

**PUBLIC TRUST BOARD MEETING TO BE HELD AT ON WEDNESDAY  
30 APRIL 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	<b>Apologies for Absence</b> Chairman			
2	<b>Declarations of Interest</b> Chairman			
3	<b>Minutes of Public Board Meeting Held on the 26 March 2014</b> Chairman	For Approval	Enclosure 1	5
4	<b>Trust Board Action Matrix</b> Chairman	For Assurance	Enclosure 2	5
5	<b>Matters Arising</b> Chairman		Verbal	
6	<b>Appointment of Vice Chair</b> Chairman	For Approval	Verbal	5
7	<b>Chairman's Report</b> Chairman	For Assurance	Verbal	5
8	<b>Chief Executive Officers Report</b> Chief Executive Officer	For Assurance	Enclosure 3	10
<b>Patient Quality and Safety</b>				
9	<b>Patient Experience: We Are Listening You Said, We Did in 2013/14</b> Chief Medical Officer	For Assurance	Enclosure 4	15
10	<b>UHCW Assessment of National Quality Board Guidance</b> Chief Nursing Officer	For Approval	Enclosure 5	15
11	<b>Safeguarding Children and Vulnerable Adults Report</b> Chief Nursing Officer	For Assurance	Enclosure 6	10
12	<b>Disposal of Products of Conception</b> Chief Medical Officer	For Assurance	Enclosure 7	10
13	<b>Trust Response to the Francis Report - Update</b> Chief Medical Officer	For Assurance	Enclosure 8	10
14	<b>Mortality (SHMI and HSMR) Six Monthly Update</b> Chief Medical Officer	For Assurance	Enclosure 9	10
<b>Strategy</b>				
15	<b>2 Year Corporate Plan 2014/15 – 2015/16</b> Chief Strategy Officer	For Assurance	Enclosure 10	15
<b>Performance</b>				
16	<b>Integrated Quality Performance and Finance Report Month 12 2013/14</b> Chief Finance Officer	For Assurance	Enclosure 11	15

ITEM	TITLE	BOARD ACTION	PAPER	TIME
<b>Feedback from Key Meetings</b>				
17	<b>Performance Management Regime March 2014</b> Chief Finance Officer	For Approval	Enclosure 12	5
18	<b>Private Trust Board Meeting Session Report of 26 March 2014</b> Chairman	For Assurance	Enclosure 13	5
19	<b>Quality Governance Committee Meeting Report of the Meeting Held on the 24 March 2014 &amp; Verbal Update of the Meeting Held on the 28 April 2014</b> Chair, Quality Governance Committee	For Approval	Enclosure 14	5
20	<b>Finance and Performance Committee Report of the Meeting held on 24 March 2014</b> Chair, Finance and Performance Committee	For Assurance	Enclosure 15	5
<b>Regulatory, Compliance and Corporate Governance</b>				
21	<b>Information Governance Toolkit Submission 2013/14 (Version 11)</b> Chief Operating Officer	For Approval	Enclosure 16	5
22	<b>Register of Interests and Declaration of Gifts, Benefits and Hospitality 2013/14</b> Director of Corporate Affairs	For Assurance	Enclosure 17	5
23	<b>Report on Official Sealing of Documents 2013/14</b> Director of Corporate Affairs	For Assurance	Enclosure 18	5
24	<b>Forward Work Programme</b>	For Assurance	Enclosure 19	5
25	<b>Any Other Business</b>		Verbal	
26	<b>Questions from Members of the Public</b>			
27	<b>Date of Next Meeting: Wednesday 28 May 2014 1.00 pm</b>			

#### **Resolution of Items to be Heard in Private**

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

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**MINUTES OF A PUBLIC MEETING OF THE UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST BOARD HELD ON WEDNESDAY 26 MARCH 2014 AT 1.00PM IN ROOM 20063/64, CLINICAL SCIENCES BUILDING, UNIVERSITY HOSPITAL, COVENTRY, CV2 2DX**

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>HTB 14/504 PRESENT</b>	Mr I Buckley, Non Executive Director (IB) Mr I Crich, Chief HR Officer (IC) Mr D Eltringham, Chief Operating Officer (DE) Mr A Hardy, Chief Executive Officer (AH) Mr E Macalister-Smith, Non-Executive Director (EMS) <b>Mr Andrew Meehan, Chairman (AM)</b> 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, Chairman (TR) Ms S Tubb, Non-Executive Director (ST)	
<b>HTB 14/505 IN ATTENDANCE</b>	Ms Carmel McCalmont, Associate Director of Nursing – Women & Children and Safeguarding (CMc) for Agenda Item 8 <b>HTB 14/513 - Patient Story</b> Mrs A Scrimshaw, Minute Taker and Executive Assistant (AS)	
<b>HTB 14/506 APOLOGIES</b>	Professor P Winstanley, Non-Executive Director (PW)	
<b>HTB 14/507 DECLARATIONS OF INTEREST</b>	There were no declarations of interests recorded.	
<b>HTB 14/508 MINUTES OF TRUST BOARD MEETING HELD ON 29 JANUARY 2014</b>	ST noted that on <b>HTB 14/458 PRESENT</b> it was stated that she was the Senior Independent Director, whereas in fact that role was now undertaken by IB.  The Trust Board <b>APPROVED</b> the minutes of the meeting held on 26 February 2014 as a true and accurate record of the proceedings subject to the above amendment.	
<b>HTB 14/509 ACTIONS UPDATE</b>	The Trust Board <b>RECEIVED ASSURANCE</b> from the Action Matrix.	
<b>HTB 14/510 MATTERS ARISING</b>	There were no matters arising.	
<b>HTB 14/511 CHAIRMAN'S REPORT</b>	AM informed the Board that since the last meeting he had participated in the Trust's induction programme and had attended many internal meetings. He added that he had also met with the Area Director at the NHS Trust Development Authority (NHS TDA) and HR representatives regarding the recruitment process for the vacant Non-Executive Director posts. The Chairman advised he had also met with the Chairman of South Warwickshire NHS Foundation Trust (SWFT) and visited the Hospital of St Cross, Rugby.	

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AGENDA ITEM	DISCUSSION	ACTION
<p><b>HTB 14/512 CHIEF EXECUTIVE'S REPORT</b></p>	<p>AH introduced the report and provided the Board with an overview of the key details of the meetings and events he had attended during March 2014.</p> <p>AH discussed the launch of the organisational development programme, Together Towards World Class (TTWC), held on 3 March 2014, which had been delivered to in excess of 1,000 members of staff. AH advised further information on the programme would be reported against item (9) on the agenda.</p> <p>AH noted that the proposed increase in public car park charges had generated a great deal of interest and advised the Board that a more detailed report would address this matter against agenda item (10).</p> <p>AH drew the Board's attention to the Care Quality Commission (CQC) Intelligent Monitoring Report which the Trust had recently received. This is a relatively new tool which divides acute Trusts into six priority bands for inspection based on the likelihood that patients may not be receiving safe, effective, high quality care; one being the highest risk and six the lowest. The monitoring report is conducted on a quarterly basis and in the previous report UHCW was recorded as a band four. However, the revised report listed the Trust as a band six. AH advised this was significant for the Trust and felt it was important to share this with the Board.</p> <p>The Trust Board <b>RECEIVED ASSURANCE</b> from the report.</p>	
<p><b>HTB 14/513 PATIENT STORY PROGRAMME</b></p>	<p>As part of the Patient Story Programme, the Trust Board invited CMc to discuss the results of the Maternity Services Survey 2013/2014 and the Action Plan for Maternity Services.</p> <p>CMc provided the Board with an overview of the key highlights of the report. She noted that the Survey was undertaken in February 2013 and one of the key points resulting from the Survey was that of the Trust's response rate. Nationally the rate records at 46 per cent and the Trust's rate recorded at 41 per cent although the Trust's results are better than other Trust's regarding the appropriate and perceived length of stay after birth. The Trust's results are challenging, compared with most other Trust's in the Survey in the areas of skin to skin contact shortly after birth and staff introducing themselves.</p> <p>The Board was informed that steps had been taken to improve and recruit against 24 vacancies, within the speciality, for midwifery staff and support workers. A Band 3 Healthcare Support Workers programme has also been developed to ensure women are provided with extra care coupled with the support of Nursery Nurses who were introduced into the speciality in December 2013.</p> <p>Performance between Trusts's differed in terms of practices, quality and social composition.</p>	

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AGENDA ITEM	DISCUSSION	ACTION
<p><b>HTB 14/513 PATIENT STORY PROGRAMME</b></p>	<p>CMc also noted that there is a big difference in demographics and UHCW is dispersal site for asylum seekers, refugees and a high level of non-English speaking women. The Trust currently provides translation services for 47 languages in order to cater for those women for whom English is not their first language or because the appropriate literature is not available.</p> <p>Younger women appear to be less satisfied with their care and social status is also a key factor, CMc noted.</p> <p>The Trust's KPI of 79 per cent for breast feeding does not just look at 'skin to skin' contact but incorporates the outcomes of the Staff Impressions Survey and the Post Natal Survey. CMc spoke of a very successful campaign called 'Impost' and this campaign has enabled partners to visit the ward between 9.30am - 9.30pm and spend time with their families together with the provision of beds which have been made available in the single rooms on the wards, to enable partners to stay.</p> <p>The Speciality has also employed a full-time feeding coordinator.</p> <p>The Trust has a high number of multi-births due to the fact that it is a Level 3 Neonatal Unit and therefore it scores higher than other areas around the country for multiple births.</p> <p>Care during pregnancy has increased since the last Survey and the specialty has been working really hard to give women choices. The Trust has scored 60 per cent for 8-12 weeks appointments and 90 per cent for 12 weeks and 6 days.</p> <p>Regarding ante-natal care, women have requested to see the same midwife but unfortunately this was not a service the Speciality could offer previously. However, as a result of the Survey findings, the Speciality has undertaken a recruitment programme and midwives have since been operating a 'buddying system' alongside a project with the Health Visiting Service and Coventry City Council.</p> <p>Regarding labour and birth, the Trust's Birthing Centre was not operational when the Survey was undertaken, but since it came on line, to date the Centre has recorded 370 births, thereby providing women with more choice. 64 per cent of women are able to move around and chose positions in labour at all times.</p> <p>The Board was informed that Claire Allen, Modern Matron for Intrapartum Services developed a National Package called 'Back to Basics' for which she won a Royal College of Midwifery award.</p> <p>The speciality has also replaced foetal monitors which enable women to birth in the pool.</p>	

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AGENDA ITEM	DISCUSSION	ACTION
<p><b>HTB 14/513</b> <b>PATIENT STORY PROGRAMME</b></p>	<p>CMc has addressed the issue of midwives not introducing themselves and this is now monitored on a daily basis and will be a key feature through the Maternity March campaign to be launched via social media.</p> <p>In response to requests from new mothers, the specialty has outsourced the delivery of parent education classes to Coventry University and 'baby demonstration' classes are now held to assist new parents on the ward at 10am every morning.</p> <p>The specialty is in the process of employing a discharge midwife who will be based on the ward to provide a speedier discharge service.</p> <p>MP thanked CMc for the huge amount of work that has been undertaken by the Specialty and for providing the Board with a concise and detailed summary of that work. MP continued and said it was important for the Board to know that during a visit to the Trust last year, the President of the Royal College of Midwifery said it was the best unit he had visited during his term of Presidency. CMc was commended for the dedicated effort and commitment of the specialty.</p> <p>MR acknowledged how hard hitting the report was for CMc and the team and said how pleased he was to know of and see how the services are designed and set out and enquired about the effect some of the actions might have and asked if CMc could provide the Board with a 'flavour' of the planned improvements.</p> <p>In response CMc advised the Board that the Family &amp; Friends Test was initiated in August/September 2013. In October 2013 a pilot was run for a period of 2 months and the responses have been very positive. The specialty received a 15% response on all four touch points. It was noted that staff have been taking the time to speak with parents on the wards and have received very positive feedback.</p> <p>It was advised that women talk very positively about their experience of the Birth Centre and speak of the excellent care provided by the midwives and how pleased they are that they are allowed home after 6 hours of giving birth. This also has an impact on the demand for beds on the labour ward and is aided by the hard work and effort of the Modern Matron who works with and supports mothers in the decision process relating to repeated C-Sections. This is a daily challenge for the Specialty.</p> <p>There has also been a noticeable improvement in the provision of Post Natal Care which is being supported by the newly recruited Nursery Nurses.</p> <p>AM expressed his thanks to CMc for providing such an interesting insight to the Board, and asked what difference it will make to the Survey results now that the Lucina Centre is operational.</p>	

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AGENDA ITEM	DISCUSSION	ACTION
<p><b>HTB 14/513 PATIENT STORY PROGRAMME</b></p>	<p>In response, CMc said it will come down to the level of 1:1 care that is provided in the Centre. The Trust's Labour Ward is equipped with a triage service to reduce the levels of unnecessary admittance, therefore, once women are admitted to the Centre they labour faster and ultimately go home quicker.</p> <p>AH told the Board he was aware that the reputation of the Lucina Centre is spreading very quickly and extremely positive feedback is being received.</p> <p>AM enquired when the next Survey would be conducted and CMc confirmed that it is scheduled for 2015/16. AM thanked CMc and said he very much looked forward to the results.</p> <p>EMS referred to an earlier statement made by CMc about the challenges and 'battle' around C-section rates and asked what the reasons were around this issue. In response CMc advised that a high percentage of mothers request a repeat C-Section if they have previously undergone one. The role of the midwife is to try and influence a mother's decision, and provide the care and support which will ultimately give mothers the confidence to deliver their babies naturally, giving a safe and positive outcome.</p> <p>MP drew the Board's attention to the NICE Guidance issued in 2013 which defines a new condition called 'phobia to labour' and added that this is a somewhat delicate matter for Obstetricians to deal with. MP informed the Board that the team had undertaken to review every C-Section that had been carried out through the night with a view to identifying those procedures that did not need to happen and echoed the comments made by CMc and said it is about providing the best care and providing a positive outcome for both mother and baby.</p> <p>MPa enquired of the diversity of the communities the Trust serves and asked how the Specialty manages to support 47 different languages. In response CMc confirmed that the Trust employs the use of a translatory service. Historically the Trust used an online tool but this caused difficulties for those women, who did not read in English, and it was felt important to provide the right information for women and it was recommended that the Trust engage with a translatory service.</p> <p>AH congratulated CMc on receiving two awards last month for long standing and outstanding services and the members of the Trust Board showed their appreciation in congratulating CMc on her exemplary achievements.</p> <p>The Trust Board <b>RECEIVED ASSURANCE</b> from the results of the Survey presented.</p>	

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AGENDA ITEM	DISCUSSION	ACTION
<p><b>HTB 14/514 TOGETHER TOWARDS WORLD CLASS</b></p>	<p>IC introduced the report and provided the Board with an overview of the Trust-wide launch of the 5-year Organisational Development Programme called 'Together Towards World Class', held on the 3 March 2014, which coincided with the second national 'NHS Change Day', and demonstrated how it will become a key vehicle through which the Trust will seek to achieve its vision to be "a national and international leader in healthcare".</p> <p>The programme has also seen the launch of six new organisational values and IC said it is now key for the staff of the Trust to own and drive this programme forward.</p> <p>IC informed the Board that seven separate launch presentations were held throughout 3 March 2014 which over 1,000 staff attended to hear the presentation given by the Chief Executive Officer (CEO).</p> <p>Each of the five work streams will be led by a nominated Chief Officer (CO) and during April – May 2014 a series of 29 workshops will be held to engage with and provide staff the opportunity of informing how these key areas of activity will develop.</p> <p>It was acknowledged that certainly for some areas of the Trust 'world class' status has been achieved and it was regarded important to celebrate this achievement. It was also recognised and anticipated that it will take five years for the Trust as a whole to reach that status.</p> <p>IC concluded that staff turn out on 3 March 2014 was excellent and the presentation by the CEO was very well received, with very positive feedback being obtained.</p> <p>ST acknowledged IC's comments and told the Board that she had attended one of the launch presentations and concurred with IC that the CEO delivered a very clear articulation about where the Trust is going and its plans for getting there. ST also commented how staff appeared to be ready to engage with the programme. In response, AH said it was recognised and appreciated that, whilst the programme has been set over a five year period, staff are indeed ready and willing to engage at this moment in time.</p> <p>EMS queried how this work would get reflected in the Trust corporate objectives and then cascaded into individual staff objectives; AH acknowledged that more work needed to be done in this respect.</p> <p>It was noted that in terms of the overall programme governance, ST would sit on the TTWC Programme Board. It was also noted that under each strand of work, numerous staff are involved who will be focused on delivery.</p>	

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AGENDA ITEM	DISCUSSION	ACTION
<p><b>HTB 14/514 TOGETHER TOWARDS WORLD CLASS</b></p>	<p>AM agreed with the comments of the Board members, acknowledging that the launch had been very effectively carried out and asked AH for a time-frame of milestones that can then be measured by the Board. In response, AH advised that a series of workshops would be held commencing 7 April 2014, at which feedback would be collated with a view to establishing a clear position of the outcomes and initial work-streams by the start of summer. It is at this stage of the process that a clear plan will be developed, along with milestones which will then be presented to the Trust Board.</p> <p>AM requested that TTWC become a standing item on the Trust Board agenda on a six monthly basis.</p> <p>The Trust Board <b>RECEIVED ASSURANCE</b> from the report.</p>	<p><b>MPa</b></p>
<p><b>HTB 14/515 PROPOSED CHANGES TO CAR PARK CHARGES</b></p>	<p>IC introduced the report and outlined the proposed changes to current car parking charges. It was noted that significant consideration had been given to this matter over the last 12 months but the Trust is now faced with implementing cost improvements for 2014/15 and beyond that affect patient care budgets as little as possible.</p> <p>The Board noted that the proposal had been released into the public domain via the press and partner organisations, with a view to receiving opinions on the proposed increases. IC informed the Board that members of the public and others are opposed in general to an increase in car parking charges at the Trust, and feedback had been obtained in particular around free parking at the University Hospital reducing from 30 to 10 minutes as stated in Recommendation 2.</p> <p>IC provided the Board with a clear rationale in support of Recommendation (2) and said there is a very clear misunderstanding of the 10 minutes free provision provided through the PFI contract. He emphasised that the purpose of that provision is to ensure people can gain entry to University Hospital car-parks and exit without incurring any charges should they be unable to park.</p> <p>IC advised that the Trust had extended that 'free' period to 30 minutes in 2011, partly in recognition of the fact that until recently, the facilities to drop a patient off within 10 minutes were inadequate. However, the revised arrangements include a much enhanced drop off facility outside the main entrance to University Hospital, comprising spaces for up to 20 cars. The proposal is therefore to revert to the terms of the initial PFI contract, with the first 10 minutes being free, which is ostensibly to enable people to exit the car park if they cannot park and not to use the car park as a drop off facility.</p> <p>The Trust Board <b>APPROVED</b> the four recommendations contained in the report as a complete package and acknowledged this has not been an easy decision for the Trust and had involved extensive discussions over a lengthy period.</p>	

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AGENDA ITEM	DISCUSSION	ACTION
<p><b>HTB 14/516 INTEGRATED QUALITY PERFORMANCE AND FINANCE REPORT MONTH 11 2013/14</b></p>	<p>GN introduced the report and informed the Board of the Trust's performance against the key performance indicators for the month of February 2014. The Board acknowledged that the report had previously been received at the Quality Governance Committee and the Finance and Performance Committee respectively.</p> <p>GN spoke of the main discussions held at Finance and Performance Committee, acknowledging the inter-relationship of some of the metrics contained in the report.</p> <p>Whilst it is recognised that performance against the A&amp;E 4-hour standard 2013/14 is a significant challenge for this Trust and for many others across the country, regard needs to be given to the impact of the Trust's performance now, together with its internal performance issues included within the dashboard, and what effect this will have on the elective pathway and the discharge of patients safely into other care arrangements.</p> <p>GN continued by drawing the Board's attention to the revision of the Trust's forecast position. Up until the previous month, the Trust continued to deliver the planned surplus, in line with the commitment made to the TDA. As a result of pressures locally and specifically because Commissioners were unable to support the Trust, GN advised that a break-even position in line with statutory obligation was the safest outcome for 2013/14.</p> <p>TR referred to discussions held at the Finance and Performance Committee focussing on theatre efficiency and asked what the Trust's plans are to turn this situation around.</p> <p>AM expressed his appreciation of the hard work and commitment of the Chief Officers on the improvements made in reaching the 4-hour A&amp;E target. However, it is recognised that the Trust is seeing a knock-on effect in theatre utilisation. In response, DE advised the Board that the Trust is actively engaged with local commissioners to understand how to improve the pathway across the economy. An Elective Care Pathway Board has been established by the Coventry and Rugby CCG with a view to determining this, and the Deputy COO will represent the Trust on that group.</p> <p>DE advised that as part of the Trust's service improvement work, a paper will be presented to the April 2014 meeting of the Finance and Performance Committee providing a more detailed analysis of what is going to be done including some examples of, and opportunities to improve efficiency of theatres through better scheduling and theatre utilisation.</p>	

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AGENDA ITEM	DISCUSSION	ACTION
<p><b>HTB 14/516 INTEGRATED QUALITY PERFORMANCE AND FINANCE REPORT MONTH 11 2013/14</b></p>	<p>DE continued and spoke about the pathway outside of theatres and commented that the Trust needs to plan more effectively around day case surgery and ensure beds are used in a defined area; this will allow for patients to be prepared for surgery and assessed more effectively and help reduce the number of cancellations. The Board noted that more efficient and effective work needs to be done around this and DE predicted improvements will be visible over the next three months, followed noticeable system changes over the coming twelve months. AM noted that it was good to see a clear commitment to change within a defined time period.</p> <p>ST noted that there were a couple of metrics which were red against Domain Four – Leading research based health organisation (performance in initiating trials and performance in delivery of trials). It was agreed that this would be further picked up within the next Quality Governance Committee meeting in April 2014.</p> <p>The Trust Board <b>RECEIVED ASSURANCE</b> from the report.</p>	
<p><b>HTB 14/517 PROVIDER MANAGEMENT REGIME FEBRUARY 2014</b></p>	<p>GN introduced the report and informed the Board that Appendix A was the Trust's self-certification compliance monitor and Appendix B was the Trust's self-certification Board statement; both of which confirm the Trust's compliance against the conditions required to fulfil Monitor's Licence requirements for NHS Trusts, which is to be returned to the NHS Trust Development Authority (NHD TDA).</p> <p>The Trust Board <b>APPROVED</b> the statements in Appendices A &amp; B for February 2014.</p>	
<p><b>HTB 14/518 PRIVATE TRUST BOARD MEETING SESSION REPORT OF 26 FEBRUARY 2014</b></p>	<p>AM presented this report to advise of the substantive agenda items discussed at the Private Board session held 26 February 2014 and of any key decisions/outcomes made by the Trust Board.</p> <p>The Trust Board <b>RECEIVED ASSURANCE</b> from the report.</p>	
<p><b>HTB 14/519 QUALITY GOVERNANCE COMMITTEE MINUTES OF THE MEETING HELD ON 24 FEBRUARY 2014 AND VERBAL UPDATE ON THE MEETING HELD ON 24 MARCH 2014</b></p>	<p>EMS presented the summary to the Board and had nothing further to add.</p> <p>IC drew the Board's attention to the bottom of the first page referencing the equality and diversity report and considered it was worth mentioning that the success of the 'Dragon's Den' was discussed, which involved internal and external members of the community alongside the CEO, GN and IC. IC clarified the purpose of the event was to ensure the Equality and Diversity Plan for 2014/15 is better informed. The Board acknowledged the Equality and Diversity Plan for next year is scheduled to be received by Trust Board in May 2014.</p> <p>The Trust Board <b>RECEIVED ASSURANCE</b> from the report.</p>	

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<b>HTB 14/520 FINANCE AND PERFORMANCE REPORT OF THE MEETING HELD ON 24 FEBRUARY 2014 AND VERBAL UPDATE ON THE MEETING HELD ON 24 MARCH 2014</b>	<p>ST presented the summary to the Board and had nothing to add to it.</p> <p>The Trust Board <b>RECEIVED ASSURANCE</b> from the report.</p>	
<b>HTB 14/521 BOARD ASSURANCE FRAMEWORK</b>	<p>MP introduced the report to provide an update on the year-end Board Assurance Framework (BAF) risks for 2013/14. The Board noted that exercise by the Trust was undertaken in June 2013 to identify and define key risks to strategic objectives graded on impact and occurrence. Any risks graded above 12 have been graded as framework risks, and have been monitored over the year.</p> <p>As a result one risk has been mitigated to its target level and resolved and an existing corporate risk has been escalated to BAF status.</p> <p>MP confirmed the next planned exercise for the 2014/15 BAF is scheduled for 2 April 2014.</p> <p>The Trust Board <b>RECEIVED ASSURANCE</b> from the report.</p>	
<b>HTB 14/522 FORWARD WORK PROGRAMME</b>	<p>GN proposed to the Board that the Corporate Plan will be submitted to the April 2014 meeting as part of a two-year corporate summary supported by the Financial Plan.</p> <p>IC clarified that the proposed Car Parking Plan scheduled for March 2015 is no longer required as no further increases in car parking charges will be implemented between now and March 2016.</p> <p>The Trust Board <b>RECEIVED ASSURANCE</b> from the report.</p>	
<b>HTB 14/523 ANY OTHER BUSINESS</b>	<p>There were no other items of business.</p>	
<b>HTB 14/524 QUESTIONS FROM THE MEMBERS OF THE PUBLIC</b>	<p><b>Q. It was asked how the Trust can implement a zero tolerance on littering around the Trust</b>  <i>A AH agreed that the Trust can address the issue of an apparent lack of waste disposal bins and specifically around the bus stops at the front of the entrance to the hospital.</i></p> <p><b>Q. It was asked how the no smoking zone can be increased?</b>  <i>A AH confirmed that both the UHCW NHS Trust site and the Hospital of St Cross, Rugby are no smoking sites. The Trust is looking at the no smoking policy implemented by Addenbrookes Hospital in Cambridge which bans staff and patients from smoking on the site and its applicability to UHCW NHS Trust.</i></p>	

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**MINUTES OF A PUBLIC MEETING OF THE UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST BOARD HELD ON WEDNESDAY 26 MARCH 2014 AT 1.00PM IN ROOM 20063/64, CLINICAL SCIENCES BUILDING, UNIVERSITY HOSPITAL, COVENTRY, CV2 2DX**

AGENDA ITEM	DISCUSSION	ACTION						
<b>HTB 14/524</b> <b>QUESTIONS FROM THE MEMBERS OF THE PUBLIC</b>	<p><b>Q. What further work was undertaken in the Trust to learn from Never Events?</b></p> <p><i>A MP advised the Board that regarding generic and specific Never Events, each one has a detailed root cause analysis conducted within 60 days, led by the Deputy Chief Medical Officer, and the results of which are presented to the Chief Executive Officer. Thereafter, all action plans are monitored for each event.</i></p> <p><i>MP also referred to the World Health Organisation or WHO Safe Surgery Checklist in operation within the Trust and that the Trust had a 99.8% compliance rate. However, MP stated that despite these systems being in place, they cannot mitigate against human error.</i></p> <p><i>MP also informed the Board about the work on audio interactive procedure specific checklists being trialled within theatres, in five specialities as a pilot with a view to rolling it out thereafter, which will provide further checks and balances alongside existing mechanisms such as the WHO Safe Surgery Checklist.</i></p> <p><i>MP also highlighted the work with TEREMA, who are aviation safety experts, on bringing learning from that sector into the Trust.</i></p>							
<b>HTB 14/525</b> <b>DATE OF NEXT MEETING</b>	This will be held on Wednesday 30 April 2014 at 1.00 pm at University Hospital Coventry & Warwickshire NHS Trust.							
<b>HTB 14/526</b> <b>APPROVAL OF MINUTES</b>	These minutes are approved subject to any amendments agreed at the next Trust Board meeting. <table border="1" data-bbox="480 1335 1326 1655" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 15%;"><b>SIGNED</b></td> <td>.....</td> </tr> <tr> <td></td> <td align="center"><b>CHAIRMAN</b></td> </tr> <tr> <td><b>DATE</b></td> <td>.....</td> </tr> </table>	<b>SIGNED</b>	.....		<b>CHAIRMAN</b>	<b>DATE</b>	.....	
<b>SIGNED</b>	.....							
	<b>CHAIRMAN</b>							
<b>DATE</b>	.....							

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

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

**30 APRIL 2014**

<b>AGENDA ITEM</b>	<b>ACTION</b>	<b>LEAD</b>	<b>DATE TO BE COMPLETED</b>	<b>COMMENT</b>
<b>ACTION COMPLETE</b>				
<b>HTB 14/514 TOGETHER TOWARDS CLASS</b> <b>WORLD</b>	AM requested that TTWC is a standing item on the Trust Board agenda on a 6 monthly basis.	MPa	01.04.14	Complete: MPa has amended the Forward Work Programme to reflect this.
<b>ACTIONS IN PROGRESS</b>				
<b>HTB 13/423 INTEGRATED PERFORMANCE REPORT – MONTH 7 2013/14</b>	AH and GN agreed that work was ongoing on the Integrated Performance Report to make it a more informative document going forward.	GN/AH	14.06.14	In hand: Information refresh during Jan-March 2014 facilitated with specialist advice and with involvement of NEDs (ST/IB). Update to Board scheduled for 14 <sup>th</sup> June 2014 (seminar)
<b>HTB 14/445 RESEARCH DEVELOPMENT AND INNOVATION ANNUAL REPORT 2013</b>	AH advised the Trust Board that the first draft of the joint vision paper between Warwick Medical School and UHCW, which was discussed at the Board Meeting on 27 November 2013, would be ready for circulation mid-February 2014.	AH/PW	30.07.14	In hand: AH confirmed this will be presented to the Trust Board in July 2014 following the Board Seminar on 9 July scheduled for this topic.

**Red = outstanding**

**Black = in progress not yet due**

**Green = complete**

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

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**30 APRIL 2014**

<b>Subject:</b>	Chief Executive Officers Report
<b>Report By:</b>	Andy Hardy, Chief Executive Officer
<b>Author:</b>	Andy Hardy, Chief Executive Officer
<b>Accountable Executive Director:</b>	Andy Hardy, Chief Executive Officer

**PURPOSE OF THE REPORT:**

To update the Trust Board of the key details of meetings and events attended by the Chief Executive Officer during April 2014.

**SUMMARY OF KEY ISSUES:**

**Thought Leadership Event**

On 4 April 2014, I was pleased to chair UHCW's second Thought Leadership event entitled "7 Day Working". The event was extremely well received by all 150 delegates and we have received strong feedback for the first class line up of speakers, including those from outside of the Trust, Sir Bruce Keogh, Medical Director of NHS England and Dr Mark Porter in his role of Chair of the BMA Governing Council.

**Launch of Omnyx**

It was with great pleasure that I spoke at launch of the Omnyx digital histopathology system, the first of its kind in the UK. The event celebrated our partnership with GE and University of Warwick under the banner of Warwick Heath Partnership. Delegates from across the country attended, including Dr Ian Barnes, National Clinical Director for Pathology, who stated that this system is truly leading the way across the NHS.

**Together Towards World Class**

I have attended a number of the Initial Listening Events which have generated both lots of energy and great ideas to move the programme on. The appetite for the TTWC programme, I am pleased to say, continues to grow.

**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 Trust Board are asked to **RECEIVE ASSURANCE** from the report.

**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**

**30 APRIL 2014**

<b>Subject:</b>	Patient Experience: <i>We Are Listening You Said, We Did</i> in 2013/14
<b>Report By:</b>	Meghana Pandit, Chief Medical Officer
<b>Author:</b>	Julia Flay, Patient Involvement Facilitator
<b>Accountable Executive Director:</b>	Meghana Pandit, Chief Medical Officer

**PURPOSE OF THE REPORT:**

To inform the Trust Board of the key improvements implemented as a direct result of feedback received from relatives and patients during 2013/14.

**SUMMARY OF KEY ISSUES:**

In line with the Trust's vision of becoming a national and international leader in healthcare and aim of delivering a world class patient experience, staff in conjunction with the Patient Experience Team have utilised feedback and put listening into action. As a result, a number of actions have been implemented, including for example:

- Purchase of Arm Warmers
- Additional Chairs
- Refurbishment of the Day Room on Ward 32
- Better Visibility of Discharge Information Leaflets
- Earlier communication with patients and families around discharge
- Seating along the corridors

The paper also details further plans that are in place for 2014/2015.

**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 **NOTE** the improvements that have been made and to receive **ASSURANCE** that mechanisms are in place to capture, and act upon feedback from patients and relatives.

**IMPLICATIONS:**

Financial:	The Family and Friends Test is a national CQUIN measure that has financial implications.
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 recommendations of the Francis Report. National Patient Experience CQUIN. Friends and Family Test.
Legal:	None

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

30 APRIL 2014

NHS Constitution:	Patients, relatives and carers are encouraged to give feedback under the Constitution to help the NHS improve and feedback also enables the Trust to meet its constitutional requirement to view services from the perspective of a patient and to involve them.
Risk:	There are no specific risks to highlight.

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

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



**We Are Listening**  
Patients, Friends and Family.

## Patient Experience

### We Are Listening: You Said, We Did in 2013/14

During 2013/14, the Trust continued to listen and act to the views of its patients, relatives and carers. We continued to use 'Impressions', listening events were held, forums were re-designed and the Patient Story Programme to Trust Board continued (whereby patients and staff attended the Trust Board to give accounts of their experience of care, as patients, at the Trust).

To complement these activities, and in light of the expansion of the Friends and Family Test from In-Patients only to A&E and Maternity Services in April and October respectively, June 2013 saw the launch of the Trust's We Are Listening Campaign.

An ongoing programme of events and initiatives, the Campaign's aim has been two fold: to make our patients, relatives and carers aware of the various mechanisms available to them to feedback on their experiences and to increase the amount of feedback we receive. This is in line with the organisational vision to become a national and international leader in healthcare, and Together Towards a World Class Patient Experience.

With all this wealth of information on patient, relative, carer experience, the Trust has worked hard during 2013/14 to bring about improvements in line with what is important to those who use its services. Based directly on feedback from patients, relatives and carers, we have carried out the following in the past 12 months:

**Arm Warmers** – Additional arms warmers have been purchased for use by patients undergoing chemotherapy.

**Source - Patient Story**

**Chairs** – New chairs have been purchased for main reception. **Source - FFT**



**Discharge Process** - Earlier communication with patients and families around discharge is now identified earlier in the day (following board rounds) and the importance of early discharge planning, particularly around TTOs, was again reiterated to junior doctors. **Source – Patient Story.**

**Discharge Information Leaflets** - Wards have ensured better visibility and distribution of information pertaining to discharge. **Source – Patient Story.**

**Day Room on Ward 32** – The waiting room on Ward 32 now has comfortable chairs and settees, coffee tables and a television for the comfort of patients waiting for surgery. **Source - Patient Story.**



**Recruitment** - A recruitment programme was initiated to ensure the number of midwives was up to establishment levels in the Labour Ward. **Source - FFT.**

**SODA Ward** (Surgery on Day of Admission Ward) – Discussions have begun to redesign this area with an aim to provide more privacy and comfort for patients waiting for surgery. **Source – Patient Story.**

**Ward 22 SAU** (Surgical Assessment Unit) – Funding has been applied for to refurbish the room along the lines of the refurbishment of the Day Room on Ward 32. **Source – FFT.**

**Seating along the corridors –**  
Seating has been installed along the corridors for those patients and visitors who may have mobility/health conditions which make walking long distances difficult. **Source – Impressions.**



**Site Access** – Redevelopment of the University Hospital site has begun which involves a number of schemes all aimed at improving both access to the site, its car parks and to improve traffic flow. **Source: Impressions, FFT, Complaints, PALS.**



**Staffing** - Wards have ensured senior nurses are highly visible and available not only throughout visiting but throughout their shift for patients and visitors. **Source – FFT**

**Visiting hours** – Visiting hours for partners of women on the Labour Ward has been extended. **Source – FFT.**

**Wheelchairs** – Additional wheelchairs (50) have been purchased for the convenience of those patients and visitors with mobility/health conditions which make walking long distances difficult. **Source – Impressions, FFT, Complaints, PALS.**



**Plans for 2014/2015:**

During 2014/15 the We Are Listening Campaign will continue in a similar vein as 2013/14. Service improvements identified by feedback in 2013/14, but not yet implemented, will include amongst others:

- Installation of Patient Information Boards in all the wards containing pertinent information for patients, relatives and carers;
- Production of FFT Ward post card for wards in Polish (currently the second most used language in the Trust after English);
- Production of patient information for those with learning disabilities in a variety of media including videos;
- Design of a suite of surveys for children which will include the Friends and Family Test question;
- Programme of work alongside academic partners and the West Midlands Surgical Training Centre to enhance patient information and the Health Information Centre;
- Use the information gained from the Together Towards World Class listening events to inform future plans and work.

**Julia Flay**  
**Patient Involvement Facilitator**  
**April 2014**

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**30 APRIL 2014**

<b>Subject:</b>	UHCW Assessment of National Quality Board (NQB) Guidance
<b>Report By:</b>	Professor Mark Radford, Chief Nursing Officer
<b>Authors:</b>	Karen Bond, Associate Director of Nursing – Quality & Safety Professor Mark Radford, Chief Nursing Officer
<b>Accountable Executive Director:</b>	Professor Mark Radford, Chief Nursing Officer

**PURPOSE OF THE REPORT:**

To brief the Trust Board on the steps taken and progress made following guidance received from the NQB to ensure that right people, with the right skills, are in the right place at the right time in respect of nursing and midwifery staff.

**SUMMARY OF KEY ISSUES:**

UHCW has in place a robust Nursing & Midwifery workforce assessment and delivery program utilising recommended tools and systems. The NQB guidance has provided for a timely review of these systems.

UHCW is fully compliant with NQB Expectations 1, 2, 4, 5, 7, 8, 9 and 10.

Partial compliance has been noted in Expectation 3; the Safer Nursing Care Tool (SNCT) and Birth Rate Plus (BR+) are utilised and embedded in practice, although the PANDA tool (for paediatric assessment) is due for deployment in 2014/15.

Partial compliance has been noted in Expectation 6; 21% additional funding allocation to budgets is in place to support sickness, leave and training. There is variable supervisory time in ward manager's role (1-4 days). Full supervisory status is under review and a report will be made to the Chief Officers Group (COG) in Quarter 1 - 2014/15.

A full plan is in place and is monitored through Chief Officers Group and the Nursing & Midwifery Committee.

A paper on Trust-wide staffing will be submitted to the Trust Board in May 2013.

**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 support and **APPROVE** the further actions that are being taken.

**IMPLICATIONS:**

Financial:	Potential costs associated with increased staffing requirements
HR/Equality & Diversity:	N/A
Governance:	Care Quality Commission outcome criteria and compliance
Legal:	N/A
NHS Constitution:	N/A
Risk:	N/A

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

30 APRIL 2014

COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:

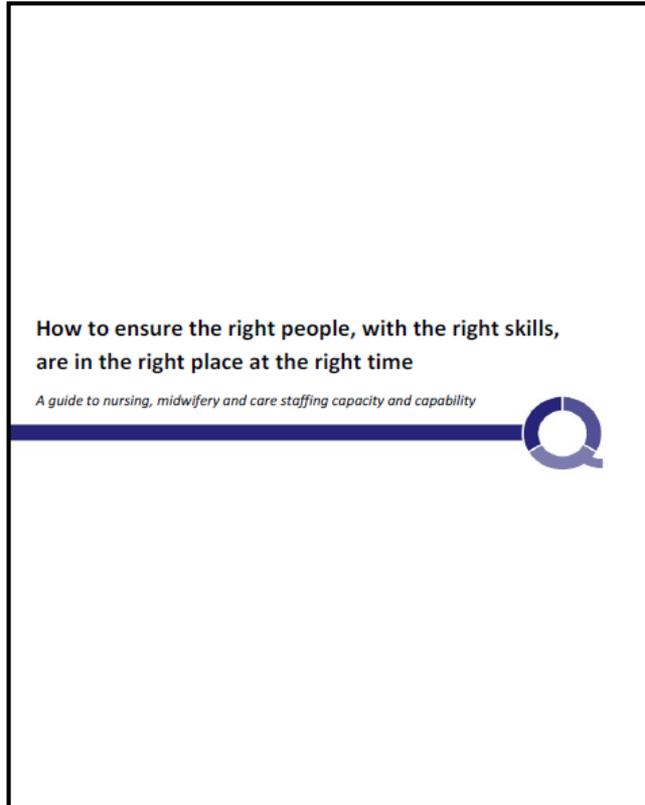
<b>Trust Standing Committee</b>	<b>Date</b>	<b>Trust Standing Committee</b>	<b>Date</b>
Quality Governance Committee		Remuneration Committee	
Finance and Performance Committee		Chief Officers Group	23.04.14
Audit Committee			

How to ensure the right people, with the right skills, are in the right place at the right time.

## **UHCW assessment of NQB guidance**

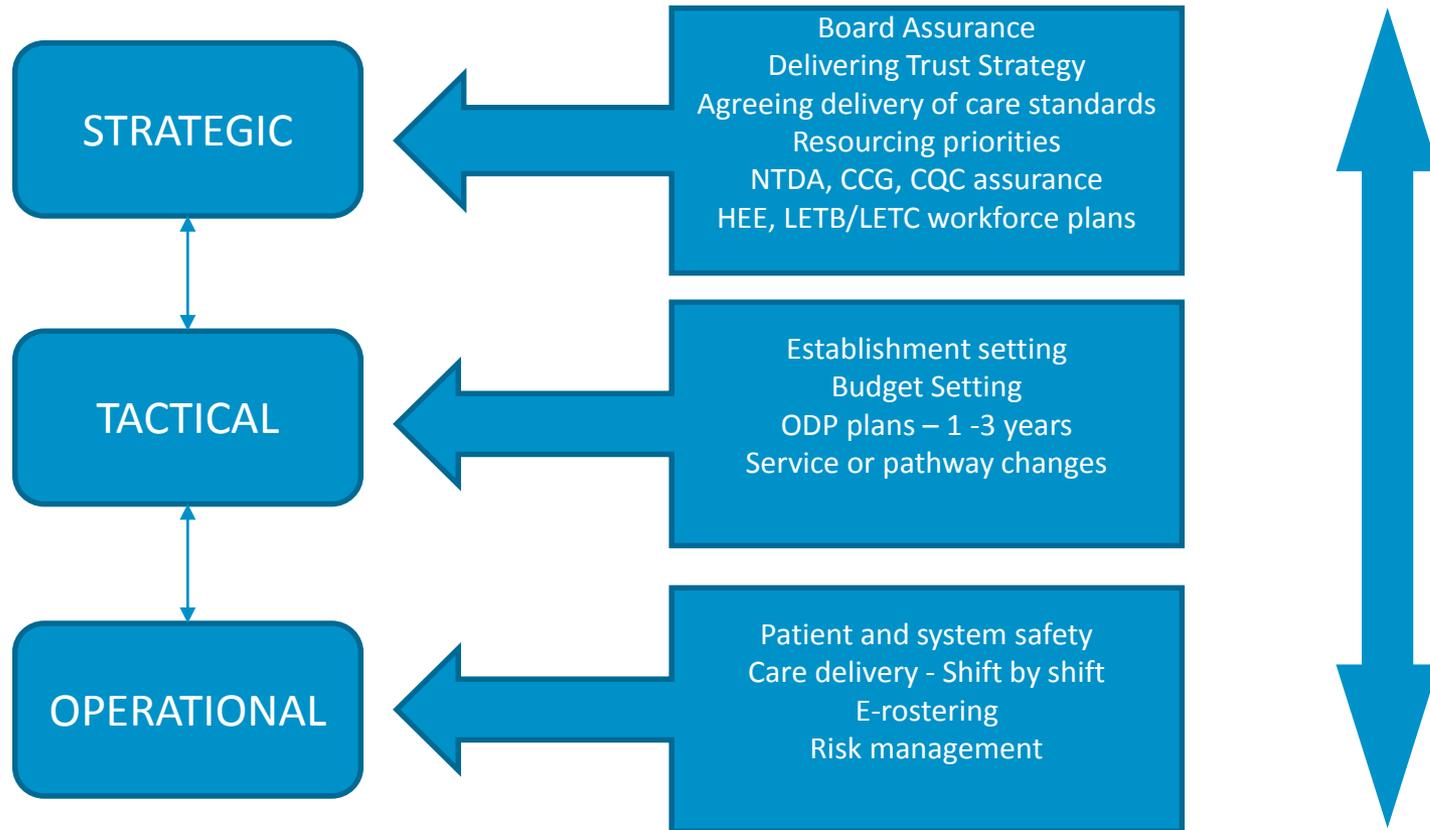
March 2014

# Introduction



- *High quality, compassionate care is about people, not institutions. In every ward and clinic, in every hospital, health centre, community service and patient's home across the country, nursing, midwifery and care staff work to provide care and compassion to people when they need it – whether it is at the beginning, or end of their life; in times of illness or uncertainty; or as part of helping people with long term conditions to stay as healthy and live as independently as possible.*
- *There are established and evidenced links between patient outcomes and whether organisations have the right people, with the right skills, in the right place at the right time*

# UHCW Nurse & Midwifery staffing model



Trust Board

QGC

F&P

NMC

Techy  
Data

SCNT/BR+/PANDA

Benchmarking

Skill mix evaluation

Professional view

Pt Data

Safer Care -PST

Care KPI's/NSI's

Patient Experience

E-rostering data

Operational & £ data

Ops  
Data

# Strategic Governance

Chief Officer Group

## Staffing Assessments

- SNCT – twice a year (Jan and June)
- Birthrate Plus (yearly)
- PANDA (planned yearly)
- Benchmarking (AUKUH, Regional Comparators) - Yearly
- RCN skill mix assessment – Yearly

NMC

QGC

Trust Board

Business Planning (1-3)  
strategic delivery workforce plan

PPMC

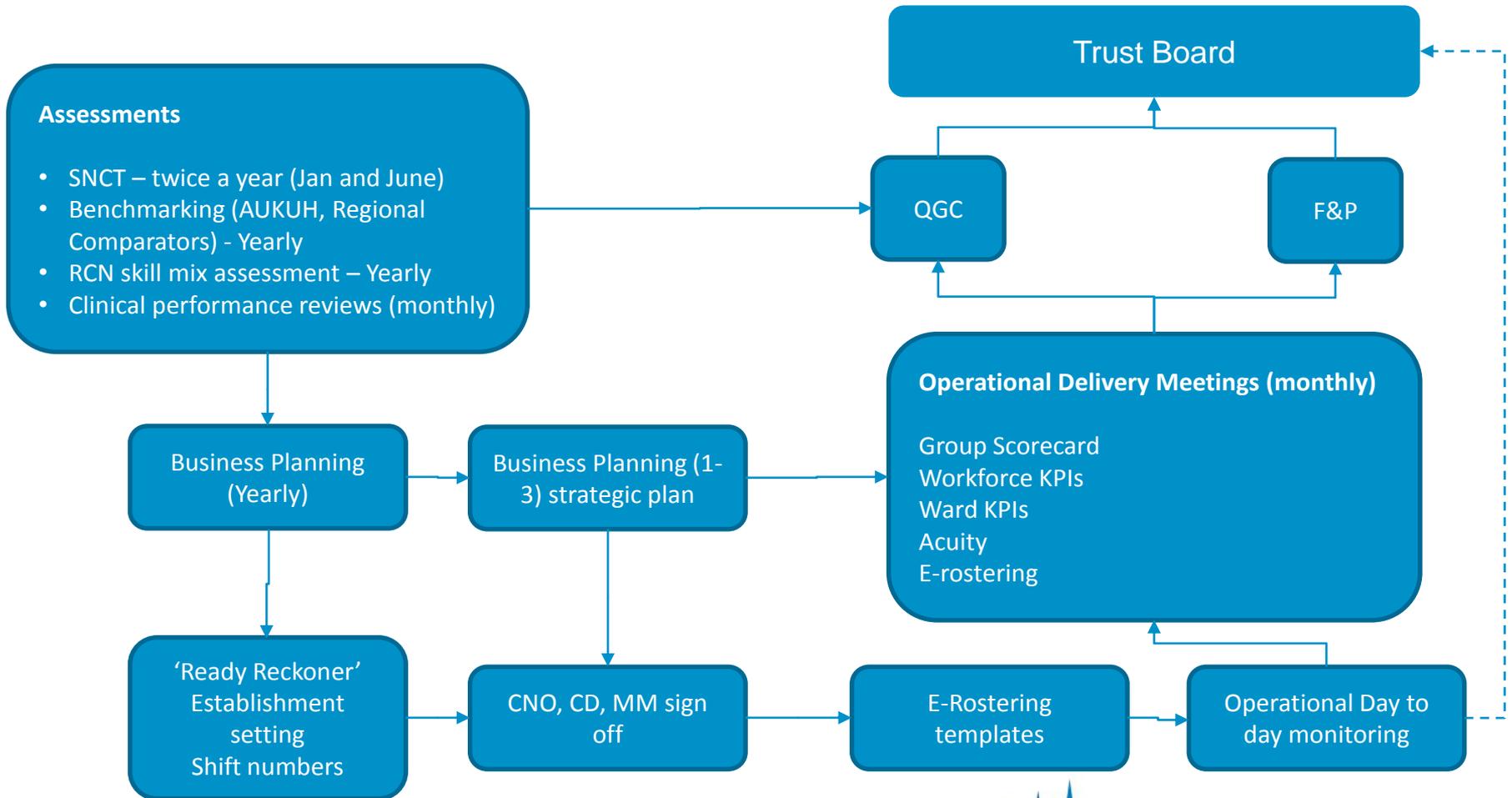
F&P

Strategic education plan

NMC

HR&Ed

# Operational governance



# Key Actions

## Immediate

- Review of NQB guidance to be discussed at Public Trust board 
- Daily staffing tool to be implemented 
- Escalation process agreed and disseminated 
- Senior Nurses and CNO commencing nursing rounds Feb 2014 
- Review and costing of supervisory role for ward managers – including formalised objectives/ outcomes Mar 2014 

## Medium term

- Move from paper to electronic acuity tool 
- Daily staffing available on intranet 
- Complete twice yearly professional judgement assessment alongside acuity scoring 
- Monthly updates to board on workforce via Integrated Quality and finance Report. 

# Expectation One

- **Boards take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability.**
- Boards ensure there are robust systems and processes in place to assure themselves that there is sufficient staffing capacity and capability to provide high quality care to patients on all wards, clinical areas, departments, services or environments day or night, every day of the week

## UHCW Position

- E rostering system in place with authorisation process assured by matron level
- Twice yearly acuity scoring (Jan & June)
- Yearly bench marking and staffing review paper to board
- Agreed staffing levels signed off by CD's, GFA's, Matrons and CNO
- Live electronic intranet daily staffing tool in place as at April 2014
- Formalised trust wide escalation process through control room to CNO
- Visible daily staffing levels posters on ward entrances

## Further Actions

- Additional professional judgement assessment as part of Acuity review



# Expectation Two

- **Processes are in place to enable staffing establishments to be met on a shift-to-shift basis.**
- The Executive team should ensure that policies and systems are in place, such as e-rostering and escalation policies, to support those with responsibility for staffing decisions on a shift-to-shift basis.
- The Director of Nursing and their team routinely monitor shift-to-shift staffing levels, including the use of temporary staffing solutions, seeking to manage immediate implications and identify trends. Where staffing shortages are identified, staff refer to escalation policies which provide clarity about the actions needed to mitigate any problems identified.

## UHCW Position

- E rostering system in place with authorisation process assured by matron level sign off
- Monthly Nurse KPI in place and reported to board and discussed at Nurse quality forum monthly
- Development of a clear formalised escalation process for daily staffing issues
- Associate Director of Nursing/CNO sign off for bank agency shifts
- Control room/ ops – receive and deal with staffing issues not resolved locally
- Live electronic intranet daily staffing tool and dashboard being trialled for roll out end March 2014

## Further Actions

- Flow chart of escalation process re staffing on ward safety boards- Feb 2014



# Expectation Three

- **Evidence-based tools are used to inform nursing, midwifery and care staffing capacity and capability.**
- As part of a wider assessment of workforce requirements, evidence-based tools, in conjunction with professional judgement and scrutiny, are used to inform staffing requirements, including numbers and skill mix. Senior nursing and midwifery staff and managers actively seek out data that informs staffing decisions, and they are appropriately trained in the use of evidence-based tools and interpretation of their outputs.
- Staff use professional judgement and scrutiny to triangulate the results of tools with their local knowledge of what is required to achieve better outcomes for their patients.

## UHCW Position

- Safer nursing care tool completed twice yearly- Jan and June
- Acuity report and recommendations to board twice yearly
- Birth rate plus assessment completed in maternity and reported
- Bench marking completed annually with paper to board.

## Further Actions

- Complete twice yearly professional judgement assessment alongside acuity scoring
- Use of PANDA tool within paediatrics to support reports to Board alongside the acuity reports.
- Create electronic acuity scoring system to replace current paper based system



# Expectation Four

- **Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.**
- The organisation supports and enables staff to deliver compassionate care. Staff work in well-structured teams and are enabled to practice effectively, through the supporting infrastructure of the organisation (such as the use of IT, deployment of ward clerks, housekeepers and other factors) and supportive line management

## UHCW Position

- Current system of escalation ward to CNO
- Visibility of Senior staff on the wards
- Exec safety walk rounds and Accessible exec team. Announced and Unannounced schedule in place with a process to report back to boards-2014/15
- Use of Datix system in all areas
- Whistle blowing policy in place
- Staff Impressions implemented
- Senior Nurses and CNO commencing nursing rounds Feb 2014

## Further Actions

- Review and costing of supervisory role for ward managers – including formalised objectives/ outcomes Mar 2014
- Nurse Technology bid in place to enable further roll out of mobile technology- 2<sup>nd</sup> round



# Expectation Five

- **A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments.**
- Directors of Nursing lead the process of reviewing staffing requirements, and ensure that there are processes in place to actively involve sisters, charge nurses or team leaders. They work closely with Medical Directors, Directors of Finance, Workforce (HR), and Operations, recognising the interdependencies between staffing and other aspects of the organisations' functions. Papers presented to the Board are the result of team working and reflect an agreed position.

## UHCW Position

- Agreed staffing levels/ establishments are signed off by Matron, Clinical Director finance and CNO, completed for each new financial year
- Twice yearly acuity scoring
- Yearly bench marking and Staff review paper to board
- Quality impact assessment completed for any CIP to ensure not detrimental to standard of care being delivered
- Live electronic intranet daily staffing tool being trialled for roll out end march 2014 enabling reporting process to COG monthly re staffing to be established and to Board 6 monthly
- Revised ready Reckoner developed with finance showing all shift patterns and RAG rating of Nurse to patient ratio based on establishment- completed with roll out by end Mar 2014

## Further Actions

- **None**



# Expectation Six

- **Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties.**
- Staffing establishments take account of the need to allow nursing, midwifery and care staff the time to undertake continuous professional development, and to fulfil mentorship and supervision roles.
- Providers of NHS services make realistic estimations of the likely levels of planned and unplanned leave, and factor this into establishments. Establishments also afford ward or service sisters, charge nurses or team leaders time to assume supervisory status and benefits are reviewed and monitored locally.

## UHCW Position

- Current variation of allocated supervisory time allocated to ward managers (1-4 days)
- 21% within all establishments to allow for leave, study and sickness requirements
- Policy and management system developed using data available from e rostering system to ensure appropriate levels of leave are allocated across the year

## Further Actions

- Review and costing of supervisory role for ward managers – including formal objectives/ outcomes and evaluation. Workshops to discuss supervisory roles
- In house training programme re the Supervisory ward manager role- May 2014



# Expectation Seven

- **Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a Public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.**
- Boards receive monthly updates on workforce information, including the number of actual staff on duty during the previous month, compared to the planned staffing level, the reasons for any gaps, the actions being taken to address these and the impact on key quality and outcome measures.
- At least once every six months, nursing, midwifery and care staffing capacity and capability is reviewed (an establishment review) and is discussed at a public Board meeting.

## UHCW Position

- Safer nursing care tool completed twice yearly- Jan and June
- Acuity report and recommendations to board twice yearly
- Bench marking completed annually with paper to board.
- Monthly updates to board on workforce via Integrated Quality and finance Report
- Live electronic intranet daily staffing tool being trialled for roll out end march 2014 enabling reporting process to COG monthly re staffing to be established and board 6 monthly

## Further Actions

- Create electronic acuity scoring system to replace current paper based system- looking at possible purchase of electronic system as part of renewal of E rostering contract. March 2014
- Monthly report to Chief Officers group



# Expectation Eight

- **NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.**
- Information should be made available to patients and the public that outlines which staff are present and what their role is.

## UHCW Position

- Daily staffing has been displayed on ward safety boards since January 2014
- Staffing available on Trust internet site from April 2014

## Further Actions

- Temporary solution initially with case being completed before permanent display board



# Expectation Nine

- **Providers of NHS services take an active role in securing staff in line with their workforce requirements.**
- Providers of NHS services actively manage their existing workforce, and have robust plans in place to recruit, retain and develop all staff. To help determine future workforce requirements, organisations share staffing establishments and annual service plans with their Local Education and Training Board (LETBs), and their regulators for assurance

## UHCW Position

- UHCW staffing model supports strategic, tactical and operational approach to workforce requirements and assurance
- Monthly workforce KPI's and recruitment plans in place to reduce vacancy levels
- ADN research and Education works closely with partners developing workforce of the future

## Further Actions

- Accurate workforce predictions involving Senior Nursing team, HR and Speciality Groups
- Utilising links with LETC/LETB- CNO Mark Radford
- Improve internal training plans produced by the Groups to reflect training/ education needs of both individuals and service



# Expectation Ten

- **Commissioners actively seek assurance that the right people, with the right skills, are in the right place at the right time within the providers with whom they contract.**

## UHCW Position

- Partnership working with the commissioners
- Acuity report and recommendations to board twice yearly are available to commissioners
- Electronic daily staffing tool will provide data source to enable assurance to be given
- Presentation given to CCG quality meeting re position against guidance- no actions, happy with processes

## Further Actions

- None at present – to be determined by CCG



# Current impact

## Keogh reviews and staffing

- Staffing levels were a key line of enquiry within the Keogh review of Trusts. It was highlighted that the majority of Trusts had some concerns with staffing in parts of their organisation.
- In addition, the lack of systematic approach or use of validated tools was also highlighted within the Keogh Trusts.
- Board leadership and Nursing leadership were also singled out as critical to ensure Boards were aware of issues and assurance sought on staffing levels.

## New CQC reviews and staffing

- The new CQC framework has key aspects of assessment against staffing levels.
- Early new regime inspections were sometimes inconsistent in application of standards. This has now resolved in later reviews.
- UHCW recent reviews of Mulberry and Dementia have assessed this aspect. Notably, the use and sharing of acuity information with CQC has been helpful to explain the current process.

# NQB Assessment summary

Expectation	Compliance	Notes
1		
2		
3	Partial	SNCT and BR+ embedded and used. PANDA (Paediatrics) tool deployment in 2014/15
4		
5		
6	Partial	21% to support AL, SL and StL within budget. Variable management time allocated to Ward manager role – Full supervisory status of Ward Managers under review
7		
8		
9		
10		

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**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**30 APRIL 2014**

<b>Subject:</b>	Safeguarding Children and Vulnerable Adults Report
<b>Report By:</b>	Carmel McCalmont, Associate Director of Nursing – Safeguarding Dr Karen McLachlan, Named Doctor Child Protection
<b>Authors:</b>	Carmel McCalmont, Associate Director of Nursing – Safeguarding Dr Karen McLachlan, Named Doctor Child Protection Gillian Attree, Lead Nurse Child Protection Margaret Greer, Lead Nurse Vulnerable Adults
<b>Accountable Executive Director:</b>	Professor Mark Radford, Chief Nursing Officer

**PURPOSE OF THE REPORT:**

<p>To appraise the Trust Board around arrangements for safeguarding issues.</p> <p>To inform the Trust Board about changes to the safeguarding team, to give an update on Serious Case Reviews and the Ofsted Review of Services for Children in need of help and protection carried out in February and March 2014.</p> <p>To appraise the Trust Board of the progress towards developing a Multi Agency Safeguarding Hub (MASH).</p>
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**SUMMARY OF KEY ISSUES:**

<ul style="list-style-type: none"> <li>• A Serious Case Review (SCR) has been initiated following the death of a 2 year-old boy that attended the Trust in October 2013 and later died in Birmingham Children’s Hospital.</li> <li>• A deeper dive analysis was published into the death of Daniel Pelka and UHCW were criticised along with Community Health in respect of poor information sharing and the absence of a single growth chart.</li> <li>• An Ofsted review of Services for Children in need of help and protection found these to be inadequate.</li> <li>• A Multi–Agency Safeguarding Hub (MASH) is currently being developed.</li> <li>• Safeguarding Training for children and adults is now provided as part of Trust Induction for all new starters.</li> <li>• A training plan is in place to achieve 90% compliance by September 2014.</li> <li>• A second doctor with an interest in Child Protection has time allocated in her job plan aiding succession planning and sharing of an intense workload.</li> </ul>
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**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 <b>NOTE</b> the work undertaken by the Safeguarding Teams and to be <b>ASSURED</b> that appropriate arrangements are in place for the safeguarding of children and vulnerable adults.
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**IMPLICATIONS:**

Financial:	N/A
HR/Equality & Diversity:	None Identified
Governance:	Patient safety: Safeguarding
Legal:	Statutory Requirements: Children’s Act 1989 & Children’s Act 2004
NHS Constitution:	N/A
Risk:	N/A

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

30 APRIL 2014

COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:

<b>Trust Standing Committee</b>	<b>Date</b>	<b>Trust Standing Committee</b>	<b>Date</b>
Quality Governance Committee	28.4.14.	Remuneration Committee	
Finance and Performance Committee		Chief Officers Group	
Audit Committee			

## **SAFEGUARDING CHILDREN AND VULNERABLE ADULTS REPORT**

**APRIL 2014**

### **A. CHILD PROTECTION**

#### **1. Introduction**

The purpose of this report is to update the Trust Board on the work of the Child Safeguarding Team at UHCW and on Serious Case Reviews (SCR), in particular the Daniel Pelka Serious Case Review and the deeper analysis of the review published in January 2014. In addition the report will update the Board on the recent Ofsted inspection of services for children in need of protection and the review of the effectiveness of the local Safeguarding Children Board. There are currently 790 child protection plans in Coventry, of which 37 are for unborn children.

#### **2. Changes to the Safeguarding Team**

Dr D Hilton, Consultant Paediatrician commenced in post in September 2013. She has an interest in Child Protection and has time within her job plan to support the role of the Named Doctor (1 PA per week). This aids succession planning and shares the workload in this challenging area.

Nikki Lamb is working part time (20 hours per week) as a support Midwife to the safeguarding team.

#### **3. Serious Case Reviews**

We are currently in the early stages of a serious case review concerning the death of a 2 year old boy who was brought into UHCW in October 2013. He subsequently died in the Paediatric Intensive Care Unit of Birmingham Children's Hospital of what the Police now believe to be an alleged head injury. The review is being conducted using a hybrid process incorporating aspects from a systems review (akin to a root cause analysis). The Trust will be represented on the SCR panel by Dr Mclachlan, Named Doctor for Child Protection. Dr Hilton is writing the individual agency review (IAR).

#### **4. Daniel Pelka SCR**

The Overview report was published in September 2013. The action plan for UHCW was completed prior to publication. In January 2014 a deeper analysis of the review was published. This was based on interviews with staff involved and managers of multiagency services.

All of the agencies involved with the Pelka family learned lessons from the case and had actions to complete in order to prevent this from happening in the future. The report identified that the school missed opportunities around Daniel's health and well being. Daniel was scavenging for food in rubbish bins but as his parents had stated that he had an eating disorder the school accepted their account. It was noted that schools did not take into account attendance and English being a second language in Daniel's case.

Agencies such as Coventry & Warwickshire Partnership Trust, the Health Visiting Service and the police were criticised for single agency screening around domestic abuse. Joint screening has since been implemented. It was identified that social care did not ensure that there was appropriate and consistent feedback to professionals who made safeguarding referrals. The police were aware of domestic violence but there was a delay in feedback to other agencies. Health Visiting provision at the time was under-resourced and owing to a lack of Health Visitors in Coventry, the service was not able to be delivered in accordance with the Healthy Child programme. Multi agency communication was highlighted as an issue across the board.

UHCW was criticised along with Community Health Services for poor information sharing and the absence of a single growth chart. The Community Paediatrician who saw Daniel shortly before his death when interviewed by the author of the analysis suggested that his actions may have been influenced by poorly kept hospital records, no centile chart and the lack of strategy meeting minutes within the hospital records. This was accepted in the report although challenged.

The deeper analysis did not make any new recommendations but it was published alongside a progress report on the implementation of recommendations. These recommendations are all on track for completion by UHCW and have been incorporated into a united action plan (Appendix 1). This aids monitoring and will provide evidence when requested for an expected Care Quality Commission (CQC) inspection of child safeguarding arrangements for Coventry Health Services.

## **5. Training**

Training was delivered in January 2013 with the agreement of the Police Senior Investigating Officer centred on the case of Daniel Pelka. This was in order to start learning the lessons from Daniel's case before the conclusion of the criminal trial and the publication of the overview report.

Further level 3 Training was delivered In October 2013 at the request of Coventry and Rugby Clinical Commissioning Group (CCG), again focussing on lessons to be learned from Daniel's case, on this occasion in more detail. Almost 300 people attended this training; many of them General Practitioners and there were 80 members of UHCW staff in attendance. Additionally, the Named Doctor has facilitated a multiagency session provided by the Safeguarding Children Board learning lessons from serious case reviews.

In February 2014 we organised GP protected learning time, helping GPs and others to understand the issues in Daniel's case; this was attended by over 200 professionals from a number of different agencies.

### **5.1 Training Figures**

Level 2 safeguarding children training compliance stood at 78.73% in March 2014 which equates to 7,116 staff who are compliant. This has gradually increased from 31% in March 2012.

Level 3 training compliance is currently 60%, equating to 101 compliant staff. A training trajectory is in place to achieve 90% compliance by September 2014.

## **6. Ofsted Review**

The Ofsted review of services for children in need of help and protection carried out in late January/early February graded services as inadequate. Services for looked after children were graded as “requiring improvement.” Leadership, management and governance was graded as inadequate. In addition the effectiveness of the Local Safeguarding Children Board (LSCB) was also graded inadequate. Concerns were raised about joint working including the criticism that healthcare professionals are not undertaking Common Assessment Frameworks (CAFs) or taking a lead role in early help. This is primarily an issue for the Partnership Trust and the CCG and not for the acute sector; however midwives do record evidence of early help and do assist with joint visits alongside family support workers to facilitate CAF assessments.

The LSCB was felt to be inadequate, in particular the Practice and Quality Assurance Sub Group was identified as in need of development and single audits needed to be provided and scrutinised. UHCW has shared its audit report with the Chair of this Committee and will continue to share reports of future audits.

As detailed above we have shared our action plan for the Daniel Pelka SCR with the evidence for actions embedded into it with the Quality Assurance Sub-Committee.

The Named Nurse has represented the Trust at the meeting held on Friday 28<sup>th</sup> March to develop an action plan in response to the Ofsted review.

## **7. The Multi Agency Safeguarding Hub (MASH)**

One of the recommendations made by the review of Daniel’s case was that Coventry should develop a MASH. In the deeper analysis the author states that “it is expected that the MASH will be operational by April 2014”. UHCW staff have been involved both strategically and operationally in developing the MASH.

The UHCW Named Nurse is attending a 5-day dip sampling exercise in April looking at 400 cases from a multiagency perspective in order to contribute to a workforce planning model for the MASH.

Other recommendations for the LSCB included the review of arrangements for information sharing in cases of Domestic Violence. UHCW is committed to the review of all the work being done in this area which is being chaired by Anne Lucas, the Council Leader on behalf of the Coventry Domestic Violence and Abuse Partnership. This is a strategic sub-group of the Coventry Police and Crime Board, formerly known as Coventry Community Safety Partnership.

## **8. Council Review**

As a result of the OFSTED findings, the Coventry Children’s Services Improvement Board was set up by Coventry City Council and the first meeting was held on 19<sup>th</sup> March 2014 ahead of the publication of the Ofsted report. Dr Kate Blake, Consultant Neonatologist attended on behalf of UHCW.

The initial meeting was chaired by Martin Reeves, Chief Executive, Coventry City Council. Future board meetings, which are to be held six-weekly, will be independently chaired by Mark Rogers, Chief Executive of Birmingham City Council, and will include senior representatives from the City Council and a range of partner organisations including health, education and police.

The Ofsted report was reviewed and the main focus of the first meeting was to agree the terms of reference and refine the draft Improvement plan, in particular ensuring that meaningful key performance measures were identified.

The meeting was well attended by all relevant partner agencies. The Coventry Children's Services Improvement Board will agree and oversee a plan to drive improvements in Children's Services and ensure that all the recommendations set out in the Ofsted report are implemented.

## **9. Care Quality Commission Inspection**

This is keenly anticipated and expected to occur this year. Notice is given of the inspection on a Thursday and the inspectors arrive the following Monday. We are actively preparing for this process with a folder of the evidence required which is regularly updated.

## **10. Summary**

We have a heavy work load, but are on track with the implementation of actions from the SCR on Daniel Pelka and preparation is underway for a Care Quality Commission inspection. Staff from UHCW are representing the Trust on a number of sub-committees of the LSCB as well as the Board itself.

Challenges this year will be the inspection process itself and the improvement of training figures to reach 90% compliance for both level 2 and 3 training.

## **B. VULNERABLE ADULTS**

### **1. Introduction**

The purpose of this report is to appraise the Trust Board of the key agenda issues pertinent to the Adult Safeguarding agenda during 2014/15.

- The Mrs D Serious Case Review (SCR) was published in 2013. This has resulted in more scrutiny of the training compliance figures within the Trust.
- Anti terrorism PREVENT training is being prioritised nationally as an area for increased training investment across all sectors of Health and Social Care.
- The recent Cheshire West judgement will have practice implications relating to the interpretation and application of Deprivation of Liberty Safeguards (DoLS).
- Auditing of Domestic Violence and Abuse Data was a recommendation following both the Daniel Pelka SCR and a recent Warwickshire Domestic Homicide Review.

### **2. Safeguarding Adult Training**

Safeguarding Adult training (level 1) achieved 78.28% compliance as of March 2014. This equates to 7,555 staff who are compliant. The contract for 2014/15 requires 90% compliance in-year and includes training at level 2, which was not a requirement until this year. A training strategy is now in place to support the delivery and ongoing monitoring of this standard. The training is delivered primarily via e-learning, although additional face-to-face training can be provided on request.

### 3. PREVENT

PREVENT training (Health WRAP) has been reviewed nationally post the training launch in 2012, which required all trainers to be licensed to train. UHCW has 2 licensed trainers, however, the hours dedicated to this training is limited, and has impacted on the number of training sessions completed in year. As this appears to have been an issue nationally, the Department of Health has reviewed the training, and is proposing that it be delivered in line with the collegiate training documents for Child Protection, which requires awareness inclusion at levels 1-2 and Health WRAP training for staff groups at level 3-5. PREVENT awareness is included in the current Safeguarding Adult training levels 1 and 2, therefore, the Trust is likely to be training compliant at this level in-year. The Lead Nurse for Safeguarding is working with the training lead from the CCG to deliver the training agency wide at level 3 -5.

### 4. Deprivation of Liberty Safeguards

The Cheshire West Judgement passed earlier this month (April 2014) will require additional staff training to support the required change. In the short term a briefing sheet has been widely circulated to share the changes with the key staff groups, likely to be most affected by the judgement. Work to address the longer term training issue is being led by the Local Authority with representation from UHCW included on this group which starts this work programme in May 2014.

### 5. Domestic Violence and Abuse Audit

Domestic Violence and Abuse audits are carried out on a 6-monthly basis. Both the Daniel Pelka SCR and a recent Warwickshire DHR recommended that the Trust continue to do this. The audit for this 6-Month period is about to be finalised, and will be presented to the Safeguarding Vulnerable Adult and Children Committee in May 2014.

### 6. Summary

There are some work-load challenges associated with the delivery of this agenda that may impact on the team's ability to achieve the targets set for this year. There is an acknowledgement that additional support for the team is required.

### C. CONCLUSION

The Trust Board is asked to **note** the ongoing work and action of the Trust in respect of the Safeguarding Vulnerable Adults and Children agenda and to be **assured** that appropriate mechanisms are in place.

Actions taken from the Overview Report - University_Hospital Coventry and Warwickshire NHS Trust							
38.	Maternity have specific guidance for managing domestic violence (DV) and abuse in pregnancy and in the postnatal period, this requires updating and should be expanded to incorporate guidance for referral into adult safeguarding services.		38.1 Update guidelines	Completed September 2012	RT, LP, MG	Maternity specific DV guideline completed and in use in maternity services. Guideline expanded to incorporate guidance for referral into safeguarding adults processes	In date guideline on e-library
39.	Maternity Managers and Matrons should be supported to develop expertise around the impact of domestic violence and abuse whether this is suspected or disclosed.  This will enable them to provide safeguarding supervision for midwives working with families where concerns have not yet reached the threshold for child protection referral and to facilitate effective decision making in relation to assessing thresholds of needs.		39.1 Identify senior staff to attend training, Book places, ensure attendance.  39.2 Supervise staff	June 2013	Head of Midwifery (as safeguarding lead) to identify personnel  RN DH	Senior staff identified and places booked and attended for scars of quiet denial and emotional and abuse training. Time allocated to enable attendance  Safeguarding supervision in place and staff identified from maternity and paediatrics to attend annual training in October 2013.	Course attendance confirmed and populated on database.  Certificate of attendance at Training to be ongoing as required  2 named nurses and 5 midwives currently providing safeguarding supervision
40.	A report or discharge summary should be written contemporaneously after an admission of a child with an injury which is initially suspected to be non-accidental in nature, if the admission leads to		40.1 Email all paediatric consultants and registrars	June 2012 (email)  October 2012 Laming audit	Named Doctor for Child Protection (CP)	Completed June 2012	Laming audit – discharge summary of report to be filed in medical record and on CRRS. Laming audit will

	discussions with Social Care or the Police					Completed October 2012	be the audit tool for this  Update 23 <sup>rd</sup> July 2013. Audit completed. Results presented to Paediatric audit meeting in March 2013. 5 cases identified with no apparent report. Notes reviewed any outstanding reports completed
41.	When there is an injury requiring joint paediatric and orthopaedic care, the paediatrician and orthopaedic surgeon should jointly review the child and discuss the injury, looking at the X Rays and digital photographs together. This review should be documented in the medical records.		41.1 Discuss at paediatric QUIPS  41.2 Discuss at orthopaedic QUIPS	October 2012 Laming audit	Named doctor for CP / Paediatric Orthopaedic Consultants / Paediatric consultant	Completed October 2012	Laming audit to include finding evidence of joint review  Update 23 <sup>rd</sup> July 2013 Audit completed. Presented in March 2013. No cases requiring joint review during audit period
42.	Emergency Department processes for routine questioning around domestic violence and abuse and the recording of this data should be embedded. The Safeguarding		42.1 Routine questioning relating to Domestic violence in ED embedded	June 2012 (audit)  October 2012	Adult safeguarding lead  Matron and clinical lead	Baseline audit undertaken on 16 <sup>th</sup> July 2012 and presentation completed and distributed widely	Reaudit January 2013 then six monthly thereafter Action plan to be formulated after January audit

	<p>Adult Lead intends to undertake an audit within the emergency department during June 2012 to test whether standard domestic violence and abuse identifying questions are being consistently asked. The report from this audit should be presented at Safeguarding Vulnerable Adult and Children Committee and should inform the work plan of this committee.</p>				<p>for ED</p>		<p>(March 2013)  Update 2<sup>nd</sup> April 2014 – Further audit undertaken in July 2013, results to follow</p>
<p><b>DP SCR Priority Action Plan Taken from the Daniel Pelka Review Deeper Analysis and Progress report on Implementation of Recommendations 23<sup>rd</sup> January 2014</b></p>							
<p><b>16.1</b></p>	<p>There must be a review of the systems which currently exist for the notification and sharing of information in respect of domestic abuse incidents within families to ensure that they generate effective outcomes in relation to the safeguarding of children. The review should particularly focus on: •The timeliness of notifications •The agency to which they should be distributed, including schools •The importance of a focus on the needs and safety of the children •The efficiency and effectiveness of the joint screening processes and the responsibility for agreed</p>		<p>Priority Action 2. Partner agencies to improve the timely dissemination of notification reports.</p>	<p>31/01/2014</p>	<p>DY, TW, MR, RL</p>	<p>In progress UHCW Update 2<sup>nd</sup> April 2014 After the initial review in February 2014 detailed below the system for receipt of Domestic Violence information received from the joint screening process has been updated. Information received is collected by the midwifery administrative assistant who distributes it to the named midwife for the woman concerned. They date and sign the notification and make a professional judgement on action needed. The notification is then filed in the UHCW Hospital record.</p>	

	outcomes, and•How repeat domestic abuse incidents need to be responded to more holistically					A database is maintained by the admin assistant which contains details of the date the incident occurred, the date received, patients name and hospital number, the midwife and GP and if the case is going to Multiagency Risk Assessment Committee (MARAC). The Named Nurse for Safeguarding Children or her deputy attends the bimonthly MARAC meetings. Actions from that meeting are recorded and e mailed to her. These actions are completed and information disseminated as appropriate. A database is now kept of MARAC cases and actions arising from the meetings. Alerts are put on the Trust internal IT system for all victims of DV discussed at MARAC and for the children of those victims. These alerts can be accessed by Medical and Nursing staff as required.	
<b>16.2</b>	In order for the LSCB to understand and identify how to improve the multi-agency response to domestic abuse notifications, particularly in		Priority Action 6. Develop or update existing single agency audit processes	31/03/2015	DY, TW, MR, RL, DC	UHCW Update 2 <sup>nd</sup> April 2014 An initial review carried out in February 2014 identified inconsistencies in the	Need to check progress on embedding this within single agency audit

	respect of the safeguarding of children, then an audit process must be developed to judge how individual agencies respond to notifications which they receive, and as a result, what changes are needed to improve the ways in which agencies individually and collectively ensure that the protection needs of the children involved are being addressed by such responses.		and provide periodic audit evidence to Board			recording of notifications. From March 2014 onwards the information received from the screening of Domestic Violence has been managed as in section 16.1 above	processes.
<b>16.5</b>	The LSCB must be assured that Strategy Meetings/Discussions are being efficiently and accurately recorded with actions clearly identified for individual agencies or professionals to undertake, and that the record and listed actions are distributed to the relevant agencies in a timely fashion.		Priority Action 12. Partner agencies to provide periodic audit evidence of their engagement with assessment process and assurance that they have been consulted	31/03/2015	DY, TW, MR, RL	UHCW Update 2 <sup>nd</sup> April 2014 UHCW employees attend strategy meetings when invited and all strategy meeting on children admitted with safeguarding concerns. The recording of these meetings is incorporated into the annual Laming audit	In progress, reporting dates and parameters to be defined
<b>16.6</b>	In instances within a Strategy Meeting/Discussion when medical opinion is inconclusive regarding whether an injury was accidentally or non-accidentally caused, then the follow up interventions with		Priority Action 14. Agencies to review current practice	30/09/2013	SH, AP, MR, TW	Completed	Key partners all reported back that this message has been conveyed to staff with CP responsibility

	the family must continue to include the child protection concerns as factors and address them rigorously until any new information or assessment discounts them.						
<b>16.13</b>	Paediatricians and other medical staff who are required to assess the welfare of children who present with unclear concerns, should always consider child abuse as a differential diagnosis as part of an holistic assessment of the child. The LSCB will need to be assured by the relevant health body that this practice has been consistently adopted.		Priority Action 30. The CWPT and UHCW to provide the LSCB with periodic audit data identifying that the Royal College of Paediatrics and Child Health guidance is being adhered to within the respective Trusts	31/03/2015	TW, MR	UHCW Update 2 <sup>nd</sup> April 2014 This will form part of UHCW annual Laming audit although it is difficult to audit cases in whom no concerns have been identified.  UHCW will consider a separate review of cases of diagnostic uncertainty in children with failure to thrive	Periodic update required from Trusts

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**30 APRIL 2014**

<b>Subject:</b>	Disposal of Products of Conception
<b>Report By:</b>	Dr D Snead, Cellular Pathology Clinical Service Lead and HTA Designated Individual
<b>Author:</b>	Dr D Snead, Dr Snead - Cellular Pathology Clinical Service Lead and HTA Designated Individual
<b>Accountable Executive Director:</b>	Dr M Pandit, Chief Medical Officer

**PURPOSE OF THE REPORT:**

To provide assurance to the Trust Board as requested by Sir Bruce Keogh, NHS Medical Director in his letter to the Chief Medical Officer (publications Gateway Reference 01360) of the proposed arrangements for the appropriate disposal of products of conception.

**SUMMARY OF KEY ISSUES:**

Sir Bruce Keogh has written to all NHS Trusts asking them to review the arrangements that are in place for the disposal of products of conception. As was previously the case, the wishes of the parents will be followed, and in the event that parents do not wish to make their own arrangements, communal burial will be arranged by the Trust following a funeral service. These arrangements are in-line with the guidelines issued by the Royal College of Nursing and the Stillbirth and Perinatal Death Society.

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

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

**RECOMMENDATION / DECISION REQUIRED:**

The Board is asked to be **ASSURED** that processes have been reviewed and that disposal will be managed in accordance with guidelines.

**IMPLICATIONS:**

Financial:	To be confirmed
HR/Equality & Diversity:	None identified
Governance:	Complies with best practice guidance
Legal:	None identified
NHS Constitution:	Right to know
Risk:	None identified

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

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

# UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

## REPORT TO THE TRUST BOARD: PUBLIC

30 APRIL 2014

### Introduction

Products of conception, for the purposes of this paper, are defined as foetal tissue, or material likely to include foetal tissue of 23 weeks gestation or less.

Up until March 2014, in the event that parents did not wish to make their own arrangements, disposal of this material was by incineration. In light of recent concerns raised by the Stillbirth and Neonatal Death Society (SANDS) and the letter from Sir Bruce Keogh the Trust has ceased using this method.

Dr Snead, Cellular Pathology Clinical Service Lead and Human Tissue Authority (HTA) Designated Individual, Pam Martin, Bereavement Services Officer and Mandy Kirkman, Clinical Nurse Specialist in Early Pregnancy and Miscarriage have met and agreed changes to the current arrangements that will ensure alignment with both SANDS and Royal College of Nursing (RCN) guidelines.

### Disposing of products of conception

All patients who have had a miscarriage or medical termination of pregnancy are already asked their views on how they wish the products of conception to be disposed of by midwives or nurses who are trained in miscarriage and early pregnancy.

There are generally 3 options available:

- Parents may wish to make their own arrangements.
- Patients may want the hospital to arrange for sensitive disposal for them and not be directly involved themselves.
- Patients may have no wish to be involved at all.

In addition products of conception may or may not require histological examination before disposal.

### Proposed means of disposal

Existing mechanisms for ascertaining the wishes of the parents remain unchanged as does the process for requesting histopathological examination where this is required.

Procedures for parents wishing to make their own arrangements are unchanged and they are assisted to do so by the staff caring for them

For parents that wish for the hospital to arrange sensitive disposal, or those that do not wish to have any involvement, products of conception will be disposed of by monthly communal burial following a funeral service. In the case of parents that wish to attend, burials will be undertaken on an individual basis during the communal burial service, which parents will be able to attend collectively.

### Histopathological examination

The request for examination is made by completion of a histology request card. Consent for the pathology examination itself is not currently recorded, but should be explained during the process of obtaining consent from the patient for the proposed procedure (medical termination of pregnancy or evacuation of retained products of conception). In the event that a patient does not want histopathological examination to take place these wishes are recorded on the pathology request card.

In all circumstances, what is obviously foetal material is not processed for histology, but is retained for sensitive disposal. Any foetal material that is inadvertently processed for histology is returned for sensitive disposal. This will include the melting down of wax blocks and removal of tissue from microscope slides.

### Collection and disposal

All of the material is sent to the mortuary for storage and preparation for the monthly burial.

Anonymised records are used to accompany the specimens for disposal, each specimen being recorded and identified by the histopathology laboratory number.

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**30 APRIL 2014**

Prior to the burial taking place a unique number will be generated for each sample on receipt into the mortuary; this will be recorded on a spreadsheet and in a register held in the mortuary.

**Implementation and remaining work to be done**

<b>Action</b>	<b>Date</b>	<b>Responsible</b>
Agree recommendations with Histopathology laboratory and update existing standard operating procedures.	31 <sup>st</sup> May 2014	Dr D Snead
Agree recommendations with the Chaplaincy	31 <sup>st</sup> May 2014	Ms P Martin
Agree recommendations with the mortuary	31 <sup>st</sup> May 2014	Dr D Snead
Update existing literature on miscarriage	31 <sup>st</sup> July 2014	Ms P Martin
Inform relevant staff on the maternity wards.	31 <sup>st</sup> May 2014	Ms A Kirkman
Inform pathologists	31 <sup>st</sup> May 2014	Dr D Snead

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**30 APRIL 2014**

<b>Subject:</b>	Trust Response to the Francis Report - Update
<b>Report By:</b>	Paul Martin, Director of Governance Jenny Gardiner, Associate Director of Governance
<b>Author:</b>	Peter Short, Compliance Manager
<b>Accountable Executive Director:</b>	Meghana Pandit, Chief Medical Officer

**PURPOSE OF THE REPORT:**

To update the Board and public on progress in implementing the Trust's response to the Francis Inquiry Report (published on 6 February 2013) and further reports commissioned by the Secretary of State.

**SUMMARY OF KEY ISSUES:**

- The recommendations arising from the Francis Report and related documents continue to influence developments across the Trust. The Francis Steering Group (chaired by Paul Martin, Director of Governance) meets monthly to monitor progress against the Action Plan and reports to QGC and COG.
- The Department of Health has consulted on a new range of 'Fundamental Standards'. These reflect the intention of Francis to simplify the regulatory framework and will replace the Essential Standards.
- There has also been a consultation on Corporate Responsibility (the Fit and Proper Persons Test), the Duty of Candour and proposed legislation covering neglect and ill-treatment of patients. It is anticipated that this new statutory framework will be introduced from October 2014, assuming parliamentary approval is forthcoming.
- Presentations have been made to Coventry City Council Partnership Meetings (for Older People and People with Sensory Impairment).
- Paul Martin and Ian Crich (Chief Human Resources Officer) are working to ensure that Francis informs and is reflected in the *Together Towards World Class* organisational development Programme
- Action Planning:
- An Information strategy for the Trust is now under development. This will provide the necessary framework to deliver the data and information requirements for openness and transparency.
- The Trust website and intranet are being reviewed to improve accessibility and presentation. A presentation to COG has initiated a discussion on what data should be published, in what format and how it will be validated. It is proposed to implement new proposals by July 2014.
- The 'Experience by Learning' work stream has incorporated Francis-related complaints management recommendations. In particular:
  - Dedicated 'Patient Experience' volunteers are to be recruited and trained to support vulnerable patients.
  - A new patient hospitality pack will be piloted from May.
  - Introduction of an updated Complaints and PALS Module on Datix system will go live by June to ensure actions resulting from complaints are captured.
  - Patient Information Boards will be introduced to all wards rollout will commence in Summer Patients will be further encouraged to complete the Friends and Family Test. A new CQUIN will raise the expected level of response and this is to be supported by a trust-wide campaign to raise response rates.
  - The annual Complaints Report will be published by June. Detailed complaints information will be shared with Healthwatch, the Patient Advisor Team and published on the UHCW website.

**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**

**30 APRIL 2014**

**RECOMMENDATION / DECISION REQUIRED:**

The Board is asked to receive and accept this report and note the progress made in responding to the Francis recommendations.

**IMPLICATIONS:**

Financial:	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 has been significantly influenced by the Report. Delivery will support compliance with the NHS constitution which will be revised to fully incorporate the Francis report ethos. CQC will consider how the Trust complies with complaints management and staffing reporting requirements as part of the inspection regime.
Legal:	A new regulatory framework for all providers is planned for October 2014. Breaches of the Regulations will be subject to criminal sanctions and their will be a new offence of neglecting or ill-treating patients.
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.

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

<b>Trust Standing Committee</b>	<b>Date</b>	<b>Trust Standing Committee</b>	<b>Date</b>
Quality Governance Committee	24.02.2014	Remuneration Committee	
Finance and Performance Committee		Chief Officers Group	
Audit Committee			

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**30 APRIL 2014**

<b>Subject:</b>	Mortality (SHMI and HSMR) Six Monthly Update
<b>Report By:</b>	Meghana Pandit, Chief Medical Officer
<b>Author:</b>	Alex Brough, Mortality Review Facilitator
<b>Accountable Executive Director:</b>	Meghana Pandit, Chief Medical Officer

**PURPOSE OF THE REPORT:**

<p>Provide an overview of the Trust level mortality data and performance.</p> <p>To benchmark the Trusts performance against our peers as well as nationally.</p> <p>Provide assurance that any data triggers that may indicate quality of care concerns are investigated thoroughly and action taken if required.</p>
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**SUMMARY OF KEY ISSUES:**

<p><u>HSMR Data</u></p> <ul style="list-style-type: none"> <li>- The HSMR data for UHCW for the twelve month period February 2013 to January 2014 is 97.72.</li> <li>- This is within expected ranges and below the national benchmark.</li> <li>- This figure is also comparable to our peer group.</li> </ul> <p><u>SHMI Data</u></p> <ul style="list-style-type: none"> <li>- The SHMI data for UHCW for the period Jul 2012 to June 2013 is 98.67.</li> <li>- This is within expected ranges and below the national benchmark.</li> </ul> <p><u>Trustwide Mortality Review</u></p> <ul style="list-style-type: none"> <li>- The overall completion rate for Primary Mortality Reviews for the financial year 2013-2014 is 76%</li> <li>- 88% of completed primary mortality reviews have an NCEPOD Grade A, indicating a good standard of care.</li> </ul>
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**STRATEGIC PRIORITIES THIS PAPER RELATES TO (Please check one):**

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

**RECOMMENDATION / DECISION REQUIRED:**

Trust Board is asked to RECEIVE ASSURANCE from the report.
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**IMPLICATIONS:**

Financial:	
HR/Equality & Diversity:	
Governance:	HSMR and SHMI are key quality metrics
Legal:	
NHS Constitution:	
Risk:	

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

30 APRIL 2014

COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:

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

## **Mortality (SHMI and HSMR) - six monthly update**

### Introduction

Mortality review has become increasingly important for Trusts to provide assurance and evidence that patient outcomes are being monitored, and any issues relating to the quality of patient care are being addressed to ensure the highest possible standard of care for all patients. This forms part of the Outcomes Framework section 1 (preventing patients from dying early) and section 5 (ensuring the safety of patients).

Dr Foster data analysis is used to monitor specific diagnosis and procedure groups, as well as specialty mortality. The Trust has a robust process for investigating Dr Foster mortality alerts. This involves a clinical and coding review to ensure the quality of care and coding provided to patients. These investigations triangulate their outcomes with those found in the Trust wide mortality review process (see below). Any actions and learning are fed back through the Trusts governance processes.

UHCW has an extensive mortality review system where all inpatient deaths, over the age of 18, are reviewed by the consultant responsible for the patients care at point of death. This system utilises the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) grading system to classify overall patient care. Any case that does not have a NCEPOD grade A (Good Care) has a more in depth, secondary, review that highlights learning and any necessary actions.

There is a separate process of the review of any NCEPOD E grade (less than satisfactory care) cases. Due to the serious nature of these events the consultant completing the review must also submit a Clinical Adverse Event (CAE) form. Once this notification has been received the specialty must expedite a secondary review prior to the next Mortality Review Committee, where the findings of the secondary review will be fed back. Mortality Review Committee will then make the decision whether to refer this case to the Significant Incident Group (SIG) for further action. If a case is referred to SIG then there is no further action for the Mortality Review Committee however the findings of any SIG led investigations should be fed back to the Mortality Review Committee.

If a case is not referred to SIG then Mortality Review Committee may request a specialty to carry out further investigations, such as a Root Cause Analysis, with the outcomes and actions being fed back to Mortality Review Committee.

### Hospital Standardised Mortality Ratio (HSMR) Data

The HSMR is a standardised measure of hospital mortality devised by Professor Sir Brian Jarman of Imperial College London, and published every year by Dr Foster in the Good Hospital Guide. It is the observed number of in-hospital spells resulting in death divided by an expected figure, for a basket of 56 diagnoses which represent 80% of hospital mortality in England. Day cases are excluded unless the patient died. The expected figure is derived from a logistic regression model which adjusts for case-mix factors. The national benchmark for HSMR is 100 and the data is provided monthly by Dr Foster, but this data is two months in arrears.

This figure is monitored both internally and externally as an indication of the quality of care provided to patients. Whilst this is not an absolute indicator it can give direction to any investigations.



Figure 1 below shows the HSMR for all types of activity (both elective and emergency) for UHCW for February 2013 to January 2014.

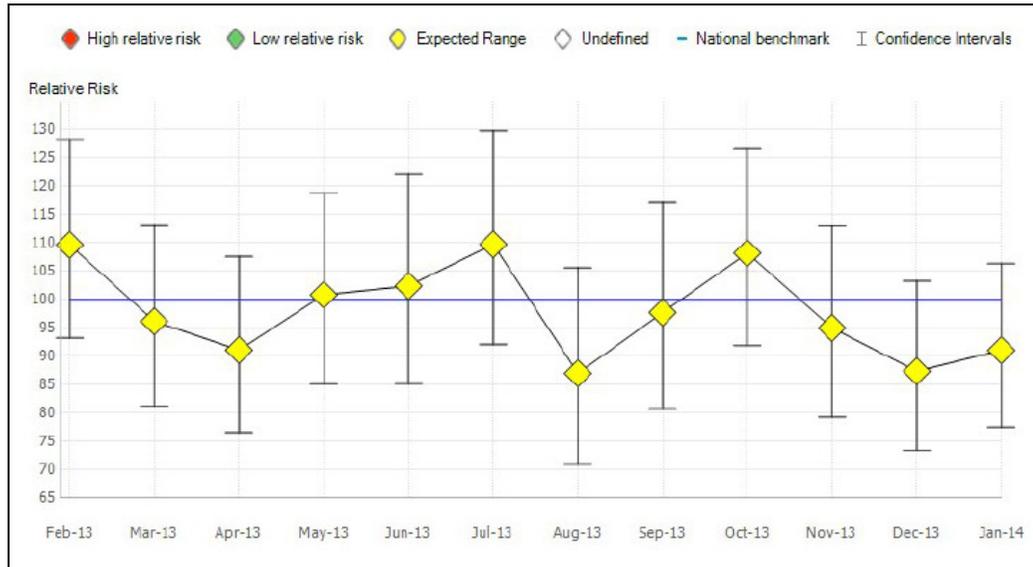


Figure 1. UHCW HSMR – Feb. 13 – Jan. 14 (Source: Dr Foster)

The HSMR for the period above is 97.72. As is evident from the above chart the HSMR for the Trust has been fluctuating for the past 12 months. In order to understand why this has occurred there have been two investigations instigated to delve further into the data. These investigations have focused upon the peaks in HSMR for July 2013 and October 2013. The July 2013 investigation was the more in depth investigation and found that the causes of an increased HSMR are complex and multi-faceted. However there were some key areas which require further focus, for example palliative care coding. This has also triggered an investigation into the low HSMR for August 2013. Therefore by comparing the two months a greater insight will be gained on how the care provided by UHCW affects its mortality rates.

Figure 2 below shows our 12 month HSMR figure in comparison to other university hospitals in the Midlands and East.



Figure 2. UHCW HSMR Feb. 13 to Jan. 14 (Source: Dr Foster)

As is clear from figure 2 UHCW has a higher HSMR for the past twelve months than its peers. However the HSMR is still within expected ranges and is not an outlier.

As stated in the introduction there are investigations conducted into specific diagnosis and procedure groups. These investigations are reported on a monthly basis and allocated leads at the Mortality Review Committee (MRC), which also receives the findings and learning of any investigations. Figure 3 below shows the number of alerts from April 2013 to March 2014. There has been an increase in alerts from January 2014 due to a change in the number of diagnosis and procedure groups that would trigger an alert. Previously Dr Foster would only trigger an alert for those diagnoses in the HSMR basket. Now all diagnosis and procedure groups can alert.

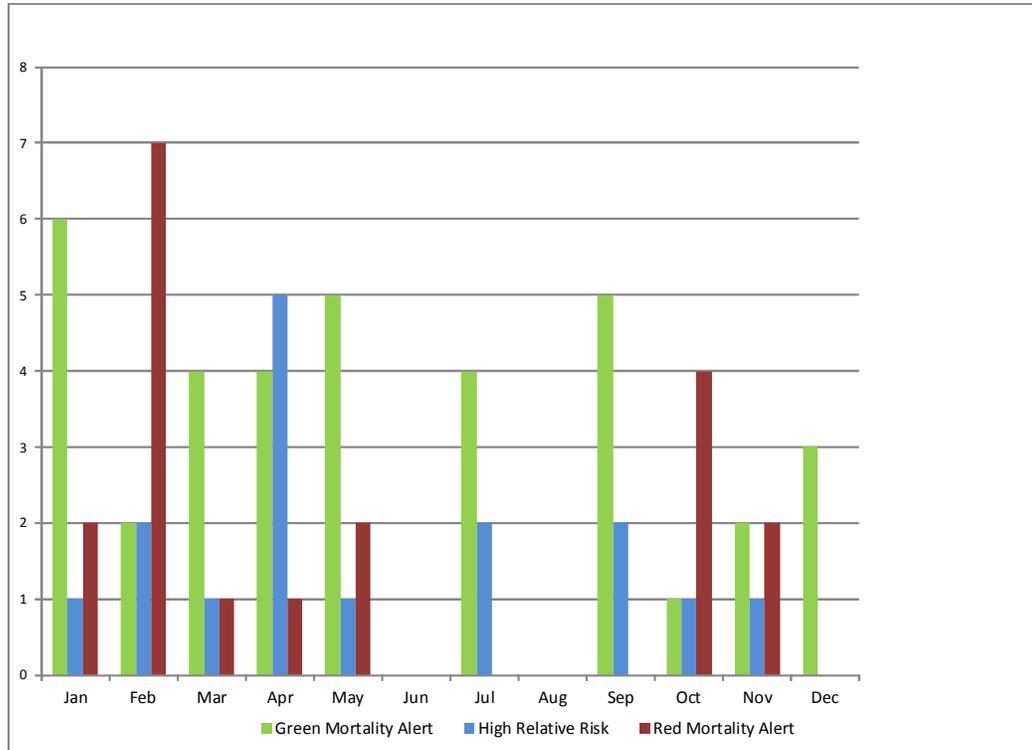


Figure 3. Dr Foster Alerts Apr. 13 to Mar. 14 (Source Datix)

These alerts are investigated through a process of case note review which checks the clinical care and the coding accuracy. The findings and recommendations are reported to MRC where actions are agreed and monitored. Alerts from other sources, such as the CQC and HSCIC are also included in this process. Since November 2012 there have been the following CQC Mortality Outlier Alerts:

- Craniotomy for Trauma – November 2012
- Clip and Coil Aneurysms – June 2013
- Intracranial Injury – December 2013

These alerts were thoroughly investigated and a robust response provided to the CQC. Furthermore actions plans have been put in place to change practice. The individual diagnosis or procedure groups continue to be monitored. There have been no significant or consistent concerns about the quality of patient care found in any of these reviews.

#### Summary Hospital-level Mortality Indicator (SHMI) Data

This national indicator is published by the NHS Health and Social Care Information Centre and called the SHMI. The indicator can be used by hospitals to help them better understand trends associated with patient deaths. The national benchmark is also 100 and the data is



provided on a quarterly basis. This data is six months in arrears. Figure 4 below shows UHCW's latest SHMI data for the period June 2012 to July 2013.

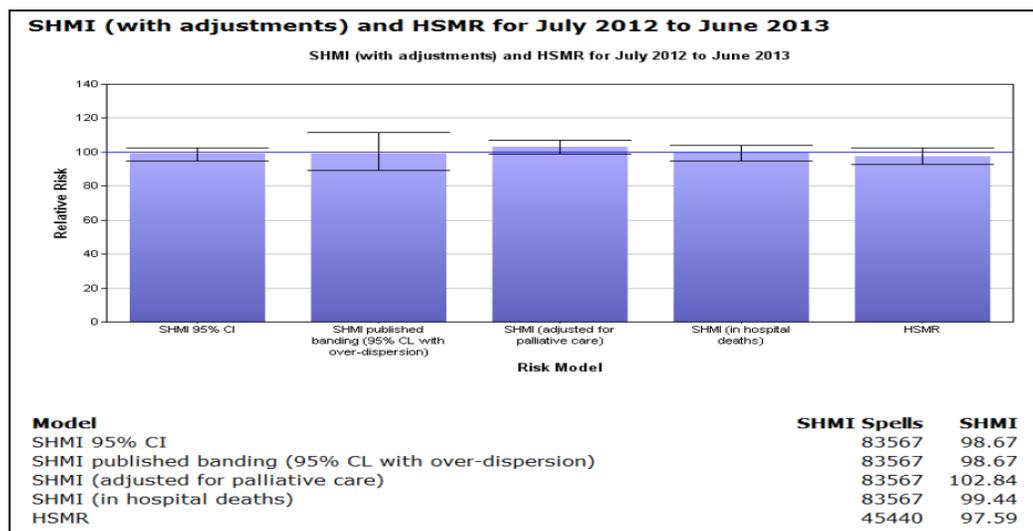


Figure 4. UHCW SHMI Data Jul. 12 – Jun. 13 (Source: HSCIC)

The SHMI for this period is 98.67. This is within expected ranges and below the national target of 100. Out HSMR for comparison in this period is 97.59. The two indicators are currently similar; the divergence that has been the case (with the SHMI being higher than the HSMR) historically is no longer occurring.

#### Trustwide Mortality Review

Since the inception of the Trustwide Mortality Review (TWMR) process in July 2011 there has been continual promotion of the importance of reviewing mortality as a central aspect of monitoring patient safety. Initially there had been a financial incentive, through the CQUIN (Conditioning for Quality and Innovation) system, however since July 2012 this was no longer in place. Following that time the Primary Review process has become embedded in clinical governance practice.

	Completed Reviews	Total Deaths	Percentage Completed
<b>FY 2011-2012</b>	1206	1394	87%
<b>FY 2012-2013</b>	1563	1896	82%
<b>FY 2013-2014</b>	1466	1925	76%

N.B. The data for FY 2011/2012 is from July 2011 – March 2012

Whilst there has been a slight drop in the overall completion rate it should also be noted that number of reviews to be completed has increased. This is testament to the support this process receives from specialties and the work conducted by QaED in continuing to promote this process and provide support wherever necessary.



Figure 5 below shows the proportion of primary mortality review grades. The majority of reviews are graded as an NCEPOD A (88%), which indicates the majority of care our patients receive is of the required standard. There is a small minority of patients who do not receive this standard of care. Any of these cases have a more in depth secondary mortality review that will determine any actions needed and any learning to be shared.

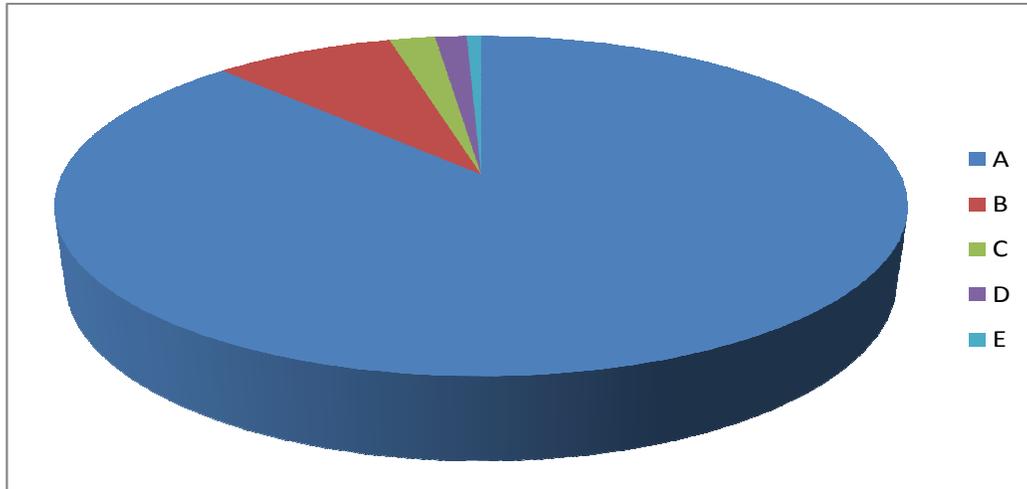


Figure 5 NCEPOD Grades. Data from Apr. 13 to Mar. 14. Source UHCW

### Conclusion

Overall the mortality data for the Trust shows that there are no significant concerns. Our internal processes for reviewing deaths, both through Dr Foster and Trustwide Mortality Review provide robust assurance that the care we provide to our patients is effective and safe. However specific areas continue to be investigated if the potential for concerns are raised. The Quality and Effectiveness Department continues to publish its Mortality Newsletters which shares performance data, data analysis and learning from mortality throughout the Trust. The Trust is also committed to improving its mortality performance by driving down indicators, like HSMR and SHMI. There are a number of development areas which should play a role in this. These are focused upon understanding our mortality data in more depth, linking this understanding to other aspect of the quality agenda and using the outcomes of this as a basis for driving changes in patient care.

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**30 APRIL 2014**

<b>Subject:</b>	Two Year Corporate Plan (2014/15-2015/16)
<b>Report By:</b>	David Moon, Chief Strategy Officer Gail Nolan, Chief Finance Officer
<b>Author:</b>	Craig Radford, Senior Projects Manager – Strategy Jonathan Gamble, Head of Financial Planning
<b>Accountable Executive Director:</b>	David Moon, Chief Strategy Officer

**PURPOSE OF THE REPORT:**

The purpose of this report is to provide Public Trust Board with a summary of the two year operating plan (including the two year financial plan) that was submitted to the NHS Trust Development Authority on the 4<sup>th</sup> April 2014.

**SUMMARY OF KEY ISSUES:**

**1.) UHCW two year Operating Plan submission to the NHSTDA**

The TDA have set a staged submission timetable for the operating plans. The final version of the **two year** operational plan was submitted on the 4<sup>th</sup> April 2014, following Board approval. The next submission is for the 20<sup>th</sup> June, which is a **five year** plan of which the first two years are fixed from the 4<sup>th</sup> April 2014 plan.

**2.) UHCW two year financial plan**

This plan is provided to the Board for noting and from which performance reports will be produced for the Board to review.

**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 Trust Board is asked to **RECEIVE ASSURANCE** from the content of this submission to the TDA.

**IMPLICATIONS:**

Financial:	The financial projections included in the two year plans provide for a £3.25M surplus in 2014/15 and a £5M surplus in 2015/16.
HR/Equality & Diversity:	The submission indicates an overall increase in WTE of 408WTE (including bank and agency) during 2014/15, with a reduction of 46 WTE the following year. The WTE increase in 2014/15 will reduce expenditure on bank and agency.
Governance:	The submission includes responses to continued delivery of all operational and governance standards
Legal:	N/A
NHS Constitution:	N/A
Risk:	N/A

**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	23.04.14
Audit Committee			

# University Hospitals Coventry and Warwickshire NHS Trust

## Summary of the April 2014 submission to the NHSTDA of the two year corporate plan (2014/15 – 2015/16)

### 1.) Introduction

All NHS Trusts are required to submit an integrated two year operating plan and five year strategic plan to the NHS Trust Development Authority (NHSTDA). Various submissions to the NHSTDA are required as part of the process with two key iterations requiring Trust Board sign-off.

Thus far the Trust have made the following submissions:

- **13<sup>th</sup> January 2014** – initial high level submission from which TDA feedback was received.
- **14<sup>th</sup> February 2014** – additional initial high level submission from which TDA feedback was received.
- **5<sup>th</sup> March 2014** – a draft of the full two year operating
- **4<sup>th</sup> April 2014** – final two year operating plan, that has previously been agreed by Trust Board.

Future submissions are as follows:

- **20<sup>th</sup> June 2014** - Submission of the 5 Year Strategy 2014/15 to 2018/19 with Trust Board sign off. This is the IBP / LTFM plus additional TDA specified information. The first two years are fixed from the 4<sup>th</sup> April submission.
- **30 September 2014** – Development Support Plan.

### 2.) 4<sup>th</sup> April 2014 Submission – Detailed two year operating plan (2014/15 – 2015/16)

#### **2.1.) Contents of 4<sup>th</sup> April Submission**

The submission required for the 4<sup>th</sup> April comprised of the following elements:

- Summary of two year plan
- Activity and *Clostridium difficile* two year plan
- Detailed two year financial plan (summary provided below)
- Two year workforce plan (summary provided below)
- Planning checklist comprising of nine elements:
  - Innovation
  - Supporting responsive services
  - Supporting caring services
  - Sustainability
  - Finance
  - Supporting effective services
  - Supporting safe services
  - Supporting a well-led organisation on quality
  - QIPP

### 3.) 4<sup>th</sup> April 2014 Submission – Detailed two year financial plan (2014/15 – 2015/16)

#### **3.1) Revenue Plan 2014/15**

This section sets out a summary of the Financial Plan, for 2014/15 to 2015/16; that was included within the operating plan submission to the NHSTDA and was approved by the Trust Board in March 2014. The 2014/15 Annual Financial Plan assumes the following:

- An Operational Surplus of £3.25m
- A Contingency Reserve of £2.5m
- A Cost Improvement Programme of £33.5m

- A Capital Programme of £24.2m
- New Public Dividend Capital of £16.0m

The output of the 2014/15 and 2015/16 Financial Plan is shown below:

Table 1: 2014/15 and 2015/16 Revenue Plan Outputs

	2013/14	2014/15	2015/16
	£000s	£000s	£000s
Revenue from Patient Care Activities	458,437	468,677	468,677
Other Operating Revenue	70,220	67,180	59,611
<b>Total Income</b>	<b>528,657</b>	<b>535,857</b>	<b>528,288</b>
Gross Employee Benefits	(306,099)	(304,998)	(298,557)
Other Operating Costs	(196,403)	(197,690)	(194,846)
<b>Total Operating Expenses</b>	<b>(502,502)</b>	<b>(502,688)</b>	<b>(493,403)</b>
Investment Revenue	67	100	100
Other Gains and Losses	1,511	0	0
Finance Costs (including interest on PFIs and Finance Leases)	(25,629)	(26,942)	(25,998)
Dividends Payable on Public Dividend Capital (PDC)	(2,103)	(3,078)	(3,987)
<b>RETAINED SURPLUS/(DEFICIT) FOR THE YEAR PER ACCOUNTS</b>	<b>0</b>	<b>3,250</b>	<b>5,000</b>

At month 11, the Trust forecast a breakeven position. The Trust plans a surplus of £3.25m in 2014/15, supported by the achievement of a £33.5m Cost Improvement Programme.

### 3.2. Capital Programme 2014/15 to 2018/19

The Trust is required to submit a 5 year capital plan. The Trust's non-PFI Capital Programme is summarised by scheme type in the table below.

Table 2: Capital Expenditure by Category

	2014/15	2015/16	2016/17	2017/18	2018/19
Category	£m	£m	£m	£m	£m
Equipment	6.8	6.0	6.3	2.0	1.5
Information Technology	7.6	6.9	5.2	4.3	3.0
Maintenance	4.6	5.8	1.0	0.8	0.5
New Build	5.3	1.5	0.0	0.0	0.0
<b>Total Capital Expenditure</b>	<b>24.2</b>	<b>20.1</b>	<b>12.4</b>	<b>7.1</b>	<b>5.0</b>

The Capital programme is funded through internally generated funds and external public dividend capital. The Trust plans to receive £16m of PDC in 2014/15 and £9.5m in 2015/16.

In addition to the non PFI capital expenditure shown above, the Trust benefits from the replacement of plant and equipment provided under its PFI contract. The table below shows the total value of plant and equipment scheduled to be replaced by the Trust's PFI partner:

Table 3: Equipment scheduled to be replaced by the Trust's PFI partner

	2014/15	2015/16	2016/17	2017/18	2018/19
	£m	£m	£m	£m	£m
PFI Lifecycle	17.5	17.4	6.4	8.6	10.9

### 3.3.) Workforce Plan

The Workforce plan that underpins the financial plan is shown below

Table 4: Workforce Plan

	2013/14	2014/15	2015/16
Staff Group	Contracted wte	Contracted wte	Contracted wte
Medical Staff	866	868	868
Registered Nursing/Midwifery	1917	2111	2111
AHPs	327	339	339
Other Scientific & Technical	250	251	251
Health Care Scientists	357	357	357
Support to Clinical Staff & Admin Staff	2252	2451	2405
Managers	143	143	143
Other Infrastructure & Support	49	49	49
<b>Total</b>	<b>6162</b>	<b>6570</b>	<b>6524</b>

It is expected that as the substantive workforce increases next year that this will be offset in some part by a reduction of agency and bank expenditure.

### 4.) Recommendations

Trust Board is asked to receive assurance from the content of this document.

# UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

## REPORT TO THE TRUST BOARD: PUBLIC

30 APRIL 2014

<b>Subject:</b>	Integrated Quality, Performance & Finance Report – Month 12 – 2013/14
<b>Report By:</b>	Gail Nolan, Chief Finance Officer
<b>Author:</b>	Jonathan Brotherton, Director of Performance and Programme Management
<b>Accountable Executive Director:</b>	Gail Nolan, Chief Finance Officer

### PURPOSE OF THE REPORT:

To inform the Board of the performance against the key performance indicators for the month of March 2014.

### 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.

In this report, **20** of the **59** KPIs for which data is available and reported against are breaching the standard / target.

#### Principal performance exceptions by Domain

##### **Excellence in Patient Care and Experience**

- The Trust reported four Overdue Serious Incidents in March.
- The number of last minute non-clinical cancelled ops (elective) was 1.61% for March.
- 13 patients breached the 28 day guarantee for treatment following elective cancellation.
- Theatre efficiency saw some improvement but remains below target in all theatre areas.
- Delayed transfers of care, although reduced from last month, remain above 5%.

##### **Delivery of Value for Money**

- The Trust has a YTD liquidity days ratio of -23.7 compared to a YTD plan of -21.7.
- The Trust's YTD capital services ratio is below plan at 1.3 compared to a YTD plan of 1.4. The Trust's outturn financial position is £0.2m. This is £2.7m adverse to the financial plan monitored by the TDA.
- The Trust has not met its CIP target of £25m. The Trust has delivered £17m at month 12.

##### **Employer of Choice**

- The Trust has recorded a 79.39% Appraisal rate. This remains below target but shows consistent progress with this indicator.
- The Trust has recorded a 81.38% Consultant appraisal rate. This remains below target but shows considerable improvement.
- The Trust has recorded 74.30% compliance with mandatory training. This is a further marginal increase but remains below target.
- The Trust has recorded a 4.02% Sickness rate. This exceeds the Trust target of 4%.

##### **Leading Research Based Health Care Organisation**

- The Trust's performance against the initiation and delivery of clinical research trials remains a concern with latest quarterly performance for Initiating Clinical Research at 22.03% and for Performance and Delivery of Trials at 44.62%.

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**30 APRIL 2014**

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

To Deliver Excellent Patient Care and Experience	<input checked="" type="checkbox"/>
To Deliver Value for Money	<input checked="" type="checkbox"/>
To be an Employer of Choice	<input 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 March 2014 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:**

<b>Trust Standing Committee</b>	<b>Date</b>	<b>Trust Standing Committee</b>	<b>Date</b>
Quality Governance Committee	28/04/14	Remuneration Committee	
Finance and Performance Committee	06/05/14	Chief Officers Group	
Audit Committee			

# University Hospitals Coventry and Warwickshire NHS Trust

## Integrated Quality, Performance and Finance Reporting Framework

Reporting Period:  
**March 2014**

Report Date:  
**24<sup>th</sup> April 2014**

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# Executive Summary

# Executive Summary

## Summary of performance

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### Commentary

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

In this report, **20** of the **59** KPIs for which data is available and reported against are breaching the standard / target.

### Principal performance exceptions by Domain

#### Excellence in Patient Care and Experience

- The Trust reported **four Overdue Serious Incidents** in March.
- The number of **last minute non-clinical cancelled ops (elective)** was **1.61%** for March.
- **13** patients breached the **28 day guarantee for treatment following elective cancellation**.
- **Theatre efficiency** saw some improvement but remains below target in all theatre areas.
- **Delayed transfers of care**, although reduced from last month, remain above **5%**.

#### Delivery of Value for Money

- The Trust has a **YTD liquidity days** ratio of **-23.7** compared to a YTD plan of -21.7.
- The Trust's **YTD capital services ratio** is below plan at **1.3** compared to a YTD plan of 1.4.
- The Trust's **outturn financial position** is **£0.2m**. This is £2.7m adverse to the financial plan monitored by the TDA.
- The Trust has not met its **CIP target** of £25m. The Trust has delivered **£17m** at month 12.

# Executive Summary

## Summary of performance

---

### Employer of Choice

- The Trust has recorded a **79.39% Appraisal rate**. This remains below target but shows consistent progress with this indicator.
- The Trust has recorded a **81.38% Consultant appraisal rate**. This remains below target but shows considerable improvement.
- The Trust has recorded **74.30%** compliance with mandatory training. This is a further marginal increase but remains below target.
- The Trust has recorded a **4.02%** Sickness rate. This exceeds the Trust target of 4%.

### Leading Research Based Health Care Organisation

The Trust's performance against the initiation and delivery of clinical research trials remains a concern with latest quarterly performance for **Initiating Clinical Research** at **22.03%** and for **Performance and Delivery of Trials** at **44.62%**.

# Executive Summary

## Trust Scorecard – March 2014

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
<b>Excellence in patient care and experience</b>										
<b>Patient Outcomes</b>										
Clostridium difficile (Trust acquired) - cumulative	42	47	↓	57	57	57	Mark Radford	Karen Bond		🟢
MRSA bacteremia (Trust acquired) - cumulative	2	2	→	0	0	2	Mark Radford	Karen Bond		🟢
Medication errors causing serious harm	0	0	→	0	0	0	Meghana Pandit	Paul Martin		🟢
Serious Incidents (Number)	21	7	↑	5	5	5	Meghana Pandit	Paul Martin		🟢
Serious Incidents (Overdue)	1	4	↓	0	0	0	Meghana Pandit	Paul Martin		🟢
Number of never events reported - cumulative	4	4	→	0	0	4	Meghana Pandit	Paul Martin		🟢
CAS Alerts (Overdue)	2	1	↑	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)	84.56	91.03	↓	100	100	100	Meghana Pandit	Paul Martin		🟢
SHMI (Quarterly) (6 months in arrears)	99.44	99.44	→	100	100	100	Meghana Pandit	Paul Martin		🟢
Harm Free Care (1 month in arrears)	95.79%	95.15%	↓	92%	92%	92%	Mark Radford	Karen Bond		🟢
Pressure Ulcers 3 and 4 (Trust associated)	0	0	→	0	0	15	Mark Radford	Gillian Arblaster		🟡
Falls per 1000 occupied bed days resulting in serious harm	0.13	0.09	↑	0.04	0.04	0.04	Mark Radford	Karen Bond		🟢
Eligible patients having VTE risk assessment (1 month in arrears)	96.13%	96.29%	↑	95%	95%	95%	Mark Radford	Oliver Chapman		🟢
C-UTI (1 month in arrears)	99.53%	99.63%	↑	99.25%	99.25%	99.25%	Mark Radford	Karen Bond		🟢
<b>Patient Experience</b>										
Friends & Family Test IP & A&E combined coverage	22.21	27.42	↑	23	23	23	Meghana Pandit	Paul Martin		🟢
Maternity FFT No of touchpoints achieving a 15% response rate	3	4	↑	4	4	4	Meghana Pandit	Paul Martin		🟢
Friends & Family Test IP Score	60.41	63.75	↑	61	61	61	Meghana Pandit	Paul Martin		🟢
Friends & Family A&E Score	45.34	50.97	↑	22	22	22	Meghana Pandit	Paul Martin		🟢
Number of complaints registered - cumulative	432	490	↓	480	480	480	Meghana Pandit	Paul Martin		🟢
<b>Maternity Services</b>										
C-section rates - elective	11.76%	11.38%	↑	10.75%	10.75%	10.75%	Meghana Pandit	Stephen Keay		🟢
C-section rates - emergency	12.24%	11.18%	↑	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	3.65%	4.10%	↓	4%	4%	4%	Meghana Pandit	Stephen Keay		🟢
<b>Theatre Productivity</b>										
Theatre efficiency - Main	64.16%	68.09%	↑	85%	85%	85%	David Eltringham	Steve Parker		🟢
Theatre efficiency - Rugby	69.95%	69.90%	↓	85%	85%	85%	David Eltringham	Steve Parker		🟢
Theatre efficiency - Day Surgery	42.98%	52.49%	↑	70%	70%	70%	David Eltringham	Steve Parker		🟢
Theatre utilisation - Main	80.91%	82.27%	↑	85%	85%	85%	David Eltringham	Steve Parker		🟢
Theatre utilisation - Rugby	80.34%	77.88%	↓	85%	85%	85%	David Eltringham	Steve Parker		🟢
Theatre utilisation - Day Surgery	60.40%	65.89%	↑	70%	70%	70%	David Eltringham	Steve Parker		🟢
Surgical Safety Checklist (WHO)	99.93%	99.80%	↓	100%	100%	100%	Meghana Pandit	Steve Parker		🟢

# Executive Summary

## Trust Scorecard – March 2014

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
<b>Excellence in patient care and experience</b>										
<b>Non emergency care</b>										
Last minute non-clinical cancelled ops (elective)	2.71%	1.61%	↑	0.8%	0.8%	0.8%	David Eltringham	Jonathan Brotherton		🟢
Breaches of the 28 day readmission guarantee	5	13	↓	0	0	0	David Eltringham	Jonathan Brotherton		🟢
Urgent ops cancelled for the second time	0	0	→	0	0	0	David Eltringham	Jonathan Brotherton		🟢
18 week referral to treatment time - Admitted (1 month in arrears)	93.33%	92.27%	↓	90%	90%	90%	David Eltringham	Ros Kay		🟢
18 week referral to treatment time - Non-admitted (1 month in arrears)	97.77%	97.80%	↑	95%	95%	95%	David Eltringham	Ros Kay		🟢
RTT - incomplete in 18 weeks (1 month in arrears)	94.24%	94.14%	↓	92%	92%	92%	David Eltringham	Ros Kay		🟢
RTT 52 Week Waits (1 month in arrears)	0	0	→	0	0	0	David Eltringham	Ros Kay		🟢
Choose and Book appointment slot issues	11.49%	27.21%	↓	3%	3%	3%	David Eltringham	Ros Kay		🟢
Diagnostic waiters, 6 weeks and over	0.15%	0.03%	↑	1%	1%	1%	David Eltringham	Ros Kay		🟢
2 week cancer wait (GP referral to op appointment - 1 month in arrears)	94.06%	94.12%	↑	93%	93%	93%	David Eltringham	Jonathan Brotherton		🟢
31 day diagnosis to treatment cancer target (1 month in arrears)	99.49%	98.77%	↓	96%	96%	96%	David Eltringham	Jonathan Brotherton		🟢
62 days urgent referral to treatment cancer target (1 month in arrears)	86.02%	85.52%	↓	85%	85%	85%	David Eltringham	Jonathan Brotherton		🟢
<b>Emergency care</b>										
A&E 4 hour wait target	95.17%	95.20%	↑	95%	95%	95%	David Eltringham	Alan Cranfield		🟢
Delayed transfers as a percentage of admissions	5.74%	5.08%	↑	3.5%	3.5%	3.5%	David Eltringham	Alan Cranfield		🟡
30 day emergency readmissions	8.20%	8.20%	→	7.95%	7.95%	7.95%	David Eltringham	Alan Cranfield		🟢
<b>Deliver value for money</b>										
Liquidity days	-25.00	-23.70	↑	-21.7	-21.7	-23.70	Gail Nolan	Susan Rollason		🟢
Capital services capacity	1.30	1.30	→	1.4	1.4	1.30	Gail Nolan	Susan Rollason		🟢
Combined risk rating	2	2	→	2	2	2	Gail Nolan	Susan Rollason		🟡
Forecast I&E compared to plan (£'000)	228	214	↓	2927	2927	214	Gail Nolan	Susan Rollason		🟢
Forecast recurrent and non recurrent efficiency compared to plan (£'000)	17951	17026	↓	25000	25000	17026	Gail Nolan	Susan Rollason		🟢
<b>Employer of choice</b>										
Appraisal rate	78.14%	79.39%	↑	90%	90%	90%	Ian Crich	Andrew McMenemy		🟡
Consultant appraisal rate	74.29%	81.38%	↑	90%	90%	90%	Ian Crich	Andrew McMenemy		🟡
Attendance at mandatory training	72.42%	74.30%	↑	90%	90%	90%	Ian Crich	Andrew McMenemy		🟡
Sickness rate	4.77%	4.02%	↑	4%	4%	4%	Ian Crich	Andrew McMenemy		🟡
<b>Leading research based health care organisation</b>										
No of Pts recruited into NIHR portfolio - cumulative (1 month in arrears)	3687	4245	↑	3894	4250	4250	Meghana Pandit	Chris Imray		🟢
Performance in Initiating Trials (quarterly)	22.03%	22.03%	→	80%	80%	80%	Meghana Pandit	Chris Imray		🟢
Performance in Delivery of Trials (quarterly)	44.62%	44.62%	→	80%	80%	80%	Meghana Pandit	Chris Imray		🟢
<b>Leading training and education centre</b>										
Job evaluation survey tool (JEST) score (1 month in arrears)	3.70	3.70	→	3.5	3.5	3.5	Meghana Pandit	Maggie Allen		🟢

# Domain 1: Excellence in patient care and experience

# Domain Summary – Excellence in Patient Care and Experience

## Commentary

In this summary, we have outlined the overall performance for the Trust for all of the Excellence in Patient Care and Experience indicators. The following areas are covered in more detail overleaf due to their current performance:

- There have been **four Overdue Serious Incidents** reported at the end of March.
- **Elective caesarean sections** remain above the proposed target.
- The number of **last minute non-clinical cancelled ops (elective)** reduced to 1.61% for March, which is double the target of 0.8%.
- **13** patients breached the **28 day guarantee for treatment following elective cancellation**.
- **Theatre efficiency** remains below the target in 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 considerably worsened with performance now **27.21%** which is significantly above the target of 3%.
- **Delayed transfers of care** is reported as **5.08%** against a target of 3.5% for March. This is an improvement on last months performance which showed the highest levels of delay that has been experienced over the last two years.
- **30 day readmissions** remain at **8.2%** marginally above the target of 7.95%
- **Complaints** have breached the cumulative target following an increase in complaints for March.

# Domain Summary – Excellence in Patient Care and Experience

## Commentary

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

- There were **seven Serious Incidents** reported for March.
- There was **one** overdue **CAS alert** for March.
- **Falls were reported at 0.09%**, which equates to three falls.
- **Theatre utilisation** for Main, Rugby and Day Surgery remains amber.
- **Admission of full term babies to Neonatal Care** has moved to amber.
- **The WHO Safer Surgery Checklist** is recorded as **99.8%** and therefore in amber status against the target of 100%.

# Excellence in patient care – area of underperformance

## Serious incidents –overdue

### Commentary

#### Applicable Frameworks/Contracts:

Trust Development Authority Framework

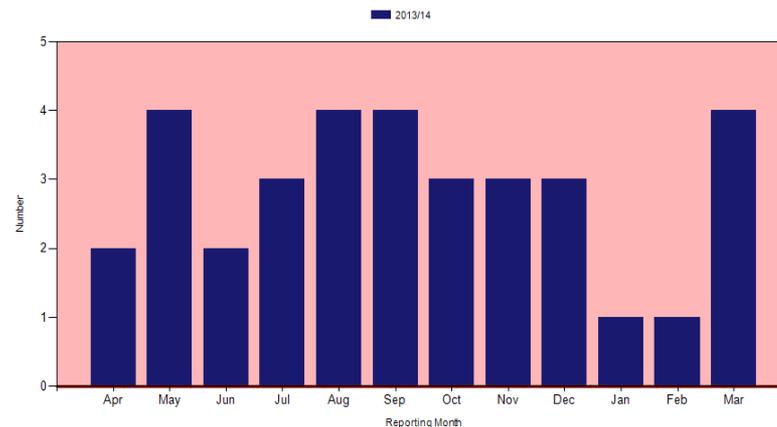
Serious Incidents (Overdue) - This is the number of serious incidents that have not been closed within 45 working days (as at last working day of the month).

There were four overdue Serious Incidents at the end of March:

- A never event with has a 60 day deadline which is now closed.
- A never event that occurred in 2010. This is taking longer to investigate due to the time lag since the event.
- Two Clostridium Difficile investigations which were delayed due to consultant availability, one of which is now closed.

### Overall Trust position

Chart to show Serious Incidents (Overdue)



# Excellence in patient care – area of underperformance

## Caesarean Section Rates – elective

### Commentary

#### Applicable Frameworks/Contracts:

NHS Trust Development Authority Framework

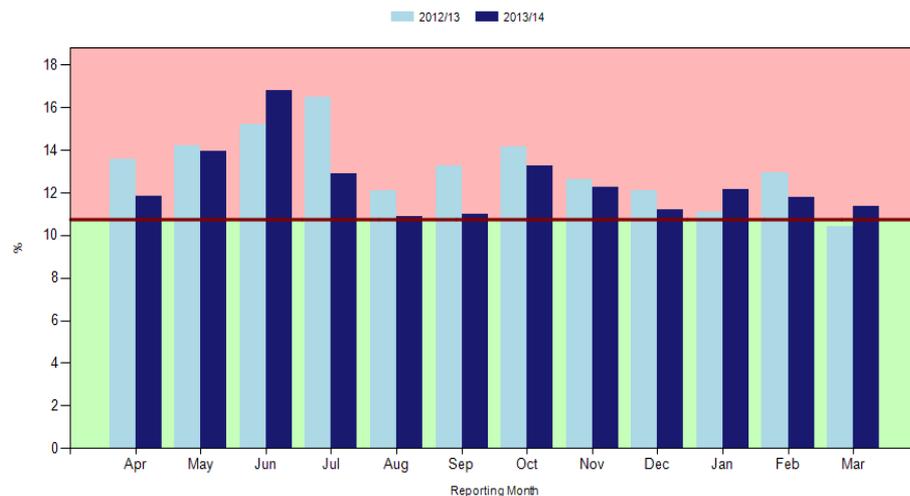
This indicator reports on the proportions of all births that are carried out by Caesarean Section, separated out into Elective and Emergency percentages.

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. Work is on-going to revise the proposed split of this target which is currently showing as 10.75% for Elective and 15.75% for Emergency Caesarean Section.

For March, the Elective Caesarean Section rate is 11.38% which, although is a reduction from last month, remains slightly above the proposed target.

### Overall Trust position

Chart to show C-section rates - elective



# Excellence in patient experience – area of underperformance

## Theatre efficiency

### Commentary

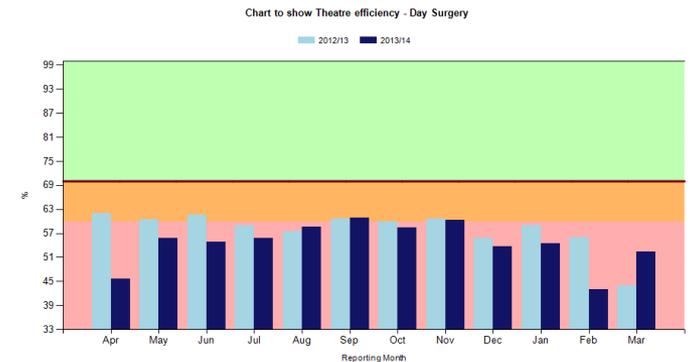
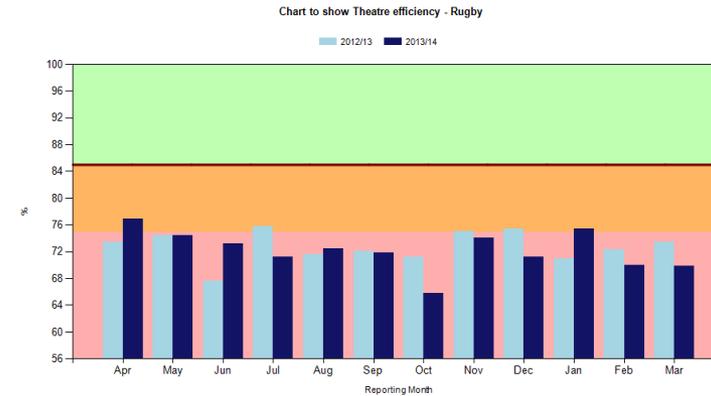
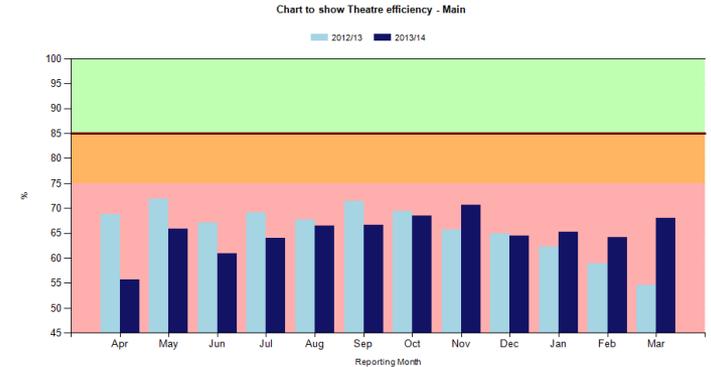
This indicator reports on how efficiently the surgical operative pathway is performing. An efficient theatre session is one during which there are no avoidable cancellations and all scheduled operations are completed within the time available without suffering underruns or overruns. This has benefits 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.

March has seen a slight increase in theatre efficiency, however cancelled operations continue to impact on overall theatre utilisation. The main reason for cancellations was the unavailability of pre/post-op ward beds and patients being medically unfit for surgery. The plan for tackling non-clinical cancellations is described within the last minute cancelled operation slide narrative. The current project to optimise the pre-operative assessment process is intended to reduce clinical cancellations.

A number of initiatives are in progress to improve start times and reduce overruns, including:

- Change in process for admitting the first patient listed for Day Surgery Unit (DSU)
- Change in Anaesthetic Practitioner Start Times in DSU
- Change in Instrument Coordinator Start Times in DSU
- Group performance scorecards now include an indicator that highlights late theatre starts (greater than 15 minutes) through which performance can be managed.
- A Neurosurgery Theatre Improvement Project has recently commenced to improve Start Times, Turnover Time and Booking.

A joint elective care programme board has been set up to commence in April with commissioners to oversee transformation of the elective pathway.



# Excellence in patient experience – area of underperformance

## Last minute non-clinical cancelled ops (elective)

### Commentary

#### Applicable Frameworks/Contracts:

Acute Contract - Quality Schedule

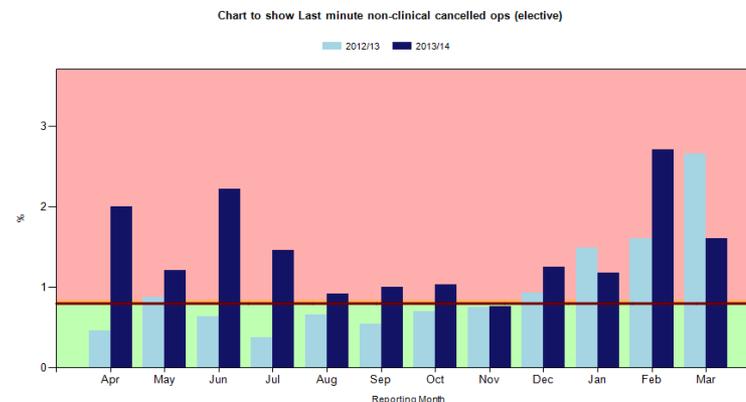
This indicator reports the percentage of Elective Care operations cancelled by the Provider for non-clinical reasons either before or after patient admission per calendar month. Performance is measured against a target of less than 0.8%. By achieving this target, the organisation can demonstrate that 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.

Performance for last minute cancelled operations in March was 1.61% (96 cases). This breaches the 0.8% target for the fourth consecutive month. The majority of cancelled operations fell into the following categories (as per previous months):

- No ward bed available
- Replaced by an emergency
- Ran out of theatre time

It should be recognised that twelve months ago, the Trust experienced a number of 'black alert' days which led to patients being cancelled ahead of the day of their operation. In line with the improvements to the emergency care pathway the Trust has avoided the need for 'black alert' this winter thus increasing the risk of more 'on the day' cancellations during periods of sustained pressure on the emergency pathway. March continued to see the pressures on Emergency pathways contributing to the numbers of cancelled on the day operations.

### Overall Trust position



The twice daily reviews of the planned TCI lists in early March resulted in a decrease in cancelled operations on the day. However, disappointingly the last two weeks in March saw a slight increase in numbers with a total of 96 patients being cancelled on the day of surgery.

Future resilience of performance against this indicator will be delivered through:

- Improved scheduling
- Maximised utilisation of the Day Surgery Unit
- Availability of a second emergency theatre.

# Excellence in patient experience – area of underperformance

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

### Commentary

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

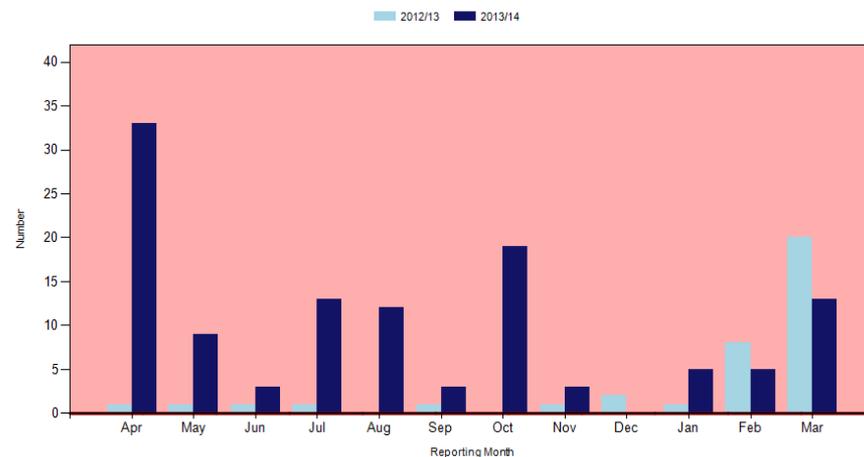
There were 13 breaches of the 28 day treatment guarantee for March. Eight of the thirteen patients who breached were treated in March (but after their breach date). Of the remaining five, four have been treated in April and one is scheduled for treatment on 1<sup>st</sup> May.

The weekly access meeting scrutinises and challenges the re-scheduling of cancelled patients whilst the twice daily reviews of the planned operating lists with each specialty provides a high degree of rigour in ensuring these patients are not cancelled for a second time.

The 96 patients cancelled on the day of surgery in March have planned dates through April and will be actively monitored by the meetings previously described with the aim of preventing any breaches of the 28 day treatment guarantee.

### Overall Trust position

Chart to show Breaches of the 28 day readmission guarantee



# 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 significantly worsened again this month to 27.21% against the 3% target.

March's poor performance was largely driven by the following specialties:

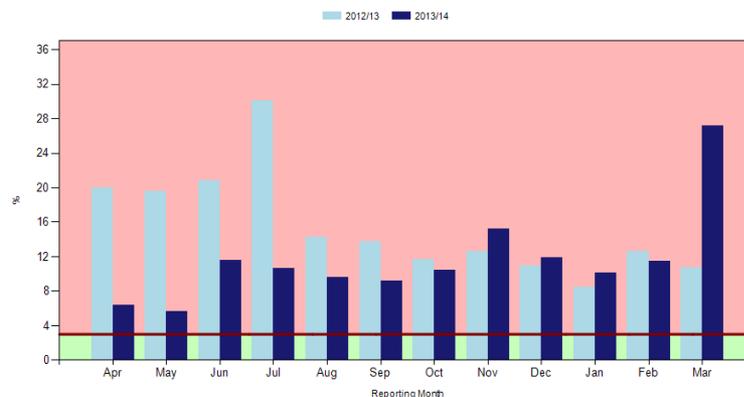
- Orthopaedics
- Dermatology
- Ophthalmology
- Urology

In addition to action plans on-going with Orthopaedics, Ophthalmology and Urology, Dermatology have now developed a recovery plan.

- Urology has altered certain rotas and an improvement was seen at the end of February / early March
- Ophthalmology's plans should improve performance incrementally from April
- Orthopaedics have a significant capacity issue affecting their performance, therefore a full demand and capacity review is underway. A resolution date is not yet available but will likely involve additional Consultant posts so is likely to be protracted. This specialty alone continues to put the Trust above the 3% standard.

### Overall Trust position

Chart to show Choose and Book appointment slot issues



- Dermatology are appointing Locums to cover Consultant vacancies prior to recruitment and increasing clinics to target ASIs in April and May. The weekly access meeting reviews specialty action plans and challenges their recovery trajectories.

For 2014/15 commissioners have proposed the 3% target is reported excluding orthopaedics and ophthalmology in recognition of the capacity challenge faced.

These two specialties will still be subject to achieving the standard based on an agreed recovery trajectory.

Therefore the intent is to ensure the remaining specialties operate well within the 3% tolerance from April whilst recovery plans for orthopaedics and ophthalmology are delivered.

# 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.

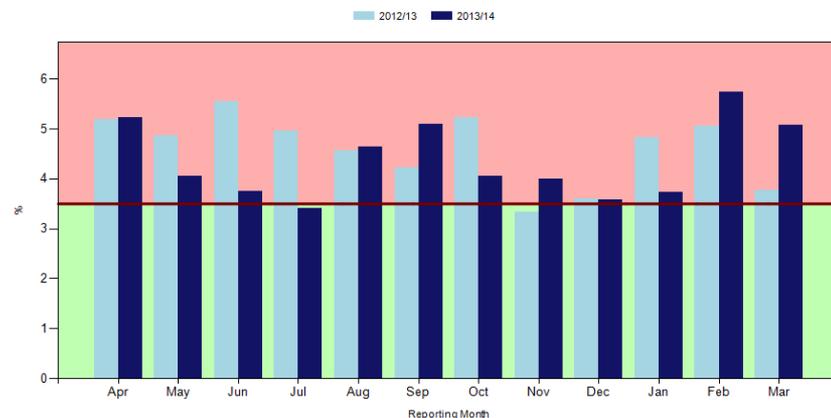
The performance for this indicator for March is 5.08%.

The continued increased health care dependencies of patients impacts on the demand for post hospital care requirements. The need for Nursing Home placements is significant and due to a phased admission process for entry into some of our key homes in the City, delays have resulted. This process has now been lifted. Continuing Health Care teams have improved resources and processes but have not always been able to keep pace with the large number of referrals for post hospital support. Nevertheless, the Trust continues to press hard for progress.

Access into short term dementia beds in particular remains an issue and partners are working on alternative solutions to support the Trust's position.

### Overall Trust position

Chart to show Delayed transfers as a percentage of admissions



# Excellence in patient care – area of underperformance

## 30 Day Emergency Readmissions

### Applicable Frameworks/Contracts

TDA Accountability Framework

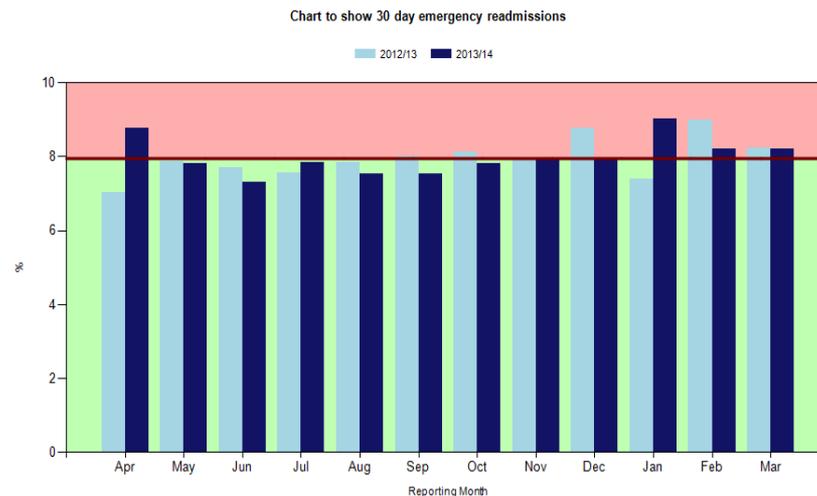
This indicator reports those patients who readmit within 30 days as an emergency following discharge from inpatient care.

The target is set based upon the Trust's performance for the previous financial year.

UHCW's position spiked briefly in January, before reverting downwards to just above the target for both February and March. The performance for March is 8.20% against a target of 7.95%.

This indicator is being closely monitored and the reasons for readmissions investigated.

### Overall Trust position



# Excellence in patient care – area of underperformance

## Complaints

### Applicable Frameworks/Contracts

TDA Accountability Framework

This indicator reports the numbers of complaints registered by the Trust. The target is set based upon the Trust's performance for the previous financial year.

The Trust was, until March, registering fewer complaints as compared to 2012/2013. In March 2014 the Trust registered 58 complaints, the highest number of the year, which has pushed the total number of registered complaints for 2013/14 to 490 an increase of seven on last year.

In particular Group 7 Surgery reported thirteen complaints against an average of seven per month previously and Group 4 Emergency Department reported nine against an average of six per month.

Within the Emergency Department complaints, issues with diagnosis was quoted as a recurring theme. Within surgery, complainants cited readmission as well as diagnosis and drugs To-Take-Out (TTOs) as concerns.

### Overall Trust position



# Excellence in patient experience – standard reporting item

## Friends and Family Test

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

The Trust is required to achieve a baseline response rate of at least 15% and by Q4 a response rate that is both (a) higher than the response rate for Q1 (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 March is **27.42%**. Overall, Q4 achieves the required target.

## 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	113	27	7	4	151	72.11	565	26.73
Renal/Transplant	55	11	7	2	75	65.75	383	19.58
Emergency Department (Includes ED Score)	880	270	197	30	1377	50.71	5338	25.80
Neurosciences	61	18	9	1	89	59.09	171	52.05
Oncology & Haematology	32	4	1	1	38	83.78	140	27.14
Surgery	142	51	29	8	230	50.90	721	31.90
Trauma & Orthopaedics	146	18	6	3	173	82.35	335	51.64
Women & Children (Includes CED and Gynae Short Stay)	57	24	21	4	106	35.29	514	20.62
Ambulatory Care ( Includes Eye Unit)	264	70	49	9	392	56.14	1518	25.82
Anaesthetics	0	1	0	2	3	-	1	300.00
Care of the Elderly	39	8	10	0	57	50.88	429	13.29
Unknown Specialty	55	12	9	7	83	60.53	0	-
<b>Total</b>	<b>1844</b>	<b>514</b>	<b>345</b>	<b>71</b>	<b>2774</b>	<b>55.46</b>	<b>10115</b>	<b>27.42</b>

## A&E position

Ward	NPS Type				Grand Total	Score	Patients Eligible to Respond	Coverage %
	Number of Promoters	Number of Passives	Number of Detractors	Number of Don't knows				
Emergency Department	877	267	195	30	1369	50.93	5256	26.0
Women and Children	31	16	16	3	66	23.81	420	15.7
Eye Unit	243	63	46	7	359	55.97	1339	26.8
<b>Total</b>	<b>1151</b>	<b>346</b>	<b>257</b>	<b>40</b>	<b>1794</b>	<b>50.97</b>	<b>7015</b>	<b>25.6</b>

# Excellence in patient experience – standard reporting item

## Friends and Family Test – Inpatient Survey

### Specialty position

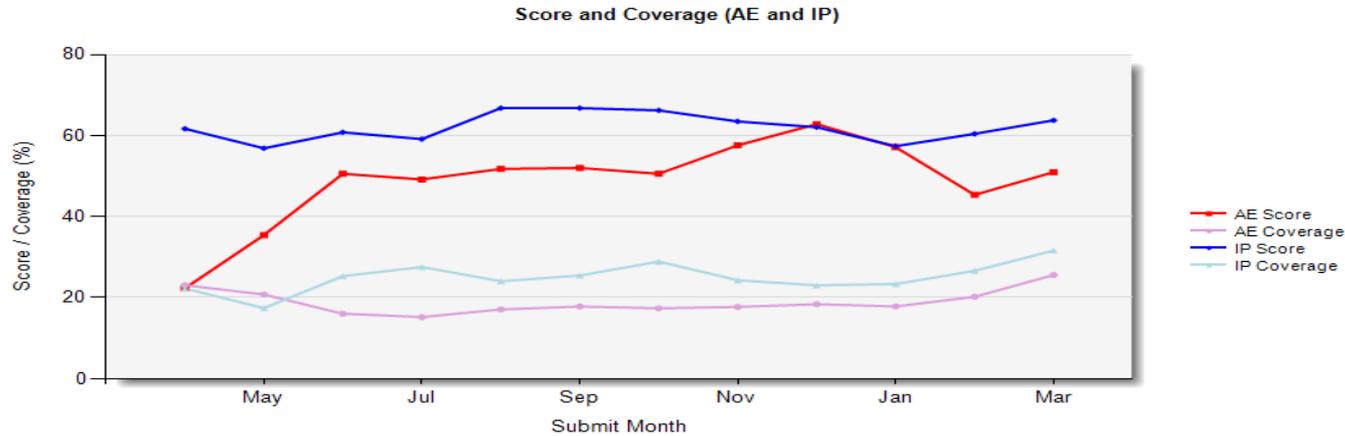
Group	NPS Type				Grand Total	Score	Patients Eligible to Respond	Coverage%
	Number of Promoters	Number of Passives	Number of Detractors	Number of Don't knows				
100: General Surgery	72	28	17	3	120	47.01	312	38.46
101: Urology	8	3	4	1	16	26.67	96	16.67
102: Transplantation Surgery	3	0	0	0	3	100.00	6	50.00
103: Breast Surgery	1	1	0	0	2	50.00	10	20.00
104: Colorectal Surgery	7	0	1	0	8	75.00	30	26.67
105: Hepatobiliary Surgery	0	0	0	0	0	-	0	-
106: Upper GI Surgery	0	0	0	0	0	-	0	-
107: Vascular Surgery	8	0	1	0	9	77.78	16	56.25
110: Trauma & Orthopaedics	146	18	6	3	173	82.35	335	51.64
120: ENT	16	6	0	1	23	72.73	64	35.94
130: Ophthalmology	3	0	0	1	4	100.00	17	23.53
140: Oral Surgery	0	0	0	0	0	-	0	-
144: Maxillo-Facial Surgery	5	2	2	0	9	33.33	31	29.03
150: Neurosurgery	38	8	7	0	53	58.49	129	41.09
160: Plastic Surgery	12	3	2	3	20	58.82	46	43.48
170: Cardiothoracic Surgery	39	5	1	0	45	84.44	122	36.89
180: Accident & Emergency	3	3	2	0	8	12.50	82	9.76
192: Critical Care	0	1	0	2	3	0.00	1	300.00
300: Acute Medicine	26	9	7	1	43	45.24	290	14.83
301: Gastroenterology	13	8	2	0	23	47.83	116	19.83
302: Endocrinology	10	3	3	1	17	43.75	78	21.79
303: Clinical Haematology	9	2	0	1	12	81.82	40	30.00
305: Clinical Pharmacology	1	0	0	0	1	100.00	1	100.00
306: Hepatology	0	0	0	0	0	-	0	-
307: Diabetic Medicine	4	0	0	0	4	100.00	68	5.88
314: Rehabilitation	12	1	4	0	17	47.06	67	25.37
320: Cardiology	34	11	0	1	46	75.56	162	28.40
330: Dermatology	0	0	0	0	0	-	0	-
340: Respiratory Medicine	35	11	5	3	54	58.82	242	22.31
350: Infectious Diseases	5	0	1	0	6	66.67	39	15.38
361: Nephrology	26	2	0	1	29	92.86	87	33.33
400: Neurology	23	10	2	1	36	60.00	42	85.71
410: Rheumatology	3	4	0	0	7	42.86	15	46.67
430: Age related Medicine	27	7	6	0	40	52.50	362	11.05
502: Gynaecology	23	6	4	1	34	57.58	73	46.58
503: Gynaecological Oncology	3	2	1	0	6	33.33	21	28.57
800: Clinical Oncology	23	2	1	0	26	84.62	100	26.00
901: Occupational Medicine	1	0	0	0	1	100.00	0	-
999a: Unknown Specialty	54	12	9	7	82	60.00	0	-
<b>TOTAL</b>	<b>693</b>	<b>168</b>	<b>88</b>	<b>31</b>	<b>980</b>	<b>63.8</b>	<b>3100</b>	<b>31.61</b>

### Ward position

Ward	NPS Type				Grand Total	Score	Patients Eligible to Respond	Coverage %
	Number of Promoters	Number of Passives	Number of Detractors	Number of Don't knows				
Cardiothoracic Critical Care	2	0	0	0	2	100.00	5	40.0
Coronary Care Unit	13	1	0	0	14	92.86	58	24.1
General Critical Care	0	1	0	2	3	0.00	0	-
UA - Unknown Area	42	8	6	4	60	64.29	44	136.4
Ward 1	14	5	3	1	23	50.00	111	20.7
Ward 10	19	12	1	0	32	56.25	117	27.4
Ward 11	42	5	1	0	48	85.42	146	32.9
Ward 12/AMU1	21	5	4	2	32	56.67	129	24.8
Ward 2/AMU2 Short Stay	14	6	5	1	26	36.00	134	19.4
Ward 20	12	6	3	0	21	42.86	119	17.6
Ward 21	3	1	1	0	5	40.00	0	-
Ward 21 - Medicine	0	3	1	0	4	-25.00	47	8.5
Ward 21 - Surgery	7	1	2	0	10	50.00	81	12.3
Ward 22	15	4	2	1	22	61.90	0	-
Ward 22 - ECU	2	0	0	0	2	100.00	8	25.0
Ward 22 - SAU	8	6	6	0	20	10.00	102	19.6
Ward 22a - Vascular	6	2	0	0	8	75.00	48	16.7
Ward 23	29	12	8	1	50	42.86	147	34.0
Ward 3	6	3	1	0	10	50.00	65	15.4
Ward 30	23	5	3	2	33	64.52	122	27.0
Ward 31 - Respiratory Med	16	8	3	2	29	48.15	157	18.5
Ward 32	53	16	7	7	83	60.53	185	44.9
Ward 33 - Renal	14	4	0	1	19	77.78	63	30.2
Ward 33 - Short Stay	29	8	5	0	42	57.14	123	34.1
Ward 33 - Urology	6	1	1	1	9	62.50	107	8.4
Ward 34 - IP Haematology	11	1	0	1	13	91.67	44	29.5
Ward 35	21	4	2	0	27	70.37	113	23.9
Ward 40	1	0	2	0	3	-33.33	62	4.8
Ward 41 - Stroke	5	2	1	0	8	50.00	43	18.6
Ward 42	19	8	1	1	29	64.29	54	53.7
Ward 43 - Neurosurgery	34	7	8	0	49	53.06	108	45.4
Ward 50	25	3	0	1	29	89.29	85	34.1
Ward 52	19	5	3	1	28	59.26	90	31.1
Ward 53	8	3	2	1	14	46.15	85	16.5
Cedar Unit	123	9	2	1	135	90.30	205	65.9
Hoskyn Ward	14	2	0	0	16	87.50	36	44.4
Mulberry Ward	8	1	0	0	9	88.89	27	33.3
Oak Ward	5	0	4	0	9	11.11	30	30.0
Unknown Area ST X	4	0	0	0	4	100.00	0	-
<b>Total</b>	<b>693</b>	<b>168</b>	<b>88</b>	<b>31</b>	<b>980</b>	<b>63.75</b>	<b>3100</b>	<b>31.61</b>

# Excellence in patient experience – standard reporting item

## Friends and Family Test- Trend Analysis



Submit Month	AE Score	AE Coverage (%)	IP Score	IP Coverage (%)
Apr	22.28	23.05	61.67	22.24
May	35.41	20.76	56.84	17.38
Jun	50.55	16.01	60.78	25.3
Jul	49.16	15.19	59.1	27.54
Aug	51.75	17.08	66.76	24.03
Sep	51.99	17.79	66.76	25.45
Oct	50.55	17.36	66.2	28.88
Nov	57.57	17.7	63.46	24.28
Dec	62.8	18.35	62.05	23.03
Jan	57.11	17.81	57.36	23.35
Feb	45.34	20.2	60.41	26.61
Mar	50.97	25.57	63.75	31.61

### 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

Throughout January, February and March there was a push on ensuring the CQUIN around response rate was met. Additional Measures included : Implementation of the tally box back into the Emergency Department, targeting extra volunteers at high discharge wards and employing the service of Membership Engagement Services (MES) who telephoned back all discharged patients from the Emergency Department and inpatient wards.

# 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	61	26	4	1	92	62.64	498	18.5
Question 2 : Labour/birth	117	26	4	1	148	76.87	498	29.7
Question 3 : Postnatal hospital	111	32	4	0	147	72.79	498	29.5
Question 4 : Postnatal Community	80	29	1	0	110	71.82	468	23.5
<b>Total</b>	<b>369</b>	<b>113</b>	<b>13</b>	<b>2</b>	<b>497</b>	<b>71.92</b>	<b>1962</b>	<b>25.3</b>

There has been an improvement across all touch points since January 2014 and the Maternity Team have worked very hard in promoting and encouraging completion of the postcards. The Team have a new 'You Said We Did' board on display highlighting how feedback has led to positive changes.

# Excellence in patient experience – additional reporting item

## CQUIN Dementia Indicators – Find, Assess, Investigate & Refer

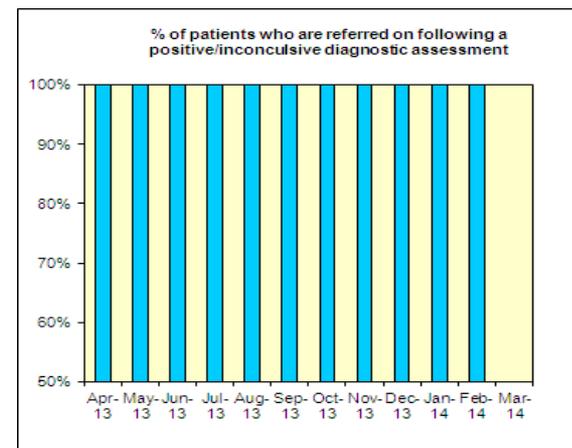
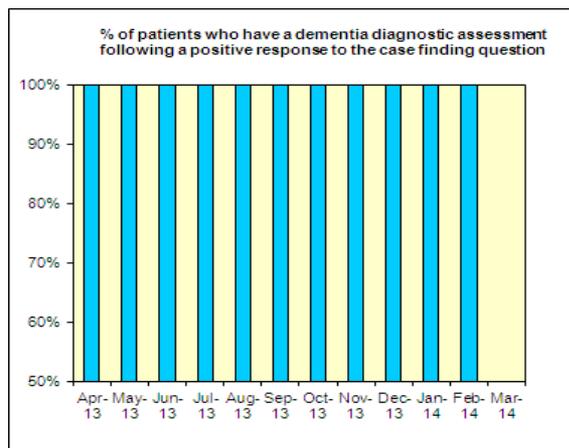
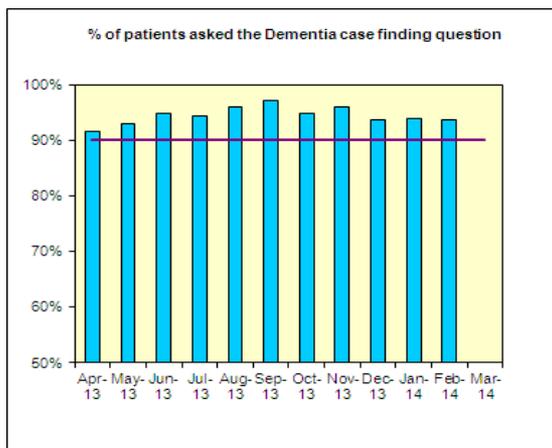
As part of the national Dementia CQUIN scheme for 2013/14 providers must report the proportion of patients aged 75 and over to whom case finding is applied following emergency admission, the proportion of those identified as potentially having dementia who are appropriately assessed, and the number referred on to specialist services. The Trust has achieved the 90% target.

The below table shows monthly achievement against the measures.

### Dementia -Find, Assess, Investigate & Refer

Data contained in this dashboard is a snapshot as at 22/04/14.

UNIFY Reporting	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
<b>Target</b>	<b>90%</b>											
% of all patients aged 75 and above admitted as emergency inpatients who are asked the dementia case finding question within 72 hours of admission or who have a clinical diagnosis of delirium on initial assessment or known diagnosis of dementia.	91.50%	93.08%	94.88%	94.27%	96.03%	97.19%	94.93%	96.04%	93.76%	93.84%	93.67%	
% of all patients aged 75 and above admitted as emergency inpatients who have scored positively on the case finding question, or who have a clinical diagnosis of delirium* and who do not fall into the exemption categories reported as having had a dementia diagnostic assessment including investigations.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
% of all patients aged 75 and above, admitted as an emergency inpatient who have had a diagnostic assessment (in whom the outcome is either "positive" or "inconclusive") who are referred for further diagnostic advice/follow up.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	



# Excellence in patient experience – additional reporting item

## CQUIN Dementia Indicators – Supporting Carers of People with Dementia

As part of the national Dementia CQUIN scheme for 2013/14 providers must demonstrate that they have undertaken a monthly audit of carers of people with dementia to test whether they feel supported and report the results to the Board.

The below table shows the results of this audit. There was no survey data available for August and September.

### Dementia - Supporting Carers of People with Dementia

Number of carer surveys under taken (based on admit month)	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
	9	6	2	4	0	0	1	2	1	1	2	

Postive Outcome of Survey	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Q1 - During the admission assessment did staff ask you for your input?	78%	83%	50%	75%			0%	100%	0%	0%	100%	
Q2 - Were you provided with the "Getting to know me" document?	22%	50%	50%	25%			0%	50%	0%	100%	50%	
Q3 - Were you asked how much involvement you would like with your relatives care whilst in hospital.	56%	33%	50%	50%			0%	0%	0%	100%	100%	
Q4 - If you needed to visit outside normal visiting hours to support your relative on the ward, were you able to?	78%	67%	100%	75%			100%	50%	100%	100%	50%	
Q5 - How often were you updated about the medical treatment of your relative?	67%	33%	50%	50%			0%	100%	0%	0%	0%	
Q6 - If your relative was moved during their stay in hospital, were you informed?	56%	67%	0%	50%			100%	100%	100%	100%	0%	
Q7 - Did you feel that you were well supported by staff.	78%	67%	50%	75%			100%	100%	100%	100%	100%	
Q8 - Were you involved in the discharge planning process for your relative?	89%	67%	100%	100%			100%	100%	100%	100%	100%	
Q9 - Have you been given any information about organisations representing people with Dementia?	44%	83%	50%	50%			0%	100%	100%	100%	100%	
Q10 - Did you receive a copy of the discharge plan for your relative with information regarding their treatment?	56%	67%	50%	75%			0%	50%	100%	100%	50%	

# 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 March.

The Trust has a **YTD liquidity days ratio of -23.7 compared to a YTD plan of -21.7.**

The Trust's **YTD capital services ratio** is below plan at **1.3** compared to a YTD plan of 1.4.

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

The Trust's **outturn financial position is £0.2m.** This is £2.7m adverse to the financial plan monitored by the TDA. Further details are provided overleaf.

The Trust has not met its **CIP target** of £25m. The Trust has delivered **£17m** at month 12.

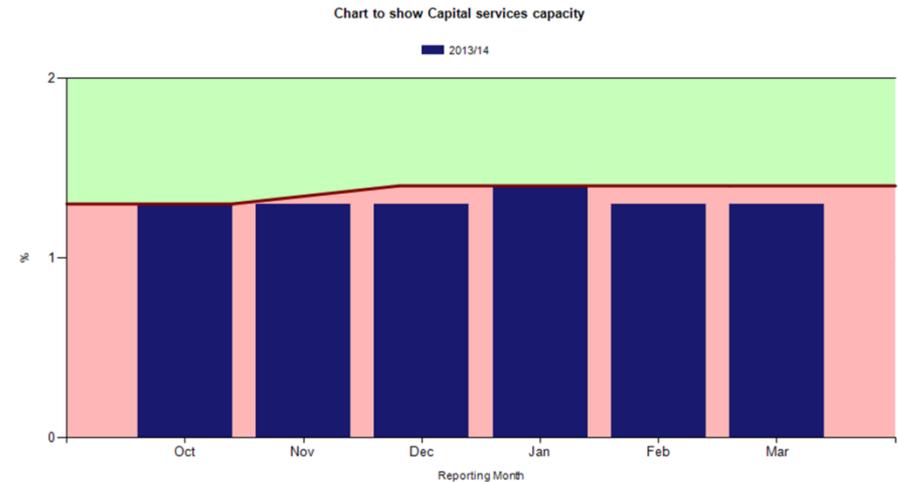
# Value for Money – area of underperformance

## 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 March.

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



# Value for Money – area of underperformance

## Forecast I&E compared to plan

Indicator Range:			Performance		Timeframe to meet	Executive Lead
< 0%	Amber	Green	In Month	Outturn	Standard	
< 1%	> 0%	>= 1%	0.4%	0.2%	Non-compliant for 2013/14	CFO

### Commentary

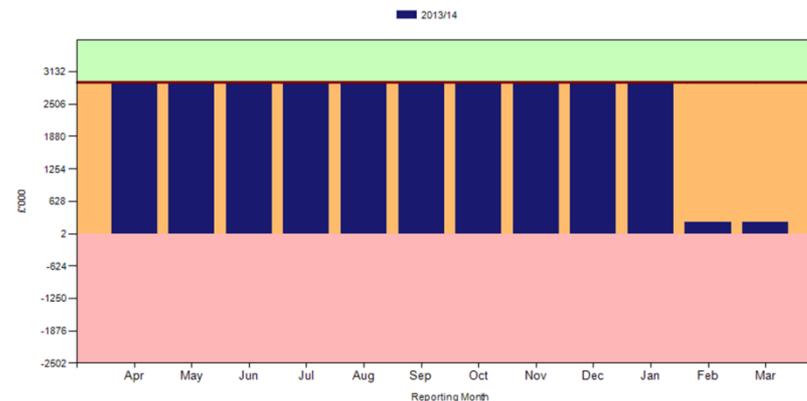
This indicator reports the forecast I&E compared to plan. The Trust had a target of £2.9million surplus. Reporting on the target enables the organisation to monitor its forecast outturn position for the year and take any required actions to bring performance back in line.

The Trust recorded a year end surplus of £214k compared to the £2,927k in the 2013/14 financial plan submitted to the TDA.

The outturn position was below plan due to the financial impact of operational performance, cost pressures and slippage on CIP delivery.

### Overall Trust position

Chart to show Forecast I&E compared to plan (£'000)



Breakeven Performance
<b>Retained surplus/(deficit) for the year</b>
Adjustments for Impairments
Consolidated Budgetary Guidance - Adjustment for Dual Accounting under IFRIC12*
Adjustments for impact of policy change re donated/government grants assets
<b>Break-even in-year position</b>

	2013/14		
	Plan	Outturn	Variance
	£000	£000	£000
	2,500	10,863	8,363
	0	1,437	1,437
	427	(11,154)	(11,581)
	0	(932)	(932)
	2,927	214	(2,713)

# Value for Money – area of underperformance

## Forecast recurrent and non recurrent efficiency (CIP)

Indicator Range:			Performance		Timeframe to meet
Red	Amber	Green	In Month	Outturn	Standard
> -15% of plan	> -5% < -15%	< -5% of plan	<b>-67.3%</b>	<b>-31.9%</b>	end Q4 2013/14

### Commentary

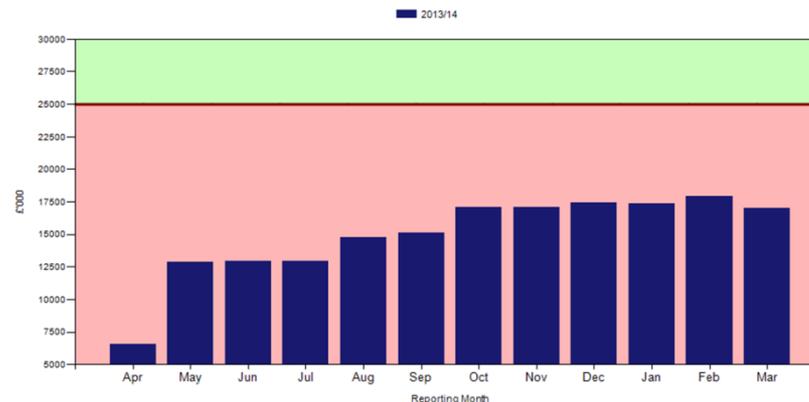
This indicator reports the forecast efficiency delivery. The Trust has a target of £25million. Reporting on the target enables the organisation to assess the progress of efficiency savings.

The Trust delivered £17m against a plan of £25m. The shortfall of £8m was due to £6.3m of the total plan remaining unidentified and delivery slippage of £1.7m on identified schemes.

The Trust is now actively working towards fully identifying schemes against the 2014/15 CIP target of £33.5m.

### Overall Trust position

Chart to show Forecast recurrent and non recurrent efficiency compared to plan (£'000)



# 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 **79.39% Appraisal rate**. This remains below target but shows consistent progress with this indicator.
- The Trust has recorded a **81.38% Consultant appraisal rate**. This remains below target but shows considerable improvement and is now reported in amber status.
- The Trust has recorded **74.30%** compliance with mandatory training. This is a further marginal increase but remains below target.
- The Trust has recorded a **4.02%** Sickness rate. This exceeds the Trust target of 4%.

# 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.

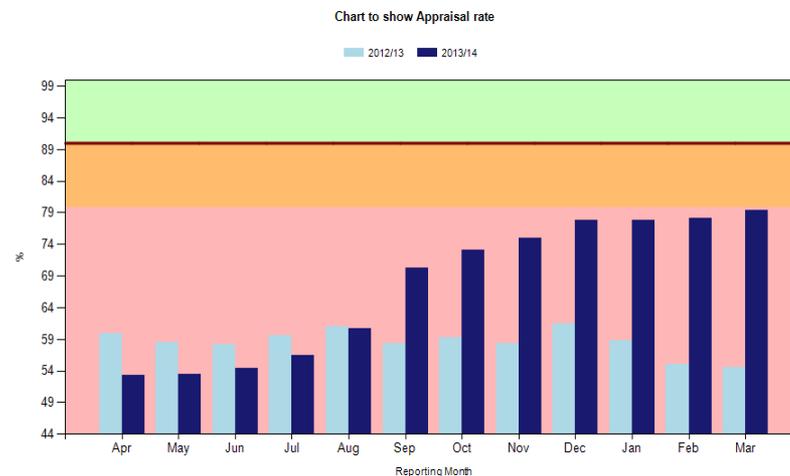
Appraisal rates improved once again and currently stand at 79.39%. This shows slight improvement and the Trust overall just falls short of reaching the amber position of 80%.

However, there are teams/groups that prevent the Trust from producing even better results. Where improvements could be made in these particular groups then the Trust would realise performance in excess of 80%.

The groups which remain below 70% compliance are:

Core Services (66.79%),  
Delivery Unit (67.07%),  
Emergency Department (69.60%) and  
Trauma & Orthopaedics (65.09%).

## 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.
- That workforce targets including appraisal rates are managed within the new performance framework and management teams held accountable.
- The HRED Committee to consider further analysis and action as to the reasons as to why the three areas indicated continue to perform poorly.

# 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.

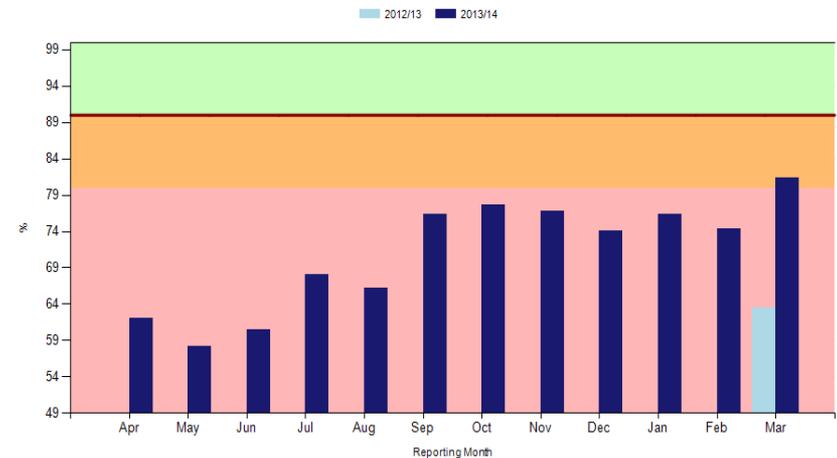
Consultant Appraisal has improved from 74.29% to 81.38%. The monthly workforce key performance indicator report highlights that only Renal Medicine has performance under 70%, currently showing performance at 56%, although this is an improvement from 25% in the previous month.

In order to provide improved performance for 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.
- 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.

## Overall Trust position

Chart to show Consultant appraisal rate



# 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.

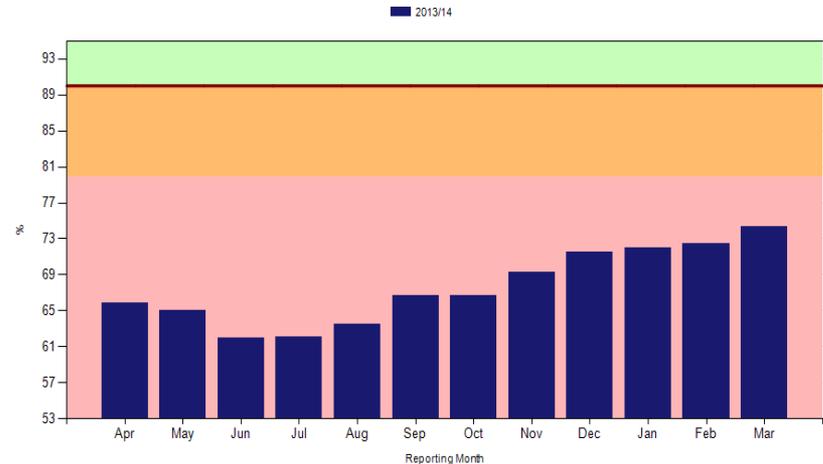
The Trust's current overall compliance for March has again improved to 74.27%, but is still short of the target of 90% by the end of March 2014.

The areas that highlight performance below 70% and therefore do not allow the Trust to perform better for this indicator are: Anaesthetics (68.28%), Emergency Medicine (65.34%), Pathology (60.69%), Trauma & Orthopaedics (68.17%) and Delivery Unit (43.86%).

In terms of particular areas of compliance it is concerning that Blood Transfusion compliance stands at only 54.28% and Advanced Life Support at 41.06%. These areas will be highlighted as areas of particular focus for group management teams to ensure better compliance rates.

### Overall Trust position

Chart to show Attendance at mandatory training



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 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).
- HR Business Partners to indicate specific risks associated to non-compliance with particular emphasis on clinical risks alongside specific staff groups/areas.

# Employer of choice – area of underperformance

## Sickness rate

### Commentary

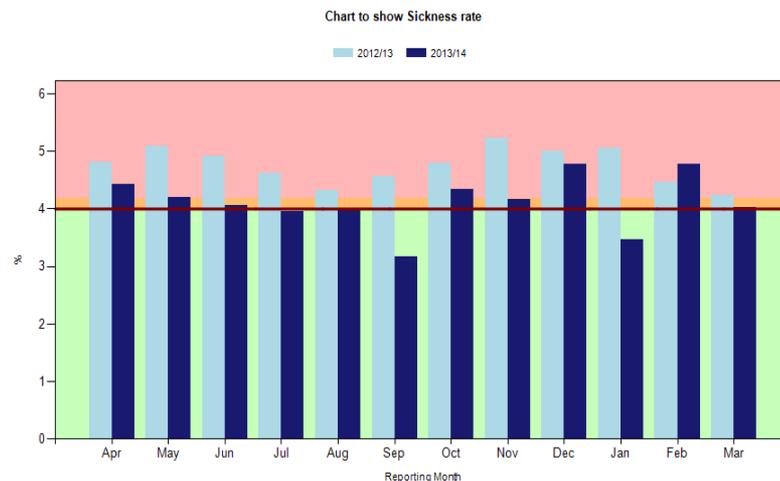
This indicator reports the percentage of sickness recorded in the organisation against the overall hours. The rate of absence provides an indication of the wider health of the business as it takes consideration of various factors such as motivation and the general health & well being of the workforce.

The absence rate for March has fallen to 4.02% which is above the Trust's target for managing absence. The following areas are highlighting sickness above 5%: Emergency Department 6.08%, Pathology 5.29%, and Theatres 6.89%.

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.
- The HR Operations Team have scheduled further training for managers throughout 2014 in order to support the management of absence.

### 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 the **Leading research based health care organisation** indicators.

- The **number of patients recruited into NIHR portfolio** has increased this month to **4245** against a year to date plan of **3894** and therefore achieves the target.
- Current performance in **initiating clinical research** is at **22.03%** against the 80% target resulting in exception.
- Performance in **delivering clinical research** is currently at **44.62%** against the 80% target and in exception.

The above two metrics for clinical research are updated on a quarterly basis.

# 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				Month		
	TDA Plan £000	Plan £000	Outturn £000	Variance £000	Plan £000	Actual £000	Variance £000
<b>Income</b>							
Contract income from activities	434,305	437,927	443,503	5,576	36,164	37,821	1,657
Other income from activities	13,558	12,186	12,107	(79)	1,010	996	(14)
Other Operating Income	68,217	66,836	74,873	8,037	5,587	7,036	1,449
<b>Total Income</b>	<b>516,080</b>	<b>516,949</b>	<b>530,483</b>	<b>13,534</b>	<b>42,761</b>	<b>45,853</b>	<b>3,092</b>
<b>Operating Expenses</b>							
Pay	(280,206)	(287,713)	(306,502)	(18,789)	(23,742)	(26,342)	(2,600)
Non Pay	(171,518)	(176,176)	(178,563)	(2,387)	(14,344)	(17,314)	(2,970)
Reserves	(13,755)	(4,198)	19	4,217	(189)	11	200
<b>Total Operating Expenses</b>	<b>(465,479)</b>	<b>(468,087)</b>	<b>(485,046)</b>	<b>(16,959)</b>	<b>(38,275)</b>	<b>(43,645)</b>	<b>(5,370)</b>
<b>EBITDA</b>	<b>50,601</b>	<b>48,862</b>	<b>45,437</b>	<b>(3,425)</b>	<b>4,486</b>	<b>2,208</b>	<b>(2,278)</b>
EBITDA Margin %	9.8%	9.5%	8.6%		10.5%	4.8%	
<b>Non Operating Items</b>							
Profit / loss on asset disposals	0	0	14	14	0	3	3
Gains on other disposals	0	0	1,492	1,492	0	1,492	1,492
Fixed Asset Impairments		0	9,717	9,717	0	11,061	11,061
Depreciation	(19,833)	(18,662)	(18,173)	489	(1,555)	(1,134)	421
Interest Receivable	83	83	61	(22)	7	1	(6)
Interest Charges	(272)	(272)	(271)	1	(23)	(22)	1
Financing Costs	(25,360)	(25,292)	(25,283)	9	(2,108)	(2,147)	(39)
PDC Dividend	(2,719)	(2,219)	(2,131)	88	(185)	(203)	(18)
<b>Total Non Operating Items</b>	<b>(48,101)</b>	<b>(46,362)</b>	<b>(34,574)</b>	<b>11,788</b>	<b>(3,864)</b>	<b>9,051</b>	<b>12,915</b>
<b>Net Surplus/(Deficit)</b>	<b>2,500</b>	<b>2,500</b>	<b>10,863</b>	<b>8,363</b>	<b>622</b>	<b>11,259</b>	<b>10,637</b>
Net Surplus Margin %	0.5%	0.5%	0.2%		1.5%	0.4%	

Note: After technical adjustments for donated assets, IFRIC 12 and impairments, the net surplus of £10,863k is reduced to £214k.

# Month 12 – 2013/14

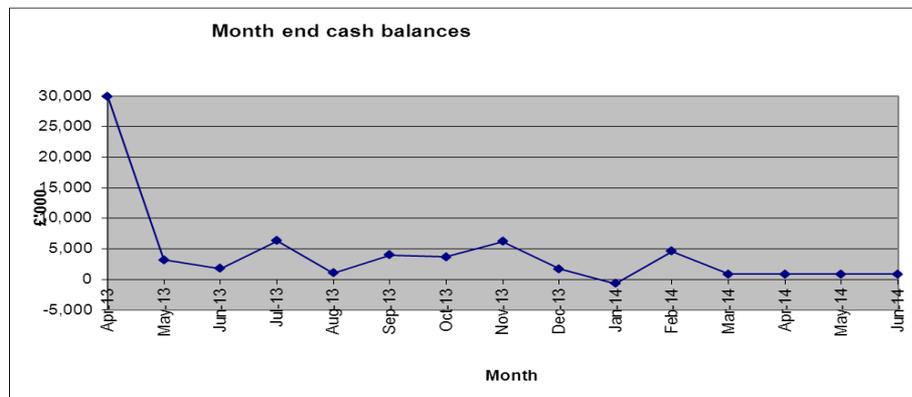
## Statement of Financial Position

Statement of Financial Position	2013/14		
	Plan	Actual Outturn	Variance
	£000	£000	£000
<b>Non-current assets</b>			
Property, plant and equipment	362,328	354,442	(7,886)
Intangible assets	112	1,143	1,031
Investment Property	3,515	5,007	1,492
Trade and other receivables	30,081	35,535	5,454
<b>Total non-current assets</b>	<b>396,036</b>	<b>396,127</b>	<b>91</b>
<b>Current assets</b>			
Inventories	10,864	10,293	(571)
Trade and other receivables	18,685	25,771	7,086
Cash and cash equivalents	2,562	893	(1,669)
	<b>32,111</b>	<b>36,957</b>	<b>4,846</b>
Non-current assets held for sale	0	673	673
<b>Total current assets</b>	<b>32,111</b>	<b>37,630</b>	<b>5,519</b>
<b>Total assets</b>	<b>428,147</b>	<b>433,757</b>	<b>5,610</b>
<b>Current liabilities</b>			
Trade and other payables	(37,902)	(44,141)	(6,239)
Borrowings	(8,606)	(8,719)	(113)
DH Working Capital Loan	(500)	0	500
DH Capital loan	(2,160)	(1,500)	660
Provisions	(192)	(3,421)	(3,229)
<b>Net current assets/(liabilities)</b>	<b>(17,249)</b>	<b>(20,151)</b>	<b>(2,902)</b>
<b>Total assets less current liabilities</b>	<b>378,787</b>	<b>375,976</b>	<b>(2,811)</b>
<b>Non-current liabilities:</b>			
Trade and other payables			
Borrowings	(272,174)	(271,163)	1,011
DH Working Capital Loan	(4,500)	0	4,500
DH Capital loan	(12,695)	(6,750)	5,945
Provisions	(2,359)	(2,500)	(141)
<b>Total assets employed</b>	<b>87,059</b>	<b>95,563</b>	<b>8,504</b>
<b>Financed by taxpayers' equity:</b>			
Public dividend capital	24,870	33,870	9,000
Retained earnings	16,734	21,043	4,309
Revaluation reserve	45,455	40,650	(4,805)
<b>Total Taxpayers' Equity</b>	<b>87,059</b>	<b>95,563</b>	<b>8,504</b>

Statement of Financial Position	Month		
	Month	Actual	Variance
	£000	£000	£000
<b>Non-current assets</b>			
Property, plant and equipment	13,546	19,312	5,766
Intangible assets	0	1,030	1,030
Investment Property	0	1,492	1,492
Trade and other receivables	(3,244)	(3,798)	(554)
<b>Total non-current assets</b>	<b>10,302</b>	<b>18,036</b>	<b>7,734</b>
<b>Current assets</b>			
Inventories	500	634	134
Trade and other receivables	(1,811)	(19,473)	(17,662)
Cash and cash equivalents	1,309	893	(416)
	<b>(2)</b>	<b>(17,946)</b>	<b>(17,944)</b>
Non-current assets held for sale	0	673	673
<b>Total current assets</b>	<b>(2)</b>	<b>(17,273)</b>	<b>(17,271)</b>
<b>Total assets</b>	<b>10,300</b>	<b>763</b>	<b>(9,537)</b>
<b>Current liabilities</b>			
Trade and other payables	8,405	23,633	15,228
Borrowings	0	566	566
DH Working Capital Loan	(500)	0	500
DH Capital loan	(660)	0	660
Provisions	1,261	(2,607)	(3,868)
<b>Net current assets/(liabilities)</b>	<b>8,504</b>	<b>4,319</b>	<b>(4,185)</b>
<b>Total assets less current liabilities</b>	<b>18,806</b>	<b>22,355</b>	<b>3,549</b>
<b>Non-current liabilities:</b>			
Trade and other payables			
Borrowings	(1,174)	378	1,552
DH Working Capital Loan	(4,500)	0	4,500
DH Capital loan	(5,195)	750	5,945
Provisions	48	53	5
<b>Total assets employed</b>	<b>7,985</b>	<b>23,536</b>	<b>15,551</b>
<b>Financed by taxpayers' equity:</b>			
Public dividend capital	0	9,000	9,000
Retained earnings	622	11,554	10,932
Revaluation reserve	7,363	2,982	(4,381)
<b>Total Taxpayers' Equity</b>	<b>7,985</b>	<b>23,536</b>	<b>15,551</b>

# Month 12 – 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
<b>EBITDA</b>	1,563	3,390	2,113	5,956	3,774	2,453	5,819	4,448	6,150	4,082	3,535	2,213	45,496
Donated assets received credited to revenue but non-cash	0	0	0	0	0	0	0	0	(1,300)	100	0	(45)	(1,245)
Interest paid	(6,299)	(118)	(17)	(6,293)	(109)	(41)	(6,296)	(39)	(40)	(6,293)	(39)	29	(25,555)
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)	104	0	2,493	(2,511)
<b>Operating cash flows before movements in working capital</b>	<b>(4,727)</b>	<b>2,556</b>	<b>2,091</b>	<b>(2,318)</b>	<b>3,977</b>	<b>482</b>	<b>(2,443)</b>	<b>4,409</b>	<b>4,615</b>	<b>(2,007)</b>	<b>3,496</b>	<b>3,928</b>	<b>14,059</b>
Movements in Working Capital	32,147	(24,444)	(1,112)	9,881	(7,852)	53	4,485	(991)	(6,590)	2,883	4,861	(11,425)	1,896
<b>Net cash inflow/(outflow) from operating activities</b>	<b>27,420</b>	<b>(21,888)</b>	<b>979</b>	<b>7,563</b>	<b>(3,875)</b>	<b>535</b>	<b>2,042</b>	<b>3,418</b>	<b>(1,975)</b>	<b>876</b>	<b>8,357</b>	<b>(7,497)</b>	<b>15,955</b>
Capex spend	(1,409)	(3,575)	(2,360)	(1,771)	(1,387)	3,165	(1,105)	(861)	(2,504)	(1,806)	(3,121)	(4,624)	(21,358)
Interest received	13	5	4	11	6	4	5	3	2	6	2	2	63
Cash receipt from asset sales	0	226	0	227	0	0	260	0	0	0	103	128	944
<b>Net cash inflow/(outflow) from investing activities</b>	<b>(1,396)</b>	<b>(3,344)</b>	<b>(2,356)</b>	<b>(1,533)</b>	<b>(1,381)</b>	<b>3,169</b>	<b>(840)</b>	<b>(858)</b>	<b>(2,502)</b>	<b>(1,800)</b>	<b>(3,016)</b>	<b>(4,494)</b>	<b>(20,351)</b>
<b>CF before Financing</b>	<b>26,024</b>	<b>(25,232)</b>	<b>(1,377)</b>	<b>6,030</b>	<b>(5,256)</b>	<b>3,704</b>	<b>1,202</b>	<b>2,560</b>	<b>(4,477)</b>	<b>(924)</b>	<b>5,341</b>	<b>(11,991)</b>	<b>(4,396)</b>
Public Dividend Capital received	0	0	0	0	0	0	0	0	0	0	0	9,000	9,000
Public Dividend Capital repaid	0	0	0	0	0	(750)	0	0	0	0	0	(750)	(1,500)
DH loans repaid	0	0	0	0	0	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(6,147)
Capital Element of payments in respect of finance leases and PFI	(25)	(1,482)	(25)	(1,499)	(25)	(25)	(1,499)	(25)	(25)	(1,466)	(26)	(25)	(6,147)
Drawdown of new DH loan	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Net cash inflow/(outflow) from financing</b>	<b>(25)</b>	<b>(1,482)</b>	<b>(25)</b>	<b>(1,499)</b>	<b>(25)</b>	<b>(775)</b>	<b>(1,499)</b>	<b>(25)</b>	<b>(25)</b>	<b>(1,466)</b>	<b>(26)</b>	<b>8,225</b>	<b>1,353</b>
<b>Net cash outflow/inflow</b>	<b>25,999</b>	<b>(26,714)</b>	<b>(1,402)</b>	<b>4,531</b>	<b>(5,281)</b>	<b>2,929</b>	<b>(297)</b>	<b>2,535</b>	<b>(4,502)</b>	<b>(2,390)</b>	<b>5,315</b>	<b>(3,766)</b>	<b>(3,043)</b>
<b>Opening Cash Balance</b>	<b>3,913</b>	<b>29,912</b>	<b>3,198</b>	<b>1,796</b>	<b>6,327</b>	<b>1,046</b>	<b>3,975</b>	<b>3,678</b>	<b>6,213</b>	<b>1,711</b>	<b>(679)</b>	<b>4,636</b>	<b>3,913</b>
<b>Closing Cash Balance</b>	<b>29,912</b>	<b>3,198</b>	<b>1,796</b>	<b>6,327</b>	<b>1,046</b>	<b>3,975</b>	<b>3,678</b>	<b>6,213</b>	<b>1,711</b>	<b>(679)</b>	<b>4,636</b>	<b>870</b>	<b>870</b>



## Month 12 – 2013/14 Capital Expenditure

Capital Resource Limit (CRL)	2013/14			Month		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	fav/(adv) £000	£000	£000	fav/(adv) £000
Confirmed CRL	29,147	20,999	(8,148)	27,195	19,047	(8,148)
Forecast CRL adjustment for PFI underspend	0	(799)	(799)	(11,128)	(8,647)	2,481
Forecast CRL for Finance leases underspend	0	(237)	(237)	(694)	(588)	106
<b>Total Forecast CRL</b>	<b>29,147</b>	<b>19,963</b>	<b>(9,184)</b>	<b>15,373</b>	<b>9,812</b>	<b>(5,561)</b>

Capital Expenditure Programme	2013/14			Month		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000
<b>Major Schemes</b>						
PFI lifecycle	14,372	8,897	5,475	3,244	1,049	2,195
Site Infrastructure/access development	2,450	837	1,613	2,450	365	2,085
Critical care beds	586	20	566	0	(331)	331
Pathology Replacement Project (Net UHCW)	620	287	333	258	186	72
PACS Replacement Project	692	829	(137)	0	3	(3)
E'Prescribing	710	48	662	180	22	158
Technology Refresh - PC and peripherals including PDA's	750	548	202	100	533	(433)
VitalPAC Replacement scheme	940	52	888	420	10	410
						0
Aggregated Other Schemes	8,480	9,860	(1,380)	1,185	4,242	(3,057)
<b>Total Capital Expenditure</b>	<b>29,600</b>	<b>21,378</b>	<b>8,222</b>	<b>7,837</b>	<b>6,079</b>	<b>1,758</b>

<b>Less: Donated/granted Asset Purchases</b>	0	1,245	1,245	0	45	45
<b>Less: Book value of assets disposed of:</b>	453	930	477	0	114	114
<b>Net Charge against CRL</b>	<b>29,147</b>	<b>19,203</b>	<b>9,944</b>	<b>7,837</b>	<b>5,920</b>	<b>1,917</b>
<b>Under/(Over)Commitment against CRL (total)</b>	<b>0</b>	<b>760</b>	<b>760</b>	<b>7,536</b>	<b>3,892</b>	<b>(3,644)</b>

# Month 12 – 2013/14 Capital Financing

	2013/14 Plan* £'000	2013/14 Actual outturn £'000	Movements £'000	Comments
<b>Capital Expenditure</b>				
Gross Capital Expenditure	29,600	21,378	-8,222	The capital programme was reduced to take account of the revised PFI equipment lifecycle spend (explained below) and a reduction in the capital financing required to fund 'must do' schemes.
Less: PFI Capital Expenditure	-14,372	-8,897	5,475	Reduced equipment lifecycle spend notified by PFI Partner, GEMS, with slippage into 2014/15
<b>Total Non-PFI Capital Expenditure</b>	<b>15,228</b>	<b>12,481</b>	<b>-2,747</b>	
<b>Capital Financing</b>				
<b>Depreciation</b>				
Gross Depreciation	19,833	18,173	-1,660	
Less: PFI Depreciation	-12,492	-11,733	759	
<b>Net Depreciation</b>	<b>7,341</b>	<b>6,440</b>	<b>-901</b>	
<b>Movement in Capital Payables/Receivables</b>				
Finance Lease Repayments (non-PFI)	-484	-302	182	
New Finance Leases (non-PFI)	1,218	114	-1,104	Existing leases due for replacement have been extended into 2014/15.
Other Capital Payables/Receivables (non-PFI)	-5,000	-94	4,906	Capital payables maintained at same level as at the end of 2012/13
<b>Movement in Capital Payables/Receivables</b>	<b>-4,266</b>	<b>-282</b>	<b>3,984</b>	
<b>Other Funding Sources</b>				
Grants and Donations	0	1,245	1,245	The actual outturn now includes the robotic surgery system and other donated asset acquisitions.
Net Book Value of Non-Current Asset Disposals	453	930	477	
<b>Other Funding Sources</b>	<b>453</b>	<b>2,175</b>	<b>1,722</b>	
<b>Revenue Surplus</b>				
Surplus for the Year*	2,500	-1,591	-4,091	*Excluding impairments, donated income and non cash backed investment asset gain.
Less: Applied to Finance PFI	-905	-1,640	-735	Lower PFI depreciation (resulting from reduced PFI capital additions) requires an increase in revenue surpluses to finance non-revenue PFI commitments
Less: Applied to Working Capital Loan Repayments	0	0	0	
Less: Applied to Other Working Capital	0	0	0	
<b>Surplus Applied to Capital</b>	<b>1,595</b>	<b>-3,231</b>	<b>-4,826</b>	
<b>Total Internally Generated Funds</b>	<b>5,123</b>	<b>5,102</b>	<b>-21</b>	
<b>External Funding</b>				
New Public Dividend Capital (PDC)	0	9,000	9,000	
New Capital Investment Loans (CIL)	11,605	0	-11,605	
Capital Investment Loan Repayments	-1,500	-1,500	0	
<b>Total External Funding</b>	<b>10,105</b>	<b>7,500</b>	<b>-2,605</b>	
<b>Total Capital Funding</b>	<b>15,228</b>	<b>12,602</b>	<b>-2,626</b>	
<b>Capital Surplus/(Deficit)</b>	<b>0</b>	<b>121</b>	<b>121</b>	

\* For comparison purposes the Original Plan has been restated to show the £5m working capital loan now as a capital investment loan

# Appendix 2: Trust KPI Heatmap

# Trust Heatmap

Measure	Reporting Period:																March 2014	
	Group 1 - Cardiac & Respiratory	Group 2 - Renal	Group 4 - Emergency	Group 5 - Neurosciences	Group 6 - Oncology & Haematology	Group 7 - Surgery	Group 8 - Trauma & Orthopaedics	Group 9 - Women & Children	Group 10 - Ambulatory Services	Group 11 - Anaesthetics	Group 12 - Theatres	Group 13 - Care Elderly /Acute Medicine	Group 14 - Imaging	Group 15 - Hospital of St Cross	Group 16 - Clinical Support Services	Group 17 - Pathology	Trust	Trust Target
<b>Group Level Indicators</b>																		
<b>Excellence in patient care and experience</b>																		
Clostridium difficile (Trust acquired) - cumulative	1	5		3	4	17	2	1	4	0		5		5			47	57
MRSA bacteremia (Trust acquired) - cumulative	0	0		0	0	2	0	0	0	0		0		0			2	0
HSMR (basket of 56 diagnosis groups) (2 month in arrears)	82.14	103.49		69.14	98.27	77.00	116.05	190.49	76.01			66.57					91.03	100
Pressure Ulcers 3 and 4 (Trust associated)	0	0		0	0	0	0	0	0	0		0		0			0	0
Falls per 1000 occupied bed days resulting in serious harm	0.00	0.00	0.00	0.00	0.00	0.37	0.00	0.00	0.00	0.00		0.00		0.42			0.09	0.04
Eligible patients having VTE risk assessment (1 month in arrears)	96.79%	95.10%	90.57%	96.31%	98.32%	96.44%	96.19%	98.02%	96.58%	97.69%		92.00%					96.29%	95%
Friends & Family Test IP & A&E combined coverage	26.73	19.58	25.80	52.05	27.14	31.90	51.64	20.62	25.82	300.00		13.29					27.42	23
Maternity FFT No of touchpoints achieving a 15% response rate								4									4	4
Friends & Family Test IP Score	72.11	65.75	12.50	59.09	83.78	50.90	82.35	53.85	58.06			50.88					63.75	61
Friends & Family A&E Score			50.93						55.97								50.97	22
Number of complaints registered - cumulative	30	22	74	49	8	85	43	75	35	8	10	20	20			2	4	490
C-section rates - elective								11.38%									11.38%	10.75%
C-section rates - emergency								11.18%									11.18%	15.75%
Number of Maternal deaths								0									0	0
Admission of full term babies to neonatal care								4.10%									4.10%	4%
% of theatre lists started within 15 minutes of scheduled start time	57.45%	20.00%		10.87%		22.86%	31.97%	60.53%	69.88%	13.33%	33.72%						33.72%	70%
All cancellations on day of surgery	6.14%	8.89%		16.43%		11.87%	11.78%	10.81%	4.12%	9.72%	10.75%						10.75%	6%
Theatre efficiency - Main	75.71%	57.00%		55.49%		68.22%	58.64%	61.59%	84.66%			68.09%					68.09%	85%
Theatre efficiency - Rugby						64.83%	71.98%		78.10%			69.90%					69.90%	85%
Theatre efficiency - Day Surgery		75.28%				51.35%	55.89%	61.59%	58.52%	54.14%	52.49%						52.49%	70%
Theatre utilisation - Main	81.99%	72.64%		74.64%		83.02%	81.05%	76.45%	97.33%			82.27%					82.27%	85%
Theatre utilisation - Rugby						75.21%	79.97%		84.01%			77.88%					77.88%	85%
Theatre utilisation - Day Surgery		79.86%				65.31%	76.56%	65.75%	71.25%	65.30%	65.89%						65.89%	70%
Surgical Safety Checklist (WHO)	100.00%	100.00%		99.30%		99.70%	99.90%	100.00%	100.00%	98.70%	99.80%						99.80%	100%
Last minute non-clinical cancelled ops (elective)	0.00%	0.63%		2.36%	0.00%	2.66%	2.62%	1.26%	0.76%	3.03%							1.61%	0.8%
Breaches of the 28 day readmission guarantee	N/A	0		1	N/A	2	8	1	1	0							13	0
Urgent ops cancelled for the second time	N/A	0		0	N/A	0	0	0	0	0							0	0
18 week referral to treatment time - Admitted (1 month in arrears)	97.87%	100.00%		81.52%	100.00%	92.63%	84.44%	94.90%	94.74%	98.88%		N/A					92.27%	90%
18 week referral to treatment time - Non-admitted (1 month in arrears)	98.43%	99.04%		98.19%	99.44%	98.03%	95.06%	97.84%	97.92%	97.44%	100.00%						97.80%	95%
RTT - incomplete in 18 weeks (1 month in arrears)	98.94%	96.23%		95.70%	100.00%	93.20%	88.84%	97.87%	95.77%	98.75%	97.70%						94.14%	92%
RTT 52 Week Waits (1 month in arrears)	0	0		0	N/A	0	0	0	0	N/A		0					0	0
Diagnostic waiters, 6 weeks and over	0.00%			0.00%		0.00%							0.04%				0.03%	1%
2 week cancer wait (GP referral to OP appointment - 1 month in arrears)	100.00%			100.00%	100.00%	93.28%	100.00%	100.00%	93.71%								94.12%	93%
31 day diagnosis to treatment cancer target (1 month in arrears)	95.83%			100.00%	100.00%	100.00%		100.00%	95.00%								98.77%	96%
62 days urgent referral to treatment cancer target (1 month in arrears)	68.75%			100.00%	100.00%	85.19%		84.62%	93.10%								85.52%	85%
A&E 4 hour wait target			94.69%														95.20%	95%
30 day emergency readmissions	9.57%	10.18%		5.69%	3.45%	8.43%	4.92%	8.15%	7.21%	0.00%		12.02%					8.20%	7.95%
<b>Deliver value for money</b>																		
Forecast I&E compared to plan	-7.40%	-9.50%	-3.90%	-8.20%	-2.40%	-7.80%	-0.50%	1.40%	-11.80%	-5.00%	-4.00%	-59.20%	-9.40%	18.80%	5.50%	-100.00%		0%
Forecast recurrent and non recurrent efficiency	25%	47%	99%	60%	76%	66%	93%	54%	32%	24%	48%	56%	56%	199%	167%	95%		100%
Bottom line budgetary performance (actual vs plan) (YTD)	-7.40%	-9.50%	-3.90%	-8.20%	-2.40%	-7.80%	-0.50%	1.40%	-11.80%	-5.00%	-4.00%	-59.20%	-9.40%	18.80%	5.50%	-100.00%		
<b>Employer of choice</b>																		
Appraisal rate	75.69%	83.61%	69.60%	84.83%	74.06%	84.84%	65.09%	86.88%	72.66%	82.63%	82.10%	75.61%	85.25%	91.54%	90.93%	79.77%	79.39%	90%
Consultant appraisal rate	86.96%	56.25%	87.50%	78.26%	70.83%	78.85%	84.00%	80.56%	96.00%	78.18%	100.00%	78.26%					95.45%	81.38%
Attendance at mandatory training	74.89%	82.10%	65.34%	77.66%	71.55%	78.57%	68.17%	70.26%	73.44%	68.28%	89.46%	82.50%	74.35%	85.37%	90.95%	60.69%	74.30%	90%
Sickness rate	4.28%	3.85%	6.08%	2.44%	3.72%	4.48%	4.37%	2.63%	3.31%	4.19%	6.89%	4.28%	4.66%	4.57%	2.78%	5.29%	4.02%	4%
Consultant job planning	12.50%	36.84%	6.25%	69.57%	20.83%	1.72%	26.67%	60.53%	0.00%	14.75%		28.57%	37.93%				64.00%	26.56%
<b>Leading research based health care organisation</b>																		
No of Pts recruited into NHR portfolio - cumulative (1 month in arrears)	349	78		23	399	1078	579	996	472	5		60					4245	3894
<b>Leading training and education centre</b>																		
Job evaluation survey tool (JEST) score (1 month in arrears)	3.6	4.1	3.8	3.9	2.5	3.5	3.7	3.9	4.2	3.9		3.5	N/A			4.1	3.7	3.5
<b>Summary</b>																		
Total KPIs	36	34	16	36	30	40	37	42	40	30	16	24	11	9	7	10		
Total KPIs underperforming	12	15	11	17	10	21	20	14	11	13	10	10	8	2	0	8		
% KPIs underperforming	33.33%	44.12%	68.75%	47.22%	33.33%	52.50%	54.05%	33.33%	27.50%	43.33%	62.50%	41.67%	72.73%	22.22%	0.00%	80.00%		
Indicative escalation tier	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	1	3	
Previous confirmed escalation tier	2	2	2	2	2	2	2	1	2	2	3	2	2	3	1	1	2	
Confirmed escalation tier	2	2	2	2	2	2	2	1	2	2	3	2	2	3	1	1	2	
<b>Tiering</b>																		
No of Groups (Indicative)	1																	
No of Groups (Confirmed)	3																	
Tier 1 : Failure of no more than 15% of KPIs	0																	
Tier 2 : Failure of no more than 20% of KPIs	11																	
Tier 3 : Failure of more than 20% of KPIs	15																	

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**30 APRIL 2014**

<b>Subject:</b>	Provider Management Regime March 2014
<b>Report By:</b>	Gail Nolan, Chief Finance Officer
<b>Author:</b>	Lynda Cockrill, Head of Performance & Programme Analytics
<b>Accountable Executive Director:</b>	Gail Nolan, Chief Finance Officer

**PURPOSE OF THE REPORT:**

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

**SUMMARY OF KEY ISSUES:**

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

**Appendix A** is the Trust Self-certification Compliance Monitor that will be submitted to the TDA electronically on the last working day of the month. This demonstrates UHCW's compliance against twelve conditions in order to fulfil Monitor Licence Requirements for NHS Trusts. **Appendix B** is the Trust Self-certification Board Statement that will be submitted to the TDA electronically on the last working day of the month. The Board Statement contains elements of Clinical Quality, Finance and Governance as reported previously within the PMR return.

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

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

**RECOMMENDATION / DECISION REQUIRED:**

The Trust Board are asked to APPROVE the statements provided in Appendices A and B for March 2014.

**IMPLICATIONS:**

Financial:	N/A
HR/Equality & Diversity:	N/A
Governance:	The achievement of FT status will only be possible for NHS Trusts that are delivering the key fundamentals of clinical quality, good patient experience, and national and local standards and targets, within the available financial envelope.
Legal:	N/A
NHS Constitution:	N/A
Risk:	The achievement of FT status will only be possible for NHS Trusts that are delivering the key fundamentals of clinical quality, good patient experience, and national and local standards and targets, within the available financial envelope.

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

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

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

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### CONTACT INFORMATION:



Enter Your Name:

Enter Your Email Address

Full Telephone Number:

Tel Extension:

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### SELF-CERTIFICATION DETAILS:



Select Your Trust:

Submission Date:

Reporting Year:

Select the Month

April

May

June

July

August

September

October

November

December

January

February

March

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### COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



1. **Condition G4** – Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions).
2. **Condition G5** – Having regard to monitor Guidance.
3. **Condition G7** – Registration with the Care Quality Commission.
4. **Condition G8** – Patient eligibility and selection criteria.
  
5. **Condition P1** – Recording of information.
6. **Condition P2** – Provision of information.
7. **Condition P3** – Assurance report on submissions to Monitor.
8. **Condition P4** – Compliance with the National Tariff.
9. **Condition P5** – Constructive engagement concerning local tariff modifications.
  
10. **Condition C1** – The right of patients to make choices.
11. **Condition C2** – Competition oversight.
  
12. **Condition IC1** – Provision of integrated care.

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

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## COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



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

### 1. Condition G4

Fit and proper persons as Governors and Directors.

Timescale for compliance:

### 2. Condition G5

Having regard to monitor Guidance.

Timescale for compliance:

### 3. Condition G7

Registration with the Care Quality Commission.

Timescale for compliance:

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

### 4. Condition G8

Patient eligibility and selection criteria.

Timescale for compliance:

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

**5. Condition P1**

Recording of information.

Timescale for compliance:

**6. Condition P2**

Provision of information.

Timescale for compliance:

**7. Condition P3**

Assurance report on submissions to Monitor.

Timescale for compliance:

**8. Condition P4**

Compliance with the National Tariff.

Timescale for compliance:

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

**9. Condition P5**

Constructive engagement concerning local tariff modifications.

Timescale for compliance:

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

**10. Condition C1**

The right of patients to  
make choices.

Timescale for compliance:

**11. Condition C2**

Competition oversight.

Timescale for compliance:

**12. Condition IC1**

Provision of integrated  
care.

Timescale for compliance:

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

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### CONTACT INFORMATION:



Enter Your Name:

Enter Your Email Address

Full Telephone Number:

Tel Extension:

---

### SELF-CERTIFICATION DETAILS:



Select Your Trust:

Submission Date:

Reporting Year:

Select the Month

April

May

June

July

August

September

October

November

December

January

February

March

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### BOARD STATEMENTS:



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

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

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## BOARD STATEMENTS:



### For **CLINICAL QUALITY**, that

1. The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

#### 1. **CLINICAL QUALITY**

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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## BOARD STATEMENTS:



**For CLINICAL QUALITY, that**

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

**2. CLINICAL QUALITY**

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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**BOARD STATEMENTS:**



**For CLINICAL QUALITY, that**

3. The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.

**3. CLINICAL QUALITY**

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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**BOARD STATEMENTS:**



**For FINANCE, that**

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

**4. FINANCE**

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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**BOARD STATEMENTS:**



**For GOVERNANCE, that**

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

**5. GOVERNANCE**

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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**BOARD STATEMENTS:**



**For GOVERNANCE, that**

6. All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues in a timely manner.

**6. GOVERNANCE**

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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**BOARD STATEMENTS:**



**For GOVERNANCE, that**

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

**7. GOVERNANCE**

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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**BOARD STATEMENTS:**



**For GOVERNANCE, that**

8. The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.

**8. GOVERNANCE**

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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**BOARD STATEMENTS:**



**For GOVERNANCE, that**

9. An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury ([www.hm-treasury.gov.uk](http://www.hm-treasury.gov.uk)).

**9. GOVERNANCE**

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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**BOARD STATEMENTS:**



**For GOVERNANCE, that**

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

**10. GOVERNANCE**

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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**BOARD STATEMENTS:**



**For GOVERNANCE, that**

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

**11. GOVERNANCE**

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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**BOARD STATEMENTS:**



**For GOVERNANCE, that**

12. The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.

**12. GOVERNANCE**

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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**BOARD STATEMENTS:**



**For GOVERNANCE, that**

13. The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.

**13. GOVERNANCE**

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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**BOARD STATEMENTS:**



**For GOVERNANCE, that**

14. The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.

**14. GOVERNANCE**

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**30 APRIL 2014**

<b>Subject:</b>	Private Trust Board Meeting Session Report of 26 March 2014
<b>Report By:</b>	Andrew Meehan, Chairman
<b>Author:</b>	Moosa Patel, Interim Director of Corporate Affairs
<b>Accountable Executive Director:</b>	Andrew Meehan, Chairman

**PURPOSE OF THE REPORT:**

To advise the Board of the substantive agenda items discussed at the Private Trust Board Session held 26 March 2014 and of any key decisions/outcomes made by the Trust Board.

**SUMMARY OF KEY ISSUES:**

Items discussed included:

**Two Year Financial Plan 2014/15 – 2015/16, including Two Year Operating Plan (for submission to NHS TDA 4 April 2014)** - The Trust Board **APPROVED** the Two Year Financial Plan 2014/15 – 2015/16.

**Outsourcing of Outpatient Pharmacy Services** - The Board considered the options and noted they have all been appraised and **APPROVED** option (1): to commence with a full tender process so that a third party provider can provide services from February 2015 onwards.

**Proposals for the Revision of Coventry & Warwickshire Pathology Services Governance Structure** - The Board **APPROVED** the Draft Heads of Agreement and to authorise further work on revision of the Accountability agreement (subject to Trust Board ratification).

**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:**

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

# UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

## REPORT TO THE TRUST BOARD: PUBLIC

30 APRIL 2014

<b>Subject:</b>	Quality Governance Committee 24 March 2014
<b>Report By:</b>	Ed Macalister-Smith, Non-Executive Director
<b>Author:</b>	Paul Martin, Director of Clinical Governance
<b>Accountable Executive Director:</b>	Meghana Pandit, Chief Medical Officer

### PURPOSE OF THE REPORT:

To advise Trust Board of the details of the Quality Governance Committee meeting on 24 March 2014.

### SUMMARY OF KEY ISSUES:

- **MINUTES, MATTERS ARISING, ACTIONS** from February were amended and approved.
- **2013/61 8.4 DEMENTIA FOLLOW-UP AUDIT AND ACTION REPORT** – A disparity which could constitute a risk was cited as being the Department of Health recommendation that a standardised assessment of mental status is carried out in all patients over 65, however, currently CQUIN 3.1 requires only patients over 75 to be assessed. If the age is lowered to 65 this may affect completion rates which would have financial implications for the Trust. The action plan was presented to the meeting and the 3 main areas of treatment focus for dementia patients was seen to be training: monitoring drugs; environment. It was recommended that all Executives have dementia training and become Dementia Friends.
- **DEMENTIA REPORT** – The unannounced CQC Dementia Care inspection visit on 15 January 2014 had been very positive and the Trust remains compliant with all essential standards. One of the most significant difficulties is that of sharing mental health information between organisations, but actions are being taken in an endeavour to address this. All actions will continue to be monitored. The meeting was advised how helpful it would be to have dementia care returned to mandatory training, however, it was decided to resist classifying it as mandatory at the present time, but to review the current induction programme where necessary.
- **QUALITY, PERFORMANCE & FINANCE REPORT** – There have been 21 Serious Incidents reported for February - 5 pressure ulcers; 9 healthcare acquired infections (HCAIs); 1 maternity case; 4 patient falls; 2 “other”.
- **HR EQUALITY & DIVERSITY** – This report was presented together with the Terms of Reference. The minimal change was identified and after brief discussion the Committee gave approval.
- **PATIENT SAFETY COMMITTEE** – The key issues from the reported meeting were the Third and Fourth Degree Tears Audit, and the Resuscitation Committee update. Discussion took place regarding appropriate actions. Report approved.
- **MORTALITY HSMR & SHMI REPORT** – Report approved.
- **SIGNIFICANT INCIDENT GROUP** – This report detailed that during February 2014, 15 Significant Incidents were opened; 5 Significant Incident investigations were completed during the period; 21 Serious Incidents Requiring Investigation were reported to the Commissioners; 1 Serious Incident Requiring Investigation open over 45 days (at 28/02/14). Report accepted.
- **RISK COMMITTEE** – It was requested that the risk register be given specific attention to eliminate all risks with a long standing origin date and to ensure effective assessment of risks as they are added to the corporate risk register. The report was approved.
- **NURSING INDICATORS REPORT** – Ward managers to be encouraged to recruit permanent staff where establishments allowed, rather than using agency staff with 30% premium costs.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

30 APRIL 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.

**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

30 APRIL 2014

<b>Subject:</b>	Finance and Performance Meeting Report – 24 March 2014
<b>Report By:</b>	Ms S Tubb, Non-Executive Director
<b>Author:</b>	Mrs G Nolan, Chief Finance Officer
<b>Accountable Executive Director:</b>	Mrs G Nolan, Chief Finance Officer

**PURPOSE OF THE REPORT:**

To advise the Board of the Finance and Performance Committee meeting agenda for 24 March 2014 and of any key decisions/outcomes made by the Finance and Performance Committee.

**SUMMARY OF KEY ISSUES:**

**PERFORMANCE REPORTS - INTEGRATED PERFORMANCE REPORT**

The Integrated Performance Report was presented to the Committee with key issues being highlighted. The report identified that there were areas of compliance and underperformance. The Committee confirmed their understanding of the contents of the report and noted the associated actions.

**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 11.

**PERFORMANCE REPORTS – INTEGRATED FINANCE REPORT**

An update on the financial position of the Trust for Month 11 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 11 of the 2013/14 financial year.

**PERFORMANCE REPORTS – RISK REGISTER**

A brief update on the Finance and Performance Risk Register was provided. The Committee reviewed the Risk Register 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 – SERVICE LINE REPORTING UPDATE – 2013/14 QUARTER 3**

The purpose of the report was to report the Patient Level Costing (PLC) and Service Line Reporting (SLR) results for Quarter 3 (April 2013 to December 2013). The report also provided an update on the progress of the Service Line Steering Group. The Committee noted the results and the continued development planned for SLR to ensure continued improvements in the quality of the information.

**PERFORMANCE REPORTS 2013/14 REFERENCE COSTS**

The report presented provided the results of the Trust's Reference Costs submission for 2012/13. The submission was analysed and collated by the Department of Health. The Committee noted the Trust's Reference Costs Index score and progress on costing.

**PERFORMANCE REPORTS – WINTER PLAN**

The purpose of the report was to provide a high level overview of transit time in the Emergency Department over the winter period, high level assurance to the Board of delivery of the Winter Plan, an assessment of the impact of winter against the performance measures set out in the Integrated Performance Report and to establish next steps on moving planning for Winter 2014/15 to the next level. The Committee received and noted the report. The Committee also recognised the efforts of staff in relation to balancing elective and emergency care pathways.

**PLANNING REPORTS – ANNUAL PLAN UPDATE**

The report presented provided an update to the Committee on the process for preparing plans for 2014/15 and beyond, to update on the submission of planning documents to the NHS Trust Development Authority, and to provide the report which has been included within the papers for consideration at the forthcoming meeting of the Trust, which includes the latest draft of the final 2 Year Plan submission to the TDA and the 2 year Trust Financial Plan 2014/15 and 2015/16. The Committee noted the updated report.

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**30 APRIL 2014**

**STRATEGY DEVELOPMENT – SERVICE TRANSFORMATION UPDATE**

The report provided an update to the Committee on progress on key elements of the Service Improvement work undertaken since the last report to the Committee in February. The Committee received the report and noted the progress made.

**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 report of the Finance and Performance Committee meeting held on 24 March 2014.

**IMPLICATIONS:**

Financial:	None identified
HR/Equality & Diversity:	None Identified
Governance:	Compliance with the Finance and Performance Committee's Terms of Reference which includes formal reporting 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:**

<b>Trust Standing Committee</b>	<b>Date</b>	<b>Trust Standing Committee</b>	<b>Date</b>
Quality Governance Committee		Remuneration Committee	
Finance and Performance Committee	27.01.14	Chief Officers Group	
Audit Committee			

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**30 APRIL 2014**

<b>Subject:</b>	Information Governance Toolkit Submission 2013/14 (Version 11)
<b>Report By:</b>	David Eltringham, Chief Operating Officer
<b>Author:</b>	Paul Martin, Director of Governance
<b>Accountable Executive Director:</b>	David Eltringham, Chief Operating Officer

**PURPOSE OF THE REPORT:**

An effective Information Governance framework allows organisations and individuals to have confidence that personal information is being dealt with legally, securely, efficiently and effectively, in support of delivering the best possible standards of care.

The Information Governance Toolkit is a performance tool produced by the Department of Health (DH) and is hosted by the Health and Social Care Information Centre (HSCIC). It draws together the legal rules and central guidance and presents them in one place as a set of information governance requirements.

Version 11 of the IG Toolkit was released at the end of June 2013 and includes 45 requirements which are subject to evidence of compliance between attainment levels of 0-3 (0 being little or no evidence and 3 being full compliance and routinely reviewed). The Trust must achieve level 2 in all requirements to attain a 'satisfactory' score.

The Trust submitted version 11 (2013/14) to the HSCIC at the end of March, having achieved level 2 in 44 requirements. The exception being IG Training requirement 11-112, which requires that 95% of all staff have completed IG training (this includes employed staff, contracted staff, volunteers, temporary staff, students etc.) Whilst this mandatory training figure has significantly improved over 2013/14 to 66% from 27.09% as at 31<sup>st</sup> March 2013 - it remains a challenge to train and update the 95% required each year.

**SUMMARY OF KEY ISSUES:**

Key information risks are monitored by the Information Governance Committee and membership includes the Trust's Senior Information Risk Owner and the Caldicott Guardian.

The Trust continues to strive towards achieving level 2 in all 45 requirements.

The inability to achieve 95% of all staff having completed the mandatory IG Training.

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

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

**RECOMMENDATION / DECISION REQUIRED:**

Trust Board to approve the submission of Version 11 of the Information Governance Toolkit to the Health and Social Care Information Centre.

**IMPLICATIONS:**

Financial:	
HR/Equality & Diversity:	Good Information Governance practice and Information Management
Governance:	Good Information Governance practice
Legal:	Freedom of Information requests
NHS Constitution:	
Risk:	

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

30 APRIL 2014

COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:

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

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**30 APRIL 2014**

<b>Subject:</b>	Register of Interests and Declaration of Gifts, Benefits and Hospitality 2013/14
<b>Report By:</b>	Rebecca Southall, Director Corporate Affairs
<b>Author:</b>	Rebecca Southall, Director Corporate Affairs
<b>Accountable Director:</b>	Andrew Meehan, Chairman

**PURPOSE OF THE REPORT:**

The purpose of this report is to provide the Board with an update on the information currently held on the Register of Interests/Declaration of Gifts, pertaining to Trust Board members for the financial year 2013/14.

**SUMMARY OF KEY ISSUES:**

In accordance with the NHS Code of Accountability and the Trust's Standing Orders, the Trust is required to hold and maintain a Register of Interests and a Register of Gifts and Hospitality, and to make these available for public inspection. Declaring any relevant interests, benefits and hospitality received in connection with an individual's employment at the Trust supports the transparency agenda, thereby promoting public confidence in the organisation, and evidences that there are processes in place to ensure compliance with statutory and regulatory requirements, including those of the Bribery Act 2010.

For the purpose of this report, the attached extract from the register of interests only details the interests of members of the Trust Board, although the register itself does contain declarations made by other members of the Trust's staff. Board members are asked to declare any interests that they have that are relevant to their role as a Board member upon appointment, at each meeting of the Trust Board and also on an annual basis. Board members are however reminded of their on-going responsibility to declare interests to the Director of Corporate Affairs as they arise during their tenure.

The attached extract from the register of Gifts and Hospitality details gifts and hospitality received by members of the Board during the period 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2014. All staff are however required to declare any gifts or hospitality received in the course of their employment and a corresponding entry is then made on the register.

**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 type="checkbox"/>
To be a Leading Training and Education Centre	<input type="checkbox"/>

**RECOMMENDATION / DECISION REQUIRED:**

The Trust Board is asked to **NOTE** the register and **RECEIVE ASSURANCE** that appropriate reporting and recording processes are in place.

**IMPLICATIONS:**

Financial:	None identified
HR/Equality & Diversity:	None identified
Governance:	Good governance practice
Legal:	Consistent with the requirements of the Department of Health's Code of Conduct and Code of Accountability and the Trust's Standing Orders
NHS Constitution:	None identified
Risk:	None identified

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

30 APRIL 2014

COMMITTEES/MEETINGS WHERE THIS ITEMS HAS BEEN CONSIDERED:

None; the report is for the Trust Board

<b>Trust Standing Committee</b>	<b>Date</b>	<b>Trust Standing Committee</b>	<b>Date</b>
Quality Governance Committee		Remuneration Committee	
Finance and Performance Committee		Chief Officers Group	
Audit Committee	12.05.14		

Declaration of Gifts April 2013 - March 2014

Name	Job Title	Date gift/benefit rec'd	Source of Gift or benefit	Nature of gift/benefit	start/end date of visit	Destination	Event details	Purpose of visit	Annual leave taken for visit (Y/N/NA)	Study leave taken for visit (Y/N/NA)
Eltringham, D	Chief Operating Officer	18.04.13	ARUP Ltd	Dinner and attendance at Birmingham Group Chambers of Commerce Annual Dinner & Awards Ceremony	18/04/13 - 18/04/13	Dinner and Awards Ceremony	Networking with Commercial, NHS and Chamber partners	n/a	No	No
Eltringham, D	Chief Operating Officer	5.06.13	Dr Foster Intelligence	Dinner at NHS Confederation Conference (dinner only) value circa £50.	05/06/2013	Liverpool	Dinner at the Natural Museum Event	Networking around NHS Confed Conference	no	no
Nolan, Gail	Chief Finance Officer	04.07.13	Hays Accounting Services	I won a hamper through a free raffle sponsored by Hays held during the HFMA FT Conference in July. I understand it is worth around £100 and I have donated it to the OSCAs as a lucky dip prize available to all shortlisted nominees.	04.07.13	n/a	HFMA Conference	Conference Attendance	no	no
Moon, David	Chief Strategy Officer	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Robinson, Trevor	Non-Executive Director	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Radford, Mark	Chief Nursing Officer	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hardy, Andrew	Chief Executive Officer	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Crich, Ian	Chief HR Officer	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Macalister-Smith, Ed	Non-Executive Director	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Winstanley, Peter	Non-Executive Director	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Buckley, Ian	Non-Executive Director	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Meehan, Andrew	Chairman	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Tubb, Samantha	Non-Executive Director	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Pandit, Meghana	Chief Medical Officer	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

**UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST**

**REPORT TO THE TRUST BOARD: PUBLIC**

**30 APRIL 2014**

<b>Subject:</b>	Report on Official Sealing of Documents 2013/14
<b>Report By:</b>	Rebecca Southall, Director of Corporate Affairs
<b>Author:</b>	Rebecca Southall, Director of Corporate Affairs
<b>Accountable Executive Director:</b>	Mr Andrew Meehan, Chairman

**PURPOSE OF THE REPORT:**

The report sets out the usage of the common seal of the Trust during the year 2013/14 and is provided pursuant to the requirements of the Standing Orders of the Trust.

**SUMMARY OF KEY ISSUES:**

The affixation of the common seal of the Trust is governed by the Trust's Standing Orders. These dictate that a report detailing the usage of the seal shall be periodically submitted to the Trust Board. This report therefore satisfies these requirements in that it details each time the seal has been affixed during the year 2013/14.

**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 type="checkbox"/>
To be a Leading Training and Education Centre	<input type="checkbox"/>

**RECOMMENDATION / DECISION REQUIRED:**

The Trust Board is asked to **NOTE** the usage of the seal during the financial year 2013/14.

**IMPLICATIONS:**

Financial:	None
HR/Equality & Diversity:	None
Governance:	The usage of the seal is part of the Trust's corporate governance arrangements
Legal:	The usage of the Trust's seal satisfies legal requirements for the proper execution of certain documents.
NHS Constitution:	None
Risk:	None

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

**None; the report is for the Trust Board**

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

Register of Sealings 2013/14						
Consecutive Number	Date of Sealing	Date of Trust Board Authority	Description of document sealed	Names and titles of persons attesting sealing	Dissemination of Document:	Name of Solicitor
267	24/04/2013		Land registry Transfer of whole of registered titles for 128a Dorchester Way, Walsgrave, Coventry, CV2 2CX	Mr Philip Townshend, Chairman and Mr Andrew Hardy, Chief Executive Officer	Steve Noon	Field Overall Solicitors 42 Warwick Street, Leamington Spa, CV32 5JS
268	24/04/2013		Land registry Transfer of whole of registered titles for 4 Blandford Drive, Walsgrave, Coventry, CV2 2JD	Mr Philip Townshend, Chairman and Mr Andrew Hardy, Chief Executive Officer	Steve Noon	Field Overall Solicitors 42 Warwick Street, Leamington Spa, CV32 5JS
269	29/05/2013		University Hospitals Coventry & Warwickshire Trust and Warwickshire County Council Original Lease Rooms at Redwood House Hospital of St. Cross, Rugby, Warwickshire	Mr Philip Townshend, Chairman and Mr Andrew Hardy, Chief Executive Officer	Paul Wilding Davis	Mills and Reeve Solicitors
270	29/05/2013		Land registry Transfer of Part Registered Title 6 Dorchester Way, Walsgrave, Coventry, CV2 2UB	Mr Philip Townshend, Chairman and Mr Andrew Hardy, Chief Executive Officer	Steve Noon	Field Overall Solicitors 42 Warwick Street, Leamington Spa, CV32 5JS
271	26/06/2013		Land registry transfer of part registered Title 43 Wimbourne Drive, Walsgrave, Coventry,	Mr Nicholas Stokes (Deputy Chair) and Mr Andrew Hardy, Chief Executive Officer	Steve Noon	Field Overall Solicitors 42 Warwick Street, Leamington Spa, CV32 5JS
272	02/10/2013		Land registry transfer of part registered title 122 Dorchester Way, Walsgrave, Coventry, CV2 2LX	Mr Nicholas Stokes (Deputy Chair) and Mr Andrew Hardy, Chief Executive Officer	Steve Noon	Field Overall Solicitors 42 Warwick Street, Leamington Spa, CV32 5JS
272*	17/02/2014		Land registry transfer of part registered titles 16 Tarrant Walk, Coventry, CV2 2JJ	Mr Andrew Meehan, Chairman and Mr Andrew Hardy, Chief Executive Officer	Steve Noon	Field Overall Solicitors 42 Warwick Street, Leamington Spa, CV32 5JS
273	18/02/2014		Land registry transfer of whole registered title 6 Tarrant Walk, Coventry, CV2 2JJ	Mr Andrew Meehan, Chairman and Mr Andrew Hardy, Chief Executive Officer	Steve Noon	Field Overall Solicitors 42 Warwick Street, Leamington Spa, CV32 5JS
274	18/02/2014		Land registry transfer of whole registered title 20 Tarrant Walk, Coventry, CV2 2JJ	Mr Andrew Meehan, Chairman and Mr Andrew Hardy, Chief Executive Officer	Steve Noon	Field Overall Solicitors 42 Warwick Street, Leamington Spa, CV32 5JS
275	04/03/2014		Coventry City Council Social Services Deot, 2nd Floor Offices, Signing of Lease	Mr Andrew Meehan, Chairman and Mr Andrew Hardy, Chief Executive Officer	Nick Walker	N/A
276	11/03/2014		Land registry transfer of whole registered title 8 Tarrant Walk, Walsgrave, Coventry, CV2 2JJ	Mr Andrew Meehan, Chairman and Mr Andrew Hardy, Chief Executive Officer	David Powell	Field Overall Solicitors 42 Warwick Street, Leamington Spa, CV32 5JS
277	26/03/2014		Land registry of whole registered title 6 Blandford Drive, Walsgrave, Coventry, CV2 2JB	Mr Andrew Meehan, Chairman and Mr Andrew Hardy, Chief Executive Officer	Aekta Dugh	Field Overall Solicitors 42 Warwick Street, Leamington Spa, CV32 5JS
278	26/03/2014		Transfer of contract with Medihome Ltd to Healthcare at Home Limited	Mr Andrew Meehan, Chairman and Mr Andrew Hardy, Chief Executive Officer		One copy for the Trust and one for Healthcare At Home
279	01/04/2014		Transfer of land registry of title 2 Blandford Drive, Walsgrave, Coventry	Mr Andrew Meehan, Chairman and Mr Andrew Hardy, Chief Executive Officer	David Powell	Field Overall Solicitors 42 Warwick Street, Leamington Spa, CV32 5JS
280	04/04/2014		Transfer of land registry whole registered title 10 Tarrant Walk, Walsgrave, Coventry, CV2 2JJ	Mr Andrew Meehan, Chairman and Mr Andrew Hardy, Chief Executive Officer	David Powell	Field Overall Solicitors 42 Warwick Street, Leamington Spa, CV32 5JS



## UNIVERSITY HOSPITAL COVENTRY &amp; WARWICKSHIRE NHS TRUST FORWARD WORK PROGRAMME 2014 – PUBLIC (UPDATED: 24 APRIL 2014)

Item	Board Meetings												Director	Action	Frequency	
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec				
<b>Patient Quality &amp; Safety</b>																
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
Disposal of Products of Conception				√												Ad hoc
Major Incident & Emergency Preparedness Annual Report										√				COO		Annual
Maternity Survey Results			√											CMO		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
Nurse Staffing				√	√					√				CNO		Twice a yr
Patient Story	√	√	√	√	√	√	√	√		√	√	√		CMO		Monthly
PLACE Annual Report										√				CHRO		Annually
Safeguarding Children and Vulnerable Adults Report				√						√						Twice a yr
Significant Incident Group Report, incl. Never Events 6 Monthly Update		√						√						CMO		Twice a yr
Winter Plan Update	√											√		COO		Annually
<b>Strategy</b>																
Equality and Diversity Annual Report					√									CHRO		Annual
Together Towards World Class (TTWC)			√							√				CHRO		Twice a yr
FT Update		√				√					√			CSO		Bi-monthly
ICT Annual Report					√									COO		Annual
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
Together Towards World Class			√					√						CHRO		Twice a yr
Two Year Corporate Plan Summary				√										CSO		Annual
Update from the Dean of Warwick Medical School		√			√					√				DEAN		Thrice a yr
<b>Research and Innovation</b>																
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		Three times
<b>Finance</b>																
Annual Financial Plan			√											CFO		Annual
<b>Performance</b>																
Integrated Quality, Performance and Finance Monthly Report	√	√	√	√	√	√	√	√		√	√	√	√	CFO		Monthly
Provider Management Regime	√	√	√	√	√	√	√	√		√	√	√	√	CFO		Monthly
<b>Feedback from Key Meetings</b>																
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
<b>Regulatory, Compliance and Corporate Governance</b>																
Accounting policies update		√												CFO		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
Governance in Transition	√	√												DCA		Ad hoc
Health & Safety Risk Management Annual Report										√				CHRO		Annual
IG Toolkit Annual Submission				√										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
Review of SOs, SFIs and the Scheme of Reservation and Delegation		√												CFO		Ad hoc
Number of Items	14	17	13	18	13	9	16			15	14	12				