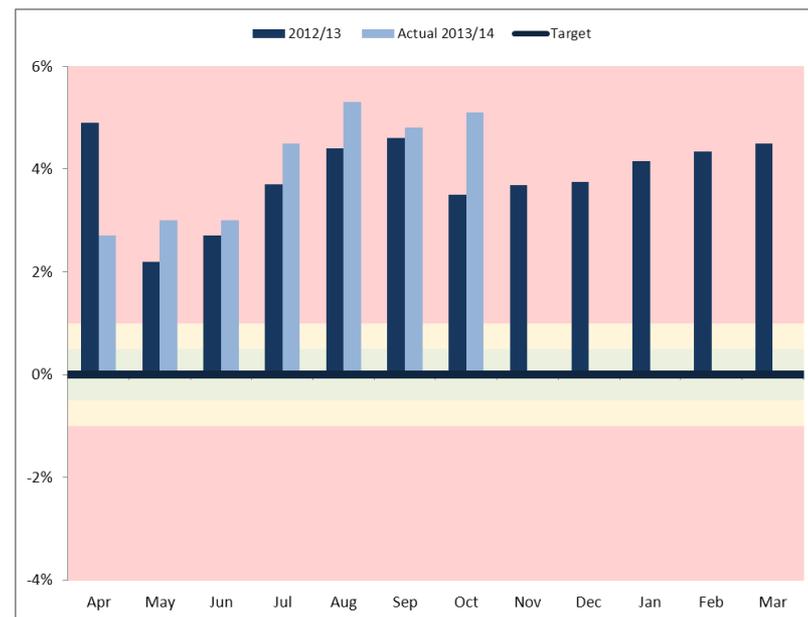
- operational pressures as outlined in the pay and workforce section of this report
- vacancies being filled by agency staff
- additional agency used to cover emergency medicine.

The Statement of Comprehensive Income (SOI) identifies that groups have forecast an adverse variance to plan on operational expenditure of £24.0m, of which £19.5m is pay expenditure. This is driven by:

- operational pressures as outlined in the pay and workforce section of this report
- unidentified CIPS allocated to pay.

The response to an increase in emergency activity is being reviewed to agree a substantive solution and reduce the use of temporary staff. The Trust is looking to ensure that there is better compliance with Temporary Staffing Services(TSS) to book agency staff and avoid against paying premium rates when there is a genuine need for the use of agency staff.

### Overall Trust position



Groups are attending monthly performance meetings which continue to supporting the identification and delivery of CIP targets. The Cost Control and Recovery Group, established in November 2013 will also address CIP identification.

# Value for Money – area of underperformance

## CIP (actual vs plan)

| Indicator Range: |              |               | Performance   |               |               | Timeframe to meet Standard |  |
|------------------|--------------|---------------|---------------|---------------|---------------|----------------------------|--|
| Red              | Amber        | Green         | In Month      | YTD           | Forecast      |                            |  |
| > -15% of plan   | > -5% < -15% | < -5% of plan | <b>-11.3%</b> | <b>-21.1%</b> | <b>-31.6%</b> | end Q4 2013/14             |  |

### Commentary

This indicator reports the YTD actual CIP delivery as compared to the YTD identified CIP planned delivery (the budget position). The organisation has a target of 95%. Reporting on the target enables the organisation to assess the progress of efficiency savings.

CIP delivery is below plan due to £6m of the total plan remaining unidentified and delivery slippage of £1.9m on identified schemes.

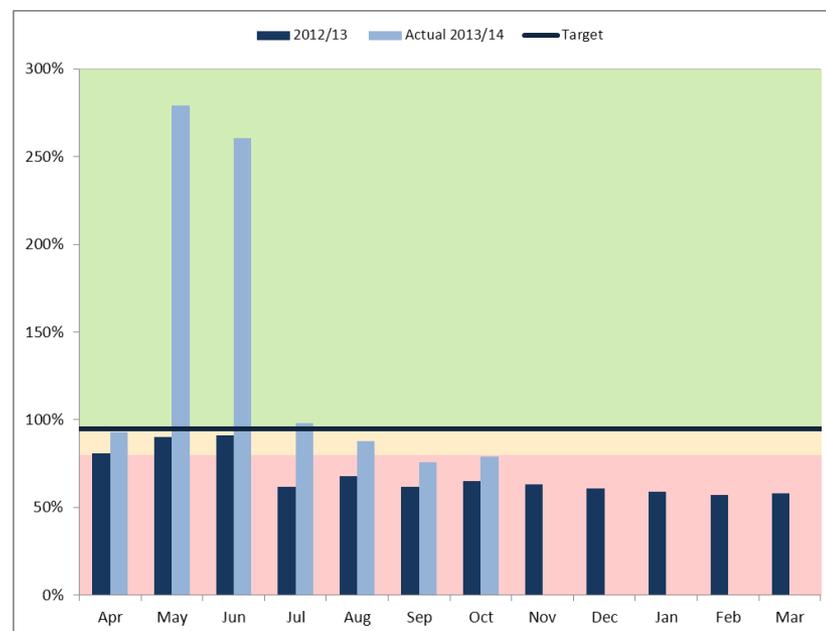
CIPs are forecast to deliver £17.1m of the £25m target.

Monthly performance meetings are being held with all clinical groups which address finance and CIP performance.

CIP Steering Group continues to performance manage further development of the strategic schemes.

Executive leads have been assigned to all strategic themes and are looking at ways to accelerate both identification and delivery of schemes in their areas.

### Overall Trust position



# Value for Money – area of underperformance

## EBITDA margin

| Indicator Range: |       |       | Performance |      |          | Timeframe to meet Standard         | Executive Lead |
|------------------|-------|-------|-------------|------|----------|------------------------------------|----------------|
| Red              | Amber | Green | Plan        | YTD  | Forecast |                                    |                |
| < 9%             | > 9%  | > 11% | 8.9%        | 8.2% | 9.4%     | Forecast non-compliant for 2013/14 | CFO            |
|                  | < 11% |       |             |      |          |                                    |                |

### Commentary

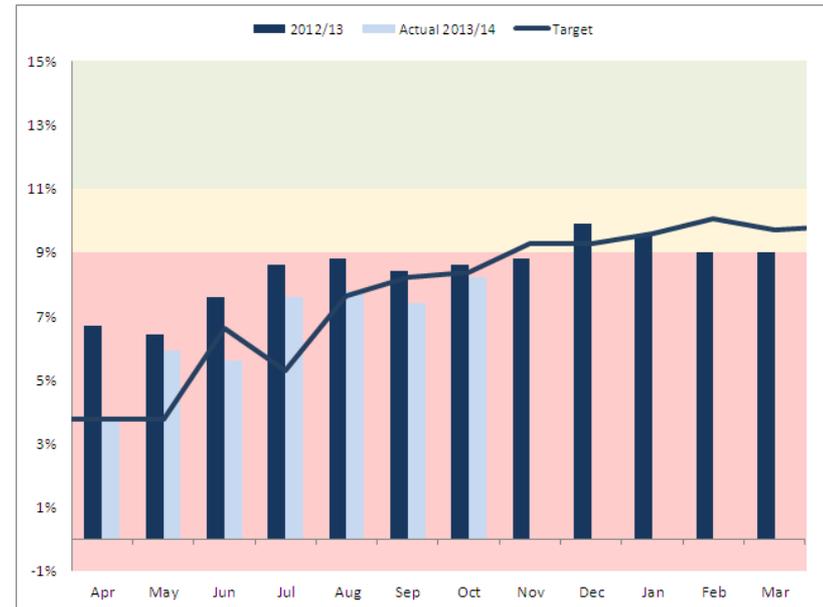
This indicator reports the actual YTD Earnings before Interest, Tax, Depreciation and Amortisation figure (EBITDA) as a percentage of Income. The organisation has a target of more than 11%.

The EBITDA margin is £2.0m adverse variance to plan at month 7 due to the operational performance of the Trust.

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

The current performance of 8.2% does not have a detrimental effect (all other things being equal) on the forecast FRR for 2013/14 due to the current forecast outturns for the 4 other components of the FRR.

### Overall Trust position



# Value for Money – area of underperformance

## I&E Surplus margin

| Indicator Range: |       |       | Performance |       |          | Timeframe to meet Standard         | Executive Lead |
|------------------|-------|-------|-------------|-------|----------|------------------------------------|----------------|
| < 0%             | Amber | Green | In Month    | YTD   | Forecast |                                    |                |
| < 1%             | > 0%  | >= 1% | 4.8%        | -0.6% | 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.

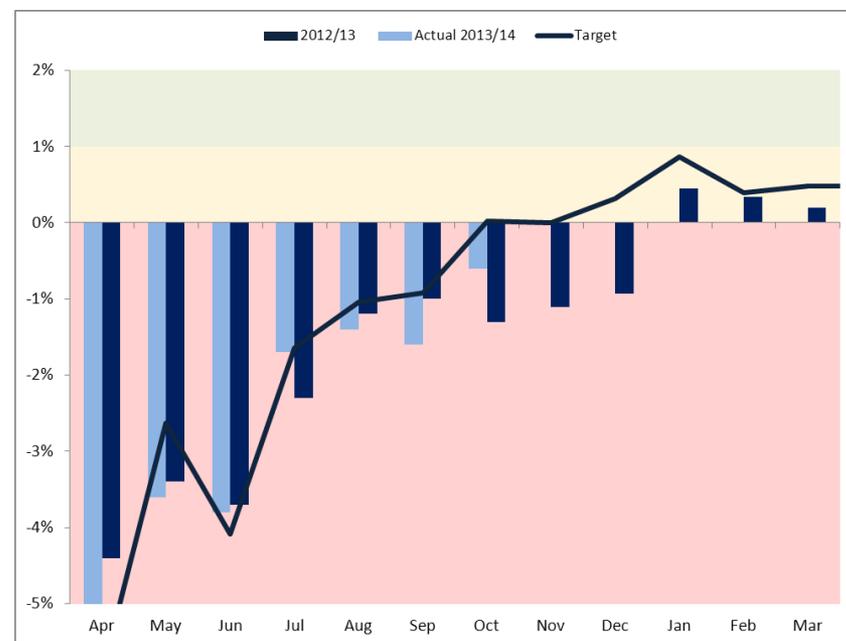
The month 7 bottom line position shows a £1.9m revenue deficit, which is £2.0m adverse variance to the plan.

Non achievement of planned CIP (£2.4m YTD) and operational cost pressures are the drivers for the YTD under-performance. This is further explained in the Statement of Comprehensive Income (SOI) commentary.

This is dependent on the robust management of income, expenditure and risk during the rest of the financial year. Financial recovery is covered as part of monthly operational delivery meetings to identify, and subsequently monitor, actions required to reduce areas of overspend within Groups.

The Cost Control and Recovery Group, established in November 2013, will also look at pay expenditure overspend as part of its remit.

### Overall Trust position



# Value for Money – area of underperformance

## Income performance

| Indicator Range: |            |            | Performance |      |          | Timeframe to meet                  | Executive Lead |
|------------------|------------|------------|-------------|------|----------|------------------------------------|----------------|
| < 0%             | Amber      | Green      | In Month    | YTD  | Forecast | Standard                           |                |
| < 1% of plan     | > +/- 0.5% | < +/- 0.5% | 3.0%        | 0.6% | 8.0%     | Forecast non-compliant for 2013/14 | CFO            |

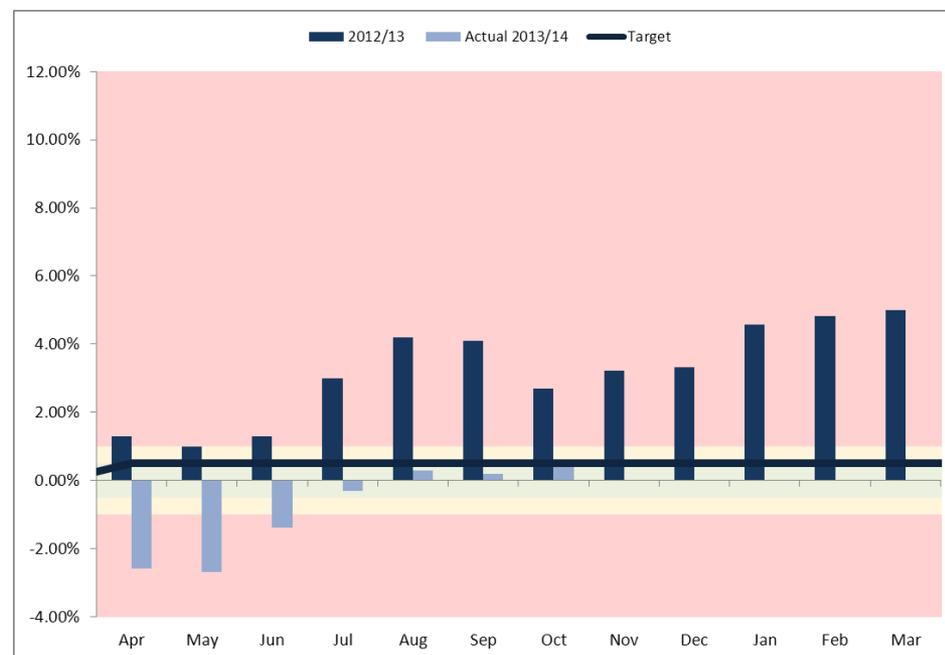
### Commentary

The reported year to date activity under-performance against plan is being driven primarily by shortfalls in elective, day case, non-elective non-emergency and critical care activity. The income position is masked due to the release of £5m provision brought forward from last year (e.g. risk of claw back of performance penalties); released following resolution with commissioners.

Activity underperformance will be addressed by the Income and Contracting team working with operational colleagues to develop the Trust's elective income forecasting methodology.

There is a YTD favourable variance of £1.3m on other income that is the driver for this month's escalation. The variance is due to timing differences on the recognition of education, training and research income and, as such, there are no mitigating actions to be taken by the Trust.

### Overall Trust position



# Value for Money – area of underperformance

## PMR indices

### Commentary

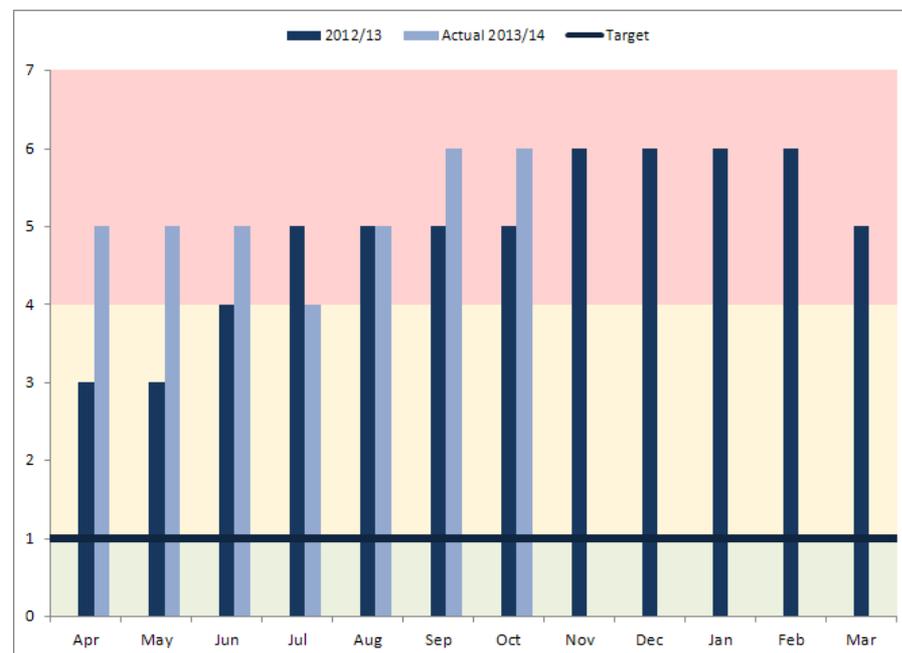
This indicator reports on the 10 indicators of forward financial risk. The organisation has a target of failing to achieve no more than one of these indicators.

The indicators that are red reflect five main areas:

1. I&E performance below planned levels.
2. High Creditor balances.
3. Low Cash Balances.
4. Future years CIP identification]
5. Delayed capital spend due to slippage on the capital plan

Performance for Month 7 has 6 indicators in failure, which is the same as at month 6.

### 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.

The following areas are covered in more detail overleaf:

- The Trust has recorded a **73.06%** Appraisal rate. This remains below target but shows a further improvement from last month. This is the highest reported rate since workforce KPI's were introduced 3 ½ years ago.
- The Trust has recorded a **77.71%** Consultant appraisal rate. This is below target and shows a slight increase of 1.29% from last month.
- The Trust has recorded a **66.72%** attendance at mandatory training. This is below target and has demonstrated no improvement since last month.
- The Trust has recorded a **4.34%** Sickness rate. This bucks the improving trend seen over recent months and is over the newly revised target of **4.00%**.

# 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 Trust has established an overall target of 100% of those eligible to undertake an appraisal process. However, this report provides for a target of 80% achievement to move from red to amber and then above 90% to move from amber to green.

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.

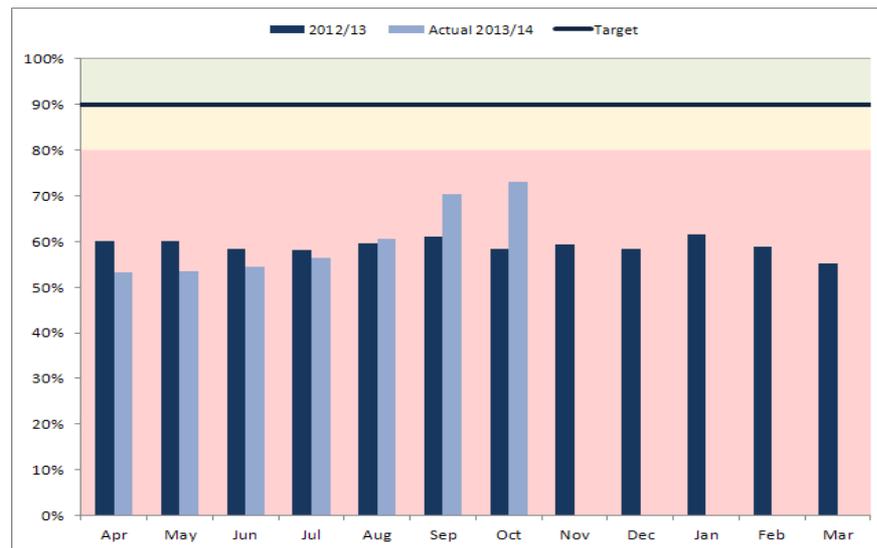
Appraisal rates improved once again and currently stand at 73.06%. This is now the highest rate demonstrated by the Trust since the workforce KPI reports were first produced 3 ½ years ago.

### Group Performance

The groups which remain below 70% compliance are: Oncology/Haematology (46%), Trauma & Orthopaedics (56%), Ambulatory Services (65%) and Core Services (67%).

These areas have consistently highlighted poor performance in appraisal rates and apart from Ambulatory Care, that has recently demonstrated improved performance, the others have shown no indication of any improvement.

### Overall Trust position



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

- The review of the paperwork and procedure to support the appraisal process has now been completed and has been rolled out across the Trust following successful feedback from pilot areas.
- The task and finish group are continuing to work on initiatives to support areas of low compliance with particular emphasis on the groups highlighted above.
- 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 an overall target of 100%. However, this report provides for a target of 80% achievement to move from red to amber and then above 90% to move from amber to green.

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 continue to increase to 77.71%.

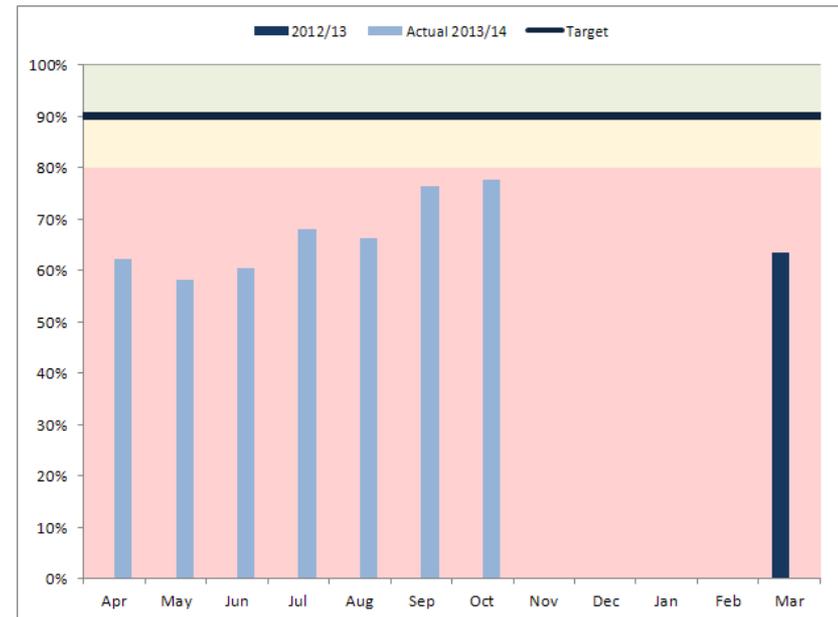
The monthly workforce key performance indicator report highlights that there are four groups indicating significantly poor rates for consultant appraisal:

|                      |         |
|----------------------|---------|
| Renal/Transplant     | 25%     |
| Neurosciences        | 52.38%  |
| Oncology/Haematology | 34.78%  |
| Care of the Elderly  | 66.67%. |

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 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.

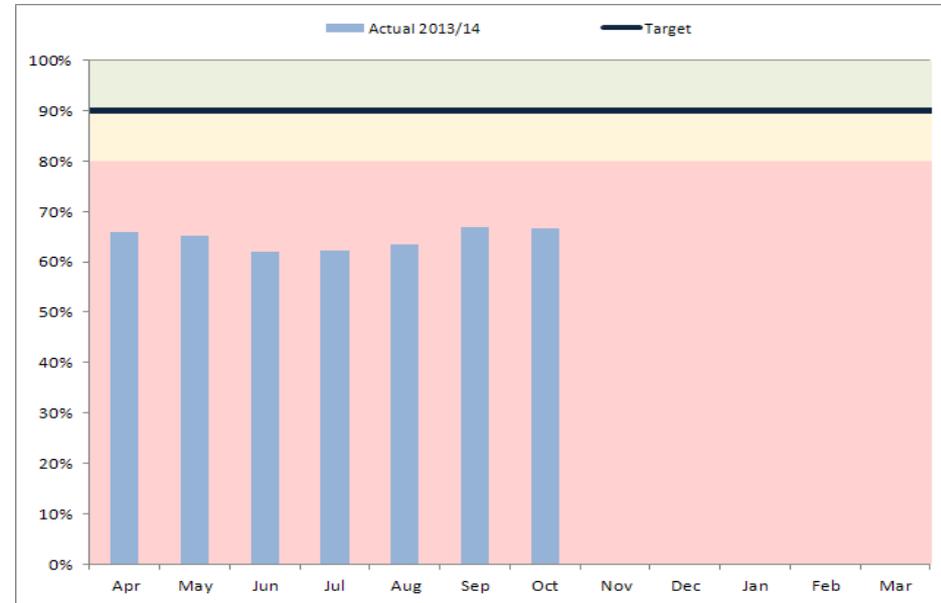
As part of the 2013-14 HR Business Plan, the target for overall Trust compliance is 80% by October 2013 and for 90% by the end of March 2014 which was ratified by the HR, Equality and Diversity Committee.

The Trust's current overall compliance for August is 66.72% which is demonstrates very little change from the previous report. None of the groups have demonstrated significant progress over the last month and there remain a number of groups that are consistently highlighting compliance rates under 60%:

Emergency – 59%  
Anaesthetics – 57%  
Pathology – 55%

Once again Core Services reports disappointing performance in this area with only 65% compliance rates.

### Overall Trust position



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

- The Learning and OD Team have introduced supported e-learning sessions in key areas across the Trust; information about these sessions is available on the Intranet.
- The HR function has set up a specific working group to consider initiatives which will contribute towards improvement in 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 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.

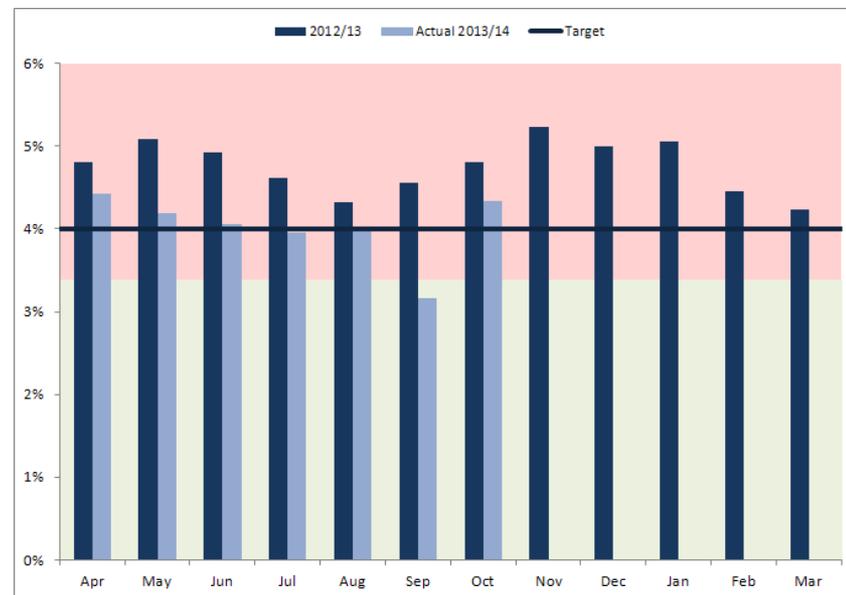
The absence rate for October has risen by over 1% since the previous report with the following areas demonstrating the highest areas of absence:

|                      |       |
|----------------------|-------|
| Emergency Department | 5.15% |
| Anaesthetics         | 6.15% |
| Theatres             | 7.10% |
| Hospital St Cross    | 6.15% |
| Pathology            | 5%    |

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.
- The task and finish group has worked closely with senior management and clinical areas towards the introduction of the Healthy Ward.

### 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.

- The **number of patients recruited into NIHR portfolio** has increased this month to 2112 against a year to date plan of 2111 and therefore achieves the target.

Two new indicators have been introduced this month. These indicators will be updated quarterly.

1. Performance in initiating clinical research (70 day benchmark)
2. Delivering clinical research (time and target)

The following areas are covered in more detail overleaf:

- Current performance in **initiating clinical research** is at **21%** against the 80% target resulting in a red rating.
- Performance in **delivering clinical research** is currently at **75%** against the 80% target and is rated as amber.

A further indicator on peer-reviewed publications will be reported from next month.

# Leading research based health care organisation

## Performance in Initiating and Delivering Clinical Research

### Commentary

Applicable Frameworks/Contracts:

For clinical trials, from 2012, the NIHR has published outcomes against contract NIHR benchmarks. The NIHR has established 2 performance benchmarks that NHS providers are measured against. The two benchmarks are as follows:

Initiating Clinical Research – 70 day benchmark

Clinical trials to be set-up and operational within a 70 day period (basically this looks at how quickly studies are set-up and recruited to).

The submission requires justified reasons for not meeting the benchmark. These are legitimate reasons outside of University Hospitals Coventry & Warwickshire (UHCW's) control that have caused a delay to the set-up and initiation of a clinical trial.

For the reporting period 1st October 2012 to 30th September 2013 a total of 21% of studies achieved the 70 day target (an increase of 8%), the top 3 justified reasons (those that occur most frequently) are as follows:

- Delays caused by sponsor (57%)
- Delays caused by sponsor and NHS Provider (2%)
- Delays caused by neither the sponsor or NHS Provider (15%)
- Delays caused by NHS Provider (26%)

Delivering Clinical Research- time and target

Recruitment of commercial clinical trials to time and target (basically this looks at whether or not we've recruited the target number of patients in the specified timeframe we said we would).

### Overall Trust position 1<sup>st</sup> October 2012 to 30<sup>th</sup> September 2013

| Benchmark                                       | Assessment criteria |              |       |
|---|---------------------|--------------|-------|
|   | ≥ 80%               | 60 ≥ x < 80% | < 60% |
| Initiating Clinical Research – 70 day benchmark |                     |              | 21%   |
| Delivering Clinical Research - time and target  |                     | 75%          |       |

For the reporting period 1st October 2012 to 30th September 2013, a total of 75% of studies recruited to time and target, an increase of 15%. Of these 56 studies, 1 study was put on hold by the Sponsor and the recruitment target in 4 studies was exceeded.

Reasons for not recruiting to time and target include:

- Care pathway changed
- Study closed earlier than planned
- Difficult to recruit patient groups

UHCW is required to submit data for the Performance in Initiation and Delivery of clinical research (PID) on a web-based submission system on a quarterly basis.

The next submission date is 30th January 2013 for the period 1st January 2013 to 31st December 2013.

# Domain 5: To be a leading training & education centre

# Domain Summary – Leading training & education centre

## Commentary

The **Job Evaluation Survey Tool (JEST)** is run by the West Midlands Deanery and includes responses from all trainee doctors (foundation and specialty trainees). There are three key reporting dates throughout the year; April, August and December and these updates will be included within the IPR upon release. The date range reported this time is August 2012 to July 2013.

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 7 – 2013/14

## Statement of Comprehensive Income – Primary Statement

| Statement of Comprehensive Income | TDA Plan<br>£000 | Plan<br>£000     | 2013/14<br>Forecast<br>Outturn<br>£000 | Variance<br>£000 | Year To Date     |                  |                  | Month           |                 |                  |
|-----------------------------------|------------------|------------------|--|------------------|------------------|------------------|------------------|-----------------|-----------------|------------------|
|                                   |                  |                  |  |                  | Plan<br>£000     | Actual<br>£000   | Variance<br>£000 | Plan<br>£000    | Actual<br>£000  | Variance<br>£000 |
| <b>Income</b>                     |                  |                  |  |                  |                  |                  |                  |                 |                 |                  |
| Contract income from activities   | 434,305          | 437,889          | 438,482                                | 593              | 257,070          | 257,592          | 522              | 38,426          | 39,452          | 1,026            |
| Other income from activities      | 13,558           | 12,225           | 11,886                                 | (339)            | 7,155            | 7,113            | (42)             | 962             | 956             | (6)              |
| Other Operating Income            | 68,217           | 66,836           | 70,937                                 | 4,101            | 38,957           | 40,337           | 1,380            | 5,678           | 6,021           | 343              |
| <b>Total Income</b>               | <b>516,080</b>   | <b>516,950</b>   | <b>521,305</b>                         | <b>4,355</b>     | <b>303,182</b>   | <b>305,042</b>   | <b>1,860</b>     | <b>45,066</b>   | <b>46,429</b>   | <b>1,363</b>     |
| <b>Operating Expenses</b>         |                  |                  |  |                  |                  |                  |                  |                 |                 |                  |
| Pay                               | (280,206)        | (287,713)        | (307,246)                              | (19,533)         | (168,789)        | (177,315)        | (8,526)          | (23,777)        | (25,309)        | (1,532)          |
| Non Pay                           | (171,518)        | (176,176)        | (180,607)                              | (4,431)          | (104,091)        | (102,704)        | 1,387            | (15,549)        | (15,335)        | 214              |
| CIP gap to target delivery        |                  | 0                | 8,195                                  | 8,195            |                  |                  |                  |                 |                 |                  |
| Additional savings required       |                  | 0                | 7,454                                  | 7,454            |                  |                  |                  |                 |                 |                  |
| Reserves                          | (13,755)         | (4,199)          | (96)                                   | 4,103            | (3,181)          | 43               | 3,224            | (250)           | 31              | 281              |
| <b>Total Operating Expenses</b>   | <b>(465,479)</b> | <b>(468,088)</b> | <b>(472,300)</b>                       | <b>(4,212)</b>   | <b>(276,061)</b> | <b>(279,976)</b> | <b>(3,915)</b>   | <b>(39,576)</b> | <b>(40,613)</b> | <b>(1,037)</b>   |
| <b>EBITDA</b>                     | <b>50,601</b>    | <b>48,862</b>    | <b>49,005</b>                          | <b>143</b>       | <b>27,121</b>    | <b>25,066</b>    | <b>(2,055)</b>   | <b>5,490</b>    | <b>5,816</b>    | <b>326</b>       |
| EBITDA Margin %                   | 9.8%             | 9.5%             | 9.4%                                   |                  | 8.9%             | 8.2%             |                  | 12.2%           | 12.5%           |                  |
| <b>Non Operating Items</b>        |                  |                  |  |                  |                  |                  |                  |                 |                 |                  |
| Profit / loss on asset disposals  | 0                | 0                | 9                                      | 9                | 0                | 9                | 9                | 0               | 0               | 0                |
| Fixed Asset Impairments           |                  | 0                | (157)                                  | (157)            | 0                | 0                | 0                | 0               | 0               | 0                |
| Depreciation                      | (19,833)         | (18,662)         | (18,662)                               | 0                | (10,886)         | (10,886)         | 0                | (970)           | (1,555)         | (585)            |
| Interest Receivable               | 83               | 83               | 83                                     | 0                | 48               | 48               | 0                | 7               | 5               | (2)              |
| Interest Charges                  | (272)            | (272)            | (272)                                  | 0                | (159)            | (164)            | (5)              | (23)            | (22)            | 1                |
| Financing Costs                   | (25,360)         | (25,292)         | (25,292)                               | 0                | (14,754)         | (14,777)         | (23)             | (2,108)         | (2,101)         | 7                |
| PDC Dividend                      | (2,719)          | (2,219)          | (2,028)                                | 191              | (1,294)          | (1,183)          | 111              | 65              | 81              | 16               |
| <b>Total Non Operating Items</b>  | <b>(48,101)</b>  | <b>(46,362)</b>  | <b>(46,319)</b>                        | <b>43</b>        | <b>(27,045)</b>  | <b>(26,953)</b>  | <b>92</b>        | <b>(3,029)</b>  | <b>(3,592)</b>  | <b>(563)</b>     |
| <b>Net Surplus/(Deficit)</b>      | <b>2,500</b>     | <b>2,500</b>     | <b>2,686</b>                           | <b>186</b>       | <b>76</b>        | <b>(1,887)</b>   | <b>(1,963)</b>   | <b>2,461</b>    | <b>2,224</b>    | <b>(237)</b>     |
| Net Surplus Margin %              | 0.5%             | 0.5%             | 0.5%                                   |                  | 0.0%             | -0.6%            |                  | 5.5%            | 4.8%            |                  |

Note: The Trust plan has changed marginally, between income, pay and non pay, from the plan submitted to the TDA to reflect delivery of CIPs

# Month 7 – 2013/14

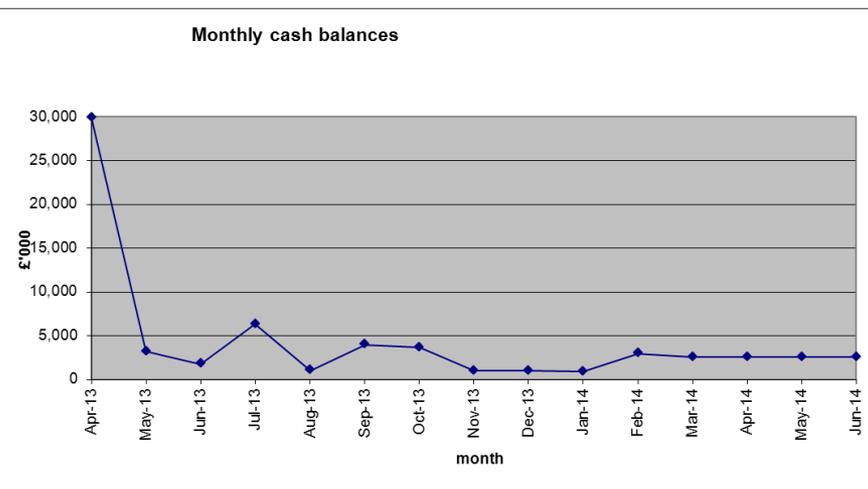
## Statement of Financial Position

| Statement of Financial Position              | 2013/14         |                             |                  | Year To Date    |                 |                  | Month         |                |                  |
|--|-----------------|-----------------------------|------------------|-----------------|-----------------|------------------|---------------|----------------|------------------|
|  | Plan<br>£000    | Forecast<br>Outturn<br>£000 | Variance<br>£000 | Plan<br>£000    | Actual<br>£000  | Variance<br>£000 | Month<br>£000 | Actual<br>£000 | Variance<br>£000 |
| <b>Non-current assets</b>                    |                 |                             |                  |                 |                 |                  |               |                |                  |
| Property, plant and equipment                | 362,328         | 358,954                     | (3,374)          | 346,160         | 334,417         | (11,743)         | (630)         | (450)          | 180              |
| Intangible assets                            | 112             | 112                         | 0                | 112             | 113             | 1                | 0             | 0              | 0                |
| Investment Property                          | 3,515           | 3,515                       | 0                | 3,515           | 3,515           | 0                | 0             | 0              | 0                |
| Trade and other receivables                  | 30,081          | 34,757                      | 4,676            | 36,599          | 40,290          | 3,691            | 1,801         | 1,173          | (628)            |
| <b>Total non-current assets</b>              | <b>396,036</b>  | <b>397,338</b>              | <b>1,302</b>     | <b>386,386</b>  | <b>378,335</b>  | <b>(8,051)</b>   | <b>1,171</b>  | <b>723</b>     | <b>(448)</b>     |
| <b>Current assets</b>                        |                 |                             |                  |                 |                 |                  |               |                |                  |
| Inventories                                  | 10,864          | 10,864                      | 0                | 10,364          | 9,673           | (691)            | 0             | 310            | 310              |
| Trade and other receivables                  | 18,685          | 18,414                      | (271)            | 32,004          | 38,244          | 6,240            | 15,500        | 17,803         | 2,303            |
| Cash and cash equivalents                    | 2,562           | 2,562                       | 0                | 1,143           | 3,678           | 2,535            | 195           | (297)          | (492)            |
|  | <b>32,111</b>   | <b>31,840</b>               | <b>(271)</b>     | <b>43,511</b>   | <b>51,595</b>   | <b>8,084</b>     | <b>15,695</b> | <b>17,816</b>  | <b>2,121</b>     |
| Non-current assets held for sale             | 0               | 0                           | 0                | 0               | 0               | 0                | 0             | (260)          | (260)            |
| <b>Total current assets</b>                  | <b>32,111</b>   | <b>31,840</b>               | <b>(271)</b>     | <b>43,511</b>   | <b>51,595</b>   | <b>8,084</b>     | <b>15,695</b> | <b>17,556</b>  | <b>1,861</b>     |
| <b>Total assets</b>                          | <b>428,147</b>  | <b>429,178</b>              | <b>1,031</b>     | <b>429,897</b>  | <b>429,930</b>  | <b>33</b>        | <b>16,866</b> | <b>18,279</b>  | <b>1,413</b>     |
| <b>Current liabilities</b>                   |                 |                             |                  |                 |                 |                  |               |                |                  |
| Trade and other payables                     | (37,902)        | (37,637)                    | 265              | (56,491)        | (65,929)        | (9,438)          | (15,954)      | (19,519)       | (3,565)          |
| Borrowings                                   | (8,606)         | (8,606)                     | 0                | (8,023)         | (8,023)         | 0                | (583)         | (550)          | 33               |
| DH Working Capital Loan                      | (500)           | (500)                       | 0                | 0               | 0               | 0                | 0             | 0              | 0                |
| DH Capital loan                              | (2,160)         | (1,830)                     | 330              | (1,500)         | (1,500)         | 0                | 0             | 0              | 0                |
| Provisions                                   | (192)           | (144)                       | 48               | (3,453)         | (912)           | 2,541            | 0             | 1,966          | 1,966            |
| <b>Net current assets/(liabilities)</b>      | <b>(17,249)</b> | <b>(16,877)</b>             | <b>372</b>       | <b>(25,956)</b> | <b>(24,769)</b> | <b>1,187</b>     | <b>(842)</b>  | <b>(547)</b>   | <b>295</b>       |
| <b>Total assets less current liabilities</b> | <b>378,787</b>  | <b>380,461</b>              | <b>1,674</b>     | <b>360,430</b>  | <b>353,566</b>  | <b>(6,864)</b>   | <b>329</b>    | <b>176</b>     | <b>(153)</b>     |
| <b>Non-current liabilities:</b>              |                 |                             |                  |                 |                 |                  |               |                |                  |
| Trade and other payables                     |                 |                             |                  |                 |                 |                  |               |                |                  |
| Borrowings                                   | (272,174)       | (271,571)                   | 603              | (273,203)       | (273,289)       | (86)             | 2,085         | 2,049          | (36)             |
| DH Working Capital Loan                      | (4,500)         | (4,500)                     | 0                | 0               | 0               | 0                | 0             | 0              | 0                |
| DH Capital loan                              | (12,695)        | (9,720)                     | 2,975            | (7,500)         | (7,500)         | 0                | 0             | 0              | 0                |
| Provisions                                   | (2,359)         | (2,401)                     | (42)             | (2,455)         | (2,546)         | (91)             | 48            | 0              | (48)             |
| <b>Total assets employed</b>                 | <b>87,059</b>   | <b>92,269</b>               | <b>5,210</b>     | <b>77,272</b>   | <b>70,231</b>   | <b>(7,041)</b>   | <b>2,462</b>  | <b>2,225</b>   | <b>(237)</b>     |
| <b>Financed by taxpayers' equity:</b>        |                 |                             |                  |                 |                 |                  |               |                |                  |
| Public dividend capital                      | 24,870          | 24,870                      | 0                | 24,870          | 24,870          | 0                | 0             | 0              | 0                |
| Retained earnings                            | 16,734          | 12,268                      | (4,466)          | 14,310          | 7,693           | (6,617)          | 2,462         | 2,225          | (237)            |
| Revaluation reserve                          | 45,455          | 55,131                      | 9,676            | 38,092          | 37,668          | (424)            | 0             | 0              | 0                |
| <b>Total Taxpayers' Equity</b>               | <b>87,059</b>   | <b>92,269</b>               | <b>5,210</b>     | <b>77,272</b>   | <b>70,231</b>   | <b>(7,041)</b>   | <b>2,462</b>  | <b>2,225</b>   | <b>(237)</b>     |

# Month 7 – 2013/14 Cash Flow

| Cash Flow  | Apr-13<br>£000 | May-13<br>£000  | Jun-13<br>£000 | Jul-13<br>£001 | Aug-13<br>£002 | Sep-13<br>£003 | Oct-13<br>£000 | Nov-13<br>£000 | Dec-13<br>£000 | Jan-14<br>£000 | Feb-14<br>£000 | Mar-14<br>£000 | Total<br>£'000  |
|--|----------------|-----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|-----------------|
| <b>EBITDA</b>  | <b>1,563</b>   | <b>3,390</b>    | <b>2,113</b>   | <b>5,956</b>   | <b>3,774</b>   | <b>2,453</b>   | <b>5,819</b>   | <b>4,676</b>   | <b>6,192</b>   | <b>5,355</b>   | <b>2,570</b>   | <b>5,146</b>   | <b>49,007</b>   |
| Donated assets received credited to revenue but non-cash         | 0              | 0               | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              | (265)          | (265)           |
| Interest paid  | (6,299)        | (118)           | (17)           | (6,293)        | (109)          | (41)           | (6,296)        | (39)           | (40)           | (6,293)        | (39)           | (41)           | (25,625)        |
| Dividends paid   | 0              | 0               | 0              | 0              | 0              | (1,364)        | 0              | 0              | 0              | 0              | 0              | (762)          | (2,126)         |
| Increase/(Decrease) in provisions                                | 9              | (716)           | (5)            | (1,981)        | 312            | (566)          | (1,483)        | 0              | 0              | (48)           | (40)           | (1,308)        | (5,826)         |
| <b>Operating cash flows before movements in working capital</b>  | <b>(4,727)</b> | <b>2,556</b>    | <b>2,091</b>   | <b>(2,318)</b> | <b>3,977</b>   | <b>482</b>     | <b>(1,960)</b> | <b>4,637</b>   | <b>6,152</b>   | <b>(986)</b>   | <b>2,491</b>   | <b>2,770</b>   | <b>15,165</b>   |
| Movements in Working Capital                                     | 32,147         | (24,444)        | (1,112)        | 9,881          | (7,852)        | 53             | 4,020          | (6,095)        | (4,426)        | 5,442          | 3,077          | (8,670)        | 2,021           |
| <b>Net cash inflow/(outflow) from operating activities</b>       | <b>27,420</b>  | <b>(21,888)</b> | <b>979</b>     | <b>7,563</b>   | <b>(3,875)</b> | <b>535</b>     | <b>2,060</b>   | <b>(1,458)</b> | <b>1,726</b>   | <b>4,456</b>   | <b>5,568</b>   | <b>(5,900)</b> | <b>17,186</b>   |
| Capex spend  | (1,409)        | (3,575)         | (2,360)        | (1,771)        | (1,387)        | 3,165          | (1,107)        | (1,207)        | (1,708)        | (3,074)        | (3,493)        | (2,029)        | (19,955)        |
| Interest received  | 13             | 5               | 4              | 11             | 6              | 4              | 5              | 7              | 7              | 7              | 7              | 7              | 83              |
| Cash receipt from asset sales                                    |                | 226             | 0              | 227            | 0              | 0              | 260            | 0              | 0              | 0              | 0              | 0              | 713             |
| <b>Net cash inflow/(outflow) from investing activities</b>       | <b>(1,396)</b> | <b>(3,344)</b>  | <b>(2,356)</b> | <b>(1,533)</b> | <b>(1,381)</b> | <b>3,169</b>   | <b>(842)</b>   | <b>(1,200)</b> | <b>(1,701)</b> | <b>(3,067)</b> | <b>(3,486)</b> | <b>(2,022)</b> | <b>(19,159)</b> |
| <b>CF before Financing</b>                                       | <b>26,024</b>  | <b>(25,232)</b> | <b>(1,377)</b> | <b>6,030</b>   | <b>(5,256)</b> | <b>3,704</b>   | <b>1,218</b>   | <b>(2,658)</b> | <b>25</b>      | <b>1,389</b>   | <b>2,082</b>   | <b>(7,922)</b> | <b>(1,973)</b>  |
| 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)         | (25)           | (1,499)        | (25)           | (25)           | (1,515)        | (20)           | (25)           | (1,485)        | (25)           | (27)           | (6,178)         |
| Drawdown of new DH loans   | 0              | 0               | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 8,300          | 8,300           |
| <b>Net cash inflow/(outflow) from financing</b>                  | <b>(25)</b>    | <b>(1,482)</b>  | <b>(25)</b>    | <b>(1,499)</b> | <b>(25)</b>    | <b>(775)</b>   | <b>(1,515)</b> | <b>(20)</b>    | <b>(25)</b>    | <b>(1,485)</b> | <b>(25)</b>    | <b>7,523</b>   | <b>622</b>      |
| <b>Net cash outflow/inflow</b>                                   | <b>25,999</b>  | <b>(26,714)</b> | <b>(1,402)</b> | <b>4,531</b>   | <b>(5,281)</b> | <b>2,929</b>   | <b>(297)</b>   | <b>(2,678)</b> | <b>0</b>       | <b>(96)</b>    | <b>2,057</b>   | <b>(399)</b>   | <b>(1,351)</b>  |
| <b>Opening Cash Balance</b>                                      | <b>3,913</b>   | <b>29,912</b>   | <b>3,198</b>   | <b>1,796</b>   | <b>6,327</b>   | <b>1,046</b>   | <b>3,975</b>   | <b>3,678</b>   | <b>1,000</b>   | <b>1,000</b>   | <b>904</b>     | <b>2,961</b>   | <b>3,913</b>    |
| <b>Closing Cash Balance</b>                                      | <b>29,912</b>  | <b>3,198</b>    | <b>1,796</b>   | <b>6,327</b>   | <b>1,046</b>   | <b>3,975</b>   | <b>3,678</b>   | <b>1,000</b>   | <b>1,000</b>   | <b>904</b>     | <b>2,961</b>   | <b>2,562</b>   | <b>2,562</b>    |

Monthly cash balances



## Month 7 – 2013/14 Capital Expenditure

| Capital Resource Limit (CRL)                            | 2013/14       |                     |                       | Year To Date  |              |                       | Month        |                |                       |
|---|---------------|---------------------|-----------------------|---------------|--------------|-----------------------|--------------|----------------|-----------------------|
|   | Plan          | Forecast<br>Outturn | Variance<br>fav/(adv) | Plan          | Actual       | Variance<br>fav/(adv) | Plan         | Actual         | Variance<br>fav/(adv) |
|   | £000          | £000                | £000                  | £000          | £000         | £000                  | £000         | £000           | £000                  |
| Confirmed CRL   | 6,952         | 6,952               | 0                     | 5,176         | 5,176        | 0                     | 575          | 575            | 0                     |
| Forecast CRL for PFI                                    | 14,372        | 9,696               | (4,676)               | 5,880         | 1,340        | (4,540)               | 1,046        | (3,494)        | (4,540)               |
| Forecast CRL for non PFI                                | 7,823         | 3,763               | (4,060)               | 0             | 0            | 0                     | 0            | 0              | 0                     |
| <b>Total Forecast CRL</b>                               | <b>29,147</b> | <b>20,411</b>       | <b>(8,736)</b>        | <b>11,056</b> | <b>6,516</b> | <b>(4,540)</b>        | <b>1,621</b> | <b>(2,919)</b> | <b>(4,540)</b>        |
|   |               |                     |                       |               |              |                       |              |                |                       |
| Capital Expenditure Programme                           | 2013/14       |                     |                       | Year To Date  |              |                       | Month        |                |                       |
|   | Plan          | Forecast<br>Outturn | Variance              | Plan          | Actual       | Variance              | Plan         | Actual         | Variance              |
|   | £000          | £000                | £000                  | £000          | £000         | £000                  | £000         | £000           | £000                  |
| <b>Major Schemes</b>                                    |               |                     |                       |               |              |                       |              |                |                       |
| PFI lifecycle   | 14,372        | 9,696               | 4,676                 | 5,880         | 1,340        | 4,540                 | 1,046        | (3,494)        | 4,540                 |
| Site Infrastructure/access development                  | 2,450         | 1,100               | 1,350                 | 0             | 134          | (134)                 | 0            | 108            | (108)                 |
| Critical care beds                                      | 586           | 375                 | 211                   | 586           | 0            | 586                   | 586          | 0              | 586                   |
| Pathology Replacement Project (Net UHCW)                | 620           | 365                 | 255                   | 130           | 30           | 100                   | 18           | (1)            | 19                    |
| PACS Replacement Project                                | 692           | 947                 | (255)                 | 692           | 752          | (60)                  | 0            | 3              | (3)                   |
| E'Prescribing   | 710           | 120                 | 590                   | 30            | 0            | 30                    | 10           | 0              | 10                    |
| Technology Refresh - PC and peripherals including PDA's | 750           | 750                 | 0                     | 285           | 0            | 285                   | 50           | 0              | 50                    |
| VitalPAC Replacement scheme                             | 940           | 0                   | 940                   | 0             | 0            | 0                     | 0            | 0              | 0                     |
| Aggregated Other Schemes                                | 8,480         | 7,065               | 1,415                 | 3,906         | 2,115        | 1,791                 | (89)         | 251            | (340)                 |
| <b>Total Capital Expenditure</b>                        | <b>29,600</b> | <b>20,418</b>       | <b>9,182</b>          | <b>11,509</b> | <b>4,371</b> | <b>7,138</b>          | <b>1,621</b> | <b>(3,133)</b> | <b>4,754</b>          |
|   |               |                     |                       |               |              |                       |              |                |                       |
| <b>Less: Donated/granted Asset Purchases</b>            | 0             | 265                 | 265                   | 0             | 0            | 0                     | 0            | 0              | 0                     |
| <b>Less: Book value of assets disposed of:</b>          | 453           | 713                 | 260                   | 453           | 453          | 0                     | 0            | 0              | 0                     |
| <b>Net Charge against CRL</b>                           | <b>29,147</b> | <b>19,440</b>       | <b>9,707</b>          | <b>11,056</b> | <b>3,918</b> | <b>7,138</b>          | <b>1,621</b> | <b>-3,133</b>  | <b>4,754</b>          |
| <b>Under/(Over)Commitment against CRL (total)</b>       | <b>0</b>      | <b>971</b>          | <b>971</b>            | <b>0</b>      | <b>2,598</b> | <b>2,598</b>          | <b>0</b>     | <b>214</b>     | <b>214</b>            |

# Month 7 – 2013/14 Capital Financing

|   | 2013/14<br>Plan<br>£'000 | 2013/14<br>Forecast<br>outturn<br>£'000 | Movements<br>£'000 | Comments   |
|---|--------------------------|---|--------------------|--|
| <b>Capital Expenditure</b>  |                          |   |                    |  |
| Gross Capital Expenditure   | 29,600                   | 20,448                                  | -9,152             | The capital programme has been reduced to take account of the revised PFI equipment lifecycle spend (explained below) and a reduction in the capital investment loan required to fund 'must do' schemes. |
| Less: PFI Capital Expenditure   | -14,372                  | -9,696                                  | 4,676              | Reduced equipment lifecycle spend notified by PFI Partner, GEMS, with slippage into 2014/15.   |
| <b>Total Non-PFI Capital Expenditure</b>                                    | <b>15,228</b>            | <b>10,752</b>                           | <b>-4,476</b>      |  |
| <b>Capital Financing</b>  |                          |   |                    |  |
| <b>Depreciation</b>   |                          |   |                    |  |
| Gross Depreciation  | 19,833                   | 18,662                                  | -1,171             | The forecast outturn depreciation charge has been reviewed to take into account the £9.1m reduction in the 2013/14 capital programme.  |
| Less: PFI Depreciation  | -12,492                  | -11,842                                 | 650                |  |
| <b>Net Depreciation</b>   | <b>7,341</b>             | <b>6,820</b>                            | <b>-521</b>        |  |
| <b>Movement in Capital Payables/Receivables</b>                             |                          |   |                    |  |
| Finance Lease Repayments (non-PFI)  | -484                     | -332                                    | 152                |  |
| New Finance Leases (non-PFI)  | 1,218                    | 463                                     | -755               | Existing leases due for replacement have been extended into 2014/15.   |
| Other Capital Payables/Receivables (non-PFI)                                | 0                        | 0                                       | 0                  |  |
| <b>Movement in Capital Payables/Receivables</b>                             | <b>734</b>               | <b>131</b>                              | <b>-603</b>        |  |
| <b>Other Funding Sources</b>  |                          |   |                    |  |
| Grants and Donations  | 0                        | 295                                     | 295                |  |
| Net Book Value of Non-Current Asset Disposals                               | 453                      | 713                                     | 260                |  |
| <b>Other Funding Sources</b>  | <b>453</b>               | <b>1,008</b>                            | <b>555</b>         |  |
| <b>Revenue Surplus</b>  |                          |   |                    |  |
| Surplus for the Year with impairments added back (excluding donated income) | 2,500                    | 2,548                                   | 48                 |  |
| Less: Applied to Finance PFI  | -905                     | -1,555                                  | -650               |  |
| Less: Applied to Working Capital Loan Repayments                            | 0                        | 0                                       | 0                  |  |
| Less: Applied to Other Working Capital                                      | 0                        | 0                                       | 0                  |  |
| <b>Surplus Applied to Capital</b>   | <b>1,595</b>             | <b>993</b>                              | <b>-602</b>        |  |
| <b>Total Internally Generated Funds</b>                                     | <b>10,123</b>            | <b>8,952</b>                            | <b>-1,171</b>      |  |
| <b>External Funding</b>   |                          |   |                    |  |
| New Public Dividend Capital (PDC)   | 0                        | 0                                       | 0                  |  |
| New Capital Investment Loans (CIL)  | 6,605                    | 3,300                                   | -3,305             | Reduced to minimum loan required to fund 'must do' 2013/14 schemes.  |
| Capital Investment Loan Repayments  | -1,500                   | -1,500                                  | 0                  |  |
| <b>Total External Funding</b>   | <b>5,105</b>             | <b>1,800</b>                            | <b>-3,305</b>      |  |
| <b>Total Capital Funding</b>  | <b>15,228</b>            | <b>10,752</b>                           | <b>-4,476</b>      |  |
| <b>Capital Surplus/(Deficit)</b>  | <b>0</b>                 | <b>0</b>                                | <b>0</b>           |  |

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**27 NOVEMBER 2013**

|  |   |
|--|---|
| <b>Subject:</b>                        | Provider Management Regime                                |
| <b>Report By:</b>                      | Gail Nolan, Chief Finance Officer                         |
| <b>Author:</b>                         | Lynda Cockrill, Head of Performance & Programme Analytics |
| <b>Accountable Executive Director:</b> | Gail Nolan, Chief Finance Officer                         |

**PURPOSE OF THE REPORT:**

UHCW is required by the TDA to submit a self-certification for Monitor compliance (Appendix A) and the self-certification for Board statements (Appendix B) each month. As advised by the TDA, the Provider Management Regime (PMR) return is no longer required to be submitted each month.

**SUMMARY OF KEY ISSUES:**

The TDA has advised that the monthly reporting requirement of the Provider Management Regime (PMR) has now ceased due to the publication of the new accountability framework. Work is currently on-going to ensure that the Trust Integrated Performance Report and associated scorecards incorporate the relevant metrics from the accountability framework.

**Appendix A** is the Trust Self-certification Compliance Monitor that will be submitted to the TDA electronically on the last working day of the month. This demonstrates UHCW's compliance against twelve conditions in order to fulfil Monitor Licence Requirements for NHS Trusts.

**Appendix B** is the Trust Self-certification Board Statement that will be submitted to the TDA electronically on the last working day of the month. The Board Statement contains elements of Clinical Quality, Finance and Governance as reported previously within the PMR return.

**STRATEGIC PRIORITIES THIS PAPER RELATES TO (Please check one):**

|  |                                     |
|--|-------------------------------------|
| To Deliver Excellent Patient Care and Experience | <input checked="" type="checkbox"/> |
| To Deliver Value for Money                       | <input type="checkbox"/>            |
| To be an Employer of Choice                      | <input type="checkbox"/>            |
| To be a Research Based Healthcare Organisation   | <input type="checkbox"/>            |
| To be a Leading Training and Education Centre    | <input type="checkbox"/>            |

**RECOMMENDATION / DECISION REQUIRED:**

Trust Board to approve the statements provided in Appendices A and B for October 2013.

**IMPLICATIONS:**

|                          |   |
|--------------------------|---|
| Financial:               | N/A   |
| HR/Equality & Diversity: | N/A   |
| Governance:              | 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. |
| Legal:                   | N/A   |
| NHS Constitution:        | N/A   |
| Risk:                    | 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. |

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

27 NOVEMBER 2013

COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:

| <b>Trust Standing Committee</b>   | <b>Date</b> | <b>Trust Standing Committee</b> | <b>Date</b> |
|-----------------------------------|-------------|---------------------------------|-------------|
| Quality Governance Committee      | N/A         | Remuneration Committee          | N/A         |
| Finance and Performance Committee | N/A         | Chief Officers Group            | N/A         |
| Audit Committee                   | N/A         |                                 |             |

## 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](#)

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## 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:

## 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](http://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

# UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

## REPORT TO THE TRUST BOARD: PUBLIC

27 NOVEMBER 2013

|  |   |
|--|---|
| <b>Subject:</b>                        | Private Trust Board Meeting Session Report of 30 October 2013 |
| <b>Report By:</b>                      | Nick Stokes, Acting Chairman                                  |
| <b>Author:</b>                         | Moosa Patel, Interim Director of Corporate Affairs            |
| <b>Accountable Executive Director:</b> | Nick Stokes Acting Chairman                                   |

### PURPOSE OF THE REPORT:

To advise the Board of the substantive agenda items discussed at the Private Trust Board Session held 30 October 2013 and of any key decisions/outcomes made by the Trust Board.

### SUMMARY OF KEY ISSUES:

Items discussed included:

**Patient Story:** the Trust Board RECEIVED ASSURANCE from the report and presentation.

**Medihome Supplementary Paper:** the Trust Board APPROVED the supplementary report and recommendation contained within it.

**Perfusion Products and Oxygenators:** the Trust Board APPROVED this report and award of contracts as set out in the paper.

**Quality Governance Framework Action Plan Update:** the Trust Board RECEIVED ASSURANCE from the report.

**Coventry and Rugby Hospital Company Board to Board:** the Trust Board RECEIVED ASSURANCE from the minutes.

**Risk Register Report:** the Trust Board RECEIVED ASSURANCE from the report.

### STRATEGIC PRIORITIES THIS PAPER RELATES TO (Please check one):

|  |                                     |
|--|-------------------------------------|
| To Deliver Excellent Patient Care and Experience | <input checked="" type="checkbox"/> |
| To Deliver Value for Money                       | <input checked="" type="checkbox"/> |
| To be an Employer of Choice                      | <input checked="" type="checkbox"/> |
| To be a Research Based Healthcare Organisation   | <input checked="" type="checkbox"/> |
| To be a Leading Training and Education Centre    | <input checked="" type="checkbox"/> |

### RECOMMENDATION / DECISION REQUIRED:

The Board is asked **RECEIVE ASSURANCE** from this report.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

27 NOVEMBER 2013

**IMPLICATIONS:**

|                          |  |
|--------------------------|--|
| Financial:               | None identified  |
| HR/Equality & Diversity: | None identified  |
| Governance:              | The paper is line with the principles of good governance |
| Legal:                   | None identified  |
| NHS Constitution:        | None identified  |
| Risk:                    | None identified  |

**COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:**

| <b>Trust Standing Committee</b>   | <b>Date</b> | <b>Trust Standing Committee</b> | <b>Date</b> |
|-----------------------------------|-------------|---------------------------------|-------------|
| Quality Governance Committee      | NA          | Remuneration Committee          | NA          |
| Finance and Performance Committee | NA          | Chief Officers Group            | NA          |
| Audit Committee                   | NA          |                                 |             |

# UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

## REPORT TO THE TRUST BOARD: PUBLIC

27 NOVEMBER 2013

|  |  |
|--|--|
| <b>Subject:</b>                        | Quality Governance Committee September 2013  |
| <b>Report By:</b>                      | Paul Martin, Director of Clinical Governance |
| <b>Author:</b>                         | Paul Martin, Director of Clinical Governance |
| <b>Accountable Executive Director:</b> | Meghana Pandit, Chief Medical Officer        |

### PURPOSE OF THE REPORT:

To advise Trust Board of the details of the Quality Governance Committee meeting on 23 September 2013, however, the minutes could not be approved at the October meeting as this was not quorate. Consequently the September minutes will be carried forward to the November meeting for approval.

### SUMMARY OF KEY ISSUES:

- **Minutes, actions, and matters** arising from August 2013 meeting were agreed.
- **Training, Education & Research** – there was no report for TER as the August meeting was cancelled due to not being quorate. The next report will be due in November 2013.
- **Patient Experience Committee** – this report advised that following recent media reports UHCW wards were judged to be a fair and accurate representation of the Trust's consistency. A Nursing and Midwifery Quality and Safety monthly audit is planned to be carried out by Ward Managers from other areas within each peer group. Family Test results expected to be published in February 2014. CQUIN requirements for Maternity Unit were delivered 2 months earlier than deadline date. Revised job profiles for Patient Advisors agreed. Following sign off by the Patients' Council, 5 speciality groups will be identified to participate in a pilot study.
- **Patient Safety Committee** – this report advised that Falls remain the main risk factor and confirmation was given that all falls are given top priority. The Dr Foster Mortality Report was presented; all listed alerts have been investigated. The Significant Incident Report was presented. During the previous month 6 significant incidents were opened, and 11 investigations were closed.
- **Information & ICT Reports** – it was confirmed that 11 bids have been submitted to the Safer Hospitals, Safer Wards initiative run by NHS England. The top five key risks were now identified as: ownership by the relevant team for support issues; unauthorised access; insufficient capital funding; increasingly unstable network; poor communication of service development or change. The ICT strategy has been reviewed and updated to include the Trust's Clinical Strategy; the second Caldicott review; and the new information strategy for the NHS.
- **Risk Committee** – the situation regarding Vitalpak and its affordability was discussed on the basis that if it is needed then it will be bought, and therefore unaffordability does not constitute a risk. The risk applying to laptops was queried and it was explained that this related to the potential testing of all equipment patients bring into the hospital. However, this was not seen to be a practical possibility and the point was made that charging phones carries far higher risk.
- **Quality Governance Framework (QGF)** – this is the tool used by Monitor to assess quality of structure and processes of governance. Out of the 10 required questions, progress is being made against 5 of them, and a worsening position against one of them. There have been delays in some areas, although 3 issues have been resolved. Implications of the Francis Report are still being absorbed and it is possible that QGF criteria will change as a result. Progress against the action plan will be monitored by the and presented to the Trust Board in October 2013.
- **Cervical Screening** – in the first quarter of this year turn around standards failed to meet the National target of 98% of results to women within 14 days. The target had been met over the previous 10 months and the main problem involved in the recent non-achievement was due to high levels of sickness and maternity leave in the screening lab at UHCW. Action plans were implemented and standards have now been met since June 2013. In Colposcopy DNA rates for follow up patients have been affected by the high levels of sickness and the large number of extra referrals. For the last quarter the Colposcopy Units at Rugby and UHCW have been unable to send out reminder letters for follow up appointments although the Trust reminder text service was still in

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**27 NOVEMBER 2013**

place. This issue has not been addressed due to the shortage of staff however it was felt that the Colposcopy department had done really well to have met all the other national standards in view of the increased workload.

- **CQC Registration** – Quality Risk Profile is likely to be changed; however, these changes will not be adopted until it has been assured they are fit for UHCW purpose. Only 6 new risks have been identified as actual risks to the Trust. Further details will be fed back to this Committee.
- **Dementia** – there are a number of CQUINs linked to Dementia and it was felt that a report should be presented to QGC under delegated authority of Trust. The National Audit of Dementia was established in 2008 to monitor care given to older people and to impart confidence in hospital care for patients and families. It was recommended felt that every ward in the hospital should be dementia friendly rather than have specifically designated wards and that Trust Board members undertake training to become a dementia friend. It was felt there were a number of potential areas in the proposed actions that could be beneficial to other areas too, such as helping to reduce numbers in emergency care.
- **Mandatory Training** – the Trust's overall compliance for mandatory training is 63.75% (August figures) which is a slight increase from the July position.

**AOB**

- The Integrated Performance Report will be a regular QGC agenda item in the future.
- An inspection of Mulberry Ward regarding a complaint allegedly from a member of the public. CQC had looked at the dignity, care and welfare and UHCW was compliant with all. Some areas need improvement, but are compliant.
- A programme for improving emergency care was launched 4 weeks ago and a tour carried out of the area to ensure actions are being adhered to. 6 new consultants have been employed and they will all spend time in A&E department.
- The Deanery visit had both good and bad points to make. An action plan is to be discussed and it was suggested that QGC need to see the update of short term and long term actions. The Deanery said that if progress is seen in all actions the trainees will be allowed to return.

**STRATEGIC PRIORITIES THIS PAPER RELATES TO (Please check one):**

|  |                                     |
|--|-------------------------------------|
| To Deliver Excellent Patient Care and Experience | <input checked="" type="checkbox"/> |
| To Deliver Value for Money                       | <input type="checkbox"/>            |
| To be an Employer of Choice                      | <input type="checkbox"/>            |
| To be a Research Based Healthcare Organisation   | <input type="checkbox"/>            |
| To be a Leading Training and Education Centre    | <input type="checkbox"/>            |

**RECOMMENDATION / DECISION REQUIRED:**

The Board is asked to receive assurance from this report.

**IMPLICATIONS:**

|                          |                  |
|--------------------------|------------------|
| Financial:               | None Highlighted |
| HR/Equality & Diversity: | None Highlighted |
| Governance:              | None Highlighted |
| Legal:                   | None             |
| NHS Constitution:        | None Highlighted |
| Risk:                    | None Highlighted |

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

27 NOVEMBER 2013

COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:

| <b>Trust Standing Committee</b>   | <b>Date</b> | <b>Trust Standing Committee</b> | <b>Date</b> |
|-----------------------------------|-------------|---------------------------------|-------------|
| Quality Governance Committee      |             | Remuneration Committee          |             |
| Finance and Performance Committee |             | Chief Officers Group            |             |
| Audit Committee                   |             |                                 |             |

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| <b>Meeting:</b>   | <b>QUALITY GOVERNANCE COMMITTEE</b>  |
| <b>Date/Time:</b> | Monday 23 September 2013   |
| <b>Venue:</b>     | Clinical Sciences Building   |
| <b>Present:</b>   | Trevor Robinson – Non-Executive Director, Chair(TR)<br>Andrew Phillips – Divisional Medical Director Diagnostic & Support (AP)<br>Andy Hardy – Chief Executive Officer (AH)<br>Paul Martin – Director of Governance (PM)<br>Mark Radford – Chief Nurse (MR)<br>Meghana Pandit – Chief Medical Officer (MP) |
| <b>Attendees:</b> | Jackie Weager – Associate Director of IT (JW)<br>Dr Pijush Ray – Consultant Physician (PR)<br>Jenny Gardiner – Associate Director of Governance (JG)<br>Val Ross-Gilbertson – Consultant Bio-medical Scientist (VRG)<br>Angela Reeve – Governance PA Co-ordinator (Minutes) (AJR)                          |
| <b>Apologies:</b> | Nick Stokes – Non-Executive Director, Chair (NS)<br>David Eltringham – Chief Operating Office (DE)<br>Ian Crich – Chief Human Resources Officer (IC)<br>Karen Bond – Associate Director of Nursing (KB)<br>Peter Winstanley – Non-Executive Director (PW)<br>Rita Stewart – Trust Lay Representative (RS)  |

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| <b>Item: 1<br/>2013/54</b>    | <b>GENERAL BUSINESS</b>  |
| <b>Key Discussion Points:</b> | <p><b>1.1 Apologies</b> - Apologies were noted and accepted</p> <p><b>1.2 Minutes &amp; Actions</b> –</p> <ul style="list-style-type: none"> <li>• August 2013 – Minutes agreed as accurate record of the previous meeting. AH queried statement regarding Sam Tubb rendering the meeting quorate as she would have needed to be opted onto the Committee.</li> <li>• 2013/01 – PM advised that the Complaints Report had been carried forward to next month as there are imminent changes he wished to be included.</li> <li>• <b>1.3 Matters Arising</b></li> <li>• There were no matters arising</li> </ul> |
| <b>Key Action Points:</b>     | •  |

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| <b>Item: 2<br/>2012/55</b>           | <b>HR, Equality &amp; Diversity</b>  |
| <b>Key Due to Discussion Points:</b> | <ul style="list-style-type: none"> <li>• This is a bi-monthly meeting and the next report is due in October 2013.</li> </ul> |
| <b>Key Action Points:</b>            | •  |

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| <b>Item: 3<br/>2012/56</b>           | <b>TRAINING, EDUCATION &amp; RESEARCH – D Finlayson</b>   |
| <b>Key Due to Discussion Points:</b> | <ul style="list-style-type: none"> <li>• There was no report for TER as the August meeting was cancelled due to not being quorate. The next report will be due in November 2013.</li> </ul> |

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| <b>Key Action Points:</b> | • |
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| <b>Item: 4<br/>2013/57</b>    | <b>PATIENT EXPERIENCE COMMITTEE August 2013 – M Radford</b>  |
| <b>Key Discussion Points:</b> | <ul style="list-style-type: none"> <li>• MR presented this report and advised that following recent media reports regarding ward performers within NHS, UHCW wards were judged to be a fair and accurate representation of the Trust's consistency.</li> <li>• Response rates to data from Friends and Family tests could be improved upon, and Ward Managers will be given access to verbatim Impressions to facilitate this. Training issues and action logs will be used as part of this improvement process and the five worst performing wards will be requested to attend PEEG meetings to identify how they plan to address the issues in their area.</li> <li>• A Nursing and Midwifery Quality and Safety monthly audit is planned to be carried out by Ward Managers from other areas within each peer group.</li> <li>• Further information to follow regarding patient safety and experience feedback. Maternity Friends and Family Test results expected to be published in February 2014.</li> <li>• CQUIN requirements for Maternity Unit were delivered 2 months earlier than deadline date.</li> <li>• Patient Revolution – Putting People First, final version of revision due to PEEG in September and will then be forwarded to this Committee for the October meeting.</li> <li>• Revised job profiles for Patient Advisors agreed. Following sign off by the Patients' Council, 5 speciality groups will be identified to participate in a pilot study.</li> <li>• Report agreed.</li> </ul> |
| <b>Key Action Points:</b>     | •  |

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| <b>Item: 5<br/>2013/58</b>    | <b>PATIENT SAFETY COMMITTEE, 15 August 2013 – M Pandit</b>   |
| <b>Key Discussion Points:</b> | <ul style="list-style-type: none"> <li>• <b>5.1 Patient Safety Committee Meeting</b> - MP presented this report and advised the Maternity Dashboard in future will be agreed regularly on a monthly basis.</li> <li>• There are 27 patient safety risks open on the Corporate Risk Register, 11 graded 'high', which is one less than the previous month.</li> <li>• There have been no new Corporate Clinical Risks opened since the last meeting.</li> <li>• One risk has been closed and others have reached their target grading.</li> <li>• TR asked if the top 5 CAEs were typical and PM advised they are. Falls have always been the main issue and all falls are top priority.</li> <li>• MP advised there had recently been a very good Falls Summit which included presentations and ensuing action plans.</li> <li>• One NPSA Spinal Alert has been retained on the Risk Register and PSC will await further news regarding any developments on this.</li> <li>• <b>5.2 The Dr Foster Mortality Report</b> was presented by MP who advised that all alerts listed had been investigated.</li> <li>• AP advised about risk 337 Intestinal Obstruction without Hernia and said that investigations had not shown any need for concern.</li> <li>• The clip and coil investigation has now been closed.</li> <li>• TR asked about the high risk figures and was assured that the peer group figure related to benchmarking of all the hospitals listed. Elective activity and emergency activity at UCL is considered differently to UHCW and this accounts for the disparity in the ratings. TR queried if the peer group is therefore appropriate. PM advised that it is possible to review the groupings and will advise if it is an area which needs further investigation.</li> <li>• <b>5.2 SI Report</b> – PM advised regarding details of the SI Report and explained the process of SUI reporting. During the previous month 6 SIs were opened, and 11 investigations were closed. MP advised that YG and AP had completed a good report on Never Events. AH asked if there were details of cases still open and PM advised this will be added to the report in future.</li> </ul> |
| <b>Key Action</b>             | • <b>Add details of Open Cases to SI reports - YG</b>  |

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| <b>Points:</b>                |  |
| <b>Item: 6<br/>2013/59</b>    | <b>INFORMATION &amp; ICT COMMITTEE August 2013 – J Weager</b>  |
| <b>Key Discussion Points:</b> | <ul style="list-style-type: none"> <li>• <b>6.1 Information &amp; ICT Report</b> was presented to the Committee by J Weager, who advised that it had been difficult to attain quoracy over the past few meetings due to the rescheduling of other major meetings and also to the uncertainties around the attendance from the Information function.</li> <li>• It was confirmed that 11 bids have been submitted to the Safer Hospitals, Safer Wards initiative run by NHS England. Only 2 bids have made it through to the next stage, EDM (Electronic Document Management) and Electronic Prescribing. Results will be known in the next couple of months. TR asked about the bidding process and JW advised there had been a late bid from the Stroke Team. AH asked why the late bids had been allowed as he felt the process should be observed. TR suggested that DE look into this.</li> <li>• The top five ICT key risks were now identified as: ownership by the PFI Team for support issues; unauthorised access; insufficient capital funding; increasingly unstable network; poor communication of service development or change.</li> <li>• <b>6.2 IT Strategy</b> – JW presented this report and advised that the ICT strategy has been reviewed and updated to include the Trust's Clinical Strategy; the second Caldicott review; and the new information strategy for the NHS.</li> <li>• The benefits of information sharing were highlighted. AH confirmed this needs to be discussed as there are legal issues due to a change in the law. PM advised it is dependent on the aspects of information sharing which presents the difficulty.</li> <li>• This report is due to return to Trust Board, however, AH advised it should have gone to Strategy Group, then straight to Board in January 2014.</li> </ul> |
| <b>Key Action Points:</b>     | <ul style="list-style-type: none"> <li>• <b>Information to be provided regarding late bids and following due process - DE</b></li> </ul>   |

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| <b>Item: 7<br/>2013/60</b>    | <b>RISK COMMITTEE August 2013 – M Pandit</b>  |
| <b>Key Discussion Points:</b> | <ul style="list-style-type: none"> <li>• This report was presented by MP. AH queried the situation regarding Vitalpak and its affordability on the basis that if it is needed then it will be bought, and therefore unaffordability does not constitute a risk. MP advised such discussions are not able to take place at Risk Committee.</li> <li>• AH asked about the risk applying to laptops and MR explained that this related to the potential testing of all equipment patients bring into the hospital. However, this was not seen to be a practical possibility and the point was made that charging phones carries far higher risk. Discussion followed.</li> </ul> |
| <b>Key Action Points:</b>     | <ul style="list-style-type: none"> <li>•</li> </ul>   |

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| <b>Item: 8<br/>2013/61</b> | <b>Ad Hoc Reports</b>  |
|                            | <p>8.1 Quality Governance Framework – Jenny Gardiner presented this report and advised that steady progress has been made regarding actions agreed in June 2013. Quality Governance Framework (QGF) is the tool used by Monitor to assess quality of structure and processes of governance. Out of the 10 required questions, progress is being made against 5 of them, and a worsening position against one of them. There have been delays in some areas, although 3 issues have been resolved. The Committee were advised that implications of the Francis Report are still being absorbed and it is possible that QGF criteria will change as a result. It was felt that a further self-assessment against QGF within the current financial year could be beneficial. Progress against the action plan will be monitored by the FT Steering Committee and presented to the Trust Board in October 2013. PM advised that timing is very important to ensure compliance, and JG suggested an update in a quarter's time to monitor the action plan. To be placed on February's agenda.</p> |

8.2 Cervical Screening – Val Ross-Gilbertson presented this report and advised that in the first quarter of this year turn around standards had failed to meet the National target of 98% of results to women within 14 days. The target had been met over the previous 10 months and the main problem involved in the recent non-achievement was due to high levels of sickness and maternity leave in the screening lab at UHCW. Action plans were implemented and standards have now been met since June 2013. Most of the other national standards for the cytology laboratory have been met, there were some exceptions with regard to screener sensitivity rates, but retraining and performance monitoring have been undertaken to address these issues.

In colposcopy DNA rates for follow up patients have been affected by the high levels of sickness and the large number of extra referrals due to HPV testing. For the last quarter the Colposcopy Units at Rugby and UHCW have been unable to send out reminder letters for follow up appointments although the Trust reminder text service was still in place. This has resulted in a DNA rate of 19% at UHCW and 25% at Rugby for follow up appointments. MP asked about these patients' appointments and VR-G advised this related only to follow up appointments rather than treatment appointments. This issue has not been addressed due to the shortage of staff however VR-G felt that the Colposcopy department had done really well to have met all the other national standards in view of the increased workload.

AP asked about bringing patients back and felt that the longer it is left, the worse it will become. VR-G to follow this up.

8.3 CQC Registration – this report was presented by JG who advised that the Quality Risk Profile is likely to be changed, however, these changes will not be adopted until it has been assured they are fit for our purpose. Of the 149 risks assessed by CQC as being 'worse than expected' there were 26 new risks for the current QRP, but when investigated as to what represented actual risks to the Trust, only 6 of these were identified. Further details will be fed back to this Committee.

8.4 Dementia – JG introduced this report and explained that there are a number of CQUINs linked to Dementia and it was felt that a report should be presented to QGC under delegated authority of Trust.

- Dr P Ray presented this report and advised that the National Audit of Dementia was established in 2008 to monitor care given to older people and to impart confidence in hospital care for patients and families. Dr Ray felt that every ward in the hospital should be dementia friendly rather than have specifically designated wards. It was also suggested that Trust Board members undertake training to become a dementia friend. Dr Ray advised they now carry out screening and report every day. MR asked about screening and the age parameter of 75 years, Dr Ray advised that screening should be 75 years old and over as screening people any younger than that would render the numbers unmanageable. AP felt there were a number of potential areas in the proposed actions that could be beneficial to other areas too, such as helping to reduce numbers in emergency care.
- TR suggested that the recommendations in this report should be investigated and suggested a report back to look at any action plans and recommendations in full. Dr Ray requested that the Forget-me-not action sheet be included in any discussions. To be placed on the February 2014 agenda.

8.5 Mandatory Training Report – this was a verbal report presented by Diana Finlayson identifying the current situation and proposals for action. The Trust's overall compliance for mandatory training is 63.75% (August's figures) which is a slight increase from the July position. For the 6 statutory topics which all staff undertake it is 68.92% and for role specific mandatory training it is 57.22%. Some Specialty Groups have increased their overall compliance since July however 7 Specialties remain under 60% overall compliance. The meeting was advised that remedial actions continue to take place by the HR Function working with the Specialty

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|                           | <p>Groups to address this. TR asked why figures are falling and DF advised that support and consultation been made available for these groups in an endeavour to improve their attendance levels and it was seen that critical to success was managerial involvement. Where senior management had been involved great improvement was evident. PM advised that the previous quarterly review figures have been stressed and this will be on-going to try and improve the situation. TR asked if we could be in a position whereby consultants are not revalidated without completed appraisals. MP felt that procedures are in place to guard against this. PM expressed the opinion that consultants, once revalidated, would be key in the process towards improving the process next time. AP felt that there could be a culture change after the first revalidation process has been completed. MP asked if details of consultants who have completed their mandatory training would be available. DF confirmed this analysis will be possible and is in process of being organised.</p> |
| <b>Key Action Points:</b> | <ul style="list-style-type: none"> <li>• 8.1 QGF report back to be placed on February agenda - AJR</li> <li>• 8.4 Dementia follow up report to be placed on February agenda - AJR</li> </ul>   |

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| <b>Item: 9<br/>2013/62<br/>AOB</b> | <ul style="list-style-type: none"> <li>• PM advised that the Integrated Performance Report will be a regular QGC agenda item in the future.</li> <li>• MR advised of an inspection of Mulberry Ward regarding a complaint allegedly from a member of the public. CQC had looked at the dignity, care and welfare and UHCW was compliant with all. The food, privacy, abrupt attitude of a nurse, staffing levels, and name badges were highlighted in the complaint and a full report will be forthcoming. This complaint was received from a member of the public, not from a patient, although there have been suggestions that it emanated from a disgruntled former employee. MR is investigating the information made available to CQC. Some areas need improvement, but are compliant.</li> <li>• MP advised that a programme for improving emergency care was launched 4 weeks ago and she has completed a tour of the area to ensure actions are being adhered to. MP also advised that 6 new consultants have been employed and they will all spend time in A&amp;E department.</li> <li>• The Deanery was present last week and had both good and bad points to make. An action plan is to be discussed tomorrow afternoon. MP suggested that QGC need to see the update of short term and long term actions. The Deanery said that if progress is seen in all actions the trainees will be allowed to return.</li> </ul> |
| <b>Key Action Points:</b>          | <ul style="list-style-type: none"> <li>• QGC to have update of Deanery long and short term action plans - MP</li> </ul>   |

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| <b>Date of Next Meeting:</b> | Monday 28 October 2013 9.30am CSB |
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# UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

## REPORT TO THE TRUST BOARD: PUBLIC

27 NOVEMBER 2013

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| <b>Subject:</b>                        | Finance and Performance Meeting Report – 23 September 2013 |
| <b>Report By:</b>                      | Ms S Tubb, Non-Executive Director                          |
| <b>Author:</b>                         | Mrs G Nolan, Chief Finance Officer                         |
| <b>Accountable Executive Director:</b> | Mrs G Nolan, Chief Finance Officer                         |

### PURPOSE OF THE REPORT:

To advise the Board of the Finance and Performance Committee meeting agenda for 23 September 2013 and of any key decisions/outcomes made by the Finance and Performance Committee.

### SUMMARY OF KEY ISSUES:

#### **DEVELOPMENT REPORTS – SERVICE TRANSFORMATION**

Professor Radford presented a report which updated the Committee on progress in moving forward and developing the new Transformation Programme structure and on key elements of the Service Improvement work undertaken since the last report to the Committee in July 2013. The Committee noted progress made since the last report.

#### **DEVELOPMENT REPORTS – RISK REVIEW – FINANCE AND PERFORMANCE RISKS**

The Finance Risk Register, which forms part of the Trust's Corporate Risk Register, was presented to the Committee. In addition, as part of the wider review of other 'performance' risks recorded in the Risk Register, the report also provides information on selected other risks contained in the Trust's Risk Register. The Committee reviewed the Register and supported the proposed actions to improve the robustness/completeness of other risks included in the Register.

#### **PLANNING REPORTS – LTFM UPDATE**

The Committee received an update on the impacts that the LTFM modelled scenarios suggested would have on the financial tests from the current year until 2018/19. Members of the Committee confirmed their understanding of the LTFM assumptions.

#### **PLANNING REPORTS – PLANNING PROCESS UPDATE**

An update on the process for preparing 3 year annual plans for 2014/15 and beyond was presented to the Committee. The Committee received and noted the updated report.

#### **PERFORMANCE REPORTS - INTEGRATED PERFORMANCE REPORT**

The Integrated Performance Report was presented to the Committee with key issues being highlighted. The report identified that there had been a deterioration in performance in a number of the domains. 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 Committee confirmed their understanding of the Cost Improvement Programme position as at Month 5 and noted the future reporting of CQUIN and QIPP in this report.

#### **PERFORMANCE REPORTS – MANDATORY TRAINING AND APPRAISAL COMPLIANCE**

The report presented updated the Committee on progress made on the performance against the target for Mandatory Training Compliance and Appraisal rates. The Committee acknowledged and was assured that a significant number of actions have been completed since the previous meeting and agreed that the actions and accountabilities allocated to local management teams, individual managers and staff allows for full compliance with these indicators.

#### **FINANCE REPORTS – INTEGRATED FINANCE REPORT**

An update on the financial position of the Trust for Month 5 of the 2013/14 financial year was presented and attention was drawn to salient points within the report. The Committee confirmed their understanding of the financial position for Month 5 of the 2013/14 financial year.

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**27 NOVEMBER 2013**

**STRATEGIC PRIORITIES THIS PAPER RELATES TO (Please check one):**

|  |                                     |
|--|-------------------------------------|
| To Deliver Excellent Patient Care and Experience | <input type="checkbox"/>            |
| To Deliver Value for Money                       | <input checked="" type="checkbox"/> |
| To be an Employer of Choice                      | <input type="checkbox"/>            |
| To be a Research Based Healthcare Organisation   | <input type="checkbox"/>            |
| To be a Leading Training and Education Centre    | <input type="checkbox"/>            |

**RECOMMENDATION / DECISION REQUIRED:**

The Board is asked to review and accept the minutes of the Finance and Performance Committee meeting held on 23 September 2013.

**IMPLICATIONS:**

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|--------------------------|--|
| Financial:               |  |
| HR/Equality & Diversity: |  |
| Governance:              |  |
| Legal:                   |  |
| NHS Constitution:        |  |
| Risk:                    |  |

**COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:**

| <b>Trust Standing Committee</b>   | <b>Date</b> | <b>Trust Standing Committee</b> | <b>Date</b> |
|-----------------------------------|-------------|---------------------------------|-------------|
| Quality Governance Committee      |             | Remuneration Committee          |             |
| Finance and Performance Committee | 28.10.13    | Chief Officers Group            |             |
| Audit Committee                   |             |                                 |             |

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**27 NOVEMBER 2013**

|  |   |
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| <b>Subject:</b>                        | Audit Committee Meeting Report – 9 September 2013 |
| <b>Report By:</b>                      | Mr T Robinson, Non-Executive Director             |
| <b>Author:</b>                         | Mrs G Nolan, Chief Finance Officer                |
| <b>Accountable Executive Director:</b> | Mrs G Nolan, Chief Finance Officer                |

**PURPOSE OF THE REPORT:**

To advise the Board of the Audit Committee meeting agenda for 9 September 2013 and of any key issues or decisions arising from the meeting.

**SUMMARY OF KEY ISSUES:**

**ACTIONS FROM PREVIOUS MEETING/ACTION MATRIX – INTERNAL AUDIT REPORT AC 13/051 SECURITY REVIEW UPDATE**

An update to a previous report was presented. A much more robust procedure for control of access is now in place at the Trust, with a much greater level of confidence that the system was working. A follow up audit will be scheduled to ensure compliance. The Committee noted the proposed methodology for the implementation of agreed audit recommendations. It was agreed that no further follow up report was required.

**INTERNAL AUDIT – SWITCHBOARD DISASTER RECOVERY**

The Committee were advised that the physical works necessary had been completed, with facilities and infrastructure in place. However, some capital expenditure would be required in the next financial year. The Committee noted the update.

**COUNTER FRAUD MATTERS – COUNTER FRAUD ANNUAL REPORT 2012-13**

The Annual Report for 2012-13 from the Counter Fraud Service was received and noted.

**COUNTER FRAUD MATTERS – COUNTER FRAUD SELF REVIEW TOOL 2012-13**

The final version of the self review tool was received and noted.

**INTERNAL AUDIT 13/112 COUNTER FRAUD MATTERS: NHS PROTECT – STANDARD FOR PROVIDERS 2013/14 – ACTION PLAN**

The paper presented sets out the actions linked to NHS Protect's recently issued standards for providers regarding anti-fraud and corruption work, and the recent self assessment against the standards. The Committee were advised that a risk assessment will be carried out in the current financial year which will inform the work plan for both the current year and next year. The Committee received and noted the report and action plan.

**COUNTER FRAUD MATTERS – COUNTER FRAUD PROGRESS REPORT 2013-14**

The purpose of the paper is to update the Committee on recent investigative and other work carried out by the Trust's Local Counter Fraud Specialist. The Committee received and noted the report.

**INTERNAL AUDIT – INTERNAL AUDIT PROGRESS REPORT**

The report presented summarised the work of Internal Audit for the period to 31 August 2013. The Committee received and noted the report.

**INTERNAL AUDIT REPORTS**

A number of internal audit reports were presented as follows:

- Junior Doctors' Sickness Reporting
- Patient Experience
- Pressure Ulcers: Systems and Data Quality
- Accident and Emergency Data Quality Review
- Performance and Programmes Management Office Overview
- Critical Systems Resilience
- Data Quality – Bank spend as a percentage of pay
- Data Quality – Agency spend as a percentage of pay
- Consultant on Call Payments
- Coventry and Warwickshire Pathology Service – Operational Internal Audit Plan of Work April 2013-March 2014

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**27 NOVEMBER 2013**

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| <p><b>EXTERNAL AUDIT – ANNUAL AUDIT LETTER 2012/13</b></p> <p>The document presented provided a summary of the results of the work of External Audit during 2012-13. The Committee were advised that it is a statutory requirement to receive an Annual Audit Letter. The Committee received the Annual Audit Letter for 2012/13 and agreed to recommend its acceptance by the Trust Board.</p>   |
| <p><b>REVIEW/APPROVAL FUNCTIONS – LOSSES AND SPECIAL PAYMENTS</b></p> <p>The report informed the Committee of the losses and special payments made for the period 1 July to 31 August 2013. The Committee noted and approved the Losses and Special Payments report.</p>  |
| <p><b>REVIEW/APPROVAL FUNCTIONS – DEBT WRITE-OFFS</b></p> <p>The report provided a schedule of outstanding debts which the Trust has been unable to collect. The Committee approved the write off of the uncollectable debt.</p>  |
| <p><b>OVERALL GOVERNANCE ARRANGEMENTS – REVIEW OF BOARD ASSURANCE FRAMEWORK (BAF)</b></p> <p>The Board Assurance Framework provides the Trust Board with a comprehensive overview of the key risks to the organisation’s strategic objectives, mapped against the operational controls in place to manage each risk and assurances that the controls are effective. The Committee endorsed the process followed to date to compile the BAF, reviewed the Board Assurance Framework and agreed that it should be discussed at the next meeting of the Trust Board.</p> |
| <p><b>ADMINISTRATIVE MATTERS – AUDIT COMMITTEE ANNUAL REPORT</b></p> <p>The Annual Report of the Audit Committee sets out the key activities of the Committee over the past year and, upon approval by the Audit Committee, will be presented to the Trust Board. The Committee reviewed and noted the Annual Report for 2012/13.</p>   |

**STRATEGIC PRIORITIES THIS PAPER RELATES TO (Please check one):**

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| To Deliver Excellent Patient Care and Experience | <input type="checkbox"/>            |
| To Deliver Value for Money                       | <input checked="" type="checkbox"/> |
| To be an Employer of Choice                      | <input type="checkbox"/>            |
| To be a Research Based Healthcare Organisation   | <input type="checkbox"/>            |
| To be a Leading Training and Education Centre    | <input type="checkbox"/>            |

**RECOMMENDATION / DECISION REQUIRED:**

The Board is asked to review and accept the minutes of the 9 September 2013 Audit Committee.

**IMPLICATIONS:**

|                          |      |
|--------------------------|------|
| Financial:               | None |
| HR/Equality & Diversity: | None |
| Governance:              | None |
| Legal:                   | None |
| NHS Constitution:        | None |
| Risk:                    | None |

**COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:**

| Trust Standing Committee          | Date     | Trust Standing Committee | Date |
|-----------------------------------|----------|--------------------------|------|
| Quality Governance Committee      | N/A      | Remuneration Committee   | N/A  |
| Finance and Performance Committee | N/A      | Chief Officers Group     | N/A  |
| Audit Committee                   | 11.11.13 |                          |      |

| Report   | Public | Exec Lead | Lead Manager                | Frequency         | No. | Set date for in-year report?                     | Report for Noting / Approval | Jan       | Feb      | Mar       | Apr       | May       | Jun       | Jul       | Sept      | Oct       | Nov       |
|--|--------|-----------|-----------------------------|-------------------|-----|--|------------------------------|-----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
|  |        |           |                             |                   |     |  |                              |           |          |           |           |           |           |           |           |           |           |
| AHSN   | Public | AH        | Amanda Royston              | Annual            | 1   | Oct  | Approval                     |           |          |           |           |           |           |           |           |           | √         |
| Calendar of Meetings   | Public | AH        | Jenny Gardiner              | Annual            | 1   | Nov  | Approval                     |           |          |           |           |           |           |           |           |           | √         |
| Foundation Trust Application Update  | Public | AH        | Christine Emerton           | Monthly           | 10  | Monthly  | Noting                       | √         | √        | √         | √         | √         | √         | √         | √         | √         | √         |
| Register of Gifts  | Public | AH        | Jenny Gardiner              | Annual            | 1   | Apr  | Noting                       |           |          |           | √         |           |           |           |           |           |           |
| Register of Interests  | Public | AH        | Jenny Gardiner              | Annual            | 1   | Apr  | Noting                       |           |          |           | √         |           |           |           |           |           |           |
| Work Programme   | Public | AH        | Jenny Gardiner              | Monthly           | 10  | Monthly  | Noting                       | √         | √        | √         | √         | √         | √         | √         | √         | √         | √         |
| Signings and Sealing's   | Public | AH        | Jenny Gardiner              | Annual            | 1   | April  | Noting                       |           |          |           | √         |           |           |           |           |           |           |
| Provider Management Regime   | Public | GN        | Simon Reed                  | Monthly           | 10  | Jan, Feb, Mar, Apr, May, Jun, Jul, Sep, Oct, Nov | Approval                     | √         | √        | √         | √         | √         | √         | √         | √         | √         | √         |
| Integrated Performance Report and Dashboard  | Public | GN        | Jonathon Lloyd              | Monthly           | 10  | Jan, Feb, Mar, Apr, May, Jun, Jul, Sep, Oct, Nov | Approval                     | √         | √        | √         | √         | √         | √         | √         | √         | √         | √         |
| Annual Plan  | Public | DE        | John Amphlett/ Sarah Phipps | Annual            | 1   | May  | Noting                       |           |          |           |           | √         |           |           |           |           |           |
| Infection Prevention and Control Annual Report and Annual Plan                                 | Public | MR        | Mike Weinbren               | Annual            | 1   | Apr  | Noting                       |           |          |           | √         |           |           |           |           |           |           |
| Infection Prevention and Control Report including Joint Cleaning Update with ISS Mediclean     | Public | MR        | Mike Weinbren               | Annual            | 1   | Oct  | Noting                       |           |          |           |           |           |           |           |           | √         |           |
| ICT Report   | Public | DE        | Robin Arnold                | Annual            | 1   | May  | Approval                     |           |          |           |           | √         |           |           |           |           |           |
| PR Report  | Public | IC        | Kerry Beadling              | Annual            | 1   | January  | Approval                     | √         |          |           |           |           |           |           |           |           |           |
| Annual Financial Plan (Revenue and Capital) including Health Care Contracts with Commissioners | Public | GN        | Antony Hobbs / A Jones      | Annual            | 1   | Mar  | Approval                     |           |          | √         |           |           |           |           |           |           |           |
| Annual Report and Accounts (including Statement of Internal Control and Quality Account)       | Public | GN        | Alan Jones                  | Annual            | 1   | July (AGM by 30th Sept)                          | Noting                       |           |          |           |           |           |           | √         |           |           |           |
| Equality and diversity report  | Public | IC        | Barbara Hay                 | Annual            | 1   | May  | Approval                     |           |          |           |           | √         |           |           |           |           |           |
| Risk Management (inc H&S & Radiation Protection) Annual Report                                 | Public | IC        | Dipak Chauhan               | Annual            | 1   | Sept   | Noting                       |           |          |           |           |           |           |           | √         |           |           |
| Nolan Principles/NHS Code of Conduct/UHCW Code of Conduct Policy Statement                     | Public | IC        | Jenny Gardiner              | Annual            | 1   | February   | Approval                     |           | √        |           |           |           |           |           |           | √         |           |
| Constitution (Review SOs, SFIs and Scheme of Delegation)                                       | Public | GN        | Jenny Gardiner / A Jones    | Annual            | 1   | November   | Approval                     |           |          |           |           |           |           |           |           |           | √         |
| PLACE Report   | Public | IC        | Lincoln Dawkin              | Annual            | 1   | September  | Approval                     |           |          |           |           |           |           |           | √         |           |           |
| Audit Committee Meeting Report   | Public | NED       | Alan Jones                  | 6 times per year  | 6   | As required                                      | Approval                     | √         | √        | √         | √         | √         | √         | √         | √         | √         | √         |
| Audit Committee TOR  | Public | NED       | Alan Jones                  | Annual            | 1   | Mar  | Approval                     |           |          | √         |           |           |           |           |           |           |           |
| Finance & Performance Meeting Report   | Public | NED       | Alan Jones                  | 8 times per year  | 8   | As required                                      | Approval                     | √         | √        | √         | √         | √         | √         | √         | √         | √         | √         |
| Finance and Performance Committee TOR  | Public | NED       | Alan Jones                  | Annual            | 1   | July   | Approval                     |           |          |           |           |           |           | √         |           |           |           |
| Quality Governance Committee TOR   | Public | NED       | Paul Martin                 | Annual            | 1   | Nov  | Approval                     |           |          |           |           |           |           |           |           |           | √         |
| Quality Governance Meeting Report  | Public | NED       | Paul Martin                 | 10 times per year | 10  | Monthly  | Approval                     | √         | √        | √         | √         | √         | √         | √         | √         | √         | √         |
| Francis Inquiry Trust Update   | Public | MP        | Moosa Patel                 | Quarterly         | 4   | Jan, Apr, July, Oct                              | Noting                       | √         |          |           | √         |           |           | √         |           | √         |           |
| Remuneration Committee TOR   | Public | NED       | Jenny Gardiner              | Annual            | 1   | June   | Approval                     |           |          |           |           |           | √         |           |           |           |           |
| Trust Board Terms of Reference   | Public | NED       | Jenny Gardiner              | Annual            | 1   | November   | Approval                     |           |          |           |           |           |           |           |           |           | √         |
| Trust Board meeting report   | Public | NED       | Jenny Gardiner              | Monthly           | 10  | monthly  | Noting                       | √         | √        | √         | √         | √         | √         | √         | √         | √         | √         |
| Research   | Public | NED       | Peter Winstanley            | Quarterly         | 4   | Jan, Apr, July, Oct                              | Noting                       | √         |          |           | √         |           |           | √         |           | √         |           |
| Patient Experience and Engagement Report   | Public | MP        | Paul Martin                 | Annual            | 1   | Sept   | Noting                       |           |          |           |           |           |           |           | √         |           |           |
| Patient and Staff Story  | Public | MP        | Paul Martin                 | Bi-monthly        | 6   | Jan, Mar, May, July, Sept, Nov                   | Approval                     | √         |          | √         |           | √         |           | √         | √         |           | √         |
| Board Assurance Framework  | Public | MP        | Jenny Gardiner              | Bi-annual         | 2   | Mar, Sep   | Noting                       |           |          | √         |           |           |           |           | √         |           |           |
| Education Report   | Public | MP        | Maggie Allen                | Annual            | 1   | January  | Noting                       | √         |          |           |           |           |           |           |           |           |           |
| SIG Report   | Public | MP        | Paul Martin                 | Bi-annual         | 2   | January and June                                 | Approval                     | √         |          |           |           |           | √         |           |           |           |           |
| Mortality Report   | Public | MP        | Paul Martin                 | Bi-annual         | 2   | January and June                                 | Approval                     | √         |          |           |           |           | √         |           |           |           |           |
| Research and Development Annual Report   | Public | MP        | Ceri Jones                  | Annual            | 1   | May  | Noting                       |           |          |           |           | √         |           |           |           |           |           |
| <b>Number of Reports</b>   |        |           |                             |                   |     | <b>118</b>                                       |                              | <b>15</b> | <b>9</b> | <b>12</b> | <b>14</b> | <b>13</b> | <b>11</b> | <b>13</b> | <b>13</b> | <b>13</b> | <b>13</b> |