

**PUBLIC TRUST BOARD MEETING TO BE HELD AT ON WEDNESDAY
29 JANUARY 2014 AT 1.00 PM – 3.00 PM IN ROOM 20063/64, CLINICAL SCIENCES
BUILDING, UNIVERSITY HOSPITAL, COVENTRY, CV2 2DX**

PUBLIC BOARD AGENDA

ITEM	TITLE	BOARD ACTION	PAPER	TIME
1	Apologies for Absence Chairman			
2	Declarations of Interest Chairman			
3	Minutes of Public Board Meeting Held on the 27 November 2013 Chairman	For Approval	Enclosure 1	
4	Trust Board Action Matrix Chairman	For Assurance	Enclosure 2	
5	Matters Arising Chairman		Verbal	
6	Chairman's Report Chairman	For Assurance	Verbal	
7	Chief Executive's Report Chief Executive Officer	For Assurance	Verbal	
Patient Quality and Safety				
8	Patient Story Programme Chief Medical Officer	For Approval	Enclosure 3	10 min
9	Trust Response to the Report of the Francis Enquiry and Related Documents - Update Chief Medical Officer	For Assurance	Enclosure 4	15 min
10	Summary of Recommendations from Clwyd/Hart Review into Complaints Chief Medical Officer	For Assurance	Enclosure 5	15 min
11	Research, Development & Innovation Annual Report 2013 Chief Medical Officer	For Assurance	Enclosure 6	15 min
12	2013/14 Winter Plan Update Chief Operating Officer	For Assurance	Enclosure 7	15 min
13	Community Engagement – Foxford School and Community Arts College Chief HR Officer	For Assurance	Presentation	20 min
Performance				
14	Integrated Performance Report Month 9 2013/14 Chief Finance Officer	For Assurance	Enclosure 8	10 min
Feedback from Key Meetings				
15	Private Trust Board Meeting Session Report of 27 November 2013 Chairman	For Assurance	Enclosure 9	5 min

ITEM	TITLE	BOARD ACTION	PAPER	TIME
16	Quality Governance Committee Meeting Report Held on the 28 October 2013 & Meeting Report Held on the 27 November & Quality Governance Committee Terms of Reference Chair, Quality Governance Committee	For Approval	Enclosure 10	5 min
17	Finance and Performance Meeting Report Held on the 28 October 2013 Chair, Finance & Performance Committee	For Assurance	Enclosure 11	5 min
Regulatory, Compliance and Corporate Governance				
18	Ensuring Good Governance During a Period of Transition Interim Director of Corporate Affairs	For Approval	Enclosure 12	5 min
19	Forward Work Programme	For Assurance	Enclosure 13	
20	Any Other Business		Verbal	
21	Questions from Members of the Public			
22	Date of Next Meeting: Wednesday 26 February 2014 1.00 pm			

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 27 NOVEMBER 2013 AT 1.00PM IN ROOM 20063/64, CLINICAL SCIENCES BUILDING, UNIVERSITY HOSPITAL, COVENTRY, CV2 2DX

AGENDA ITEM	DISCUSSION	ACTION
HTB 13/410 PRESENT	Mr I Buckley, Non-Executive Director (IB) Mr D Eltringham, Chief Operating Officer (DE) Mr A Hardy, Chief Executive Officer (AH) Mr E Macalister-Smith, Non-Executive Director (EMS) Mr D Moon, Chief Strategy Officer (DM) Mrs G Nolan, Chief Finance Officer/Deputy Chief Executive Officer (GN) Mrs M Pandit, Chief Medical Officer (MP) Mr M Patel, Interim Director of Corporate Affairs (MPa) Professor M Radford, Chief Nursing Officer (MR) Mr T Robinson, Non-Executive Director (TR) Ms S Tubb, Senior Independent Director (ST) Professor P Winstanley, Non-Executive Director (PW)	
HTB 13/411 IN ATTENDANCE	Miss Z Cox, Minute Taker and Executive Assistant (ZC) Mrs V Demery, Business Support Manager (VD) Mrs M Linnane, Lead Nurse For Nursing Care Standards (ML) for agenda item HTB 13/419	
HTB 13/412 APOLOGIES	Mr I Crich, Chief HR Officer (IC) Mr N Stokes, Acting Chairman (NS)	
HTB 13/413 DECLARATIONS OF INTEREST	There were no declarations of interest.	
HTB 13/414 MINUTES OF TRUST BOARD MEETING HELD ON 30 OCTOBER 2013	The Trust Board APPROVED the minutes of the meeting as a true and accurate record of the proceedings.	
HTB 13/415 ACTIONS UPDATE	HTB 13/367 on the Action Matrix. MPa advised the Board that he would discuss this with IC with a view to further information being made available. AH advised the Board that new restaurant menus would be launched at the Hospital of St. Cross on 3 January 2014 and University Hospital on 6 January 2014. The Trust Board RECEIVED ASSURANCE from the Action Matrix.	IC/MPa
HTB 13/416 MATTERS ARISING	There were no matters arising.	
HTB 13/417 ACTING CHAIRMAN'S REPORT	TR noted that the Trust was in ongoing dialogue with the NHS Trust Development Authority (NHS TDA) in relation to the appointment of a substantive Trust Chairman and added that NS will be stepping down as Acting Chairman at the end of December 2013.	

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AGENDA ITEM	DISCUSSION	ACTION
<p>HTB 13/418 CHIEF EXECUTIVE'S REPORT</p>	<p>AH advised that he and MP attended the Dr Foster Global Comparators Conference between 17 and 19 November 2013, where there were over 40 hospitals represented from different countries to discuss local challenges in health policies, network on possible solutions, focus on systematic differentials in coding and data, work on improving the first ever international data set and learn about progress of the various initiatives that have come out of the Global Comparators Network. AH added that he had presented the work the Trust is doing around a Clinical Evidence Based Information Service or CEBIS. AH advised there has been much interest internationally around this system and the potential that the Trust could commercialise this work. AH advised that he would be submitting his paper to this Conference to the Board for information.</p> <p>The Trust Board RECEIVED ASSURANCE from the report.</p>	<p>AH</p>
<p>HTB 13/419 WARD 53 UPDATE REPORT</p>	<p>MR presented an update on the work being done around the Nursing Care Assessment specifically relating to Ward 53 and to provide assurance to the Board of the work being carried out by the Nursing Team and to validate that information.</p> <p>EMS advised the Board that this had been discussed in detail at the Quality Governance Committee meeting on 25 November 2013 and that this was indeed an excellent piece of work and as a process, one that was to be highly commended. EMS asked the Board that the feedback from their findings be shared with staff on a wider scale. MR advised the Board that the report had been shared widely in the organisation and key points that came out of the assessment will be rolled out as part of a broader programme of improvement work.</p> <p>ML, who had led the team that had been involved in the Ward 53 improvement programme, noted that further work was planned in other areas, one of which had been identified through a member of staff who had received care within the Trust and the other where there had been a greater incidence of pressure ulcers. ML also noted that a key part of their work was to make sure they ensured this was a positive experience for the wards they worked with.</p> <p>ST asked how as a Trust, we would be made aware of weaker areas that may need improvement, such as Ward 53 and how we would receive this information and assess it. MR advised that the team look at a range of indicators – patient feedback or Impressions, Friends and Family Test scores, complaints etc. and look for irregular patterns and low scores which may highlight areas that need further review and from that prioritise which wards may need to be assessed. ML advised that the message they are sending out to staff is that this is a supportive measure and a proactive approach rather than a reactive one. EMS advised MR and ML that the Quality Governance Committee would be happy to help should the team need them.</p> <p>The Board thanked ML and the wider team, as well as MR, for their diligence and hard work on this project.</p>	

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

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AGENDA ITEM	DISCUSSION	ACTION
<p>HTB 13/419 WARD 53 UPDATE REPORT</p>	<p>The Trust Board RECEIVED ASSURANCE from the report and the accompanying action plan.</p>	
<p>HTB 13/420 WINTER PLANNING UPDATE</p>	<p>DE updated the Board on Winter Planning and the progress made.</p> <p>It was noted in the report that bed capacity was the most significant issue facing the Trust in Q3 and Q4 and that delivery of the Winter Plan against the time scale set was not where the Trust wanted it to be and DE advised that a weekly review team has been set up to keep the Winter Plan on track.</p> <p>It was noted that there were still vacancies with nursing and medical staff. The Board sought clarification on the strategy for filling these posts in line with the Trust Winter Plan requirements. MP advised that the Trust has had four vacancies in Acute Medicine for the last two years and that MP was now reviewing the job specifications to make these more attractive. MP also noted that the Trust has employed more locum staff to help during the Winter period. MR advised the Board that the temporary staffing issues within nursing will be resolved by January 2014 but until that time, MR advised that he was confident with the current arrangements in place.</p> <p>IB commented that he would like to see more statistics around headcount and whether this should be part of the Integrated Programme Regime. AH advised IB that a combined Workforce Plan for the next five years is being carried out by the Trust. EMS asked if the recruitment plans were consistent with the Integrated Programme Regime and GN confirmed they were.</p> <p>AH advised that the flu jab campaign was at 48.1 per cent as opposed to 46.5 per cent uptake last year. AH noted that 75 per cent is the target set nationally but it was advised that this is an extremely high target to reach. AH advised that the Trust approached all clinical staff in the first round of this campaign and now the Trust is encouraging all non-clinical staff to have the flu jab.</p> <p>It was agreed that should an urgent need arise for the Board to discuss anything further on Winter Planning they would be available to do this, as there is no Board meeting scheduled for December 2013.</p> <p>It was agreed that a progress report be presented at the Board meeting in January 2014.</p> <p>The Trust Board RECEIVED ASSURANCE from the ongoing progress relating to the Winter Plan and acknowledged the amendments made to the original Winter Plan and considered further requirements regarding reporting of the progress against the Winter Plan.</p>	

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AGENDA ITEM	DISCUSSION	ACTION
<p>HTB 13/421 SITE REDEVELOPMENT INVESTMENT OPPORTUNITY</p>	<p>GN presented this paper on behalf of IC and requested the Board to consider the potential for the Trust soft services provider, ISS Mediclean, to support the Trust with capital investment to redevelop the site.</p> <p>It was noted that the timescales from the NHS TDA on this was eight weeks from submission of the Outline Business Case and the Trust is currently working closely with the NHS TDA on the Outline Business Case for site redevelopment. ST advised the Board that this matter was discussed in the Financial and Performance Committee meeting on the 25 November 2013 and it was noted that this was included in the figures for 2014/15 Annual Plan. GN confirmed that the 2014/15 Annual Plan does include the capital loan.</p> <p>The Trust Board agreed to SUPPORT the proposed investment opportunity and INSTRUCT the Director of Estates and Facilities, Lincoln Dawkin, once formal approval is received from the NHS TDA, to enter into negotiations with the Private Finance Initiative provider and ISS Mediclean to secure the investment.</p>	
<p>HTB 13/422 OUTSOURCING OF OUTPATIENT PHARMACY SERVICES</p>	<p>DM presented this paper on behalf of IC and updated on the progress made on the Pharmacy Services Pilot Scheme with Lloyds Pharmacy in both University Hospital and the Hospital of St. Cross.</p> <p>TR queried the £400k full year financial implication as noted on the paper and asked for clarification as to whether this was a saving to the Trust and DM confirmed it was. ST queried the progress made on this pilot scheme as outsourcing pharmacy services had been a Board agenda item for many months and as this pilot scheme addresses the outpatient pharmacy work only, was concerned as to the lengthy timescales from discussion at Board to implementation and what lessons could be learnt from this which could help with future initiatives. DM noted that he was looking at this and also noted that the waiting time on the wards for prescriptions was a significant issue for the Trust and that ongoing discussion with Lloyds Pharmacy was taking place as to the future of the relationship.</p> <p>AH noted that timescales from Board discussion to implementation was an issue and suspected that the answer was multi-faceted but included identification of a dedicated resource to move the work forward, access to timely legal advice and learning lessons from other sites that have already been through this work to expedite the process.</p> <p>AH confirmed that UHCW is the thirty fifth NHS trusts working with Lloyds Pharmacy and an evaluation on this pilot scheme will be fed back into the Finance and Performance Committee.</p> <p>EMS queried why discharge prescriptions for patients took time to resolve and was still a challenge on wards and AH advised that this issue is being looked at as part of ongoing work related to number of days it takes to discharge patients and that one action which will help is the employment of additional pharmacists and avoiding duplication of work between doctors and pharmacists.</p>	<p>IC</p>

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AGENDA ITEM	DISCUSSION	ACTION
<p>HTB 13/422 OUTSOURCING OF OUTPATIENT PHARMACY SERVICES</p>	<p>The Board agreed that a further recommendation be added to the proposal:</p> <p>3) Evaluation of the pilot scheme with Lloyds Pharmacy be presented for review at the Finance and Performance Committee meeting at the end of January 2014.</p> <p>The Trust Board NOTED progress made on the project so far and APPROVED the decision to go ahead with the full tender of the service (dependant on initial data on the success of the pilot scheme) and based on the inclusion of the above additional recommendation.</p>	
<p>HTB 13/423 INTEGRATED PERFORMANCE REPORT – MONTH 7 2013/14</p>	<p>GN presented this paper to the Board which highlighted performance against local and national standards for the month of October 2013.</p> <p>ST advised the Board that this paper was discussed at the Finance and Performance Committee meeting on 25 November 2013 and specifically the section on theatre utilisation and efficiency. ST advised that MR assured the Committee of ongoing work to address under performance in this area and DE assured the Committee of the ongoing work around the four hour A&E standard.</p> <p>GN noted that appraisal rates have dramatically improved but that the mandatory training figures had not increased significantly and there was uncertainty as to why this was the case. PW noted that the Trusts overall compliance number in mandatory training was 66.7 per cent in August 2013 which demonstrates very little change from the previous report and shared concerns that none of the groups have shown significant progress in the last month. AH advised that the Trust was currently looking into what would be classed as ‘mandatory’ training and Quarterly Reviews with Divisions will further look into this area, with a view to identifying improved performance in this area.</p> <p>EMS queried the position regarding consultant appraisal rates and MP advised the Board that the position was continuing to improve and that consultant revalidation will further contribute to improved consultant appraisal rates. IB queried how the Trust checked the necessary paperwork of any temporary staff and MP advised that this is the responsibility of the Responsible Officer of the appropriate employee. MP advised that temporary staff with the Trust have to provide details of their Responsible Officer so the Trust can follow up on their previous appraisals.</p> <p>ST noted that performance against the A&E four hour standard were encouraging although there had been some days when performance had not been optimal, the ‘Command and Control’ system put in place along with a broader set of measures, were having a positive effect overall.</p> <p>EMS noted that during the Quality Governance Committee meeting on 25 November 2013, the Integrated Performance Report was not ready to be presented. AH apologised and advised that this was an isolated incident and would not happen again.</p>	

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AGENDA ITEM	DISCUSSION	ACTION
HTB 13/423 INTEGRATED PERFORMANCE REPORT – MONTH 7 2013/14	<p>PW asked MP for clarification around the details of the Never Event noted in the report on the foreign object being retained in a patient's mandible after an emergency procedure. MP advised that after a routine x-ray was carried out, it revealed a drill bit had broken off during the procedure. This resulted in the drill bit being removed with further surgery and a positive outcome for the patient.</p> <p>AH and GN agreed that work was ongoing on the Integrated Performance Report to make it a more informative document going forward.</p> <p>The Trust Board CONFIRMED their understanding of the contents of the October 2013 Integrated Performance Report and NOTED the associated actions.</p>	GN/AH
HTB 13/424 PROVIDER MANAGEMENT REGIME	<p>GN advised the Board that the Provider Management Regime will not be part of the Trust Board agenda going forward as the NHS TDA has advised the Trust that the monthly reporting requirement of the PMR has now ceased due to the publication of the new accountability framework.</p> <p>The Trust Board APPROVED the statements provided in Appendices A and B for October 2013.</p>	
HTB 13/425 PRIVATE TRUST BOARD MEETING SESSION REPORT - 30 OCTOBER 2013	<p>It was noted that there was nothing further to add to the report.</p> <p>The Trust Board RECEIVED ASSURANCE from this report.</p>	
HTB 13/426 QUALITY GOVERNANCE COMMITTEE MEETING REPORT HELD ON 23 SEPTEMBER 2013	<p>EMS updated the Board on the work of the Committee and noted that the Committee wished to review all Commission for Quality and Innovation or CQUINs and queried how best this could be achieved.</p> <p>ST advised that there is a document covering this, which was presented at a recent Finance and Performance Committee meeting, which can be shared with the Quality Governance Committee meeting and which will provide a helpful basis for the discussions at the Quality and Governance Committee meeting.</p> <p>The Trust Board RECEIVED ASSURANCE of the report.</p>	ST
HTB 13/427 FINANCE AND PERFORMANCE COMMITTEE MEETING REPORT HELD ON 23 SEPTEMBER 2013	<p>It was noted there was nothing further to add to the report.</p> <p>The Trust Board RECEIVED ASSURANCE from the report.</p>	

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

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AGENDA ITEM	DISCUSSION	ACTION						
HTB 13/428 AUDIT COMMITTEE MEETING REPORT HELD ON 9 SEPTEMBER 2013	It was noted there was nothing further to add to the report. The Trust Board RECEIVED ASSURANCE of the report.							
HTB 13/429 ANY OTHER BUSINESS	PW asked for confirmation of research being an item on the Public Trust Board Agenda and MPa advised this would be a Quarterly item going forward, the first of which would be January 2014. AH advised that he will be attending an event on the 12 December 2013 in Redditch hosted by the Academic Health Science Network (AHSN) and this will be focusing on Education and Mental Health in the West Midlands. AH advised he hopes to see attendees from the Trust at the event and noted that this was a really important event to develop the AHSN as they require full 'buy in' from all local stakeholders.							
HTB 13/430 FORWARD WORK PROGRAMME	The Trust Board RECEIVED ASSURANCE of the report.							
HTB 13/431 DATE OF NEXT MEETING	This will be held on Wednesday 29 January 2014 at 1.00 pm at University Hospitals Coventry & Warwickshire NHS Trust.							
HTB 13/432 APPROVAL OF MINUTES	These minutes are approved subject to any amendments agreed at the next Trust Board meeting. <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 15%;">SIGNED</td> <td>.....</td> </tr> <tr> <td></td> <td align="center">ACTING CHAIRMAN</td> </tr> <tr> <td>DATE</td> <td>.....</td> </tr> </table>	SIGNED		ACTING CHAIRMAN	DATE	
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	ACTING CHAIRMAN							
DATE							

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**

29 JANUARY 2014

AGENDA ITEM	ACTION	LEAD	DATE TO BE COMPLETED	COMMENT
ACTIONS COMPLETE				
HTB 13/391 ACTING CHAIRMAN'S REPORT	NS advised that he would update the Board when he had further information regarding the new replacement Chairman.	NS	Ongoing	Complete: January 2014 Board paper further updates on the position
HTB 13/426 QUALITY GOVERNANCE COMMITTEE MEETING REPORT HELD ON 23 SEPTEMBER 2013	ST advised that there is a document covering this which was presented at a recent Finance and Performance Committee meeting which can be shared with the Quality Governance Committee meeting and which will provide a helpful basis for the discussions at the Quality and Governance Committee meeting.	ST	02.12.13	Complete: ST has circulated this document
HTB 13/367 PATIENT LED ASSESSMENTS OF THE CARE ENVIRONMENT (PLACE) REPORT	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	Complete: IC circulated an update via e-mail to the Board.
HTB 13/418 CHIEF EXECUTIVE'S REPORT	AH advised he would be submitting his paper to this Conference to the Board for information.	AH	02.12.13	Complete: these have circulated by AH
HTB 13/376 DEVELOPING NURSING, MIDWIFERY AND AHP RESEARCH	PW requested a separate meeting with MR to discuss this item in more detail, with a view to developing clinical faculty.	MR/ PW	04.11.13	Complete: Meeting held on 20.01.14

Red = outstanding

Black = in progress not yet due

Green = complete

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

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

29 JANUARY 2014

AGENDA ITEM	ACTION	LEAD	DATE TO BE COMPLETED	COMMENT
HTB 13/394 INFECTION PREVENTION AND CONTROL REPORT	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	Complete: Dr Jenny Child appointed in December 2013
ACTIONS IN PROGRESS				
HTB 13/422 OUTSOURCING OF OUTPATIENT PHARMACY SERVICES	AH confirmed that UHCW is the thirty fifth NHS trusts working with Lloyds Pharmacy and an evaluation on this pilot scheme will be fed back into the Finance & Performance Committee.	IC	02.12.13	In hand: To take place upon completion of the pilot scheme
HTB 13/423 INTEGRATED PERFORMANCE REPORT – MONTH 7 2013/14	AH and GN agreed that work was ongoing on the Integrated Performance Report to make it a more informative document going forward.	GN/AH	02.12.13	In hand: Information refresh during Jan- March 2014 facilitated with specialist advice and with involvement of NEDs (ST/IB)

Red = outstanding

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UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

29 JANUARY 2014

Subject:	Patient Story Programme
Report By:	Meghana Pandit, Chief Medical Officer
Author:	Anita Kane, Associate Director of Governance
Accountable Executive Director:	Meghana Pandit, Chief Medical Officer

PURPOSE OF THE REPORT:

The purpose of the report is to outline the suggested patient story programme to Board commencing January 2014 through to March 2015.

SUMMARY OF KEY ISSUES:

Patient stories can reveal a great deal about the quality of services, the culture of an organisation, and the effectiveness of mechanisms to manage, improve and assure quality.

The purpose of this Programme is to ensure that the experiences of our patients, their carers and relatives are heard and listened to by the Trust Board in a variety of ways that promotes understanding and meets the expectations of our users as laid out in the NHS Constitution.

The Patient Experience Team will ensure that a variety of methods are used to present stories, and that the structure of the story is laid out in a accessible and meaningful way, using the Board Checklist as a guide.

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:

Approve the Patient Story Programme.

IMPLICATIONS:

Financial:	There is a cost to producing professional videos of approx £350 - £600 per video.
HR/Equality & Diversity:	The Patient Experience Team will ensure that the programme is as representative as it can be and will seek advice from the E&D lead for the Trust where required.
Governance:	Meets TDA Planning Guidance, NHSME Patient Revolution, Patient Experience Team will ensure confidentiality is maintained where required and the patients consent is taken prior to any publication.
Legal:	N/A
NHS Constitution:	Section 3b - Please give feedback – both positive and negative – about your experiences and the treatment and care you have received, including any adverse reactions you may have had. You can often provide feedback anonymously and giving feedback will not affect adversely your care or how you are treated. If a family member or someone you are a carer for is a patient and unable to provide feedback, you are encouraged to give feedback about their experiences on their behalf. Feedback will help to improve NHS services for all.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

29 JANUARY 2014

	<p>Section 4b - to contribute towards providing fair and equitable services for all and play your part, wherever possible, in helping to reduce inequalities in experience, access or outcomes between differing groups or sections of society requiring health care.</p> <p>Section 4b - to view the services you provide from the standpoint of a patient, and involve patients, their families and carers in the services you provide, working with them, their communities and other organisations, and making it clear who is responsible for their care.</p>
Risk:	<p>Insufficient Board time dedicated to patient experience and stories poses a risk in demonstrating we are a patient centred organisation that is open and transparent about patients' experiences at UHCW.</p> <p>Failure to demonstrate continuing Board engagement will have a negative impact on reputation in general and the Foundation Trust aspiration in particular.</p> <p>Failure to demonstrate Board engagement will result in non compliance with national and regional guidance.</p>

COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:

Trust Standing Committee	Date	Trust Standing Committee	Date
Quality Governance Committee		Remuneration Committee	
Finance and Performance Committee		Chief Officers Group	17.12.13
Audit Committee			

Reporting Patient Stories A Programme for Trust Board

“Stories are just data with a soul”

Brené Brown PhD, Research Professor at the University
of Houston Graduate College of Social Work

Introduction

Patient stories can reveal a great deal about the quality of services, the culture of an organisation, and the effectiveness of mechanisms to manage, improve and assure quality. They also serve as a powerful reminder to organisational leaders of their accountability for quality. Patient stories can be delivered by patients or their relatives, or staff can tell the story from a patient’s perspective, together with what it is like to be a member of staff involved in that person’s care.

The purpose of this programme is to ensure that the experiences of our patients, their carers and relatives are heard and listened to by the Trust Board in a variety of ways, that promotes understanding and meets the expectations of our users as laid out in the NHS Constitution. UHCWs

Patient Experience Transformation Programme aims to turn UHCW into a beacon of excellence recognised at both a national and international level. One part of this Transformation Programme is how we can use experiences to rethink and design the way we deliver services. The Patient Experience and Story Programme to Board is one way that enables feedback to be listened to with the aim of learning and improving. There is mounting evidence that there is a causal link between good levels of satisfaction amongst staff, particularly nursing staff, and patients’ [satisfaction levels]. A study conducted by J Dawson in 2009 found that where hospital staff meet their own and patients’ expectation of high levels of care, the staff show more pride in the organisation. The study reiterated that staff experience is closely related to the patients’ experience. Therefore staff experience will also be shared alongside that of the users to give a full and rounded picture for Board.

The Board checklist (**Appendix 1**) which was published by NHS Midlands and East aims to provide a structure for patient stories and the

Patient Experience Team will use this in presenting stories to Board.

Sir Bruce Keogh in July 2013 stated that “Patients, carers and members of the public...should be confident that their feedback is being listened to and see how this is impacting on their own care and the care of others.” Through the range of experience material presented at Board through this programme, the aim is that the information is used alongside other performance information to aid the Board to get a fuller understanding of the experiences UHCW users have day to day, and how the Trust is addressing and listening to their feedback.

What will be included?

Except for when no Board takes place, at each Board meeting there will be a Board item relating to one of the following:

- Dissection of concerns and complaints. This will include presenting a patient letter through to response and outcome
- PALS themes/issues and resolutions
- Individual stories from patients/carers with Learning Disabilities
- Experiences of children & younger people
- We are Listening Campaign activities
- National Survey Information
- Family and Friends
- ‘ You said we did’
- Older peoples experiences

- Patient advisor (Ex Patient Council) findings and reports
- Staff experiences
- Walk around feedback
- Health information provision and use of the Volunteers to improve patient experiences

How will the experiences be presented?

We will use a variety of methods to communicate the experiences and stories, these may include:

- **Video interviews:** We aim to be able to create a bank of patient stories that are structured in such a way that they can be used for ongoing training purposes and for further education of patients. We will put these on our website. There is a financial constraint with producing these and for that reason these will be limited.
- **Users attending Board:** The attendees will prepare a presentation using guidance notes provided by the Trust. The Patient Experience Team will also promote the use of a checklist for the Board (**Appendix 1**).
- **Audio:** Short stories captured as MP3’s that again can be listened to via our website and used for training and education.
- **Written narratives:** Using creative templates present written narratives in a more interactive way.

**Suggested Programme from January 2014
through to March 2015**

Month	Possible Topic Areas
February 2014	Experience of a Cancer Patient*
March 2014	Patient Advisors
April 2014	National/Local Survey Information and Actions
May 2014	Experience of the Emergency Department as part of GEGR*
June 2014	We are listening Campaign
July 2014	PALS Themes and examples of contacts and outcomes & Complaints
September 2014	Patient Advisor update
October 2014	Experience of a patient/carer with Learning Disabilities*
November 2014	Older Persons Story*
January 2015	Dissection of a Complaint
February 2015	Family and Friends
March 2015	Patient Experience Annual Report including complaints

**(Those items denoted with a * indicate where a
live patient story may be used)**

Does this help meet national recommendations?

The introduction of a regular Patient Experience item at Trust Board demonstrates a commitment to fulfilling a number of recommendations from the most recent Clwyd Hart review as well as the Francis Report. These form part of a Board Paper around UHCWs response to Clwyd/ Hart in January 2014 and hence not detailed here.

Appendix 1: Patient Story Checklist for Board

What is the purpose for our board of hearing patient stories?

- To understand the impact of causing harm to a patient
- To use stories to set priorities
- To nurture a quality-centred culture
- To road-test the organisation's quality assurance mechanisms
- To explore how decisions made by the board impact on patient experience
- To improve our understanding of how harm happens

Why are we hearing this particular story?

- What sort of story is it?
- How has the story been selected?
- What type of emotional response might the story evoke?
- Will the story show the organisation/staff negatively?
- What questions need to be surfaced from this story?
- How is the item going to be managed?
- Who is going to lead this item?
- How is the story going to be told (e.g. verbally, PowerPoint, audio recording, film)?
- If a patient or relative is going to tell the story in person, what preparation have they been given and what support do they need during the meeting?
- If a staff member is going to tell the story what support might they need?
- What preparation will board members need to ensure their questioning is appropriate?
- How much time will be needed for this item?

Discussion

- What does this story add to our understanding of the quality of our services?
- How does the story relate to the information contained in our quality or performance report?
- What does this story tell us about progress towards our quality improvement goals?
- What additional information does the board require to help it make sense of the story / put it in context?

- What does this story reveal about our staff?
- What does it suggest about morale and organisational culture?
- What does it reveal about the context in which clinicians work?
- What does it reveal about staff attitudes to harm?
- What actions need to be taken as a result of what we have heard?
- What needs to be done immediately to make things right for the patient and prevent a recurrence for other patients?
- What implications does it have for board decisions?

Review

- How did we do in hearing this story?
- Did we give enough time to this item?
- Were we sufficiently prepared?
- What could we have done differently?

Does this story raise any learning needs for board members?

- What additional support do board members need in hearing patient stories?
- Do board members wish to find out more about the processes for examining failures (e.g. significant event analysis, root cause analysis)?
- Has the story evoked anxieties that members wish to talk through outside of the meeting?

Additional key considerations for Boards arising from feedback from organisations in the use of Patient Stories

- What are the key positive and negative learning points as a result of the story being raised?
- How is the organisation sharing the learning internally between departments/teams?
- Do board members wish to find out more about the processes for examining failures (e.g. significant event analysis, root cause analysis)?
- Has the story evoked anxieties that members wish to talk through outside of the meeting?
- How is the organisation influencing strategy/policy as a result of the learning?
- How is the organisation sharing the learning externally/regionally/nationally?

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

29 JANUARY 2014

Subject:	Trust response to the Report of the Francis Inquiry and related documents - update
Report By:	Meghana Pandit, Chief Medical Officer
Author:	Peter Short, Compliance Manager/Jenny Gardiner, Associate Director of Governance
Accountable Executive Director:	Meghana Pandit, Chief Medical Officer

PURPOSE OF THE REPORT:

1. To update the Board and public on progress in implementing the Trust's response to the Francis Inquiry Report (published on 6 February 2013) including reports subsequently commissioned by the Secretary of State
2. To outline the next phase of the Trust's response

SUMMARY OF KEY ISSUES:

- The Francis Report and related documents have instigated a significant programme of work for the Trust
- The gap analysis for the Francis Report recommendations has been developed into an integrated action plan incorporating the relevant recommendations from subsequent reports by Keogh, Cavendish, Berwick and Clwyd/Hart. The plan is also cross-referenced to the Quality Governance Framework (QGF) and Foundation Trust Action Plan to avoid duplication.
- The Government has now published *Hard Truths: the journey toward putting patients first*, its detailed response to the Francis Report. All but 9 recommendations were accepted in whole or in part. The points of immediate relevance are that UHCW will be expected to:
 - Have the name of the responsible consultant and nurse above patients beds
 - Publish monthly ward level information on whether safe staffing requirements are met with the Board reviewing staffing every six months.
 - Provide clear, accessible, guidance on how to complain and the support available.
 - Report quarterly on complaints data and lessons learned.
- Where necessary these specifics have been incorporated into the UHCW action plan. The Government have commissioned significant additional work on how best to implement the 'Duty of Candour' recommendations, wilful neglect, providing false or misleading information and a 'barring' scheme. Enforcement and legal sanctions issues are under discussion.
- There is continuing action at Corporate and Clinical Speciality levels. The Francis Steering Group (chaired by Paul Martin, Director of Governance) has now had two meetings and is establishing a programme of work including the creation of three broad-based workgroups, each focussed on a theme:
 - Cultural change; (HR/OD lead to be agreed)
 - Data, information and knowledge (Chaired by Jonathan Brotherton, Director of Performance and Programme Management);
 - Learning from experience (Chaired by Anita Kane, Associate Director of Governance).
- The Report into NHS Complaints Management by Clwyd and Hart has now been published. This is presently being integrated into the Learning by Experience action plan and fully cross-referenced to the Francis action plan.
- Presently there are 159 action lines with, 77 on target, 15 delayed, 3 not yet started, and 29 complete. This includes the new Clwyd/Hart recommendations that are being integrated into the 'Learning by Experience' programme. They will be the subject of a separate Board report.
- Progress against the action plan will be monitored by QGC.
- A summary of the Trust response to Francis has been uploaded to the UHCW website at: <http://www.uhcw.nhs.uk/about-us/uhcw-response-to-francis-report>. This is the first step in the next phase of the Trust's stakeholder communications around Francis.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

29 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 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 receive assurance of the report, and to delegate exception reporting on the combined Francis action plan to the Quality Governance Committee (QGC)

IMPLICATIONS:

Financial:	There are potential implications for Nurse Staffing costs, information and intelligence analysis and complaints management; Some recommendations have been incorporated into national and local KPIs, and into CQUINs with financial penalties for non-compliance.
HR/Equality & Diversity:	The Report will have an impact on recruitment and training of all staff; there may be specific requirements for additional resources in nursing, data gathering and analysis and complaints management.
Governance:	The Trust's future strategic and operational direction and planning must reflect relevant learning from this review. National strategy and policy will also be significantly influenced by the Report. Patients and commissioners and other stakeholders will be more closely engaged in many Trust Governance processes Delivery will support compliance with the NHS constitution
Legal:	Named executives will be held legally accountable for Quality and Patient Safety; there will be legal accountability for the accuracy and honesty of information shared with public, commissioners and regulators. Their will be a corporate 'duty of candour' and amendments are to be made to professional ethical frameworks to reflect Francis' ethos
NHS Constitution:	Implementing the actions arising from this report will enable the Trust to be fully compliant with the requirements of the NHS Constitution, in particular those relating to meeting the 'Duty of Candour'
Risk:	Failure to demonstrate continuing Board engagement through the response to Francis will have a negative impact on reputation in general and the Foundation Trust aspiration in particular. Failure to make changes consistent with Francis' recommendations will have a negative impact on the Trust's public reputation. Failure to meet those recommendations reflected in CQUINs will result in financial penalties. Failure to integrate and align change processes will result in duplication, gaps, waste and ineffective outcomes. Change will not be sustained unless the process allows for cultural change to be embedded in everyday practice.

COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:

Trust Standing Committee	Date	Trust Standing Committee	Date
Quality Governance Committee	28.10.13	Remuneration Committee	
Finance and Performance Committee		Chief Officers Group	16.10.13
Audit Committee			

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

29 JANUARY 2014

Subject:	Summary of Recommendations from Clwyd/Hart Review into Complaints
Report By:	Meghana Pandit, Chief Medical Officer
Author:	Anita Kane, Associate Director of Governance
Accountable Executive Director:	Meghana Pandit, Chief Medical Officer

PURPOSE OF THE REPORT:

The purpose of the report is to briefly outline the key recommendations from the Clwyd/Hart review 'Putting patients back in the Picture - a Review of the NHS Hospital Complaints System.' As well as themes from other national reports and detail next steps in terms of meeting those recommendations.

SUMMARY OF KEY ISSUES:

Commissioned in the aftermath of the Francis Report, Clwyd/Hart summarises previous attempts to reform complaints management. There are sufficient accounts from a wide range of providers to support the view that the experience of complaining is often difficult.

The key themes that require investigation and action planning from the various reports are:

- Ensuring robust complaint handling processes
- Organisational learning and governance arrangements
- Developing a more Open and transparent culture
- Undertaking a more collaborative approach

This report does not contain the gap analysis and action plan as this is currently still being worked on as part of the 'Complaints' work stream of the Francis Steering Group (FSG). This will be brought to Board once completed and once FSG and COG have considered it.

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:

Note the recommendations and approve the next steps.

IMPLICATIONS:

Financial:	There are potential implications for staffing costs, information and intelligence analysis and complaints management.
HR/Equality & Diversity:	Meeting all of the recommendations will have an impact on recruitment and training of all staff; there may be specific requirements for additional resources in nursing, data gathering and analysis and complaints management.
Governance:	The Trust's future strategic and operational direction and planning must reflect relevant learning from this review. Patients and commissioners and other stakeholders will be more closely engaged in many Trust Governance processes Delivery will support compliance with the NHS Constitution.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

29 JANUARY 2014

Legal:	None specifically.
NHS Constitution:	<p>Section 3b - Please give feedback – both positive and negative – about your experiences and the treatment and care you have received, including any adverse reactions you may have had. You can often provide feedback anonymously and giving feedback will not affect adversely your care or how you are treated. If a family member or someone you are a carer for is a patient and unable to provide feedback, you are encouraged to give feedback about their experiences on their behalf. Feedback will help to improve NHS services for all.</p> <p>Section 4b - to contribute towards providing fair and equitable services for all and play your part, wherever possible, in helping to reduce inequalities in experience, access or outcomes between differing groups or sections of society requiring health care.</p> <p>Section 4b - to view the services you provide from the standpoint of a patient, and involve patients, their families and carers in the services you provide, working with them, their communities and other organisations, and making it clear who is responsible for their care.</p>
Risk:	<p>Failure to make changes consistent with national recommendations will have a negative impact on the Trust's public reputation.</p> <p>Failure to integrate and align processes will result in duplication, gaps, waste and ineffective outcomes.</p> <p>Change will not be sustained unless the process allows for cultural change to be embedded in everyday practice.</p>

COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:

Trust Standing Committee	Date	Trust Standing Committee	Date
Quality Governance Committee		Remuneration Committee	
Finance and Performance Committee		Chief Officers Group	
Audit Committee			

Clwyd/ Hart 'A Review of the NHS Hospitals Complaints System
Putting Patients back in the Picture'
Summary of Recommendations and Next Steps

Introduction

A Review of the NHS Hospitals Complaints System – Putting Patients back in the Picture is the latest of four nationally published reviews/reports specifically on the handling of complaints since the beginning of 2013, the others being:

- ***The NHS Hospital Complaints System.*** Parliamentary And Health Service Ombudsmen, April 2013
- ***Good Practice Standards for NHS complaints handling - a summary.*** Patients Association, July 2013
- ***Designing Good Together: transforming hospital complaint handling.*** Parliamentary And Health Service Ombudsmen, August 2013

As well as the above reports Healthwatch England have put together a selection of products on their website that demonstrate the view of the consumer, what key public sector leaders are finding and some comments on what good might look like in relation to a good complaints system. Healthwatch Coventry and Healthwatch Warwickshire also undertook in 2013 a review of UHCWs complaints and PALS services.

The Francis and Berwick reports of 2013 also note recommendations with regards to complaints handling. The following report will:

- Detail the main recommendations and themes of the above reports
- Detail next steps for UHCW

Clwyd/ Hart Key Themes

The report focuses on four areas for change:

- **Improving the Quality of care**
- **Improving the way complaints are handled**
- **Ensuring independence in the complaints procedure, and**
- **Whistle blowing**

The detailed recommendations are in the table in Appendix 1.

The key points raised from over 2500 testimonials were:

- **Lack of information** - patients said they felt uninformed about their care and treatment
- **Compassion** - patients said they felt they had not been treated with the compassion they deserve
- **Dignity and care** - patients said they felt neglected and not listened to.
- **Staff attitude** - patients said they felt no-one was in charge on the ward and the staff were too busy to care for them
- **Resources** - patients said there was a lack of basic supplies like extra blankets and pillows

400 people who contacted the Review talked in detail about their experiences of complaining the themes that emerged were:

- **Information and accessibility** - patients want clear and simple information about how to complain and the process should be easy to navigate
- **Freedom from fear** - patients do not want to feel that if they complain their care will be worse in future
- **Sensitivity** - patients want their complaint dealt with sensitively.
- **Responsiveness** - patients want a response that is properly tailored to the issue they are complaining about
- **Prompt and clear process** - patients want their complaint handled as quickly as possible
- **Seamless service** - patients do not want to have to complain to multiple organisations in order to get answers
- **Support** - patients want someone on their side to help them through the process of complaining
- **Effectiveness** - patients want their complaints to make a difference to help prevent others suffering in the future
- **Independence** - patients want to know the complaints process is independent, particularly when they are complaining about a serious failing in care

Submissions from organisations were also included in the review and the key points raised by organisations were:

- **Complexity** - vulnerable people find the complaints system complicated and hard to navigate
- **Advocacy** - action is needed to make the public more aware of how to access the NHS Complaints Advocacy Service
- **Leadership and Governance** - Chief Executives and Boards must take active responsibility to learn from complaints and to create a culture that is able to take a positive attitude towards complaints.

- **Skills and attitudes** - there is a need for quality, trained staff to deal with complaints effectively and appropriately
- **Toxic cocktail** - people are reluctant to complain and staff can be defensive and reluctant to listen to or address concerns
- **Independence** - there is a perceived power imbalance in the complaints system
- **NHS reforms** - changes in NHS structures may make it more confusing for patients to know how and where to raise their complaint
- **Whistle-blowing and Duty of Candour** - few organisations provided evidence on whistle blowing, although there was support from some for a Duty of Candour
- **Lack of compliance** - organisations do not always deliver their legislative responsibilities on complaints handling

Other 2013 Publications on Complaints

The other reports listed on page 1 all detail similar issues to the Clwyd/Hart review and for ease they can be themed as the following:

- Complaint handling processes
- Organisational learning and governance arrangements
- Open and transparent culture
- Collaborative approaches
- Standardisation and branding of services (e.g. PALS and complaints)

Conclusions and next steps to meeting the recommendations

Commissioned in the aftermath of the Francis Report, Clwyd/Hart summarises previous attempts to reform complaints management. There are sufficient accounts from a wide range of providers to support the view that the experience of complaining is often difficult.

Limitations

- It does not take a view on the role of the Ombudsman (PHSO) and CQC in monitoring and responding to complaints and it is unclear how additional inspection by regulators will achieve improvement in complaints experience
- It does not explicitly state the factors for a functional complaints process that improves patient experience
- It marginalises the impact of complaints on staff and how supporting them in constructive ways could minimise the tendency to defensiveness
- It does not comment on the resource implications of implementing the recommendations

- It does not reference specific recommendations from previous reports so does not present a comprehensive account of issues and solutions
- It could have clarified some boundary issues between PALS, complaints and Independent Advocacy

Berwick emphasised that changing organisational culture is the most effective route to improving complaints processes for all participants; the Clwyd/Hart report rather misses the opportunity to build on this insight. The best way to manage complaints is to minimise the grounds for people to complain.

There are a number of things still to come regarding complaints. These are:

Autumn 2013	CQC and Monitor will agree protocol for how issues relating to complaints might trigger further investigation
December 2013	DH formal response to Clwyd/Hart (and possibly other reports too)
December 2013	NMC/CQC information sharing protocol in place; others to follow through 2014/15
December 2013	HEE Specification for e-learning modules on complaints to be complete – available in 2014
March 2014	NHSE will consider how to incorporate recommendations into 'cultural barometer'
April 2014	New arrangements to improve experience of patients/carers involved in NMC or GMC Fitness to Practice Hearings
April 2014	NTDA will consider any changes to Trust accountability Framework and publish updated version
By April 2014	LGA (with the Centre for public scrutiny) will provide 'information and learning' to lead councillors, H+WBs and Healthwatch (unclear what this information will consist of – assume its general comparators)
Spring 2014	RCN national workshop on report and new guide/advice sheet
Spring 2014	2 regional NMC events to discuss report
Sept 2014	GMC Role of patient feedback and how it can be developed (research commissioned)
2014 (second half):	GMC research into graduate training (in context of evaluating revalidation)
December 2014	NMC revised code and education standards
Winter 2014	CQC will integrate complaints information and data into inspection process. (No information available on what they will require or how it will fit into the 'five questions' of KPIs. (This may be brought forward)

All of the recommendations from each of the reports detailed on page 1 amount to over 80 recommendations to be consolidated, considered and actioned in some way. The Trust has set up a Francis Steering Group to take forward the actions stemming from Francis but also other large national reviews such as Keogh and Berwick. A principal work stream is Complaints/ Learning from Experience. The following next steps will be completed by the end of January 2014.

- Consolidate all recommendations into one workable document, with assigned leads, timescales and current position against each
- Set up a working group of relevant staff and stakeholders to develop the action plan and associated project documentation e.g. risk/issues log, communications plan etc.
- Agree regular work stream updates to Francis steering Group - this way information and progress will be fed up to COG frequently
- Agree a further Board date to bring back a progress report against implementation of agreed actions

Appendix 1 - Clwyd/ Hart Recommendations (Grayed sections are for completeness and are actions for other organisations but should be considered by Trusts)

Issue	Recommendation
<p>1. Improving the quality of care</p> <p>If standards of care were better and patients felt they could raise concerns on the ward and see them dealt with at the time, many would not feel they have to complain at all</p>	<p>1.1 Staff providing basic care should be adequately trained supported and supervised. (Francis 207; Cavendish 3+6)</p>
	<p>1.2 There should be annual appraisals linked to the process of medical revalidation which focus on communication skills for clinical staff and dealing with patient concerns positively. This goes hand in hand with ensuring that communication skills are a core part of the curriculum for trainee clinical staff. (Francis 238; QGF 3c)</p>
	<p>1.3 Trusts should ensure that there is a range of basic information and support available on the ward for patients, such as a description of who is who on the ward and what they do; meal times and visiting times; and who is in charge of care for the patient. Care should be taken to ensure that differences in language, culture and vulnerability are taken account of in this.(Francis 111)</p>
	<p>1.4 Patients should be helped to understand their care and treatment. While written information is helpful, it is always important to discuss diagnoses, treatments and care with a patient. Patients frequently need to revisit topics already addressed. Where appropriate, their relatives, friends or carers may be included in discussions.</p>
	<p>1.5 Trusts should provide patients with a way of feeding back comments and concerns about their care on the ward including simple steps such as putting pen and paper by the bedside and making sure patients know who to speak to if they have a concern – it could be a nurse or a doctor, or a volunteer on the ward to help people.</p>
	<p>1.6 Hospitals should actively encourage volunteers. Volunteers can help support patients who wish to express concerns or complaints. This is particularly important where patients are vulnerable or alone, when they might find it difficult to raise a concern. Volunteers should be trained.</p>
	<p>1.7 Trust Chief Executives and Board members should be supported so they have the necessary skills in effective communication, seeking and using patient feedback, routinely throughout their organisation and are equipped to ensure their organisation learns from that feedback.</p>

Issue	Recommendation
	<p>1.8 PALS should be re-branded and reviewed so it is clearer what the service offers to patients and it should be adequately resourced in every hospital. Action: DH</p>
	<p>1.9 Every Trust should ensure any rebranded patient service is sufficiently well sign-posted and promoted in their hospital so patients know where to get support if they want to raise a concern or issue.</p>
	<p>1.10 The CQC should include complaints in their hospital inspection process and analyse evidence about what the Trust has done to learn from their mistakes. Action: CQC</p>
<p>2. Improvements in the way complaints are handled</p>	<p>2.1 Attention needs to be given to the development of appropriate professional behaviour in the handling of complaints. This includes honesty and openness and a willingness to listen to the complainant, and to understand and work with the patient to rectify the problem.</p>
	<p>2.2 Staff need to record complaints and the action that has been taken and check with the patient that it meets with their expectation.</p>
	<p>2.3 Complaints are sometimes dealt with by junior staff or those with less training. Staff need to be adequately trained, supervised and supported to deal with complaints effectively.</p>
	<p>2.4 [UHCW should access] NHS accredited training for people who investigate and respond to complaints</p>
	<p>2.5 Trusts should actively encourage both positive and negative feedback about their services. Complaints should be seen as essential and helpful information and welcomed as necessary for continuous service improvement.</p>
	<p>2.6 It needs to be clearly stated how whistle-blowers are to be protected and gagging clauses should not be allowed in staff contracts. Francis 179; QGF 3b</p>
	<p>2.7 The development of the 'cultural barometer' should continue. This will determine if a workplace is suffering from a problem with staff attitudes or organisational approach. Action: NHS England and DH</p>

Issue	Recommendation
	<p>2.8 <i>The independent NHS Complaints Advocacy Service should be re-branded, better resourced and publicised. It should also be developed to embrace greater independence and support to those who complain. Funding should be protected and the service attached to local Healthwatch organisations. Action: Local Authorities</i></p>
	<p>2.9 <i>Healthwatch England should continue to bring together patients and representative groups, and lead the Healthwatch network in the public campaign to improve complaints' systems in health and social care. Some funding should be made available to help organisations to fully participate in this important work. Action: Healthwatch England and DH</i></p>
	<p>2.10 Every Chief Executive should take personal responsibility for the complaints procedure, including signing off letters responding to complaints, particularly when they relate to serious care failings.</p>
	<p>2.11 There should be Board-led scrutiny of complaints. All Boards and Chief Executives should receive monthly reports on complaints and the action taken, including an evaluation of the effectiveness of the action. These reports should be available to the Chief Inspector of Hospitals.</p>
	<p>2.12 There should be a new duty on all Trusts to publicise an annual complaints' report, in plain English, which should state what complaints have been made and what changes have taken place.</p>
	<p>2.13 Every Trust has a legislative duty to offer complainants the option of a conversation at the start of the complaints process. This conversation is to agree on the way in which the complaint is to be handled and the timescales involved.</p>
	<p>2.14 Where complaints span organisational boundaries, the Trusts involved should adhere to their statutory duty to cooperate so they can handle the complaint effectively.</p>
	<p>2.15 Further work should be done to explore how we look for the right skills in the recruitment of Chief Executives and Board members. They need to be capable of ensuring that their Trust is a learning organisation.</p>

Issue	Recommendation
	<p>2.16 Commissioners and regulators should establish clear standards for hospitals for complaints handling. These should rank highly in the audit and assessment of the performance of all hospitals. Action: CCGs, CQC</p>
	<p>2.17 There should be proper arrangements for sharing good practice on complaints handling between hospitals, including examples of service improvements which result from action taken in response to complaints.</p>
	<p><i>2.18 Regulators and the PHSO should work more closely to co-ordinate access for patients to the complaints system, and to detect failings in clinical or other professionals or Trusts. Action: PHSO</i></p>
	<p><i>2.19 We welcome the ongoing discussions on making a Duty of Candour a statutory requirement and recommend that a Duty of Candour is introduced. Action: DH</i></p>
<p>3. Greater perceived and actual independence in the complaints process</p>	<p>3.1 Hospitals should offer a truly independent investigation where serious incidents have occurred.</p>
	<p>3.2 When Trusts have a conversation with patients at the start of the complaints process they must ensure the true independence of the clinical and lay advice and advocacy support offered to the complainant. (Francis 116)</p>
	<p>3.3 Patient services and patient complaints support should remain separate so patients do not feel they have to go through PALS first before they make a complaint.</p>
	<p>3.4 Patients, patient representatives and local communities and local Healthwatch organisations should be fully involved in the development and monitoring of complaints systems in all hospitals.</p>
	<p>3.5 Board level scrutiny of complaints should regularly involve lay representatives.</p>
<p>4. Whistle blowing: future arrangements</p>	<p>4.1 Clear guidance for staff on how they should report concerns, including access to the Chief Executive on request.</p>
	<p>4.2 A board member with responsibility for whistle-blowing should be accessible to staff on a regular basis.</p>
	<p>4.3 A legal obligation to consider concerns raised by staff, and to act on them if confirmed to be true.</p>

Issue	Recommendation
	<p>4.4 <i>In assessing the complaints systems of hospitals the CQC should investigate the ease with which staff can express concerns and how whistle blowing is responded to where it has taken place. Action: CQC</i></p>
	<p>4.5 <i>The CQC itself should designate a board-member with specific responsibility for whistle-blowing, and ensure that it acts on intelligence received from whistle-blowers. Action: CQC</i></p>

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

29 JANUARY 2014

Subject:	Research, Development & Innovation Annual Report 2013
Report By:	Prof Chris Imray, Director of R,D&I
Author:	Prof Chris Imray, Director of R,D&I; Ceri Jones, Head of R,D&I
Accountable Executive Director:	Meghana Pandit, Chief Medical Officer

PURPOSE OF THE REPORT:

To update the Board as to delivery against Research, Development & Innovation (R,D&I) Strategy and future plans for R,D&I

SUMMARY OF KEY ISSUES:

Most key deliverables are being met or are on target.

Our academic base is shrinking and external research income remains dependent on a few academic staff.

We are meeting National Institute for Health Research (NIHR) patient recruitment targets, but not currently delivering on study initiation and delivery targets.

In 2014, we will continue to deliver the Strategy, capitalise on previous investments and exploit current opportunities (Innovation and Academic Health Science Network) for the benefit of the Trust and our patients

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 type="checkbox"/>
To be an Employer of Choice	<input type="checkbox"/>
To be a Research Based Healthcare Organisation	<input checked="" type="checkbox"/>
To be a Leading Training and Education Centre	<input type="checkbox"/>

RECOMMENDATION / DECISION REQUIRED:

The Board notes the progress made and supports the future plans proposed.

IMPLICATIONS:

Financial:	We do not seek additional investment, any developments will be funded from R,D&I income in 2014
HR/Equality & Diversity:	There is a need to review the performance management framework for all joint academics appointments
Governance:	None
Legal:	None
NHS Constitution:	R,D&I Strategy supports the NHS Constitution
Risk:	Reduction in academic research capacity will impact on quality of care.

COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:

Trust Standing Committee	Date	Trust Standing Committee	Date
Quality Governance Committee		Remuneration Committee	
Finance and Performance Committee		Chief Officers Group	
Audit Committee			

Research, Development & Innovation Annual Report 2013

'We are committed to establishing our Trust as an internationally recognised centre of excellence through supporting our staff, working in world class facilities and conducting leading edge research focused on the needs of our patients'

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1 Executive Summary

2013 has proven to be a productive year for UHCW NHS Research, Development and Innovation. In the context of our 2013 strategy to support 'no cost' developments, significant success has been achieved. The core work of the team has continued to function at a high level assisting clinicians to attract major external funding and being shortlisted for a national award.

Close collaborative working with our key partners remains vital to the continued development of UHCW NHS Trust's Research, Development and Innovation plans. Collaboration with Coventry University is proving very positive, with a new academic post appointed, 1 successful NIHR grant application and others in development. However, whilst we maintaining grant income, the academic base at University of Warwick is reducing, due to a number of staff who have retired or moved into educational roles and no new academic appointments being finalised in year.

2 Delivery of the Strategy:

In the context of reducing income and challenging clinical targets, no core Research and Development funding, low levels of financial support from the Comprehensive Local Research Network and falling patient recruitment into trials, the Trust Board approved an ambitious Strategy to develop Research, Development and Innovation in September 2012. The agreed to support the strategy to grow Research and Development, develop Innovation, revitalise the Grand Round, fill vacant posts within the research team and establish Research, Development and Innovation (R,D&I) Trust as core business.

The focus on 'Innovation, Health and Wealth', the development of Academic Health Sciences Networks to deliver evidence based healthcare and competitive research funding streams requires us to be more confident, aspirational and ambitious. We are presented with both challenges and opportunities and need to respond in line with our Strategy. This report details progress against the strategy objectives to date.

2.1 Strategic Objectives

Our strategy can be summarised into 4 inter-related objectives:

- 1 Increase high quality research and innovation activity that impacts across the organisation
- 2 Provide high quality facilities for clinical research and healthcare innovations capable of responding to change on demand and evolving the collaborative environment
- 3 Provide quality management and support for research and innovation, through a Research, Development and Innovation Department, that complies with regulatory requirements, national frameworks and emerging best practice
- 4 Raise the profile of Research and Innovation

Delivery against these objectives is summarised in Appendix 1.

2.2 Highlights

- Increasing external grant income, targets exceeded; UHCW staff leading successful applications
- Increasing commercial income
- Recruitment of joint appointment in midwifery with Coventry University
- Launch of Innovation Strategy: training programme in place, increased amounts of Intellectual Property identified, increased numbers of grants submitted and a successful bid for National Institute for Health Research Invention for Innovation funding with Warwick Medical School (£575K)
- Nursing, Midwifery & AHP Research Strategy approved by Trust Board; £250K funding secured to support these staff groups to apply for PhDs in 2014/15.
- Recruitment to National Institute for Health Research (NIHR) portfolio trials on target
- R,D&I team reach finals of national award ('Research Site of the Year')
- Development of Clinical Faculty
- Achievements have been delivered in the context of no central Trust funding

2.3 Areas for Development

- Quality of academic staff - grant income remains dependent on a few individuals
- Decreasing number of academic posts
- Failure to secure 'Host' function for new West Midlands Research Network
- Whilst there have been Improvements in NIHR initiation and delivery targets, we have yet to meet them
- Some operational issues (recruitment of staff, updating website) and capacity within other teams are hampering our ability to move some work streams forward.

3. Commentary on Successes:

3.1 Grant Income:

We continue to secure grant income from a number of external sources. This year, a number of grants led by UHCW NHS Trust employed staff (as opposed to those being led by our academic partners) have been shortlisted or awarded funding:

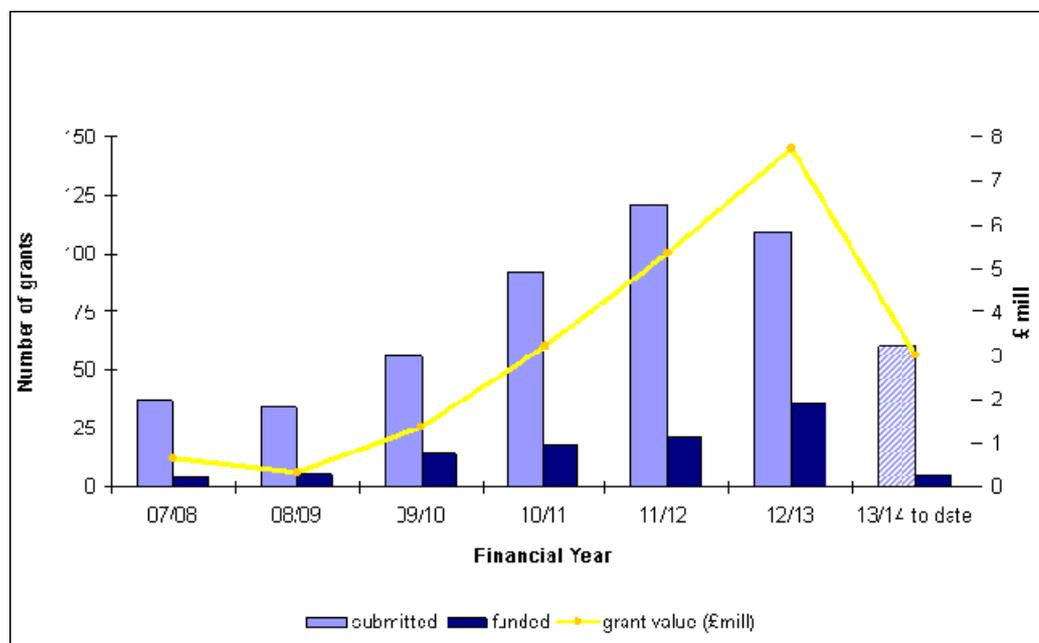
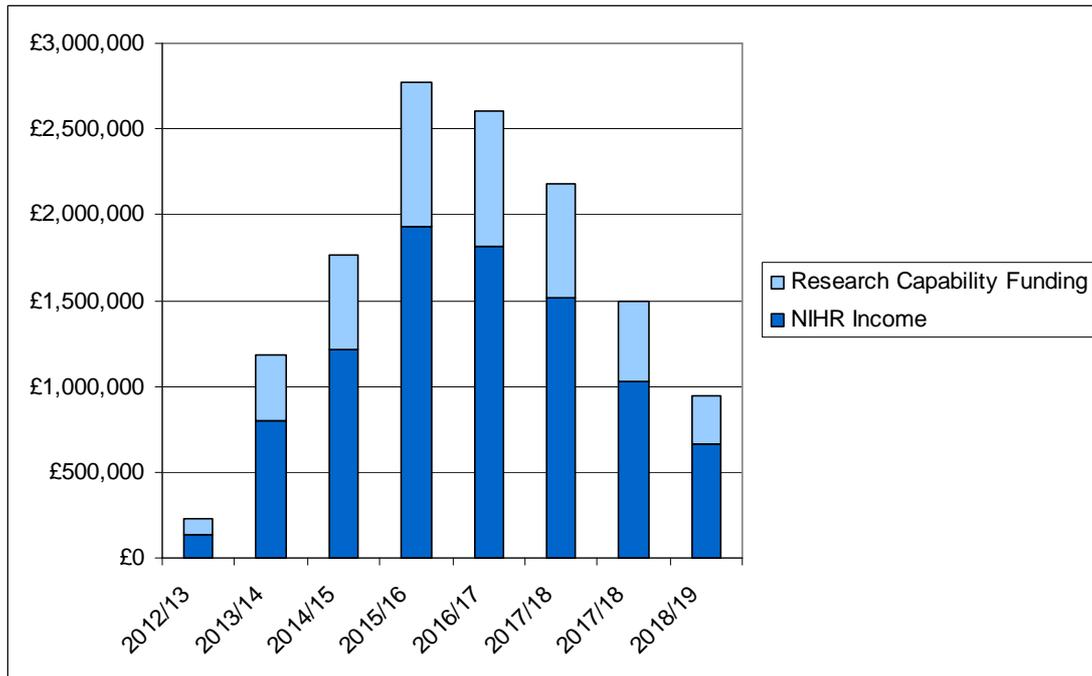


Figure: Grants submitted, funded and grant value by financial year
(Note, full data for 2013/14 will not be available until late 2014).

Research Capability Funding:

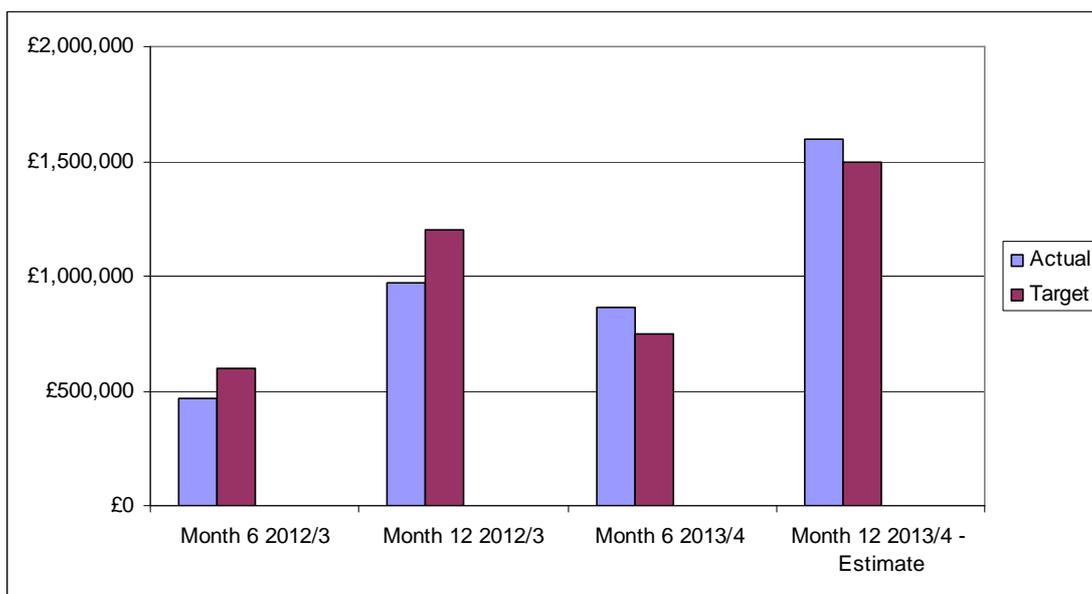
In addition to the grant income received, for those research projects that are funded by NIHR funding streams, the Trust receives additional 'Research Capability Funding' from the Department of Health. Research Capability Funding allocation is based on a formula, which includes a percentage of the total NIHR grant funding awarded to the Trust each year. In 2013 this amounted to £485K. If the current formula is maintained, based on current success, this should increase to £836K for 2015/16. We aim to receive a steady state of £1million per annum from this funding source from 2016/17. This income is used to support delivery of the Trust's R,D&I and academic contributor strategic priorities. Income (based on grants already awarded) is shown below:



Despite this success, we remain reliant on a small number of academics to secure external grant income, with orthopaedics and nursing being key contributors to Research Capability Funding. There is a need to develop our collaborations and academic base.

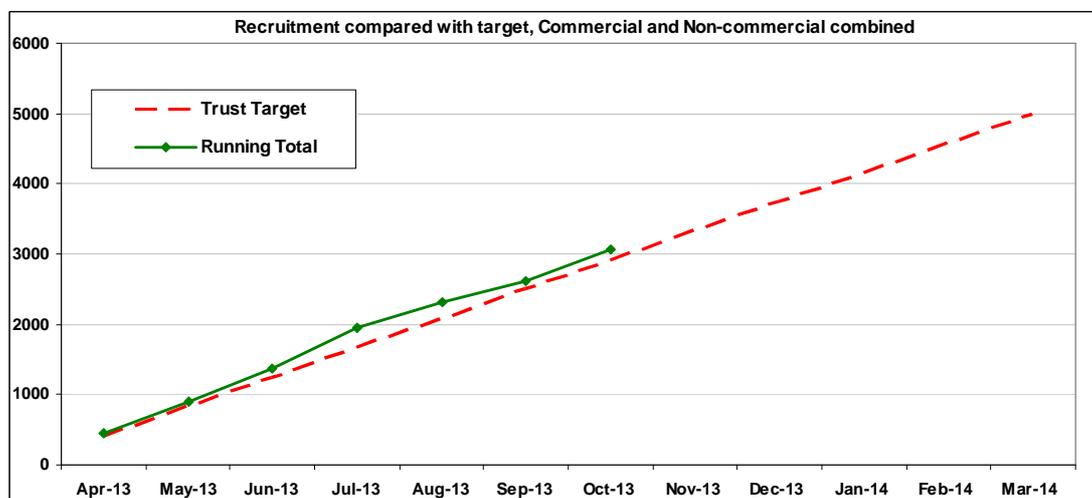
3.2 Commercial income 2012/13 and 2013/14:

The aim to achieve £1.2 million commercial research income was not met in 2012/13. However, significant improvements in customer service, approval times and delivery in 2013/14 has led to increased commercial income, with an estimate that target for 2013/14 (£1.5 million) will be exceeded. We aim to secure £3 million income from this source within 3 years.



3.3 Recruitment to National Institute for Health Research (NIHR) portfolio trials:

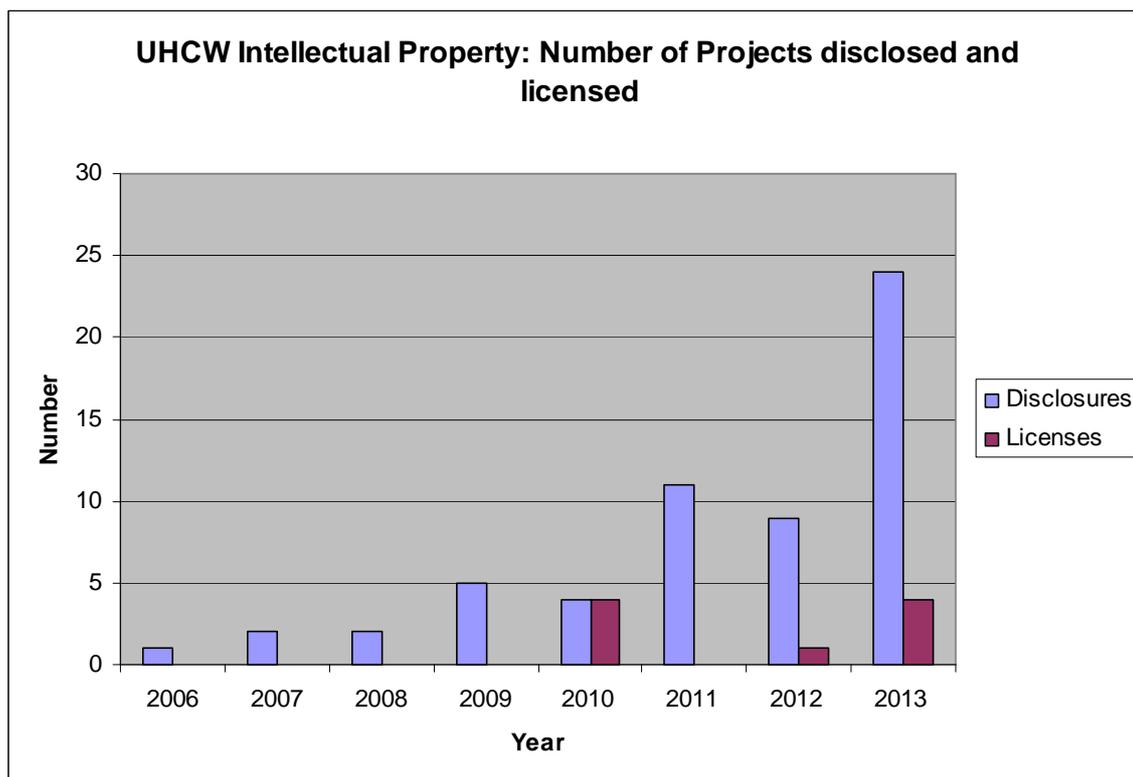
With 142 studies recruiting (48 new studies this year), recruitment to NIHR portfolio trials is on target for 2013/14, with an estimate that 5,000 patients will take part in research studies by 31st March 2014.



3.4 Innovation & Intellectual Property:

We have recruited 'Innovation Champions' to develop our Innovation Strategy. They are working to develop a culture that supports innovative practice, encouraging staff to challenge the *status quo* and to devise improved ways of working. An Innovation training programme is in place and a number of innovation grants have been submitted. With Warwick Medical School, we have secured c.£575K from the National Institute for Health Research 'Invention for Innovation' award scheme. We will update our approach to innovation based on the refreshed national strategy, to be published in January 2014

We aim to transform invention to innovation for the benefit of patients and, longer term, to provide an additional revenue stream to the organisation. As such, the R,D&I team has expanded its activities in identifying, protecting and exploiting intellectual property arising within the Trust this year. Increased amounts of Intellectual Property have been identified (see below).



3.5 Other:

This year we have developed our relationships with Universities, particularly Coventry where we have made a joint academic appointment in midwifery. Working with Coventry, our cardiology team have secured their first Research for Patient Benefit Grant (£186K).

The Nursing, Midwifery & AHP Research Strategy, led by Prof Mark Radford, in partnership with the University of Warwick, Coventry University and Birmingham City University was approved by Trust Board in 2013. £250K of Research Capability Funding has been identified to support these staff groups to apply for NIHR PhDs, a competitive funding call will be launched jointly with the University of Warwick in 2014/15.

The R,D&I team are the only finalists outside London in a national award for 'Research Site of the Year', results due 30/01/14.

In partnership with the University of Warwick, we have developed a Clinical Innovation Faculty. We have appointed 3 individuals to lead a specialty faculty and deliver clinical innovation at the NHS Trust, University of Warwick and the West Midlands Academic Health Science Network. Post holders will provide visible clinical academic leadership and delivery of innovation in clinical practice in their specialty area, including presentation and dissemination of innovative practice, presence in relevant curriculums to embed innovation in undergraduate training and postgraduate teaching and collaboration with other Schools/Departments in the University of Warwick

4. Areas for improvement:

4.1 Academic Leadership:

We understand the challenge of responding to the Research Excellence Framework (REF), which assesses the quality of research in our academic partners. We are pleased that the need to capture research impact as a quality indicator has enabled our staff to demonstrate their contribution on the Medical School's REF return. We are encouraged by the Warwick Medical School's refreshed strategy which emphasises its close ties with UHCW NHS Trust for teaching and research, but are also aware of the significant investment made by the University of Warwick into Gibbet Hill based academics.

To secure significant external National Institute for Health Research (and other) income, we need to have a strong academic base. To date, we have 1 NIHR 'Senior Investigator' affiliated with the Trust; we should aim for at least 1 Senior Investigator for each of our research themes.

A key risk for our organisation is that our grant income remains dependent on a few individuals. Worryingly, our academic base is shrinking. Of the 22 University of Warwick employed academic posts funded by the Trust in 2013, 5 have retired or resigned and a number are focussing on education; replacements have not been secured. Only 1 new academic appointment was made with Warwick Medical School in 2013 (contract pending); we made 1 joint appointment with Coventry University this year.

We have started to review our academic investment in terms of deliverables (grants submitted, grant income secured, papers published, contribution to our commercial portfolio etc.). Whereas University of Warwick academic posts tend to have protected research sessions, their outputs (as measured by publications over the past 5 years) is not significantly higher than UHCW NHS Trust employed honorary academic posts, who do not necessarily have protected time (26 for University academic posts; 24 for UHCW posts). Additionally, NHS honorary academic posts submit more external funding applications, on average, than University appointments (8.4 vs. 7.2 over 5 years) and all of them are involved in commercial research.

There is a requirement to review funding arrangements for academic posts and provide a supportive collaborative framework to enable academic staff to succeed.

4.2 'Host' function for new West Midlands Research Network

The NIHR Local Clinical Research Network hosts have been announced. Whilst we put together a strong bid and had significant support from across the region, the Royal Wolverhampton NHS Trust was selected to host. Losing the host function of West Midlands (South) Comprehensive Local Research Network (CLRN) and the Arden Cancer Research Network represents an income loss of £6.4 million from 2014/15. Associated costs will also be removed. Approximately 120 posts will be directly affected. We are working closely with the team at Wolverhampton to represent our staff and to ensure a smooth transition to the new model.

Since the inception of the CLRNs, our Trust has recruited more patients into NIHR portfolio trials than any other Trust in the West Midlands, which makes us well placed to influence the new structure. We hope that the new model will offer benefits in terms of transparency around funding and allocation of support. To secure this, we are concentrating on delivering patients into research so that we can continue to demonstrate our position.

4.3 Meeting NIHR initiation and delivery targets:

Significant progress has been made to reduce the length of time taken to get research up and running, with improvements in average study set up and approval times. However, we are still not meeting this target (i.e. from 'Valid Research Application' to first patient recruited should be less than 70 days), mainly due to lack of resource, particularly in nursing staff and support departments, but also due to slow adoption of some new processes. Work is ongoing to address this. Long term, this may result in financial penalties to the Trust:

Initiating Clinical Research – 70 day benchmark

Clinical trials to be set-up and operational within a 70 day period. Studies are required to achieve NHS approvals 30 days from a valid receipt of an application (VRA) and 40 from NHS approvals to recruitment of the first patient.

The submission requires justified reasons for not meeting the benchmark. These are legitimate reasons that have caused a delay to the set-up and initiation of a clinical trial.

	June 12 to June 13	Sept 12 to Sept 13	Jan 13 to Dec 13	Overall Performance
Total Studies Reported	46	52	47	+ 1
% Target Achieved	13%	21%	17%	+ 4%
Average Approval Time	64 days	68 days	32 days	- 32 days
Average duration between NHS Permission and First Patient	124 days	75 days	45 days	- 79 days
Average duration between VRA and First Patient	186 days	118 days	83 days	- 103 days

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).

	June 12 to June 13	Sept 12 to Sept 13	Difference
Total Studies Reported	46	56	+ 10
Total Studies closed to recruitment	20	24	+ 4
% Target Achieved	60%	75%	+ 15%

Please note data for quarter January 2013 to December 2013 is currently being collected.

4.4 Other:

Whilst we are aware that our staff are publishing, with 107 UHCW NHS Trust staff members listing their publications (total of 715) on 'Researchgate'; we currently do not capture outputs in a systematic way. We have started work on collating a database of all publications and outputs for the organisation. We hoped to have a published data set by end of September 2013, this will now be delivered before the end of March 2014.

In the light of the Warwick Medical School strategy to focus earlier phase trials within cancer, collaboratively with University Hospitals Birmingham, we need to review the proposition to develop early phase capacity at this site. We have had some interest from companies working in other areas.

Work is ongoing to seek alignments between the Trust and Warwick Medical School strategies to deliver on a number of objectives, particularly increasing academic leadership and increasing the number of research themes within the Trust. Warwick Medical School has grouped a number of areas into a 'Translational' theme, which offers opportunities.

5. Future plans:

We will continue to pursue our strategy as agreed in September 2012, prioritising our areas for improvement. Additionally, the following areas will be focussed on during 2014:

5.1 Academic Leadership:

We need to increase the number and quality of academics working at UHCW NHS Trust. During 2014, we would seek to review the performance management framework for all joint appointments to ensure that existing academic staff are supported to succeed. We also need to secure additional academic appointments and discussions are ongoing with both Coventry & Warwick Universities as to how this can best be achieved.

We are also working with clinical teams to develop their research strategies to provide an NHS academic base in which to grow the investigators of the future. The development of the Clinical Faculty will also provide visible academic leadership, with a particular focus on innovation.

5.2 Research Networks:

The reconfiguration of the Research Networks, with a more transparent and equitable funding process, offers opportunities to expand our research activity. We will seek to revisit the current funding and management model to enable us to manage the delivery of all research within our Trust, ensuring that our efforts are recognised and remunerated accordingly.

5.3 Innovation:

We aim for UHCW NHS Trust to play a significant role in the NHS innovation agenda within the region working, in partnership with universities and industry and the AHSN. The successful delivery of this vision is critically dependent on establishing the right mechanisms of interaction and partnership between scientific innovators, healthcare industries, the NHS and patients; work is ongoing in this area.

5.4 Infrastructure:

With the development of the Research and Development role to include Innovation, and our ambitious income strategy (to increase commercial to over £million within 3 years, with a minimum of £1million Research Capability funding), we need additional office accommodation. Currently, the team is fragmented and we would seek to centralise them into a 'Centre of Excellence' for research and innovation. This will provide a 'one stop shop' for Trust staff, industry and academia wishing to engage with Research and Innovation. We would anticipate a need to accommodate AHSN, Clinical Faculty, the Tissue Bank and R,D&I staff within the Centre.

5.5 Capitalising on Investments:

The **Biomedical Research Unit** (BRU) in Reproductive Health has delivered against the business plan for year 1. We now need to secure significant external grant income to ensure the unit remains sustainable long term. Our aim is to submit a bid for long term funding to the next NIHR BRU funding round (due late 2015/early 2016). To this end, we will review the Unit against NIHR BRU criteria in 2014. A number of grant applications are in development.

The **Human Metabolism Research Unit** has started to attract modest external income (grants of value less than £100K each). We have developed a number of external collaborations, (including Oxford, Imperial, Birmingham and Loughborough) with a range of disciplines, involving novel research which should lead to high impact publications and raise our profile. Due to these collaborations we are increasing the through-put of research and there is now competition for time in the unit. Outputs include papers, conferences, PhDs/MDs etc; we are aiming for higher impact publications. We will refresh the strategy, including a review of leadership and staffing arrangements in 2014.

APPENDIX 1: SUMMARY: R, D&I Strategic Objectives: Progress as at 31/12/13

Increase high quality research and innovation activity and impacts across the organisation			
GOAL	ACTIVITY	OUTCOME	RAG
Develop active engagement in innovation and research and ensure they inform practice	Set-up new R, D&I team.	Completed	Green
	Develop Innovation workplan and implement	Completed	Green
Enhance and support research	Secure academics to increase the esteem and outputs of existing teams.	Increased number of Academic appointments – not achieved	Red
	Identify barriers to success and reduce or eliminate them.	Increased number of grants funded; developing database of high quality publications	Orange
Align clinical and research strengths to develop additional important areas of future research; Develop new themes of research with academic and other partners	Work with partners to identify emerging areas and develop plans for support.	Increased number of jointly funded posts - not achieved with University of Warwick; achieved with Coventry University (1 post).	Orange
		Increased number of research themes - not achieved	Red
Enhance our research activity amongst nurses, midwives and allied health professionals.	Design and resource a specific Nurse, Midwifery and AHP research programme.	Number of research leaders in these professions; 1 additional post recruited with Coventry University .	Orange
Incorporate metrics to enhance the research and innovation culture	Develop appropriate metrics for inclusion as performance indicators	Successful meeting of metrics; recruitment targets being met, other targets in progress (in line with national picture)	Orange
Support collaborations and develop strategic academic, NHS, commercial and network partnerships	Identify and support collaborations with partners.	Increased number of research collaborations: Increased working with Coventry University of collaborative bids and joint posts	Green
		Increased collaborative funding; publications/outputs to be collated	Orange
Seek to maximise external income by identifying and protecting opportunities, new technologies and intellectual property	Increase awareness amongst staff and patients.	Increased IP identified and exploited	Green
	Develop events and opportunities to identify and exploit Intellectual Property.	Economic and /or patient value of innovation - in progress	Orange

Provide high quality facilities for clinical research and healthcare innovations capable of responding to change in demand and evolving the collaborative environment			
GOAL	ACTIVITY	SUCCESS MEASURES	RAG
Ensure that facilities are exploited to the benefit of patient-centred research.	Monitor HMRU and BRU strategies to ensure that they deliver as promised.	Increased research and innovation activity: the BRU has delivered against business plan but large scale grant income remains elusive. The HMRU has suffered from fragmented clinical leadership and needs to be revisited in 2014.	
Develop current and complementary facilities, to maximise return for the Trust.	Extend scope of Tissue bank - secure over-arching ethics to allow prospective collection of all tissue types; work with National Transplant Service to secure access to unwanted transplant tissue	Increase number of samples held and used, leading to increased numbers of grant applications and publications: Ethics permission now granted for 'Arden Tissue Bank'; providing easier access to those requiring samples for research. Agreement with NHS Transplant to receive untransplantable organs for research.	
	Review opportunities to develop an early phase trials unit and work up business case	Earlier phase trials capacity; 1st stage business planning completed, further work needed	
	Continue to ensure that all facilities are maintained, with appropriate training, standard operating procedures and processes to ensure a safe environment for our patients and staff.	Successful audit of facilities; internal monitoring and controls in place, no external audit during 2013, but arranged for 2014; next MHRA inspection expected 2014	

Provide quality management & support for research and innovation, through a Research, Development & Innovation Dept, that complies with regulatory requirements, national frameworks and emerging best practice			
GOAL	ACTIVITY	SUCCESS MEASURES	RAG
Ensure that Trust staff, from all professions, can get involved with research and innovation and are provided with the necessary support, facilities and education.	Further develop training opportunities and competencies for all research staff.	Number of MRes / MPhil / PhD Students; this data to be collated	Red
	Make sure that new appointments have the research expertise appropriate for posts within a research active Trust.	All staff involved in research have undertaken research training: onsite training available as required, 'Chief Investigators' course for research leaders provided by University of Warwick	Green
	Support staff to complete grant applications: Provision of on-site statistical / research design support, identification and dissemination of suitable opportunities.	Team in place to identify and support research applications, including onsite statistics support. To increase number of posts with requirement for research / innovation in job specification in 2014	Orange

Raise the profile of Research and Innovation (staff, patients and the public)			
GOAL	ACTIVITY	SUCCESS MEASURES	RAG
Communicate our success:	Develop and implement a strategy to improve communication about the quality and impact of our research and innovations.	Annual Research and Innovation day; Innovation Stakeholder Event on NHS Change Day (03/03/14); Joint Research, Innovation and Education Day with University Of Warwick 27/06/14.	Green
i locally	Set up systems to increase joint working, e.g. secondments / rotations involving research within Trust or with partners.	Patient and public open days: Research Open Day held May 2013. Ongoing events and activities including offering student / work experience placements; research patient forum, exploring research rotations for nursing students with Coventry University.	Green
	Raise awareness of support available	Improved intranet and web presence; ongoing, improvement still needed	Amber
	Provide patient recruitment as key performance indicator to Divisions on a monthly basis	Long term, recognition of research & innovation in staff and patient surveys; first innovation survey carried out in 2013.	Amber
		Increased innovations reported	Green
ii nationally and internationally	Work with Trust Communications team to ensure that good news stories are identified and disseminated.	National adoption of UHCW NHS Trust ideas.	Red

KEY: Green = achieved; Amber = on target; Red = not achieved.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

29 JANUARY 2014

Subject:	2013/14 Winter Plan Update
Report By:	David Eltringham, Chief Operating Officer
Author:	Richard Parker Deputy Chief Operating Officer (Interim)
Accountable Executive Director:	David Eltringham, Chief Operating Officer

PURPOSE OF THE REPORT:

Having approved the 2013/14 Winter Plan in October 2013, the Trust Board received the first of a series of periodic progress updates in November 2013; this paper forms the second in this series and as such builds upon previous reports

The purpose of this short briefing paper is to:

- Provide high-level assurance against the delivery of key components of the Winter Plan, including reflections on the impact of 'Getting Emergency Care Right' (GECR) and wider command & control arrangements.
- Provide a high-level overview of ED transit time performance over the early winter period.
- Indicate where winter schemes have been reviewed or changed in the context of performance improvements or fluctuations.

SUMMARY OF KEY ISSUES:

The UHCW Winter Plan, coupled with improvements associated with the GECR programme and revised command and control arrangements have ensured a significant and sustained improvement against the 4-hr ED transit time standard. Key schemes, including the Medihome virtual ward, 7-day working, ambulatory emergency care and outsourced elective activity are either in place and delivering real improvements for patients, or are in the process of being delivered.

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 period immediately following the Christmas and New Year holiday has been challenging. However the performance of schemes to date, together with additional capacity related arrangements, i.e. full Medihome mobilisation, are expected to deliver compliance against the 4hr target throughout the remaining winter period.

Spending on the Winter Plan schemes is broadly as planned. However a range of additional measures associated with GECR have been put in place. These schemes are being evaluated with the aim of either stopping or substantiating them for the next financial year.

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 Trust Board are asked to:

- Acknowledge progress made in the implementation of the Winter Plan and the associated impact upon performance.
- Acknowledge amendments made to the original Winter Plan schemes.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

29 JANUARY 2014

- 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 identified
Governance:	Risks relating to delivery of key national targets
Legal:	None identified
NHS Constitution:	None identified

COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:

Trust Standing Committee	Date	Trust Standing Committee	Date
Quality Governance Committee		Remuneration Committee	
Finance and Performance Committee		Chief Officers Group	
Audit Committee			

University Hospitals Coventry & Warwickshire

2013/14 Winter Plan – January 2014 Update

Summary

The UHCW Winter Plan, coupled with improvements associated with the 'Getting Emergency Care Right' (GECR) programme and revised command and control arrangements have ensured a significant and sustained improvement against the 4-hr ED transit time standard. Key schemes, including the Medihome virtual ward, 7-day working, ambulatory emergency care and outsourced elective activity are either in place and delivering real improvements for patients, or are in the process of being delivered.

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 period immediately following the Christmas and New Year holiday has been challenging. However the performance of schemes to date, together with additional capacity related arrangements, i.e. full Medihome mobilisation, are expected to deliver compliance against the 4hr target throughout the remaining winter period.

1.0 Introduction

1.1 Having approved the 2013/14 Winter Plan in October 2013, the Trust Board received the first of a series of periodic progress updates in November 2013; this paper forms the second in this series and as such builds upon previous reports

1.2 The purpose of this short briefing paper is to:

- Provide high-level assurance against the delivery of key components of the Winter Plan, including reflections on the impact of GECR and wider command & control arrangements.
- Provide a high-level overview of ED transit time performance over the early winter period.
- Indicate where winter schemes have been reviewed or changed in the context of performance improvements or fluctuations.

2.0 Performance update

2.1 In the 4-week period immediately preceding the last Trust Board winter update report, a number of additional actions, over and above those scheduled in the Winter Plan, had been deployed. Specifically a large-scale engagement exercise entitled GECR had commenced. The delivery of GECR, along with many of the existing recovery plan schemes, was also being driven using a revised command and control model that augmented existing management arrangements.

2.2 The early indications in November suggested that GECR, coupled with the early winter schemes and driven by a revised command structure, were beginning to impact on the long-standing ED transit time performance problem. Since

November there is increasing evidence that the action being taken by the Trust is having a positive and sustained impact on performance (Fig 1 & 2). This is particularly significant in the context that this improvement is happening in the early winter months when many organisations are struggling to deliver the national contract standard for ED transit time.

Fig. 1 Daily performance against the ED Standard

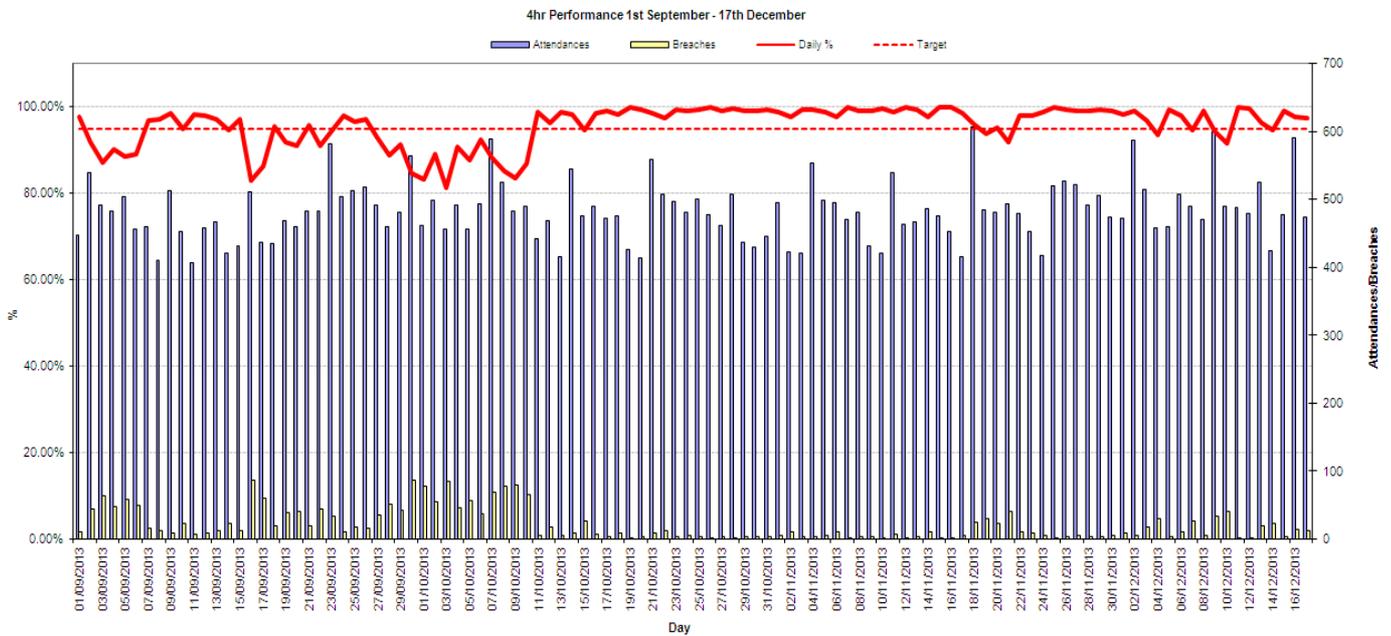
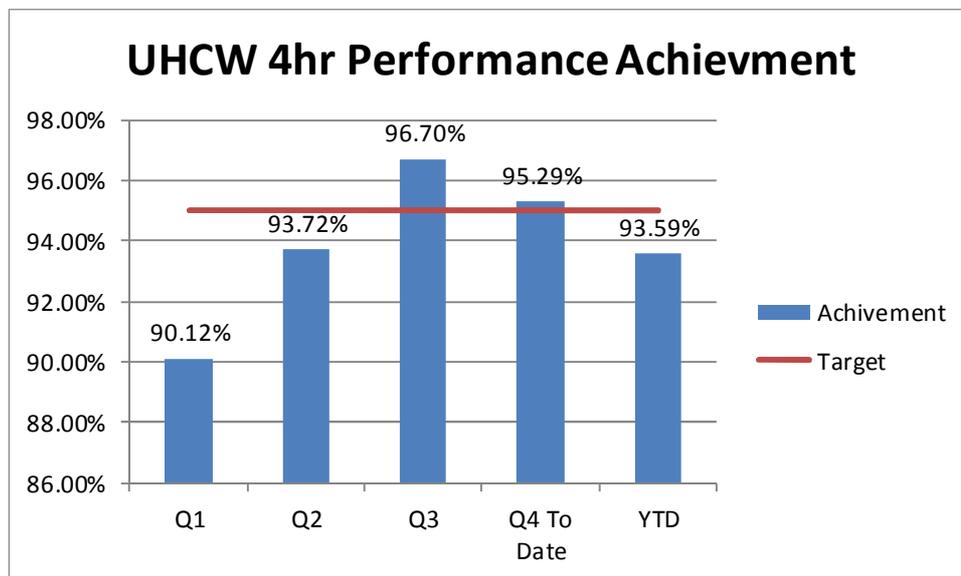


Fig. 2 Performance to date



2.3 The performance headlines for the early winter period to date are:

- Delivery of the ED transit time (4hr) standard has been maintained each week throughout the period spanning 14 October 2013 to 5 January 2014. The level of performance has been such that for the first time since 2010/11 the Trust achieved the 4-hr target for Q3 and, at times, has ranked as a top-10 national performer for type-1¹ patients.
- Where the performance on individual days dropped below the 95% standard, the measures implemented ensured rapid and sustained recovery; previously recovery from poor performance was challenging and rarely sustained.
- Teams at all levels and in all specialities have reported a number of intangible benefits associated with the improvements in performance and the measures employed to achieve these. Specifically, at an 'Interrogating Success' event held prior to Christmas, staff reported widespread improvements in engagement, moral and ultimately in patient experience.
- Whilst Christmas plans were robust, the week commencing 6 January 2014 has proven to be the most challenging to date. Significant volumes of patients re-entering the healthcare system as regular primary care services came back on line after the holiday period resulted in high numbers of GP referred patients attending the ED. Despite what became a very difficult start to the week a good recovery was made and the week closed at 94.2%; performance for January and Q4 remains above the 95% standard at 95.6%.

3.0 Delivery against specific Winter Plan schemes

3.1 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 this 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 went live as scheduled on 17 December 2013. The initial capacity ramp-up period is ahead of schedule with ten virtual beds currently operational and a trajectory to have 25 on-line by 31 January 2014. The scheme has been broadly well received by Trust staff and the first batch of patient satisfaction reports should be received from Medihome in early February 2014. A plan to formally evaluate this project is scheduled to commence on 1 April and will report by 30 April 2014.
- **Outsourcing elective activity.** This scheme remains under continual review as part of the RTT recovery plan and outsourced activity is being titrated accordingly by the Operations team as part of the weekly patient-access / waiting list review process.

¹ Type-1 patients are those patients attending & being treated in the UHCW ED. This excludes patients being treated in peripheral or allied emergency areas e.g. Rugby St Cross, Eye Casualty, Gynaecology Short Stay etc

Patient Flow schemes

These are some of the key schemes to ensure patient flow improves from ambulance response to ED attendance to discharge. The aims have been to both reduce admissions and improve length of stay. A number of smaller schemes have also been put in place to deal responsively to actual or predicted flow problems, and will start and stop as needed.

Spending on the Winter Plan schemes is broadly as planned. However a range of additional measures associated with GECR have been put in place. These schemes amount to approximately £2.1m forecast spend and are being evaluated as part of a project by Sarah Phipps with the aim of either stopping or substantiating them for the next financial year.

- **24/7 Medical Staff cover to enable day-surgery to be used as an in-patient area.** This scheme was 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). A limited version of the scheme has been required, in addition to deploying additional medical staff, to manage the challenges posed in the immediate post-Christmas period. When pre-Christmas patient flows are re-established this scheme is expected to remain as a fall-back option under **daily** review by the operations team.
- **7-day working in capacity-generating areas.** Three elements of this scheme continue (Radiology, additional weekend discharge doctors and enhanced staffing in the AMU / ED). The use of Emergency Nurse Practitioners (rather than GP's) into the minor illness / minor injuries scheme remains highly effective with the virtual elimination of 4-hr transit time breaches for that patient cohort. Essentially this approach protects the minors patient pathway in ED.
- **Increasing the number of medical assessment / short stay beds through bed reconfiguration.** This scheme continues to be on-hold due to the risks posed by any reconfiguration being reliant upon the use of temporary / agency staff. The need to consider bed reconfiguration as part of a suite of measures to eliminate 'outliers' remains high on the Emergency Care Recovery Board agenda and a further plan is being worked on by the Clinical Director for Elderly Care, supported by the Associate Medical Director (Operations). This will be considered at the Recovery Board in late January and will need further consideration going as plans are refreshed into the 14/15 financial year.
- **Increased Community capacity.** Rapid escalation and deployment of additional re-ablement capacity is working well. At the time of writing, despite significant system pressures after the holiday period, there are few if any patients delayed in hospital or waiting to access community capacity. DTOC is currently reported at 3.57%, this is the lowest reported figure for sometime.
- **GP in an ambulance.** This scheme, led by the CCG has prevented over 90% of the calls attended by the GP. The scheme initially had restricted hours however these have been increased to capitalise on early successes.
- **Ambulatory Emergency Care Clinics.** The full range of pathways (14) went live on 11 November. Data to assess the impact of the scheme is due for presentation to the health economy Urgent Care Working Group on 24 January 2014.

Planned and Forecast spend (actual to month 9 plus forecast to month 12)

Scheme	Planned (000s)	Forecast (000s)
Medihome	765	566
Outsourcing elective activity	1100	964
Patient flow schemes	1393	1663
Total	3258	3193

4.0 Additional items

4.1 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.

4.2 Flu vaccination programme

To ensure that staff absence is minimised further work has been done this year on the Flu vaccination programme which runs until the end of January.

This year 'Peer vaccinators' have been used again to facilitate flexibility to try and improve uptake, however the volume of volunteers wasn't as high as previous years.

To mitigate this there has been increased utilisation of bank staff to operate targeted ward and department sessions alongside 'Walk about sessions' across all floors.

In collaboration with Communications we have sought to target specific staffing groups with positive and reaffirming messages through senior staff leaders. An open door policy for staff has been maintained and provided morning, evening and specific night worker sessions.

This has resulted in the following improvement on figures for previous years at the end of December

2011/12: 37%
2012/13: 46%
2013/14: 56%

5.0 Recommendations

The Board is requested to:

- Acknowledge progress made in the implementation of the Winter Plan and the associated impact upon performance.
- 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)
Rupert Wainwright – Interim Deputy COO (Medicine)

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

29 JANUARY 2014

Subject:	Integrated Quality, Performance & Finance Report – Month 9 – 2013/14
Report By:	Gail Nolan, Chief Finance Officer
Author:	Jonathan Brotherton, Director of Performance and Programme Management
Accountable Executive Director:	Gail Nolan, Chief Finance Officer

PURPOSE OF THE REPORT:

To inform the Board of the performance against the key performance indicators for the month of December 2013.

SUMMARY OF KEY ISSUES:

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.

A revised suite of Key Performance Indicators that align with the NHS Trust Development Authority's Accountability Framework and UHCWs strategy are reported in the Trust Scorecard for the first time this month. Some of the themes represented by new KPIs include Serious Incidents, Harm Free Care, CAS alerts, Caesarean Section rates, Maternal Deaths and Admissions to Neonatal Care. The reporting of patient experience via the Friends and Family Test KPIs has been enhanced. The Value for Money indicators have also been revised to reflect the Trusts own compliance requirements.

In this report, **22** of the **58** KPIs for which data is available and reported against are breaching the standard / target. Some of the new KPIs are still subject to final reconciliation and hence are not available this month.

Principal performance exceptions by Domain

Excellence in patient care and experience

- The Trust reported 13 Serious Incidents in December.
- The Trust's HSMR rose to 107.45 for October, the latest available month, and is currently under investigation.
- The Trust reported three Grade 3 Pressure Ulcers in December.
- The number of last minute non-clinical cancelled ops (elective) rose to 1.25% for December.

Delivery of Value for Money

- The Trust continues to forecast a year end breakeven surplus of £2,927k in line with the control total in the financial plan monitored by the TDA. There is significant inherent risk contained within the forecast and management action is required to achieve this.
- The Trust continues to underperform against its CIP target. The forecast outturn at month 9 is £17.45m against a target of £25m.
- The capital services capacity ratio is below plan at 1.3 due to EBITDA being below plan

Employer of Choice

- The Trust has recorded a 77.81% Appraisal rate. This is the highest reported rate since workforce KPIs were introduced 3 ½ years ago.
- The Trust has recorded a 74.05% Consultant appraisal rate, which shows a further decrease of 2.71% from last month.
- The Trust has recorded 71.48% compliance with mandatory training. This is a marginal increase from last month but remains below target.
- The Trust has recorded a 4.77% Sickness rate. This is 0.77% over the revised target of 4.00%.

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

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

29 JANUARY 2014

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 are asked to confirm their understanding of the contents of the December 2013 IPR and note the associated actions.

IMPLICATIONS:

Financial:	CIP development and the impact of additional resources to sustain delivery of 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 ITEM HAS BEEN CONSIDERED:

Trust Standing Committee	Date	Trust Standing Committee	Date
Quality Governance Committee	27/01/14	Remuneration Committee	
Finance and Performance Committee	27/01/14	Chief Officers Group	
Audit Committee			

University Hospitals Coventry and Warwickshire NHS Trust

Integrated Quality, Performance and Finance Reporting Framework

Reporting Period:
December 2013

Report Date:
23rd January 2014

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Executive Summary

Executive Summary

Summary of performance

Commentary

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- The number of **last minute non-clinical cancelled ops (elective)** rose to **1.25%** for December.

Delivery of Value for Money

- The Trust **continues to forecast a year end breakeven surplus of £2.9m** in line with the control total in the financial plan monitored by the TDA. There is significant inherent risk contained within the forecast and management action is required to achieve this.
- The **Trust continues to underperform against its CIP target**. The forecast outturn at month 9 is **£17.4m** against a target of £25m.
- The **capital services capacity ratio is below plan at 1.3** due to EBITDA being below plan.

Executive Summary

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Executive Summary

Trust Scorecard – December 2013

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

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

Measure	Previous Position	Latest Position	DoT	YTD Plan	Annual Target	Annual FOT	Executive Lead	Owner	Trend	DQ
Trust Board Scorecard										
Excellence in patient care and experience										
Patient Outcomes										
Clostridium difficile (Trust acquired) - cumulative	25	29	↓	44	57	57	Mark Radford	Karen Bond		🟢
MRSA bacteremia (Trust acquired) - cumulative	2	2	→	0	0	2	Mark Radford	Karen Bond		🟢
E.Coli cases - cumulative							Mark Radford	Karen Bond		🟢
MSSA cases - cumulative							Mark Radford	Karen Bond		🟢
Medication errors causing serious harm	0	0	→	0	0	0	Meghana Pandit	Paul Martin		🟢
Serious Incidents (Number)	17	13	↑	5	5	5	Meghana Pandit	Paul Martin		🟢
Serious Incidents (Overdue)	3	3	→	0	0	0	Meghana Pandit	Paul Martin		🟢
Number of never events reported - cumulative	2	2	→	0	0	2	Meghana Pandit	Paul Martin		🟢
CAS Alerts (Overdue)	5	5	→	0	0	0	Meghana Pandit	John Knibb		🟢
Same sex accommodation standards breaches	0	0	→	0	0	1	Mark Radford	Gillian Arblaster		🟢
HSMR (basket of 56 diagnosis groups) (2 month in arrears)	97.40	107.45	↓	100	100	100	Meghana Pandit	Paul Martin		🟢
SHMI (Quarterly) (6 months in arrears)	98.13	98.13	→	100	100	100	Meghana Pandit	Paul Martin		🟢
Harm Free Care (1 month in arrears)	96.94%	95.87%	↓	92%	92%	92%	Meghana Pandit	Paul Martin		🟢
Pressure Ulcers 3 and 4 (Trust associated)	2	3	↓	0	0	14	Mark Radford	Gillian Arblaster		🟡
Falls per 1000 occupied bed days resulting in serious harm	0.09	0.09	→	0.04	0.04	0.04	Mark Radford	Karen Bond		🟢
Eligible patients having VTE risk assessment (1 month in arrears)	95.98%	96.22%	↑	95%	95%	95%	Mark Radford	Oliver Chapman		🟢
C-UTI (1 month in arrears)	99.41%	99.62%	↑	99.25%	99.25%	99.25%	Mark Radford	Karen Bond		🟢
Patient Experience										
Friends & Family Test IP & A&E combined coverage	19.87	19.94	↑	23	23	23	Meghana Pandit	Paul Martin		🟢
Maternity FFT No of touchpoints achieving a 15% response rate	0	0	→	4	4	4	Meghana Pandit	Paul Martin		🟢
Friends & Family Test IP Score	63.46	62.05	↓	61	61	61	Meghana Pandit	Paul Martin		🟢
Friends & Family A&E Score	57.57	62.80	↑	22	22	22	Meghana Pandit	Paul Martin		🟢
Number of complaints registered - cumulative	307	344	↓	360	480	480	Meghana Pandit	Paul Martin		🟢
Bed Ratio - Number of Nurses Per Bed							Mark Radford	Clare Bonniger		🟡
% Registered Nurses to HCSWs							Mark Radford	Clare Bonniger		🟢
Maternity Services										
C-section rates - elective	12.23%	11.27%	↑	10.75%	10.75%	10.75%	Meghana Pandit	Stephen Keay		🟢
C-section rates - emergency	13.59%	16.91%	↓	15.75%	15.75%	15.75%	Meghana Pandit	Stephen Keay		🟢
Number of Maternal deaths	0	0	→	0	0	0	Meghana Pandit	Stephen Keay		🟢
Admission of full term babies to neonatal care	2.92%	3.28%	↓	4%	4%	4%	Meghana Pandit	Stephen Keay		🟢
Productivity										
Theatre utilisation - Main	86.00%	78.40%	↓	85%	85%	85%	David Eltringham	Steve Parker		🟢
Theatre utilisation - Rugby	83.30%	84.40%	↑	85%	85%	85%	David Eltringham	Steve Parker		🟢
Theatre utilisation - Day Surgery	71.60%	64.90%	↓	70%	70%	70%	David Eltringham	Steve Parker		🟢
Theatre efficiency - Main	70.59%	64.55%	↓	85%	85%	85%	David Eltringham	Steve Parker		🟢
Theatre efficiency - Rugby	74.02%	74.17%	↑	85%	85%	85%	David Eltringham	Steve Parker		🟢
Theatre efficiency - Day Surgery	60.26%	53.86%	↓	70%	70%	70%	David Eltringham	Steve Parker		🟢
Surgical Safety Checklist	99.80%	99.80%	→	100%	100%	100%	Meghana Pandit	Steve Parker		🟢
Non emergency care										
Last minute non-clinical cancelled ops (elective)	0.76%	1.25%	↓	0.8%	0.8%	0.8%	David Eltringham	DCCO		🟢
Breaches of the 28 day readmission guarantee	3	0	↑	0	0	0	David Eltringham	DCCO		🟢
Urgent ops cancelled for the second time	0	0	→	0	0	0	David Eltringham	DCCO		🟢
18 week referral to treatment time - Admitted (1 month in arrears)	92.27%	91.94%	↓	90%	90%	90%	David Eltringham	Ros Kay		🟢
18 week referral to treatment time - Non-admitted (1 month in arrears)	97.61%	98.21%	↑	95%	95%	95%	David Eltringham	Ros Kay		🟢
RTT - incomplete in 18 weeks (1 month in arrears)	94.75%	95.04%	↑	92%	92%	92%	David Eltringham	Ros Kay		🟢
RTT 52 Week Waits (1 month in arrears)	0	0	→	0	0	0	David Eltringham	Ros Kay		🟢
Successful Choose and Book	15.18%	11.84%	↑	3%	3%	3%	David Eltringham	Ros Kay		🟢
Diagnostic waiters, 6 weeks and over	0.01%	0.01%	→	1%	1%	1%	David Eltringham	Ros Kay		🟢
2 week cancer wait (GP referral to op appointment - 1 month in arrears)	94.21%	94.78%	↑	93%	93%	93%	David Eltringham	DCCO		🟢
31 day diagnosis to treatment cancer target (1 month in arrears)	100.00%	99.00%	↓	96%	96%	96%	David Eltringham	DCCO		🟢
62 days urgent referral to treatment cancer target (1 month in arrears)	86.53%	85.43%	↓	85%	85%	85%	David Eltringham	DCCO		🟢
Emergency care										
A&E 4 hour wait target	98.27%	97.68%	↓	95%	95%	95%	David Eltringham	Richard Parker		🟢
Delayed transfers as a percentage of admissions	4.00%	3.57%	↑	3.5%	3.5%	3.5%	David Eltringham	Richard Parker		🟡
30 day emergency readmissions	7.97%	7.69%	↑	7.95%	7.95%	7.95%	David Eltringham	Richard Parker		🟢

Executive Summary

Trust Scorecard – December 2013

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

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

Trust Board Scorecard										
Measure	Previous Position	Latest Position	DoT	YTD Plan	Annual Target	Annual FOT	Executive Lead	Owner	Trend	DQ
Deliver value for money										
Liquidity days	-24.40	-24.30	↑	-26.2	-21.7	-24.7	Gail Nolan	Susan Rollason		✓
Capital services capacity	1.30	1.30	→	1.4	1.4	1.4	Gail Nolan	Susan Rollason		✓
Combined risk rating	2.00	2.00	→	2	2	2	Gail Nolan	Susan Rollason		⚠
Forecast I&E compared to plan (£'000)	2927.00	2927.00	→	2927	2927	2927	Gail Nolan	Susan Rollason		✓
Forecast recurrent and non recurrent efficiency compared to plan (£'000)	17052.00	17445.00	↑	25000	25000	17445	Gail Nolan	Susan Rollason		✓
Employer of choice										
Appraisal rate	75.03%	77.81%	↑	90%	90%	90%	Ian Crich	Andrew McMenemy		⚠
Consultant appraisal rate	76.76%	74.05%	↓	90%	90%	90%	Ian Crich	Andrew McMenemy		⚠
Attendance at mandatory training	69.29%			90%	90%	90%	Ian Crich	Andrew McMenemy		⚠
Sickness rate	4.16%	4.77%	↓	4%	4%	4%	Ian Crich	Andrew McMenemy		⚠
Proportion of temporary staff (clinical and non clinical)							Ian Crich	Andrew McMenemy		⚠
Leading research based health care organisation										
No of Pts recruited into NIHR portfolio - cumulative (1 month in arrears)	2986	3166	↑	2832	4250	4250	Meghana Pandit	Chris Imray		✓
Performance in Initiating Trials (quarterly)	21.05%	21.05%	→	80%	80%	80%	Meghana Pandit	Chris Imray		✓
Performance in Delivery of Trials (quarterly)	75.00%	75.00%	→	80%	80%	80%	Meghana Pandit	Chris Imray		✓
Leading training and education centre										
Job evaluation survey tool (JEST) score (1 month in arrears)	3.70	3.70	→	3.5	3.5	3.5	Meghana Pandit	Maggie Allen		✓

Attendance at mandatory training performance has now been received and is 71.48% for December.

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:

- The Trust has reported **five CAS Alerts (overdue)** for December. Four of these have now been resolved.
- There have been **13 Serious Incidents** reported for December and there were **three overdue Serious Incidents** at the end of December which have had revised timelines negotiated with the Commissioning Support Unit.
- The Trust's **HSMR** rose to **107.45** for October, the latest available month. Investigations are underway alongside those of a previous peak in July.
- There have been **three reported Grade 3 pressure ulcers** during December which have been confirmed as avoidable by root cause analysis (RCA).
- **Caesarean section** rates are above the proposed target for both elective and non-elective deliveries.
- The number of **last minute non-clinical cancelled ops (elective)** rose to **1.25%** for December and is subject to root cause analysis.
- **Theatre efficiency** is currently below the target for Main, Day and Rugby Theatres. Further explanation of the metric and challenges for each theatre area is contained in the report.
- The **Successful Choose and Book KPI** has improved marginally with performance now at **11.84%** but remains significantly above the target of 3%.
- **Delayed transfers of care** is reported as **3.57%** against a target of 3.5% for December. This continues the improvement of this measure and is the best performance since July 2013.
- **Friends and Family Maternity** (overall summary indicator for the four individual maternity service touch points). The Trust has failed to achieve 15% coverage at any of the four touch points for the third month following implementation of these new metrics.

Domain Summary – Excellence in Patient Care and Experience

Commentary

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

- **Theatre utilisation** in Main, Day and Rugby Theatres are in an amber status. Rugby Theatres have improved and are now just 0.6% below the target. Main and Rugby theatre's performance has deteriorated this month from achieving the target in November.
- **Falls per 1000 occupied bed days resulting in serious harm** remains at **0.09** which is 0.05 above the target.
- **The WHO Safer Surgery Checklist** is recorded as **99.8%** and therefore in amber status against the target of 100%.
- 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 **19.94%**.

Infection Control Indicator reporting

Discussions are currently on-going around the revision of the Infection Prevention and Control performance metrics. Those included in the revised Trust Scorecard, which is published for the first time this month, are aligned with metrics from the Trust Development Authority's (TDA's) accountability framework. It hasn't been possible for the TDA to provide the necessary definitional guidance on the e-Coli and MSSA metrics to set up the reporting. There is uncertainty about when and if this will be resolved although discussions continue between UHCWs Director of Infection Prevention and Control and their TDA counterpart.

More appropriate metrics now being considered include the number of contaminants in blood-cultures (leading to wasted laboratory resources, unnecessary antibiotic treatment or prolonged hospital stay); the number of deaths attributable to C-difficile infection, and the number of healthcare-associated bloodstream infections (BSI) associated with intravenous lines or other medical devices.

Excellence in patient care – area of underperformance

CAS Alerts -Overdue

Commentary

Applicable Frameworks/Contracts:

NHS Trust Development Authority Framework

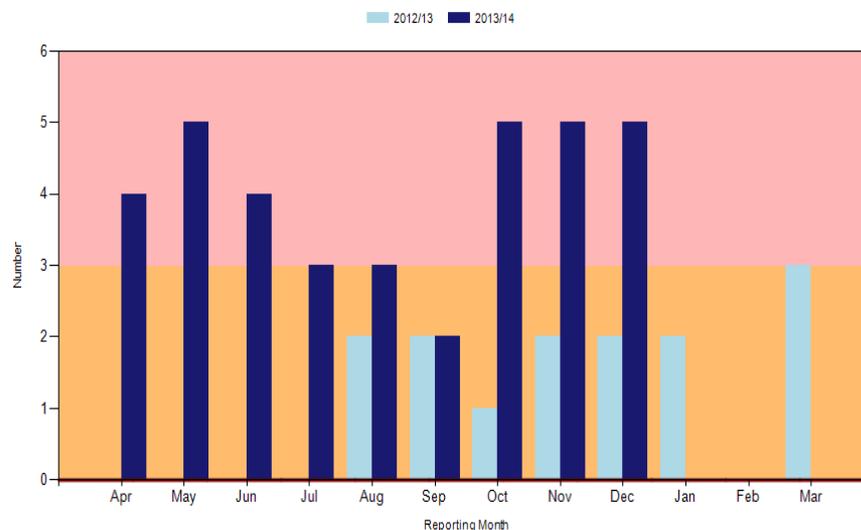
Central Alerting System (CAS) is the Department of Health's web based system used for sending important patient safety information and guidance to the NHS. This indicator shows the number of outstanding Alerts which have passed their date to be 'progressed by' as stated on the CAS Website for Medical Devices and Estates. Outstanding pharmacy alerts are not covered within this indicator.

At the end of December 2013 there were 5 overdue CAS Alerts. 4 of the outstanding alerts were Estates and Facilities Notifications (EFN) that are now closed. The other alert is a National Patient Safety Alert (Safer spinal intrathecal, epidural and regional devices.)

The NPSA alert is a national problem with manufacturers being able to supply the relevant equipment and therefore it remains open and on the Trust's Risk Register while trials are conducted.

Overall Trust position

Chart to show CAS Alerts (Overdue)



Excellence in patient care – area of underperformance

Serious incidents – number and overdue

Commentary

Applicable Frameworks/Contracts:

Trust Development Authority Framework

Serious Incidents (Number) - This is the total number of serious incidents that were reported to STEIS within the month. These are the serious incidents as monitored by the Significant Incident Group (SIG).

There have been 13 Serious Incidents reported for December.

- 4 pressure ulcers
- 3 falls
- 3 HCAIs
- 2 maternity cases
- 1 case relating to an incorrectly reported CT scan

Serious Incidents (Overdue) - This is the number of serious incidents that have not been closed within 45 working days (as at last working day of the month).

There were 3 overdue Serious Incidents at the end of December.

- A joint investigation with the Partnership Trust and engagement lead to a delay. This is now closed.
- A Maternity case which needed additional input from the Clinical Director, following review at SIG this is now closed.
- A patient fall that took longer to investigate due to availability of relevant staff. This is also now closed.

Investigation timelines were negotiated accordingly with the Commissioning Support Unit.

Overall Trust position

Chart to show Serious Incidents (Number)

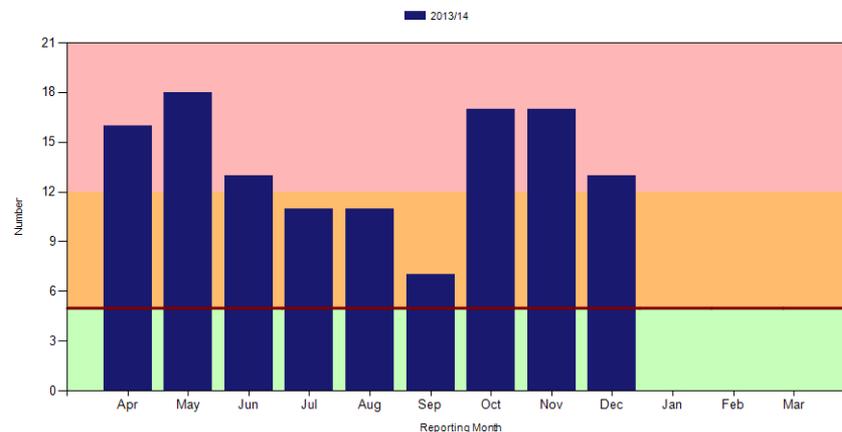
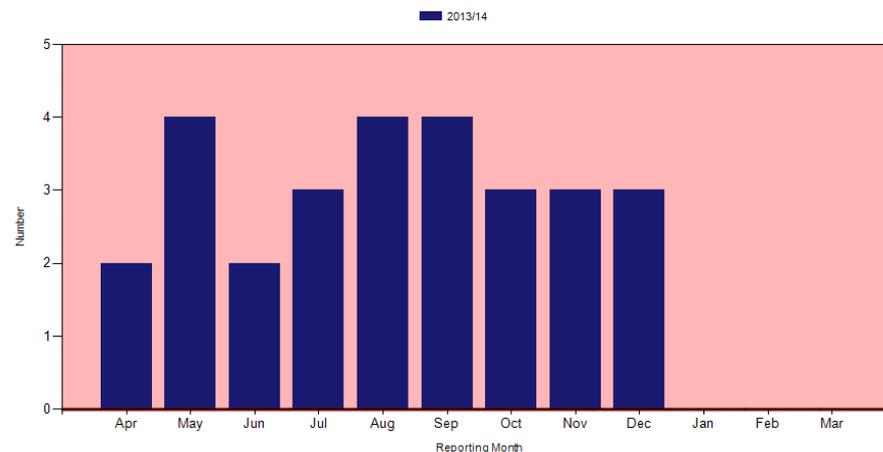


Chart to show Serious Incidents (Overdue)



Excellence in patient experience – area of underperformance

HSMR (Hospital Standardised Mortality Rate)

Commentary

Applicable Frameworks/Contracts:

Acute Contract - Quality Schedule

This indicator reports the comparison of the number of expected deaths with the number of actual deaths. The data are based on 80 percent of inpatient activity and are adjusted for factors statistically associated with hospital death rates. The national benchmark target for HSMR is 100. By achieving this target, the organisation can demonstrate links to quality of care and to managing its reputation as a healthcare provider.

This indicator is reported 2 months in arrears and is sourced from Dr Foster.

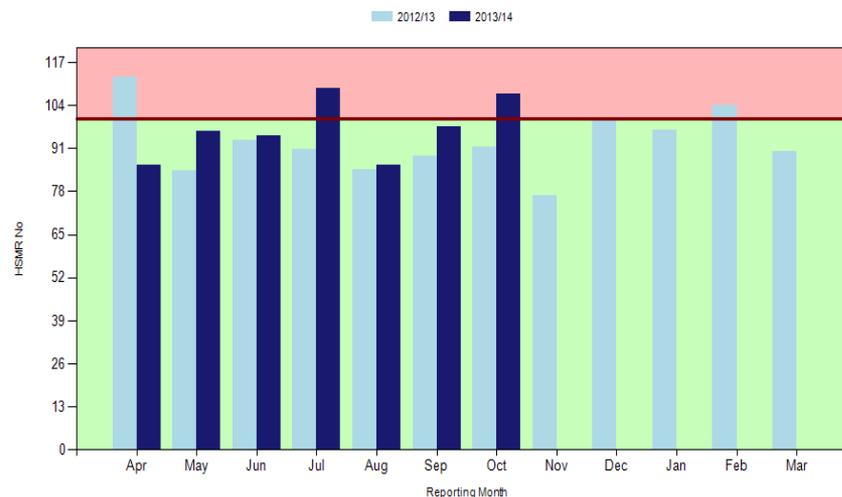
There has been some concerns due to a rising HSMR for three months from April – July 2013. An investigation is currently in progress to ascertain any causes of this rise. However despite the decrease in HSMR for August 2013 the Trust's HSMR has arisen again to the figure shown above. The outcomes from the previous investigation are due to be reported and a smaller investigation into the HSMR for October 2013 is due to be conducted.

The outcomes from Dr Foster alerts have not highlighted any significant areas for concern, though learning has been taken from specific cases. Mortality data and trends continue to be monitored by the Mortality Review Group with actions being taken if there are any concerns raised.

The 12 month HSMR for November 2012 to October 2013 is 99.46.

Overall Trust position

Chart to show HSMR (basket of 56 diagnosis groups) (2 month in arrears)



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 inpatients 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 3 avoidable grade 3 pressure ulcers in December across two wards. A Root Cause Analysis (RCA) has been completed for each. Further actions could have been taken that may have prevented their development. These relate to:

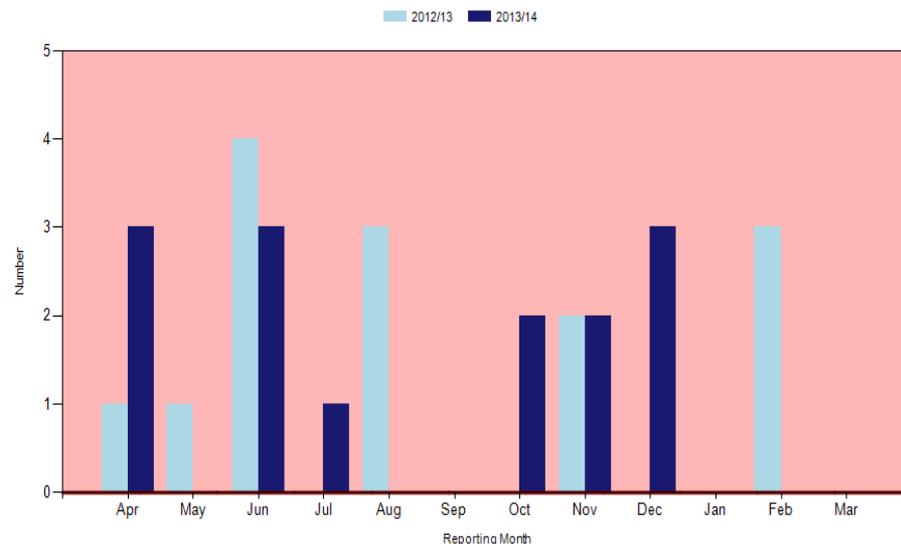
- Removal of anti-embolic stockings for skin inspection of heels.
- Not utilising dermal pads and continence pads when advised by the Tissue Viability Nurse.

A performance monitoring meeting has taken place with the ward manager and modern matron for one of the wards to discuss results and actions that have been put in place and further actions have been identified. The other meeting is planned.

The learning is being implemented into practice and shared with other clinical teams.

Overall Trust position

Chart to show Pressure Ulcers 3 and 4 (Trust associated)



Excellence in patient care – area of underperformance

Caesarean Section Rates – elective and non elective

Commentary

Applicable Frameworks/Contracts:

NHS Trust Development Authority Framework

This indicator reports on the proportions of all births that are carried out by Caesarean Section, separated out into Elective and Emergency percentages.

The National Target for Caesarean Sections is no more than 25%. It is recognised that UHCW attracts additional complex pregnancies from surrounding hospitals and the target has been adjusted to 26.5% by Commissioners. The proposed split of this target is 10.75% for Elective and 15.75% for Emergency Caesarean Section. Discussions are being concluded with clinical leads regarding this and will be resolved by next months report.

For December, both Elective (11.27%) and Emergency (16.91%) Caesarean Section rates were over the proposed target. The team continue to work on reducing the caesarean section rates. An audit is to be undertaken to explore reasons for high elective rates. For example if these were linked induction of labour then that would require an amendment to our pathways.

Overall Trust position

Chart to show C-section rates - elective

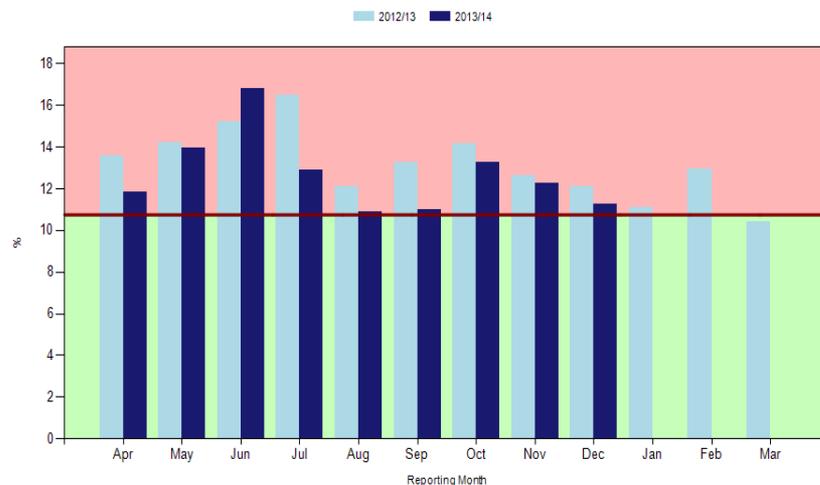
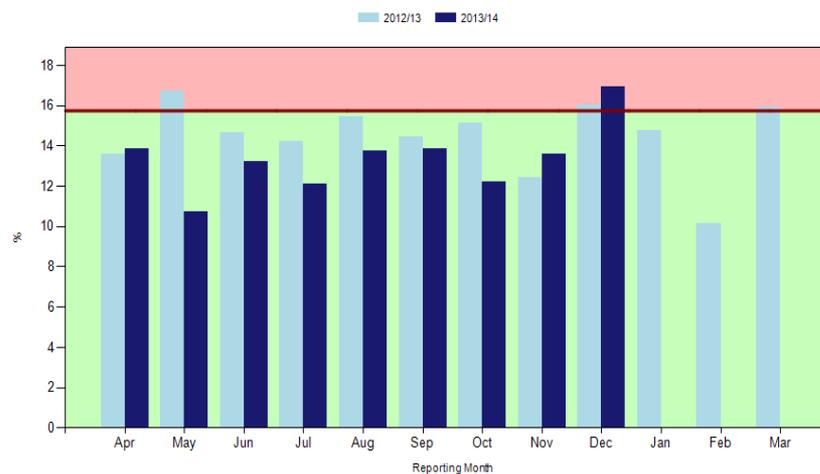


Chart to show C-section rates - emergency



Excellence in patient experience – area of underperformance

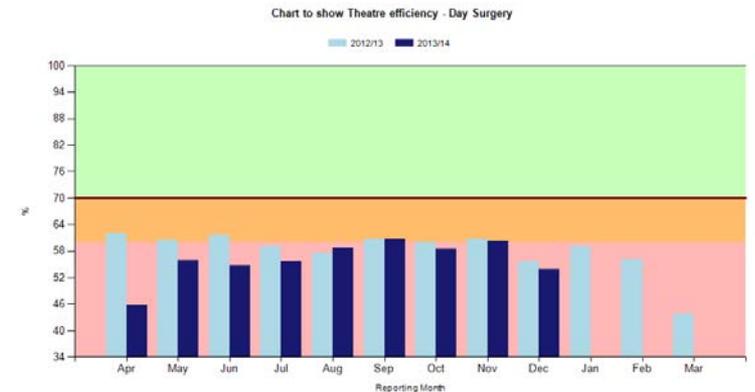
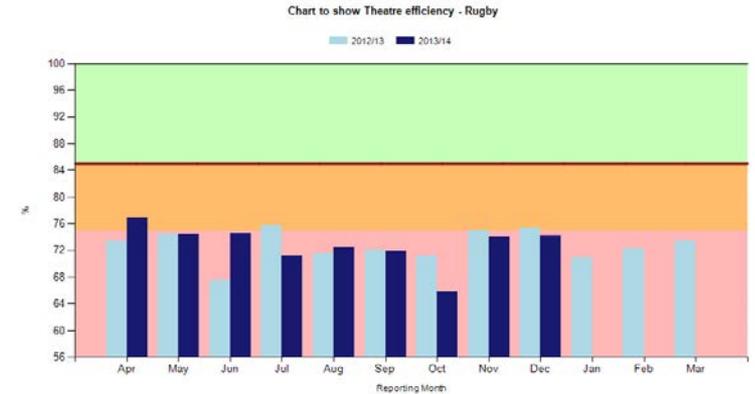
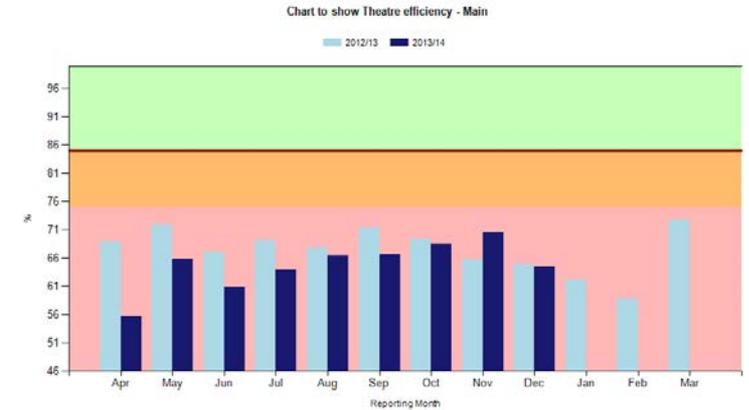
Theatre efficiency

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

In response to the efficiency challenge, as can be seen in the charts opposite, a number of changes are afoot. The planned introduction of a leading edge scheduling tool will highlight scheduling issues in advance which affect efficiency and require proactive response. The current project to repatriate elective cases will have a complimentary effect on theatre efficiency owing to a more varied case mix being available to schedule. There is a drive to increase cases on under-utilised lists along with reducing cancelled operations as part of improved scheduling processes. These projects will form part of a theatre efficiency programme overseen by the Chief Medical Officer and supported by the Trust's Improvement Team.



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.

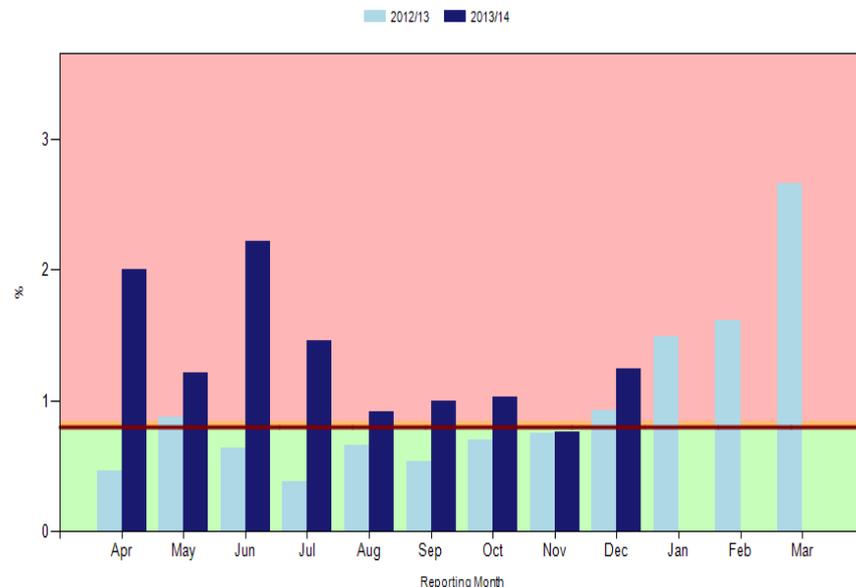
Last minute cancelled operations for December was **1.25%** (65 cases) which breaches the 0.8% target.

There was an increase in cancelled operations in December compared to the previous month. The Chief Operating Officer is leading a review of the 65 cancelled operations to establish key themes and root causes.

All cancelled operations are reviewed at the weekly access meeting chaired by the Deputy Chief Operating Officer. Cancelled operation guidelines have been re-drafted and re-issued to focus more heavily upon avoidance. Cancelled operations is an area of focus at this meeting so that the standard can be consistently achieved.

Overall Trust position

Chart to show Last minute non-clinical cancelled ops (elective)



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.

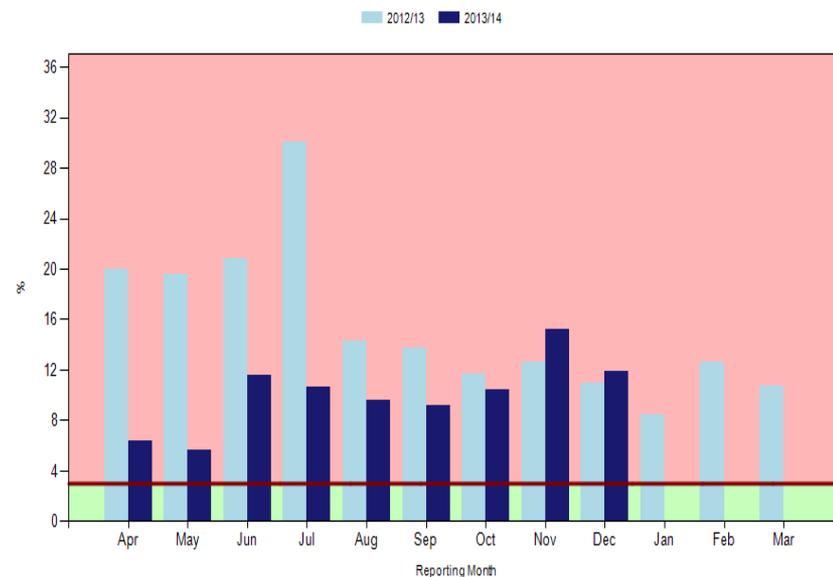
Choose and Book 'Slot-Issue' performance has improved in 2013/14 with the exception of the pre Christmas period. January's performance has already started to show an improved position. Poor performance relates to three specialties: T&O, Ophthalmology and Urology.

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 outpatient 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).

Overall Trust position

Chart to show Successful Choose and Book



The Patient Access Team are presenting an update to the Performance & Programme Management Committee in February regarding the actions underway to deliver compliance during quarter four.

Excellence in patient experience – area of underperformance

Delayed transfers as a percentage of admissions

Commentary

Applicable Frameworks/Contracts:
Acute Contract - Quality Schedule

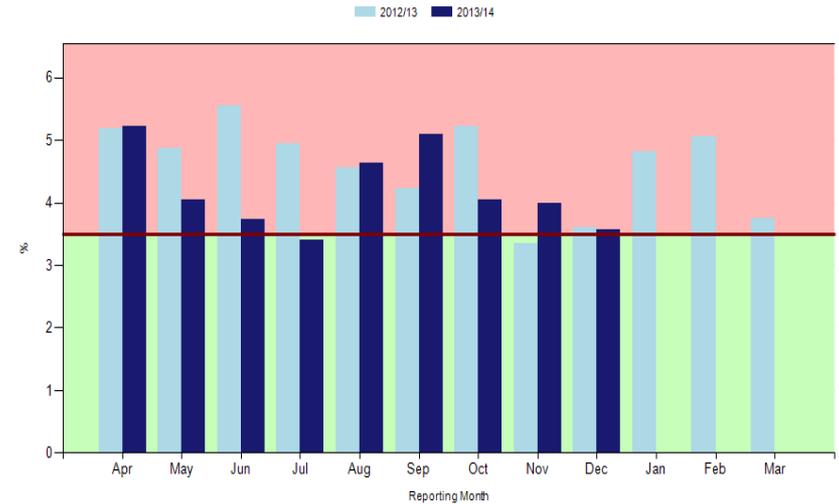
This indicator reports the percentage of Delayed Transfers of Care. This should be maintained at a minimum level. The organisation has a target of less than 3.5%. By achieving this target, the organisation can demonstrate that it offers accessible and responsive services that are delivered in a timely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

Performance has improved over the past three months and the percentage of delays is at its lowest since July 2013 at **3.57%** which is marginally above the target of 3.5%

Issues with access to Mental Health short term assessment beds has been a challenge during December. Health economy partners are working to resolve this issue, which remains in January. Additional winter capacity and focused conference calls has resulted in a improvement in our delayed transfer of care (DTOC) position.

Overall Trust position

Chart to show Delayed transfers as a percentage of admissions



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 (20.54) 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 December (i.e. part of Q3) is 19.94% and therefore the target is being achieved. **The ability of the Trust to achieve the required combined response rate at the end of Q4 is a concern and therefore there is a risk of failing this CQUIN.**

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	57	18	4	3	82	67.09	556	14.75
Renal/Transplant	17	3	3	2	25	60.87	77	32.47
Emergency Department (Includes ED)	592	138	91	9	830	61.02	4615	17.98
Neurosciences	42	14	2	0	58	68.97	184	31.52
Oncology & Haematology	15	5	1	1	22	66.67	148	14.86
Surgery	97	44	9	2	152	58.67	747	20.35
Trauma & Orthopaedics	132	33	12	1	178	67.80	324	54.94
Women & Children (Includes CED and Gynae Short Stay)	36	16	9	5	66	44.26	496	13.31
Ambulatory Care (Includes Eye Unit)	214	48	18	3	283	70.00	1224	23.12
Anaesthetics	0	0	0	0	0	-	7	0.00
Care of the Elderly	60	23	9	0	92	55.43	702	13.11
Unknown Specialty	11	3	3	6	23	47.06	0	-
Grand Total	1273	345	161	32	1811	62.51	9080	19.94

A&E position

Area	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	589	137	91	8	825	60.95	4570	18.1
Women and Children	19	8	5	2	34	43.75	378	9.0
Eye Unit	186	35	16	3	240	71.73	1041	23.1
Total	794	180	112	13	1099	62.80	5989	18.4

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	45	16	4	2	67	63.08	337	19.88
101 : Urology	8	4	0	0	12	66.67	66	18.18
102: Transplantation Surgery	3	1	0	0	4	75.00	7	57.14
103 : Breast Surgery	3	2	0	0	5	60.00	15	33.33
104 : Colorectal Surgery	4	2	0	0	6	66.67	17	35.29
105 : Hepatobiliary Surgery	0	0	0	0	0	-	1	0.00
106 : Upper GI Surgery	0	0	0	0	0	-	1	0.00
107 : Vascular Surgery	2	1	1	0	4	25.00	18	22.22
110 : Trauma & Orthopaedics	132	33	12	1	178	67.80	324	54.94
120 : ENT	10	8	0	0	18	55.56	60	30.00
130 : Ophthalmology	6	2	0	0	8	75.00	25	32.00
141 : Restorative Dentistry	0	0	0	0	0	-	1	-
144 : Maxillo-Facial Surgery	6	4	0	0	10	60.00	44	22.73
150 : Neurosurgery	32	7	1	0	40	77.50	140	28.57
160 : Plastic Surgery	6	3	1	0	10	50.00	47	21.28
170 : Cardiothoracic Surgery	14	3	0	0	17	82.35	109	15.60
180 : Accident & Emergency	3	1	0	1	5	75.00	45	11.11
192 : Critical Care	0	0	0	0	0	-	7	-
300 : Acute Medicine	18	6	2	0	26	61.54	143	18.18
301 : Gastroenterology	12	4	3	0	19	47.37	138	13.77
302 : Endocrinology	5	3	0	0	8	62.50	59	13.56
303 : Clinical Haematology	5	0	0	0	5	100.00	47	10.64
305 : Clinical Pharmacology	0	0	0	0	0	-	34	-
306 : Hepatology	1	0	0	0	1	100.00	2	50.00
307 : Diabetic Medicine	2	1	0	0	3	66.67	55	5.45
314 : Rehabilitation	8	3	0	0	11	72.73	7	157.14
320 : Cardiology	18	3	0	1	22	85.71	154	14.29
330 : Dermatology	0	1	0	0	1	0.00	1	100.00
340 : Respiratory Medicine	19	12	4	2	37	42.86	250	14.80
350 : Infectious Diseases	6	0	0	0	6	100.00	43	13.95
361 : Nephrology	14	2	3	2	21	57.89	70	30.00
400 : Neurology	10	7	1	0	18	50.00	44	40.91
410 : Rheumatology	15	6	2	0	23	56.52	9	255.56
430 : Age related Medicine	34	14	7	0	55	49.09	552	9.96
502 : Gynaecology	14	8	4	2	28	38.46	92	30.43
503 : Gynaecological Oncology	3	0	0	1	4	100.00	26	15.38
800 : Clinical Oncology	10	5	1	1	17	56.25	101	16.83
901 : Occupational Medicine	0	0	1	0	1	-100.00	0	-
999a : Unknown Speciality	11	3	2	6	22	56.25	0	-
TOTAL	479	165	49	19	712	62.0	3091	23.03

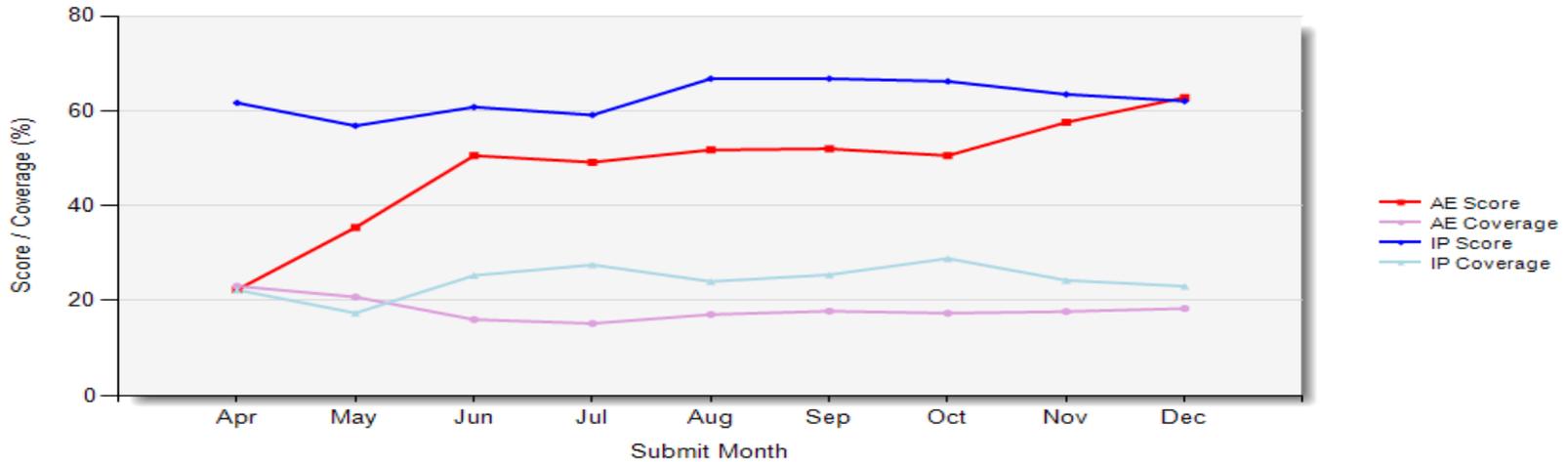
Ward position

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	2	0	0	0	2	100.00	5	40.0
Coronary Care Unit	6	1	0	0	7	85.71	50	14.0
Surgery on Day of Admission Ward	0	0	0	0	0	-	1	-
UA - Unknown Area	13	3	2	8	26	61.11	8	325.0
Ward 1	7	5	0	0	12	58.33	121	9.9
Ward 10	10	2	1	1	14	69.23	122	11.5
Ward 11	11	6	0	0	17	64.71	122	13.9
Ward 12/AMU1	11	2	0	0	13	84.62	71	18.3
Ward 2/AMU2 Short Stay	19	3	3	0	25	64.00	160	15.6
Ward 20	10	4	3	0	17	41.18	140	12.1
Ward 21	2	0	0	0	2	100.00	0	-
Ward 21 - Medicine	1	1	1	0	3	0.00	60	5.0
Ward 21 - Surgery	9	1	1	0	11	72.73	69	15.9
Ward 22	13	5	0	0	18	72.22	0	-
Ward 22 - ECU	3	0	1	0	4	50.00	16	25.0
Ward 22 - SAU	6	2	1	0	9	55.56	116	7.8
Ward 22a - Vascular	5	1	1	0	7	57.14	52	13.5
Ward 23	26	13	6	2	47	44.44	180	26.1
Ward 3	13	6	2	0	21	52.38	49	42.9
Ward 30	9	8	0	2	19	52.94	116	16.4
Ward 31 - Respiratory Med	17	5	4	0	26	50.00	179	14.5
Ward 32	39	20	1	2	62	63.33	188	33.0
Ward 33 - Renal	9	1	2	0	12	58.33	58	20.7
Ward 33 - Short Stay	12	6	2	0	20	50.00	117	17.1
Ward 33 - Urology	8	8	0	0	16	50.00	81	19.8
Ward 34 - IP Haematology	6	0	0	0	6	100.00	50	12.0
Ward 35	10	5	1	1	17	56.25	114	14.9
Ward 40	1	5	0	0	6	16.67	58	10.3
Ward 41 - Stroke	4	3	1	0	8	37.50	53	15.1
Ward 42	7	3	1	0	11	54.55	68	16.2
Ward 42 - Neurology Rehabilitation	1	0	0	0	1	100.00	0	-
Ward 43 - Neurosurgery	26	4	1	0	31	80.65	111	27.9
Ward 50	13	2	1	1	17	75.00	68	25.0
Ward 52	23	9	5	0	37	48.65	123	30.1
Ward 53	12	3	3	1	19	50.00	99	19.2
Cedar Unit	97	20	3	1	121	78.33	154	78.6
Hoskyn Ward	8	2	2	0	12	50.00	49	24.5
Mulberry Ward	10	3	0	0	13	76.92	29	44.8
Oak Ward	0	3	0	0	3	0.00	33	9.1
UA - Unknown Area	0	0	0	0	0	-	1	0.0
Grand Total	479	165	49	19	712	62.0	3091	23.03

Excellence in patient experience – standard reporting item

Friends and Family Test- Trend Analysis

Score and Coverage (AE and IP)



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
Nov	57.57	17.7	63.46	24.28
Dec	62.8	18.35	62.05	23.03

How the Score is calculated:

The number of promoters are subtracted from the number of detractors, and the resulting number 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 Unlikely Extremely Unlikely Don't know	Detractors

Increase in A&E Score

The A&E score has seen a month on month improvement since July 2013 with December 2013 recording its highest score to date. The Trust's local 'Impressions' information also reports patients having a increased satisfaction with the Emergency Department (ED). There has not been a study conducted yet, however the Getting Emergency Care Programme that started in Sept/Oct 2013 has been cited as the main reason for this improvement, with more patients being seen and treated in 4 hours.

Excellence in patient experience – standard reporting item

Friends and Family Test- Maternity

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	40	13	1	0	54	72.22	497	10.9
Question 2 : Labour/birth	30	8	0	0	38	78.95	497	7.6
Question 3 : Postnatal hospital	16	5	1	1	23	68.18	497	4.6
Question 4 : Postnatal Community	12	1	1	0	14	78.57	475	2.9
Total	98	27	3	1	129	74.22	1966	6.6

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 been tasked to complete an action plan to ensure the 15% response rate is met. A weekly target has been set within the team. The CQUIN for 2013/14 was to roll out FFT to Maternity services which UHCW has completed and 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

This summary details the overall performance for the Trust for all of the **Value for Money** indicators in December.

The Trust has refreshed its value for money scorecard indicators at month 9. Four of the finance indicators previously reported in the Trust scorecard were aligned to Monitor's Compliance Framework; EBITDA margin, I&E surplus margin, liquidity ratio (days) and the Monitor financial risk rating (FRR). From 1 October 2013, the Compliance Framework was replaced by the Risk Assessment Framework, which will apply to all providers of NHS services from 1 April 2014. One of the most significant changes in the framework is to replace the FRR with the continuity of services rating (called combined risk rating on the scorecard). This indicator identifies the level of risk to the on going availability of key services and is calculated as the weighted average score from the liquidity days and capital services capacity indicators also reported in the scorecard from this month.

Previously the Trust has reported 3 other financial indicators showing actual versus plan; pay expenditure, non pay expenditure and CIP. These have been replaced by two new indicators; forecast I&E compared to plan and forecast recurring and non recurring efficiency compared to plan. This reflects the current focus of the Trust on year end outturn ensure that any emerging future financial issues are reported to the Board so that appropriate action can be taken to address them on a timely basis.

The Trust has a **YTD liquidity days ratio of -24.3 compared to a YTD plan of -26.2.**

The Trust's **YTD capital services ratio is 1.3 compared to a YTD plan of 1.4.** Further detail is provided in the escalation.

The Trust's combined risk rating is on plan at 2.

The Trust continues to forecast a year end breakeven surplus of £2,927k in line with the control total in the financial plan monitored by the TDA. There is significant inherent risk contained within the forecast and management action is required to achieve this.

The Trust continues to underperform against its CIP target. The forecast outturn at month 9 is £17.45m against a target of £25m. This is in escalation. Further details are provided overleaf.

Value for Money – area of underperformance

Capital services capacity ratio

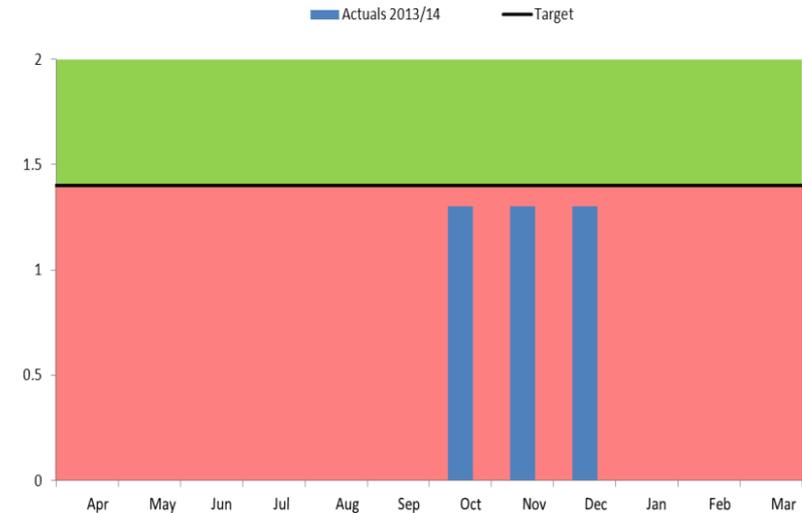
Commentary

This indicator reports the Trust's capital service capacity and shows the number of times the Trust's generated income covers its financing obligations. It is calculated as EBITDA divided by annual debt service (PDC dividend payment, interest costs and loan repayment). Based on the 2013/14 financial plan submitted to the TDA the Trust has a YTD plan of 1.4 for December.

The Trust has achieved a rating of 1.3 YTD. This is due to EBITDA being below plan as a result of operational cost pressures and unidentified CIP.

This financial metric was introduced by Monitor from 1 October 2013 therefore data is shown from this date.

Overall Trust position



Value for Money – area of underperformance

Forecast recurrent and non recurrent efficiency (CIP)

Indicator Range:			Performance			Timeframe to meet Standard
Red	Amber	Green	In Month	YTD	Forecast	
> -15% of plan	> -5% < -15%	< -5% of plan	-37.5%	-26.5%	-30.2%	end Q4 2013/14

Commentary

This indicator reports the forecast efficiency delivery. The Trust has a target of £25million. Reporting on the target enables the organisation to assess the progress of efficiency savings.

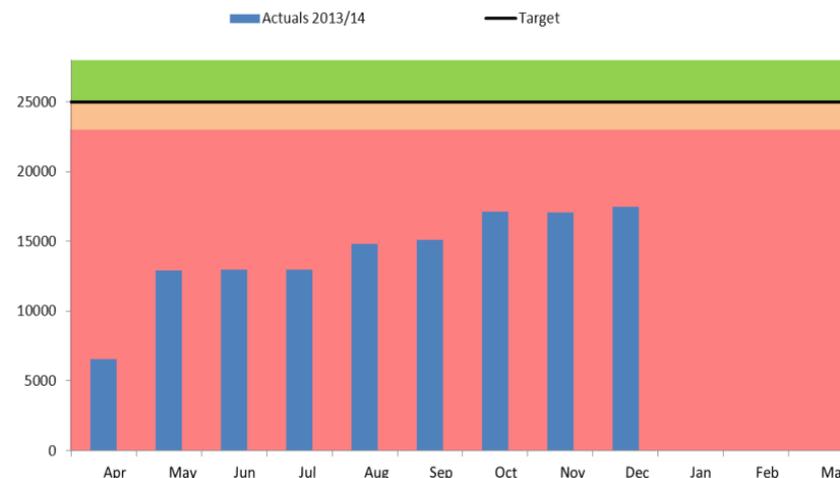
Forecast delivery is below plan due to £5.5m of the total plan remaining unidentified and delivery slippage of £2.1m on identified schemes.

CIPs are currently forecast to deliver £17.4m of the £25m target based on schemes identified at the end of December.

Monthly performance meetings continue to be held with all clinical groups which address finance and CIP performance. The PPMO are monitoring Groups to ensure that development opportunities with Quarter 4 saving opportunities are implemented as soon as possible. Chief Officers receive weekly updates on the CIP position to ensure there is a continued focus at Executive level on delivery of the £25m target.

The CIP Steering Group continues to performance manage the scoping and development of strategic schemes.

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 **77.81%** 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 **74.05%** Consultant appraisal rate. This is below target and shows a further decrease of 2.71% from last month.
- The Trust has recorded **71.48%** compliance with mandatory training. This is a marginal increase from last month but remains below target.
- The Trust has recorded a **4.77%** Sickness rate. This is 0.77% over the revised target of 4.00%.

Employer of choice – area of underperformance

Appraisal rate

Commentary

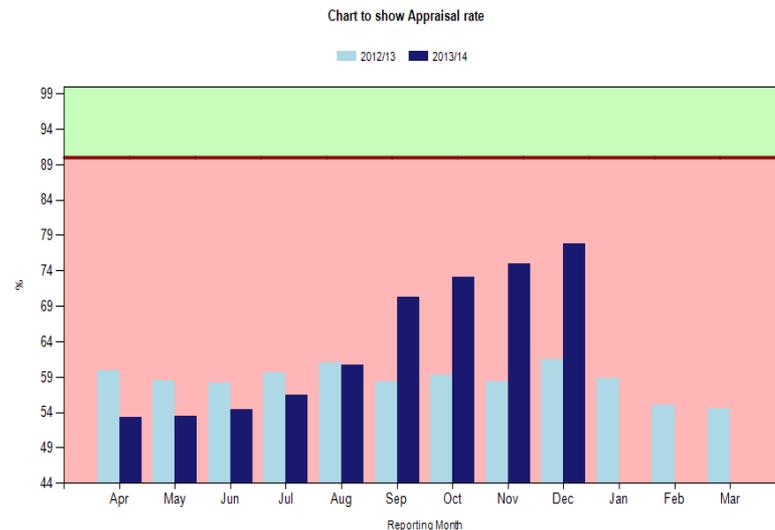
This indicator reports all staff other than medical staff in relation to whether they have received an appraisal in the previous 12 month period. The Trust has established an overall target of 100% of those eligible to undertake an appraisal process. However, this report provides for a target of 80% 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 **77.81%**. This is now the highest rate demonstrated by the Trust since the workforce KPI reports were first produced 3 ½ years ago.

However, there are teams/groups that stop the Trust from producing even better results. The groups which remain below 70% compliance are: Delivery Unit (54.76%), Trauma & Orthopaedics (57.58%), Cardiac & Respiratory (66.91%) and Core Services (66.91%).

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.

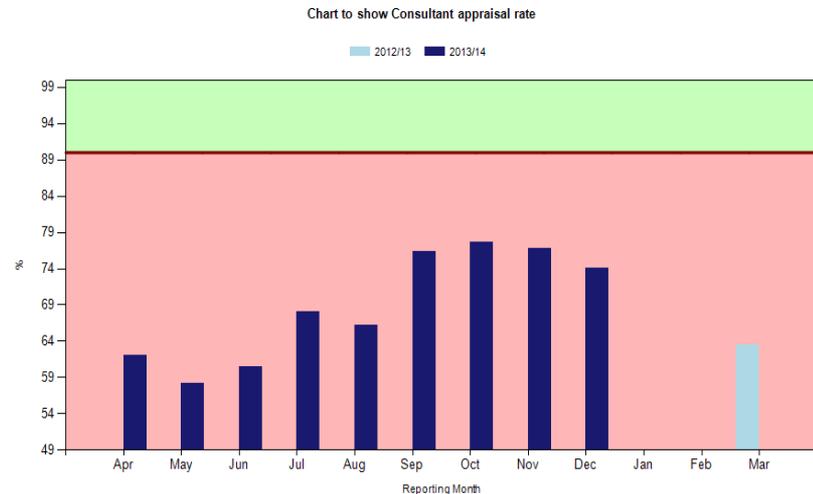
In addition, this is a contractual and professional requirement for all consultants to ensure satisfactory revalidation. In addition, consultants are required to demonstrate that they have undertaken a satisfactory appraisal in the previous 12 months as a prerequisite for an application to the clinical excellence awards.

Consultant Appraisal rates have decreased slightly to **74%**. The monthly workforce key performance indicator report highlights that there are six Groups indicating significantly poor rates for consultant appraisal of under 70% (with 3 Groups under 40%):

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

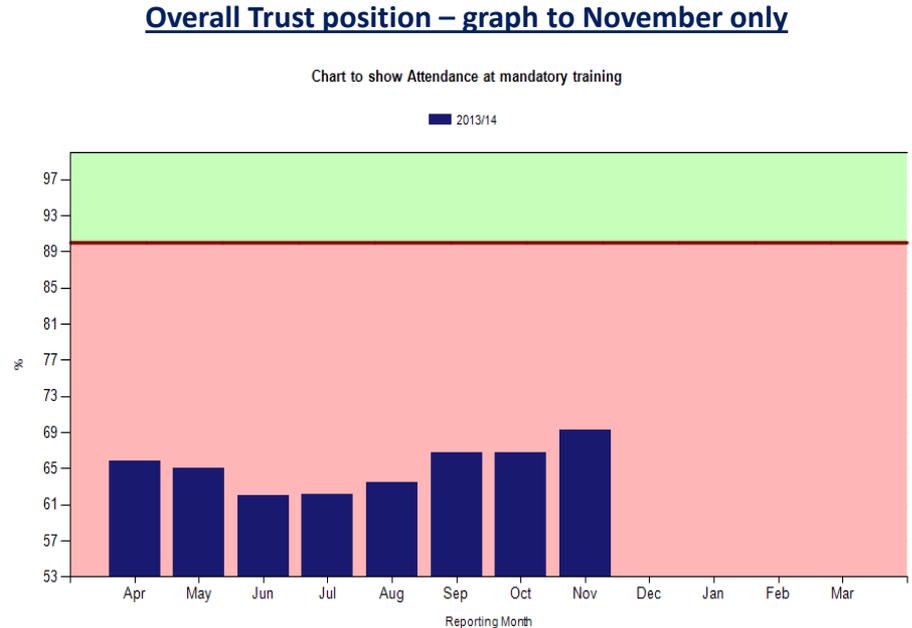
Commentary

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 December has risen to 71.48% which demonstrates an improvement from the previous report.

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

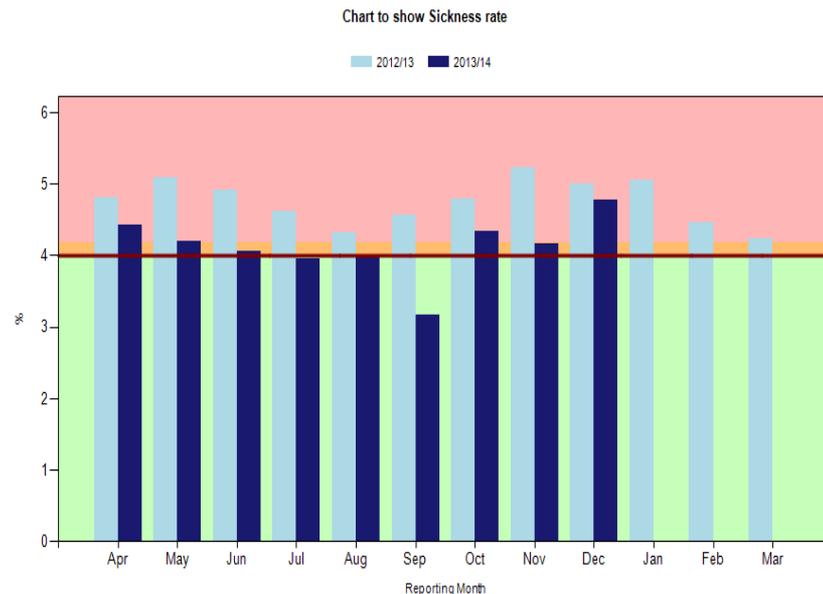
This indicator reports the percentage of sickness recorded in the organisation against the overall hours. The rate of absence provides an indication of the wider health of the business as it takes consideration of various factors such as motivation and the general health & well being of the workforce.

The absence rate for December has risen to **4.77%** since the previous report. The following Speciality Groups show sickness above 5%:- Theatres 7.2%, Anaesthetic 6.25%, Emergency Department 5.59% and Care of the Elderly 5.52%

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 2987 against a year to date plan of 2478 and therefore achieves the target.
- 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.

The above 2 metrics for clinical research are updated on a quarterly basis. The next refresh is due next month.

A further indicator on peer-reviewed publications is under development for future reporting.

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 (i.e. whether or not the target number of patients have been recruited within the agreed specified timeframe).

Overall Trust position 1st October 2012 to 30th 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 2014 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

Statement of Comprehensive Income	2013/14				Year To Date			Month		
	TDA Plan	Plan	Forecast	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	Outturn £000	£000	£000	£000	£000	£000	£000	£000
Income										
Contract income from activities	434,305	437,927	439,854	1,927	329,849	332,271	2,422	37,111	36,909	(202)
Other income from activities	13,558	12,186	11,970	(216)	9,155	9,030	(125)	1,010	1,019	9
Other Operating Income	68,217	66,837	73,284	6,447	50,106	55,643	5,537	5,572	8,978	3,406
Total Income	516,080	516,950	525,108	8,158	389,110	396,944	7,834	43,693	46,906	3,213
Operating Expenses										
Pay	(280,206)	(287,713)	(306,185)	(18,472)	(216,299)	(228,206)	(11,907)	(23,763)	(25,328)	(1,565)
Non Pay	(171,518)	(176,177)	(178,948)	(2,771)	(133,087)	(133,117)	(30)	(14,542)	(15,394)	(852)
CIP gap to target delivery		0	7,555	7,555						
Additional savings required		0	2,876	2,876						
Reserves	(13,755)	(4,198)	(89)	4,109	(3,708)	107	3,815	(275)	34	309
Total Operating Expenses	(465,479)	(468,088)	(474,791)	(6,703)	(353,094)	(361,216)	(8,122)	(38,580)	(40,688)	(2,108)
EBITDA	50,601	48,862	50,317	1,455	36,016	35,728	(288)	5,113	6,218	1,105
EBITDA Margin %	9.8%	9.5%	9.6%		9.3%	9.0%		11.7%	13.3%	
Non Operating Items										
Profit / loss on asset disposals	0	0	11	11	0	11	11	0	1	1
Fixed Asset Impairments		0	(1,141)	(1,141)	0	(1,141)	(1,141)	0	0	0
Depreciation	(19,833)	(18,662)	(18,662)	0	(13,996)	(13,996)	0	(1,555)	(2,696)	(1,141)
Interest Receivable	83	83	69	(14)	62	52	(10)	7	2	(5)
Interest Charges	(272)	(272)	(272)	0	(204)	(207)	(3)	(23)	(22)	1
Financing Costs	(25,360)	(25,292)	(25,292)	0	(18,969)	(19,048)	(79)	(2,108)	(2,171)	(63)
PDC Dividend	(2,719)	(2,219)	(2,028)	191	(1,664)	(1,521)	143	(185)	(176)	9
Total Non Operating Items	(48,101)	(46,362)	(47,315)	(953)	(34,771)	(35,850)	(1,079)	(3,864)	(5,062)	(1,198)
Net Surplus/(Deficit)	2,500	2,500	3,002	502	1,245	(122)	(1,367)	1,249	1,156	(93)
Net Surplus Margin %	0.5%	0.5%	0.8%		0.3%	0.3%		2.9%	2.5%	

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 9 – 2013/14

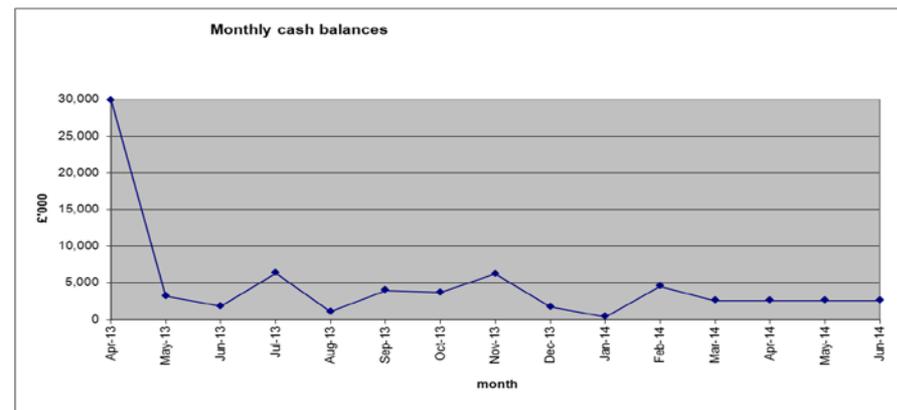
Statement of Financial Position

Statement of Financial Position	2013/14 Forecast			Year To Date			Month		
	Plan £000	Forecast Outturn £000	Variance £000	Plan £000	Actual £000	Variance £000	Month £000	Actual £000	Variance £000
Non-current assets									
Property, plant and equipment	362,328	359,858	(2,470)	345,242	335,182	(10,060)	(612)	1,459	2,071
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	36,426	38,989	2,563	(86)	(746)	(660)
Total non-current assets	396,036	398,242	2,206	385,295	377,799	(7,496)	(698)	713	1,411
Current assets									
Inventories	10,864	9,864	(1,000)	10,364	9,790	(574)	0	164	164
Trade and other receivables	18,685	16,685	(2,000)	17,098	28,840	11,742	(4,689)	(2,722)	1,967
Cash and cash equivalents	2,562	2,562	0	1,137	1,711	574	(449)	(4,502)	(4,053)
	32,111	29,111	(3,000)	28,599	40,341	11,742	(5,138)	(7,060)	(1,922)
Non-current assets held for sale	0	0	0	0	0	0	0	0	0
Total current assets	32,111	29,111	(3,000)	28,599	40,341	11,742	(5,138)	(7,060)	(1,922)
Total assets	428,147	427,353	(794)	413,894	418,140	4,246	(5,836)	(6,347)	(511)
Current liabilities									
Trade and other payables	(37,902)	(34,908)	2,994	(39,399)	(52,267)	(12,868)	7,046	7,634	588
Borrowings	(8,606)	(8,606)	0	(8,023)	(8,023)	0	0	0	0
DH Working Capital Loan	(500)	0	500	0	0	0	0	0	0
DH Capital loan	(2,160)	(2,400)	(240)	(1,500)	(1,500)	0	0	0	0
Provisions	(192)	(241)	(49)	(3,453)	(814)	2,639	0	98	98
Net current assets/(liabilities)	(17,249)	(17,044)	205	(23,776)	(22,263)	1,513	1,908	672	(1,236)
Total assets less current liabilities	378,787	381,198	2,411	361,519	355,536	(5,983)	1,210	1,385	175
Non-current liabilities:									
Trade and other payables									
Borrowings	(272,174)	(271,459)	715	(273,123)	(273,590)	(467)	40	(326)	(366)
DH Working Capital Loan	(4,500)	0	4,500	0	0	0	0	0	0
DH Capital loan	(12,695)	(14,850)	(2,155)	(7,500)	(7,500)	0	0	0	0
Provisions	(2,359)	(2,304)	55	(2,455)	(2,449)	6	0	97	97
Total assets employed	87,059	92,585	5,526	78,441	71,997	(6,444)	1,250	1,156	(94)
Financed by taxpayers' equity:									
Public dividend capital	24,870	24,870	0	24,870	24,870	0	0	0	0
Retained earnings	16,734	12,584	(4,150)	15,479	9,459	(6,020)	1,250	1,156	(94)
Revaluation reserve	45,455	55,131	9,676	38,092	37,668	(424)	0	0	0
Total Taxpayers' Equity	87,059	92,585	5,526	78,441	71,997	(6,444)	1,250	1,156	(94)

Month 9 – 2013/14

Cash Flow

Cash Flow	Apr-13 £000	May-13 £000	Jun-13 £000	Jul-13 £001	Aug-13 £002	Sep-13 £003	Oct-13 £000	Nov-13 £000	Dec-13 £000	Jan-14 £000	Feb-14 £000	Mar-14 £000	Total £'000
EBITDA	1,563	3,390	2,113	5,956	3,774	2,453	5,819	4,448	6,150	6,424	3,506	4,723	50,319
Donated assets received credited to revenue but non-cash	0	0	0	0	0	0	0	0	(1,300)	0	0	(295)	(1,595)
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)	(1,966)	0	(195)	(97)	(40)	(581)	(5,826)
Operating cash flows before movements in working capital	(4,727)	2,556	2,091	(2,318)	3,977	482	(2,443)	4,409	4,615	34	3,427	3,044	15,147
Movements in Working Capital	32,147	(24,444)	(1,112)	9,881	(7,852)	53	4,485	(991)	(6,590)	3,166	4,265	(11,322)	1,686
Net cash inflow/(outflow) from operating activities	27,420	(21,888)	979	7,563	(3,875)	535	2,042	3,418	(1,975)	3,200	7,692	(8,278)	16,833
Capex spend	(1,409)	(3,575)	(2,360)	(1,771)	(1,387)	3,165	(1,105)	(861)	(2,504)	(3,074)	(3,493)	(1,916)	(20,290)
Interest received	13	5	4	11	6	4	5	3	2	6	6	6	71
Cash receipt from asset sales	0	226	0	227	0	0	260	0	0	0	0	0	713
Net cash inflow/(outflow) from investing activities	(1,396)	(3,344)	(2,356)	(1,533)	(1,381)	3,169	(840)	(858)	(2,502)	(3,068)	(3,487)	(1,910)	(19,506)
CF before Financing	26,024	(25,232)	(1,377)	6,030	(5,256)	3,704	1,202	2,560	(4,477)	132	4,205	(10,188)	(2,673)
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)	(1,499)	(25)	(25)	(1,496)	(25)	(27)	(6,178)
Drawdown of new DH loan	0	0	0	0	0	0	0	0	0	0	0	9,000	9,000
Net cash inflow/(outflow) from financing	(25)	(1,482)	(25)	(1,499)	(25)	(775)	(1,499)	(25)	(25)	(1,496)	(25)	8,223	1,322
Net cash outflow/inflow	25,999	(26,714)	(1,402)	4,531	(5,281)	2,929	(297)	2,535	(4,502)	(1,364)	4,180	(1,965)	(1,351)
Opening Cash Balance	3,913	29,912	3,198	1,796	6,327	1,046	3,975	3,678	6,213	1,711	347	4,527	3,913
Closing Cash Balance	29,912	3,198	1,796	6,327	1,046	3,975	3,678	6,213	1,711	347	4,527	2,562	2,562



Month 9 – 2013/14 Capital Expenditure

NHS Trust

Capital Resource Limit (CRL)	2013/14			Year To Date			Month		
	Plan	Forecast	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	Outturn £000	fav/(adv) £000	£000	£000	fav/(adv) £000	£000	£000	fav/(adv) £000
Confirmed CRL	6,952	6,952	0	6,952	6,952	0	274	0	(274)
Forecast CRL for PFI	14,372	9,696	(4,676)	6,140	3,462	(2,678)	86	707	621
Forecast CRL for Finance leases	1,218	351	(867)	694	351	(343)	0	351	351
Forecast CRL for non PFI	6,605	4,000	(2,605)	680	0	(680)	680	0	(680)
Total Forecast CRL	29,147	20,999	(8,148)	14,466	10,765	(3,701)	1,040	1,058	18
Capital Expenditure Programme									
Major Schemes	2013/14			Year To Date			Month		
	Plan	Forecast	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	Outturn £000	£000	£000	£000	£000	£000	£000	£000
PFI lifecycle	14,372	9,696	4,676	6,140	3,462	2,678	86	707	(621)
Site Infrastructure/access development	2,450	1,183	1,267	0	169	(169)	0	0	0
Critical care beds	586	375	211	586	351	235	0	351	(351)
Pathology Replacement Project (Net UHCW)	620	149	471	362	46	316	163	3	160
PACS Replacement Project	692	950	(258)	692	827	(135)	0	(1)	1
E'Prescribing	710	120	590	140	20	120	50	4	46
Technology Refresh - PC and peripherals including PDA's	750	475	275	485	456	29	50	(14)	64
VitalPAC Replacement scheme	940	40	900	460	27	433	30	(2)	32
Aggregated Other Schemes	8,480	9,348	(868)	6,054	5,112	942	661	4,641	(3,980)
Total Capital Expenditure	29,600	22,336	7,264	14,919	10,470	4,449	1,040	5,689	(4,649)
Less: Donated/granted Asset Purchases	0	1,595	1,595	0	1,300	1,300	0	1,300	1,300
Less: Book value of assets disposed of:	453	713	260	453	713	260	0	0	0
Net Charge against CRL	29,147	20,028	9,119	14,466	8,457	6,009	1,040	4,389	-3,349
Under/(Over)Commitment against CRL (total)	0	971	971	0	2,308	2,308	0	(3,331)	(3,331)

Month 9 – 2013/14 Capital Financing

	2013/14 Plan £'000	2013/14 Forecast outturn £'000	Movements £'000	Comments
Capital Expenditure				
Gross Capital Expenditure	29,600	21,148	-8,452	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
Total Non-PFI Capital Expenditure	15,228	11,452	-3,776	
Capital Financing				
Depreciation				
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	
Net Depreciation	7,341	6,820	-521	
Movement in Capital Payables/Receivables				
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	
Movement in Capital Payables/Receivables	734	131	-603	
Other Funding Sources				
Grants and Donations	0	295	295	
Net Book Value of Non-Current Asset Disposals	453	713	260	
Other Funding Sources	453	1,008	555	
Revenue Surplus				
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	
Surplus Applied to Capital	1,595	993	-602	
Total Internally Generated Funds	10,123	8,952	-1,171	
External Funding				
New Public Dividend Capital (PDC)	0	0	0	
New Capital Investment Loans (CIL)	6,605	4,000	-2,605	Reduced to minimum loan required to fund 'must do' 2013/14 schemes.
Capital Investment Loan Repayments	-1,500	-1,500	0	
Total External Funding	5,105	2,500	-2,605	
Total Capital Funding	15,228	11,452	-3,776	
Capital Surplus/(Deficit)	0	0	0	

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

29 JANUARY 2014

Subject:	Private Trust Board Meeting Session Report of 27 November 2014
Report By:	Trevor Robinson, Chairman
Author:	Moosa Patel, Interim Director of Corporate Affairs
Accountable Executive Director:	Trevor Robinson, Chairman

PURPOSE OF THE REPORT:

To advise the Board of the substantive agenda items discussed at the Private Trust Board Session held 27 November 2013 and of any key decisions/outcomes made by the Trust Board.

SUMMARY OF KEY ISSUES:

Items discussed included:

Chief Executives Report - The Board received assurance from the report.

Development of a Robot Assisted Surgery Programme - The Board approved the purchase of a reconditioned robot.

External Support George Eliot Hospital Tender - The Board approved the Chief Executive Officer to contract with the most suitable consultancy that offers the best value for money and support to the Trust.

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.

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:

Trust Standing Committee	Date	Trust Standing Committee	Date
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

29 JANUARY 2014

Subject:	Quality Governance Committee October 2013
Report By:	Paul Martin, Director of Clinical Governance
Author:	Paul Martin, Director of Clinical Governance
Accountable Executive Director:	Meghana Pandit, Chief Medical Officer

PURPOSE OF THE REPORT:

To advise Trust Board that the Quality Governance Committee meeting on 28 October 2013 was held despite not being quorate.

SUMMARY OF KEY ISSUES:

- **Minutes, actions, and matters** arising from September 2013 meeting could not be approved as the meeting was not quorate.
- **Patient Experience Committee** – report presented and the Committee were advised that the Friends and Family test had just begun and was designed to help monitor Patient Experience more closely.
- **Patient Safety Committee** – report presented and the Committee were advised that the last Patient Safety Committee meeting was attended by a Junior Doctor Registrar. It is hoped this will be a regular practice as it is seen as a positive step in order to observe proceedings at first hand. The Deanery visit will be a recurrent Patient Safety Committee agenda item until the actions were resolved. Mortality HSMR & SHMI Report and current figures were presented. Significant Incident Group (SIG) report was presented and explained the processes involved, including the types of Significant Incidents, the weekly Significant Incident Group and reporting responsibilities to the commissioners.
- **Risk Committee** – Report presented and the Committee were advised that all the risks are held on Datix so all risks, incidents, complaints and claims are held in the same place. It was acknowledged that substantial progress has been made in ensuring that the risks are kept up to date due to the Quality Patient Safety Team’s monitoring of the register.
- **Integrated Performance Report** – this report was presented and the Committee were advised it was the first time the report had been given to this Committee. The purpose of the report and the associated scorecards currently being developed was explained.
- **CQC QRP Report** – this report was presented and the Committee were advised it was the last time the report would appear in this format due to developments in the method of reporting information. In future it will be a smaller report giving more relevant data.
- **QGC Annual Report** – this report was presented and the Committee were advised that it should be considered later in the year whether the process needed to be altered. The number of non-quorate meetings was discussed and it was felt that this needed to be addressed in the future.
- **Infection Prevention and Control** – this report was presented and advised it is currently a very exciting time as the department has been nominated for various awards and have won the inaugural Infection Prevention Society Team of the Year UK and Ireland Award. In addition to this positive progress is being made with many of the figures.
- **Maternity Dashboard** – This report was presented and the meeting was advised that all figures are showing positive results and that currently the department is functioning very well.
- **Patient Safety Thermometer** – this report was presented and the meeting was advised the Trust is doing well against all National targets, but the CQUIN targets are very challenging.
- **Francis Inquiry Report** – this report was presented and the meeting advised that any areas of overlap are cross referenced when presented to Trust Board.

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

29 JANUARY 2014

RECOMMENDATION / DECISION REQUIRED:

For assurance to the Board.

IMPLICATIONS:

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

COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:

Trust Standing Committee	Date	Trust Standing Committee	Date
Quality Governance Committee		Remuneration Committee	
Finance and Performance Committee		Chief Officers Group	
Audit Committee			

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

29 JANUARY 2014

Subject:	Quality Governance Committee November 2013
Report By:	Paul Martin, Director of Clinical Governance
Author:	Paul Martin, Director of Clinical Governance
Accountable Executive Director:	Meghana Pandit, Chief Medical Officer

PURPOSE OF THE REPORT:

To advise Trust Board of the details of the Quality Governance Committee meeting on 27 November 2013 and also approve the Quality Governance Committee Terms of Reference.

SUMMARY OF KEY ISSUES:

- **TRAINING EDUCATION & RESEARCH** - report presented on a visit by the School of Medicine on behalf of the Deanery to review the education and training of junior doctors in the Acute Medicine Department, which took place on Thursday 19th September 2013. Underlying problems causes, and remedies were discussed and a review paper is to be circulated as soon as complete.
- **PATIENT EXPERIENCE COMMITTEE** - report presented. Wards 31 and 41 are working to address issues highlighted through Impressions and FFT data. Patient information is due to be reviewed by the Health Information Librarian.
- **PATIENT SAFETY COMMITTEE** - report presented and the key areas were Transfusion Report; Resuscitation Report; Obs & Gynae QPS; Acute Medicine. All issues in process of being addressed. Mortality HSMR & SHMI Report was presented and it was confirmed the high July figures are being investigated. The Significant Incident Group report highlighted a Never Event which took place in November and is still under investigation.
- **INFORMATION & ICT COMMITTEE** - report presented and Committee advised about the formation of a new Health Records Assurance Committee, which will be the route through which the Trust's strategy for health records will be agreed and assured.
- **RISK COMMITTEE** - report and Risk Register presented. It was confirmed that all risks overdue for review are presented monthly to the Risk Committee, who ensure the owners are contacted for updates.
- **INTEGRATED PERFORMANCE REPORT** - Due to the timing of the meeting it had not been possible to circulate the report prior to QGC and therefore the majority of members, including executives, had no copies of this, consequently the details of the report were not considered and this was reported at Board two days later.
- **THE REVISED INTEGRATED PERFORMANCE REPORT** - this was presented and which was aimed at providing an understanding of the current project position regarding FT application and status.
- **FRIENDS & FAMILY REPORT** - report presented and advised it is currently proposed to role out in April 2015. It was reported that all the Trust figures are very good. Discussion followed regarding the best usage of the scores and whether to consolidate with other measures.
- **CODING REPORT** - report was presented and the current audit results are much improved on previous audits although work remains to be done to ensure all relevant documents are coded.
- **NURSING INDICATORS** - report was presented and the Committee were advised that all areas have been actively recruiting, but nursing vacancies remain high,
- **SAFEGUARDING VULNERABLE CHILDREN & ADULTS** - report was presented and highlighted that training compliance is in need of focus and this is being addressed.
- **PREVENT** - report was presented by Mark Radford who explained this is a national strategy to identify potential risks of radicalisation. MR is confident the UHCW have a robust system.
- **NURSING CARE ASSURANCE ASSESSMENT REVIEW WARD 53** - report was presented and it was felt it was a very good work method and the report was commended for its detail.
- **ACUITY** - this report was presented and explained it is about measuring the amount of care and attention a patient needs. A more detailed report will be forthcoming in due course.
- **TERMS OF REFERENCE** - there was discussion around the role of the Committee and membership. Based on the discussion the Director of Governance subsequently updated the Terms of Reference and they are attached for Board consideration and approval.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

29 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 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:

For assurance to the Board and approval of the terms of Quality Governance Committee reference

IMPLICATIONS:

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

COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:

Trust Standing Committee	Date	Trust Standing Committee	Date
Quality Governance Committee		Remuneration Committee	
Finance and Performance Committee		Chief Officers Group	
Audit Committee			

**Quality Governance Committee
Terms of Reference – v 7
November 2013**

1. Purpose

- 1.1. The purpose of the Quality Governance Committee is to support the Trust Board in assuring that the Trust delivers high quality, safe services to patient.
- 1.2. The Committee will ensure that adequate and appropriate quality governance structures, processes and controls are in place across the Trust and in each of its specialities, to:
 - (a) Promote safety, quality and excellence in patient care
 - (b) Ensure the effective and efficient use of resources through the evidence-based clinical practice.
 - (c) Protect the safety of employees and all others to whom the Trust owes a duty of care
 - (d) Ensure that effective systems and processes are in place to support high quality care through an effectual training and education and ICT infrastructure
 - (e) Ensure appropriate arrangements across the Trust are in place for identifying, prioritising and managing risk
- 1.3. It will oversee and monitor the corporate delivery of patient safety, patient experience, risk management, education and training, information and information technology and regulatory standards to ensure that the Trust has the appropriate strategies, processes, systems, policies, and procedures in place to deliver the necessary standards of care.
- 1.4. It will act as the principal source of advice and assurance to the Trust Board on patient safety and quality governance.

2. Membership

- 2.1. Membership of the Committee shall comprise the following 12 members:-
 - Three Non Executive Directors (one of whom will be Chair)
 - Chief Executive Officer
 - Chief Nursing Officer
 - Chief Medical Officer
 - Chief Operating Officer
 - Director of Governance
 - Chief Human Resources Officer
 - Associate Medical Director : Quality & Patient Safety
 - Associate Director of Nursing : Quality & Patient Safety
 - Trust Lay Representative
- 2.2. Only members of the Committee are entitled to be present at its meetings and will count towards quoracy, however, Chairs of reporting committees should ensure an appropriate deputy attends in their absence. The Committee may invite non-members to attend its meetings as it considers necessary.
- 2.3. Members will be required to attend as many meetings as possible and should maintain a minimum 80% attendance level. Where members are unable to attend they should submit their apologies in advance of the meeting.

- 2.4. The Trust Board Secretary may be in attendance at committee meetings as required, unless requested to be excluded by the Chair of the Committee, due to the nature of the business to be discussed.
- 2.5. The Associate Directors of Governance will be in attendance at all meetings of the Committee, unless requested to be excluded by the Chair of the Committee, due to the nature of the business to be discussed.
- 2.6. The Trust Board will review the membership of the Committee annually to ensure it meets the governance requirements of the Trust. Members will be required to attend at least 80% of the Committee meetings in any one year.
- 2.7. The Committee holds a key role in the governance of the Trust. For the avoidance of doubt Trust employees who serve as members of the Committee do not do so to represent or advocate for their service area but to act in the interests of the Trust as a whole and as part of the Trust wide governance structure.

3. Chair

- 3.1. The Quality Governance Committee will be chaired by a Non-Executive Director who is a member of the Committee.
- 3.2. The Chair of the Quality Governance Committee will nominate a deputy from the Non-Executive members to chair the meeting in their absence.

4. Secretariat

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

5. Quorum

- 5.1. To be quorate, at least half (6) of the total number of the members of the Committee must be present, including at least one of the Executive Directors and one of the Non Executive Directors.

6. Frequency of Meetings

- 6.1. The Committee shall meet ten times during the course of the financial year and an annual programme/schedule of business will be available.
- 6.2. Additional meetings of the Committee may be held on an exceptional basis at the request of the Chair or any three members of the Committee.

7. Notice of Meetings

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

8. Conduct of Meetings

- 8.1. The agenda for meetings will be determined by the Chair of the Quality Governance Committee.
- 8.2. Where relevant, agenda items will be based on an annual schedule of business.



- 8.3. The terms of reference will be formally reviewed by the Committee each year, and may be amended by the Committee at any time to reflect changes in circumstance which may arise.
- 8.4. A formal log of amendments to the Terms of Reference must be retained by the meeting Secretary for audit purposes.

9. Minutes of Meetings

- 9.1. The meeting Secretary will take the minutes of the meeting, including recording the names of those present and in attendance.
- 9.2. Minutes of the meeting shall be agreed by the Chair within one week of the meeting occurring, and shall be circulated promptly to all members of the Committee thereafter.
- 9.3. Minutes of the Committee meeting will be presented to the Trust Board. The Chair of the Committee shall draw attention of the Trust Board to any issues that require its particular attention or require it to take action.
- 9.4. The Secretary will maintain an action log of key actions and report completed and outstanding actions at each committee meeting.

10. Duties

- 10.1. Ensure that patient safety, health care standards and governance measures underpin each speciality's clinical delivery and that improvements required to meet high standards of patient care and governance measures are included as necessary in business and local delivery plans.
- 10.2. Approve the Terms of Reference and membership of its "reporting Committees/Groups" (as may be required from time to time at the discretion of the Committee) and oversee the work of those sub committees, receiving reports from them as specified by the Committee in the sub committee terms of reference for consideration and action as necessary.
- 10.3. Receive reports from the Risk Committee on clinical and non-clinical risks and escalate to the Executive and/or Trust Board any identified unresolved risks arising within the scope of these terms of reference that require Executive action or that pose significant threat(s) to the operation, resources or reputation of the Trust.
- 10.4. Receive progress reports against the clinical audit plan and by exception individual clinical audit reports.
- 10.5. Oversee the Trust's policies and procedures with respect to the use of clinical data and patient identifiable information to ensure that this is in accordance with all relevant legislation and guidance including the Caldicott Guidelines and the Data Protection Act 1998.
- 10.6. Promote within the Trust a culture of open, and honest reporting of any situation that may threaten the quality of patient care.
- 10.7. Ensure that there is an appropriate process in place to monitor and promote compliance across the trust with mandatory clinical standards and guidelines such as NICE guidelines, radiation use and protection regulations, NHSLA Risk Management Standards, resuscitation requirements and consent processes.



- 10.8. Oversee the processes within the Trust to ensure that appropriate action is taken in response to adverse clinical incidents, complaints and litigation and that examples of good practice and disseminated within the Trust and beyond, if appropriate.
- 10.9. Ensure that there is an appropriate mechanism in place for action to be taken in response to the results of clinical audit and the recommendations of any relevant external reports (eg from the CQC)
- 10.10. Review the Trust's Risk Management Strategy prior to its presentation to the Trust Board for approval.
- 10.11. Monitor the Trust compliance with those regulatory standards that are relevant to the Committee area of responsibility, in order to provide relevant assurance to the Trust Board so that it may approve the Trust Annual Declaration of Compliance.
- 10.12. Via a report from the Chief Internal Auditor, ensure that the Internal Audit plan includes the necessary audits of the quality governance framework to provide assurance to both the Quality Governance and Audit Committees.
- 10.13. Review the Trust's Annual Quality Report and Account prior to presentation to Trust Board for approval.
- 10.14. Undertake an annual review of the performance and function of the Committee and its satisfaction of these terms of reference.

11. Reporting Responsibilities

- 11.1. Following each meeting of the Quality Governance Committee, a summary report of the meetings main agenda and action points should be prepared for Trust Board by the Secretary and agreed by the committee chair.
- 11.2. The Committee is responsible for receiving reports from its sub-committees on a scheduled and regular basis;
 - Patient Safety Committee
 - Risk Committee
 - Patient Experience and Engagement Committee
 - Information and ICT Committee
 - HR, Equality and Diversity Committee
 - Training, Education and Research Committee

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

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

12. Authority

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



- 12.2. The Quality Governance Committee is authorised to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
- 12.3. The Committee is authorised to obtain independent professional advice as it considers necessary in accordance with these Terms of Reference.

Approval

- Outline Terms of Reference were discussed at the Quality Governance Committee meeting held on 28 November 2013 and agreed at that meeting

Review date: November 2014

Version number: 2013 v7

Author: Paul Martin, Director of Governance

Approved



UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

29 JANUARY 2014

Subject:	Finance and Performance Meeting Report – 28 October 2013
Report By:	Ms S Tubb, Non-Executive Director
Author:	Mrs G Nolan, Chief Finance Officer
Accountable Executive Director:	Mrs G Nolan, Chief Finance Officer

PURPOSE OF THE REPORT:

To advise the Board of the Finance and Performance Committee meeting agenda for 28 October 2013 and of any key decisions/outcomes made by the Finance and Performance Committee.

SUMMARY OF KEY ISSUES:

PLANNING REPORTS – BUSINESS CASE EVALUATION – MATERNITY SERVICES DEVELOPMENT

Members of the Women and Children's Management Team attended and presented the evaluation of the Business Case for the development of maternity services. The Committee noted that, at the time of the meeting, a number of vacancies were still to be recruited to but it was anticipated that these posts will be filled by the end of January 2014. The report identified that there had been an improvement in the patient experience and was evidenced by the recent Friends and Family Test results. The Committee received and noted the report.

PERFORMANCE REPORTS – RISK REGISTER

A summary of the finance risks included in the Corporate Risk Register was presented for review and comment. The report also provided a brief update on actions being taken by the Risk Committee to improve the consistency of reporting and recording risks in the Trust's Risk Register. The Committee reviewed the report and noted the action being taken by the Risk Committee to improve the consistency of reporting and recording of risks included in the Register.

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 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.

PLANNING REPORTS – ANNUAL PLAN UPDATE

The Committee were updated on the process for preparing 3 year annual plans for 2014/15 and beyond. A stocktake was carried out in October 2013 which resulted in Groups being asked to provide shortened versions by early November. With regard to the process for 2014/15, the Committee were informed that there would be an onward review in February 2014 of the current process. The Committee received and noted the updated report.

PERFORMANCE REPORTS – DELIVERY REPORT – CIPs CQUIN, QIPP

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 6.

PERFORMANCE REPORTS – INTEGRATED FINANCE REPORT

An update on the financial position of the Trust for Month 6 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 6 of the 2013/14 financial year.

PERFORMANCE REPORTS – COSTING UPDATE (INCLUDING SLR/PLC)

The document presented reported the Patient Level Costing and Service Line Reporting results for Quarter 1 (April 2013 to June 2013) and updated the Committee on the progress of the Service Line Reporting Steering Group. The Committee noted the results and the continued development planned for Service Line Reporting to ensure continued improvements in the quality of this information.

PERFORMANCE REPORTS – COST UPDATE

The report presented an update of the reference cost exercise, including feedback on compliance with the Reference Cost Guidance and a post submission action plan to incorporate areas for improvement. The Committee noted the update on the Reference Cost process and subsequent action plan for improved data quality to inform the 2013/14 process and submission.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

29 JANUARY 2014

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 28 October 2013.

IMPLICATIONS:

Financial:	None identified
HR/Equality & Diversity:	None Identified
Governance:	Compliance with the Finance and Performance Committee's Terms of Reference which includes formal report of the Committee's activities to the Board.
Legal:	None identified
NHS Constitution:	None identified
Risk:	None identified

COMMITTEES/MEETINGS WHERE THIS ITEM HAS BEEN CONSIDERED:

Trust Standing Committee	Date	Trust Standing Committee	Date
Quality Governance Committee		Remuneration Committee	
Finance and Performance Committee	25.11.13	Chief Officers Group	
Audit Committee			

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

29 JANUARY 2014

Subject:	Ensuring Good Governance During a Period of Transition
Report By:	Trevor Robinson, Chairman
Author:	Moosa Patel, Interim Director of Corporate Affairs
Accountable Executive Director:	Trevor Robinson, Chairman

PURPOSE OF THE REPORT:

To provide members of the Trust Board with an update on the actions being taken currently to mitigate the impact of not having a substantive Trust Chairman and a reduced number of Non-Executive Directors (NED).

SUMMARY OF KEY ISSUES:

Trevor Robinson was appointed on the 23 December 2013 by the NHS Trust Development Authority as Trust Chairman from 1 January 2014 for up to three months or until a substantive Chairman is appointed, whichever is sooner. The NHS Trust Development Authority is currently in the process of recruiting a substantive Trust Chairman.

The absence of a substantive Trust Chairman and a NED vacancy impacts the Trust in a number of ways:

- Quoracy difficulties for Board and Committee meetings of a reduced number of NEDs until the appointment of a permanent Trust Chairman and a full compliment of NEDs are in place
- Pressure on a reduced number of NEDs to provide effective scrutiny, challenge, monitoring and oversight
- A reduced number of NEDs potentially has an impact on the quality of overall decision making by the Board and its Committees
- A reduced number of NEDs could potentially slow down the strategic development of the Trust, or the deferring of any significant decisions on strategic developments
- A reduced number of NEDs has the potential to create an imbalance between NEDs and Executive Directors on the Board
- The reduced number of NEDs has the potential to impact on the serving NEDs ability to fulfil their wider roles and responsibilities

The attached paper makes a number of recommendations that will contribute to the continued good governance of the Trust and these are set out below and includes revised membership arrangements for Board committees during this period.

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

29 JANUARY 2014

RECOMMENDATION / DECISION REQUIRED:

The Board is asked to:

- **Retrospectively approve** the revised membership of Board committees, effective from 1 January 2014
- **Note** the corporate governance implications regarding the membership of the Audit Committee for its 11 February 2014 meeting
- **Note** that the Interim Director of Corporate Affairs will work with the substantive Trust Chairman when they are in post, to ensure robust succession planning arrangements are in place, to mitigate such a scenario emerging in future
- **Note** that the Trust Risk Register has been amended to reflect these actions
- **Receive assurance** from the actions taken to date to address and mitigate that situation

IMPLICATIONS:

Financial:	None identified
HR/Equality & Diversity:	None identified
Governance:	There are a range of governance implications and these are set out in the paper
Legal:	None identified
NHS Constitution:	None identified
Risk:	None identified

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

Board Briefing Paper: Ensuring Good Governance During a Period of Transition

1. Background

- 1.1 The UHCW NHS Trust Board comprises a total of twelve Directors, which is made up of six Non Executive Directors (NED) plus the Chairman and five voting Executive Directors, including the Chief Executive.
- 1.2 The Trust currently is in a position where it has a vacancy for a substantive Trust Chairman and a NED.
- 1.3 Upon the departure of Nick Stokes as Acting Chairman at the end of December 2013, the NHS Trust Development Authority appointed Trevor Robinson as Chairman on the 23 December 2013, with effect from 1 January 2014 for a three month period or until a substantive Trust Chairman is appointed. At the stage when a substantive Trust Chairman is appointed by the NHS Trust Development Authority, Trevor Robinson will step down from that role, but will continue to be a NED and return to being Chair of the Audit Committee.

2. Key Impacts of the Current Position

- 2.1 The impact of this current situation could manifest itself in a number of ways and these are set out below.
- 2.2 Potential quoracy difficulties for Board and Committee meetings of a reduced number of NEDs until the appointment of a substantive Trust Chairman and the vacant NED post is recruited to.
- 2.3 Pressure on a reduced number of NEDs to provide effective scrutiny, challenge, monitoring and oversight.
- 2.4 A reduced number of NEDs could potentially impact on the quality of overall decision making by the Board and its Committees though measuring this in any objective manner would be difficult to do.
- 2.5 A reduced number of NEDs could potentially slow down the strategic development of the Trust, or the deferring of any significant decisions on strategic developments.
- 2.6 The position that prevails also creates an imbalance between NEDs and executive directors on the Board, which almost all corporate governance guidance, whether aimed at the public or commercial sector, strongly counsels against, as it creates the potential for an individual or a small group of individuals to dominate the decision making processes of the Board.
- 2.7 Finally, it is important to note that NEDs fulfil a wide range of roles beyond sitting on the Board and its committees, such as chairing consultant appointment panels, and the reduced number of NEDs during this period has the potential to impact on wider roles and responsibilities of the serving NEDs.

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3. Key Actions Taken to Mitigate the Current Position

- 3.1 The Chairman and CEO are working closely with the NHS Trust Development Authority to resolve this position. Interviews for the vacant Chairman post were due to take place on 17 January 2014.
- 3.2 In preparation for when the substantive Trust Chairman has been appointed, the Trust was given authority by the NHS Trust Development Authority to identify a suitable candidate for the third NED vacancy at NED interviews held on 23 August 2013. A suitable candidate was identified and, at the appropriate juncture, a decision will be made by the substantive Trust Chairman as to whether to appoint this prospective candidate. If they recommend that person to the NHS Trust Development Authority, then the NHS Trust Development Authority will use the flexibilities available to them to make the individual a Trust NED, without the need for a further recruitment process.
- 3.3 Over and above these actions, Board and Committee meeting dates have been scrutinised by the lead directors for each committee and by the Interim Director of Corporate Affairs to ensure quoracy does not become an issue for any of these meetings.
- 3.4 The Board Committee portfolio has now been revised, effective from 1 January 2014, along the lines set out below. These arrangements will remain in place and be reviewed upon the appointment of a substantive Trust Chairman.

Committee	Membership	Quoracy Arrangements
Audit Committee	Ed Macalister-Smith(Chair) and Trevor Robinson	The quorum necessary for the transaction of business shall consist of at least two NEDs
Corporate Trustee Board	Trevor Robinson (Chair), Ian Buckley, Ed Macalister-Smith, Samantha Tubb and Peter Winstanley	A quorum will consist of at least four members, of which at least one must be a NED and at least one must be an Executive Director
Finance and Performance Committee	Samantha Tubb (Chair), Ian Buckley and Trevor Robinson	The quorum necessary for the transaction of business shall be three members, of which one must be a NED and at least one Executive Director
Quality Governance Committee	Ed Macalister-Smith (Chair), Peter Winstanley and Ian Buckley	To be quorate, at least half of the total number of the members of the Committee must be present, including at least one of the Executive Directors and one NED
Remuneration Committee	Trevor Robinson (Chair), Samantha Tubb, Peter Winstanley, Ian Buckley and Ed Macalister-Smith	The quorum necessary for the transaction of business shall be three members, of which one will be the Committee Chairman or Deputy-Chairman

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- 3.5 As a consequence, the current Chairman, Trevor Robinson, will not Chair the Audit Committee which is the role he fulfilled until 31 December 2013. For the meeting of the Audit Committee scheduled for 10 February 2014, Ed Macalister-Smith will act as Chair and Trevor Robinson will be a member of the Committee. There are a number of matters that the Board needs to be aware of in relation to this.
- 3.6 The NHS Audit Committee Handbook notes the following with regard to membership and chairing arrangements of audit committees:

What the NHS Audit Committee Handbook says	The Trust position in relation to that
The Audit Committees comprise not less than three NEDs, with a quorum of two	That the UHCW Audit Committee will comprise two members
As a minimum one member of the Committee must have recent relevant financial experience	Membership of the Committee by Trevor Robinson will continue to ensure that happens
The selection of the Chair is a critical appointment for the organisation as the role and remit differs from those of other NEDs. In most cases, the person appointed to this role will possess a prior understanding of finance and internal control or other relevant expertise such as risk management	Ed Macalister-Smith meets this criteria for the Chair of the Committee as set out, given his experience and background

- 3.7 These chairing arrangements will only apply for the February 2014 Audit Committee meeting. It is envisaged that when Trevor Robinson steps down as Chairman (upon the appointment of a substantive Trust Chairman), he will return to his role as Chairman of the Audit Committee. However should the appointment of a substantive Trust Chairman take longer than envisaged, then these arrangements will remain in place until that appointment is made.
- 3.8 Both internal and external auditors have supported these temporary arrangements, noting it was important they were documented, which this paper does.
- 3.9 The content of Board agendas has also been closely monitored by the CEO and Interim Director of Corporate Affairs to ensure that they are being carefully managed to ensure they do not become overloaded. At the same time, the Chief Officers Group will continue to review any areas of significant strategic impact on the Trust that need to be placed on the Board agenda during this period and, where needed, measures have been established, such as focused board seminar sessions on specific topics, to ensure NEDs are fully briefed beforehand to enable them to discharge their scrutiny and monitoring role appropriately and effectively.
- 3.10 Finally, this matter was identified on the Trust Risk Register given its importance and has been closely managed by the CEO and Interim Director of Corporate Affairs and will continue to be until resolved.

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4. Recommendations

4.1 The Board is asked to:

Retrospectively approve the revised membership of Board committees, effective from 1 January 2014;

Note the corporate governance implications regarding the membership of the Audit Committee for the meeting scheduled for 11 February 2014;

Note that the Interim Director of Corporate Affairs will work with the substantive Trust Chairman, when they are in post, to ensure robust succession planning arrangements are in place, to mitigate such a scenario emerging in future;

Note that the Trust Risk Register has been amended to reflect these actions;

Receive assurance from the actions taken to date to address and mitigate that situation.

Andy Hardy
Chief Executive Officer

Moosa Patel
Interim Director of Corporate Affairs

17 January 2014

UNIVERSITY HOSPITAL COVENTRY & WARWICKSHIRE NHS TRUST FORWARD WORK PROGRAMME 2014 – PUBLIC

Item	Board Meetings												Director	Action	Frequency	
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec				
Patient Quality & Safety																
Car Parking Plans		√												CHRO		Ad hoc
CIP Quality Impact Assessment										√				CNO		Annual
Clwyd Report Trust Response	√													CMO		Ad hoc
Community Engagement – Foxford School & Community Arts College	√													CHRO		Ad hoc
CQC Inspection Process		√												CNO		Ad hoc
IG Toolkit Annual Submission				√										CHRO		Annual
Major Incident & Emergency Preparedness Annual Report										√				COO		Annual
Francis & Related Inquiries Inquiry Trust Action Plan Quarterly Update	√			√					√			√		CMO		Quarterly
Infection Prevention & Control Annual Report & Plan										√				CNO		Annual
Medical Revalidation and Appraisal 6 Monthly Update		√							√					CMO		Twice a yr
Mortality (SHMI and HSMR) 6 Monthly Update				√						√				CMO		Twice a yr
Patient Experience and Engagement Annual Report										√				CMO		Annual
Patient Story	√	√	√	√	√	√	√	√	√	√	√	√		CMO		Monthly
PLACE Annual Report										√				CHRO		Annually
Significant Incident Group Report, incl. Never Events 6 Monthly Update		√							√					CMO		Twice a yr
Unipart Project Presentation			√											CNO		Ad hoc
Winter Plan Update	√											√		COO		Annually
Strategy																
Equality and Diversity Annual Report					√									CHRO		Annual
FT Update		√		√		√				√		√		CSO		Bi-monthly
ICT Annual Report				√										COO		Annual
Internal and External Communications Update 6 Monthly Update				√						√				CHRO		Twice a yr
Trust Annual Corporate Business Plan			√											DCO		Annual
NHS Staff Attitude & Opinion Survey Results 6 Monthly Update					√							√		CHRO		Twice a yr
Summary 5 Year Strategic Plan (IBP/LTFM)									√					CSO		Annual
Trust OD Plan		√							√					CHRO		Twice a yr
Two Year Corporate Plan Summary					√									CSO		Annual
Update from the Dean of Warwick Medical School		√			√					√				DEAN		Thrice a yr
Research and Innovation																
Academic Health Sciences Network Annual Update										√				CEO		Annual
Research and Development Annual Report					√									CMO		Annual
Research and Innovation 6 Monthly Update	√					√								CMO		Twice a yr
Research Quarterly Update from the Dean of the Medical School	√			√			√			√				DEAN		Quarterly
Finance																
Annual Financial Plan			√											CFO		Annual
Performance																
Integrated Performance Monthly Report	√	√	√	√	√	√	√	√	√	√	√	√	√	CFO		Monthly
Feedback from Key Meetings																
Audit Committee Meeting Report		√			√		√		√		√		√	CHAIR		5 x a year
Finance & Performance Committee Meeting Monthly Report	√	√	√	√	√	√	√	√	√	√	√	√	√	CHAIR		Monthly
Private Trust Board Meeting Monthly Report	√	√	√	√	√	√	√	√	√	√	√	√	√	DCA		Monthly
Quality Governance Committee Meeting Monthly Report	√	√	√	√	√	√	√	√	√	√	√	√	√	CHAIR		Monthly
Regulatory, Compliance and Corporate Governance																
Action to Address Reduced Number of Non Executive Directors	√		√											DCA		Ad hoc
Annual Board Declaration – NHS Code of Conduct										√				DCA		Annual
Audit Committee Annual Report									√					DCA		Annual
Board Assurance Framework			√						√					CMO		Twice a yr
Board & Committee Annual Review inc ToR review				√										DCA		Annual
Forward Work Programme	√	√	√	√	√	√	√	√	√	√	√	√	√	DCA		Monthly
Health & Safety Risk Management Annual Report										√				CHRO		Annual
Register of Gifts and Interests Annual Update				√										DCA		Annual
Register of Signings and Sealing's Annual Update				√										DCA		Annual
Review of Standing Orders & Standing Financial Instructions Annual Update				√										DCA		Annual
Trust Annual Report & Accounts inc Governance Statement									√					CFO		Annual
Questions from Members of the Public	√	√	√	√	√	√	√	√	√	√	√	√	√	CHAIR		Monthly
Number of Items	15	16	11	17	13	9	16			15	14	12				

THIS DOCUMENT IS UNDER REVISION