University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD MEETING TO BE HELD AT ON THURSDAY 26 NOVEMBER 2015 AT 10.00 AM IN ROOM 10009/11, CLINICAL SCIENCES BUILDING, UNIVERSITY HOSPITALS COVENTRY& WARWICKSHIRE, CV2 2DX

PUBLIC BOARD AGENDA

ITEM	TITLE	BOARD ACTION	PAPER	TIME
Standing Items				
1.	**Apologies for Absence** Chairman			
2.	**Declarations of Interest** Chairman	For Assurance	Verbal	
3.	**Minutes of Public Board Meeting Held on the 29 October 2015** Chairman	For Approval	Enclosure 1	
4.	**Matters Arising** Chairman	For Assurance	Verbal	
5.	**Trust Board Action Matrix** Chairman	For Approval	Enclosure 2	
Business Items				
6.	**Chairman's Report** Chairman	For Assurance	Enclosure 3	5
7.	**Chief Executive's Report** Chief Executive Officer	For Assurance	Enclosure 4	5
Performance				
8.	**Integrated Quality, Performance and Finance Monthly Report** Chief Workforce & Information Officer	For Approval	Enclosure 5	20
9.	**Trust Development Agency Oversight Monthly Self-Certification Requirements** Chief Finance & Strategy Officer	For Approval	Enclosure 6	5
Patient Quality and Safety				
10.	**Emergency Care Pathway (Winter Plan Update)** Chief Operating Officer	For Assurance	Enclosure 7	20
11.	**Seven Day Services** Chief Medical & Quality Officer/ Deputy Chief Executive Officer	For Assurance	Enclosure 8	10
12.	**Nursing and Midwifery Revalidation Update** Chief Nursing Officer	For Assurance	Enclosure 9	10
13.	**Corporate Risk Register** Chief Medical & Quality Officer	For Assurance	Enclosure 10	15
14.	**CIP Quality Impact Assessment** Chief Nursing Officer	For Assurance	Enclosure 11	10
15.	**Major Incident and Emergency Preparedness Annual Report**	For Assurance	Enclosure 12	10

ITEM	TITLE	BOARD ACTION	PAPER	TIME
	Chief Operating Officer			
Strategy				
	No reports			
Research and Innovation				
16.	**Research and Innovation 6-Monthly Update** Chief Medical & Quality Officer	For Assurance	Enclosure 13 / Presentation	20
17.	**Developing Nursing, Midwifery and AHP – Research Strategy 2013-2016** Chief Nursing Officer	For Assurance	Enclosure 14	10
Regulatory, Compliance and Corporate Governance				
18.	**Health and Safety Risk Management Annual Report 2014/15** Chief Operating Officer	For Approval	Enclosure 15	10
19.	**UHCW Independent Charity** Director of Corporate Affairs	For Approval	Enclosure 16	5
Feedback from Key Meetings				
20.	**Private Trust Board Meeting Session Report of 29.10.15** Chairman	For Assurance	Enclosure 17	5
21.	**Quality Governance Committee Meeting Report of 2.11.15** Chair, Quality Governance Committee	For Assurance	Enclosure 18	5
22.	**Finance and Performance Committee Meeting Monthly Report of 2.11.15** Chair, Finance & Performance Committee	For Assurance	Enclosure 19	5
23.	**Any Other Business**			
24.	**Questions from Members of the Public Relating to Agenda Items**			
25.	**Date of Next Meeting:** **The next meeting of the Trust Board will take place on Thursday 17 December 2015 at 10.00 am, University Hospitals Coventry and Warwickshire**			

Resolution of Items to be Heard in Private (Chairman)

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.

MINUTES OF A PUBLIC MEETING OF THE TRUST BOARD OF UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST HELD ON THURSDAY 29 OCTOBER 2015 AT 10.00 AM IN ROOM 10009/11 OF THE CLINICAL SCIENCES BUILDING, UNIVERSITY HOSPITAL, COVENTRY

AGENDA ITEM	DISCUSSION	ACTION

HTB 15/906 **PRESENT**

Mrs B Beal, Non-Executive Director (BB)
Mr I Buckley, Vice Chair (IB)
Mr D Eltringham, Chief Operations Officer (DE)
Mr E Macalister-Smith, Non-Executive Director (EMS)
Mrs K Martin, Chief Workforce and Information Officer (KM)
Mr A Meehan, **Chairman** (AM)
Mr D Moon, Chief Finance & Strategy Officer (DM)
Professor M Pandit, Chief Medical & Quality Officer/Deputy Chief Executive Officer (MP)
Mr D Poynton, Non-Executive Director (DP)
Professor M Radford, Chief Nursing Officer (MR)
Mrs B Sheils, Non-Executive Director (BS)
Professor P Winstanley, Non-Executive Director (PW)

IN ATTENDANCE

Mrs J Gardiner, Director of Quality (JG) – HTB/15/917
Mrs R Southall, Director of Corporate Affairs (RS)
Mrs P Young, Corporate Affairs Manager (PY) – note taker

HTB 15/907 **APOLOGIES FOR ABSENCE**

Mr A Hardy, Chief Executive Officer (AH)

HTB 15/908 **DECLARATIONS OF INTEREST**

There were no conflicts of interest declared.

HTB 15/909 **MINUTES OF TRUST BOARD MEETING HELD ON 24 SEPTEMBER 2015**

DM drew attention to the second paragraph on page 6 of the minutes in relation to deferring the drawdown of loans and advised that the Trust is forecasting to drawdown £8.8m of the £13.8m loan this financial year and £5m next financial year.

MP noted that line six of the third paragraph on page 5 should read Warwick Medical School and not 'Warwickshire Medical School'.

PW advised that the second bullet point under item HTB/15/895 should read that the University and the Trust are seeking to work more collaboratively and not 'WMS and the Trust'.

The minutes were **APPROVED** by the Trust Board as a true and accurate record of the meeting, subject to the above amendments.

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HTB 15/910 **MATTERS ARISING**

There were no matters arising that were not on the action matrix or the agenda.

HTB 15/911 **TRUST BOARD ACTION MATRIX**

HTB/15/815 Nursing and Midwifery Revalidation; MR advised that the revalidation process, through the Nursing and Midwifery Council, was a key recommendation of Sir Robert Francis' report following his inquiry into the Mid Staffordshire NHS Foundation Trust and was due to be implemented from April 2016; however, Government concerns over NHS finance may result in the delay to implement revalidation for nurses and midwives in England for up to two years. It is understood that the Department of Health is planning to introduce a voluntary system for employers to provide support to registrants locally.

HTB/15/838 Productivity in the NHS; DM noted that the Trust is looking forward to a scheduled visit in the near future from Lord Carter of Coles.

HTB/15/901 ISS Cleaning Improvement Plan; EMS advised that deep seated cultural issues remain of concern and under close scrutiny and assured that the Quality Governance Committee continue to closely monitor progress against the improvement plan.

The Trust Board **NOTED** the items in progress and **APPROVED** the removal of those actions marked as complete.

HTB 15/912 **CHAIRMAN'S REPORT**

The Chairman presented the report and observed that plans to move towards independence of the charity were progressing and that the Articles of Association and Application to the Commission were approved at the Corporate Trustees Board held the previous day. Due to time critical factors and in order to maintain the momentum required to meet the 'go live' date of 1st April 2016, the Chairman sought delegated authority for the Chairman and Chief Executive Officer to approve and submit the documents on behalf of the UHCW Trust Board, to Companies House and the Charity Commission respectively. Formal sign off will then take place at the November Trust Board meeting. The Chairman invited Board members to consider the proposal and submit any challenges via email by 2nd November 2015.

The Trust Board:-

- **AGREED** to provide delegated authority to the Chairman and Chief Executive in the absence of any challenges and;
- **RECEIVED ASSURANCE** from the Chairman's report.

HTB 15/913 **CHIEF EXECUTIVE OFFICERS REPORT**

MP was pleased to report that the Trust had held exciting discussions with Celesio UK a leading provider of integrated healthcare services to the NHS in

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relation to mobility aids and First Care Clinics that offer treatment and advice for minor ailments and injuries. Further details will be provided to a future Board meeting at an appropriate time.

MP was delighted to announce Professor Dion Moreton of the Institute of Cancer and Genomic Science at University of Birmingham will be a key note speaker at a future Grand Round at UHCW NHS Trust, the focus of which will be the 100,000 Genome Project. The Trust is keen to contribute to the project, which will enable new medical research and transfer the way in which patients are cared for.

HTB 15/914 INTEGRATED QUALITY, PERFORMANCE AND FINANCE MONTHLY REPORT (IQPFR)

KM presented the report and advised that all Board members have had opportunity to take part in the review process of the IQPFR and now in a position to develop a draft model scorecard. She emphasised that that the importance of getting the escalation process right was recognised and advised that Chief Officers will be reviewing the draft scorecard over the coming weeks, which will be subsequently shared with all Board members to ensure that it is responsive and meets everyone's needs.

The Chairman observed that theatre activity, referral to treatment (RTT) targets and A&E performance remain of concern and sought assurance from Chief Officers around remedial actions being taken to address this. DE assured that despite recent challenges the Trust has achieved the A&E quarter 2 target; and is one of only a limited number of Trust's to have achieved this. He praised the work of the Clinical Teams who have endeavoured to sustain achievement of the A&E target for a significant period of time following the initial Perfect Week initiative; notwithstanding recent week's challenges. He added that the Perfect Week had improved the flow throughout the hospital and as a result it has proved easier to identify the principal issues that have led to failure to achieve the targets in recent weeks; which have been pinpointed to a source of internal issues, patient case mix and sourcing packages of care.

DE was disappointed that the Trust will not meet the A&E target for October but assured that it was the Chief Officers intention to meet the quarter 3 target. He added that work has been undertaken to review the staffing profiles within the Emergency Department (ED) to meet demand. He advised that whilst there is consultant presence in ED during the weekend it has been recognised that this requires strengthening, particularly as the winter season draws closer and observed that whilst the delayed transfer of care (DTOC) had improved following the Perfect Week; the Trust reported 90 DTOC patients yesterday.

BB queried what support the Trust was receiving from the Systems Resilience Group (SRG); DE advised that this remains a source of concern for the Trust in terms of pace and lack of ownership. He added that there were three workstreams in early development including a comprehensive geriatric assessment programme and also the work commissioned by the SRG undertaken by GE Healthcare, which will provide a scenario based modelling tool around capacity, the latter of which is being presented to the Finance and Performance Committee on 2nd November 2015.

In response to a query from BS; MP confirmed that due to workload pressures of

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both junior and senior doctors and issues around local induction, Obstetrics and Gynaecology were at Health Education West Midlands (HEWM) level 3 two years ago. Since this time significant work has been undertaken and an induction package has been put in place. A capacity and demand piece of work is currently being undertaken to identify the workload issue particularly within clinics, in order that these can be addressed by the Group Management Team. Following a recent visit; Obstetrics and Gynaecology have been returned to a level 2 and HEWM praised the teaching, training and specific educational supervision and a further visit in six months' time is scheduled.

In response to a query from BS; MP assured that the appraisal information between the Electronic Staff Record (ESR) the Revalidation Management System (RMS) is being synced in order that activity is accurately reflected on both systems.

IB sought further assurance in relation to consultant presence in ED during the weekend; DE responded that there are currently five consultant vacancies within ED which are currently out to advert; however, interest has not been as hoped and therefore, a plan has been put in place to repatriate a consultant currently seconded to another Trust back into the ED. In addition, plans are being developed to strengthen the middle grade doctors in ED to help maintain patient flow through the winter period. MR added that the Trust is exploring the option of Physician Associates with science based backgrounds that support doctors in the diagnosis and management of patients to stabilise the workforce.

IB emphasised that the Board need to understand whether the plans that are being put in place will ensure achievement of the targets or whether they are measures to stabilise flow through the winter months. MP responded the plans will ensure that the patient pathways are right. She added that the Medical Decisions Unit and GP Assessment Unit are some examples of where patients have been removed from ED along a more appropriate pathway. In addition, an Acute Frailty Unit will be available from 2nd November 2015 which will take further pressure from ED. These pathways established will make a difference to the patient journey and increase patient flow.

IB queried what the specific bottlenecks were and what was being done to counter this. DE responded that the second Perfect Week initiative to commence 11th November 2015, for a week, is hoped to have a positive impact. However, this is reliant upon staff engagement and ownership of the action plan to address the patient flow issues and a significant engagement piece of work is currently underway to re-energise staff in the hope of seeing the same results as the first initiative.

Discussion ensued in relation to performance management; DE advised that taking a hard nose approach does not work in isolation and staff are to be encouraged to take ownership and be part of the solution.

PW praised the Trust for supporting an innovative programme of post Certificate of Completion of Training (CCT) fellowships for General Practitioners, which supports improved joined-up care across GP, community and A&E settings. MR concurred with this and added that this is an essential bridging element that provides expertise and training and is right for the patient to receive collaborative pathway management.

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The Chairman sought further assurance in relation to plans to achieve the 18 week wait RTT incomplete target. DE responded that the initial recovery trajectory was planned for October 20015; however, it became apparent in September that this was not feasible and work has been ongoing with the TDA to revise the recovery trajectory which is now set for January 2016. As a result the Trust is an outlier nationally for not achieving this target. He added that in an attempt to meet the target a decision was taken to tackle the bed position by ring-fencing beds with the anticipation of improving patient flow which should have resulted in a steady position electively. However, the results of deep dives has drawn a different set of conclusions including process issues and structural Group changes. As a consequence the Deputy Chief Operating Officer has been parachuted into provide management support to the Group and the Director of Operations, with significant expertise in RTT, will be focusing the Group to help get to grips with this and a six week plan has been set in motion to focus on bookings, access, management and creating capacity. He added that progress relies on the management of information and there is currently not an information system in place that can provide day-by-day RTT information. The Trust is exploring options to commission a dashboard that will provide real time information.

BS expressed concern around the revised trajectory and sought assurance that this had been assessed and analysed to avoid further revisions. DE acknowledged this concern and suggested both the original and the revised trajectory could be included on the performance monitoring graphs going forward. DM added that the trajectory was collectively agreed at Group level with the aim of eradicating the backlog by March 2016, which the Groups signed up to deliver. **KM**

In response to a query from EMS in relation to private practice incentives; DM acknowledged that there will be some limited use of private practice but assured that the amount of work referred to private practice has dramatically dropped.

PW observed the disparity between the Trust's performance against the TDA workforce plan and performance against the Trust Target to achieve less than 10% vacancy rate. KM advised that attention is focused on achieving the Trust's vacancy rate target primarily because this impacts on the Trust's ability to perform operationally.

DP observed that Trauma & Orthopaedics and Surgical Group score low theatre efficiency and queried whether this was due to low levels of elective activity within these particular Groups. DE confirmed this and acknowledged that theatres is one of the most expensive resources which cannot be wasted; as such an eminent expert in this field has been engaged and will be working one day each week to help address this. DM added that a recent piece of work to improve theatre efficiency at the Hospital of St Cross is now starting to bear fruit and is scheduled to be presented to the Finance and Performance Committee to provide assurance.

MP advised that theatre efficiency is based on formulae to deliver safe and effective operating and is reliant upon the appropriate utilisation of time, avoiding under and overruns. DP acknowledged this and suggested that either the metric or the system of getting the mix of cases right should be reviewed. MP added that a review is underway in order to schedule cases more efficiently. She assured

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that theatre efficiency is reviewed as part of the appraisal process; which was praised during a recent visit by the Lord Carter Team that recently visited the Trust.

DE acknowledged that achievement of the 62 day urgent referral to treatment cancer target was a false positive; adding that the current challenges faced within Urology will most likely impact on the Trust's ability to achieve this target and therefore, expect to see deterioration in this. BB added that the Quality Governance Committee has sought and received assurance that patients on the waiting list are risk assessed to avoid coming to harm.

DM proceeded to give a financial update noting that the Trust has accepted a stretch target from the TDA and changed its plan by £3.0m from a £22.4m control total deficit to £19.4m deficit. Contract income is forecast at £7.6m adverse to plan driven by under performance against activity targets, risks and penalties.

The Trust is reporting a year to date deficit of £13m in month 6 (£12.4m against break-even duty), which is £1m adverse to the planned deficit. This is primarily due to underperformance against activity targets noted above.

The Trust has now fully identified potential CIP schemes that meet the target of £34m. However, the forecast delivery is slightly less, and this will impact on its ability to deliver the financial plan for 2015/16. The majority of newly identified schemes are non-recurrent measures, which now make up £11.5m of this year's total CIP. This will need to be factored in financial planning for 2016/17. There is potential for risk about delivering the total value of PbR related CIP. This currently stands at £13.4m within the forecast figures. The schemes are currently under review by the Associate Director of Finance – Contracting and Costing, with relation to current contract agreements and levels of performance.

DP noted that it was not acceptable to be firming up the 2015/16 CIP in-year and sought assurance that the CIP would be achieved. DM assured the Board that the CIP would be met. He confirmed that a CIP plan has been commenced for 2016/17 but acknowledged that the level of identified schemes was not where it should be compounded by the amount of CIP to be achieved. He accepted that a cultural change was required to create a forward focus and hoped to be in a better position in March notwithstanding that it is not yet known what the gross tariff deflator will be for this year.

In response to a query from the Chairman; KM confirmed that the all staff vacancy figures going forward could be broken down to reveal the consultant vacancy position. Recalling earlier discussions around consultant vacancies; KM advised that work is underway with Clinical Directors to improve processes with consultant information packs to promote the Trust in a more proactive and positive way. She accepted that there was some way to go but assured that work was on track to make improvements with the recruitment processes. **KM**

The Chairman sought assurance in relation to ward staffing levels; MR confirmed that figures provided on page 16 of the report show an aggregated figure of nurse staffing levels during September; however, due to sickness absence there is an expectation to see some level of fluctuation. He assured that there is a system of alerts in place relating to each ward if concern is expressed in relation to staffing levels and care. He added that national guidance on safer staffing levels is more

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ambiguous but that it is the responsibility of the Board to determine what is safe. He assured the Board that robust systems are in place to ensure that on a day to day basis staffing levels are appropriately sufficient and the Trust consistently achieves the national threshold of 92%; however, he urged that the challenge and work that is invested to achieve this should not be underestimated.

PW expressed concern in relation to the large number of locum medical staff uncompliant with mandatory training. KM assured that Groups are cleansing the data to ensure that only active locums are included and once done will provide opportunity to drill down and identify gaps. In the meantime a variety of e-learning and bespoke sessions are available to meet compliance.

BS observed that the agency spend had reduced in month and requested that this be split between nursing and medical in order to see the direction of travel with spending for assurance purposes. **KM**

The Trust Board:-

RECEIVED ASSURANCE from the report and associated actions taken and **APPROVED** sign-off of the TDA Board Statements.

HTB 15/915 **TRUST DEVELOPMENT AUTHORITY (TDA) OVERSIGHT MONTHLY SELF-CERTIFICATION REQUIREMENTS SEPTEMBER 2015**

DM presented the report confirming that all of the board statements on the self-certification requirement had been met.

The Trust Board **NOTED** the September submission against the Board and Licence requirements and **APPROVED** submission to the TDA.

HTB 15/916 **BOARD ASSURANCE FRAMEWORK**

MP noted that the Trust Board approved the Board Assurance Framework (BAF) for 2015/16 at the May meeting. Given that the second quarter of the year has now elapsed, each of the risks has been reviewed by the responsible Chief Officer and the updated position in terms of progress against the actions outlined and the risk score.

EMS queried whether the consequence score of 5 (catastrophic) was realistic in relation to the risk associated with achieving bed occupancy of less than 93%. DE responded that bed occupancy is the principal driver of flow throughout the hospital. When occupancy reaches above 95% it creates backlogs which in turn can lead to harm or death of a patient. MP added that consequence relates to clinical, reputational and income and support the argument for a consequence score of 5. The Chairman suggested that the wording of the risk was anodyne and required rephrasing to support the rational for the consequence score. **DE**

BB drew attention to the risk associated with improving the management capacity of the top 100 leaders and queried what has been the learning and impact of the programme on staff and linked back to the earlier discussions in relation to the IQPFR and whether the expertise of the top leaders was being utilised to drive improved performance. DE advised that the leadership programme will take five years to deliver in totality and therefore, it is recognised that it will take time to see

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an impact. KM added that Warwick University is undertaking a broad piece of evaluation work and each of the cohorts are being asked to present what they have learned, as well as what change of thinking and mindset has taken place to the Chief Officers Forum. This programme links to the Together Towards World Class Programme underpinned by the core values and behaviours of the Trust and will also link to the development programme embarked upon with the Virginia Mason Institute to increase efficiency through change in practice. KM further added that the Trust is in the initial stages of talent mapping whilst simultaneously pulling together succession planning.

IB drew attention to the risk associated with recruiting 5,000 patients to portfolio studies and observed that the scorecard on page 4 of the IQPFR demonstrates the latest position to be 1,666. MP advised that the Trust has been celebrated nationally as being in the top 30 for recruitment trials and that it is the Trust's intention to achieve the target of 5,000.

The Trust Board:-

- **NOTED** the updated Board Assurance Framework as at quarter 2;
- **RECEIVED ASSURANCE** in relation to the management and mitigation of the risks as appropriate;
- **AGREED** that the BAF remains reflective of the current risks to the achievement of the strategic objectives and;
- **APPROVED** the reduction in risk scores as identified.

HTB 15/917 **PATIENT EXPERIENCE QUARTERLY REPORT**

The Chairman welcomed JG to the meeting to present the report which brings together information on Patient Involvement, Friends and Family Test, external feedback websites, PALS, compliments and health information. JG advised that the report has been presented to provide context behind the numbers, explain shifts in pattern and provide a flavour of the types of information received in an easy to read format. She added there remains a challenge in the team to triangulate information from the many different sources but is a work in progress.

MP highlighted that the response rate to complaints is continuing to be closely monitored and is improving.

The Chairman observed that food and drink continues to be a cause for concern with patients and sought assurance that this was being addressed. MR advised that many factors contribute to this and assured that this was an ongoing piece of work. JG concurred with this.

In response to a query from BS; JG confirmed that all actions that could be addressed quickly was done so in quarter 1; and now attention is focused on addressing the more difficult issues with the ambition of achieving 100% compliance against the 25 working day standard to respond to complaints. She added that recent figures demonstrate an increase in the number of complaints; however, this is reflective of the revised practice to offer service users that have not received resolution through the PALS process within 5 working days, the opportunity to make a formal complaint. She added that a significant amount of

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work has been undertaken to shape the team internally and a senior member of the team is reviewing complaints outstanding over and above 25 working days in the aim of reducing these in the short-term, with a long-term plan to look at the cause of the breaches.

JG advised that compliance against the complaints standard is tracked through the Quarterly Performance Reviews with each of the Groups and outside of that, work continues to work with the Groups to better understand issues. She accepted that the position was not where it was hoped it would be but assured that the direction of travel was right.

In response to a query from PW regarding the public understanding of the Duty of Candour; JG assured that patients, and in some instances carers are contacted to share the outcome of all root cause analyses (RCA's) that are conducted and investigated through the Serious Incident Group. BB added that the Board is sighted on the Trust's adherence to the Duty of Candour through the Quality Governance Committee.

EMS urged that the Trust should be doing more to promote the areas, which based on feedback, it is performing well in such as privacy & dignity, kindness & compassion, politeness & respect all of which resonate with the Trust's core values and behaviours. DP concurred with this and urged the need for the Trust to proactively promote the Trust's performance more prominently so that it is evident to all patients and visitors to the Trust and demonstrates measures being taken in response to the CQC inspection rating of 'requires improvement'. KM added that recent feedback from the staff FFT survey demonstrates that 93% of staff would recommend UHCW as a place to work and this will also feature prominently around the organisation. **KM**

The Trust Board **NOTED** the Patient Experience Quarterly Report.

HTB 15/918 **INFECTION CONTROL QUARTERLY REPORT**

MR presented the report to apprise the Trust Board of the infection prevention and control position for quarter 2, 2015/16 against national and locally set targets and to ensure that the Trust Board has sight of any challenges and successes in the infection control agenda.

The nationally set targets for MRSA (0) and Clostridium difficile (42) were known to be challenging at the start of the year. UHCW presently sits at one case of Clostridium difficile above trajectory, (weighted towards the winter month which is historically when most cases occur). However a linear trajectory would be 21 cases at end of quarter two and UHCW reported 19 cases.

We had one case of MRSA bacteraemia, which a multi-agency review felt was not attributable to UHCW but should be sent for third party review, this is currently being evaluated by the TDA and subject to appeal by NHS England.

UHCW saw an increase in MSSA bacteraemia within the neonatal unit and an incident group is managing the increase; the Trust has not had a positive bacteremia since 19th August 2015 and none of the outbreak strain since July 2015.

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A national alert around Tuberculosis Chimera and Cardiothoracic Theatres did identify a potential case associated with UHCW but this was historical and internal testing has been undertaken and decontamination processes amended in line with the new requirements.

The Trust monitors cleanliness using two audit tools, however, this process is under review, and a single joint auditing tool will be used in the future. ISS use a Maximiser audit tool based upon the National Cleaning standards, which is essentially a quality assurance tool to assess the standard to which a cleaning task is accomplished. The Infection Prevention and Control team use the national Infection Control Nurses Audit tool this has been used for many years and has a wealth of historical data behind it. This is a risk assessment tool that seeks to provide reassurance that the environment is in a state which inhibits rather than encourages transmission of microorganisms.

The downward trend in both audits is worrying, particularly as a Trust wide cleaning assurance group was working with both ISS senior managers and Project Co to address the on-going cleaning issues. The group was given a twelve week operating period which culminated in ISS producing a presentation outlining areas to be addressed and actions with associated time lines. Progress against delivery of the plan has not been at the pace it should have been and has been closely monitored by the Infection Control Committee with scrutiny and oversight provided by the Quality Governance Committee. It was noted that ISS have made many changes in structure, personnel and training, the results of which will be managed more long term via the Infection Prevention and Control Committee.

MR congratulated Dr Jenny Child, Consultant Microbiologist and Lead Infection Control Doctor for securing a new position at Harrogate and District NHS Foundation Trust.

PW urged that despite the significant reduction in the number of cases of MRSA bacteraemia since 2006/07 there is no room for complacency.

The Trust Board **RECEIVED ASSURANCE** from the report.

HTB 15/919 **MORTALITY (SHMI & HSMR) SIX MONTHLY UPDATE**

MP provided an overview of Trust-level mortality data and performance to September 2015, providing assurance that any highlighted concerns in the quality of care that patients receive is investigated thoroughly and appropriate action is taken.

The Trust reviews the care of every patient over the age of 18 who dies whilst in hospital. This outcome, mortality, is reviewed and reported to the Trust's Mortality Review Committee (MRC). During a mortality review, the care is graded using the National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) system where patients are given a grade between A and E – A being "good standard of care", and E meaning "less than satisfactory care". The rate of completion of mortality reviews has continued to improve since the process was implemented in July 2011. The completion rate for primary mortality reviews for 2015/2016 is currently 82%. It was noted that as the review is completed this

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figure will increase as the year progresses.

There is also an improvement in the quality of patient care given by UHCW as shown by the increase in NCEPOD A graded mortality reviews to 91.69%. Secondary mortality reviews (graded B-D) are discussed at specialty mortality and patient safety meetings to share the learning from each case to improve patient care. There is currently a 98% completion rate for secondary mortality reviews.

In 2014/2015, 27 cases were graded as NCEPOD E. A marked improvement in 2015/16 is being seen with two cases being confirmed as graded NCEPOD E by the MRC to date.

UHCW proactively monitors mortality data using Dr Foster, which provides an indication of areas where mortality is greater than expected. This is described as an 'alert'. Mortality performance is measured using the Hospital Standardised Mortality Ratio (HSMR) which calculates risk by dividing observed deaths by expected deaths. The HSMR for the current data (July 2014 – June 2015) is 108.36, indicating 8.36% more deaths than expected. This is a high risk alert for the Trust which the Trust is actively investigating through the MRC.

The Trust also considers mortality data, known as the SHMI (Summary Hospital level Mortality Indicator). This varies from the HSMR as it includes all inpatient deaths and deaths after 30 days of hospital discharge. It also does not adjust the figures for patients coded as palliative. UHCW's most current SHMI data is for the time period January 2014 to December 2014 and the value is 103.78 which is just above the national benchmark of 100.

The Trust recently participated in the mortality research project: Evaluation of a National Surveillance System for Mortality Alerts in conjunction with Imperial College. This involved members of the Executive team and other key trust staff who deal with mortality alerts being interviewed by the Imperial College project team. The findings from this project are due to reported in 2016 but initial feedback has been very complimentary in respect of the Trust's governance arrangements. One area of improvement identified was for consideration to be given to increasing the size of the Outreach Team to enable 24/7 working.

BB observed that progress in relation to palliative care coding requires improving. MP acknowledged this and assured that restructuring of the team, in conjunction with the Oncology and Haematology Group, to widen the members of clinical staff who are eligible to apply the code when referring patients for palliative care, has seen a rise in appropriately coded patients. She added that despite the previous concerns around coding, which are being addressed; this did not compromise the fundamental care of the patient.

The Trust Board **RECEIVED ASSURANCE** from the report.

HTB 15/920 **SAVILE ACTION PLAN UPDATE**

KM provided a progress report against the Trust's Savile Enquiry Action Plan, which is monitored through the Workforce Committee.

The report highlights a number of risks and sets out actions and mitigation for each of these. Other risks include:

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• Reputation – The Trust is required to meet the recommendations of the Lampard report and the public needs to have confidence that the Trust has carried out its duties with regard to it.
• Performance – The Trust is required to satisfy the TDA's requirement through the action plan.

KM noted that recommendation two on page one of the report 'All Trust's should review their voluntary service arrangements' has now been completed and closed.

EMS observed that recommendation nine in relation to the adequacy of policies and procedures for the assessment and management of risk to brand and reputation should be considered carefully alongside arrangements for the appointment of Trustees to the independent charity. KM assured that the visitors policy relates and refers to the charity as much as the wider organisation. BB assured that this was discussed at the Corporate Trustees Board of the previous day.

The Trust Board **RECEIVED ASSURANCE** from the report.

HTB 15/921 **CHANGES TO THE NHS CONSTITUTION**

RS presented the report to advise the Trust Board of the recent changes to the NHS Constitution; bringing together existing law and responsibilities into one document. She noted that earlier this year the Department of Health consulted upon limited content changes to the Constitution aimed at building upon the recommendations made by Sir Robert Francis QC and also at strengthening transparency and accountability, giving greater prominence to mental health and including reference to the Armed Forces Covenant.

In response to a query from BB; RS assured that discussions have been held with the Communications Team and an agreed approach to share the information is in place.

The Trust Board **NOTED** the changes to the NHS Constitution.

HTB 15/922 **CARE QUALITY COMMISSION ACTION PLAN**

MP introduced the Action Plan developed in response to the Trust's Care Quality Commission (CQC) Comprehensive Inspection Report, published on 6 August 2015, which is monitored through the Chief Inspector of Hospitals Programme Board chaired by the Chief Executive Officer with oversight at Quality Governance Committee.

IB suggested that as the deadline date for full compliance is 31st December 2015 that a report demonstrating compliance be presented to the Trust Board in January 2016.

MR advised that the action plan encompasses all of the 'must do' actions and reflects on some of the 'should do' actions also to build together a plan that feels right for the organisation.

IB queried given the earlier discussions in relation to the challenges faced

AGENDA ITEM	DISCUSSION	ACTION

meeting performance targets; how it was possible to meet compliance. MR assured that whilst the Trust may not be able to achieve the standard it will be able to demonstrate that patients are safe and well cared for with dignity, respect and compassion. He added that the monitoring committee will closely scrutinise and monitor performance against each of the actions.

BS sought assurance in relation to staff engagement and focus; MR acknowledged that engagement of staff is an essential cultural shift that needs to be extrinsically linked to progress. He added that this has been variable with pockets of staff still coming to terms with the findings of the report, others remain unsure whilst many staff are engaged and actively making progress towards achieving the actions.

EMS observed that following discussions at the last Quality Governance Committee it was agreed that MR would lead in taking the temperature of staff. MR confirmed that his team has engaged with Workforce to set in motion an improvement plan for one particular area that is on a cultural journey to embed the Trust's core values and behaviours, which will include a series of cultural workshops and it is the intention to report back to the Quality and Governance Committee the output of that. **MR**

EMS urged that the work within the CQC Action Plan, Virginia Mason Development Programme, TTWC Programme and Fundamental Standards of Care is interwoven with ingenuity, and without confusion.

PW observed that the board patient safety walk around visits extrinsically map the CQC Action Plan.

The Trust Board:-

- **NOTED** the Trust's Action Plan in response to the CQC's comprehensive inspection report and;
- **REQUESTED** a further report in January 2016 to demonstrate compliance against the Trust's Action Plan. **MR/MP**

HTB 15/923 **PRIVATE TRUST BOARD MEETING SESSION REPORT: 24 SEPTEMBER 2015**

The Chairman had nothing further to add to the report and there were no questions raised by other Trust Board members.

The Trust Board **RECEIVED ASSURANCE** from the report.

HTB 15/924 **QUALITY GOVERNANCE COMMITTEE MEETING REPORT 5th OCTOBER 2015**

EMS presented the report of 5th October 2015 and observed that there had been some additions made to the report, that differed to the report originally submitted.

There were no questions raised by other Trust Board members.

The Trust Board **RECEIVED ASSURANCE** from the report.

AGENDA ITEM	DISCUSSION	ACTION

HTB 15/925 **AUDIT COMMITTEE MEETING REPORT 12th OCTOBER 2015**

DP presented the report and suggested that a further wider discussion should be held in relation to the additional funds the Government is to make available to the NHS over the next five years. DM confirmed that this would be included in the financial plan for 2016/17.

There were no questions raised by other Trust Board members.

The Trust Board **RECEIVED ASSURANCE** from the report.

HTB 15/926 **ANY OTHER BUSINESS**

BB reminded the Board of the recommendations from the recent Governance Review recently undertaken and delegation of matters from the IQFPR to each of the Committees in order to seek assurance and observed that no matters had been delegated from the meeting today.

HTB 15/927 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from the public.

HTB 15/928 **DATE OF THE NEXT MEETING**

The next Public Trust Board will be held on Thursday 26th November 2015 at 10.00 am at University Hospitals Coventry & Warwickshire.

The minutes are approved

SIGNED	**…….....**
	CHAIRMAN
DATE	**…….....**

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST
ACTION MATRIX PUBLIC TRUST BOARD MEETINGS
26 NOVEMBER 2015

AGENDA ITEM 5 ENCLOSURE 2

The Trust Board is asked to **NOTE** the progress with regards to the actions below and to **APPROVE** the removal of those that are marked completed.

AGENDA ITEM	ACTION	RESPONSIBLE OFFICER	COMPLETION DATE	UPDATE	REMOVAL
ACTIONS FROM JUNE 2015 MEETING					
HTB/15/839 YOU SAID WE DID CAMPAIGN	DP praised the report and suggested that it would be helpful to receive information around user feedback where no action had been taken and the mitigation to support no further action in any future reports.	MP	Dec 2015	To be provided within the next report to Trust Board in December	No
HTB/15/843 FREEDOM TO SPEAK UP	The Trust Board requested a progress report in six months detailing statistics and analysis of concerns raised.	RS	Dec 2015	Not due yet	No
ACTIONS FROM JULY 2015 MEETING					
HTB/15/864 INTEGRATED QUALITY PERFORMANCE AND FINANCE REPORT (IQPFR)	IB queried the mechanism for the triangulation of planned roles, genuine requirements for temporary staff, identifying permanent shortages and how that translates into better performance.KM suggested that a future Board Seminar focusing on whole workforce supply would be useful to better understand at a strategic level.	KM	Feb 2016	Scheduled in February 2016 on Programme of Board Seminars	No
ACTIONS FROM SEPTEMBER 2015 MEETING					

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST
ACTION MATRIX PUBLIC TRUST BOARD MEETINGS
26 NOVEMBER 2015

AGENDA ITEM 5 ENCLOSURE 2

AGENDA ITEM	ACTION	RESPONSIBLE OFFICER	COMPLETION DATE	UPDATE	REMOVAL
HTB/15/890 NHS WORKFORCE RACE EQUALITY STANDARDS	The Trust Board approved the content of the WRES report and agreed to receive a further report and action plan in December 2015 identifying how issues and gaps will be addressed.	KM	Dec 2015	Not yet due	No
ACTIONS FROM OCTOBER 2015 MEETING					
HTB 15/914 IQPFR	BS expressed concern around the revised trajectory and sought assurance that this had been assessed and analysed to avoid further revisions. DE acknowledged this concern and suggested both the original and the revised trajectory could be included on the performance monitoring graphs going forward.	KM	Nov 2015	Interim Director of PPMO informed and changes to be reflected in IQPFR accordingly	Yes
HTB 15/914 IQPFR	In response to a query from the Chairman; KM confirmed that the all staff vacancy figures going forward could be broken down to reveal the consultant vacancy position.	KM	Nov 2015	Associate Director of Workforce informed and changes to be reflected in IQPFR accordingly	Yes
HTB 15/914 IQPFR	BS observed that the agency spend had reduced in month and requested that this be split between nursing and medical in order to see the direction of travel with spending for assurance purposes.	KM	Nov 2015	Interim Director of PPMO informed and changes to be reflected in IQPFR accordingly	Yes

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST
ACTION MATRIX PUBLIC TRUST BOARD MEETINGS
26 NOVEMBER 2015

AGENDA ITEM 5 ENCLOSURE 2

AGENDA ITEM	ACTION	RESPONSIBLE OFFICER	COMPLETION DATE	UPDATE	REMOVAL
HTB 15/916 BOARD ASSURANCE FRAMEWORK	EMS queried whether the consequence score of 5 (catastrophic) was realistic in relation to the risk associated with achieving bed occupancy of less than 93%. The Chairman suggested that the wording of the risk was anodyne and required rephrasing to support the rational for the consequence score.	DE	Dec 2015		No
HTB 15/917 PATIENT EXPERIENCE REPORT	EMS urged that the Trust should be doing more to promote the areas, which based on feedback, it is performing well. DP concurred with this and urged the need for the Trust to proactively promote the Trust's performance more prominently so that it is evident to all patients and visitors to the Trust and demonstrates measures being taken in response to the CQC inspection rating of 'requires improvement'.	KM	Dec 2015		No

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST
ACTION MATRIX PUBLIC TRUST BOARD MEETINGS
26 NOVEMBER 2015

AGENDA ITEM 5 ENCLOSURE 2

AGENDA ITEM	ACTION	RESPONSIBLE OFFICER	COMPLETION DATE	UPDATE	REMOVAL
HTB 15/922 CARE QUALITY COMMISSION ACTION PLAN	EMS observed that following discussions at the last Quality Governance Committee it was agreed that MR would lead in taking the temperature of staff. MR confirmed that his team has engaged with Workforce to set in motion an improvement plan for one particular area that is on a cultural journey to embed the Trust's core values and behaviours, which will include a series of cultural workshops and it is the intention to report back to the Quality and Governance Committee the output of that.	MR	Dec 2015	Scheduled on Quality Governance Committee Agenda for December 2015	Yes
HTB 15/922 CARE QUALITY COMMISSION ACTION PLAN	The Trust Board requested a further report in January 2016 to demonstrate compliance against the Trust's Action Plan.	MR/MP	Jan 2016	To be scheduled on Trust Board Agenda for January 2016	No

AGENDA ITEM 6 ENCLOSURE 3

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

26 November 2015

Subject:	Chairman's Report
Report By:	Andy Meehan, Chairman
Author:	Andy Meehan, Chairman
Accountable Executive Director:	Andy Meehan, Chairman

PURPOSE OF THE REPORT:

To update the Trust Board of the key details of meetings and events attended by the Chairman.

SUMMARY OF KEY ISSUES:

Since the last Board meeting, the major meetings and areas of interest were as follows:

- Attended dinner and Q&A session on Leading Together Course
- Leadership Orientation event for the Virginia Mason development programme
- UHCW Long Service Awards
- TTWC Board Meeting
- Informal meeting with Chair of SWFT
- Informal dinner with System Chairs (Providers & CCGs)

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

To Deliver Excellent Patient Care and Experience	☒
To Deliver Value for Money	☒
To be an Employer of Choice	☒
To be a Research Based Healthcare Organisation	☒
To be a Leading Training and Education Centre	☒

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 ITEM HAS BEEN CONSIDERED: None –the report is for the Trust Board.

AGENDA ITEM 7 ENCLOSURE 4

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

26 November 2015

Subject:	Chief Executive Officers Report
Report By:	Andy Hardy, Chief Executive Officer
Author:	Andy Hardy, Chief Executive Officer
Accountable Executive Director:	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 and key policy issues.

SUMMARY OF KEY ISSUES:

Summary of Activity

This month I have been involved in the following:

- Virginia Mason Institute leadership visit and events

Consultant Appointments – there have been no consultant appointments since the last Trust Board Meeting.

Policy Issues and Publications:

The following are key issues and reports that have been published that I would bring to the attention of the Trust Board.

- DH Consultation on the Government's Mandate to NHS England to 2020.
- The CQC published *Building on strong foundations: shaping the future of health and care quality regulation*. The document sets out CQC's thinking for its forthcoming five year strategy.
- CQC has launched a consultation 'Building on Strong Foundations', which seeks views in relation to its strategy for 2016-21
- The Department of Health has launched a consultation on the Government's Mandate to NHS England to 2020.
- Monitor, NHS TDA and NHS England have launched a consultation on their jointly produced whistleblowing policy, that NHS organisations will be expected to use.

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

To Deliver Excellent Patient Care and Experience	☒
To Deliver Value for Money	☒
To be an Employer of Choice	☒
To be a Research Based Healthcare Organisation	☒
To be a Leading Training and Education Centre	☒

RECOMMENDATION / DECISION REQUIRED:

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

AGENDA ITEM 7 ENCLOSURE 4

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

26 November 2015

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: None - report is for the Trust Board

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	**Integrated Quality, Performance & Finance Report – Month 7 – 2015/16**
Author	**Ms. Bernie Allen, Interim Associate Director of Performance and Programme Management**
Responsible Chief Officer	**Mrs. Karen Martin, Chief Human Resources and Information Officer**
Date	**26th November 2015**

1. Purpose

To inform the Board of the performance against the key performance indicators for the month of October 2015.

2. Narrative

The most key contents of the report are:

- Areas of underperformance – Headlines. This section allows three KPIs to be reported on. These have been selected on the basis of their profile and acuity.
- The flash report section flags those significant matters occurring outside of the 'reported' month.

In this report, 28 of the 68 KPIs are meeting the standard / target and a further 12 are in amber or "watching" status.

3. Areas of Risk

As detailed in Areas of underperformance – Headlines.

4. Recommendations

The Board is asked to confirm their understanding of the contents of the October 2015 Integrated Quality, Performance and Finance Report and note the associated actions.

The Board is recommended to sign off the TDA Board Statements on the basis there has been no change to their status.

Name and Title of Author: Ms. Bernie Allen, Interim Associate Director of Performance and Programme Management
Date: 26th November 2015

University Hospitals Coventry and Warwickshire NHS Trust

Integrated Quality, Performance and Finance Reporting Framework

Reporting period: Month 7 – October 2015

Contents

University Hospitals Coventry and Warwickshire NHS Trust

Trust Scorecard

Reporting Month October 2015

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	Compliance (C) or Strategic (S)
Excellence in patient care and experience											
Patient Outcomes											
Clostridium difficile (Trust acquired) - cumulative	19	23	↓	21	42	42	Mark Radford	Elaine Clarke		✓	C
MRSA bacteremia (Trust acquired) - cumulative	0	0	→	0	0	0	Mark Radford	Elaine Clarke		✓	C
Medication errors causing serious harm	0	0	→	0	0	0	Meghana Pandit	Yvonne Gatley		✓	C
Reported harmful patient safety incidents (1 month in arrears)	27.68%	25.68%	↑	26.3%	26.3%	26.3%	Meghana Pandit	Yvonne Gatley		!	C
Serious Incidents (Number)	18	24	↓	7	7	7	Meghana Pandit	Yvonne Gatley		✓	C
Serious Incidents (Overdue)	0	1	↓	0	0	0	Meghana Pandit	Yvonne Gatley		✓	C
Never Events - cumulative	0	0	→	0	0	0	Meghana Pandit	Yvonne Gatley		✓	C
CAS Alerts (Overdue)	1	1	→	0	0	0	Meghana Pandit	John Knibb		✓	C
Same sex accommodation standards breaches	0	0	→	0	0	0	Mark Radford	Claire Bonniger		✓	C
HSMR (basket of 56 diagnosis groups) (3 month in arrears)	105.61	95.40	↑	100	100	100	Meghana Pandit	Jenny Gardiner		✓	C
SHMI (Quarterly) (6 months in arrears)	103.78	103.89	↓	100	100	100	Meghana Pandit	Jenny Gardiner		✓	C
Harm Free Care	96.00%	96.40%	↑	95%	95%	95%	Mark Radford	Elaine Clarke		✓	C
Pressure Ulcers 3 and 4 - Trust associated (1 month in arrears)	3	2	↑	0	0	11	Mark Radford	Gillian Arblaster		!	C
Falls per 1000 occupied bed days resulting in serious harm	0.12	0.24	↓	0.04	0.04	0.04	Mark Radford	Elaine Clarke		✓	C
Eligible patients having VTE risk assessment (1 month in arrears)	95.41%	95.81%	↑	95%	95%	95%	Mark Radford	Oliver Chapman		✓	C
C-UTI	99.52%	99.91%	↑	99%	99%	99%	Mark Radford	Elaine Clarke		✓	C
Number of Maternal deaths	0	0	→	0	0	0	Meghana Pandit	Stephen Keay		✓	C
Patient Experience											
Friends & Family Test A&E Coverage	13.06%	13.73%	↑	20%	20%	20%	Meghana Pandit	Jenny Gardiner		✓	C
Friends & Family Test IP Coverage	25.77%	24.82%	↓	38%	38%	38%	Meghana Pandit	Jenny Gardiner		✓	C
Friends & Family Test IP recommenders	91.53%	90.82%	↓	95%	95%	95%	Meghana Pandit	Jenny Gardiner		✓	C
Friends & Family Test A&E recommenders	84.15%	85.54%	↑	87%	87%	87%	Meghana Pandit	Jenny Gardiner		✓	C
Maternity FFT No of touchpoints achieving a 15% response rate	4	4	→	4	4	4	Meghana Pandit	Jenny Gardiner		✓	S
Number of complaints registered	56	64	↓	40	40	40	Meghana Pandit	Jenny Gardiner		✓	C
Theatre Productivity											
Theatre efficiency - Main	71.10%	67.25%	↓	85%	85%	85%	David Eltringham	Matthew Wyse		✓	S
Theatre efficiency - Rugby	68.78%	69.69%	↑	85%	85%	85%	David Eltringham	Matthew Wyse		✓	S
Theatre efficiency - Day Surgery	57.48%	57.35%	↓	70%	70%	70%	David Eltringham	Matthew Wyse		✓	S
Theatre utilisation - Main	84.76%	82.84%	↓	85%	85%	85%	David Eltringham	Matthew Wyse		✓	S
Theatre utilisation - Rugby	78.01%	78.60%	↑	85%	85%	85%	David Eltringham	Matthew Wyse		✓	S
Theatre utilisation - Day Surgery	67.44%	67.71%	↑	70%	70%	70%	David Eltringham	Matthew Wyse		✓	S
Surgical Safety Checklist (WHO)	100.00%	100.00%	→	100%	100%	100%	Meghana Pandit	Matthew Wyse		✓	S

Compliance KPI: NHS TDA Accountability Framework, National Standard, local contract standard.
Strategic KPI: Reflective of UHCW strategic objectives.
N.B. Compliance KPIs are mapped to relevant UHCW strategic objective.

Trust Scorecard

Reporting Month October 2015

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	Compliance (C) or Strategic (S)
Excellence in patient care and experience											
Patient Outcomes											
Last minute non-clinical cancelled ops (elective)	0.53%	0.93%	↓	0.8%	0.8%	0.8%	David Eltringham	Mark Kemp			C
Breaches of the 28 day readmission guarantee	1	5	↓	0	0	52	David Eltringham	Mark Kemp			C
Urgent ops cancelled for the second time	0	0	→	0	0	0	David Eltringham	Mark Kemp			C
18 weeks referral to treatment time - incomplete (1 month in arrears)	87.59%	87.76%	↑	92%	92%	92%	David Eltringham	Mark Kemp			C
18 week referral to treatment time - Admitted (1 month in arrears)	78.31%	78.95%	↑	90%	90%	90%	David Eltringham	Mark Kemp			C
18 week referral to treatment time - Non-admitted (1 month in arrears)	94.07%	91.89%	↓	95%	95%	95%	David Eltringham	Mark Kemp			C
RTT 52 Week Waits (1 month in arrears)	0	0	→	0	0	0	David Eltringham	Mark Kemp			C
E-referral appointment slot issues – National data				3%	3%	3%	David Eltringham	Mark Kemp			C
Diagnostic waiters, 6 weeks and over	0.05%	0.07%	↓	1%	1%	1%	David Eltringham	Mark Kemp			C
2 week cancer wait (GP referral to op appointment - 1 month in arrears)	93.29%	96.45%	↑	93%	93%	93%	David Eltringham	Mark Kemp			C
31 day diagnosis to treatment cancer target (1 month in arrears)	99.47%	98.02%	↓	96%	96%	96%	David Eltringham	Mark Kemp			C
62 day urgent referral to treatment cancer target (1 month in arrears)	86.47%	83.52%	↓	85%	85%	85%	David Eltringham	Mark Kemp			C
Emergency care											
A&E 4 hour wait target	95.36%	93.35%	↓	95%	95%	95%	David Eltringham	Alan Cranfield			C
12 hour trolley waits in A&E	0	0	→	0	0	0	David Eltringham	Alan Cranfield			C
Delayed transfers as a percentage of admissions	5.80%	6.80%	↓	3.5%	3.5%	3.5%	David Eltringham	Alan Cranfield			C
30 Day emergency readmissions (1 month in arrears)	8.11%	7.94%	↑	7.89%	7.89%	7.89%	David Eltringham	Alan Cranfield			C
Deliver value for money											
Liquidity days	-24.70	-24.40	↑	-24.3	-15.9	-14.0	David Moon	Susan Rollason			C
Capital services capacity	0.60	0.70	↑	0.7	0.7	0.8	David Moon	Susan Rollason			C
Combined risk rating	1	1	→	1	1	2	David Moon	Susan Rollason			C
Forecast I&E compared to plan (£'000)	-19423	-19423	→	-19423	-19423	-19423	David Moon	Susan Rollason			C
Forecast recurrent and non recurrent efficiency compared to plan (£'000)	33620	33847	↑	34000	34000	33847	David Moon	Susan Rollason			C
Employer of choice											
Personal Development Review Non-Medical	86.30%	84.73%	↓	90%	90%	90%	Karen Martin	Wendy Bowes			C
Personal Development Review Medical	76.09%	77.12%	↑	90%	90%	90%	Karen Martin	Wendy Bowes			C
Mandatory training compliance (%)	85.98%	85.56%	↓	95%	95%	95%	Karen Martin	Wendy Bowes			C
Sickness rate	4.27%	4.56%	↓	4%	4%	4%	Karen Martin	Wendy Bowes			C
Staff turnover rate	9.30%	9.14%	↑	10%	10%	10%	Karen Martin	Wendy Bowes			C
Vacancy rate against TDA workforce plan	0.09%	-0.40%	↑	10%	10%	10%	Karen Martin	Wendy Bowes			C
Temporary costs and overtime as a % of total pay bill	14.43%	13.37%	↑	TBC	TBC	TBC	Karen Martin	Wendy Bowes			C
Leading research based health care organisation											
No of pts recruited into NIHR portfolio (2 months in arrears) - cumulative	1668	1947	↑	2090	5015	5015	Meghana Pandit	Chris Imray			S
Performance in Initiating Trials (quarterly)	47.22%	37.14%	↓	80%	80%	80%	Meghana Pandit	Chris Imray			C
Performance in Delivery of Trials (quarterly)	46.15%	57.89%	↑	80%	80%	80%	Meghana Pandit	Chris Imray			C
Portfolio research studies open to recruitment (quarterly)	153	173	↑	155	155	155	Meghana Pandit	Chris Imray			S
Research critical findings and serious incidents (quarterly)	0	0	→	0	0	0	Meghana Pandit	Chris Imray			S
Submitted research grant applications (quarterly) - cumulative	30	53	↑	60	120	120	Meghana Pandit	Chris Imray			S
Commercial income invoiced £000s (1 month in arrears) - cumulative	405	547	↑	600	1200	1200	Meghana Pandit	Chris Imray			S
Peer reviewed publications - calendar year cumulative	204	222	↑	127	172	172	Meghana Pandit	Chris Imray			S
Leading training and education centre											
No of Specialties at HEWM Level 3 and 4	2	2	→	0	0	0	Meghana Pandit	Sailesh Sankar			C
Job evaluation survey tool (JEST) score (1 month in arrears)	3.70	3.70	→	3.5	3.5	3.5	Meghana Pandit	Sailesh Sankar			C
Doctor trainers provisionally accredited	98.47%	98.47%	→	100%	100%	100%	Meghana Pandit	Sailesh Sankar			C

E-referral appointment slot issue national data is currently not available following the upgrade from Choose and Book to NHS e-referral service. The national team are not currently issuing reports.

Compliance KPI: NHS TDA Accountability Framework, National Standard, local contract standard.
Strategic KPI: Reflective of UHCW strategic objectives.
N.B. Compliance KPIs are mapped to relevant UHCW strategic objective.

Trust Heatmap

University Hospitals Coventry and Warwickshire NHS Trust

Measure	Cardiac & Respiratory	Renal	Emergency	Neuro sciences	Oncology & Haematology	Surgery	Trauma & Orthopaedics	Women & Children	Specialist Medicine and Ophthal.	Anaesthetics	Theatres	Care Elderly Acute Medicine	Imaging	Hospital of St Cross	Clinical Support Services	Pathology	Reporting Period: October 2015 Trust	Trust Target
Group Level Indicators																		
Excellence in patient care and experience																		
Clostridium difficile (Trust acquired) - cumulative	8	1		1	0	5	1	2	0	1		2		2			23	21
MRSA bacteremia (Trust acquired) - cumulative	0	0		0	0	0	0	0	0	0		0		0			0	0
Never Events - Cumulative	0	0	0	0	0	0	0	0	0	0	0	0		0			0	0
HSMR (basket of 56 diagnosis groups) (3 month in arrears)	88.99	105.03		117.21	108.16	72.93	73.27	81.31	83.38			68.45					95.40	100
Pressure Ulcers 3 and 4 - Trust associated (1 month in arrears)	2	0		0	0	0	0	0	0	0		0					2	0
Falls per 1000 occupied bed days resulting in serious harm	0.24	0.27	1.57	0.42	0.00	0.21	0.99	0.00	0.00	0.00		0.20		0.00			0.24	0.04
Eligible patients having VTE risk assessment (1 month in arrears)	96.07%	94.45%	93.02%	95.42%	99.60%	94.40%	95.20%	97.27%	97.24%	99.50%		88.89%					95.81%	95%
Friends & Family Test A&E coverage			16.17%					2.08%	21.80%								13.73%	20%
Friends & Family Test IP Coverage	35.55%	17.92%	9.45%	32.86%	23.12%	30.83%	45.20%	22.41%	13.33%			17.56%					24.82%	38%
Maternity FFT No of touchpoints achieving a 15% response rate								4									4	4
Friends & Family Test IP recommenders	95.96%	83.33%	77.22%	96.74%	90.70%	87.81%	94.25%	97.78%	88.46%			94.67%					90.82%	95%
Friends & Family Test A&E recommenders			83.94%						85.99%								85.54%	87%
Number of complaints registered	3	1	6	6	2	12	7	6	9	1	0	4	2		0	0	64	40
Number of Maternal deaths								0									0	0
% of theatre lists started within 15 minutes of scheduled start time	66.00%	30.00%		26.00%		28.71%	53.90%	65.00%	54.84%	38.10%							41.74%	60%
All cancellations on day of surgery	11.82%	4.76%		12.95%		9.11%	8.73%	9.52%	9.04%	8.75%							9.65%	6%
Theatre efficiency - Main	73.62%	69.27%		60.25%		67.00%	63.91%	66.46%	66.96%		67.25%						67.25%	85%
Theatre efficiency - Rugby						63.64%	70.01%		82.40%		69.69%						69.69%	85%
Theatre efficiency - Day Surgery		77.50%				55.98%	69.17%	44.28%	52.89%	60.63%	57.35%						57.35%	70%
Theatre utilisation - Main	87.54%	92.94%		76.56%		82.61%	84.06%	78.78%	83.38%		82.84%						82.84%	85%
Theatre utilisation - Rugby						70.45%	79.00%		97.42%		78.60%						78.60%	85%
Theatre utilisation - Day Surgery		78.33%				66.19%	84.85%	57.08%	63.79%	68.51%	67.71%						67.71%	70%
Surgical Safety Checklist (WHO)	100.00%	100.00%		100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						100.00%	100%
Last minute non-clinical cancelled ops (elective)	0.35%	0.00%		3.42%	0.00%	0.84%	2.48%	0.53%	1.29%	0.00%							0.93%	0.8%
Breaches of the 28 day readmission guarantee	0	N/A		1	N/A	2	1	0	1	N/A							5	0
Urgent ops cancelled for the second time	0	N/A		0	N/A	0	0	0	0	N/A							0	0
18 weeks referral to treatment time - incomplete (1 month in arrears)	89.40%	97.32%		94.55%	98.06%	83.26%	81.84%	91.19%	93.32%	96.88%		99.07%					87.76%	92%
18 week referral to treatment time - Admitted (1 month in arrears)	75.24%	100.00%		94.42%	100.00%	74.29%	66.45%	76.02%	87.32%	86.33%		N/A					78.95%	90%
18 week referral to treatment time - Non-admitted (1 month in arrears)	95.43%	99.01%		95.90%	99.22%	88.41%	83.36%	95.16%	93.62%	86.57%		97.73%					91.89%	95%
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	1.33%			0.00%		0.21%							0.03%				0.07%	1%
2 week cancer wait (GP referral to OP appointment - 1 month in arrears)	97.14%			100.00%	100.00%	96.22%	100.00%	94.83%	97.78%								96.45%	93%
31 day diagnosis to treatment cancer target (1 month in arrears)	100.00%			100.00%	100.00%	96.43%		100.00%	100.00%								98.02%	96%
62 day urgent referral to treatment cancer target (1 month in arrears)	88.89%			100.00%	100.00%	79.82%		87.50%	90.32%								83.52%	85%
A&E 4 hour wait target			92.53%														93.35%	95%
30 day emergency readmissions (1 month in arrears)	8.76%	8.77%		4.49%	0.00%	9.76%	3.31%	8.04%	7.74%	6.67%		11.27%					7.94%	7.89%
Deliver value for money																		
Forecast I&E compared to plan	0.10%	-4.20%	-1.50%	-4.90%	0.10%	-3.30%	2.60%	0.30%	0.00%	-3.50%	-6.50%	3.80%	-0.60%	6.70%	-2.40%	-109.00%		0%
Forecast recurrent and non recurrent efficiency	94%	79%	94%	94%	107%	99%	109%	101%	100%	70%	62%	106%	105%	165%	79%			100%
Bottom line budgetary performance (actual vs plan) (YTD)	2.50%	-3.60%	-0.60%	-4.30%	1.10%	-3.10%	4.60%	1.70%	0.00%	-0.80%	-7.70%	5.70%	-1.00%	8.30%	-2.60%	-1405.90%		
Employer of choice																		
Personal Development Review Non-Medical	75.47%	90.73%	80.18%	88.26%	92.28%	83.40%	93.98%	86.26%	84.91%	85.62%	84.86%	78.98%	86.67%	95.27%	88.70%	70.12%	84.73%	90%
Personal Development Review Medical	61.76%	90.00%	75.00%	83.33%	86.21%	80.25%	72.50%	83.33%	74.07%	77.63%		87.50%	70.37%			85.71%	77.12%	90%
Mandatory training compliance (%)	87.04%	90.73%	89.40%	91.51%	89.94%	88.67%	88.18%	91.53%	93.46%	91.17%	94.05%	90.31%	93.13%	94.33%	93.99%	87.12%	85.56%	95%
Sickness rate	3.67%	5.92%	6.32%	5.75%	3.44%	3.62%	5.27%	4.46%	4.59%	4.29%	5.73%	3.87%	4.10%	7.60%	5.87%	4.45%	4.56%	4%
Consultant job planning	44.44%	85.71%	78.57%	81.82%	40.00%	32.14%	75.86%	89.19%	43.75%	76.19%		100.00%	45.83%			100.00%	63.71%	90%
Staff Turnover Rate	8.50%	7.06%	8.78%	8.93%	10.60%	7.04%	11.40%	7.84%	7.96%	10.20%	7.80%	9.14%	7.68%	8.68%	10.90%	11.50%	9.14%	10%
Vacancy rate (compared to funded establishment)	19.62%	18.61%	15.47%	16.60%	14.13%	12.10%	15.55%	7.89%	7.65%	11.81%	16.26%	25.24%	10.69%	13.98%	8.43%	13.62%	12.84%	10%
Leading research based health care organisation																		
No of pts recruited into NIHR portfolio (2 months in arrears) - cumulative	78	20		3	185	793	254	440	125	18		0					1947	2090
Leading training and education centre																		
Job evaluation survey tool (JEST) score (1 month in arrears)	3.7	3.7	N/A	3.4	3.3	3.5	3.7	3.8	3.9	4.0		3.8	3.4			4.2	3.7	3.5

Summary

Total KPIs	39	37	20	39	33	43	40	43	44	32	17	27	13	12	9	11
Total KPIs underforming	13	12	14	15	7	23	17	13	14	14	8	7	7	2	5	6
% KPIs underperforming	33.33%	32.43%	70.00%	38.46%	21.21%	53.49%	42.50%	30.23%	31.82%	43.75%	47.06%	25.93%	53.85%	16.67%	55.56%	54.55%

Scorecard matrix

	Behind plan	On plan	Ahead of plan
Improving	Pressure Ulcers 3 and 4 – trust acquired Friends and Family Test A&E Coverage and recommenders Theatre efficiency – Rugby Theatre utilisation – Rugby & Day Surgery 18 week RTT – Incomplete & Admitted 30 day emergency readmissions Liquidity days Forecast recurrent and non recurrent efficiency compared to plan Personal Development Review Medical Temporary costs and overtime as a % of total pay bill No of pts recruited into NIHR portfolio – cumulative Performance in delivery of trials (quarterly) Submitted research grant applications – cumulative Commercial income invoiced £000 – cumulative		Reported harmful patient safety incidents HSMR (basked of 56 diagnostic groups) Harm Free Care Eligible patients having VTE risk assessment C-UTI Two week cancer wait (GP referral to OP appointment) Capital Services Capacity Staff turnover rate Vacancy rate against TDA workforce plan Portfolio research studies open to recruitment Peer reviewed publications (calendar year cumulative)
Not Changing	CAS Alerts (Overdue) No of specialties at HEWM Level 3 and 4 Doctor trainers provisionally accredited	MRSA bacteraemia (Trust acquired) – cumulative Medication errors causing serious harm Same sex accommodation breaches SHMI Number of maternal deaths Maternity FFT No of touchpoints achieving 15% Surgical Safety Checklist (WHO) Urgent ops cancelled for the second time RTT - 52 week waits 12 hour trolley waits in A&E Combined risk rating Forecast I&E compared to plan (£,000) Research critical findings and serious incidents Number of never events reported – cumulative	Job evaluation survey tool (JEST) score
Deteriorating	Clostridium difficile (Trust acquired) – cumulative Serious Incident (Number) and Serious Incidents (Overdue) Falls per 1000 occupied bed days resulting in serious harm Friends and Family Test IP Coverage and IP Recommenders Number of complaints registered Theatre efficiency –Main & Day Surgery Theatre utilisation – Main Last minute non-clinical cancelled ops (elective) Breaches of the 28 day readmission guarantee 18 week RTT Non-admitted 62 days urgent referral to treatment cancer target A&E 4 hour wait target Delayed transfers as a percentage of admissions Personal Development Review Non-Medical Mandatory Training Compliance Sickness rate Performance in initiating trials (quarterly)		Diagnostic waiters, 6 weeks and over 31 day diagnosis to treatment cancer target

Areas of underperformance | Headlines

University Hospitals Coventry and Warwickshire NHS Trust

Scorecard Summary | **28 KPIs achieved the target**; 23 of which are classified as 'compliance' measures and 5 as 'strategic' KPIs

Domain	Indicators achieved	Indicators in exception	Indicators in watching status	Total indicators
Excellence in patient care and experience	19	19	7	45
Deliver value for money	3	2	0	5
Employer of choice	2	3	2	7
Leading research based health care organisation	3	3	2	8
Leading training and education centre	1	2	0	3

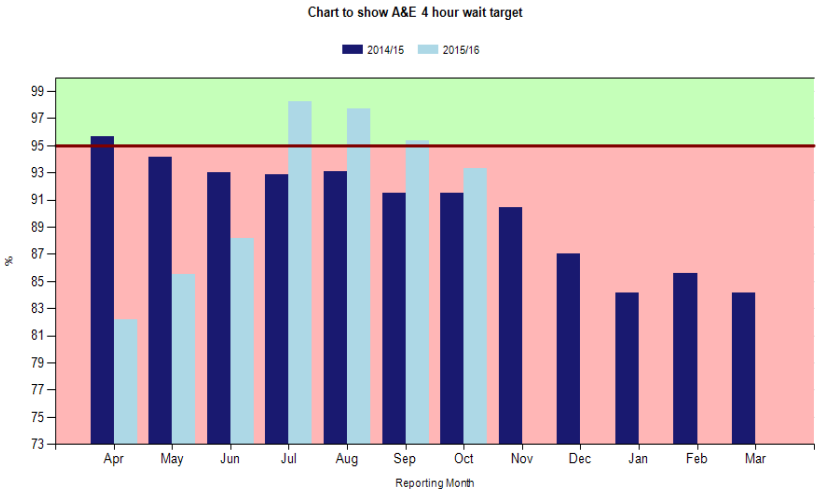
The Trust's overall performance has improved this month, however underperformance continues against targets related to aspects of the emergency pathway (A&E waiting times and delayed transfers of care) and the elective pathway targets including RTT incomplete pathways (18 week referral time for admitted and non-admitted (planned failure of the target)).

The Trust has failed to achieve the 62 day urgent referral to treatment cancer target this month, this is the fourth time the target has been breached this financial year.

The Trust's sickness rate has underperformed against the target for the second month in succession. The personal development review (medical and non-medical) and mandatory training targets in the Employer of Choice domain continue to be in exception or in watching status.

Following confirmation received from NHS England, the never event reported in July has been formally downgraded following investigations by the CCG.

A&E 4 hour wait | Performance has fallen below 95% for October



The A&E 4 hour standard was achieved throughout Quarter 2; however, performance has deteriorated and the Trust has only met the standard once in the 6 week period from the beginning of October.

The cause of this deterioration in performance is two fold:

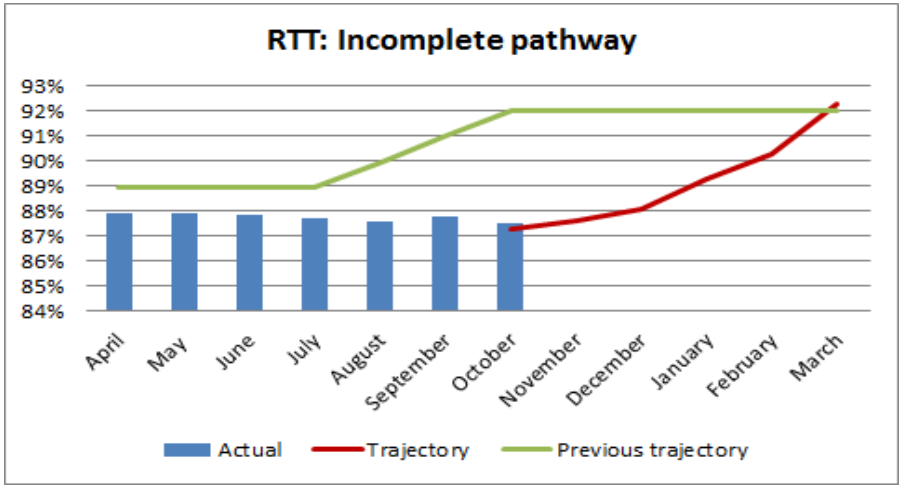
- Availability of beds and flow across the hospital due to lack of timely discharges.
- Failure to consistently match staffing requirements to demand in ED.

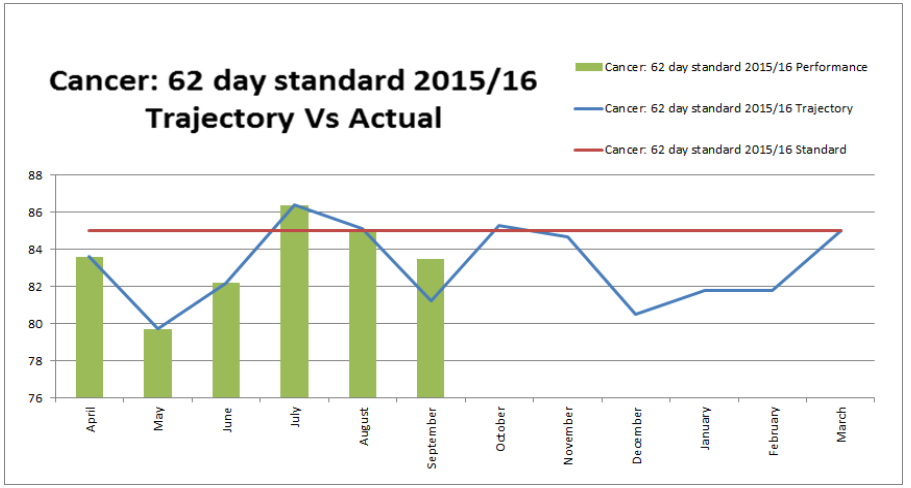
The Trust will look to use the Perfect week scheduled for 11th to 18th November to try and turn these aspects around to return to a positive performance.

Areas of underperformance | Headlines

University Hospitals Coventry and Warwickshire NHS Trust

Elective access indicators| The Trust continues to face challenges in the delivery of its elective access indicators including 18 week Referral to Treatment and Cancer pathways





Referral to Treatment Times:

The trajectory for incomplete pathways has been revised and submitted to COG and RTT Board. Historical data on incomplete performance is not available, but a deep dive analysis provided additional information on the requirements for delivery. The trajectory for improvement was changed to reflect these requirements.

Actions:

- Establishment of a surgical control centre.
- Administrative and clinical validation of waiting lists and trackers. Transfer of Human Resource to Surgery and Patient Access to support validation and booking/scheduling.
- Particular focus on Surgery Group specialities to deliver better operational performance. Action plan to reduce admitted and non-admitted backlog in surgery.
- New information tools to monitor capacity and demand.
- Improved performance in ENT, Ophthalmology and Dermatology.

62 days standard:

Reasons for current performance: (i) Fewer Urology patients than expected treated in September and therefore fewer breaches.

No Gynaecology breaches due to the successful management of the pathway despite consultant vacancies.

Performance will reduce in October as more Urology patients are treated.

Actions:

- Urology: Additional operating time; additional consultant appointments in February 2016.
- Gynaecology: Return to work of one consultant in mid October and additional appointments starting in December and January 2016.
- Appoint of two additional upper GI surgeons in October and December.
- Appointment to the third breast surgeon.
- Appoint to another histopathologist vacancy.

Flash Report | October 2015

Timing differences within reporting may obscure a deteriorating position on Trust Associated Pressure Ulcers

The number of ulcers included in Serious Incident Reporting is increasing: with 12 incidents relating to ulcers accounting for half of the 24 reported serious incidents in October, (in September there were 6 incidents relating to ulcers (40%), and 1 reported incident relating to ulcers in August (20%). Whilst the proof will be determined in the Root Cause Analysis on causation, there are indications that the number of trust associated ulcers is increasing.

Its should be noted that the Trust reports the specific KPI on pressure ulcers one month in arrears in order to reflect the necessary time taken to perform robust Root Cause Analysis and is reporting an improved position in October from 3 level 3 ulcers reported in August to 2 level 3 ulcers in September.

In September the Trust reported 2 specialties at HEWM Level 3 (Acute Medicine and Gerontology Rugby St Cross) with a subsequent Deanery visit in November

HEWM visited the Trust (level 3 visit) to explore the progress made in addressing trainees' concerns around workload, rotas, patient case mix/clinical experience and clinical supervision. Although the panel noted some progress has been made, given the recurring nature of some of the issues, they have escalated this matter to the GMC once again and will confirm the next visit soon. We will remain on enhanced monitoring. The team is in the process of updating the action plan and revise its internal processes to address the points raised.

Key Achievements | October 2015

University Hospitals Coventry and Warwickshire NHS Trust

Excellence in patient care - sustained achievement

- Same sex accommodation breaches - no breaches since July 2013 - sustained performance for 27 months
- Eligible patients having VTE risk assessment - achieved National target every month since October 2010 despite an increased target from April 2013
- The Trust has achieved 99% UTI free Catheter care every month since April 2013
- Overall Patient Safety Thermometer Harm Free Care has achieved over 96% for the last three consecutive months

UHCW staff shortlisted for national awards

Midwives Elizabeth Bailey and Alison Searle have been shortlisted for a Royal College of Midwives award in the category of Johnson's Award for Evidence into Practice for "Mind your Ps and Qs: Protected quiet time in the hour after birth." The winners will be announced on March 8, 2016.

The Trust was shortlisted for two Health Business Awards – the NHS Finance Award and the Innovation in Mental Health Category (the results will be announced on December 3).

The Communications Team has been shortlisted for the national Comms 2 Point 0 Best Communications Team Award.

Finance overview | position summary

University Hospitals Coventry and Warwickshire NHS Trust

Eight finance performance indicators are in reportable escalation this month.

Income remains an area of concern, despite high in month improvement in activity performance.

Non Pay is shown in escalation; however, this is primarily driven by timing differences in research and development funding, coupled with high agency fees and RTT pressures.

Debtors over 90 days accounting for more than 5% of total debtors remains in escalation at month 7. Debts overdue by more than 90 days have increased during the month by 7.69%. There are still a number of commissioning invoices relating to the 2014/15 year end outstanding which are now more than 90 days overdue. Year end agreements with the remaining NHS commissioning debtors are ongoing and resolution is expected in November.

All other indicators remain in escalation.

The current financial indicators are still being reviewed by The Trust.

Indicator	Measure	Standard	YTD Plan	YTD Actual	Escalation Status
Monitor COSSR	score	3	1	1	No Escalation Required - on plan
Liquidity Days	days	>-7 days	-24.3	-24.4	No Escalation Required - on plan
Capital Servicing Capacity	score	>1.25	0.7	0.72	Escalation Required - covered through debtors and creditor PMR escalations
EBITDA Margin	%	>=11%	4.7%	5.2%	Escalation Required - below plan
EBITDA Achieved	%	>=85% of plan	90.2%	100.5%	No Escalation Required - on plan
Net Return after Financing	%	>=2%	-6.1%	-5.0%	Escalation Required - below plan
I&E Surplus Margin	%	>=1%	-4.2%	-3.6%	Escalation Required - below plan
Liquidity Ratio*	days	>=15 days	5.2	13.0	No esclation required - within tolerance
Debtors	%	% > 90days		21.4%	Escalation Required - below plan
Creditors	%	% > 90days		19.2%	Escalation Required - below plan
Total Income	% actual v plan	within 0.5% of plan		-1.5%	Escalation Required - below plan
Pay Expenditure	% actual v plan	within 0.5% above plan		-0.5%	No Escalation Required - on plan
Non Pay Expenditure**	% actual v plan	within 1.0% above plan		2.4%	Escalation Required - below plan
Non Operating Items	% actual v plan	within 1.0% above plan		-0.4%	No Escalation Required - on plan
CIP	% actual v plan	within 5% below plan		5.8%	No Escalation Required - on plan

Escalation triggered when YTD is red or amber **and** showing a deterioration from plan

* Liquidity ratio - assumes 30 days working capital facility equivalent for Monitor metric

** Non Pay Expenditure excludes Non Operating Items

Finance overview | statement of comprehensive income

University Hospitals Coventry and Warwickshire NHS Trust

The Trust has accepted a stretch target from the TDA and changed its plan by £3.0m from a £22.4m control total deficit to £19.4m deficit.

Contract income is forecast at £6.3m adverse to plan driven by under performance against activity targets, risks and penalties.

Group expenditure forecasts include cost pressures of £7.2m:

- (£3.6m) Education & Research income and expenditure timing differences
- (£1.3m) Pathology network
- (£0.1m) under achievement of CIP
- (£2.5m) cover for medical staff vacancies
- (£1.0m) for specialing of patients
- (£0.8m) premium cost of covering ward nursing vacancies
- (£1.2m) RTT and capacity issues
- £1.5m staffing , primarily vacancies
- £1.1m PFI variations and utility costs
- £0.7m activity related variances and other cost pressures

The Trust is reporting a year to date deficit of £14m in month 7 (£12.9m against break-even duty), which is £1.6m adverse to the planned deficit. This is primarily due to underperformance against activity targets noted above.

Statement of Comprehensive Income	2015/16					Year To Date			Month		
	Initial TDA Plan £000	Revised TDA Plan £000	Budget £000	Forecast Outturn £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Income											
Contract income from activities	479,062	479,062	493,919	484,942	(8,977)	289,151	282,825	(6,326)	43,682	42,549	(1,133)
Other income from activities	20,317	20,317	6,545	6,374	(171)	3,564	3,522	(42)	529	539	10
Other Operating Income	71,528	71,528	73,328	79,436	6,108	43,207	44,449	1,242	6,616	6,337	(279)
Total Income	**570,907**	**570,907**	**573,792**	**570,752**	**(3,040)**	**335,922**	**330,796**	**(5,126)**	**50,827**	**49,425**	**(1,402)**
Operating Expenses											
Pay	(336,170)	(336,170)	(340,167)	(341,594)	(1,427)	(199,426)	(198,386)	1,040	(28,854)	(28,033)	821
Non Pay	(189,035)	(189,035)	(194,731)	(200,461)	(5,730)	(114,256)	(117,029)	(2,773)	(17,065)	(17,746)	(681)
CIP gap to target delivery				153	153			0			0
Additional savings required				917	917			0			0
Reserves	(18,987)	(15,987)	(9,179)	86	9,265	(5,130)	57	5,187	(737)	0	737
Total Operating Expenses	**(544,192)**	**(541,192)**	**(544,077)**	**(540,899)**	**3,178**	**(318,812)**	**(315,358)**	**3,454**	**(46,656)**	**(45,779)**	**877**
EBITDA	**26,715**	**29,715**	**29,715**	**29,853**	**138**	**17,110**	**15,438**	**(1,672)**	**4,171**	**3,646**	**(525)**
EBITDA Margin %	4.7%	5.2%	5.2%	5.2%		5.1%	4.7%		8.2%	7.4%	
Non Operating Items											
Profit / loss on asset disposals			0	5	5	0	5	5	0	1	1
Depreciation	(21,043)	(21,043)	(21,043)	(21,043)	0	(12,275)	(12,275)	0	(1,754)	(1,754)	0
Interest Receivable	100	100	100	106	6	58	67	9	8	10	2
Interest Charges	(789)	(789)	(789)	(618)	171	(307)	(178)	129	(78)	(25)	53
Financing Costs	(25,303)	(25,303)	(25,303)	(25,303)	0	(14,760)	(14,784)	(24)	(2,109)	(2,142)	(33)
Unwinding Discount	(36)	(36)	(36)	(35)	1	(36)	(35)	1	0	0	0
PDC Dividend	(3,626)	(3,626)	(3,626)	(3,626)	0	(2,115)	(2,115)	0	(302)	(302)	0
Total Non Operating Items	**(50,697)**	**(50,697)**	**(50,697)**	**(50,514)**	**183**	**(29,435)**	**(29,315)**	**120**	**(4,235)**	**(4,212)**	**23**
Net Surplus/(Deficit)	**(23,982)**	**(20,982)**	**(20,982)**	**(20,661)**	**321**	**(12,325)**	**(13,877)**	**(1,552)**	**(64)**	**(566)**	**(502)**
Net Surplus Margin %	-4.2%	-3.7%	-3.7%	-3.6%		-3.7%	-4.2%		-0.1%	-1.1%	
Technical adjustments											
Donated/Government grant assets adjustment	(74)	(74)	(74)	(395)	(321)	132	132	0	22	22	0
IFRIC 12	1,633	1,633	1,633	1,633	0	815	815	0	136	136	0
Break-even in-year position	**(22,423)**	**(19,423)**	**(19,423)**	**(19,423)**	**0**	**(11,378)**	**(12,930)**	**(1,552)**	**94**	**(408)**	**(502)**

Finance overview | statement of financial position

University Hospitals Coventry and Warwickshire NHS Trust

The statement of financial position shows the assets, liabilities and equity held by the Trust and is used to assess the financial soundness of an entity in terms of liquidity risk, financial risk, credit risk and business risk.

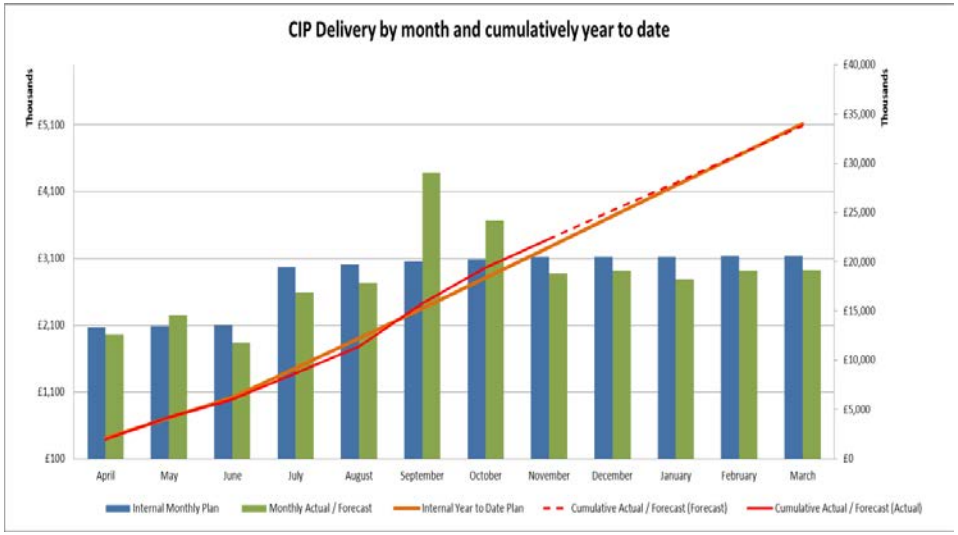
- The TDA has requested organisations to assess the scope to reduce capital expenditure in 2015/16 (due to pressures on the capital budget at a national level) and defer the draw down of loans into the following year. Capital Planning Review Group have identified a number of schemes where slippage is likely and expenditure can be deferred to 2016/17 giving a forecast reduction of £9,008k to property, plant and equipment.
- There are corresponding reductions in the capital loan balance and non current liabilities as this borrowing will now be deferred to 2016/17 in line with the new capital programme.
- The Trust's application for a revenue loan of £25.9m will now be made in December 2015.

Statement of Financial Position	2015/16 Resubmitted Plan £000	2015/16 Forecast Outturn £000	2015/16 Variance £000	Year To Date Plan £000	Year To Date Actual £000	Year To Date Variance £000	Month Planned Change £000	Month Actual Change £000	Month Variance £000
Non-current assets									
Property, plant and equipment	414,511	405,503	(9,008)	381,430	368,767	(12,663)	5,951	(1,122)	(7,073)
Intangible assets	3,886	3,886	0	3,886	3,886	0	0	0	0
Investment Property	5,007	5,007	0	5,007	5,007	0	0	0	0
Trade and other receivables	18,245	18,546	301	27,546	31,141	3,595	367	195	(172)
Total non-current assets	**441,649**	**432,942**	**(8,707)**	**417,869**	**408,801**	**(9,068)**	**6,318**	**(927)**	**(7,245)**
Current assets									
Inventories	11,558	11,558	0	11,558	11,717	159	0	(14)	(14)
Trade and other receivables	27,464	27,861	397	38,138	21,482	(16,656)	14,224	(2,905)	(17,129)
Cash and cash equivalents	2,742	2,742	0	2,641	33,601	30,960	(631)	31,331	31,962
	41,764	**42,161**	**397**	**52,337**	**66,800**	**14,463**	**13,593**	**28,412**	**14,819**
Non-current assets held for sale	0	0	0	0	0	0	0	0	0
Total current assets	**41,764**	**42,161**	**397**	**52,337**	**66,800**	**14,463**	**13,593**	**28,412**	**14,819**
Total assets	**483,413**	**475,103**	**(8,310)**	**470,206**	**475,601**	**5,395**	**19,911**	**27,485**	**7,574**
Current liabilities									
Trade and other payables	(50,008)	(47,893)	2,115	(70,803)	(84,825)	(14,022)	(17,302)	(28,181)	(10,879)
Borrowings	(186)	(186)	0	(1,740)	(3,180)	(1,440)	1,554	72	(1,482)
DH Working Capital Loan	0	0	0	0	0	0	0	0	0
DH Capital loan	(3,774)	(3,274)	500	(3,774)	(2,390)	1,384	0	0	0
Provisions	(194)	(194)	0	(1,309)	(1,270)	39	0	47	47
Net current assets/(liabilities)	**(12,398)**	**(9,386)**	**3,012**	**(25,289)**	**(24,865)**	**424**	**(2,155)**	**350**	**2,505**
Total assets less current liabilities	**429,251**	**423,556**	**(5,695)**	**392,580**	**383,936**	**(8,644)**	**4,163**	**(577)**	**(4,740)**
Non-current liabilities:									
Trade and other payables									
Borrowings	(268,075)	(266,136)	1,939	(265,026)	(264,667)	359	(773)	(36)	737
DH Working Capital Loan	0	0	0	0	0	0	0	0	0
DH Capital loan	(22,632)	(18,824)	3,808	(15,294)	(12,065)	3,229	0	0	0
Provisions	(2,379)	(2,378)	1	(2,477)	(2,474)	3	48	49	1
Total assets employed	**136,165**	**136,218**	**53**	**109,783**	**104,730**	**(5,053)**	**3,438**	**(564)**	**(4,002)**
Financed by taxpayers' equity:									
Public dividend capital	83,980	83,712	(268)	58,580	55,080	(3,500)	3,500	0	(3,500)
Retained earnings	(8,801)	(8,480)	321	(143)	(1,696)	(1,553)	(62)	(564)	(502)
Revaluation reserve	60,986	60,986	0	51,346	51,346	0	0	0	0
Total Taxpayers' Equity	**136,165**	**136,218**	**53**	**109,783**	**104,730**	**(5,053)**	**3,438**	**(564)**	**(4,002)**

Efficiency Delivery Report | Key September headlines

Reporting Month: October 2015

The Trust is forecasting delivery of £33.8m against £35m of potentially identified savings: This gives a potential forecast shortfall of £200k against the Trust target of £34m for 2015/16.



Headlines

- £0.2m improvement in M7 from M6 forecast position of £33.6m.
- £3.9m delivered in October against a plan of £3.1m.
- £19.4m delivered against a cumulative year to date plan of £18.4m.
- Forecast delivery of £33.8m against the Trust target of £34m, giving a forecast shortfall of £200k.
- 19% of the identified savings are classified as opportunities.
- 41% of the identified savings are related to commissioning contract income.
- 35% of the identified savings are non recurrent and will require permanent schemes to reduce them.

Risks

- The Trust has now fully identified potential CIP schemes that meet the target of £34m. However, the forecast delivery is slightly less, this will impact on its ability to deliver the financial plan for 2015/16.
- A third of the Trust's identified schemes are non-recurrent and is forecasted to fully delivered at £11.7m. The Chief Finance and Strategy Officer has writing to all clinical & corporate groups encouraging further efforts to find recurrent schemes in 2015/16. Reported non-recurrent position in 2015/16 will need to be factored in financial planning for 2016/17.
- There is potential for risk associated with the full value of PBR related CIP forecast with relation to current contract agreements and levels of activity. The total value of contract income in the forecast savings position is £14m and is currently under review by the Associate Director of Finance – Contracting and Costing.

Key Actions

- Groups to continue documenting schemes to identify robust plans that will deliver 100% of their CIP targets.
- A concerted effort is being made to reduce reliance on non recurrent measures.
- The validation of PBR related CIP is in progress and will be reported to the CIP Steering Group before the end of November.
- CIP Steering Group to continue scrutiny of Group positions to ensure that work is being progressed to identify and delivery of targets. This will include provision of support to unblock obstacles where necessary.

Workforce Information | Headlines

(excluding bank and ad-hoc locums)

University Hospitals Coventry and Warwickshire NHS Trust

Staff in Post | Variation from TDA Plan

	31st Oct 2015	TDA Plan	Variation from Plan	Last Month's Variation from Plan	ISS
WTE	6603.57	6577.4	26.17	-5.76	648.4
WTE including ISS	7251.97				
Headcount	8663				844
Headcount including ISS	9507				

Staff in Post | Monthly Variation

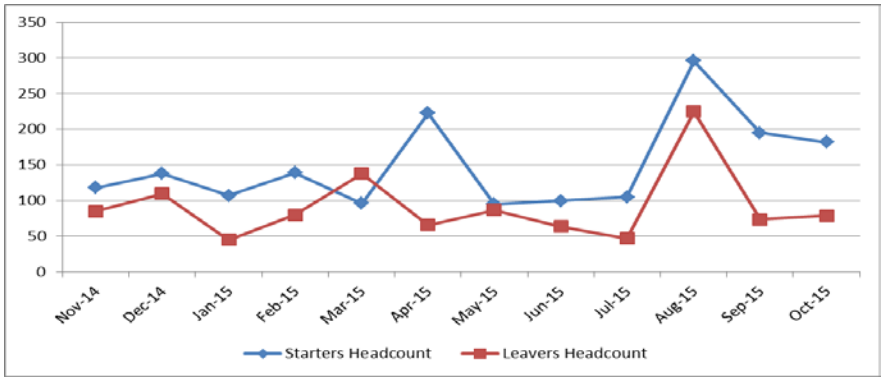
Staff Group	Staff In Post WTE 30th Sept 2015	Staff In Post WTE 31st Oct 2015	Variance (WTE)	% Variance
Add Prof Scientific and Technic	235.18	235.41	0.23	0.10%
Additional Clinical Services	1387.74	1469.01	81.27	5.86%
Administrative and Clerical	1196.66	1195.70	-0.96	-0.08%
Allied Health Professionals	374.73	372.14	-2.59	-0.69%
Estates and Ancillary	1.00	1.00	0.00	0.00%
Healthcare Scientists	318.49	319.93	1.44	0.45%
Medical and Dental	905.43	910.74	5.31	0.59%
Nursing and Midwifery Registered	2057.15	2059.44	2.29	0.11%
Students	42.20	40.20	-2.00	-4.74%
Totals	**6518.58**	**6603.57**	**84.99**	**1.30%**
ISS	645.2	648.4	3.2	0.50%

The Trust's staff in post is 26.17 wte ahead of the TDA plan of 6,577.4.

The Trust's monthly staff in post has increased by 84.99 wte.

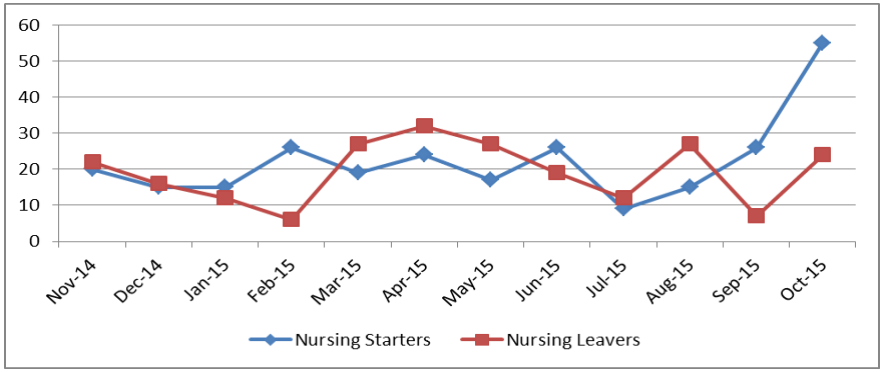
The 5.86% variance in Additional Clinical Services primarily relates to the Enhanced Care Team and Newly Qualified Nurses who are assigned into this category whilst they await their pin registration.

Starters & Leavers | All Staff Groups



Please note that the Trust data includes Junior/Rotational Doctors resulting in spikes of both leavers and starters at the rotation periods, notably April, August and December.

Starters & Leavers | Nursing



The Trust's Nursing Starters are of a significantly higher rate than the Leavers for the second month running and reflects the 37 Newly Qualified Nurses that commenced in October with 15 more due to start in November.

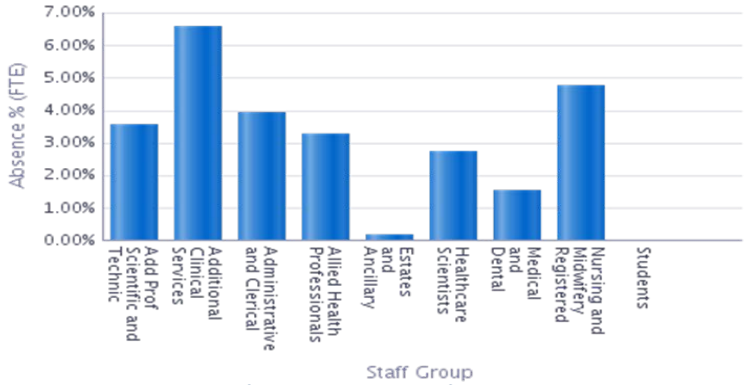
Workforce Information | Headlines

University Hospitals Coventry and Warwickshire NHS Trust

Absence | Specialty Group

Specialty Group	% Abs Rate (WTE)
218 Anaesthetics Specialty Group	4.29%
218 Cardiac & Respiratory	3.67%
218 Care of the Elderly	3.87%
218 Clinical Support Services Specialty Group	5.87%
218 Core Functions	2.28%
218 Delivery Unit	7.11%
218 Emergency Department Specialty Group	6.32%
218 Hospital of St Cross	7.60%
218 Imaging	4.10%
218 Neurosciences Specialty Group	5.75%
218 Oncology and Haematology	3.44%
218 Pathology Network Cov & Warwicks	4.45%
218 Renal Specialty Group	5.92%
218 Specialist Medicine & Ophthalmology	4.59%
218 Surgery Specialty Group	3.62%
218 Theatres Specialty Group	5.73%
218 Trauma & Orthopaedics Specialty Group	5.27%
218 Women & Children Specialty Group	4.46%
Totals	4.56%

Absence | Staff Group

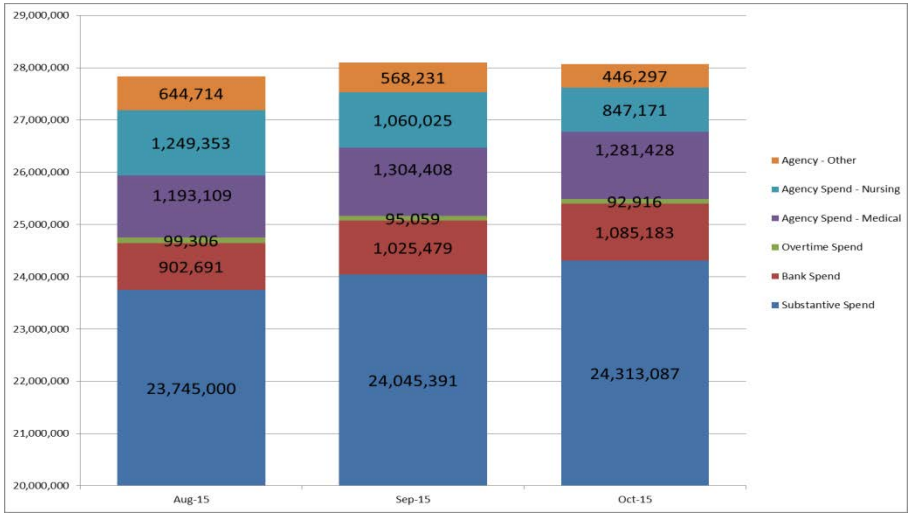


Absence has increased from last month from 4.27% to 4.56% and is at the highest rate for 20 months.

A recent analysis of sickness absence highlights a significant lack of return to work discussions being recorded in ESR and a lack of reasons being recorded for short term sickness absence.

Clinical groups are being asked to develop trajectories and action plans to reduce the level of sickness absence.

Pay Costs | Provided by Finance



Temporary costs (Overtime, Bank, Agency) equate to 13.37% of the Trusts total pay bill, which is a decrease from 14.43% last month. This represents a further decrease in agency spend of £358k.

Mandatory Training | Topics

Mandatory training compliance is currently 85.56%.

1 topic is above 95% - Hand Hygiene Non Clinical

13 topics are between 85% and 95%

19 topics are below 85%

Below are the 6 topics with the lowest compliance which are under 75%, one of which remains under 50%:

Topic	Compliant	Non-Compliant	Target	% Compliance
Advanced Life Support Update - Annual	249	223	472	52.75%
Advanced Life Support - 4 Yearly	55	63	118	46.61%
Advanced Paediatric Life Support (APLS) update - Annual	103	39	142	72.54%
Immediate Life Support (ILS) - Annual	25	14	39	64.10%
Paediatric Life Support Update - Annual	79	30	109	72.48%
Paediatric Life Support - 4 Yearly	76	33	109	69.72%

Ward Staffing Levels - Monthly by Trust

Entry Date : October 2015

Staff Type	Target (hours)	Rostered (hours)	Actual (hours)	Percentage	Target (hours)	Rostered (hours)	Actual (hours)	Percentage	Target (hours)	Rostered (hours)	Actual (hours)	Percentage
	Early				Late				Night			
Registered Nurse (RN)	8185	7695	8026	98.1%	8001	7390	7747	96.8%	6321	5717	6261	99.1%
Health Care Support Worker (HCSW)	4257	4270	4255	100.0%	3669	3584	3560	97.0%	3000	2830	2920	97.3%
Specials	1	504	366		1	487	345		1	481	312	
Specialist Trained Neonatal Nurse	280	282	282	100.7%	271	272	272	100.4%	280	281	285	101.8%
Registered Nurse	103	98	105	101.9%	99	92	100	101.0%	56	61	54	96.4%
Nursery Nurse (NN)	75	75	74	98.7%	74	74	74	100.0%	69	66	69	100.0%
Total (non Specials)	12900	12420	12742	98.8%	12114	11412	11753	97.0%	9726	8955	9589	98.6%

Ward Staffing Levels - Monthly Ward Scorecard - Exceptions

Entry Month : October 2015

Staff Type : RN,RM,HCSW

Shift : Early, Late, Night

Ward	day RN	day HCSW	Night RN	Night HCSW	
1	98.2%	128.6%	101.1%	141.9%	Improved RN fill rate on days by 3%
40	92.9%	114.7%	98.0%	105.0%	Fill rate on nights RN imoroved by 10% since September
41	82.2%	151.4%	101.1%	100.0%	Fill rate on days for RN remains a challenge
Lucina	93.5%	98.4%	97.8%	83.9%	RN Fill rate on days dropped by 3% due to increased sicknss in October

The figures reported above are submitted to the DoH via Unify on a monthly basis to support NHS England Safer Staffing along with the ten expectations from the NQB. These figures show the previous months Trust wide nurse staffing, along with exceptions and actions being taken. Patients are able to view this information on the Trust's Internet Site.

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	**Trust Development Authority (TDA) Oversight – Monthly Self Certification Requirements Oct 2015**
Author	**Lynda Cockrill, Head of Performance & Programme Analytics**
Responsible Chief Officer	**David Moon, Chief Finance Officer**
Date	**26th November 2015**

1. Purpose

This paper presents the proposed self-certification against the Board Statements and the Monitor Provider License Compliance statements for the month of Oct and seeks approval of these prior to submission to the NHS Trust Development Authority (TDA).

2. Background and Links to Previous Papers

It is a requirement of the TDA regulatory regime that a Trust Board approved submission against these statements is made on the last working day of each month. The regime was introduced as a forerunner to NHS Trusts becoming licensed as Foundation Trusts (FT) because Monitor requires that the Board of Directors of each Foundation Trust considers compliance against these on a monthly basis as a core component of the FT governance framework.

In the event that compliance is declared and subsequent events suggests this not to have been the case, Monitor will intervene in the Trust and as such, the TDA mirrored the Monitor arrangements in order that Trusts are accustomed to making declarations and confident in their processes for declaring compliance in readiness for when their FT license is granted.

It is important therefore that Board members are satisfied that the Trust is compliant where compliance is being declared, and members are therefore encouraged to consider each statement and to seek further assurances where this is felt necessary.

3. Narrative

Appendix A details the Trust's assessment against each of the Board Statements. The Trust is able to report compliance against all statements.

Appendix B details the Trust's assessment against the Monitor license conditions and the Trust is declaring full compliance.

4. Areas of Risk

Although compliance against all statements can now be reported, work must continue to maintain the levels of information governance training in order that the Trust remains

compliant in forthcoming years against level 2 of the information toolkit and therefore against Board statement 11.

5. Governance

Self-assessment and submission against the Board and License conditions is a regulatory requirement of the TDA.

6. Responsibility

David Moon, Chief Finance Officer

7. Recommendations

[A] The Board is invited to **note**:

1. The proposed Oct submission against the Board and License requirements.

and

[B] approve:

1. Submission of the document to the TDA.

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OVERSIGHT: Monthly self-certification requirements - Board Statements	Compliance
CLINICAL QUALITY	
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.	**YES**
2. The Board is satisfied that plans in place are sufficient to ensure on-going compliance with the Care Quality Commission's registration requirements.	**YES**
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.	**YES**
FINANCE	
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.	**YES**
GOVERNANCE	
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.	**YES**
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.	**YES**
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.	**YES**
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.	**YES**
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**).	**YES**
10. The Board is satisfied that plans in place are sufficient to ensure on-going compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.	**YES**
11. The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	**YES**
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.	**YES**
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.	**YES**
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.	**YES**

OVERSIGHT: Monthly self-certification requirements - Compliance Monitor	Page Reference (PDF document) †	Annex Page Number ‡	Compliance
1. Condition G4 – **Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions).**	**64**	**5**	**YES**
2. Condition G5 – **Having regard to monitor Guidance.**	**66**	**7**	**YES**
3. Condition G7 – **Registration with the Care Quality Commission.**	**68**	**9**	**YES**
4. Condition G8 – **Patient eligibility and selection criteria.**	**69**	**10**	**YES**
5. Condition P1 – **Recording of information.**	**74**	**15**	**YES**
6. Condition P2 – **Provision of information.**	**76**	**17**	**YES**
7. Condition P3 – **Assurance report on submissions to Monitor.**	**77**	**18**	**YES**
8. Condition P4 – **Compliance with the National Tariff.**	**78**	**19**	**YES**
9. Condition P5 – **Constructive engagement concerning local tariff modifications.**	**79**	**20**	**YES**
10. Condition C1 – **The right of patients to make choices.**	**80**	**21**	**YES**
11. Condition C2 – **Competition oversight.**	**81**	**22**	**YES**
12. Condition IC1 – **Provision of integrated care.**	**82**	**23**	**YES**

† https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/285008/ToPublishLicenceDoc14February.pdf

‡ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/285009/Annex_NHS_provider_licence_conditions_-_20120207.pdf

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	**Emergency Care Pathway Update**
Authors	**David Eltringham, Chief Operating Officer** **Alan Cranfield, Deputy Chief Operating Officer – Medicine** **Mark Kemp, Deputy Chief Operating Officer - Surgery**
Responsible Chief Officer	**David Eltringham, Chief Operating Officer**
Date	**26th November 2015**

The National Waiting Time Standard for A&E is set by the Department of Health and features in the Trust Development Authority and NHS England Accountability Framework. It measures the percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge for which the target is 95%.

Purpose

The purpose of this paper is to provide an overview of the Trusts Emergency Pathway and its performance against the 95% Emergency Department (ED) standard, set out in the jointly agreed plan between the Trust, Coventry and Rugby Clinical Commissioning Group (CCG), NHS England, Trust Development Agency (TDA) and Partner Organizations, which outlines those activities being pursued to improve and sustain our position going forward.

As already alluded to, there are external dependencies and actions provided through partner organizations that affect and influence the Emergency Pathway and these need to be recognized and understood. Therefore, to better facilitate this, the report will be broken down into 2 distinct parts:

- The Trusts Emergency Pathway and its performance against the 95% ED standard.
- External influences on the Emergency Pathway.

Part 1

The Trusts Emergency Pathway and its Performance Against the 95% ED Standard.

1.1 Background

- The Trust's ED Performance has been above the 95% Constitutional 4 hour standard for the 3 calendar months July, August and September, although we have dropped below the standard in October and November to date.
- Prior to this the Trust last achieved the standard in April 2014. Table 1 below reflects the position over the periods 2014/15 and 2015/16.

Table 1

2014/15	**%**
April 2014	95.6
May 2014	94.2
June 2014	93
July 2014	92.9
August 2014	93.1
September 2014	91.5
October 2014	91.5
November 2014	90.5
December 2014	87
January 2015	84.1
February 2015	85.6
March 2015	84.2
2015/16	**%**
April 2015	81.8
May 2015	85.5
June 2015	88.2
July 2015	98.2
August 2015	97.7
September 2015	95.4
October 2015	93.4

- The full year performance for 2014/15 was 90.37% and the year to-date position for 2015/16 is 91.47%.
- It is not realistically possible for the Trust to meet the 95% standard for the full year (2015/2016) given its under performance in the early part of it. Nevertheless, continued effort will be made to achieve the target going forward.
- The Trust planned and undertook a 'Perfect Week' exercise (8th to 15th July) along with partners to help improve its position and although the hospital was achieving the standard some weeks ahead of the exercise, the engagement was successful and projected the Trust into a stronger position.
- The Trust has determined to undertake a further Perfect Week exercise on 3 or 4 occasions throughout the year and the next is planned for 11th November. We will use this as a springboard to regain our performance. The CCG has taken a stronger leadership role in promoting partner response to this event and we, as a Trust, will pursue the event with the same vigour as we did in July. The outcomes of this exercise are covered in section 1.6.
- UHCW does take its performance very seriously and as outlined in the previous report agreed some actions with the CCG, TDA, NHS England and Community Partners to improve its performance and these are reflected in Table 2 overleaf.

Table 2

A&E Recovery Plan	The establishment of a Medical Decisions Unit (MDU) to incorporate a GP Assessment Unit and an Ambulatory Clinic **(Complete)**
	Establish a GP in ED model as part of the PMCF initiative **(Complete)**
	Introduce Frail Elderly Assessment model **(Being Implemented with partners)**
Discharge to Short Term Support	Correctly aligning patients with early discharge using Short Term Support provided in the community. **(Ongoing Work)**
Simple Discharge Project	To improve Internal processes to facilitate early discharge and improved patient experience through the rationalization and standardization of activities that affect simple discharge (TTOs, use of Hospitality Lounge, patient transport requirements and weekend discharge). **(Project is complete and we continue to pursue theses activities)**
Complex Discharge Project	More efficient and timely discharge through improved assessment and ward processes. **(Project is complete and we continue to pursue theses activities)**
Increase the Number of Weekend Discharges	Put in place actions that will improve the number of discharges on Saturdays, Sundays and Bank Holidays. **(This remains an ongoing piece of work and is linked to the provision of 7-Day services)**

- The above actions will all continue going forward and will reflect positively against our 4 hour performance standard.
- The Trust will continue to retain its central pillar of Getting Emergency Care Right (GECR) which seeks to focus Trust staff, on internal ownership of the Emergency Care Pathway through the creation of 25 safety standards, and a set of principles to apply to each patient (FREED metrics[1]). Central to this is a continuous campaign to make sure that every member of staff understands the importance of timely, effective emergency care as our guiding principle in patient care.

1.2 What does the data tell us?

Table 3 below provides a direct comparison of the same periods for the past 24 months (by year). A further and more complete suite of data is provided at Appendix 1.

- Attendance patterns to A&E (all types and Type 1).
- Conversion to admission from A&E (all types and Type 1).
- Ambulance conveyances to A&E.
- Discharge profile.
- Delayed Transfers of Care.
- Age profile – attendances >65 years.
- Outlier patients (those patients who are outside of a specialist ward aligned to their medical condition).

[1] FREED = **F**acilitate effective discharge; **R**ight person, right place; **E**arly specialist input; **E**liminate unnecessary diagnostics; and, **D**aily senior Review

Table 3

Measure	Nov/13 - Oct/14	Nov/14 - Oct/15	Total Variance	%	Weekly Variance
A&E Attendances	182257	181387	-870	-0.48%	-17
Type 1 A&E Attendances	136063	135044	-1019	-0.75%	-20
Admissions from A&E	48491	43688	-4803	-9.90%	-92
All Emergency Admissions	54049	50625	-3424	-6.33%	-66
Ambulance Conveyances	49261	48484	-777	-1.58%	-15
Discharges	64844	64570	-274	-0.42%	-5
Aggregate DTOC (1 mth in arrears)	57.4%	71.8%	14.4%	NA	NA
Avg Medical Outliers	123	114	-9	-7.47%	NA
Emergency LoS (Days)	5.6	5.8	0.1	2.60%	NA
Bed Occupancy	95.6%	93.1%	-2.4%	-2.42%	NA

- The data shows a slight decrease in activity relating to A&E attendances and ambulance conveyances, although these are not significant changes.
- Positively, the number of patients admitted from A&E has reduced by 9.9%, the majority of which are attributable to the introduction of new pathways into Acute Medicine through the establishment of a Medical Decisions Unit (MDU), incorporating a GP Assessment Unit (GPAU) and Ambulatory Emergency Care (AEC).
- The results of these changes has been an overall reduction of 6.64% (3424 patients) in non-elective admissions overall.
- Our discharge profile shows a slight downward trend (0.42%) over the last 12 months. However, there has been a step increase over 3 of the past 4 months where the numbers have been around 6000; a number not reached in the last 24 months. This in part will be due to the effects of the Perfect Week, with the dip in August correlating with the Summer Holiday period and this is also reflected in attendance activity.
- Delayed Transfers of Care has plateaud at around 5.5% (from a previous high of >8%) against a NHSE revised target of 2.5%[2], which equates to 28 beds; the number does however fluctuate.
- The number of outlying patients has unavoidably risen as our performance has dropped and presently fluctuates between 50-60 on a weekly basis, but it is significantly lower that the previous high of >120. We look to correct this further within the Perfect Week.
- The number of patients attending who are >65 years of age continues to remain reasonably constant.
- Our average Length of Stay (LOS) profile for emergency admissions has increased slightly from 5.6 to 5.8 days. However, the overall average LOS is static at 4.4 days in both elective and all non elective admissions for both reporting periods.
- Our average Bed Occupancy has decreased by 2.4% to a 93.1% occupancy rate.

The result of our previous underperformance against the 95% A&E standard continues to reflect negatively in our performance against:

- Admitted Referral to Treatment Time (RTT) performance.
- 62 Day Cancer Indicators

[2] This is a NHSE target recently revised down from 3.5%.

The RTT position is summarised in Table 4 below and examples of our plans to deal with it can be found in Table 5.

Table 4

Sep-15	Open Pathways	Admitted Clock Stops	Non Admitted Clock Stops
%	87.6	78.3	94.1

The Trust has taken a direct approach to deal with the RTT position and has put in place additional resource to move towards a Zero tolerance of 'Closed Operating Lists' and ensure that all theatre time is maximised to its fullest extent. A recovery plan for each Specialty has been implemented with a total recovery of the RTT position to the 85% standard by January 2016.

Table 5

Demand and Capacity analysis	Action
Surgical command and control	The establishment of a surgical control room to maximize efficiency and productivity.
Revised RTT recovery trajectory	(IMAS) Intensive Support and Management
Identifying best practice in terms of health economy wide RTT governance and organisational arrangements that drive performance.	Visit Leicester and Luton & Dunstable NHS Trusts
Protect Elective capacity from emergency flows	Ring fence 48 (wards 32 & 33 short stay) surgical beds at UHCW site. Standard Operating Procedure (SOP) required plus criteria for breaching ring fencing policy.
Maximise capacity in Day Surgery	Work with transformation team to revised day surgery unit timetable. More efficient use of recovery areas. Transfer day surgery from wards to DSU.
Theatre efficiency and productivity.	Individual Group action plans to reduce the "closed" theatre session rate (the number of theatre lists not used as a result of consultant leave).
Expanding consultant surgeon capacity	Pay consultants to undertake SPA's out of hours thus freeing time for more elective operating. Paying these sessions at an enhanced rate.
Validation of waiting list and trackers	Additional resources have been directed to surgical group to support validation of waiting list and trackers.

The Trusts Cancer position is summarized at Table 6 and examples of our plans to deal with it are at Table 7. However:

- Additional capacity is being set up in specialities where the Two Week Wait (TWW) standard is not being met, including breast and dermatology.
- The breast symptomatic target has failed the quarter as a direct consequence of a shortfall in the Consultant Workforce. The Surgical Group anticipate that this target will be achieved in the near term. An additional locum Breast Surgeon is being recruited on a short term basis until existing vacancies are filled
- A urology cancer action is being implemented, which includes additional theatre capacity and two additional consultants.
- Consultant histo-pathologist vacancies have been recruited supporting the delivery of the cancer standards.

Table 6

Standard:	Sep-15	Qtr2	YTD	DoH Tolerance
TWW suspected cancer	96.5%	94.4%	94.4%	**93%**
TWW breast symptomatic*	93.5%	82.8%	88%	**93%**
31 day - 1st treatment	98%	99.2%	99.1%	**96 %**
31 day - subsequent treatment - surgery	98.3%	97.8%	97%	**94%**
31 day - subsequent treatment - chemo	100%	100%	100%	**98%**
31 day - subsequent treatment - radio	97.2%	96.6%	96.2%	**94%**
31 day - subsequent treatment - other	-	100%	100%	No tolerance set
31 day - rare cancers	-	100%	100%	No tolerance set
62 day - 1st treatment	83.5%	85.2%	83.7%	**85%**
62 day - national screening programme	91.4%	93.8%	92.7%	**90%**
62 day - consultant upgrade	86%	90.6%	92.6%	CCG tolerance = 85%
62 day - treated on or after day 100+	4	11	29.5	CCG Tolerance = 0
62 day - treated on or after day 105+	4	10.5	29	TDA tolerance = 0

Table 7

Demand and Capacity Analysis	Action
Recruitment of Histopathologists	3 out of 5 vacancies have now been filled.
Reduce processing time for pathology specimens and reduce subsequent turn round times.	Implementation of Vantage software to reduce processing time for pathology specimens
Plan to deliver 62 day pathway for each subset of urological cancer with a focus on TURBT	Review backlog for each treatment sub group
Expanding diagnostic capacity	Consider the establishment of weekend day case diagnostic ENT sessions.
Weekend operating	Ensure that all day lists are held each Saturday and Sunday
Expanding capacity	Expanding capacity for prosthetic surgery

1.3 Actions to maintain performance against the 4 hour standard and reduce the RTT

Our over-arching strategy required to continue to manage this situation remains three fold:

- Improve and maintain a reduction in emergency admissions.
- Improve flow within the capacity available to the hospital.
- Increase discharges – simple and complex.

A number of examples of specific projects which focus on the delivery of this strategy are:

- ***The creation of the Medical Decisions Unit (MDU), incorporating a GP Assessment Unit (GPAU) and an Ambulatory Emergency Care Facilities (AEC). The establishment of an Acute Frailty Unit (AFU) is also being pursued.***

This has:

- Reduced the number of admissions to the hospital by improving the efficiency of the assessment processes.
- Improved access and utilization of the Ambulatory Pathways and Hot Clinics.
- Reduced congestion in the Emergency Department (ED).
- The future establishment of an AFU will direct elderly patients away from admission.

This model does rely on support from partners across the health economy, as pathways out of the hospital are required to prevent admission.

- ***The Introduction of a GP in ED model has commenced and is growing.***

This has:

- Reduced the number of patients with primary care issues in ED.
- Helped to reduce congestion in ED and acute medicine. The Service now takes approx. 26 patients a day out of the ED with a further 38 from the Medical Decisions Unit.
- Improve relationships between primary and secondary care.
- Created a platform for further work to improve Urgent and Emergency Care in Coventry and Warwickshire.

- ***Improve simple discharge planning and delivery***

- Continuing with GECR initiatives and campaign.
- Promoting Board Rounds and Ward Rounds and testing consistency and quality through Peer Review.
- Concentrating on pre-noon discharges to establish early flow.
- To drive for an admission/discharge balance each day including weekends.
- Strict planning for patients with a length of stay longer than 14 days.
- Reinforcement and understanding of the important role of the Integrated Discharge Team.
- Continue the development of "Home First" initiative which seeks to provide community support in the home or normal place of residence to those patients who require it, rather than transferring them to another care provider (e.g. nursing home, or home with care).

- ***Continued pursuit of tactical solutions, for example***

- Command and Control arrangements.
- Utilization of contingency capacity.
- Daily review of cancellations.
- Visible leadership and communications.
- Patient stories and staff stories.
- Simple discharge planning and early TTO's.
- Matching staffing to demand.

- ***Pursuit of the CEOs challenge***

- All TTOs to be written at the time of discharge decision to facilitate early movement.
- Reduced time from prescribing to dispensing through the use of pharmacy computers on wheels (COWs).
- Increased portering provision to pharmacy.
- 'Ring fenced' elective beds to better facilitate surgical activity
    - 24 beds on 33, surgery
    - 12 beds on 23, gynaecology

- The further development of Acute Medicine pathways.
- Bank holiday Monday initiatives to encourage senior clinical presence on the wards to stimulate discharge activity ahead of returning to work.

1.4 Winter Resilience Funding

Historically, Trusts have created 'winter plans' against a known increase in activity over the winter period, in actual fact, this level of activity is now a year round phenomenon. The Trust has invested significantly in its GECR programme (£8.3M) to counter the effects of increased demand and this includes:

- Increased staffing across the ED with specific emphasis on known times of peak activity.
- Increase of clinicians across the busy area of Acute Medicine, with particular emphasis on evening and night times.
- Improved nursing presence within the major assessment areas to cope with the increased demand.
- The provision of additional nursing support to the base wards areas.
- To provide an increase in doctors to support those patients who were not accommodated in the specialist ward commensurate with their condition (outliers).
- To accommodate the additional workload it necessary to bolster the clinical support areas such as Imaging, Therapy and REACT.
- The use of Medihome as a 'virtual ward' to allow patients to go home and continue their treatment whilst remaining under the care of the hospital consultant has provided an increase in capacity to the hospital of 30 beds.

The Trust has now moved away from a @home service provided through MediHome to one provided by the Trust and although the capacity as we started the Service in October was not to that provided through MediHome (30 virtual beds), we are working to reach this level of provision early in the New Year. Nevertheless, the cost of meeting the UHCW@Home service will be provided through winter resilience funding at a cost of £1.2M once fully operational and is similar to the costs of contracting MediHome. However, the flexibility of how we shape the service in the future is significantly greater and more attractive to the Trust.

1.5 Risks

The risk to the Trust associated with not achieving the 4 hour A&E standard are:

1. Clinical risk to patients – Patients waiting for extended periods of time may have a poor care experience. This risk is mitigated by constant review of the pathway and the surveillance of patients waiting in the Emergency Department. Clinical resource is key and we are reviewing our footprint.

2. Reputation – Regulators, staff, patients and communities may form a poor view of the service offered by UHCW. This risk is mitigated by constant efforts to manage pressure, rapid response to specific feedback/complaints, communication strategies which keep all stakeholders informed of waiting times, actions to address issues, and through regular briefings to all groups.

3. Performance – Poor performance is currently being reported against the RTT Standards and Cancer Standards in part as a result of our previous poor A&E performance, which has a deleterious effect for patient access; this represents an active risk. This paper has set out actions to mitigate the performance against these and result in improvements.

1.6 Perfect Week

The Trust has since the last Perfect Week in July deteriorated its performance and in undertaking its second Perfect Week we looked to correct this through:

- Reducing the number of medical outlier patients – We achieved this with a reduction 52 from a high of around 80 and we will continue to pursue a further reduction in numbers to improve our patient's experience.
- Removing delays to discharge - Working with our community partners we have resolved some significant obstacles to discharge for some very complex patients and we will continue to do so.
- Having empty beds everywhere so that patients are in the right place at the right time – Our Perfect Week was not quite perfect in every aspect and although we had some really good discharge days we were also challenged with some high attendances too, and therefore did not sustain the improved empty bed base that we would have wished.
- Improved theatre productivity and efficiency – Improvements against the Theatres KPIs continue to improve.
- The promotion of a healthy workforce through the uptake of the flu vaccination – The Trust will continue to push for a greater uptake of this initiative.

Additionally and in line with our existing objectives we:

- Looked to improve our performance against the 4 hour A & E standard which had dipped below the 90% mark in November after achieving 97.11% for the last quarter – We have not achieved this over the perfect week but along with RTT it remains our principle focus.
- Reduced the number of patients with a >14DLOS which was at 367 at the start of the week against a best performance of <300 – Although we have not reduced the number of patients in this category significantly, we have addressed 6 of those patients who have had the longest length of stay within the hospital e.g. one patient had been an inpatient for 80 days.
- We evidenced some really strong discharge days but also had the pressures of high attendances on a number of days.
- Had a notable increase in patients discharged before 1200 hrs.
- Had 33% fewer patients who waited more than four hours in ED over this week compared to last week

Our partners also contributed jointly and significantly to the Perfect Week and for completeness some their endeavors are highlighted here as opposed to Section 2 below:

- Look to improve further the GP in ED provision.
- Use Care UK to support appropriate discharges and to share learning and ideas to challenge current barriers.
- Running daily MDTs on MDU with the GP Acute Frailty Team.
- Run a focussed daily 20 min progress chase meetings to consider patients for community discharge and undertake a proportion of others directly at the bed side.
- WMAS / MDT attended 6 cases a day on average, and saved 50% of those patients from attending hospital
- Social Care +/- CHC a representative were to accompany Care Home staff when they visited the wards to carry out assessments.

Part 2
External Influences on the Emergency Pathway

There are external dependencies and actions provided through partner organizations that affect and influence the Emergency Pathway which are pivotal in ensuring that the Trust is able to meet the constitutional 4 hour ED Standard. It is therefore important that these activities are recognized, documented and understood.

The Chief Executives of the partner organizations have met and committed to set out a compelling vision of the health economy, which establishes a direction of travel for the next 3 years and is likely to include some radical suggestions for the future of the health economy. Andy Hardy (UHCW CEO) has taken on the role of Senior Responsible Officer for this piece of work.

The Directors from each of the partner organizations, including UHCW, have established a much more robust approach to programme management of the work-streams that have been established to improve flow across the health economy.

A single Programme Management Office (PMO) is being established with a programme board operating on behalf of the SRG. Work-streams will be established and led by a director from the partner organizations, operating on behalf of the SRG and with authority across partner organizations. The work-streams will establish that:

1. No patient will be directed to the hospital where their care can be delivered elsewhere.

2. No patient will be admitted to the hospital unless they need an acute hospital bed.

3. No patient will remain in hospital for more than 24 hours once they are medically fit for discharge.

4. No patient will be placed in, or remain in long term care without a clear need.

Beneath these 4 work streams are 3 subordinate streams which cut across all of them and these are:

1. The creation of an integrated community based therapeutic pull model.

2. The establishment of a trusted frailty assessment process.

3. The establishment of a step-up community response and crisis reduction capacity.

Theses subordinate streams will be transformational for the local health and care services and will be delivered at ‘pace and scale’.

Sections 2.1 and 2.2 below set out the specific pieces of work which are currently in train.

2.1 Additional Capacity

2.1.1 Delayed Transfers of Care (DTOC)

DTOC has a significant impact on hospital bed capacity. This is a reportable metric and is defined as - ‘the number of patients in delay should not exceed 2.5% of the attributable bed base’, which for UHCW is 28 beds.

The summary position of delays as of Wednesday 4th November was:

- Total number of patients who are medically stable to leave the hospital but require an external provision to support discharge = 121

- Of that number, the total number of patients in formal delay (DTOC) = 73

The subject of DTOC is a standing item on the SRG agenda.

It is however important to recognize that presently Partner organizations are unable to provide the capacity to meet this need; the consequence is that patients remain within the acute setting. To try and improve that position partners have:

- Increased Community Capacity to Improve Flow - Through additional funding streams the CCG funded additional community capacity (including staff recruitment) in the form of short term packages of care in the patient's home and the commissioning of short term bedded facilities. Although this will have some effect, it has had no significantly sustainable positive influence on the DTOC position outlined above.

- Established a Single Brokerage to Improve Access to Community Services - The use of a single Brokerage is a positive step forward and reduces administrative bureaucracy; it is however limited in its influence by the lack of capacity.

- Engaged GE Healthcare Finnamore, an external consulting agency to evaluate capacity requirements within the community that would help inform discharge processes and pathways. The outcome of the GE work suggested that:

    1. DTOC rates have risen and are higher than peers.

    2. Assessment and provision of care packages are the main drivers of delay.

    3. Processes for managing supported discharges are [to]complex.

    4. The post acute service landscape is fragmented and frequently changing.

    5. Robust and trusted data is limited, making performance management difficult.

    6. Short-term support benchmarks show fewer referrals and beds than average.

    7. Permanent admissions of older patients to care homes is upper quartile nationally.

It is now incumbent on the healthcare system to take these findings and convert them into meaningful solutions.

2.2 Community Plans

Community partners have agreed with the CCG, NHS England, TDA and the Trust, actions to improve the emergency pathway and thereby performance that will positively influence the ED 4 hour standard and these are contained in table 8 below.

Table 8

Wrap Around Domiciliary Care Service	Provide additional short term support, including night time support as required in order to prevent unnecessary A&E presentation and hospital admission and facilitate a supported discharge home.
Care Home Support Strategy	GP Enhance care home service in place covering 50% of elderly care home residents. Quality review being complete by Dec 15. Including joint monitoring with LA's and improved access to specialist community advice, guidance & training e.g. infection prevention, tissue viability.
Primary Care Frailty Team	Aiming to reduce length of stay from 11 days to 3.5 days. It will operate 12 hours per day x 7 days per week from 1st Oct 15, with a target of 12 patient interventions/day supporting them back into the community.
Warwickshire Social Worker in A&E & AMU	To provide additional capacity for Rugby patients to prevent admission from A&E & AMU
Extended hours for Acute MH Assessment Team (AMHAT)	Extend the hours of operation over the week-end from 9-5 to 9am-7.30am (22.5 -hour service) to include additional specialist & older adult mental health practitioner to support discharge.

Summary

The Trust's ED Performance is presently below the 95% standard having achieved it in the 3 months June to September. The challenge going forward is to regain that position. Failure to do so could have implications on other constitutional standards including: Referral to Treatment Time; 62 Day Cancer Indicators; and, cancelled operations.

There are risks that accompany such a position and these surround the potential for clinical risk to patients, reputation and performance going forward. Accordingly the Trust has agreed continuing actions (against a wider plan) with the CCG, TDA, NHS England and Community Partners to maintain its improved performance.

In recognizing that this is a system responsibility, strategically, the Chief Executives of the partner organizations have committed to set out a compelling vision of the health economy which establishes a direction of travel for the next 3 years and is likely to include some radical suggestions for the future of the health economy. This will include a Programme Board operating on behalf of the SRG, from which, work streams will be established and led by a director from one of the partner organizations. These work streams will concentrate on establishing 4 key themes:

1. No patient will be directed to the hospital where their care can be delivered elsewhere.

2. No patient will be admitted to the hospital unless they need an acute hospital bed.

3. No patient will remain in hospital for more than 24 hours once they are medically fit for discharge.

4. No patient will be placed in, or remain in long term care without a clear need.

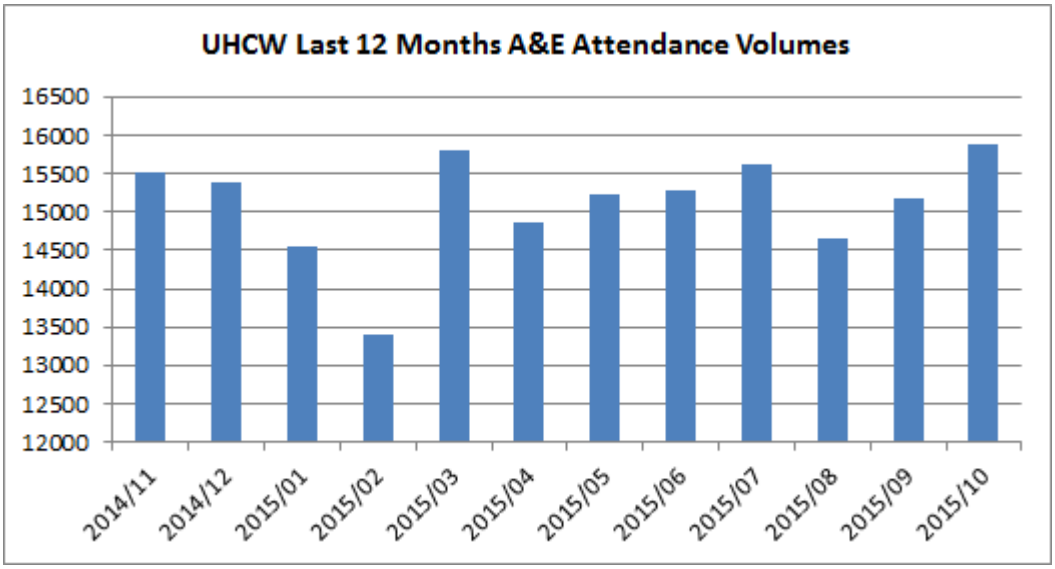
The Trust Board is invited to:

1. Note the contents of this report.

2. Note the continuing success that the recent changes to the emergency pathway (particularly within Acute Medicine) have had on performance.

3. Note and support the significant transformational engagement within the local healthcare community.

Appendix 1


UHCW Last 12 Months A&E Attendance Volumes
16500
16000
15500
15000
14500
14000
13500
13000
12500
12000
2014/11
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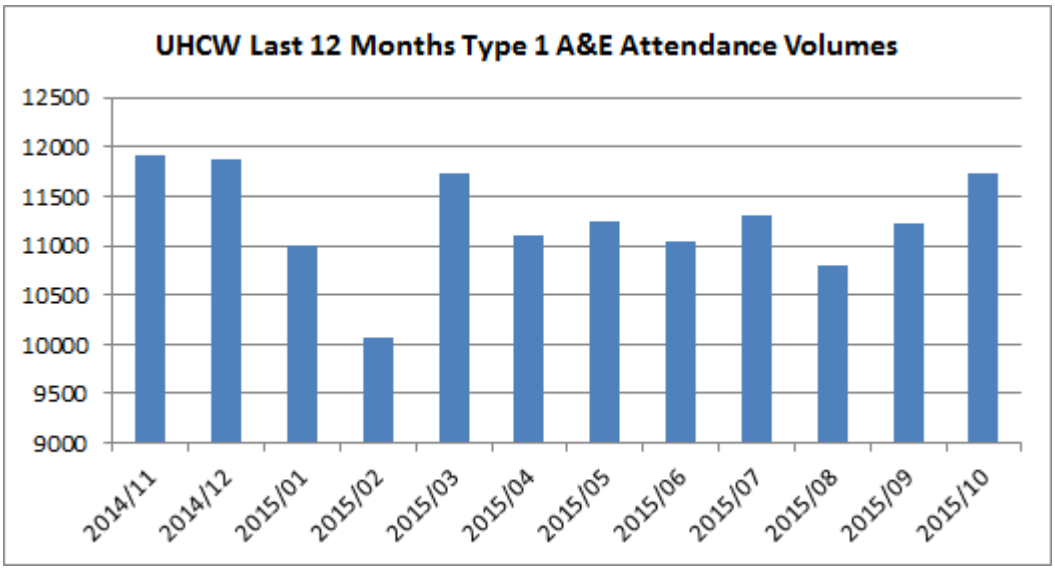
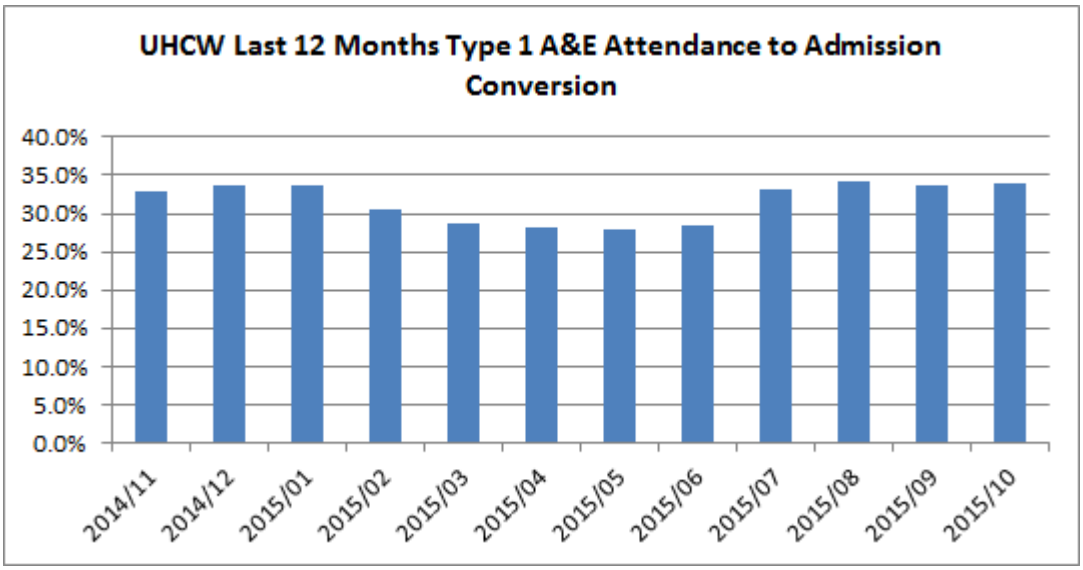
2015/02
2015/03
2015/04
2015/05
2015/06
2015/07
2015/08
2015/09
2015/10


UHCW Last 12 Months Type 1 A&E Attendance Volumes
12500
12000
11500
11000
10500
10000
9500
9000
2014/11
2014/12
2015/01
2015/02
2015/03
2015/04
2015/05
2015/06
2015/07
2015/08
2015/09
2015/10


UHCW Last 12 Months Type 1 A&E Attendance to Admission Conversion
40.0%
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
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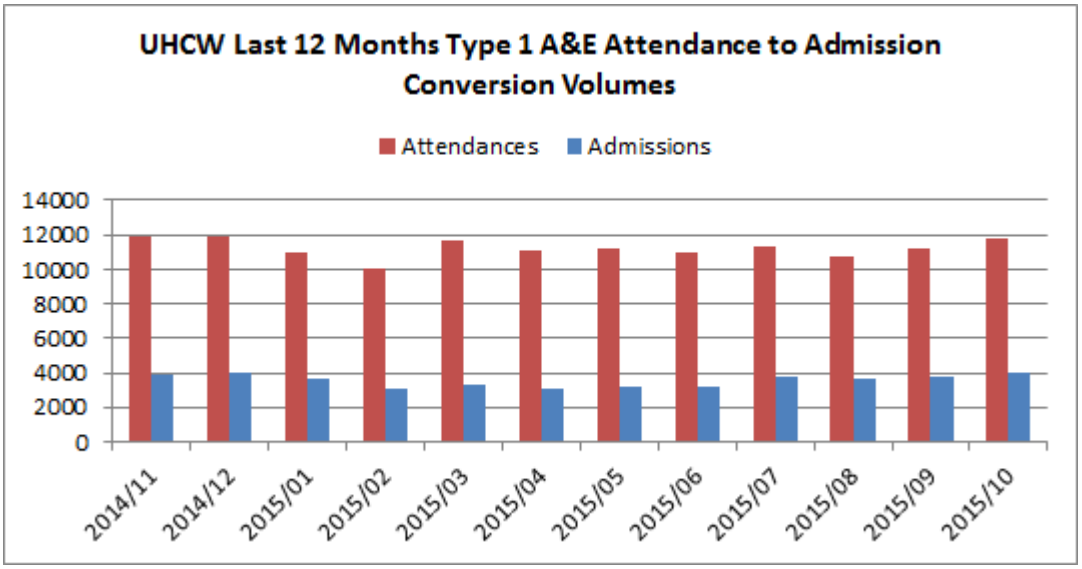
2015/03
2015/04
2015/05
2015/06
2015/07
2015/08
2015/09
2015/10


UHCW Last 12 Months Type 1 A&E Attendance to Admission Conversion Volumes
Attendances
Admissions
14000
12000
10000
8000
6000
4000
2000
0
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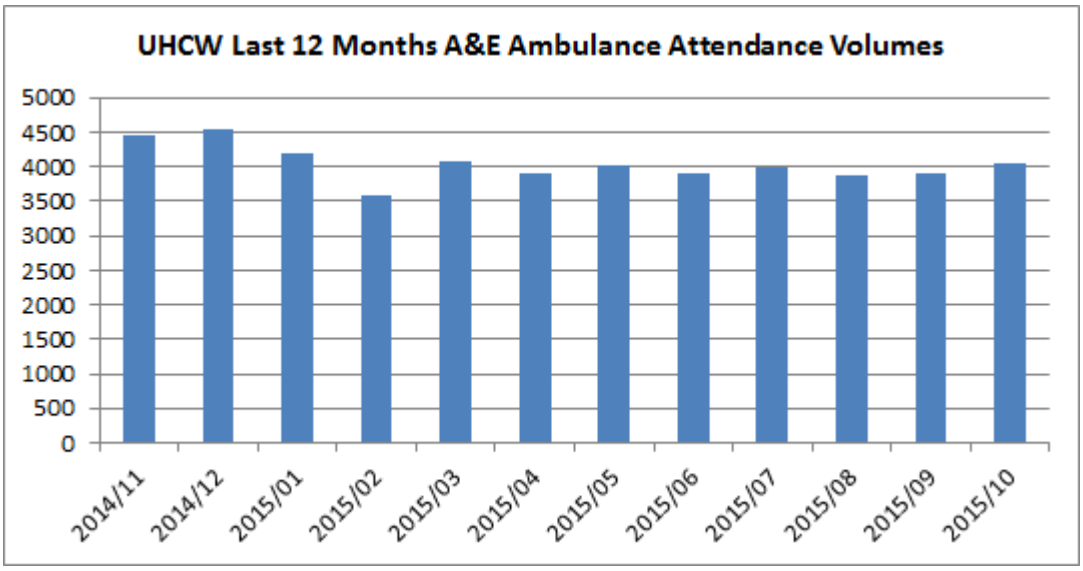
2015/02
2015/03
2015/04
2015/05
2015/06
2015/07
2015/08
2015/09
2015/10


UHCW Last 12 Months A&E Ambulance Attendance Volumes
5000
4500
4000
3500
3000
2500
2000
1500
1000
500
0
2014/11
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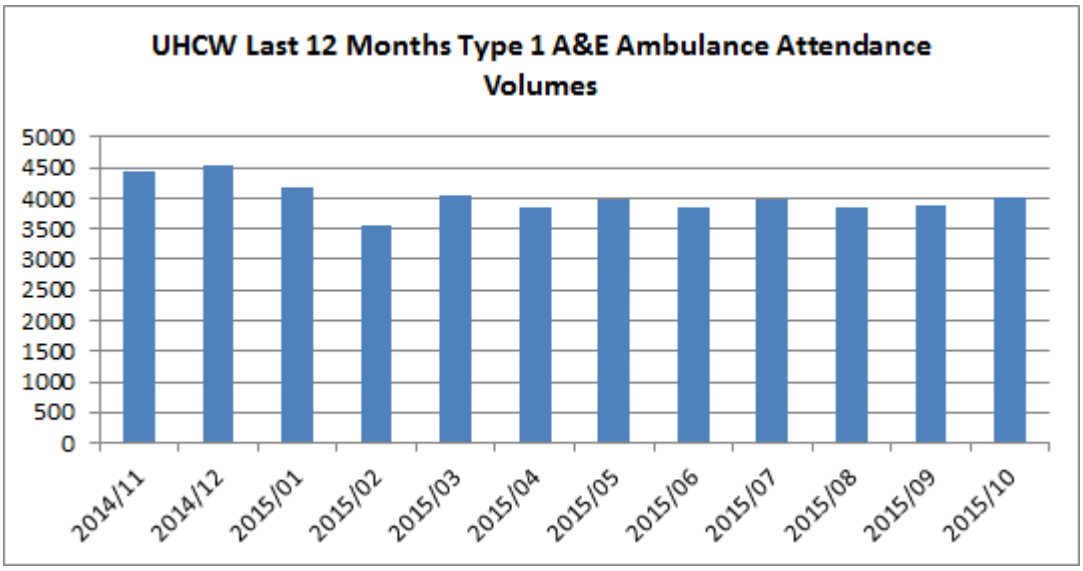
2015/02
2015/03
2015/04
2015/05
2015/06
2015/07
2015/08
2015/09
2015/10


UHCW Last 12 Months Type 1 A&E Ambulance Attendance Volumes
5000
4500
4000
3500
3000
2500
2000
1500
1000
500
0
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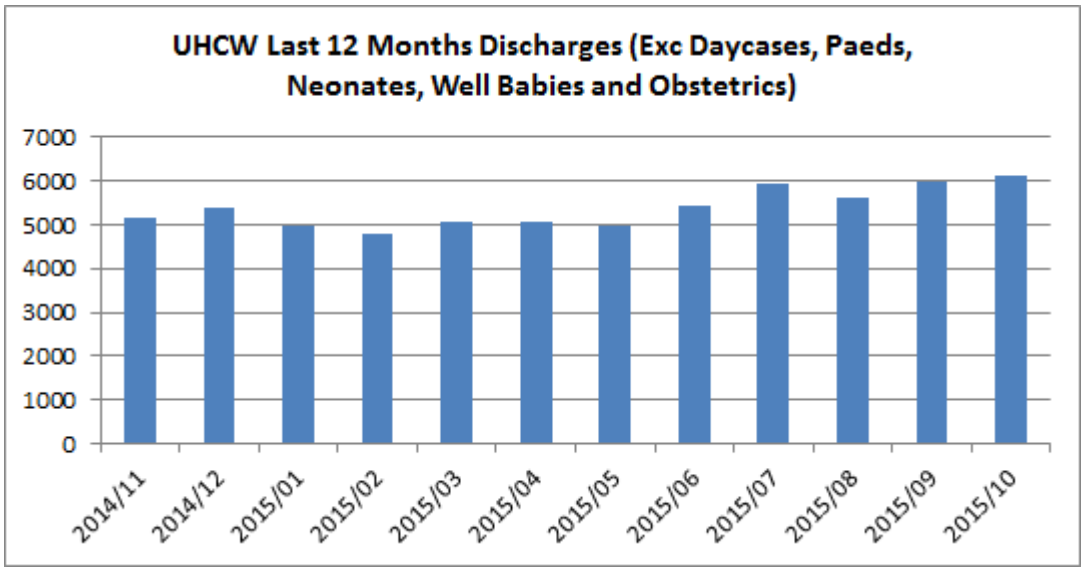
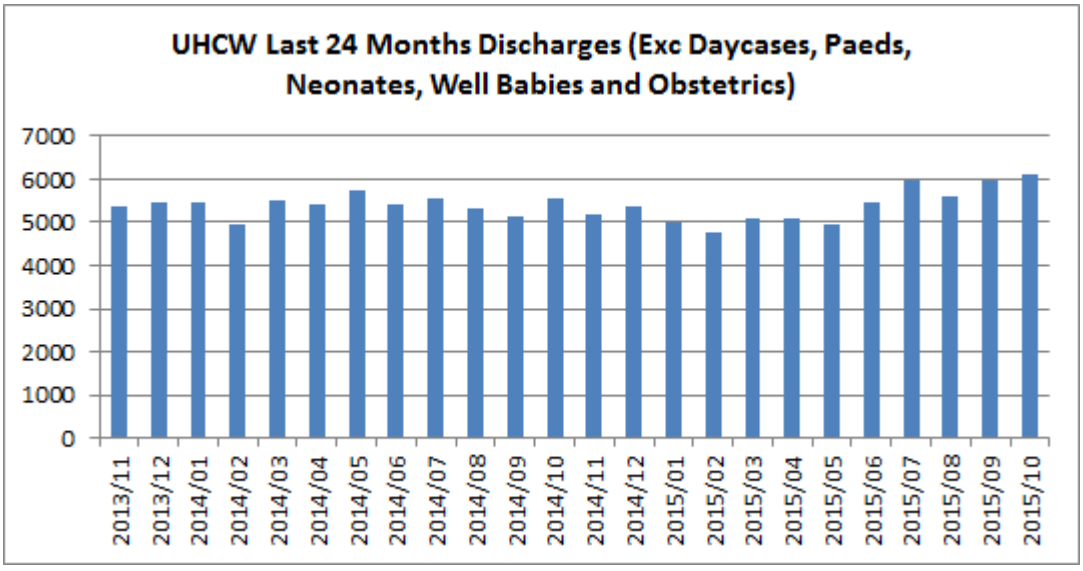
2015/03
2015/04
2015/05
2015/06
2015/07
2015/08
2015/09
2015/10


UHCW Last 12 Months Discharges (Exc Daycases, Paeds, Neonates, Well Babies and Obstetrics)
7000
6000
5000
4000
3000
2000
1000
0
2014/11
2014/12
2015/01
2015/02
2015/03
2015/04
2015/05
2015/06
2015/07
2015/08
2015/09
2015/10


UHCW Last 24 Months Discharges (Exc Daycases, Paeds, Neonates, Well Babies and Obstetrics)
7000
6000
5000
4000
3000
2000
1000
0
2013/11
2013/12
2014/01
2014/02
2014/03
2014/04
2014/05
2014/06
2014/07
2014/08
2014/09
2014/10
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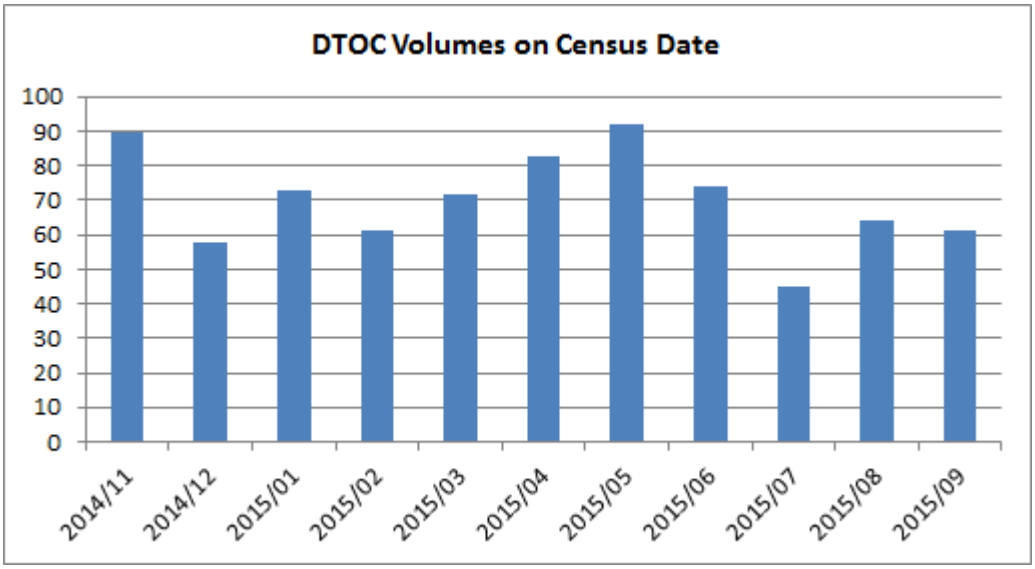
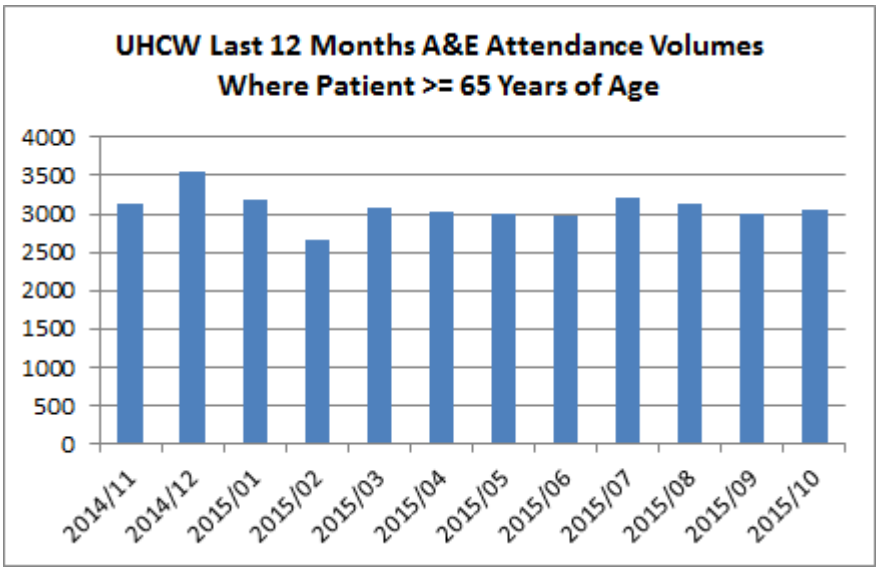
2015/03
2015/04
2015/05
2015/06
2015/07
2015/08
2015/09
2015/10


DTOC Volumes on Census Date
100
90
80
70
60
50
40
30
20
10
0
2014/11
2014/12
2015/01
2015/02
2015/03
2015/04
2015/05
2015/06
2015/07
2015/08
2015/09


UHCW Last 12 Months A&E Attendance Volumes
Where Patient >= 65 Years of Age
4000
3500
3000
2500
2000
1500
1000
500
0
2014/11
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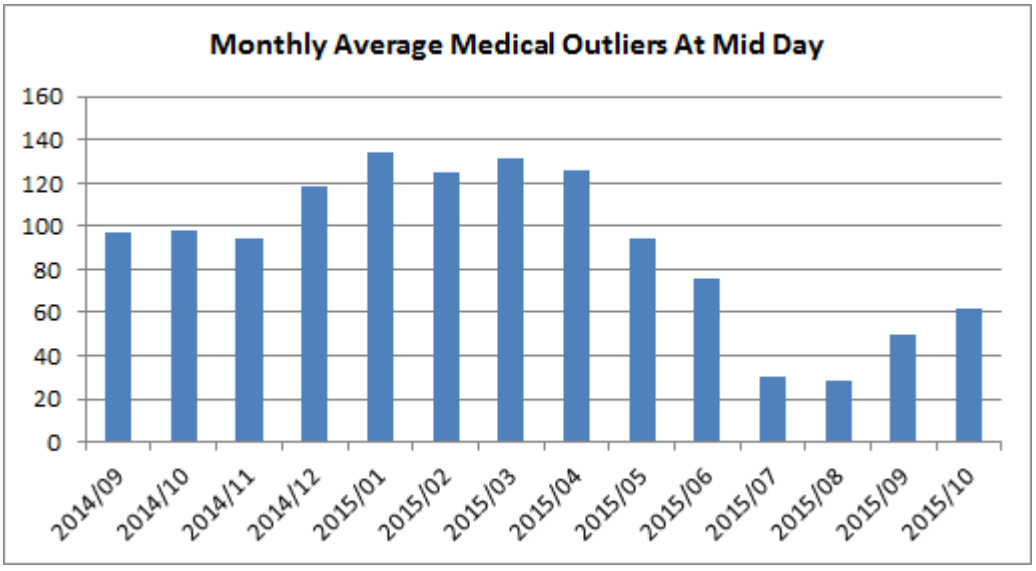
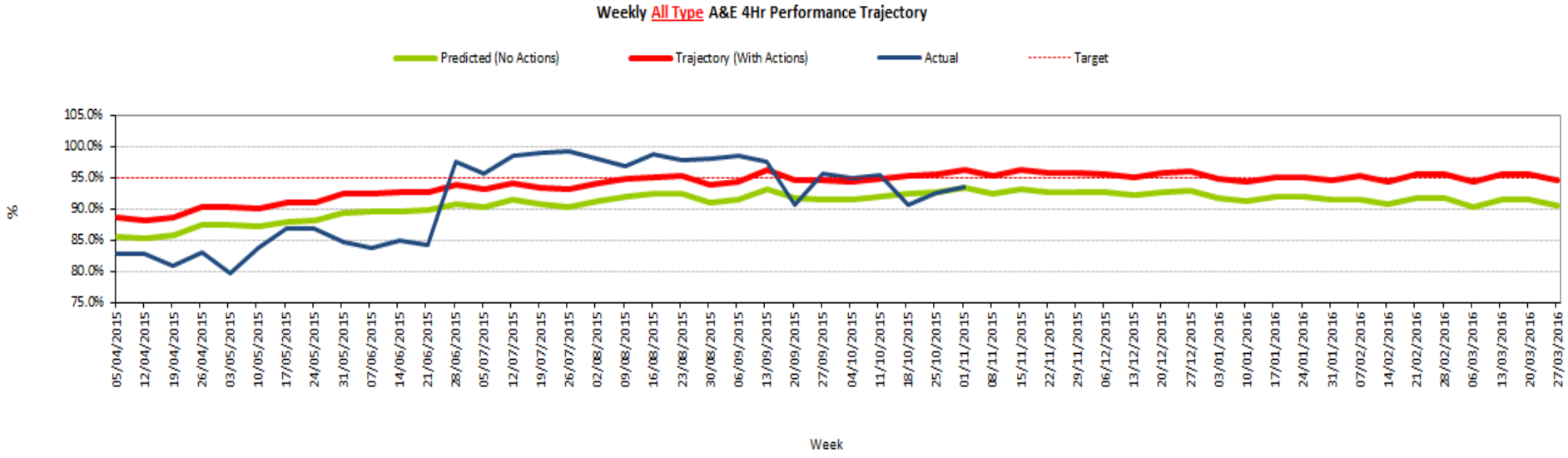
2015/02
2015/03
2015/04
2015/05
2015/06
2015/07
2015/08
2015/09
2015/10


Monthly Average Medical Outliers At Mid Day
160
140
120
100
80
60
40
20
0
2014/09
2014/10
2014/11
2014/12
2015/01
2015/02
2015/03
2015/04
2015/05
2015/06
2015/07
2015/08
2015/09
2015/10

A&E Recovery Trajectory

The following represents the actions and predicted trajectory for the recovery of the UHCW 4 Hour ED Target. The predicted trajectory reflects a more consistent achievement of the target from the end of August 2015; however, the implementation of the Perfect Week accelerated this from the middle of June and sustained it until the middle of September before dipping below the trajectory once more. The undertaking of a second Perfect Week will once again raise our position against the Standard.

Action List
Reduction in Emergency admissions, through the reconfiguration of Acute Medical Assessment Beds
Improve pre Noon discharges to 30%
Balance weekday capacity against demand
Balance weekends capacity against demand
Reduction of >14 DLOS
Reduction in DTOC - The stretched target for this is to 2.5% of Beds
Home First - Following a 12 week roll-out this will improve performance and see patients discharged against their EDD
Acute Frailty Unit



PUBLIC TRUST BOARD PAPER

Title	**Seven Day Services**
Author	**Mike Iredale-Deputy Medical Director** **Patrick Ryan-Senior Manager, Strategy**
Responsible Chief Officer	**Prof Meghana Pandit – Chief Medical Officer / Deputy CEO**
Date	**26th November, 2015**

1. Purpose

This paper is being presented before the UHCW Trust Board to provide an update on the evolving strategy for seven day service provision at University Hospitals Coventry and Warwickshire NHS Trust (UHCW). The Board is requested to note this paper outlining Trust's baseline position in delivering the Clinical Standards requirements for seven day services and to agree the delivery plan set out by the 7 Day Services Steering Group (7DSSG) 3 year Strategy (2015-18) to support clinical services to identify potential solutions to ensure they meet the clinical standards identified.

2. Background and Links to Previous Papers

NHS England is committed to offering a much more patient-focused service seven days a week. The NHS Services, Seven Days a Week Forum led by Sir Bruce Keogh in partnership with the Academy of Medical Royal Colleges, set out Ten Clinical Standards for urgent and emergency care 7 day services.

1. Patient Experience
2. Time to First Consultant Review
3. Multi-disciplinary Team (MDT) review
4. Shift handovers
5. Diagnostics
6. Intervention / key services
7. Mental health
8. On-going review
9. Transfer to community, primary and social care
10. Quality improvement

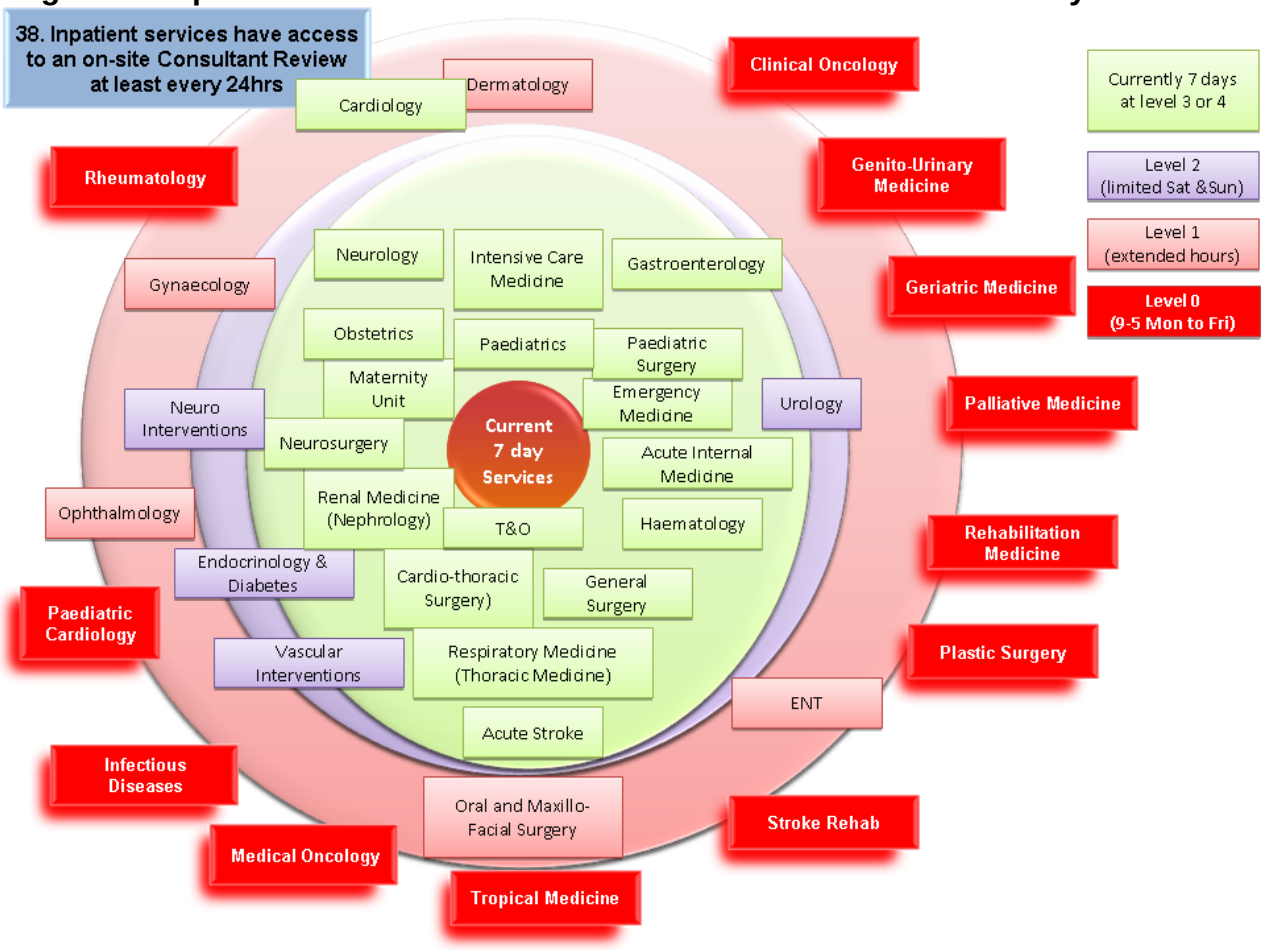
Our aim is to deliver the appropriate services every day of the week in order to reduce variation in care and outcomes. As an Acute Trust the operational, financial, resource and cultural challenges required are manifold and delivery is overseen by the Seven Day Services Steering Group chaired by the Chief Medical Officer.

3. Narrative

3.1 7 Day Services Baseline Assessment

During the early part of 2015 we undertook a 7 Day Services Baseline Review and Gap Analysis across the major specialties and support services to identify the current position regards the provision of 7 Day services across the Trust specialties. The review identified the current provision of 7Day services across 38 Inpatient Services within the Trust with on-site access to consultant reviews at least every 24 hours (Diagram 1) and gaps where those services were limited, or not available over 7 days.

Diagram 1. Inpatient Services level of access to Consultant review every 24hrs



UHCW's 7 Day Services Strategy 2015-18 was agreed in July 2015 setting out the plan for delivery of the 10 clinical Standards for 7 Day service provision across the Trust. Of the 10 Clinical Standard set out by NHS England, five priority Clinical Standards were agreed through the 7DSSG for delivery in year one (see Table 1).

Table 1. UHCW 7Day Services Strategy 5 Priority Clinical Standards (Yr. 1)

No	Clinical Standard
2	Time to first consultant review
4	Handovers
5	Diagnostics
8	Daily review
9	Transfer to community, primary and social care

In July 2015, following correspondence from NHS England, UHCW has revised its year one priorities in line with the four priority Clinical Standards set out by the TDA/Monitor for delivery in year one (See Table 2). In line with the TDA /Monitor;

- Clinical Standard 4, 'Handovers' has been replaced by Clinical Standard 6: 'Consultant-Directed Interventions'.
- Clinical Standard 9, 'Transfer to community, primary & social care' has been retained as a fifth priority for the Trust to meet the essential work been undertaken by the Trust to discharge patients back into the community.

Table 2 Revised Clinical Standards (Yr 1)

No.	Clinical Standard
2	Time to first consultant review
5	Diagnostics
6	Consultant-Directed Interventions
8	Daily review
9	Transfer to community, primary and social care

In early September 2015 UHCW submitted the results of the baseline self-assessment to the NHS Improving Quality (NHSIQ) Self-Assessment Tool (SAT) for 10 Speciality Groups, which cover approximately 85% of occupied inpatient beds.

- Cardiology
- General Medicine (Acute Medicine locally)
- General Surgery
- Geriatric Medicine
- Gynaecology
- Intensive Care
- Obstetrics
- Paediatrics
- Respiratory Medicine
- Trauma and Orthopaedics

The preliminary results of the 7 day services self-assessment tool (SAT) against the 10 Specialities was fed back to the Trust on the 29th September for the four priority clinical standards. The results provide a baseline assessment of 7 Day service provision across the 10 Specialties clinical areas included in the SAT questionnaire (Table 3).

Table 3. UHCW 7 Day Services Baseline Assessment- 4 Priority Areas

Clinical Standard	2. Time to First Consultant Review	5. Diagnostics	6. Access to Consultant-Directed Interventions	8. Ongoing Review
Based on SAT question	2.1	5.1	6.2	8.1 & 8.2
	Inpatients seen by a consultant within 14 hours	Diagnostic services available seven days per week	Interventional services available seven days per week	Seven day services; ongoing review of patients by consultants
University Hospital (Coventry)	4 out of 10 Specialties the Trust reports patients are seen within 14 hours 90% or more of the time	8 out of 14 Diagnostic services are available seven days per week	8 out of 9 Consultant directed interventions are available seven days per week	7 out of 13 Relevant clinical areas patients receive a review by consultants at appropriate intervals
Notes	Psychiatry has been excluded			Psychiatry has been excluded and ITU has been included only in relation to 8.1

3.2 7DS Programme- Implementation Methodology

The 7DS Steering Group is supporting clinical services to identify potential solutions to ensure they meet the clinical standards identified. To achieve this, five priority work streams have been developed aligned to the four TDA/Monitor priority Clinical Standards, with an additional work-stream to support delivery of Clinical Standard 9, Transfer to Community, Primary and Social care (Table 4. P6). Each work-stream is clinically led through identified Leads, who will work with clinical services to:

- identify gaps to meeting the relevant clinical Standards,
- identify the challenges faced by clinical services in delivering 7 day services,
- support clinical services in implementing changes and testing solutions alongside collating the required evidence to demonstrate 7 Day service provision.

Each work-stream will be delivered in partnership with staff and staff side colleagues ensuring that appropriate consultation takes place when required and identify where changes will require a business case and/or management of change paper that will be presented within a designated financial envelope. Critical to successful implementation of 7 Day services will be engagement with partner organisations to ensure sharing of

potential solutions, risks and ensuring a sustainable solution across the health community.

NHS England has proposed that progress against delivery targets will be monitored on a quarterly basis and the 7 Day services indicators to monitor progress against the clinical standards KPI's are expected to be published on the My NHS web site on 8th December 2015.

4. Areas of Risk

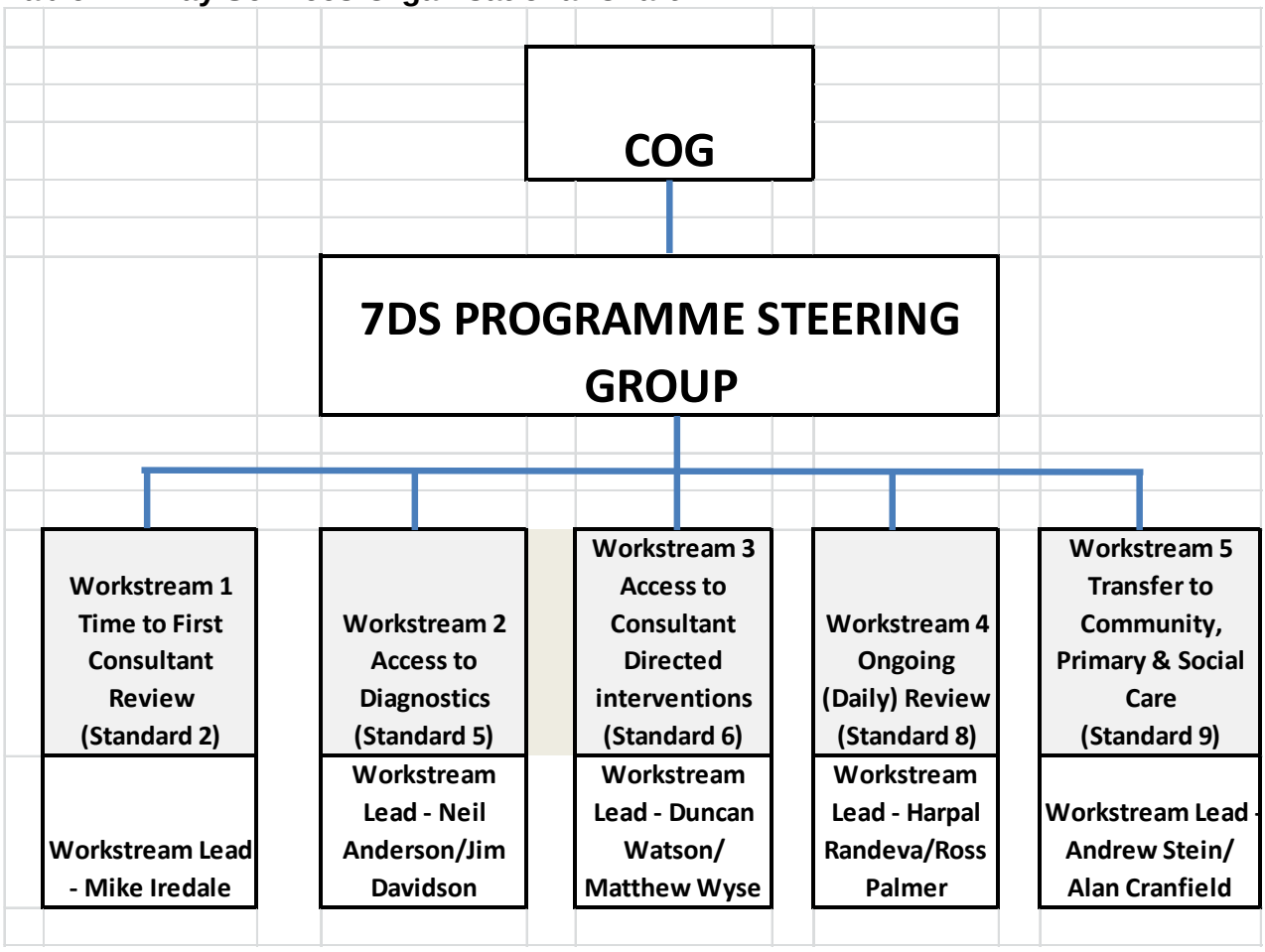
These include:

- Operational risk where current policies, pathways and working culture within relevant clinical services in unable to implement the changes required for delivery of 7 Day services.
- Financial risk where the proposed changes and resources requirements to meet 7 Day services delivery is not available to existing financial constraints.
- Inconsistencies in current partnership working arrangements and available resources within community, primary and social care services to support patient flow and transfer out of the acute hospital

5. Governance

Governance for the 7 day Services Programme is provided through the 7 day Services (7DS) Steering Group, chaired by the Chief Medical Officer, Prof Meghana Pandit. The primary purpose of the Seven Day Services Steering Group is to provide the leadership and guidance for the Trust to work towards implementing 7 day services. Recognising that some services already operate 7 days, the emphasis is on developing a strategy for 7 day services, overseeing the baseline assessment and gap analysis to determine priority areas for 7 day services, oversee implementation, ongoing programme management and quality assurance of delivery of the five priority standards agreed for 2016-17. Each of the five priority standards have been broken down into key work-streams (see Table 4 below. P6) reporting to the 7DS Steering Group and Consultant Leads have been identified to lead each of the agreed five priority Clinical Standards.

Table 4. 7 Day Services Organisational Chart



6. Responsibility

Prof Meghana Pandit, Chief Medical Officer is the lead for this Programme with the support of the Deputy Medical Director, Mike Iredale.

7. Recommendations

Trust Board are asked to **NOTE** the progress so far, agree the delivery plan and delegate Quality Governance Committee to receive six monthly updates from 7DSSG.

Name and Title of Author: Mr Patrick Ryan, Dr Mike Iredale and Prof Meghana Pandit. 11th November 2015

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	**Nursing & Midwifery Revalidation Update**
Author	**Diane Eltringham, Head Nurse**
Responsible Chief Officer	**Professor Mark Radford, Chief Nursing Officer**
Date	**26th November 2015**

1. Purpose

To update the Board in regard to the Trust-wide dissemination of Nursing and Midwifery Revalidation, briefing the Board on the progress that as been made to support and prepare employees for revalidation.

2. Background and Links to Previous Papers

The Associate Director of Nursing for Professional Standards and patient experienced presented to the Board in April 2016.

3. Narrative

Following a successful pilot across the UK, the NMC have approved the implementation Replacing PREP – registrants will be required to revalidate on a 3 yearly basis. The first registrants will be revalidating April 2016. At UHCW there are 2,694 Registered Nurses and Midwives who will be required to revalidate.

4. Areas of Risk

- Registrants failing to revalidate will be unable to practice
- Failure to Revalidate/ pay registration in a timely manner will result in a period of lapse registration for a min. 8 weeks, thus the employee will be unable to practice
- Potential loss of nursing and midwifery workforce – those registrants looking to retire/ temporary staffing groups, registrants in non-clinical services.

5. Governance

Framework and action plan implemented to support Trust-wide dissemination and Preparedness, overseen by Trust-wide Revalidation Steering Group and Nursing & Midwifery Committee.

6. Responsibility

- Individual registrants have overall responsibility to ensure that they revalidate
- Trust-wide obligation to support and prepare registrants to revalidate, mitigating the risk of loss of workforce resource.

7. Recommendations

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

Name and Title of Author: Diane Eltringham (Lead Nurse for Professional Standards)

Date: 6th Nov 2015

1. Introduction:

In Oct 2015 the Nursing and Midwifery Council (NMC) approved the "go ahead" for Nursing and Midwifery Revalidation. The model has been developed with the intention that it can be applied to all areas of practice settings. The NMC guidance advises what employers should do as a minimum and what employees can reasonably expect their organisation to provide; This includes:

- Assess what is needed to support revalidation.
- Where appropriate ensure line managers are available to act as confirmers and reflective discussion partners.
- Provide space and time for nurses and midwives to hold their reflect discussions and confirmation process.
- Provide a register of staff who can act as confirmers.
- Review systems that could be implemented to allow participatory learning.
- Remind nurses of their obligation to revalidate.

The Document also suggests a number of other supportive measures:

- Training to support revalidation.
- The development of an e-portfolio.
- Supportive material to sit alongside the NMC guidance.
- Seminars, study sessions and revalidation champions.

2. Progress against Action Plan

Key Actions	Trust Progress
A revalidation project plan has been in place since April 2015 Regular updates provided to key groups	Reviewed monthly through the Trust's revalidation project group Nursing and Midwifery Committee (NMC) update scheduled for October 2015 Quality Governance Committee scheduled for 2nd November 2015
Trust wide dissemination of Revalidation and the systems and processes to support this practice	Presented at Public Trust Board 30th April and 28th May 2015 Working in partnership with the Royal Collage of Nursing (RCN) launch sessions for revalidation were held at both University Hospitals Coventry and Warwickshire NNHS Trust (UHCW) and The Hospital of St Cross with 70 staff attending Revalidation awareness sessions have been held with the following staff groups: • Senior Nursing Team • Modern Matrons • Ward Managers • Allied Health Professionals (AHP)

	Sessions also offered to: • Human Resource (HR) Staff • Clinical Groups • Operational Groups • Medical Teams
Development of a Trust Revalidation Policy	The Trust has a "Monitoring Registration" Policy - this policy is being updated to include: Revalidation with an addendum to support staff and employees through the process. The amended policy will be presented at end of Oct NMC for approval
Trust has **2,694** Nurses and Midwives who will be required to revalidate **High Risk Group**: 250 registrants employed directly by TSS	April – June 2016 = **122** registrants July – September = **242** registrants October – December = **279** registrants All staff revalidating in April, May and June have been contacted. Names of these staff have been forwarded to their Modern Matrons. Ward Mangers have been asked to meet with these staff to ensure they have the right support and are signposted to the relevant revalidation sessions. A general communication was sent out Ward Managers packs regarding changes to renewal of fees from November 2015 Working with recruitment – to ensure all newly employed NMC registrants are entered onto the Electronic Staff Records (ESR) system. Those registrants who have joined the trust in a role that does not require an NMC registration are not currently asked to provide any professional registration details. The Trust revalidation project team is working with Helen Corkery in the nurse bank to provide support to this group of staff. Arranged 1-1 sessions with TSS registrants.
Revalidation Training and awareness sessions	Twice monthly half day study sessions have been arranged and are being held in the CSB **170 RN and midwives** have attended the Revalidation workshop across both sites.

Diane Eltringham Lead nurse Professional Standards

	Practice Development Team has developed a revalidation intranet page. The team is currently conducting board rounds and power training in clinical area. Practice Development teams have prospectus of participatory learning events/seminars and workshops All internal participatory sessions come with a reflective certificate Portfolio development sessions are planned for January 2016
Confirmation/Appraisal Process	Revalidation Policy in development Pilot of values based appraisal planned with nursing staff revalidating in 2016 From November 2015 twice monthly appraisal and confirmation training Working with ICT to ensure access to NMC on-line Establish a Confirmation Registrar and process for nurses managed by non-registrants Arranging Capability session for Novembers Ward Managers and Matron meeting

3.0 Values Based Appraisal

Values based appraisal strongly links to the principles of revalidation therefore in collaboration with HR a pilot of values based appraisal is planned for nursing staff revalidating in 2016.

Appraisal documents have been redesigned to encompass the values based approach and the addition of an annual revalidation checklist to ensure nurses and midwives are progressing towards meeting the revalidation requirements.

An appraisal and confirmation workshop has been designed which will be a mix of taught sessions and role play. Dates have been emailed to Ward Managers and Modern Matrons for dissemination and will run twice monthly from November 2016.

A revalidation progress sheet has also been developed to track registrant's ability to achieve the revalidation requirements on a annual basis.

4.0 Partnership Collaborations

NHS England teams in Midlands and East continue to meet monthly with representatives from local health care organisations to help support and deliver this programme of work. The meetings bring together representatives from across a number of acute, community and commissioning organisations

to agree how to best to implement the programme and use their networks to share learning and encourage early adoption.

Coventry & Warwickshire Partnership Trust have developed a provisional plan for sharing revalidation across the Arden economy wide system. Utilising LETC funding of £30,000 - the plan includes support for NHS and non NHS registrants and includes 2 events over two days providing places for up to 200 staff on each day.

Diane Eltringham Lead nurse Professional Standards

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	**Corporate Risk Register**
Author	**Yvonne Gatley, Associate Director of Quality**
Responsible Chief Officer	**Meghana Pandit, Chief Medical & Quality Officer**
Date	**26th November 2015**

1. Purpose

To inform the Board of the Trust's highest rated risks which are currently logged on the Corporate Risk Register.
Risks are rated according to the Trust risk scoring matrix:

CONSEQUENCES	LIKELIHOOD				
	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost certain (5)
Negligible (1)	1	2	3	4	5
Minor (2)	2	4	6	8	10
Moderate (3)	3	6	9	12	15
Major (4)	4	8	12	16	20
Catastrophic (5)	5	10	15	20	25

The risk register is a "live" document held on the central risk management software system, Datix. Risk owners and handlers are required to ensure that they review their risks and update the register. Inevitably, some risks will not have been updated on the system prior to the risk register report being extracted for review.

2. Background and Links to Previous Papers

This quarterly report is included as part of the Board reporting framework.
Previous reports have been made to the Quality Governance Committee each month as part of the quality reporting schedule and the Risk Committee receives a more detailed corporate risk register report monthly.
The risks are also reviewed by the corporate committee with responsibility for each of the risk subtypes (Patient Safety, Finance, Human Resources, ICT, Health & Safety, Information Governance, Operations & Strategic risks).

3. Narrative

There are 16 "high" corporate risks on the risk register (risk rating 15-20).

The highest rated corporate risks currently (risk score = 20) are:

- Financial recovery plan
- RTT Performance (Admitted pathways)
- Achieving 3.5% DTOC national target
- Cancer (62 day standard)
- HPB – Compliance with IOG Guidelines

- Delay in setting up Acute Frailty Unit

There are 8 high risks rated at 16:

- Proton Support – replacement system required
- Capacity, statutory and reputational impact of cold/hot water pipe failure (Harm to people and loss of infrastructure)
- DNACPR forms not accompanying patients as they leave the organisation
- Capacity, staffing and skills HDU
- MRSA Bacteraemia
- Shortfalls found in structural fire compartments at University Hospital
- Income from Activities 2015/16
- Agency Staffing Expenditure 2015/16

The other high risks are rated at 15.

The main "categories" (cross-cutting themes) of risk on the corporate risk register are:

- Reputational
- Compliance
- Staffing levels / skill mix

4. Areas of Risk

The main areas of concern for the Trust are:

1. **Patient Flow -** incorporating delayed transfers of care (DTOC), the number of outlier patients and the impact on the referral to treatment target (RTT).
   What we are doing:
   - Engaging with local partners around DTOC patients
   - Running the "Perfect Week" again in w/c 11th November following the success of the one that was introduced in July 2015

2. **Staffing Levels -** there had been increased usage of bank and agency staff across the Trust as a result of vacancies and short/dwindling numbers of staff in the market in some specialties/areas.
   What we are doing:
   - Budgetary control processes.
   - Financial Recovery Plan (proposal to introduce strengthened agency staffing controls).
   - Monthly operational delivery meetings.
   - Quarterly performance review meetings.

3. **Financial position** - the Trust recorded a deficit in 2014/15.
   The plan for 2015/16 is for a £22.4m deficit, this assumes all activity is delivered in line with ODP agreements and all CIP is achieved (£34m).

What we are doing:

- Budgetary control processes.
- Financial Recovery Plan (proposal to introduce strengthened agency staffing controls).
- Monthly operational delivery meetings.
- Quarterly performance review meetings.

5. Governance

Progress on the risk register will be reported to the Trust Board on a quarterly basis.

6. Responsibility

Meghana Pandit, Chief Medical Officer & Deputy CEO as the Chief Officer responsible for Risk Management.

Yvonne Gatley – Associate Director of Quality (Safety and Risk)

7. Recommendations

The Board is invited to **note**:

1. The risk register report attached to this header

Name and Title of Author: Yvonne Gatley – Associate Director of Quality (Safety and Risk).

Date: 11th November 2015

Open Corporate “High” Risks at 12.11.15

CORPORATE HIGH RISKS (Total = 16)

ID	Date Identified	Title	Risk Subtype	Description	Principal objectives	Risk level (initial)	Executive Lead	Risk Owner	Handler	Current controls	Gaps in controls	Risk level (current)	Rating (current)	Next review date	Target Date	Assurance	Gaps in assurance	Risk level (Target)
2395	26/06/2015	Financial Recovery Plan	Financial	Failure to develop and deliver a financial recovery plan which meets the statutory breakeven requirements	To deliver Value for Money	HIGH	David Moon	Ms Susan Rollason	Mr Alan Jones	Financial recovery plan drafted Budgetary control processes. Monthly operational delivery meetings. Quarterly performance review meetings Finance Star Chamber		HIGH	25	01/01/2016	31/03/2017	Monthly reports to the Trust Board and Finance and Performance Committee.	Plan not approved by the TDA	LOW

Open Corporate "High" Risks at 12.11.15

ID	Date Identified	Title	Risk Subtype	Description	Principal objectives	Risk level (initial)	Executive Lead	Risk Owner	Handler	Current controls	Gaps in controls	Risk level (current)	Rating (current)	Next review date	Target Date	Assurance	Gaps in assurance	Risk level (Target)
1984	01/04/2015	RTT Performance (Admitted pathways)	Operational	The Trust is failing the RTT standard for Incomplete, admitted and non-admitted pathways. This will lead to patients waiting a long time for their treatment; a standard within the NHS constitution will not be met; and a corporate target will not be achieved.	Delivering safe, high quality & evidenced patient care	HIGH	David Etringham	Mr Mark Kemp	Mr Mark Kemp	(i) A joint Trust/CCG action plan has been drafted. This includes actions for the Trust and the CCG in terms of the wider health economy. (ii) A CCG/Trust RTT delivery group has been established with chief officer membership. This will include representation from NHS England and the TDA. (iii) The RTT trajectory will be validated by IMAS (Intensive Support and Management). (iv) Internal validation of waiting lists is a continuous process. The Trust's waiting list has been validated and signed off by NHS England. (v) Additional information reporting for operational managers has been put in place. (iv) Weekly performance reports are made to COG. (v) Weekly meetings are held with the groups to performance manage local action plans and performance improvement against the standard. (vi) Group action plans revised and presented to COO - 16th September 2015	No identified gaps in controls	HIGH	20	01/12/2015	31/03/2016	The RTT trajectory will be validated by IMAS (Intensive Support and Management). The Trust's waiting list has been validated and signed off by NHS England. RTT Board with CCG/TDA and UHCW exec membership Signed off by TDA, NHSE & CCG	None identified	MOD

Open Corporate “High” Risks at 12.11.15

ID	Date Identified	Title	Risk Subtype	Description	Principal objectives	Risk level (initial)	Executive Lead	Risk Owner	Handler	Current controls	Gaps in controls	Risk level (current)	Rating (current)	Next review date	Target Date	Assurance	Gaps in assurance	Risk level (Target)
2164	22/09/2014	Achieving 3.5% DTOC national target	Strategic	Due to patients' discharges delayed in hospital, reduced patient flow & extended LOS, there is a direct impact upon the performance of the Trust against national targets and also a risk of patients acquiring infections.	Improving business and service framework	HIGH	David Eltringham	Mr Mark Easter	Ms Kerrie Manning	April 2015 Additional beds commissioned to transfer patients awaiting 2 calls or less for up to 5 days whilst awaiting POCApril 2015 D2A model for CHC introduced	Partners not updating the discharge plan for their patientsDaily discharges meetings not effective use of time reduced to twice weekly with agreement of partner engagement to update status with changesIDT high levels of sickness reducing accuracy of data collected as staff covering additional wards	HIGH	20	19/11/2015	12/11/2015	Weekly progress chase meeting with partner organisations to agree the DOH guidance Daily discharge meetings with partners, jointly agreed DTOC figure distributed daily Reduced to twice weekly Jun 2015 Working with CCG and partners to review the DTOC process and apply an adapted Worcester model to DTOC from the end Sept 2015 Sept 2015-Senior meeting weekly for 4 weeks to challenge the DTOC position, work jointly with partners to unblock areas of concern and challenge current pathways and processes to improve flow.	The impact of applying the new model is unknown currently	MOD

Source: DATIX Risk Management System

Open Corporate "High" Risks at 12.11.15

ID	Date Identified	Title	Risk Subtype	Description	Principal objectives	Risk level (initial)	Executive Lead	Risk Owner	Handler	Current controls	Gaps in controls	Risk level (current)	Rating (current)	Next review date	Target Date	Assurance	Gaps in assurance	Risk level (Target)
2185	01/04/2015	Cancer (62 day standard)	Safety - Clinical	Risk that the Trust is failing the overall 62 day standard. There are a number of high volume specialties including urology, Lung, head & neck cancer and gynaecology where there is a risk of failing the standard. There are potential delays in radiology due to capacity. The Trust continues to experience late referrals from other Trusts.	Delivering safe, high quality & evidenced patient careTo deliver excellent Patient Care and Experience	HIGH	David Eltringham	Mr David Eltringham	Mr Mark Kemp	Current controls reviewed on 20th September 2015:(i) All cancer pathways discussed at weekly access meeting. Actions agreed and minuted.(ii) Specific meetings with Pathology, Radiology, Urology, Gynaecology and head & neck cancer. Actions agreed and minuted.(iii) External review of performance management and information reporting.(iv) Silver command review of the following day's theatre lists to identify and prioritise patients on cancer pathways.(v) Internal audit of information and performance management systems and processes undertaken which has suggested recommendations for changes in practice.(vi) Cancer performance included in weekly COG report (also circulated to RTT Board, TDA and CCG). Cancer now a regular item on the RTT Board which reports into the SRG.(vii) Enhanced training of Group staff planned (to be undertaken by cancer departmental staff).(viii) Urology, head and neck cancer and gynaecology are a particular risk. Closer monitoring of demand and capacity. Lists of patients identified to ensure 100% compliance with breach dates. Additional capacity agreed in Urology. Additional Consultants agreed in Urology plus additional theatre capacity. Weekend working agreed for gynaecology. Recruitment of vacant gynaecology consultant posts to be expedited. (ix) On line Demand and capacity tool in use to manage TWW capacity. (x) Trust submission to the NHSE/TDA assurance process with revised performance trajectory and Trust action plan. (xi) Action plan reviewed at Cancer Board. (xii) Separate Urology action plan reviewed weekly at Urology cancer team meeting.	None identified	HIGH	20	01/12/2015	31/03/2017	External review of performance management and information reportingInternal audit of information and performance management systems and processes undertaken Action plan and trajectory reviewed by NHSE / TDA as part of region wide assurance Cancer action plan & trajectory signed off at COG Action plan goes to RTT Board, TDA & NHSE	None	LOW

Source: DATIX Risk Management System

Open Corporate "High" Risks at 12.11.15

ID	Date Identified	Title	Risk Subtype	Description	Principal objectives	Risk level (initial)	Executive Lead	Risk Owner	Handler	Current controls	Gaps in controls	Risk level (current)	Rating (current)	Next review date	Target Date	Assurance	Gaps in assurance	Risk level (Target)
2195	20/11/2014	HPB-compliance with IOG guidelines	Strategic	If we do not serve a population of 2 million people we are not able to continue to provide the service according to the recent peer review.	Delivering safe, high quality & evidenced patient care	HIGH	David Moon	Mrs Danielle Taylor	Mrs Danielle Taylor	There will be some joint working on this with UHB.UHCW was requested by Specialised Commissioning to submit a joint service plan for an amalgamation of UHB and UHCW HPB services into one functional centre operating across 2 sites by 30th July 2015. To date, the 2 organisations are yet to meet to discuss the way forward as UHBFT colleagues have challenged the prime contracting model put forward by commissioners within their 15-16 contract – this has now been removed from the contract and a date is being set between UHCW and UHBFT to discuss the implications of this. UHCW NHS Trust remains committed to this joint venture and the establishment of an IOG compliant model of care.	None identified	HIGH	20	31/03/2016	31/03/2016	To be discussed	UHCW & UHB yet to meet	LOW
2285	06/02/2015	Delay in setting up Acute Frailty Unit	Operational	Due changes in planning and alteration to the footprint to Acute Medicine there is a delay in setting up the Acute Frailty Unit.	Building positive reputation and identityDelivering safe, high quality & evidenced patient careImproving business and service frameworkTo deliver excellent Patient Care and Experience	HIGH	David Moon	Dr Nick Balcombe	Sr Lorraine Owen	Meetings continue with the Community Team - looking at implementation in due course. Process being reviewed regarding GIM Rota - awaiting solution	Main issue is whether it is possible to implement plan due to knock-on risks for GIM rota.12/5/15 update - AFU project Group will report to EPIB as a stand-alone group - no longer with Acute medicine.12/5/15 update: The Acute Frailty Unit will now be on Ward 21m as originally planned.AFU project Group will report to EPIB on project progressBusiness case to be completed and submitted to the planning unit.	HIGH	20	31/12/2015	18/12/2015	Business Case submitted on 10/6/15 Report to EPIB on project progress Business case to be submitted	No Gaps reported	VLOW

Source: DATIX Risk Management System

Open Corporate “High” Risks at 12.11.15

ID	Date Identified	Title	Risk Subtype	Description	Principal objectives	Risk level (initial)	Executive Lead	Risk Owner	Handler	Current controls	Gaps in controls	Risk level (current)	Rating (current)	Next review date	Target Date	Assurance	Gaps in assurance	Risk level (Target)
1114	01/04/2014	Proton support - Replacement System Required	Safety - Clinical	Concern that Proton may fail because of a lack of technical support and resource resulting in the loss or unavailability of patient data which would affect patient care.As this is the mechanism by which we are paid there may be financial implications if the system were to fail.	Delivering safe, high quality & evidenced patient careTo deliver Value for Money	HIGH	Meghana Pandit	Dr S Fletcher	Lisa Harrigan	Data manager in post with some knowledge of Proton processes. The renal system is going to be part of the new iPM system which is a few years off installation. A temporarily solution is being looked into.04.07.14 Tender awarded to CCL. 01.08.14 Awaiting confirmation from the Trust re finance 03.10.14 Still awaiting confirmation re capital. 06.03.15 An all-encompassing system is being assessed by the Trust. Dan Ford in discussions and remains Proton expert - some updates may be possible. 18.06.15 IT project group starting today re new system.	Only one individual in ICT provides support.The system is very old and out of date.There is currently no support from Proton if the system were to crash. An upgrade may not be desirable.Identified in Trust capital programme but only level 2 (which may not be funded) and for 2013 - 14.Temporary solution being identified	HIGH	16	30/01/2016	06/03/2015	Discussed at QIPS 16.03.12To be included on the draft capital programme albeit level 2.	None	LOW

Open Corporate "High" Risks at 12.11.15

ID	Date Identified	Title	Risk Subtype	Description	Principal objectives	Risk level (initial)	Executive Lead	Risk Owner	Handler	Current controls	Gaps in controls	Risk level (current)	Rating (current)	Next review date	Target Date	Assurance	Gaps in assurance	Risk level (Target)
1858	01/04/2014	Capacity, statutory and reputational impact of cold/hot water pipe failure (Harm to people and loss of infrastructure)	Operational	1. There is a concern that the Girpi water system at UHCW may release water (hot /cold) in an uncontrolled manner.2. This will cause potential harm and damage to people and infrastructure3. Resulting in a, Loss of Services, b, Harm to patients, contractors, and others. In addition a catastrophic failure may result in statutory breaches.	Delivering safe, high quality & evidenced patient care	MOD	David Eltringham	Mr Lincoln Dawkin	Mrs Julie Rice	18/08/15 - Further survey work is currently being undertaken to provide further pipework samples for testing. Upon completion a scope of work will be agreed. Remedial work has commenced in CSSD and the process is managed via a separate working group that meet up on a 2 week basis to manage.	Rev 2 Girpi Risk Assessment_20141104.docx provides details of Gaps in Controls.	HIGH	16	13/11/2015	30/07/2015	Skanska construction to Identify all the pipes schematics (Constant Temperature and Variable Temperature systems) and ensure that the risk exposure is clearly identified to both people and infrastructure. As soon as possible. (Skanska) [Completed 2/5/13]Reduce operating temperature of the system to minimise hot water hazard. Today (26/4/13). (Project Co) [Completed 2/5/13]Ensure that all non-essential works are put on hold until independent assessment of failed pipe is obtained with immediate effect. (Project Co, Vinci) [Completed 2/5/13]Inform users to be vigilant of leaks from ceiling and to report to help desk. As soon as possible. (Trust) [Completed 2/5/13]Regular patrols across the hospital sites to be implemented to monitor any leakage or failures. (Action Vinci) [Completed 2/5/13]Clear Maintenance procedures in place and agreed with Project Co and Partners Protocol / procedure to be developed and adhered to when carrying out any work under licence or permit system. (Trust and Project Co)	Rev 2 Girpi Risk Assessment_20141104.docx this details the gaps in assurance The risk exercise was discussed at Risk Committee and recommendation made that the risk should be escalated to BAF	LOW

Open Corporate "High" Risks at 12.11.15

ID	Date Identified	Title	Risk Subtype	Description	Principal objectives	Risk level (initial)	Executive Lead	Risk Owner	Handler	Current controls	Gaps in controls	Risk level (current)	Rating (current)	Next review date	Target Date	Assurance	Gaps in assurance	Risk level (Target)
2178	01/07/2014	DNACPR forms not accompanying patients as they leave the organisation	Safety - Clinical	1 - The risk is that a patient will be resuscitated on arrival to the organisation when a previous DNACPR order has been made and not rescinded. The family / patient will be aware of this. 2- Potential litigation and or complaints.	Delivering safe, high quality & evidenced patient careTo deliver excellent Patient Care and Experience	HIGH	Meghana Pandit	Dr David Parr	Dr Robert Simpson	23/04/15 - recent internal audit (March 2015) demonstrated increased compliance and awareness of procedure. Currently being re-audited by external agency. 08/07/2015 - results of external agency audit awaited before regrading. Work in progress re-DNACPR e-tab on CRRS (aiming for Sept 2015). 30/09/2015 - External audit - limited assurances. Action plan to complete (ongoing). CRRS tab - in progress. Decision tree constructed. Mtg next week with CRRS team. Latest figures - fewer incidences - 55 in last quarter. 06/11/15 - work progressing well with "tab". flow matrix constructed - programming likely to commence imminently. revisited DNACPR issues at grand round presentation in October	None identified	HIGH	16	01/12/2015	01/02/2016	Monitored via incident reporting	None identified	MOD
2196	03/11/2014	Capacity, staffing and skills HDU.	Safety - Clinical	There are dialysis spaces available in other satellite units but patients are refusing to move there. Due to staff shortage,(30% vacancy rate) the unit is currently being managed with under skilled staff, the new starters after their supernumerary period are expected to work without supervision, and unable to complete their technical and emergency procedures in order to become fully competent .This in turn leads to difficulties in staff training and retention.	Delivering safe, high quality & evidenced patient careTo deliver excellent Patient Care and Experience	HIGH	Mark Radford	Dr S Fletcher	Sr Kay Wilkinson	Extra on calls;Closing down of teams on alternative days;Banking by the same staff;Planning to change shift patterns to retain staff and improve quality of patient care.Actively recruiting nurses;Updating staff with progress;Requesting consultants to actively involved in transfer process to enhance smooth running of the unit and utilisation of acute slots 27.04.15 Satellite units full. 11.08.15 renal open day completed Renal representation at Birm and Cov uni open days.Additional capacity identified at Ash twilight M,W,F. Agreed at Qip new chronic patients will start at Ash. 18.06.15 Reviewing use of Nxstage on Ward 50 to reduce on-calls. 07.08.15 To be reviewed in August QIPS0 5.10.15 14.36 RN vacancies (21.3% of funded establishment) Continue to actively recruit. Using off framework agency to ensure the unit is safely staffed.	07.08.15 To be reviewed in August QIPS	HIGH	16	21/01/2016	30/05/2015	3.07.15 Reviewed at QIPS	07.08.15 To be reviewed in August QIPS	MOD

Open Corporate "High" Risks at 12.11.15

ID	Date Identified	Title	Risk Subtype	Description	Principal objectives	Risk level (initial)	Executive Lead	Risk Owner	Handler	Current controls	Gaps in controls	Risk level (current)	Rating (current)	Next review date	Target Date	Assurance	Gaps in assurance	Risk level (Target)
2291	23/02/2015	MRSA Bacteraemia	Safety - Clinical	Concern that until the Trust identifies the underlying cause(s) of the recent MRSA bacteraemia cases, then patients are potentially at risk and there is also potential reputational risk to the organisation.	Delivering safe, high quality & evidenced patient care	HIGH	Mark Radford	Dr Jennifer Child	Sr Katherine Prevc	Standard Precautions are in place.Infection Prevention & Control Policies are available and in place.External review undertaken by TDA - no issues identified. Expert review undertaken by Microbiologist & Consultant Nurse. Environmental sampling - SPAR typing is different for each case. Proactive screening of patients in Gastro - on admission and discharge completed. Awareness campaign - Feb, March & May 2015, focus on screening & de-colonisation.Introduction of WHO 5 Moments Hand hygiene measurement tool from June 2015 Weekly MRSA ward round	Inconsistent adherence to MRSA care bundle across the TrustIP&C Team reviewing Trust processes to identify possible sources	HIGH	16	29/01/2016	30/09/2015	External review (TDA and IPC Experts) - no specific issues identifiedThematic analysis completed in-house"SPAR" typing different for each case. Genomic level - no link between cases. Admission and discharge screening of high risk wards shows nil MRSA acquisition rate e.g. patients not becoming colonised with MRSA during in-patient stay New ward level IPC scorecard (key IPC metrics) introduced from July 2015. Review at Quarterly Performance meetings. Weekly MRSA (individual patients screen positive) ward round to check compliance with MRSA Quick Action Guides BSI action plan implementation monitored at Trust Board	Emergency screening compliance below (national) target 98% - guidance being updated to focus on Admission Units screening. Focus on areas where high proportion of patients are assessed prior to ward transfer.Updated MRSA Guidance in draft form and under review and update.	LOW
2359	22/05/2015	Shortfalls found in structural fire compartments at University Hospital	Safety - Non Clinical	Without adequate fire stopping in fire compartments walls there would be a likelihood that a fire would spread from one compartment to another. It is a statutory legal requirement that all fire compartment walls and floors are maintained to a suitable and sufficient fire standard.	Delivering safe, high quality & evidenced patient care	HIGH	David Eltringham	Mr Lincoln Dawkin	Mrs Julie Rice	07/09/2015 - The Emergency Fire Strategy Planning team continues to look at and assess the risk to the Trust. A Risk assessment for 3 options has been produced and training for the Trust Bleep Holders and on-call managers has been undertaken. A suggested plan of work has been forwarded to Project Co by the Trust's fire engineer.		HIGH	16	13/11/2015	23/06/2017			LOW

Source: DATIX Risk Management System

Open Corporate "High" Risks at 12.11.15

ID	Date Identified	Title	Risk Subtype	Description	Principal objectives	Risk level (initial)	Executive Lead	Risk Owner	Handler	Current controls	Gaps in controls	Risk level (current)	Rating (current)	Next review date	Target Date	Assurance	Gaps in assurance	Risk level (Target)
2391	26/06/2015	Income from Activities 2015/16	Financial	Failure to secure planned levels of income from activities in 2015/16	To deliver Value for Money	HIGH	David Moon	Mr David Moon	Mr Alan Jones	Key contracts agreed (by specialty and POD) for 2015/16. Budgetary control processes. Monthly operational delivery meetings. Quarterly performance review meetings.		HIGH	16	01/01/2016	31/03/2016	Key contracts agreed (by specialty and POD) for 2015/16. Monthly reports to the Trust Board and Finance and Performance Committee.	Current forecast shows a gap which still needs to be addressed	LOW
2392	26/06/2015	Agency Staffing Expenditure 2015/16	Financial	Failure to control and reduce agency staffing expenditure	To deliver Value for Money	HIGH	David Moon	Mr David Moon	Mr Alan Jones	Budgetary control processes. Financial Recovery Plan (proposal to introduce strengthened agency staffing controls). Monthly operational delivery meetings. Quarterly performance review meetings.	New controls over the use of agency staff to be implemented in July 2015	HIGH	16	01/01/2016	31/03/2016	Monthly reports to the Trust Board and Finance and Performance Committee.	Continuing high levels of agency spending and use of non-framework agencies	LOW
67	01/04/2014	Medicines Management - Drug Security	Safety - Clinical	Reviewed yearly and updated following Patient Safety Committee Review. 1 Facilities: Drug Security is compromised due to insufficient resources (poor storage facilities) within Trust to action best practice for the safe storage of medication. The Trust has experienced breaches in drug security as a result of lack of secure facilities. 2 Practice: Drug security compromised due to practice where doors to clinical rooms, drug trolleys and drug cupboards are left unlocked.	Delivering safe, high quality & evidenced patient care	MOD	David Eltringham	Mr Mark Easter	Mr Mark Easter	1 Facilities:15th January 2015 - PSC reviewed risk following presentation of November 2014 Trustwide medicines security audit. Agreed risk rating remains red (High Risk). Options appraisal conducted re. Facilities how to make facilities fit for purpose, preferred option Trustwide robotics. Director of Pharmacy to develop business case. 2 Practice - Monthly Medicines Management Training Workshops to be continued throughout 2015/16 and CD training added to nurse preceptorship programme. Medicines Management training programme added to induction via market place.	None identified	HIGH	15	29/01/2016	30/09/2016	Monitored at Patient Safety Committee	None	LOW

Open Corporate "High" Risks at 12.11.15

ID	Date Identified	Title	Risk Subtype	Description	Principal objectives	Risk level (initial)	Executive Lead	Risk Owner	Handler	Current controls	Gaps in controls	Risk level (current)	Rating (current)	Next review date	Target Date	Assurance	Gaps in assurance	Risk level (Target)
2279	04/03/2015	Trustwide Clinical Staffing Vacancies	Human Resources	As at 30th November 2014, the average nursing vacancy position across the Trust stood at 13% (range 1.22% - 25%) for Registered Nurse/ Midwife and Health Care Support Workers, a total of circa 400 posts. Identified impact (risk on quality and safety KPI's- pressure ulcers (slight sustained increase at grade 2 & 3 since July 2014), poorer scores on EOC benchmarks from previous year across all benchmarks (findings reported Jan 2015).High agency usage in most wards. Some impact on mandatory training compliance.Impact of additional open beds (short term over winter in renal, cardiology, day surgery) requiring additional staffing.	Delivering safe, high quality & evidenced patient careTo be an Employer of choiceTo deliver excellent Patient Care and Experience	HIGH	Mark Radford	Linda Abolins	Linda Abolins	Daily staffing review and management by Matron. Change to working practice, flexibility of working hours, use of bank and agency staff. Daily escalation process in place and report to CNO Recruitment Lead Nurse in post since 1st December 2014 with a specific focus on registered and non-registered nurse recruitment/ retention. HR review and streamline of recruitment process. Targeted plans and actions for areas with particular pressures e.g. renal haemodialysis, gerontology, neurosciences Creating some short term (6 months) Band 3 posts in areas of highest risk- e.g. neurosciences and gerontology Consideration of recruiting mental health nurses for key specialties.There are a number of difficult medical posts that the Trust is actively trying to recruit to. These posts are temporarily being covered by locum doctors. April 2015 UHCW active participation to recruitment fayres in Ireland.	Timescale from advert to staff on site has improved but ongoing work to streamline this and reduce further to no longer than 3 monthsAgreement to employ greater number of newly qualified staff (work to look at support required for this) as experienced B5 staff not available to match current vacancy levels.	HIGH	15	29/01/2016	04/03/2016	New Enhanced Care Team to commence in October 2015Bi annual review of risk assessment at Nursing and Midwifery Committee Nursing metrics reviewed monthly Twice yearly Safer Staffing report to Trust Board Deep dive review (of quality metrics) on those wards with 1:12 staffing at night received at QGC in June 2015. HCSW recruitment excellent and vacancy numbers reduced to below 30 across Trust	Vacancy rate remains at 13% at May 2015 despite active recruitment activities	MOD

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	**Cost Improvement Programme: Quality Impact Assessment**
Author	**Bernie Allen, Interim Associate Director of Performance and Programme Management**
Responsible Chief Officer	**Meghana Pandit, Deputy Chief Executive Officer and Chief Medical Officer** **Mark Radford, Chief Nursing Officer**
Date	**26th November 2015**

1. Purpose

The purpose of this paper is to explain the importance of quality impact assessments within the Trusts assurance processes that support its Cost Improvement Programme, and to provide a detailed update on the completion of quality impact assessments to the end of October 2015.

2. Background and Links to Previous Papers

Cost Improvement Programmes (CIPs) arise because of the gap between a Trust's expected income from its planned activities, and the costs associated with delivering that activity. CIPs are not necessarily about cuts or closures but rather the focus is usually on improving efficiency. Gaps can be filled in several ways and may for example, include a plan to increase income.

The Board is responsible for preparing a plan which is deliverable and not detrimental to the quality of patient care. All of this reinforces the need to focus on the impact on quality of the savings schemes identified as part of CIPs.

The 2012/13 Operating Framework introduced the requirement for NHS trusts that all CIPs to be agreed by Medical and Nurse Directors.

3. Narrative

The Trust's financial plan for 2015/16 required a formal cost improvement programme that delivered £34m of cash releasing savings. At the end of October, the forecast value of savings expected to be made by the end of the year is £33.8m.

The reporting for month 7 shows that 85% of schemes had fully approved quality impact assessments. The forecast value of the schemes awaiting QIA sign off is £6m.

Timely and robust completion of QIA is the responsibility of the clinical group implementing the saving. The Performance and Programme Management Office monitor the completion and approval of QIA, and provide regular updates to the CIP Steering Group. Assurance reporting is given to the Finance and Performance Committee in the Efficiency Delivery Report on a monthly basis.

4. Areas of Risk

The completion and approval of Quality Impact Assessments is intended to manage the clinical, quality and reputational risks associated with cost improvement schemes.

Failure to complete the assessment in a timely manner could expose the Trust. This is mitigated by the monitoring of completion rates by the Performance and Programme Management Office and the Cost Improvement Programme Steering Group.

Failure to complete robust Quality Impact Assessments could lead to inappropriate service changes being made. This is mitigated by the approval process carried out by the Chief Medical Officer and the Chief Nursing Officer.

5. Governance

In ensuring that all CIP schemes are approved by the Chief Medical and Nursing Officer, the Trust complies with guidance in this matter.

The Trust's approach to cost improvement schemes (identification, management and governance) is regularly subject to Internal Audit Review, and an assessment of the robustness of processes is also undertaken by the External Auditors.

6. Responsibility

As set out above.

7. Recommendations

The Board is invited to **note** the content of this report.

Name and Title of Author: Bernie Allen, Interim Associate Director of Performance and Programme Management
Date**:** 26th November 2015

Contents

Introduction

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Background

Cost Improvement Programmes (CIPs) arise because of the gap between a Trust's expected income from its planned activities, and the costs associated with delivering that activity. CIPs are not necessarily about cuts or closures but rather the focus is usually on improving efficiency. Gaps can be filled in several ways and may for example, include a plan to increase income.

All CIPs are subject to change and need to be dynamic documents since revisions in policy or circumstances require adjustments to the CIP during the year.

The Board is responsible for preparing a plan which is deliverable and not detrimental to the quality of patient care. All of this reinforces the need to focus on the impact on quality of the savings schemes identified as part of CIPs.

The 2012/13 Operating Framework introduced the requirement for NHS trusts that all CIPs to be agreed by Medical and Nurse Directors.

The Trust Development Authority and Commissioners all have a requirement to assure themselves that the Trust has appropriate procedures in place.

UHCW processes and controls

UHCW captures information about CIPs on its intranet based database, which as a minimum records:

- An explanation of the scheme, its classification and the people involved in its delivery;
- A detailed, phased financial plan against which actual delivery is monitored;
- A quality impact assessment; and
- Scheme sign off.

The Performance and Programme Management Office (PPMO) provides ongoing scrutiny over the completion of documentation and progress against all outcomes (including the value of CIP delivered).

Reporting of compliance is made specific to Individuals and Groups dependent on their role. The frequency of monitoring is dependent upon the risk associated with each element. At the moments, the Clinical Groups are sent a weekly flash report identifying the areas of the system that require completion with offers of support from the dedicated Project Support Officers (see appendix 2).

Clinical and Operational Groups attend the CIP Steering Group on a cyclical basis, with attendance ranging from monthly to quarterly frequency dependent upon the status of overall CIP plans. The Steering Group is chaired by either the Chief Finance and Strategy Officer or the Chief Operating Officer and is intended to provide oversight and support around all aspects of the CIP.

The Cost Improvement Programme is subject to regular review by Internal Audit, who assess the robustness and operation of both financial and qualitative controls.

The Trust's Internal Auditors last reported on the Trusts CIP processes in February 2015.

At that time, the Auditors provided a "significant" level of assurance that the Trust's CIP Plans identified had been appropriately developed and approved and that overall significant assurance could be taken on the design and operation of the internal controls to prevent risks around the identification and implementation of CIP in line with overall financial plans.

This was an improvement on their previous review carried out in October 2014, where only "moderate" assurance was given.

UHCW Approach to Quality Impact Assessments

All schemes are required to have an approved quality impact assessment.

The Trust has adopted a two stage process, whereby a suite of six standard questions must be answered, and a risk assessment (of likelihood x impact) must be completed:

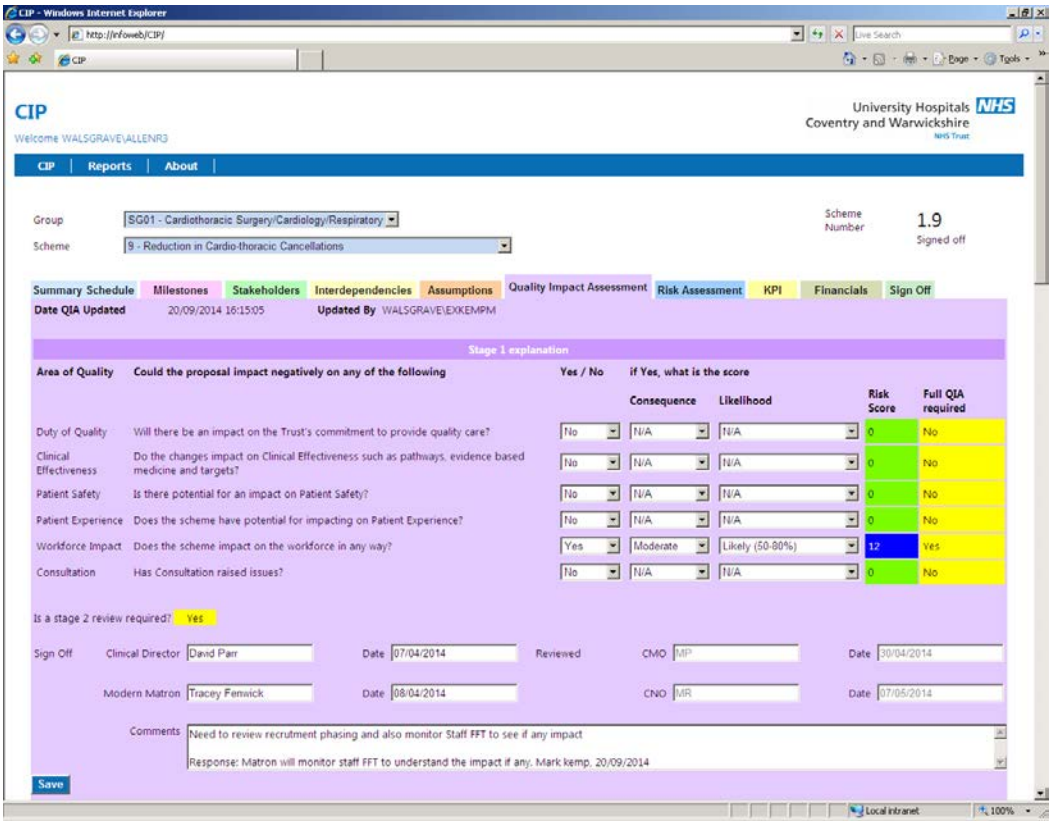
1. Duty of Quality: Will there be a negative impact on the Trust's commitment to provide quality care?
2. Clinical Effectiveness: Do the changes have a negative impact on Clinical Effectiveness such as pathways, evidence based medicine and targets?
3. Patient Safety: Is there potential for a negative impact on Patient Safety?
4. Patient Experience: Does the scheme have potential for negatively impacting on Patient Experience?
5. Workforce Impact: Does the scheme impact on the workforce in any way?
6. Has consultation raised issues?

	Risk matrix		Likelihood / probability				
Consequence			Rare (0-5%)	Unlikely (6-20%)	Possible (21-50%)	Likely (50-80%)	Almost certain (81-100%)
	SCORES		1	2	3	4	5
	Catastrophic	5	5	10	15	20	25
	Major	4	4	8	12	16	20
	Moderate	3	3	6	9	12	15
	Minor	2	2	4	6	8	10
	Negligible	1	1	2	3	4	5

This stage of the Quality Impact Assessment is usually completed by the Project lead, but requires sign off by the Clinical Director and the Modern Matron.

If the risk score is high enough (above 8) a full quality impact assessment is required.

All Quality Impact Assessments then require approval by the Chief Medical and Chief Nursing Officers. This approval can involve direct dialogue with the group to address any concerns before final approval is given. Comments and feedback are documented within the assessment:



Group compliance is picked up in the weekly email sent by PPMO. The Chief Medical and Nursing Officers are contacted as and when there is an increase in the number of Quality Impact Assessments awaiting approval. The system has a monitoring report that allows the Chief Medical and Nursing Officers to target the specific schemes they have not yet approved.

The monthly Efficiency Delivery Report includes the status of quality impact assessments for each clinical group and the value of schemes without fully approved assessments. The Efficiency Delivery Report is submitted to the Finance and Performance Committee.

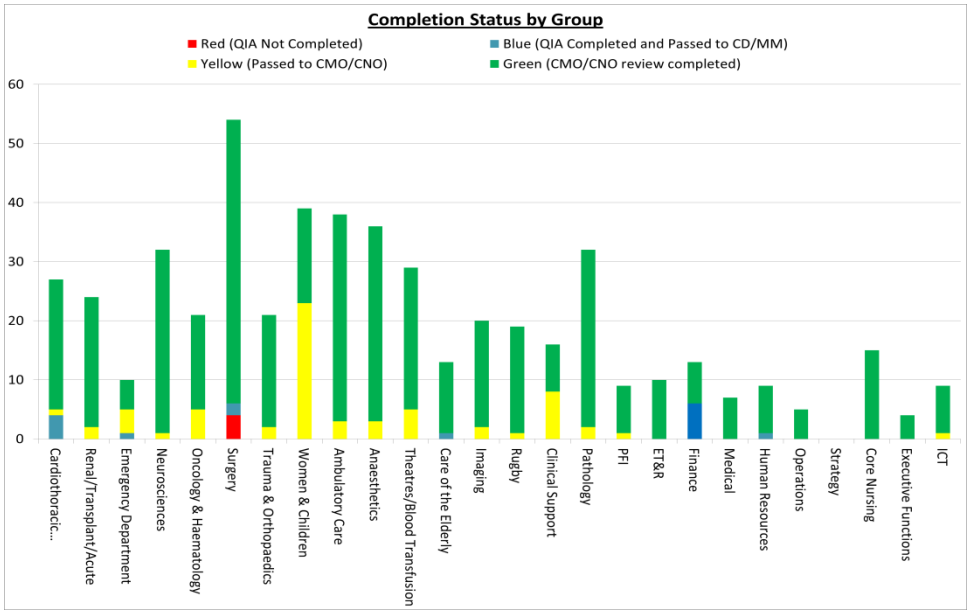
Status of Quality Impact Assessments

The reporting for month 7 (ending 31st October) shows that 84% of schemes had fully approved quality impact assessments:

	QIA incomplete	QIA awaiting CD & MM sign off	QIA with CNO/CMO for sign off	QIA fully signed off	Total
Number	4	15	64	429	512
%	1%	3%	13%	84%	100%
Last month %	0%	7%	35%	58%	100%

This is slightly below the performance as at Month 7 in 2014, where 94% of schemes had a complete QIA. In comparison to this time last year there are fewer schemes in total on the system, but more require completion and or approval, (51 incomplete or not approved QIA out of 567 schemes in October 2014, compared to 82 incomplete or not approved QIA out of 516 schemes in October 2015).

Compliance across the Clinical and Operational Groups is as follows:



The forecast delivery value of the schemes awaiting QIA sign off at the end of month 7 was £6m. The breakdown is shown as an appendix to this report.

Saving schemes with high risk Quality Impact Assessments

The highest risk schemes are:

- Retention of employment– PFI, with a moderate risk score of 9 in relation to a potential impact on the workforce. Under this proposal, all new Starters within the Soft services would commence on commercial terms, existing staff would remain on ROE T&C's, creating a two tier workforce. The mitigation will be addressed through discussions between the parties involved. The financial forecast predicts only 30% delivery of the £42k saving due to the timing of negotiations.
- By changing the Anaesthetic Consultant on-call rotas to cover weekend trauma, the Anaesthetics Group has reduced the cost of trainee locum shifts

which were previously used. The QIA identified a moderate risk score of 12 in relation to potential impact on the workforce. This was managed through the consultation process as job plans were reviewed. The group is reporting 100% delivery of the £98k planned saving.

- Consultant recharge to Worcestershire Acute – Emergency Department, with a high risk score of of 15 in relation to workforce impact. The group is reporting 100% delivery of the £23k planned saving, but the mitigation is the use of agency staff to provide cover.

Rejected schemes

There is currently one 2015/16 scheme 2015/16 that was rejected by both the Chief Medical Officer and the Chief Nursing Officer. This contained proposals to review anaesthetic on call arrangements at the Hospital of Rugby St Cross, with a potential saving of £142k. Anaesthetics have been asked to undertake an audit of anaesthetist call outs as well as provide details of other support provided by the role before undertaking consultation with the specialties that might be affected before they consider re-submitting this proposal. The group are not forecasting delivery against this scheme.

Appendix 1: Value of Schemes without approved Quality Impact Assessments (as at 31st October 2015)

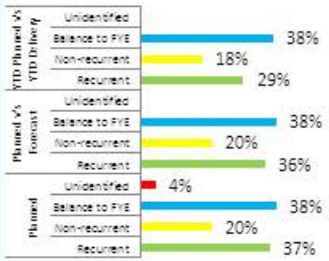
	Plan (£'000)	Forecast Delivery (£'000)	Plan (£'000)			Forecast Delivery (£'000)		
			All QIA needs to completion	Passed to CD/MM	Passed to CMO/CNO	All QIA needs to completion	Passed to CD/MM	Passed to CMO/CNO
Cardiothoracic Surgery/Cardiology/Respiratory	685	685	0	352	333	0	352	333
Renal/Transplant/Acute	56	35	0	0	56	0	0	35
Emergency Department	97	97	0	0	97	0	0	97
Neurosciences	59	59	0	0	59	0	0	59
Oncology & Haematology	447	447	0	0	447	0	0	447
Surgery	183	183	135	48	0	135	48	0
Trauma & Orthopaedics	14	14	0	0	14	0	0	14
Women & Children	1,003	1,003	0	0	1,003	0	0	1,003
Specialist Medicine & Ophthalmology (prev Ambulatory Care)	10	10	0	0	10	0	0	10
Anaesthetics	117	117	0	0	117	0	0	117
Theatres/Blood Transfusion	456	417	0	0	456	0	0	417
Care of the Elderly	104	104	0	104	0	0	104	0
Imaging	10	10	0	0	10	0	0	10
Rugby	14	14	0	0	14	0	0	14
Clinical Support	316	138	0	0	316	0	0	138
Pathology	12	12	0	0	12	0	0	12
PFI	86	29	0	0	86	0	0	29
Finance	1,995	1,970	0	1,995	0	0	1,970	0
Human Resources	400	400	0	400	0	0	400	0
ICT	205	205	0	0	205	0	0	205
Total	**6,269**	**5,949**	**135**	**2,899**	**3,235**	**135**	**2,874**	**2,940**

Appendix 2: Example of weekly group monitoring "Flash Report"

NEUROSCIENCES

as at Friday 13th November

CIP IDENTIFIED



HIGHLIGHTS

(previous)

The Group had identified 96%, forecasted 94% against the full year target of £1,765k and delivered 82% YTD against YTD plan of £898k as at 06/11/15.

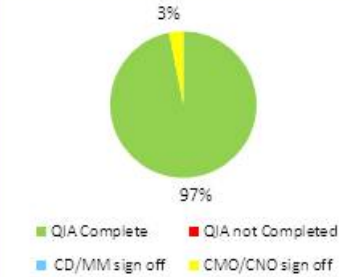
- Outstanding actions from last week have been actioned and completed

(latest)

The Group has identified 96%, forecasting 94% against the full year target of £1,765k and delivered 85% YTD against YTD plan of £1,042k as at 13/11/15.

- Aim to stop BMI usage for 2016/17 – has dramatically reduced
- Expects to deliver against target by over performance on non-elective neurosurgery
- Over performance on neurophysiology

QIA



ACTION LOG

Over £100k schemes:

None

Under 100k schemes:

None

Other actions:

- CFM to complete financials on 64, 65, 70, 72, 74 and 75
- 2016/17 Balance to Full Year Effect schemes created – to be reviewed and updated

RISKS AND MITIGATIONS

COMPLIANCE	RISKS	MITIGATIONS
Milestones	No risk	n/a
Quality Impact Assessment	No risk	n/a
Risk Assessment	No risk	n/a
KPI's	No risk	n/a
Activity	No risk	n/a
Financials	Further opportunities not quantified	GM to speak to CFM for update
Sign off	Unable to progress to 'Implementation'	PPMO to continue to support Group

FINANCE UPDATE

Over £100k scheme:

7 schemes over £100k
Plan: £1,061k
Forecast: £1,061k

Status:

	Opp	P in P	Implement
Volume	0	12	20
Value	£0k	£597k	£1,089k

Slippage:

76 -£24,255 (registrar is off long term sick; not expected to be back until January 2016 which is why slippage has occurred)

Highest risk:

None

Unapproved QIA schemes:

Plan: £59k
Forecast: £59k

CIP Steering Group meeting: Monday 14th December 2015

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	**Emergency Preparedness Annual Report 2014 – 2015**
Author	**Alistair Nutting**
Responsible Chief Officer	**David Eltringham**
Date	**26 November 2015**

1. Purpose

As part of the NHS EPRR Framework NHS organisations are required to submit, no less than annually a report to the Board on the actions of the Emergency Planning Department.

2. Background and Links to Previous Papers

The Emergency Planning Department is required to submit a report to the Board to provide assurance that the activities undertaken throughout the year. This report covers the day to day running of the team; training attended and delivered, exercises and incident declarations.

Previous papers have been submitted annually to Board along with an EPRR Core Standards submission to the Quality, Governance Committee.

3. Narrative

The Civil Contingencies Act 2004 and the NHS EPRR Framework requires NHS Acute organisations to plan for, respond to and recover from major incidents. The Emergency Planning Team work to ensure that this is achieved.

The purpose of this paper is for information purposes detailing the work of the Emergency Planning Team.

- Throughout this time period training has been provided to nursing and managerial staff in incident response.
- The emergency planning staff have attended training events to ensure that nationally agreed processes are being used at UHCW such as ‘dry decontamination’ of contaminated casualties.
- No major incidents have been declared during this time.
- UHCW NHS Trust completed a large live exercise and numerous smaller live exercises to ensure that response plans are effective. This also ensured that the Trust remained compliant against the requirements of the Civil Contingencies Act 2004.

4. Areas of Risk

The main areas of risk associated with Emergency Planning are:

- Training – major incident response and business continuity remains a risk for all staff. This is being addressed by the Emergency Planning Manager going forward with a training and delivery programme.
- Exercising – exposure to internal and external exercising remains low. This has changed since April 2015 with more on call managers and consultants being invited to participate in exercises. The Emergency Planning Manager has developed a delivery plan going forward to increase this exposure.
- Business continuity – UHCW has a responsibility to ensure that I can continue to deliver essential services at all times. This means that business continuity plans should be constantly evolving to ensure that they meet the requirements of the business. The Emergency Planning Manager will continue to ensure plans are validated throughout the year.

Following a recent incident in Coventry City Centre a review of the training provided and the Major Incident Plan is taking place. This is to ensure that all individuals involved in a response have received suitable training appropriate to their role and how they interact with others, along with increasing the exposure of individuals in key roles to emergency response exercise scenarios.

5. Governance

- Civil Contingencies Act 2004
- NHS EPRR Framework 2013

6. Responsibility

The responsibility for implementing the work programme is John Dodds, the Emergency Planning Manager. The Emergency Planning Manager reports to the Director of Operations, and ultimately to the Chief Operating Officer.

7. Recommendations

These need to clearly state what you are asking the Board to consider e.g.

The Board is invited to **note**:

1. The Trust is compliant with the requirements of the Civil Contingencies Act 2004 and the NHS EPRR Framework
2. Training and exercising remain a priority for the department.

Name and Title of Author: Alistair Nutting
Date**:** 06/10/2015

University Hospitals Coventry and Warwickshire NHS Trust

Emergency Preparedness Annual Report 2014 – 2015

Report by:

Alistair Nutting, Emergency Planning Officer

On behalf of

John Dodds, Emergency Planning Manager,

Claire Bonniger, Associate Director of Nursing (Operations),

Emma Livesley, Director of Operations

And

David Eltringham, Chief Operating Officer

Contents

1.0 Introduction

This report outlines the activity and work of the Emergency Planning Team undertaken during the year 2014 - 2015. This builds upon the foundations already established in previous years to ensure the Trust meets the requirements of the Civil Contingencies Act 2004 and the NHS EPRR framework. The Department of Health guidelines set out a requirement that all NHS Boards receive regular reports, at least annually on emergency planning.

1.1 Civil Contingencies Act 2004

The Civil Contingencies Act 2004 (CCA) provides a framework for all emergency preparedness activities undertaken across the public sector. As part of this legislation, the Trust is classed as a Category 1 Responder along with the emergency services, local authority and other frontline NHS organisations.

As a Category 1 Response, the Trust is responsible for a number of civil protection duties. These include:

- Assess the risk of emergencies occurring and use this to inform contingency planning;
- Put in place emergency plans;
- Put in place Business Continuity Management arrangements;
- Put in place arrangements to warn, inform and advice the public in the event of an emergency;
- Share information with other local responders to enhance co-ordination; and
- Co-operate with other local responders to enhance co-ordination and efficiency.

The work that is undertaken by the Emergency Planning Team ensures that we, as a Trust are compliant with those duties placed upon by the Civil Contingencies Act (2004), along with the associated guidelines; Emergency Preparedness, Emergency Response and Recovery and the NHS Emergency Planning Guidance 2005.

1.2 NHS Emergency Preparedness Framework

This is a strategic national framework containing principles for health emergency planning for all NHS funded organisations including; clinical commissioning groups (CCGs), GPs, Acute Trusts, primary and community funded organisations.

All NHS-funded organisations must meet the requirements of the Civil contingencies Act (2004), the Health and Social Care Act (2012), the NHS standard contracts, the NHS England Core Standards for EPRR, the NHS England Command and Control Framework, and the NHS England Business Continuity Management Framework. This framework supersedes the NHS Emergency Planning Guidance 2005.

1.3 NHS Emergency Preparedness, Resilience and Response (EPRR) Core Standards.

The NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) set out clearly the minimum EPRR standards which NHS organisations and providers of NHS-funded care must meet.

The Core Standards will also enable agencies across the country to share a common purpose and to co-ordinate EPRR activities in proportion to the organisations size and scope; and provide a consistent cohesive framework for self-assessment, peer review and assurance processes.

UHCW submits the Core Standards Report via the Quality, Governance Committee for review and support. This was completed in September 2015 – available in Annex A, page 16.

2.0 Emergency Planning Overview

2.1 Accountabilities

The Chief Executive has overall responsibility and accountability for ensuring the organisation has tried and tested processes to manage the response to any major incident.

The Chief Operating Officer is the Executive Director Lead for Emergency Planning within the Trust with responsibility for setting the strategic direction.

Jon Barnes, Deputy Chief Operating Officer (Corporate), was the Trust Lead for Emergency Planning up until 27th March 2015. Claire Bonniger, Associate Director of Nursing (Operations) has since taken over this role.

Gary Ward, Consultant in Emergency Medicine, was the Trust Clinical Lead for Emergency Planning. Dr Ward has been replaced by Dr Matthew Robbins.

Jenny Child, Consultant Microbiologist is the Trust Pandemic Influenza Lead and provides technical input and leadership around any infectious disease planning.

John Dodds and Alistair Nutting (Emergency Planning Manager and Emergency Planning Officer respectively) provide the day to day operational input into emergency planning activities.

2.2 Resources

2.2.1 Staffing

The staffing resource for the Emergency Planning Unit was 1 WTE in the form of the Trust Emergency Planning Manager, and 1 WTE Emergency Planning Officer with management time dedicated from the Emergency Planning Lead (Deputy Chief Operating Officer - Corporate).

2.2.2 Emergency Planning On Call

The Emergency Planning On Call function came about following Pandemic Influenza in 2009. The Emergency Planning Team were required to be on call to provide advice and information on the appropriate operational management of patients suspected of having influenza.
The on call is designed to ensure that the Major Incident Team has support from an individual with emergency planning knowledge who can act as a Tactical Advisor to the Hospital Silver Commander. Due to changes in staffing this rota is currently under review.

2.2.3 Budget

There is a dedicated non-pay budget for emergency planning of £27 500 per annum. This amount is provided to develop training and exercises within the Trust, and also maintain equipment related to emergency planning.

2.2.4 Equipment

The Emergency Planning Team manage, on behalf of the Trust, a range of equipment which includes decontamination equipment for patients who are contaminated by chemical, biological, radiological or nuclear material and the Trust Radio equipment.

2.2.5 MTPAS – Mobile Telephone Privileged Access Scheme

To ensure that there are resilient communications within the Trust we have access to a number of mobile telephones that are registered with the Mobile Telephone Privileged Access Scheme. The details of which can be obtained from the Emergency Planning Officer.

2.2.6 Decontamination Equipment

The Trust currently has 24 operational decontamination suits that are certified until September 2016.

The Trust also has the physical decontamination structures that can be erected in order to provide wet decontamination facilities to any persons that require it.

2.2.7 RapidReach Major Incident Notification System

The RapidReach Major Incident Notification System is a web based platform that enables the Trust to initiate a call cascade to approximately 600 people within a 10minute window. This system is pre-programmed with nationally agreed messages for major incident standby, declared, cancelled and stand down. The benefits of the system is that a single person can activate the system and all the responses can be tracked. This would enable an incident response team to identify members of staff available to provide support in a response and recovery phase.

2.2.8 Resilience Direct

The Resilience Direct service is a secure information sharing system for Category One and Two responders developed and maintained by the Cabinet Office. The Resilience Direct system allows the Emergency Planning Officer (as the system administrator) to authorise use of the system to any appropriate persons within the Trust.

2.3 Emergency Planning Steering Committee

The Emergency Planning Steering Committee is a multi-disciplinary group established to monitor and guide the work of the Emergency Planning work stream. This group reviews the work of the Emergency Planning Manager and provides opportunity to influence ongoing planning within the Trust. This committee has been chaired by the Trust Emergency Planning Lead.

During 2014 / 2015 the committee met on the 10th of April and the 25th March. This is clearly not sufficient and quarterly meetings have been agreed for 2015 – 2016.

2.4 Multi-Agency Forums

The Trust is represented on various multi-agency forums, working with partners across the health economy and the region to ensure plans and responses to incidents are integrated. These include;

- Local Health Resilience Partnerships in both West Midlands and Warwickshire.
- Arden, Herefordshire and Worcestershire Emergency Planning Action Group.
- Birmingham, Solihull and Black Country Emergency Planning Group.
- Pandemic Influenza Planning Meetings.
- Town and County Council Emergency Planning and Safety Groups.
- Coventry Resilience Forum

2.5 Risk Register

The Risk Register is maintained by the Emergency Planning Officer. There are currently 11 risks being handled by the Emergency Planning Team, with two remaining open. All risks are reviewed annually to ensure that they either remain at the target risk rating or further mitigation is being applied to reduce the rating. The risks that remain open on the register are;

- Pandemic Influenza – work is currently on going on a local, regional basis to ensure that the Trust plans reflect national planning guidance and the regional operational response plans.
- Business Continuity – business continuity planning is an ongoing programme of work at UHCW NHS Trust. The evolving nature of the business and the business continuity cycle suggest that plans need to be revisited on a regular basis.

3.0 Major Incident and Business Continuity Planning

The Trust must be able to respond to significant and major incidents, as one of its core capabilities and responsibilities. These incidents may be from either an external or internal stimuli, the end result being the same, essential services must continue. This can be achieved through an effective Major Incident Plan, and Business Continuity Plan. Training and exercising is crucial to ensure staff are made aware of their role during such an incident.

3.1 Business Continuity Plan

Business Continuity Management is the process of ensuring continuity in the delivery of core services through an incident or business interruption. It involves identifying core services, understanding the requirements of delivery for those services and developing a plan on how to maintain or re-start that service. Business Continuity Plans are a Core Standard as identified by the NHS EPRR Core Standards.

The Trust has an overarching Strategic Business Continuity Plan, accompanied by a Corporate Business Continuity Policy and Process to guide the production of plans at a local level.

3.2 Major Incident Plan

In accordance with the regional and national structural changes to the NHS the Trust Major Incident Plan has been reviewed to reflect these changes (Version 14.3) and disseminated accordingly.

3.3 Major Incident Declarations (including internal incident declarations)

Between April 2014 and March 2015 the Trust did not activate a Major Incident, however the Emergency Planning Department were actively involved in a number of Internal Incident declarations ranging from capacity pressures to physical incidents.

3.3.1 Internal Incident – Pathology Water Leak – 8th May 2014

On the 8th May 2014 an incident occurred whereby a water pipe attached to a high pressure pump feeding an autoclave in the pathology department burst. This resulted in a severe flooding across the pathology suite causing a large volume of water to pass through the ceiling and into Ward 35 below. The volume of water such that it progressed through the floor of Ward 35, into Ward 25 culminating in traces on the Labour Ward suite. This event created wide spread structural damage resulting in the displacement of a number of patients.

3.3.2 Black Alerts

Members of the Emergency Planning Team have been involved in the response to a series of Black Alerts providing a supporting and tactical-advice role to the hospital silver command. The dates of these alerts are;

- 7th September 2014
- 17th September 2014
- 27th November – 5 December 2014
- 23rd – 24th December 2014
- 9th – 12th March 2015
- 23rd – 26th March 2015
- 30 – 31st March 2015

3.3.3 Internal Incidents – Capacity Pressures

There have been a number of occasions where the Trust has faced such pressure that it has been necessary to declare an Internal Incident. Throughout these times the Emergency Planning Team has provided the same role as a Tactical-Advisor. The dates for these have been as follows;

- 13th October 2014
- 21st October 2014
- 3rd December 2014
- 22nd – 23rd December 2014
- 2nd – 12th January 2015
- 2nd February 2015

- 19th December 2014

3.4 Industrial Action

3.4.1 Healthcare Sector

The Emergency Planning Team, alongside the Human Resources Department and representatives from the Unions within UHCW planned, and mitigated the effects of the Industrial Action staged on 13th October 2014 – including the information returns required for NHS England prior to, and during the event.

3.4.2 Fire Service

On numerous occasions the Fire Brigade's Union enacted action short of strike action across the West Midlands. In planning for and mitigating the effects of this The Emergency Planning Team and Estates & Facilities increased the Fire Response Teams Capabilities throughout those times.

3.5 Training

As part of the NHS EPRR framework the Emergency Planning Manager completed a training needs analysis (TNA) of specific roles that are involved in the response to a significant or major incident. The results from the TNA allowed the Emergency Planning Manager to identify specific training packages to improve the resilience of the Trust.

3.5.1 Initial Operational Response (IOR) Champions Workshop, 9th May 2014 - External

The Emergency Planning Manager, Emergency Planning Officer and Senior Charge Nurse from the Emergency Department attended a single day event in order to deliver the IOR Response at UHCW. IOR is the use of Dry Decontamination Methods on contaminated casualties.

The information provided at this event has been disseminated to Emergency Department staff at University Hospital and the Urgent Care Centre staff at Rugby St Cross.

3.5.2 Tactical (Silver) Command Training, 13th – 15th May 2014 – External

The Emergency Planning Officer and Associate Director of Nursing (Operations) attended a Tactical Command Training course delivered by the East of England Ambulance Service.

3.5.3 Emergency Department Nursing Staff Decontamination, June – August 2014

Throughout June, July and August the Emergency Planning Officer delivered practical training on the decontamination equipment to both nursing and ISS Portering staff.

3.5.4 Initial Operational Response (IOR), Rugby Urgent Care Centre, 2nd February 2015

Training was provided by the Emergency Planning Officer to the staff in the Urgent Care Facility based at Rugby on how to respond to self-presenting casualties. This was delivered via practical and theoretical learning. This was essential as Rugby St Cross no longer had decontamination capabilities therefore staff would need to understand how to manage a contaminated casualty until they could receive assistance from the emergency services.

3.6 Exercises

Throughout 2014 / 15 the Trust has been involved in numerous onsite and offsite multiagency exercises. A focus of the exercising throughout this time frame has been business continuity as this has been recognised as an area to be improved upon (by the core standard submission for 2013).

In October 2014 UHCW hosted a live exercise focusing on a significant number of casualties attending the Emergency Department from a single incident. Under the Civil Contingencies Act 2004 UHCW are required to complete a live exercise every three years.

Throughout quarter four for the 2014 – 15 year no exercises were planned due to the anticipated winter pressures.

3.6.1 Communications

The communications tests for the Trust throughout 2014 / 15 have focused on the internal communications such as the bleep system and a 'fall back' option for the FM Building Switchboard to a secondary unit within CSB during December 2014.

In addition to this the RapidReach Major Incident Notification System was exercised on;

- 22nd August 2014
- 24th October 2014
- 22nd May 2015 (outside of the financial year)

3.6.2 Internal – Fire Service Decontamination, 1st May 2014

In liaison with West Midlands Fire Service and the Emergency Planning Officer UHCW hosted a logistics exercise in order to plan for the assistance of the Fire Service during a mass decontamination event. This exercise involved members of staff from the Emergency Department, ISS Porters and Security, West Midlands Fire Service and West Midlands Ambulance Service.

3.6.3 Internal – Baby Tag Response, CCTV & Security, 2nd May 2014

As part of the training programme within ISS Security and the Women & Children's Department a staged baby abduction was conducted where a volunteer carrying a baby tag and a large bag left the ward. The test was conducted to ensure that the local response on the ward would match the response of the CCTV controller. The volunteer was tracked out of the building and prevented from getting into a taxi.

3.6.4 Internal – Exercise Busby Part Two – 4th June 2014.

UHCW NHS Trust is required to undertake exercises of all or parts of its Major Incident Plan, of which business continuity is an essential element. This exercise addressed the implications of an ICT disruption across the site over a prolonged period of time, and demonstrated that an internal event can and will activate a full Major Incident response. The exercise was delivered as a table top.

The exercise was a success to the point that it raised that awareness of the unknown to a wider audience than those involved in a typical 'incident response' scenario. The aims of the exercise were met.

3.6.5 Internal – Live Exercise at UHCW NHS Trust

UHCW hosted a live exercise using mock casualties attending the site from a simulated coach crash. The purpose of this exercise was to test the major incident plan and the coordination of the Emergency Department, the Trust as a whole and the integration with West Midlands Ambulance Service.

3.6.6 External – Ebola Table Top, 29th October 2014

Representatives from UHCW were invited to take part in a table top organised by NHS England to address the planning and response to a patient presenting at an NHS Organisation across the Coventry and Warwickshire are.

3.6.7 Internal – VHF Walkthrough, 6th November 2014.

As part of the preparation for responding to a patient presenting with a Viral Haemorrhagic Fever (Ebola) the Trust refreshed the operational policy and the management plans. This was tested via a patient arriving into the Emergency Department and presenting to the receptionist, treated in the Emergency Department and conveyed to a ward area. In order to link with the Local Authority we extended the walkthrough to address dealing with a fatality including transport to the mortuary, and onto the funeral directors.

3.6.8 External – Exercise Churchill, 18th & 19th November 2014

Exercise Churchill was a table top interagency event that involved the convening of a TCG and SCG within the Warwickshire region involving. UHCW was represented by a senior 2nd On Call Manager with a Tactical-Advisor at the TCG in support, and Chief Officer at the SCG based at a secondary location.

4.0 Pandemic Influenza Planning

4.1 Arden Cluster Planning

UHCW NHS Trust are currently involved with a working group developing an Arden region Pandemic Flu Response Plan. This planning is working on a 'best guess' scenario until formal guidance is delivered by PHE. The Pandemic Flu Planning Group reports into the Local Health Resilience Partnership.

5.0 Summary

The work completed between April 2014 and March 2015 continues to deliver against the requirements of the Civil Contingencies Act 2004 and the NHS EPRR Framework. Each year NHS England request a submission against a set of Core Standards that provides guidance on the Emergency Planning Work Programme.

Comprehensive plans are in place to ensure the Trust is able to respond to a range of incidents and emergencies. Working both internally and externally with partner organisations, the Trust has tested these plans in exercises and has delivered training to staff involved in the management of incidents.

As a Major Trauma Centre the Trust is heavily involved in with local and regional planning and exercising aimed at testing the resilience and preparedness of not only UHCW NHS Trust, but partner organisations contributing to the overall resilience of the region.

6.0 Annex A – NHS England EPRR Core Standards Self Assessment 2015

NHS England EPRR Core Standards

Self Assessment 2015

September 2015

Report by:

John Dodds

Emergency Planning Manager

On Behalf of:

Claire Bonniger

Associate Director of Nursing (Delivery)

Emergency Planning Lead

And

David Eltringham

Chief Operating Officer

(Accountable Emergency Officer)

Contents

List of Abbreviations

AHW AT	Arden, Herefordshire and Worcestershire NHS England Area Team
BC	Business Continuity
BCP	Business Continuity Plan
CBRN	Chemical, Biological, Radiological and Nuclear
CCG	Clinical Commissioning Group
COG	Chief Officer's Group
COO	Chief Operating Officer
DIM	Detection, Identification and Monitoring
ED	Emergency Department
EPAG	Emergency Planning Action Group
EPM	Emergency Planning Manager
EPO	Emergency Planning Officer
EPRR	Emergency Preparedness Resilience Response
EPSC	Emergency Planning Steering Committee
GRS	Global Resilience Services
HART	Hazardous Area Response Team
HAZMAT	Hazardous Materials
ICC	Incident Control Centre
IOR	Initial Operational Response
ISO22301	International standard for business continuity
JESIP	Joint Emergency Services Interoperability Programme
LHRP	Local Health Resilience Partnership
MIP	Major Incident Plan.
NAIR	National Arrangements for Incidents Involving Radiation
NHS	National Health Service
NOS	National Occupational Standards
PHE	Public Health England
PPE	Personal Protective Equipment

QGC	Quality Governance Committee
RAG	Red, Amber, Green
SOP	Standard Operating Procedure
SORT	Special Operations Response Team
Tac-Ad	Tactical-Advisor
TNA	Training Needs Analysis
UHCW NHS Trust	University Hospitals Coventry and Warwickshire NHS Trust
WMAS	West Midlands Ambulance Service

1.0 Situation

The Arden, Herefordshire and Worcestershire NHS England Area Team have set a date for the 31st July 2015 to submit a "RAG" rated self assessment on the EPRR Core Standards 2015. This assessment needs to have been approved by COG and a draft paper submitted for review by the Trust Board, or Quality Governance Committee. NHS England will accept an assurance (letter dated 30th June 2015, to all AEO'S) from the Accountable Emergency Officer (COO) that if the core standards submission cannot be signed off by the Trust Board by this date, that the process for approval is being undertaken, and this was submitted with the Core Standards Return.

The self assessment process for 2015 includes a "peer review" of the three Acute Trusts in the Arden cluster, along with Coventry and Warwickshire Partnership Trust, and the three CCGs, undertaken in August 2015, and a presentation to the LHRP in September 2015 of the level of compliance with the Core Standards.

In addition, an additional section has been added for 2015, undertaking a "deep dive" into Pandemic Flu preparedness. As this is a new section, these standards are included in the EPRR Work Programme for 2015/16. Whilst the trust has a Pandemic Flu plan, it is currently being reviewed, therefore being highlighted as Amber with the Core Standards.

The "RAG" rating is as follows;

- Red – Not compliant with core standard and not in the EPRR work plan within the next 12 months.
- Amber – Not compliant but evidence of progress and in the EPRR work plan for the next 12 months
- Green – Fully compliant with core standard.

Where a core standard is green the evidence has been recorded against it, where there are any ambers or reds there is a rectification plan against it with a target date for completion.

2.0 Background

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect patient care. These could be anything from severe weather to an infectious

disease outbreak or a major transport incident. Under the Civil Contingencies Act (2004), and the NHS England EPRR Framework, 2013, NHS organisations and sub-contractors must show that they can deal with these incidents while maintaining services to patients. This work is referred to in the health service as 'emergency preparation, resilience and response' – EPRR.

The core standards will be used in the following way;

- As a minimum standard that all NHS funded organisations and providers of NHS funded care must meet.
- The Accountable Emergency Officer in each organisation is responsible for making sure these standards are met.
- All NHS Commissioning Board EPRR framework guidance will include relevant extracts from these standards. EPRR control processes will require evidence that the standards are being met.

3.0 Assessment

The Trust Self Assessment is follows:

Green	Fully compliant	78
Amber	In Current Work Programme	6
Red	Not Compliant	0

The Trust is already working on the rectification programme for the remaining core standards, although several of these have arisen as a result of ongoing reviews to plans, or ongoing training. It is expected that these will be completed before the end of the 2015/16 financial year. The key areas for the Amber ratings are:

- Training CPD portfolios for on call staff – this is an ongoing process
- Introduction of new Pandemic Flu Core Standards for 2015
- CBRN decontamination equipment that we are awaiting advice from WMAS on, but this does not impede the Trusts ability to respond to a CBRN incident

4.0 Recommendations

The Emergency Planning Team continues the programme on training, plan reviews, and Pandemic Flu preparedness, which will be implemented by the Emergency Planning Officer and the Emergency Planning Manager to ensure that UHCW NHS Trust becomes compliant with the NHS England Core Standards 2015.

5.0 Work Plan and Action Tracker

Standard	Description	RAG	Evidence / Rectification Plan	Responsible	Completion Date
			Governance		
1.	Organisations have a director level accountable emergency officer who is responsible for EPRR (including business continuity management)		D. Eltringham – Chief Operating Officer	COO	Continuous
2.	Organisations have an annual work programme to mitigate against identified risks and incorporate the lessons identified relating to EPRR (including details of training and exercises and past incidents) and improve response.		The Emergency Planning Team have a work programme in place detailing short, medium and long term objectives. This work is being overseen by the Emergency Planning Steering Committee.	EPM	Continuous
3.	Organisations have an overarching framework or policy which sets out expectations of emergency preparedness,		This is detailed within the Terms of Reference for the Emergency Planning Steering Committee.	EPM	Completed.

	resilience and response.				
4.	The accountable emergency officer will ensure that the Board and/or Governing Body will receive as appropriate reports, no less frequently than annually, regarding EPRR, including reports on exercises undertaken by the organisation, significant incidents, and that adequate resources are made available to enable the organisation to meet the requirements of these core standards.		The Emergency Planning Department provide a report via Risk Committee and QGC in regards to the activities of the department, including exercise, incident response and resourcing.	EPM	Completed.
			Duty To Assess Risk		
5.	Assess the risk, no less frequently than annually, of emergencies or business continuity incidents occurring which affect or may affect the ability of the organisation to deliver it's functions.		The Emergency Planning Officer annually reviews risks that are assigned to that role on the organisations corporate risk register. These risks are those that are highlighted to the organisation through National and Community Risk Registers.	EPO	Completed.
6.	There is a process to ensure that the risk assessment(s) is in line with the		Core standards 6 and 7 are completed through representation at the LHRP via the COO, ADN (or nominated representative).	COO / EPM	Continuous

	organisational, Local Health Resilience Partnership, other relevant parties, community (Local Resilience Forum/ Borough Resilience Forum), and national risk registers.		UHCW are also represented at an Emergency Planning Sub Group for two area team locations.		
7.	There is a process to ensure that the risk assessment(s) is informed by, and consulted and shared with your organisation and relevant partners.				
8.	Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, size and scope of the organisation, and there is a process to ensure the likely extent to which particular types of emergencies will place demands on your resources and capacity. Have arrangements for (but not necessarily have a separate plan for)	*	UHCW NHS Trust has a Major Incident Plan (currently V14.3), and a Business Continuity Plan, although is currently being updated to v 15.0 To accompany the MIP UHCW has a number of SOPs to ensure a rapid and effective response to specific incidents such as; VIP response. CBRN / Hazmat Hot / Cold Weather Flooding	EPM	Continuous

	some or all of the following (organisation dependent) (NB, this list is not exhaustive):		VHF Patients * This has been graded as Green as the full suite of plans are in place, but all undergo continual review in order to ensure they are up to date and current		
9.	Ensure that plans are prepared in line with current guidance and good practice which includes:		The current BC arrangements are in line with ISO22301, whilst the MIP and CBRN documents are in line with the current JESIP and IOR principles.	EPM	Continuous
10.	Arrangements include a procedure for determining whether an emergency or business continuity incident has occurred. And if an emergency or business continuity incident has occurred, whether this requires changing the deployment of resources or acquiring additional resources.		The MIP and BCP detail the escalation process required to establish and incident and the level of response it may require.	EPM	Completed
11.	Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical.		The MIP and the BCP identify critical activities. During an incident a BC group would be tasked to ensure that this takes place – this is part of the MIP and BCP.	EPM	Completed.
12.	Arrangements explain how VIP and/or		Operation Consort is the UHCW SOP for dealing with a	EPM	Completed

	high profile patients will be managed.		protected person in our care. This is inline with WMAS Operation Consort to ensure consistency.		
13.	Preparedness is undertaken with the full engagement and co-operation of interested parties and key stakeholders (internal and external) who have a role in the plan and securing agreement to its content		UHCW are represented at external safety groups and planning meetings alongside our multiagency partners. Internally the different stakeholders throughout UHCW are invited to attend the EPSC.	EPM	Continuous
14.	Arrangements include a debrief process so as to identify learning and inform future arrangements		The debrief process forms part of the MIP.	EPM	Completed.
			Command and Control		
15.	Arrangements demonstrate that there is a resilient single point of contact within the organisation, capable of receiving notification at all times of an emergency or business continuity incident; and with an ability to respond or escalate this notification to strategic and/or executive level, as necessary.		A Clinical Site Manager is based at UHCW ensuring a 24/7/365 day cover. This person can then escalate all issues that require escalation to the on call managers as appropriate.	Lead Nurse for Site Operations	Completed

16.	Those on-call must meet identified competencies and key knowledge and skills for staff.	*	The Trust has a robust on call system, there is currently a review of on call policies and requirements, and as part of this process, detailed competency self assessments are being undertaken, with a view to identifying any gaps.	EPM	Ongoing
17.	Documents identify where and how the emergency or business continuity incident will be managed from, ie the Incident Control Centre (ICC), how the ICC will operate (including information management) and the key roles required within it, including the role of the loggist .	**	The MIP and BCP detail the location of the major incident control room, along with the associated action cards for making the room operational.	EPM	Completed.
18.	Arrangements ensure that decisions are recorded and meetings are minuted during an emergency or business continuity incident.	***	A loggist role is detailed in the MIP and BCP.	EPM	Completed
19.	Arrangements detail the process for completing, authorising and submitting situation reports (SITREPs) and/or commonly recognised information pictures (CRIP) / common operating picture (COP) during the emergency or business		The action cards for specific roles within the MIP provide this detail and action sequence.	EPM	Completed.

	continuity incident response.				
20.	Arrangements to have access to 24-hour specialist adviser available for incidents involving firearms or chemical, biological, radiological, nuclear, explosive or hazardous materials, and support strategic/gold and tactical/silver command in managing these events.		UHCW operates and Emergency Planning On Call rota covering 24/7/365 to act as a Tac-Ad to the hospital silver commander. UHCW also has arrangements to speak to NAIR officers for radiation incidents.	EPO	Completed.
21.	Arrangements to have access to 24-hour radiation protection supervisor available in line with local and national mutual aid arrangements;		During office hours UHCW has a number of Nuclear Physicists that we can utilise. Out of hours switchboard has the details to contact the NAIR advisers.	EPO	Completed.
Duty to Communicate With The Public					
22.	Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents.		The MIP, and associated SOPs include the action cards for a representative from communications for both internal and external incidents. This includes warning/informing in anticipation for an event.	EPM	Completed
23.	Arrangements ensure the ability to communicate internally and externally during communication equipment failures				
Information Sharing – Mandatory Requirements					
24.	Arrangements contain information sharing		The Executive On Call Action Card in the MIP details who,	EPM	Completed.

	protocols to ensure appropriate communication with partners.		and how to communicate with during an incident.		
Co-operation					
25.	Organisations actively participate in or are represented at the Local Resilience Forum (or Borough Resilience Forum in London if appropriate)		UHCW are represented at the LRF by the AHW AT.	AHW AT Director of Operations and Delivery	Completed
26.	Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the CCA				
27.	Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained.		The MIP identifies that mutual aid requests and arrangements will be made via the area team.	EPM	Complete
30.	Arrangements demonstrate how organisations support NHS England locally in discharging its EPRR functions and duties		As part of the EPSC the Emergency Planning Team provide updates on the planning actions of our partners. The Emergency Planning team also attend local emergency planning groups to ensure the local and regional EPRR functions are delivered.	EPM	Complete
33.	Arrangements are in place to ensure attendance at all Local Health Resilience		The Chief Operating Officer is invited to attend the LHRP.	COO	Complete

	Partnership meetings at a director level				
			Training and Exercising		
34.	Arrangements include a training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents		The EPM has developed a TNA and Staff have undertaken Silver Commander Training/ Strategic Leadership in a Crisis, and there is an ongoing training programme for on call staff A formal modular training programme is being developed in conjunction with NHS England. The EP lead Nurse for ED, and the EPO, undertake MI and CBRN incident training on a regular basis, including infectious disease management, and IOR (Initial Operational Response) training.	EPM	Continuous
35.	Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.		The Trust has participated in a number of exercises, including, Exercise Churchill (hospital evacuation), Ebola, and CBRN. UHCW undertook a large live exercise in October 2014 The trust are participating in a multiagency Pandemic Flu Exercise in October 2015	EPM	Continuous
36.	Demonstrate organisation wide (including on call personnel) appropriate		The trust has participated in numerous multiagency exercises	EPM	Continuous

	participation in multi-agency exercises				
37.	Preparedness ensures all incident commanders (on call directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.		This work is forming part of the ongoing on call review, and CPD portfolios are being developed to be distributed to all on call managers.	EPM	April 2016
Pandemic Flu (New Standards for 2015)					
DD1	Organisation have updated their pandemic influenza arrangements to reflect changes to the NHS and partner organisations, as well as lessons identified from the 2009/10 pandemic including through local debriefing		Current plan is being reviewed and updated to reflect the Arden Operational Plan that has been prepared by the Arden Pandemic Flu Group, of which the EPO is a member.	EPO	October 2015
DD2	Organisations have developed and reviewed their plans with LHRP and LRF partners		The current UHCW Pandemic Flu plan has been developed and reviewed with multiagency partners, but is currently undergoing a rewrite and reformat, in order to make it more user friendly, as the current document is		

			unwieldy, and contains lots of duplication.		
DD3	Organisations have undertaken a pandemic influenza exercise or have one planned in the next six months		Arden Pandemic Flu Exercise planned for 16th October	EPM	October 2015
DD4	Organisations have taken their plans to Boards / Governing bodies for sign off		Revised plan will be presented to the October Emergency Planning Steering Committee to be supported by COG, and will be subsequently submitted to Quality and Governance Committee for Board.	EPM	October 2015
CBRN Core Standards					
38	There is an organisation specific HAZMAT/ CBRN plan (or dedicated annex)	****	CBRN plan in place – but being reviewed to incorporate changes in guidance. Latest version to be signed off at the September Emergency Planning Steering Committee,	EPO	
39	Staff are able to access the organisation HAZMAT/ CBRN management plans.		CBRN SOP and Action Cards available in Decontamination Room	EPO	
40	HAZMAT/ CBRN decontamination risk assessments are in place which are		CBRN and HAZMAT incidents are logged on Corporate Risk Register	EPO	

	appropriate to the organisation.				
41	Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7.		All Band 7 Nurses in ED trained in decontamination 24/7 Emergency Planning On Call Rota	EPO	
42	Staff on-duty know who to contact to obtain specialist advice in relation to a HAZMAT/ CBRN incident and this specialist advice is available 24/7.		Information in CBRN SOP EPO On Call 24/7	EPO	
43	There is an accurate inventory of equipment required for decontaminating patients in place and the organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff.		Equipment and inventory available at UHCW. IOR Decon box at RSX	EPO	

44	The organisation has the expected number of PRPS suits (sealed and in date) available for immediate deployment should they be required (NHS England published guidance (May 2014) or subsequent later guidance when applicable)		Full quota at UHCW	EPO	
45	There are routine checks carried out on the decontamination equipment including: A) Suits B) Tents C) Pump D) RAM GENE (radiation monitor) E) Other decontamination equipment		Completed by ED staff and EPO	EPO	
46	There is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and		In place with Respirex and GRS	EPO	

	replacement of out of date Decontamination equipment for: A) Suits B) Tents C) Pump D) RAM GENE (radiation monitor) E) Other equipment				
47	There are effective disposal arrangements in place for PPE no longer required.		PPE suits disposed of following NHS England guidelines.	EPO	
48	The current HAZMAT/ CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training		EPO and ED Senior Charge Nurse provide training and attend CBRN refresher days.	EPO	
49	Internal training is based upon current good practice and uses material that has been supplied as appropriate.		Records of those trained are kept locally in ED	ED Practice Facilitator	

50	The organisation has sufficient number of trained decontamination trainers to fully support it's staff HAZMAT/ CBRN training programme.		Three competent trainers	EPM	
51	Staff that are most likely to come into first contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.		Process in place and identified through CBRN SOP	EPO	
CBRN Equipment					
E2	Tent Shell		GRS SF3 and SF15	EPM	
E4	Lights		2 x waterproof lighting units	EPO	
E5	Shower Heads		Inclusive with the structures	EPO	
E6	Hose Connectors				
E7	Flooring				
E8	Waste water pipe and pump				

E9	Waste Bladder		Circa 20,000 litre holding tank	EPO	
E10	The organisation (acute and ambulance providers only) has the expected number of PRPS suits (sealed and in date) available for immediate deployment should they be required. (NHS England published guidance (May 2014) or subsequent later guidance when applicable).		Full Quota	EPO	
E11	Providers to ensure that they hold enough training suits in order to facilitate their local training programme		No Respirex Training Suits – currently awaiting distribution from NHS England 3 x Expired PRPS suits used and marked as training suits	EPO	
E12	A facility to provide privacy and dignity to patients		As part of the rigid structure	EPO	
E13	Buckets, sponges, cloths and blue roll		2 x buckets, multiple sponges and blue roll	EPO	
E14	Decontamination liquid			EPO	

E15	Entry control board		Entry control board with 3 stopwatches	EPO	
E16	A means to prevent contamination of the water supply		As part of the structure	EPO	
E18	Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes)		Available in decontamination room within a cage	EPO	
E19	Minimum of 20 x re-robe packs or suitable alternative (combination of sizes - to match disrobe packs)		Available in decontamination room within a cage	EPO	
E20	Waste Bins		2 available in decontamination room	EPO	
	Disposable gloves		Available in decontamination room	EPO	
E21	Scissors - for removing patient clothes but of sufficient calibre to execute an emergency PRPS suit disrobe		TuffKut scissors available in decontamination room	EPO	
E22	FFP3 Masks		Available in decontamination room	EPO	

E23	Cordon Tape		Available in decontamination room	EPO	
E24	Loud Hailer		Available in decontamination room	EPO	
E25	Signage		Awaiting advice from WMAS to determine signage requirements. WMAS are undertaking a CBRN leads day in September, will be raised here if not resolved previously. Once this has been received any signage that is deemed necessary will be sourced and installed.	EPO	December 2015
E26	Tabbards identifying members of the decontamination team		Currently looking for the most suitable and cost effective options	EPO	December 2015
E28	RAM GENE monitors (x 2 per Emergency Department and/or HART team)		4 available that have all calibrated within the last 12 months and undergo monthly checks as per NHSE guidance	EPO	
E29	Hooded paper suits		10 available in decontamination room	EPO	
E30	Goggles		Full face visors available in decontamination room. Awaiting clarity for requirement for goggles from WMAS This will be discussed as part of the signage discussions. If goggles are required then the base level	EPO	December 2015

			stock of resus goggles [currently 3] will be increased with a supply available as part of the decontamination equipment.		
E32	Overshoes and gloves		Long gloves and overshoes available in decontamination room	EPO	

Changes since submission

***** The Emergency Planning Manager will be delivering further training to On Call Managers following a further assessment of competencies. This will be delivered at Operational, Tactical and Strategic level.

****** The Major Incident Plan is being reviewed following an incident in Coventry City Centre on 3/10/2015. This will include the infrastructure within the Major Incident Control Room.

******* The Trust Loggist cover is not sufficient. A training day for 25 delegates has been planned for the 3/12/2015

******** The September EPSC was delayed until the 5/10/2015. This was then postponed for a time to be rearranged by the Emergency Planning Manager.

PUBLIC TRUST BOARD PAPER

Title	**Research, Development & Innovation Trust Board Update Report: November 2015**
Author	**Prof Chris Imray,** **Director of Research, Development & Innovation (R,D&I)** **Ceri Jones, Head of R,D&I**
Responsible Chief Officer	**Prof Meghana Pandit** **Chief Medical Officer, Deputy Chief Executive Officer**
Date	**26th November 2015**

1. Purpose

To present a summary of the research, development and innovation activities that have been on-going across the Trust since our previous report (May 2015).

To present the revisions to the R,D&I Strategy.

2. Background and Links to Previous Papers

One of the Trust's strategic objectives is to be a research based healthcare organisation and the research, development and innovation agenda is therefore of fundamental importance to the Trust Board. The Trust Board receives a bi-annual report detailing the work that has been undertaken and future plans in addition to receiving assurance via the Quality Governance Committee.

3. Narrative

The report provides strategic objectives, how the strategy is delivered, benchmarking data and provides commentary as to future developments.

3.1 Strategy

3.1.1 R,D&I Strategy

This has been updated to reflect changes to national and local landscape / drivers since it was first written (2012) and to:

1. Reflect our commitment to support successful research areas and areas of clinical excellence (rather than restrict ourselves to certain themes)
2. Be more explicit about our support of research led by non-medics
3. Include a 'Grow your Own' programme to address the lack of academic leadership and develop research leaders for the future
4. Where relevant, to align with the Joint Research Strategy with the University of Warwick (below).

3.1.2 Joint Research Strategy with the University of Warwick:

This has been agreed, committing both organisations to increasing the breadth, depth and quality of joint research across the partnership. Particular focus will be given to reversing the decline in academic capacity through:

1. implementing a step-change in the number and quality of academic appointments
2. further supporting local researchers (incentivisation, training, methodology / statistics, cultural change etc.)
3. agreed matched funding model to support the above

A Board Seminar is planned in January 2016 to take this forward.

3.1.3 Joint Research Strategy with the Coventry University

Reflecting our commitments non-medically led research, we have had a number of meetings with Coventry Faculty of Health Sciences (Schools of Nursing, Midwifery and Health, Life Sciences and Psychological, Social and Behavioural Sciences) to develop our strategy and joint posts are being considered in areas of common interest. We have also hosted a number of joint visits including Business leaders from Ningbo, China and Prof Jimenez Clinical Exercise Hub Centre for Technology Enabled Health Research to improve staff and patient health.

3.2 Key achievements since our last report:

Dr Chris McAloon, Research Registrar in Cardiology, was awarded the Royal College of Physicians and NIHR Clinical Research Network clinical trainees award in recognition of his outstanding contribution to research in the NHS.

Sean James (Tissue Bank), attended Google offices as finalist in the National Institute of Health Research Photographic Competition 2015 (theme was ‘Diversity and Equality’ in research. Many thanks to Monica Mabbett from the Equality and Diversity who supported our application.

Health Foundation 'Innovating for Improvement' programme, from 350 applications, two projects from UHCW have got through to the second round: ‘Together as one Community – Putting death in its place’ (Simon Betteridge Lead Chaplain & Bereavement Service Manager) and Alex Sweeney, Pharmacy (‘Right Drug, Right Patient, Right Time: Optimising Medication Use at Discharge’). Results early 2016.

Around 1 in 4 pregnancies end in miscarriage, affecting around 250,000 women in the UK. Tommy's is a national charity that funds medical research into miscarriage, stillbirth and premature birth. UHCW, along with Birmingham Women’s Hospital, Birmingham and Warwick Universities and Imperial College, London, are collaborating to become the Tommy’s national miscarriage centre. A final decision will be made in January 2016. If awarded, this will be the biggest miscarriage research centre in Europe.

This year, Coventry University became one of only 10 UK universities, and the only one in the West Midlands, to receive funding for the Masters in Clinical Research studentships from Health Education England and the National Institute for Healthcare Research. The studentships are available for non-medical healthcare professionals who work in the NHS and who are interested to improve their clinical research skills and develop research expertise in their area of clinical practice. Of the 10 places offered, 2 were secured by UHCW staff, we have developed support to increase this number next year.

Of 8 UHCW applications submitted in June to the regional Clinical Academic Internship Programme for non-medical staff (a ‘feeder’ scheme for the NIHR Masters scheme), 7 were successful in securing a place on the programme.

The Trust is setting up the West Midlands (South) Genomics England Hub. A Genomics Ambassador has been appointed.

We have begun scoping what a more effective innovation ecosystem could look like at UHCW. We will be presenting this to COG in early December and will hold wider engagement and consultation events in the new year.

The Innovation and Improvement teams were invited by Helen Bevan to spend the day at NHSIQ. As an outcome, we will be helping to shape one of their Hacks on their Transformathon Day 2016 (a hack day is an event where people involved in software development, subject matter experts and others get together to invent creative solutions or new insights to tricky problems).

Our staff were acknowledged as inventors on 6 patents (a point of care test for stroke, a blood test to predict wellbeing, 3 proton radiotherapy verification and dosimetry applications and an innovative solution to increase movement after shoulder surgery).

Prof Chris Imray chaired the World Extreme Medicine Expo 2015 Innovation Platform competition which awarded £10,000 to a health development innovation programme in Rwanda. Prof Richard King was on the judging panel and also presented on the Innovation work going on at UHCW NHS Trust.

3.3 Key Performance Indicators:

3.3.1 Patient recruitment into trials: Recruitment was up 9% on last year (from 4,561 to 4,984 patients); the impact of the network staffing restructure and change in funding model is likely to maintain the status quo this year, with 5,000 patients being recruited.

- 2014/15 data has been published: nationally, we are 26th highest recruiter (all Trusts).

- The raw data does not demonstrate complexity of trials. Observational trials (questionnaire studies, blood collection) tend to be easier to recruit to. However, we have higher numbers of interventional (drug / surgical / device) trials than many sites above us in the list. Interventional trials make up 59% of our work, the average is 48%. Only three Trusts have a significantly higher percentage of interventional studies than UHCW, all of these are cancer centres (The Royal Marsden NHS Foundation Trust, The Clatterbridge Cancer Centre NHS Foundation Trust and The Christie NHS Foundation Trust).

3.3.2 We are demonstrating improvements in **study set up and delivery**. A National programme is being rolled out to standardise set-up so these metrics are likely to change next year.

3.3.3 The academic review and restructuring of the divisions at Warwick Medical School has decreased the number of academics at WMS working collaboratively with UHCW, resulting in a fall in the **number of grants submitted** (the number of grants submitted was 24 in Q2 2015/16, not meeting the target of 30):

- There were 2 applications to the NIHR Senior Investigators awards in Q2 this year, compared to 5 in Q2 2014/15;

- There appears to be a recent trend that WMS academics have been partners on research grants led by other Universities, rather than leading them, and therefore have not required UHCW involvement;
- A highly successful researcher in Trauma and Orthopaedics has moved his team to another academic institution.

What we are doing in mitigation:

- Meeting new clinical and academic staff to discuss their research plans and offer our support.
- Following up staff holding research grants which are nearing completion to discuss and support grant applications for their next projects.
- Rolling out a programme of work with NMAHPs to promote research activity among these professional groups, to increase research skills and develop their research ideas.
- Working more closely with other Universities. As a result of this, we have submitted a joint application to the Wellcome Trust in an emerging research area and an application for a NIHR knowledge mobilisation fellowship (with Coventry University) and a Wellcome Seed Fund grant (with University of Birmingham) and have several ideas for research collaborations in development.

3.4 Targets

3.4.1 Key targets for action in the coming year:

1. Leadership: increase number of academics
2. Pace: improve speed of research project set-up and project delivery
3. Income: development of commercial model for tissue bank, increase commercial and grant income.
4. Innovation: further developments to enhance local, national and international reputation.
5. Collaboration: with the best partners

3.4.2 Key other targets:

1. Recruitment: increase number of patients recruited into NIHR portfolio trials
2. Outputs: increase number of publications and utilise database to best effect to identify and support new areas
3. Pride: support other teams (jointly with Communications) to achieve national recognition

4. Areas of Risk

Failing to attract sufficient income and to meet national targets around research could result in financial penalties, damage to the Trust's reputation and an ability to achieve the Trust's strategic objectives.

Whilst NIHR projects led by UHCW NHS Trust staff are increasing, we still remain heavily reliant on a few successful academics, based in Warwick Clinical Trials Unit and our orthopaedic academic team. The recent Warwick Medical School restructure has not strengthened our research base. In order to further develop our research culture, we need commitment that our academic partners share our world class aspirations.

The national spending review may result in a reduction of NIHR funding.

5. Governance

Research, development and innovation are fundamental to excellence in healthcare which is one of the guiding principles of the NHS as set out in the NHS Constitution. We are required to demonstrate adherence to national guidance and current legislation. EU Clinical Trial Regulations are being amended, the revised regulations will be implemented after May 2016.

a. Critical Findings this financial year: None
b. Serious Breaches this financial year: None

6. Responsibility

Meghana Pandit, Chief Medical Officer, Deputy Chief Executive Officer
Chris Imray, Director of Research, Development and Innovation
Ceri Jones, Head of Research, Development and Innovation

7. Recommendations

The Board is invited to **NOTE** the work that has been undertaken around the research, development and innovation agenda, to **RATIFY** the current strategy, to **UNDERSTAND** risks to delivery and to **RAISE** any questions or concerns.

Name and Title of Author:
Professor Chris Imray, Director of Research, Development and Innovation;
Ceri Jones, Head of Research, Development and Innovation

Date: 9th November 2015

RESEARCH, DEVELOPMENT & INNOVATION STRATEGY	
eLibrary ID Reference No:	***GOV-STRAT-001-10***
Newly developed Trust-wide CBRs will be allocated an eLibrary reference number following CBRC approval. Reviewed Trust-wide CBRs must retain the original eLibrary reference number.	
Version:	4.0
Date Approved by Trust Board:	
Date Approved by Corporate Business Records Committee (CBRC):	
Review Date:	26th September 2018
Title of Author:	Ceri Jones Head of Research, Development & Innovation
Title of Clinical Director:	Chris Imray Director of Research, Development & Innovation, Associate Medical Director
Title of Chief Officer:	Meghana Pandit Chief Medical Officer
Target Audience:	All Staff
If printed, copied or otherwise transferred from eLibrary, Trust-wide Corporate Business Records will be considered 'uncontrolled copies'. Staff must always consult the most up to date PDF version which is registered on eLibrary. As a controlled Trust-wide CBR, this record should not be saved onto local or network drives but should always be accessed from eLibrary.	

Summary of Trust-wide CBR:	In addition to supporting the Trust Corporate Plan, this document also supports the aims of the overall Trust strategy as described by its Vision, Mission and Values.
Purpose of Trust-wide CBR:	Research and Innovation are essential to the development of world leading excellence in clinical care. They enable the Trust to develop and continuously improve its services and to attract and maintain highly skilled and motivated staff. The Trust's mission, Care–Achieve–Innovate, is explicit in that we will deliver the best care for our patients, achieve excellence in education and teaching and innovate through leadership, research and learning. As such, there is a requirement for a clear strategy to develop research and innovation within the Trust. By developing and delivering this research and innovation strategy, we will also contribute to the delivery of the other Trust strategic priorities.
Trust-wide CBR to be read in conjunction with:	Research Governance Policy Intellectual Property Policy
Relevance:	Operational
Superseded Trust-wide CBRs (if applicable):	Research, Development & Innovation Strategy V3

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Reviewer's Name, Title & email address:	Chris Imray Director of Research, Development & Innovation, Associate Medical Director Christopher.imray@uhcw.nhs.uk
Group Manager's Name, Title & email address:	N/A
Title of Group/Department/Specialty:	Research, Development & Innovation

Version	Consultation Committees/Meetings/Forums etc	Date
4.0	Research Strategy Committee	18 September 2015
4.0	Research Governance and Human Tissue Committee	29 September 2015
	Executive Management Group	TBC
	Trust Board	TBC

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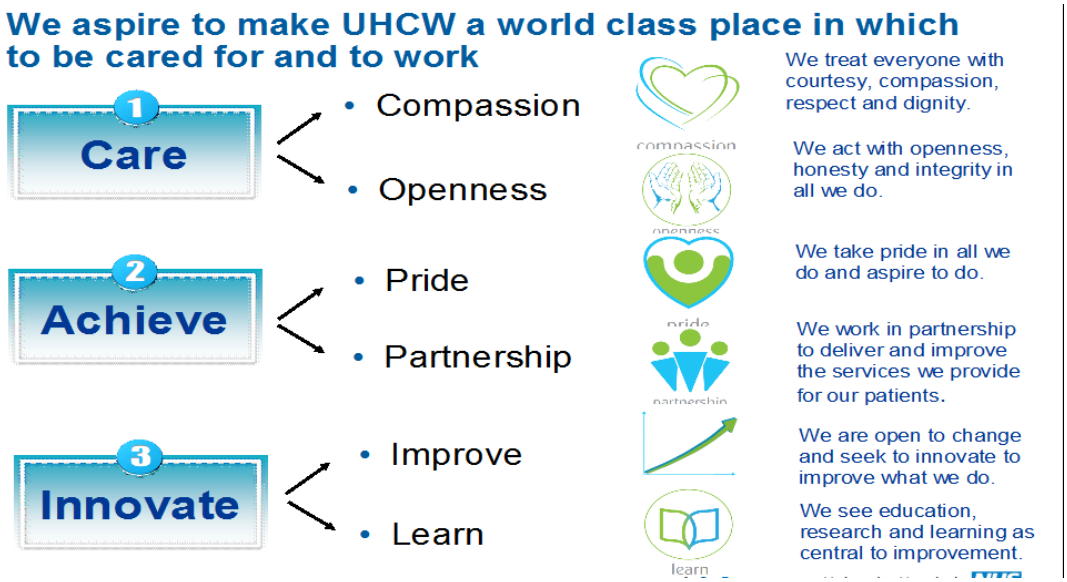
1.0 SCOPE

The Trust is committed to becoming a national and internal leader in healthcare. Both Research and Innovation are essential to the development of world leading excellence in clinical care. They enable the Trust to develop and continuously improve its services and to attract and maintain highly skilled and motivated staff. As such, this Strategy applies to all staff.

The Trust's mission, Care–Achieve–Innovate, is explicit in that we will deliver the best care for our patients, achieve excellence in education and teaching and innovate through research and learning. We consider research to be central to improvement.



We aim to deliver excellent, innovative clinical services, underpinned by excellent research and teaching. As such, there is a requirement for a clear strategy to develop research and innovation within the Trust. By developing and delivering this research and innovation strategy, we will also contribute to the delivery of the other Trust strategic priorities.

2.0 INTRODUCTION

2.1 Research is essentially the first step in the development process and provides the evidence on which to base or change practice. Participation in research creates an environment of challenge and reflection, attracts and keeps high calibre staff, enables personal development and drives up standards of patient care. Research

active Trusts have lower patient mortality (reference 12.7).

2.2 Innovation includes the activities required to create new ideas, processes, services, technologies or products which, when implemented, lead to positive change. Whilst invention requires the creation of new ideas, processes or products, innovation moves one step further and requires the implementation of an invention. Although many people consider that all innovation has to be novel, we regard innovation as anything new – or different – that changes things in a positive way and so benefit our patients or staff.

This research, development and innovation strategy has been written to build on strengths and new opportunities for research, innovation and academic collaboration. This strategy outlines how research and innovation can be grown and optimised across the Trust at a time of considerable organisational and financial uncertainty across the NHS. The strategy has been written in the context of a number of recent documents (Section 12) which highlight the importance of research, innovation and implementation of evidence-based and best practice healthcare in a resource restricted NHS.

3.0 STATEMENT OF INTENT

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

There remains full NHS commitment to continue supporting the work of the National Institute for Health Research (NIHR) and offering our patients the chance to participate in research. Additionally, there is a strong drive to accelerate the quicker adoption of cost-effective innovation - both medicines and medical technologies. This will involve cutting the costs of conducting Randomised Controlled Trials (RCTs) by streamlining approval processes, harnessing technology and using data to support observational studies. There will be a need for us to adapt to support quicker, lower cost, RCTs embedded within routine clinical care and to promote more rigorous ways of answering high impact questions in health services redesign.

The recent NHS 5 Year Forward View (2014), commits the NHS to 'accelerating useful health innovation and improving the NHS' ability to do research and use innovation. It proposes a move towards 'Combinatorial Innovation', whereby whole system innovations are tested, rather than single innovations one at a time, such work being delivered via Academic Health Science Networks and Centres.

For our patients with rare conditions, the Early Access to Medicines (which aims to give patients access to promising new drugs that are not yet licensed) will be expanded. In addition, the Trust will identify patients to contribute to the 100,000 Genomes Project which aims to sequence 100,000 whole genomes from NHS patients and their families.

Personalised medicine is an emerging practice of medicine that uses an individual's genetic profile to guide decisions made in regard to the prevention, diagnosis and treatment of disease. Knowledge of a patient's genetic profile can help us select the most appropriate treatment. The move towards more personalised medicine will involve targetting individualised new treatments towards specific individuals; we need to exploit existing data to enable us to identify suitable patients (reference 12.8).

There are numerous opportunities to exploit the use of health outcomes data. By bringing together hospital, GP, administrative and audit data we can answer numerous health questions to support quality improvement, research and innovation.

Locally, the Trust has formalised partnerships with other local NHS providers. Within this, there are opportunities to develop sub-regional research and innovation activities to the benefit of our patients.

To be a national and international leader in healthcare, we need to develop and test the healthcare of the future. Our strategy is explicit in that we need to develop our academic leadership to increase the esteem and outputs of existing teams. Despite having agreement to fund one academic chair package (professor, associate professor, non-clinical researchers and administration support) per year, we have been unable to achieve this (no fulltime professor posts since 2011). The 2014 Warwick Medical School restructure has not strengthened our research base and we

await their next phase of redevelopment and reinvestment.

A reducing academic base is highly likely to decrease our ability to secure external funding. One of our key funding streams is 'Research Capability Funding', which is awarded as a percentage of the National Institute for Health Research (NIHR) income received in the previous year. Income is currently increasing year on year and can be predicted based on the number of grants awarded to date. Whilst NIHR projects led by UHCW NHS Trust staff are increasing research, we remain heavily reliant on a few successful academics, based in Warwick Clinical Trials Unit and our orthopaedic academic team.

The response to these current challenges should be founded on a cohesive and focused strategy. Developing co-ordination in key areas with an overarching principle of best practice, good governance and proven management will help create an environment that improves quality of care, reduces risk and fosters further research and innovation. Building capacity to undertake research in the right environment by the right people is crucial. This five year strategy is focused on a long term strategic view of the benefits of a research and innovative active organisation which encourages interdisciplinary working between researchers and staff both within and beyond the Trust, across the whole health community, with industry and with our academic partners, the University of Warwick, Coventry University and Birmingham City University. The successful implementation of this strategy will ensure that research and innovation is fully embedded in the culture and activities of the Trust.

3.2 Strategic Objectives

We have summarised our strategy into 4 inter-related objectives (detailed in section 6):

1 Increase high quality research and innovation activity that impacts across the organisation

2 Provide high quality facilities for clinical research and healthcare innovations capable of responding to change on demand and evolving the collaborative environment

3 Provide quality management and support for research and innovation

4 Raise the profile of our Research and Innovations, locally, nationally and internationally

4.0 DEFINITIONS

4.1 Research can be defined as the search for knowledge, or as any systematic investigation, with an open mind, to establish novel facts, solve new or existing problems, prove new ideas, or develop new theories.

4.2 Innovation is the creation or implementation and diffusion of new products, processes, services or technologies which are better or more effective than those currently used.

Other definitions as used in the document are as follows:

AHSN Academic Health Sciences Network
AUKUH Association of United Kingdom University Hospitals
CRF Clinical Research Facilities
HMRU Human Metabolism Research Unit
NIHR National Institute for Health Research
NOCRI NIHR Office for Clinical Research Infrastructure
PPI Patient Public Involvement
PRI Patient Research Interface suite
R,D &I Research, Development and Innovation
UKCRC United Kingdom Clinical Research Collaboration

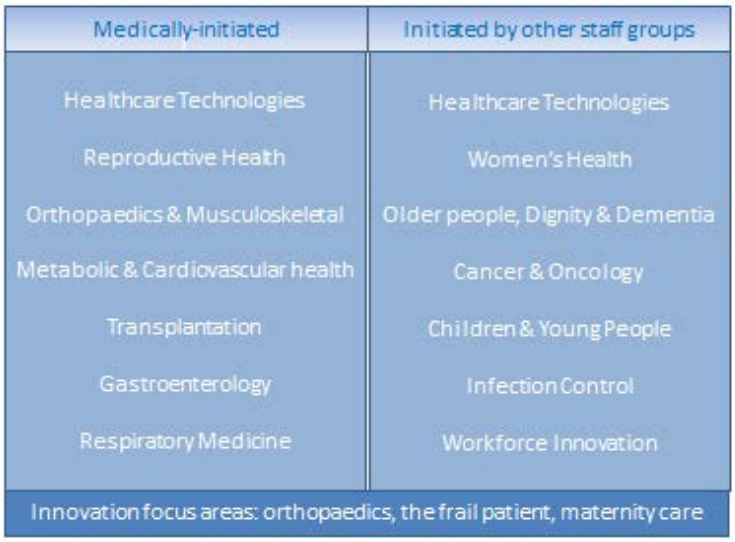
5.0 DUTIES / RESPONSIBILITIES

The Chief Medical Officer is responsible for overseeing all research activities being undertaken within the Trust. The Director of Research, Development & Innovation provides strategic direction and is responsible for delivering this strategy. Operationally, the Head of Research, Development and Innovation holds day to day responsibility for Trust Research and Development activities. Research, Development and Innovation reports to the Training, Education and Research Committee and thence to the Trust Board. Innovation activity also reports to the Together Towards World Class Board via the World Class Services Board.

6.0 DETAILS OF THE POLICY

Our previous strategy enabled us to make huge strides, but we need to further develop the Research, Development and Innovation culture. This strategy requires that our organisation is even more confident, aspirational and ambitious in its attitude to research and innovation.

Currently, our research and innovation areas can be divided into those led by medical staff and those led by other staff groups (nurse, midwives, allied health professionals, scientists etc.):



These themes are designed to be multidisciplinary, span a range of methodologies and encompass the range of research from basic science through to translational and applied clinical research and innovation. Our major themes are complemented by additional areas of clinical research activity within the Trust. In addition to our main themes, we have many areas of high quality clinical work which do not have a major research focus but have the potential to develop and we will develop infrastructure to support them (see 6.1).

We aim to further develop and support our research and innovation culture – by inspiring and supporting our staff to undertake applied collaborative research, implement research evidence and innovate solutions addressing key healthcare priorities.

Our objectives are as follows:

6.1 **Increase high quality research and innovation activity that impacts across the organisation**

There are many opportunities that can be realised through a cultural change that embraces both research and innovation as part of core activity. An organisation that achieves this has improved quality of patient care, attracts the best quality staff and can improve their working lives. The skills set within research and innovation can contribute to wider Trust initiatives around improved service delivery and increased efficiency. It will encourage interdisciplinary working, urging researchers to develop synergies between research areas, both within and beyond the Trust.

6.1.1 **Inclusive approach**

Increasing high quality research and innovation activity across the Trust is key to our success as organisation. Our approach needs to be inclusive. As such, we will offer the opportunity to all staff to get involved in research and / or innovation at some level:

Simple steps, such as providing more support for those involved in research or innovation (see 6.3) and revising the format of the Grand Round to provide opportunities for sharing knowledge have already started to change our research and innovation culture. Additionally, having Board level support for R,D&I, coupled with our 'Together Towards World Class' programme will accelerate the rate of cultural change required.

6.1.2 **Building on existing strengths**

Whilst inclusivity is our goal, in order to attract research or innovation funding, we must maintain a focus on our major research themes whilst we support the natural development of activity in new areas. We will link with appropriate partner(s) to ensure that sufficient strength and depth are present in our programmes to attract grant income.

Specifically, we will create centres of excellence where world leading, innovative clinical services are underpinned by excellent research and teaching/training to provide leading edge care to our patients and opportunities to our staff. We will embark on a process to systematically identify those areas that have the potential to be the research themes of the future and support them to develop. This will involve identification and development of research and innovation leaders, formalising partnerships with academic institutions and securing commitment to fund joint initiatives.

This approach provides us with the flexibility to develop our areas of research and innovation in line with the development of our clinical areas of excellence or to meet clinical needs. This means that major themes may be displaced or enhanced by the successful development of new areas.

6.1.3 **'Grow your own' programme**

As attracting high calibre research leaders has proven to be difficult thus far, we need to focus our activities towards identifying and developing our own staff. We were one of the first Trusts to adopt the AUKUH's recommendations for the allocation of programmed activities for research in NHS Trust and incorporate it within our job planning policy. We need to build on this commitment to reward and recognise those staff engaging in research and support them to develop their own projects.

We will enhance our research activity amongst non-medical staff groups: nurses, midwives, allied health professionals and scientists, with the aim of developing research leaders in these professions. This will be supported by specific non-medical researcher programmes. The appointment of a Lead Scientist for the Trust will provide our scientists with additional leadership.

In 2015, Coventry University became one of only 10 UK universities, and the only one in the West Midlands, to receive funding for the Masters in Clinical Research studentships

from Health Education England and the National Institute for Healthcare Research. The studentships are available for non-medical healthcare professionals who work in the NHS and who are interested to improve their clinical research skills and develop research expertise in their area of clinical practice. Two Trust staff secured places on the course in 2015, we will work with Coventry to provide our staff with the skills to enable them to have the best chance of securing future places.

We will work with our clinical departments and partner organisations to ensure that new appointments have appropriate research expertise for proposed posts. To further develop the research culture to that expected of a leading UK research active Trust, we will work with our academic partners to lever funds for joint appointments. In conjunction with our partners, we will also provide the training and environment required to maximise the research potential of our existing and future workforce.

6.1.4 **Wider engagement**

There are many opportunities to increase research and innovation activity at the Trust. Participation in national studies gives opportunities for the early adoption of new treatments and technologies and improved choice of care for patients. There is improved quality of patient care provided through research active teams and focusing on commercial funded studies provides potential for increased income to reinvest. NIHR funding places a greater emphasis on translational research and there are similar funding opportunities emerging for innovations particularly where these address national priority areas. Further development of West Midlands Academic Health Sciences Network, in which the Trust is a leading partner, should provide a vehicle for encouraging, capturing and sharing innovation.

There is considerable overlap between research and innovation, particularly in the adoption of new ways of working which might be informed by research findings or by new technologies arising from industry. In recognition of the national agenda, we will focus on 2 main areas: 1) developing ideas for new products or new service delivery solutions that are suggested by NHS staff and 2) adopting research findings and new products or services developed by external partners (industry, other NHS Trusts or academic institutions). We need to promote and support innovation across the Trust. By encouraging greater engagement between the NHS and the pharmaceutical, biotechnology and medical device industries, we can improve quality of care through involvement in the development of new products, and the development of new sources of income to support the research and innovation strategy.

The workforce is critical to delivering this objective. Leading the Innovation culture will be a challenge as new innovative practices can displace more traditional ways of working. We need to encourage informed and well-managed risk-taking to make positive changes to our organisation.

Whilst our core strength is clinically led research and innovation, we acknowledge that healthcare impacts on many other sectors. Indeed, as the largest employer in the area, we cannot ignore our importance to the local economy and we need to support our staff, patients and local community by ensuring that research and innovation benefits them. How our staff travel to work, our use of our built environment and surroundings, how patients are discharged and where and how they receive subsequent care are all important aspects of what we do and should be considered part of the research landscape.

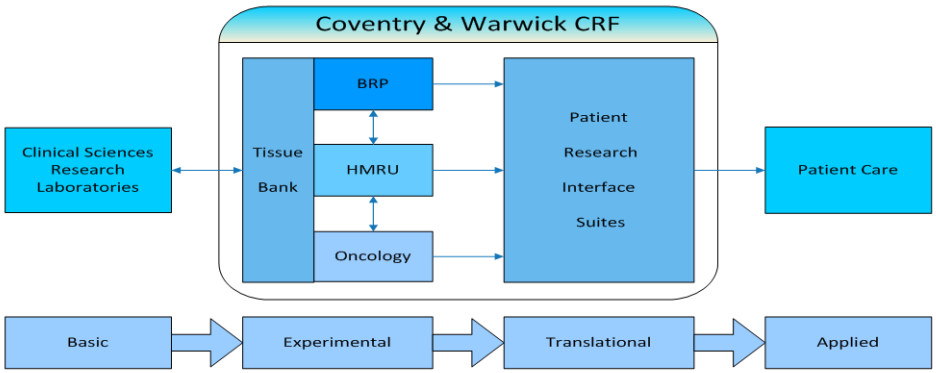
We want to widen our research horizons to embrace areas outside of our clinical strengths. We have opportunities to compete nationally and internationally by engaging with traditionally non clinical industries, engineers and scientists to explore many other areas such as our built environment, transport, use of clean technologies, our use of resources and our impact on the environment. We have already collaborated with mechanical engineers to better understand the 'soundscape' (the impact of environmental noise) of ward and coronary care areas, systems engineers to use data to model service delivery within our stroke pathway and chemists to reformulate bone cement used during surgery. Diversifying our portfolio to secure additional investment, outside of historic clinical funding streams, will contribute to economic growth. We will develop other areas of research and innovation to feed translation and spin-out companies to support employment and the future growth of the UK economy.

6.2 Provide high quality facilities for clinical research and healthcare innovations capable of responding to change in demand and evolving the collaborative environment

The national research, development and innovation landscape continues to evolve to ensure that basic science discoveries are translated into improved clinical practice, scientific research leads to improved clinical care and knowledge is rapidly adopted for the benefit of patients. As such, the Trust has invested in the development of a number of Clinical Research Facilities (CRF). The CRF currently comprises 6 Patient Research

Interface suites, three specialty units (the Human Metabolic Research Unit, the Biomedical Research Unit in Reproductive Health, and the Cancer Clinical Trials Treatment Centre) and the Arden Tissue Bank. In 2010, our Clinical Research Facilities were accredited by NOCRI as an UKCRC Experimental Medicine Facility.

The 6 Patient Research Interface (PRI) suites are distributed through the hospital, which provide dedicated research facilities adjacent to, but independent from, the ward areas. Each suite comprises 2 clinical examination rooms, 2 technical/equipment rooms, and 1-2 offices; three suites also have a patient waiting area. The clinical examination rooms are staffed and equipped to provide an environment for patients and volunteers to participate in clinical research studies in comfort and privacy.



Currently, patient-based basic science research is carried out within Warwick Medical School's Clinical Sciences Research Laboratories, situated on the University Hospital site.

The Human Metabolic Research Unit is one of only two such clinical research resources in the UK and the most advanced of its type in Europe. This is a custom built facility designed to measure and analyse all facets of how we create and use energy. Located on the ground floor of University Hospital adjacent to, and affiliated with, the Warwickshire Institute for the Study of Diabetes, Endocrinology and Metabolism (WISDEM) Centre. The HMRU uses the full complementary laboratory facilities available onsite at the Warwick Medical School Clinical Sciences Research Laboratories, including contemporary cell and

molecular biological techniques, and 'omics' platforms (including genomics, proteomic and gene microarray).

HMRU provides a unique opportunity to explore the determinants of human obesity and its metabolic sequelae and enables the study of metabolic profiles associated with other endocrine conditions. At the heart of the HMRU are two state-of-the-art whole body calorimeter rooms, which generate detailed 24-hour energy profiles for an individual. The HMRU also contains a range of equipment for measuring anthropomorphic characteristics (e.g. height, weight, percentage body fat, etc.) including a Bod Pod for air displacement plethysmography and cardio-pulmonary exercise testing facilities. This will be used to further enhance our reputation, grant income, productivity and esteem in Metabolic Medicine. It will also link with the Tissue Bank which has been developed to support the provision of clinical samples for our researchers.

In 2012, we established the Biomedical Research Unit in Reproductive Health (BRU), built upon the NIHR Biomedical Research Unit model. Our goal is to establish the leading centre in translational reproductive health research in the UK. The unit integrates the clinical strengths of the Department of Obstetrics and Gynaecology at UHCW with the scientific expertise of the Division of Reproductive Health in Warwick Medical School and other partners in University of Warwick. The BRU provides the infrastructure that enables systematic and longitudinal acquisition of clinical data and samples, starting before conception, until birth and beyond. This unique resource underpins clinical studies and laboratory investigations, all of which focussed on the prediction and prevention of pregnancy complications and improved patient care. This year, we received our first NIHR funding to support a multicentre miscarriage trial led by the BRU.

The Cancer Clinical Trials Treatment Centre is located in a purpose-built unit on the 3rd floor of University Hospital Coventry. The unit was newly refurbished in 2010 and is fully equipped for earlier phase clinical trials. It has its own Clinical Trials Treatment Area (with 5 chemotherapy chairs and 1 bed); a patient reception/waiting area, consultation room, and bathroom; a clean clinical room, kitchen and sluice room; new offices with the capacity to house 28 members of the research team (including doctors, nurses, pharmacy, pathology, radiotherapy and clerical staff), a seminar room, and store rooms.

The Arden Tissue Bank provides human tissue for research, support for NIHR Portfolio, commercial and academic research projects and ensures human cells and tissues for

research are stored in compliance with the Human Tissue Act. The tissue bank provides researchers with access to a diverse range of quality human tissue, whilst complying with national legislation and ethics, and offers a range of routine histology services, as well as tissue microarrays, immunocytochemistry, and high resolution digital imaging of tissue sections. This Tissue Bank currently holds over 300,000 samples and hosts 2 national tissue collections. During 2014, the storage facility expanded into new premises (old linnac accelerator space in the FM building) and a sample processing centre was developed to accommodate this growth.

Additional pharmacy space for clinical trials is included in the 2015/16 main entrance reconfiguration. Currently, a cold room for drug storage is not included within this scheme. We are currently evaluating the benefit and feasibility of developing this space. Whilst these facilities are impressive, we need to ensure that their use is exploited to the benefit of patient-centred research. We will also seek to develop complementary facilities, such as early phase trial capacity that will maximise return for the Trust.

The expansion of the activities taken on by the R,D&I team has led to an accommodation shortage. A key part of our success is the ability to provide 'one stop' service to our staff, we need to further develop this model, providing a 'hub' to accommodate the team, our researchers and innovators and provide an interface for academia and industry. We would anticipate a need to accommodate AHSN, academics and R,D&I staff within the Centre

6.3 Provide quality management and support for research and innovation, through a Research, Development and Innovation team that complies with regulatory requirements, national frameworks and emerging best practice

We need to further develop our quality research culture, where excellence is promoted and where participants' dignity, rights, safety and well-being are protected. As part of this, we have identified knowledge gaps, designed and delivered in-house training programmes on governance related matters, to ensure that our researchers, or those helping with research, are aware of the standards they are expected to maintain. In addition, a robust monitoring and inspection process for Trust sponsored studies is in place to ensure that individuals involved in research have the necessary skills to successfully complete their research and adhere to the standards and principles set out in the Research Governance Framework.

Now more than ever before, innovation has a vital role to play if we are to continue to improve outcomes for patients and deliver value for money. The identification and protection of intellectual property by Trust staff has the potential to generate external income for the Trust. With the evolving Innovation agenda, we need to ensure that sufficient resource is available to deliver quality management and support for research and innovation to achieve our goal of raising standards, protecting participants and assuring quality.

To deliver our objectives, we need to provide the maximum level of support to our staff. In 2012, we reconfigured the Research, Development and Innovation team to provide more support and practical assistance to our staff. Other initiatives to support our staff have included providing on-site statistics support, innovation drop in sessions, trial management support for Trust sponsored research projects and project / grant development. Whilst significant success has been had in securing more grant income, more work could be done to support our staff, particularly early career researchers.

Relative to other Trusts of its size, the Trust has very modest infrastructure to support research. Little emphasis has been placed on the management and administration of research studies because historically research tended to be seen merely as the creative pursuits of individual clinicians. With the increasing volume of research and the implementation of a dynamic innovation workstream, we need to ensure that the Research, Development and Innovation team is adequately resourced to deliver this strategy.

6.4 Raise the profile of Research and Innovation (staff, patients and the public)

Awareness of the scale and types of research activity across the organisation is patchy and we need to ensure engagement at all levels. There are also opportunities for increasing patient and public involvement to enable the Trust to engage more fully with the PPI agenda. Involving patients can enable us to improve the quality and relevance of research and innovation and assist in their dissemination and implementation. It is a requirement that patients should be aware of research that is of particular relevance to them (NHS Constitution 2010) and there is a demand from funding bodies, including the NIHR, for evidence of patient public involvement (PPI) and public engagement activities as part of grant funding applications.

More generally, raising the profile of research and innovation results in positive publicity for

the Trust in the local and national media and generates a higher profile of UHCW as a research active trust among existing and potential collaborators, and funding bodies. We intend to further develop the research culture by raising awareness among Trust staff not currently involved in research or innovation. In order to achieve this, we need to further develop our social media usage and interactions.

Our previous strategy, to be more confident and ambitious, has delivered. The R,D&I team have been Finalist or Winners in national awards (Health Service Journal, PharmaTimes) annually since 2011. Working with Communications, we will develop a joint 'Pride' agenda, using our success in national awards to inspire and support other teams

We will further develop a strategy to improve communication about the quality and impact of our research and innovations, with activities to include an annual Research and Innovation day, patient and public open days, improved intranet and web presence and other communication and marketing initiatives.

7.0 DISSEMINATION AND IMPLEMENTATION

7.1 This strategy will be supported by an implementation plan, detailing key metrics, deliverables and timelines. Progress will be monitored by the Research Strategy Committee.

7.2 This strategy is included on the Trust e-Library.

8.0 TRAINING

8.1 The requirements for training for researchers are detailed in the Research and Development Standard Operating Procedure 24 'Training Requirements and Records for Staff involved in Clinical Research Trials', available on the Trust Intranet (Departments/Department Listings/Research & Development/Information).

8.2 Further training and events will be provided and advertised via usual Trust communication methods.

9.0 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

Progress will be monitored via a set of Key Performance Indicators reflecting national requirements, best practice and local Research, Development and Innovation targets. These will be reviewed annually and fed into Trust scorecards as follows:

9.1 Monitoring Table

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual/ department responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Key Performance Indicators	Scorecard report On KPIs	R, D&I	Monthly	Trust Board	Trust Board
Delivery of Corporate objectives	Board Reports On KPIs	R, D&I	Quarterly	Trust Board	Trust Board
Delivery of Innovation objectives	Report against plan	Trust Innovation Lead	Quarterly	World Class Services Board	Together Towards World Class Board
Delivery of R,D&I implementation plan	Report against plan	Research & Development Director	Bi-annually	Education, Training And Research Committee	Trust Board
Delivery of implementation plan	Report against plan	Research & Development Director	Bi-annually	World Class Services Board	Together Towards World Class Board
Overview, update and future direction of all aspects of research & innovation	Summary report and presentation	Research & Development Director	Annual	Trust Board	R, D&I

10.0 STAFF COMPLIANCE STATEMENT

All staff must comply with this Trust-wide Corporate Business Record and failure to do so may be considered a disciplinary matter leading to action being taken under the Trust-s Disciplinary Procedure. Actions which constitute breach of confidence, fraud, misuse of NHS resources or illegal activity will be treated as serious misconduct and may result in dismissal from employment and may in addition lead to other legal action against the individual/s concerned.

A copy of the Trust's Disciplinary Procedure is available from eLibrary.

11.0 EQUALITY & DIVERSITY STATEMENT

Throughout its activities, the Trust will seek to treat all people equally and fairly. This includes those seeking and using the services, employees and potential employees. No-one will receive less favourable treatment on the grounds of sex/gender (including Trans People), disability, marital status, race/colour/ethnicity/nationality, sexual orientation, age, social status, their trade union activities, religion/beliefs or caring responsibilities nor will they be disadvantaged by conditions or requirements which cannot be shown to be justifiable. All staff, whether part time, full-time, temporary, job share or volunteer; service users and partners will be treated fairly and with dignity and respect.

12.0 REFERENCES AND BIBLIOGRAPHY

12.1 Best Research for Best Health: A new national health research strategy 2006

12.2 NHS Constitution 2010

12.3 DH Operating Framework 09/10 for the NHS in England (December 2008)

12.4 Strategy for UK Life Sciences, DH 2011

12.5 Innovation for Health and Wealth, DH 2011 and 2013

12.6 NHS 5 Year Forward View, 2014

12.7 'Research Activity and the Association with Mortality'. PLOS OONE. 2015. Baris A Ozdemir et al.

12.8 European Science Foundation Forward Look: Personalised Medicine for the

European Citizen. Towards more precise medicine for the diagnosis, treatment and prevention of disease. November 2012. www.esf.org

13.0 UHCW ASSOCIATED RECORDS

13.1 Research Governance Policy

13.2 UHCW Organisational Strategy 2009-2015, Strategic Priority 2 (Developing Excellence in Research, Innovation and Education)

13.3 Trust Corporate Plan.

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	Developing Nursing, Midwifery and AHP – Research Strategy 2013-2016
Author	Gillian Arblaster, Associate Director of Nursing – Research & Education
Responsible Chief Officer	Professor Mark Radford, Chief Nursing Officer
Date	**26th November 2015**

1. Purpose

To provide Trust Board with an update in relation to the implementation of the collaborative research model for nursing, midwifery and allied healthcare professionals with partner health education institutes.

2. Background and Links to Previous Papers

The aim of the CARE Model was to develop Nursing, Midwifery and Allied Health Care research, to evolve existing research projects into more coordinated programs and to develop collaborative partnership.

There are 4 levels to the model which range from Aspirational – which is initial stage of research awareness and use to a Level 1 Unit – which is HEI linked independent research facility undertaking large scale research projects (>100k) with independent researchers

The CARE Model was launched 18 months ago in relation to progressing the workstreams and collaborative partnerships. The key collaborative partnerships are with Coventry University, the University of Warwick and Birmingham City University.

The strategic research themes that had been identified were::

- Women's Health and Maternity
- Child Health
- Cancer and Oncology
- Older people, dementia and dignity
- Workforce and innovation
- Health Technology in Clinical Practice

3. Narrative

In relation to the CARE Model- Womens Health is progressing on year 2 objectives and towards level 2. Cancer Oncology progressing year 3 objectives..

Since the work streams were identified a post doctoral researcher has been appointed within Infection Prevention and Control and this has now been incorporated into the workstream.

Research meetings have been held every 4 months with partners the focus has been to build on the work streams, share practices, identify challenges to progression, new collaborations and projects, national research agenda implications and opportunities.

Progress and achievements have been made each of the work streams and an additional work stream developed for Infection Prevention and control. Progress against each work stream is identified in the attached slides.

Key developments are:

1. Collaborative working
2. Research posts – clinical academics
3. Successful grant applications
4. Presentations
5. Publications
6. Opportunities for novice researchers to undertake research
7. Visibility of clinical research nurses
8. Profile raising of research to staff in practice
9. Links with RD&I department

UHCW involved successful submission of NIHR bid to provide masters in clinical research studentship with Coventry University

Publications data base developed by RD&I and targets set for 10% increase in publications nursing and midwifery - this includes presentations at conferences. One of the challenges is setting baseline has knowing publications is dependent upon staff inputting into the data base and then identifying nurses and midwives. A manual review has been completed. 2015 increase in publications.

Clinical Academic Internships increase in applications and successes in funding.
Development of INCA Programme.

4. Areas of Risk

- Funding to support staff to undertake projects, research training and academic studies.
- Funding for clinical academics to support work streams

5. Governance

CARE Model and work streams part of overall Research Development and Innovation Strategy and governance framework

6. Responsibility

Professor Mark Radford – Chief Nursing Officer

7. Recommendations

The Board is invited to **note**:

- the progress that is being made in relation to each of the work streams.
- The advantage of having clinical academics in practice and these progress in these work-streams
- Progress in increasing publications, presentations nursing and midwifery
- The number of staff who have applied and the number who have been accepted for Clinical Academic Internships

Name and Title of Author: Gillian Arblaster – Associate Director of Nursing Education and Research.
Date: 09/11/2015

University Hospitals Coventry and Warwickshire NHS Trust

Developing Nursing, Midwifery & AHP

Objectives and Strategic Work Plan - 2013 – 2016

V4 July 2015

CARE model

HEI linked - Larger scale research projects (> £10k). Developing a research focus and skills in workforce. Independent researchers

Metrics

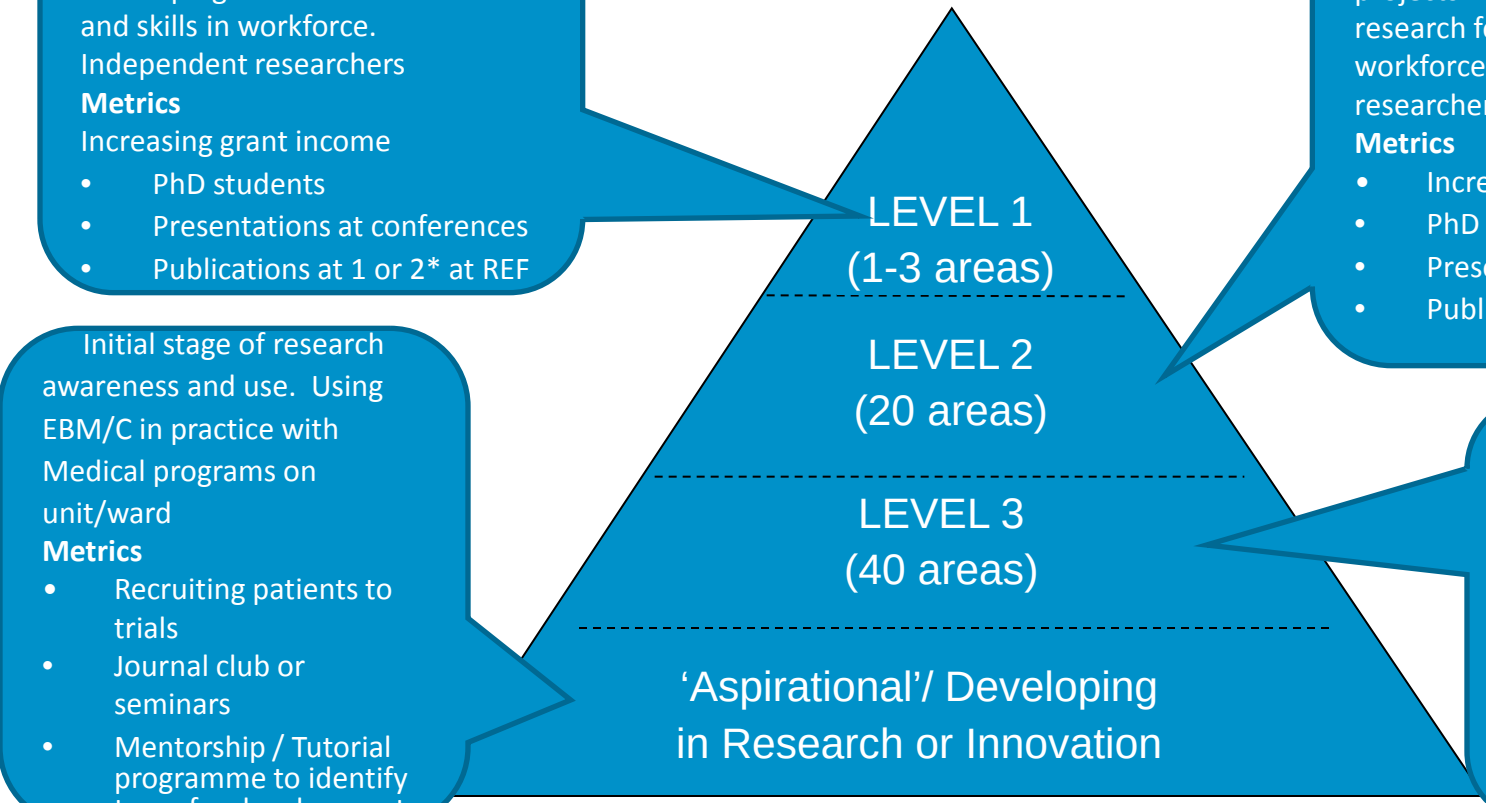
Increasing grant income

- PhD students
- Presentations at conferences
- Publications at 1 or 2* at REF

HEI linked - Larger scale research projects £10k). Developing a research focus and skills in workforce. Independent researchers

Metrics

- Increasing grant income
- PhD students
- Presentations at conferences
- Publications at 1 or 2* at REF



Initial stage of research awareness and use. Using EBM/C in practice with Medical programs on unit/ward

Metrics

- Recruiting patients to trials
- Journal club or seminars
- Mentorship / Tutorial programme to identify team for development

small scale research projects (< £10k).
Developing research skills in core workforce

Metrics

- MSc / MRes students
- Presentations at conferences
- Publications at 1 or 2* at REF

Audit | Innovation | Research | Training | Quality

Can you do your job better?

University Hospitals Coventry and Warwickshire NHS Trust

Coventry University

Women's health

- Strategic partner – Coventry university
- CARE Level 2
- Staff (Catherine Bailey/Carmel McCalmont)

Achievements

- Research Fellow appointed
- Midwifery Led Unit
- Post traumatic Syndrome after delivery
- Bio medical Research Unit

Objectives

i. To develop greater links between CU and UHCW
i. Initiate research capacity development programme for UHCW workforce

THE UNIVERSITY OF WARWICK

Coventry University

Children and Young person

- Strategic partner – Coventry university
- CARE Level 2
- Staff (Prof Jane Coad CCFAR/Carmel McCalmont)

Achievements

- Honorary Contract for Prof Coad (to be explored)
- Funding fro national lottery Judy Barlow AHP evaluation effectiveness of preventative services between pregnancy and 3 years

Objectives:

Year two

Objectives

i. To increase research capacity in Nurses & AHPs at UHCW via MScR with a UHCW focused project.
ii.Support Research Fellow to draw together research group within Midwifery unit.
iii.Midwifery PhD x1

Outputs

- 2 x grant applications to national research funds
- Publications (2 x REF 3*)
- Presentations: National

Objectives:

i. To increase research capacity in Nurses & AHPs at UHCW – through key staff undertaking an MScR with a UHCW focused project.
ii.Clear post holder development linking CU/CCFAR and UHCW

Outputs

- 1 x Collaborative Grant from national Research funds
- Publications (2 x REF 3*)
- Presentations (National)

Year three

Objectives:

i. Research fellow upgrade to SRF/Reader, with view to professorial role within 5 years.
ii.Working toward a professorial unit

Outputs:

- Grant income (£100k+)
- Publications (3 x REF 3-4*)
- Presentations: International

Objectives

- Support for Research Fellow to develop profile and upgrade to SRF / Reader
- Work towards full professorial unit status

Outputs

- 2 x Grants from national Research funds
- Publications (3x REF 3*)
- Presentations (International**)**

Together towards world class

University Hospitals Coventry and Warwickshire NHS Trust

THE UNIVERSITY OF WARWICK

Coventry University

Cancer & Oncology

- Strategic partner – University of Warwick & Coventry University
- CARE Level 3
- Staff (Prof Young)

Achievements

- 3 nurse/AHP Led research projects
- Publications
- Presentations national and international

Objectives

- To deliver on the above projects
- To build oncology research team

Year two

Objectives

i. Oncology AHP nurse led team developed (excluding clinical trials
Ii Nurse AHP led Projects additional x3
i. Develop staff along the Clinical Academic Pathway

Outputs

- 2 grants from national research funds (>£500k)
- Publications (2x REF 3*)
- Presentations (4 international,
- 4 national)

Year three

Objectives

I. Full professorial unit of Symptomatic care

Outputs

- Sustainable grant income (>£500k per annum)
- Publications (4xREF 3*-4*)
- National Advice Centre for research findings
- ensure research into local practice

Together towards world class

Objectives

I. Senior Research Fellow/Reader Gerontology
II. Clinical staff registered for PhD with an honorary CU research post
III. Recognition of Level 3 Unit

Outputs

- 2x 3* papers
- 2x grant applications (national/EU)
- International presentations
- Increased % research active N&AHPs at UHCW

Objectives

i. Identify those with potential for clinical academic careers and increase their research capacity via MScR degree with a UHCW focused project.
ii. Develop qualitative research skills of staff

Outputs

- Grant applications to national funder which will include joint posts.
- Support UHCW staff to publish
- Complete systematic review
- Publications x2

Coventry University

Older Person, Dignity & dementia

- Strategic partner – Coventry university
- CARE Level : Aspirational
- Staff (Prof s Guy Daly, Howard Davis & Gill Furze/Gillian Arblaster)

Achievements

- Care Bundle for Dementia
- Discharge programme Age UK
- Falls Care Bundle Audit
- ASKIN Care Bundle
- Masters older people x 2
- Health technology assessment funding for Clinical trial UHCW exercise for patients with dementia (AHP)-

Objectives

i. To bring together key people at CU and UHCW to explore potential themes for future grant submissions.
ii. Evaluation bundles
iii. Systematic review falls

University Hospitals Coventry and Warwickshire NHS Trust

Year two

Year three

Workforce Innovation

- Strategic partners – Coventry University & Birmingham City University
- CARE Level 3
- Advanced Practice (Prof Radford/Alastair Gray)
- Key workers (AFC 1-4) (G Arblaster/Steve O'Brien)
- International development (Prof Notter)

Achievements

- Collaborative working with Saxion University
- International exchanges Holland and Japan

Objectives

- Strategic partners working collaboratively to explore workforce themes for funding submissions

Objectives

- Facilitate those Advanced practitioners with potential for a clinical academic career to register for Prof Doc / PhD
- **Outputs** Grant applications to national funders to support workforce innovation
- Support publication production
- National Presentations

Objectives

- Joint research fellow post
- Progression to Level 2 unit

Outputs

- International Presentations
- Increased % research active N&AHPs at UHCW

Together towards world class

Objectives

- Joint grant funded post to upgrade to SRF/Reader
- Level 2 Unit

Outputs

- 3-4 x 3-4* papers
- 3-4 x grant applications (national/EU), at least one >£1m
- International presentations
- Increased % research active N&AHPs at UHCW

Health Technology

- Strategic partner –Coventry University, Birmingham City University
- CARE Level - Aspirational
- Staff Ala Szczepura, Simon Fielden / Gill Ward/Darren Awang (Cov Uni) Jackie Weager, Bev Thompson, Karen Bond (UHCW)

Achievements

Objectives

- To explore the potential for joint working between CU HDTI and UHCW on a grant application for telehealth / telecare, with a view to including a joint post.

Objectives

i. Identify staff with potential for clinical academic careers for an MScR degree with a UHCW focussed project.

Outputs

- Grant applications to national / EU funders for telehealth / telecare / App development.
- 1x3* Publication
- Presentations: National

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Infection Control

- Strategic partners – University of Warwick and Infection Prevention Society
- Post Doctoral Researcher within UHCW IPCT – Carolyn Dawson appointed

Objectives

- Establish infection prevention research at UHCW

Progress

- 6 month programme commenced investigating knowledge and perception of UHCW staff regarding hand hygiene
- 5 abstracts written collaboratively with IPCT
- 2 year IPS funded “Urgh Factor "project to exploring hand hygiene
- IPCT participating in Microblog to discuss pros and cons of social media (Twitter) for IPCTs within NHS
- Collaboration with Warwick University on exploring impact of human factors on key barriers to hand hygiene in risk environments

Year two

Objectives

Year three

Objectives

Together towards world class

University Hospitals Coventry and Warwickshire NHS Trust

Women's Health

Mission : **development of an academic unit for Women's Health within UHCW with sustainable grant income, with the aim of achieving level one of the proposed CARE strategy within 5 years.**

Key research areas: **Maternal health, Female Genital Mutilation, Efficacy of educational web or app tools for midwives**

Key personnel	**Elizabeth Bailey (Research Fellow joint post), Carmel McCalmont + Others from UHCW midwifery CLRN,CCFAR team: Professor Jane Coad, Jane Barlow**
Year 1	**i. Meeting with Key personnel as above to agree action plan and outputs. Submit to Trust Board.** **ii. Identify key staff in Midwifery services to take plans forward** **iii. Initiate research capacity development programme**
Progress	**i. Establishment strategic partnership** **ii. Appointment research fellow** **iii. Grant applications submitted awarded national evaluation of the Baby Buddy app with Coventry University** **iv. Assisted 8 midwives to write submission for RCM Conference – 6 accepted** **v. Claire Croxall and Liz Bailey publication in Practicing Midwife - A Women led approach to improving postnatal care** **vi. Back to Basic project to reduce section rate from 27% to 22%** **vii. Cov uni Hazel Barret leading EU FGM project** **viii. IMPOSE Project – progressing to Mums plus One** **ix. Forever Photo's – Sam Collinge - RCM award winner £5k to include evaluation (publishable outputs plus oral conference invitation SANDS annual conference)**

Women's Health *(cont)*

Progress	**i. Mind your P's & Q's – RCM Breastfeeding Innovation Grant project £10k to include evaluation (publishable outputs plus oral conference invitation SANDS annual conference)** **ii. 2 midwives offered NIHR CAT internships hosted by Birmingham University, 1 deferred to next year and Claire Walpole undertaking internship this year** **iii. Elizabeth Bailey accepted as supervisor on the NIHR CAT internship programme** **iv. Grant application submitted in collaboration with Andy Turner and CFR to Wellbeing of Women to develop Coventry University's HOPE platform to support women experiencing recurrent miscarriage** **v. Women & Children's been selected by UHCW Innovations as a target area to promote innovation. Currently scoping a project with Innovations to develop women-led improvements in the experience of outpatient high-risk Antenatal care**

Children and Young people

Mission : To foster collaboration between UHCW and Coventry University to enhance the Trust's research profile in terms of health and well being of children, young people and their families. **Key research areas: Children, Young People and Families; Acute and Complex Care; Improved care and treatment pathways; New service models of delivery; Transition across services (to community and across NHS Hospital Trusts); Patient choice and voice; Specialist services such as A&E; advancing skills and improving training; improving health outcomes of children and young people, participation and user involvement, health children and families (0-5years)**	
Key Personnel	**Carmel McCalmont, Sue Ellis UHCW; Professor Jane Coad (Centre for Children and Families Applied Research - CCFAR) , Jason Pritchard, Sue Ellis, Dr Kate Blake**
Year 1	**i. Develop the Strategic partner – Coventry university (Professor Jane Coad Hon Contract)** **ii. Meeting with Key personnel as above to agree action plan and outputs. Submit to Trust Board.** **iii. Identify key staff in children's services to take plans forward**
Progress	**i. Strategic partner established** **ii. Key research areas identified** **iii. Links being made into Peadiatrics – staff nurses made contact regarding paper they have written** **iv. Development of Research Fellow post for Peadiatrics**

Cancer and Oncology

Mission: **Development of professorial unit for Cancer Care with sustainable grant income** **Key research areas:** **Telehealth, Symptomatic Care (thrombosis, alopecia. Nausea and vomiting)**	
Key Personnel	**Professor Annie Young, Azar Arif HCSW for telehealth Arden Cancer Network, Professor Jane Coad (Paediatric Oncology)**
Year 1	**To build oncology research team** **Deliver on 3 nurse/AHP research projects.** **Presentation x 2** **Publications x 2**
Year 2	**Develop staff along the clinical Academic Pathway** **Additional 3 nurse/AHP led projects** **2x grants from national research funds (.£500K)** **Publications (2x REF 3*)** **Presentations (4 national and 4 international)**
Progress	**I. Professor Nursing** **II. 50% funding for 2 years for a senior research fellow and research assistant at UHCW** **III. Nurse-led RCT's** **IV. select-d' – which anticoagulation treatment is optional in the cancer setting and how long - funded educational grant pharma - Publication in Thrombus March 2015**

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Cancer and Oncology *(cont)*

Progress	**V. PRO-Rheab – investigating standard rehabilitation vs individual for cancer patients (NIHR funded)** **VI. MesAlo – measurement of hair loss in patients with chemotherapy induced alopecia and perceptions of patients re CIA – Oral Presentation at International Society of Nurses in Cancer Care Vancouver July 2015** **VII. Hospice Advancing Research Priorities – Delphi study research priorities for clinical and managerial hospice care - Oral Presentation at International Society of Nurses in Cancer Care Vancouver July 2015** **VIII. Health Buddy – Service evaluation of interactive home device for monitoring psychological and physical side effects of patient starting chemotherapy- publication in preparation and oral Presentation at International Society of Nurses in Cancer Care Vancouver July 2015** **IX. Bids currently pending: NIHR- On line Psychological Care doe distress in cancer patients – is Big White Wall Effective?** **X. To be submitted: "Chemobrain": Pre pilot, NIHR programme grant in preparation – how can we identify and support patients with chemobrain and support their careers?**

Older Person, Dignity and Dementia

Mission: To undertake research to improve the care of older people and those with dementia

Key research areas: Falls in the hospitalised older, improving self-management skills in people with recently diagnosed dementia, activities management of patients with dementia, Care bundles, therapeutic interventions

Key Personnel	Gillian Arblaster UHCW/Profs Guy Daly, Howard Davis, Dr Malcolm Fisk, Susan Leonard –Wesson, Katherine Wimpenny, Rosie Kneafesy , including Vicky Kean, Andy Turner
Year 1	i. Identify key staff in Older People's services to take plans forward, and work with them to develop ii. Research theme to improve care older people iii. Agree action plan and outputs. iv. Evaluation Care Bundles v. Systematic review falls
Progress	i. Academic links identified with Coventry University ii. Research Nurse appointed UHCW fixed term to roll out and evaluate dementia care bundle (DemCare) iii. Nurse and therapist worked in collaboration with academic staff to undertake systematic review in relation to falls and flooring- poster presentation at RCN Education Conference 10th March 2015 iv. Pilot of falls app developed at Coventry University v. Development of an app for pressure ulcers as part of collaborative CQUIN React to Red Skin

Older Person, Dignity and Dementia *(cont)*

Progress	**vi.**	**Presentation React to Red Skin – eliminating pressure ulcer conference in December 2014 and February 2015**
	vii.	**PhD student Warwick University undertaking study related to multiprofessional assessment older people**
	viii.	**Pilot of compassionate practice education tool kit funded by LETC**
	ix.	**Evaluation of M technique in clinical practice**
	x.	**Audit completed** – **essential care after falls** – **Falls care bundle** – **Bowel care** – **Nutritional Observation** – **Nil by mouth**
	xi.	**In progress – oral care**
	xii.	**NHS England Patient Safety Domain and Tissue Viability Pressure Ulcer and Wound Audit**

Workforce Innovation

Mission: Through collaborative research, including practice development initiatives, engage in projects that develop and
enhance workforce innovation through the whole career framework; healthcare support worker to advanced practitioners

Key research areas: Advancing practice, Role Development , Assistant Practice

Key Personnel	Professor Radford/Gillian Arblaster UHCW/Steve O'Brien, Sarah Baxter/ Alastair Gray Coventry University
Year 1	i. Identify key staff to take plans forward, and work with them to develop research theme ii. agree action plan and outputs. iii. Consider Joint appointments
Progress	i. Academic links identified Coventry University ii. Established link Professor Joy Notter –Birmingham City University (International links and visits) a. Dutch healthcare professionals undertaking masters in advanced clinical practice to shadow staff in practice (13 2014/15 and plan 10 2015/16). b. Pre and post registration nursing students from University of Fukui Japan c. Directors from Viet Duc University Hospital (interest education, clinical practices and advanced roles) d. Chinese visits at Warwick University for Oncology iii. Regional Advanced Practice Project funded LETB iv. Advanced Clinical Practice Framework v. Academic undertaking PhD in relation to impact of advanced practice education vi. Msc project evaluating AIMS course

Healthcare Technology

Mission: In collaboration with Coventry University and the Health Design Technology Institute (HDTI), develop a HT innovation ward, where novel technologies are evaluated and trialled within a real clinical environment is a key aim of the CARE programme.

Key research areas: Development and evaluation of Telehealth / Telecare / Apps and Serious Games.

Key Personnel	UHCW- Karen Bond,CovUni - Ala Szczepura, Simon Fielden (Director HDTI), Gill Ward / Darren Awang (OTs)
Year 1	i. Identify key staff in from HDTI and Health Technology ward to take plans forward, ii. agree action plan and outputs. Submit to Trust Board. iii. develop a grant application for telehealth / telecare, and include a joint post.
Progress	i. Identification of academic links within Coventry university ii. Submission technology bid iii. Big Data Project with Birmingham City University, London South Bank University and Wolfram- pilot of use of multi-source feedback tool as part of 'compassionate practice education tool kit' – project initiated by Coventry and Warwickshire Partnership Trust funded by LETC iv. Ethical Hacking Group looking at how to transfer patients data via app safely

Infection Prevention and Control

Mission: Establish UHCW as a recognised centre for innovative infection prevention and control research, with a strong emphasis on healthcare professional led research activity.

Key research areas: Hand hygiene, meaningful data, healthcare professional engagement

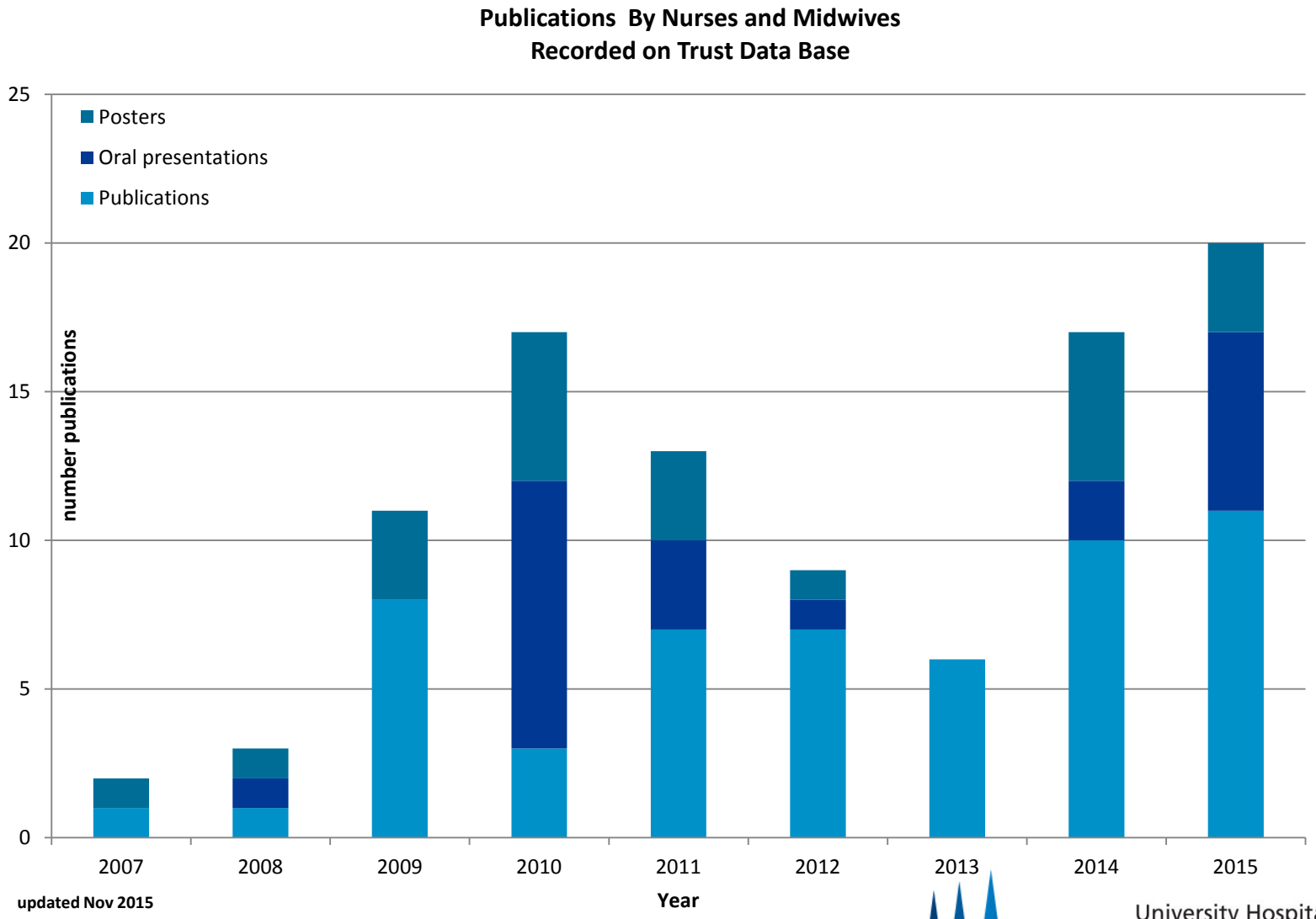
Key Personnel	**Kate Prevc (Modern Matron), Carolyn Dawson (Research Practitioner) + the Infection Prevention and Control Team.** **Collaboration with University of Warwick established through C Dawson** (Institute of Digital Healthcare, Experiential Engineering, WMG)
Year 1	i. **Exploring hand hygiene at UHCW:** *"Connect to Protect":* Large scale (n=3,000) survey study to uncover knowledge and perception of UHCW staff regarding hand hygiene. Data to provide baseline for future intervention to target increased hand hygiene. ii. **Meaningful Data:** Changing the way we measure hand hygiene based on recommendations from 4 year PhD study based at UHCW. iii. **Engaging healthcare professionals with research:** Ensuring clinical staff are involved in the design, development, conduct and dissemination of research activities throughout the year.
Progress	i. **"Connect to Protect"** launched at IPS Study Day (June 8th) II. **Meaningful Data:** a) Paper outlining need for new measurement tool based on PhD research published (OnlineFirst) in Journal of Infection Prevention (*doi:10.1177/1757177415592010)* in June 2015. b) Initial trials of new measurement tool began in June 2015.

University Hospitals Coventry and Warwickshire NHS Trust

Infection Prevention and Control *(cont)*

Progress	**iii. Engaging healthcare professionals:** a) Five conference abstracts submitted by the IPCT, with four being first-authored by front-line clinical IPCNs. b) New research project scoped out by IPCN, with collaboration identified with University of Warwick and external experts (Human Factors). Personal research training sought and agreed. c) KP and CD delivered a workshop on overcoming barriers to research within healthcare at Safer Care 2015, held at Birmingham City University for those working in health or social care.

Recorded Publications



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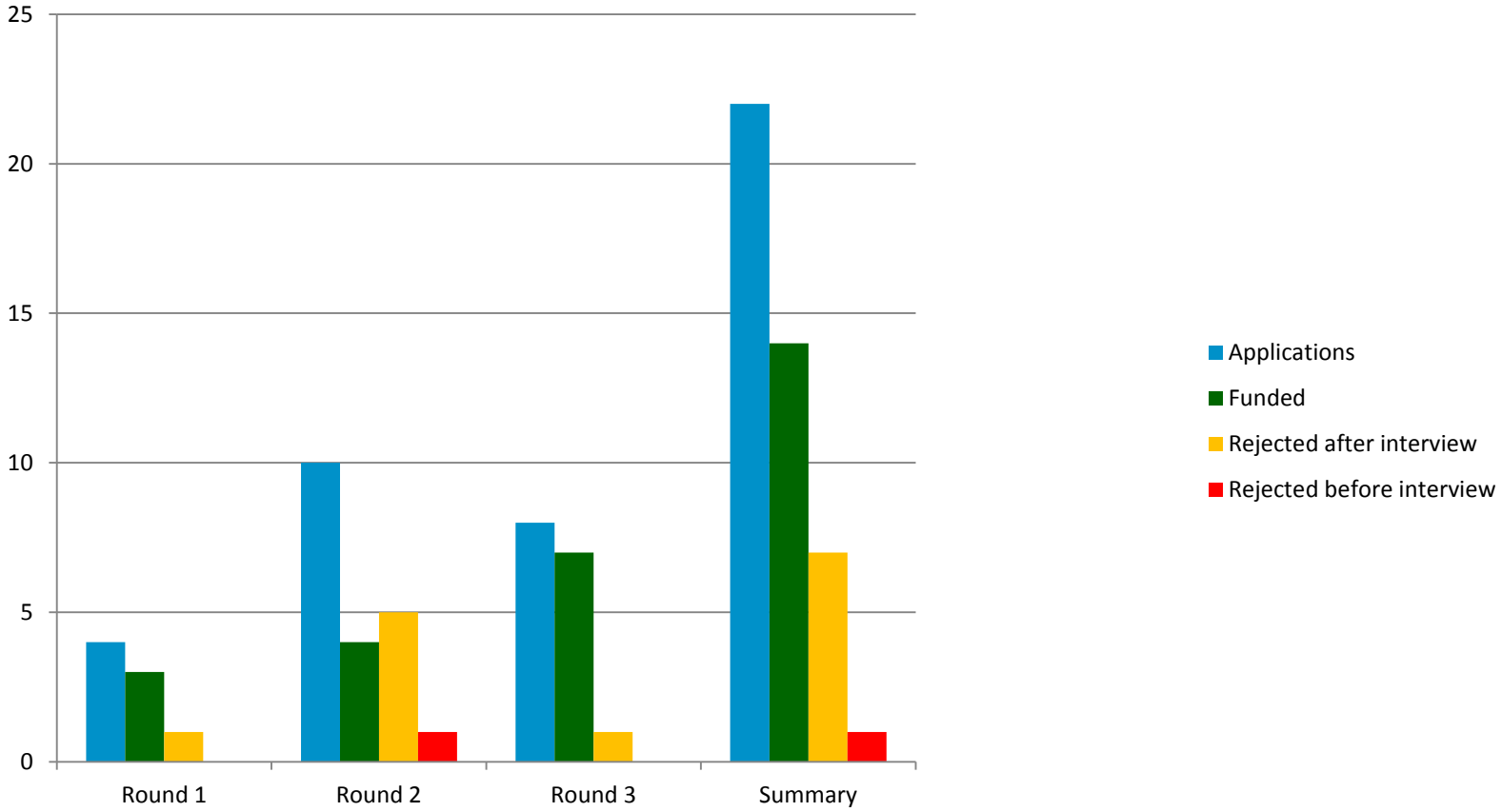
Clinical Academic Internship Applications

June 2014, Nov 2014, June 2015



University Hospitals Coventry and Warwickshire NHS Trust

Key Achievements 2014 / 15

Duration of anticoagulation therapy in SELECTeD patients with advanced cancer at risk of recurrence of Venous Thromboembolism	£1,160,000
Evaluation of Health buddy	£24,267
The development and trial of two programmes of rehabilitation for cancer patients	£246,000
Evaluation of dementia care bundle in practice	£20,000
Evaluation Advanced Practice Roles	£27,000
International RAAK (Holland) Best Practice	£340,000
Exploring potential barriers and solutions to delivering quality diabetes care to people from ethnic minority groups	£120.803
The implementation, trialling and evaluation of educational intervention components for pre dialysis patients with established renal failure	£53,235
The effects of cardiac rehabilitation exercise training on cardiac function	£31,977
Delivery of standardised self management at the time of discharge after an acute exacerbation of COPD - is it effective	£74,050
Carer and patient led development for people with dementia from hospital discharge to community understanding what is important	£231,615
Improvements in the management of preterm labour	£121,568
Molecular diagnosis of embryo viability	£124,088
Achilles Tendon and Arthritis UK - £1M	**£3,524,831**

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	Non Clinical Risk (Health and Safety) Annual Report 2014/15
Author	Clive Pallett, Risk Manager
Responsible Chief Officer	David Eltringham, Chief Operating Officer
Date	26 November 2015

1. Purpose

The report is provided primarily for assurance given the overall responsibility of the Trust Board for Health & Safety in the organisation and the potential individual and corporate consequences of health and safety breaches.

2. Background and Links to Previous Papers

An Annual Report that summarises the key issues and achievements within the year is presented to the Trust Board each year.

3. Narrative

Some of the key issues of note are:

Mandatory Training

• 3-Yearly Health and Safety Training that is part of the Trust's Mandatory Training Programme shows an upward trend in compliance for the second consecutive year.

Reporting of Injuries, Disease and Dangerous Occurrences Reports (RIDDOR) Reports to the Health and Safety Executive.

• RIDDOR reportable incidents were 36, down from 55 last year.

The Health and Safety Executive and the Environment Agency performed no follow up inspections following the reporting of incidents under RIDDOR.

Fire Alarm Activations

• The total number of fire alarm activations across the Trust was 59, down from 84 activations for the previous year.

Security Management

• The number of physical assaults rose to 188, up from 154 for the previous year.

4. Areas of Risk

The most significant risk in regard to non-clinical risk remains from the failure of the Girpi constant temperature pipework, a part of the hot and cold water systems.

This risk has been logged on the Trust's risk register and is maintained and monitored closely via the Project Co Board and also via the Trust Health & Safety Committee (HSC) and currently rates as a Major Risk with a Risk Rating of 16.

Robust systems are in place to manage the risk and future failures in the system, whilst technical investigations are underway to ascertain the best course of action.

In addition the Project Co Board, Health and Safety Committee oversight and an operational group has been established to regularly review the progress of work and to mitigate the risk until a definitive solution is identified.

5. Responsibility

David Eltringham, Chief Operating Officer
Lincoln Dawkin, Director of Estates & Facilities
Clive Pallett, Risk Manager

6. Recommendations

[A] The Board is invited to **note**:

The content of the report and raise any questions or concerns

and

[B] Approve

The Annual Report for 2014/15

Name and Title of Author: Clive Pallett- Risk Manager

Date**:** 3rd November 2015

University Hospitals Coventry and Warwickshire NHS Trust

Risk Management
(Non Clinical Health and Safety, Fire and Security)

Annual Report

2014/15

Clive Pallett
Risk Manager
Date: April 2015
Version 3

Contents

1.0 INTRODUCTION

This report summarises the activities of the Trust Health, Safety, Security and Fire Committee (HSC) as part of the Trust's on-going commitment to Health and Safety, for the period 1st April 2014 to 31st March 2015.

The report highlights some of the work of the HSC in regard to non-clinical risk management and further progress that has been made in regard to embedding safety and risk across the Trust by the non-clinical risk team.

Some of the key issues that the committee has addressed are:

- The mandatory training 3 yearly update is showing an upward trend in compliance
- The Awaken Display Screen Equipment training and self assessment package launched
- Storage and use of liquid nitrogen reviewed

2.0 RISK MANAGEMENT AND GOVERNANCE

The HSC business plan continues to see better alignment of reporting, and sharing of information around health and safety performance between the Trust and the Project Co. partners.

3.0 HEALTH AND SAFETY LEGISLATION

The Health and Safety Executive (HSE) continued with its programme of work and in the past year a number of revised Approved Codes of Practice and Guidance Notes have been launched or issued for consultation. They include, the Workplace (Health, Safety and Welfare) Regulations, The Provision and Use of Work Equipment Regulations, Safety of Pressure Systems, Safe use of Lifting Equipment and the Classification, Labelling and Packaging of chemicals and the Construction (Design and Management Regulations).

4.0 HEALTH AND SAFETY TRAINING

4.1 Mandatory Training

The induction training programme is managed via the Learning and Development team and this has meant that face to face delivery for health and safety risk management is no longer required.

The eLearning programme generally appears to be running well with the compliance numbers increasing month on month for the 3 yearly update, see figure 1. This training is wholly managed and coordinated by Learning and Development Team.

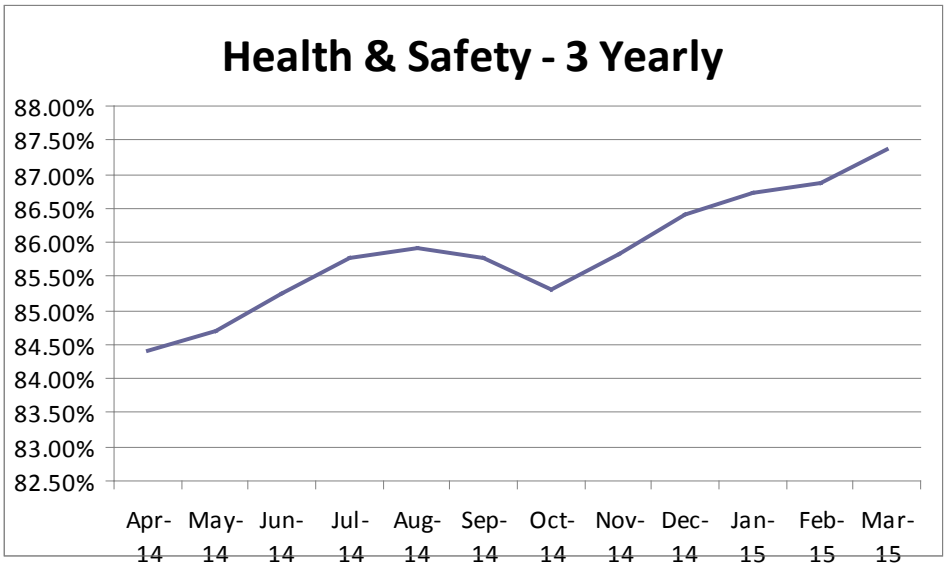


Figure 1 Graph showing Mandatory Training Compliance over Past 12 Months

4.2 Statutory Training Provision

The Awaken eLearning system for Display Screen Equipment training and risk assessment was launched in August 2014.

The package affords greater flexibility to enable a number of other statutory training packages to be introduced in the Trust. Some of these packages will be assessed with the vendor over the coming year for roll out across the Trust.

4.3 Other Training

Five Risk Management/Assessor training sessions (66) were delivered along with three Root Cause Analysis (50) and five Display Screen Assessor (63) Training sessions. The numbers attended are indicated in brackets.

Two specific training sessions on the use, handling and storage of liquid nitrogen were provided to 14 staff.

5.0 GENERAL INCIDENT REPORT

5.1 All Non-Clinical Incidents

There were a total of 1517 (1307 in previous year) non-clinical incidents in the reporting period (including RIDDOR). The Pie Chart below provides a breakdown of the incidents.

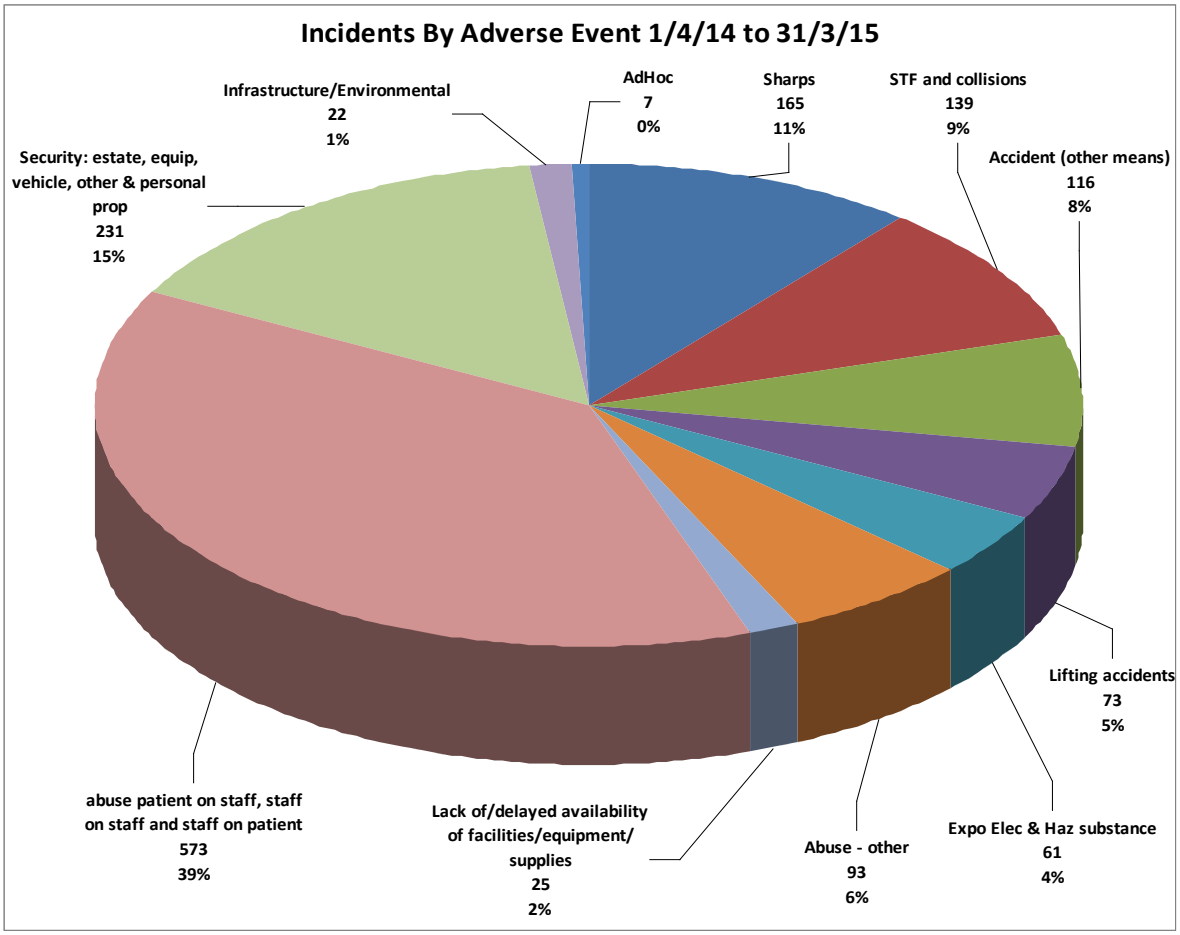


Figure 2 Incidents by Adverse Events - Clustered

Figure 2 shows a breakdown of the types of incidents reported in the past year. The bulk of the reported incidents relate to security and violence, whilst Sharps, Accident others and Exposure to hazards also appear to be significant.

5.2 Table of Top 5 Adverse Events

Figures 3 and 4 show a summary of the top 5 incidents as well as those by type. There is no change in these compared with last year.

2013/14		2014/15		Trend
Abuse-Staff by patients	372	Abuse-Staff by patients	544	⬆
Needle stick injury	165	Needle stick injury	165	⇆
Slips, Trips and Falls	140	Slips, Trips and Falls	139	⬇
Accident caused by some other means	167	Accident caused by some other means	116	⬇
Security – personal property	80	Security – personal property	107	⬆

Figure 3 Table of Top 5 Adverse Events

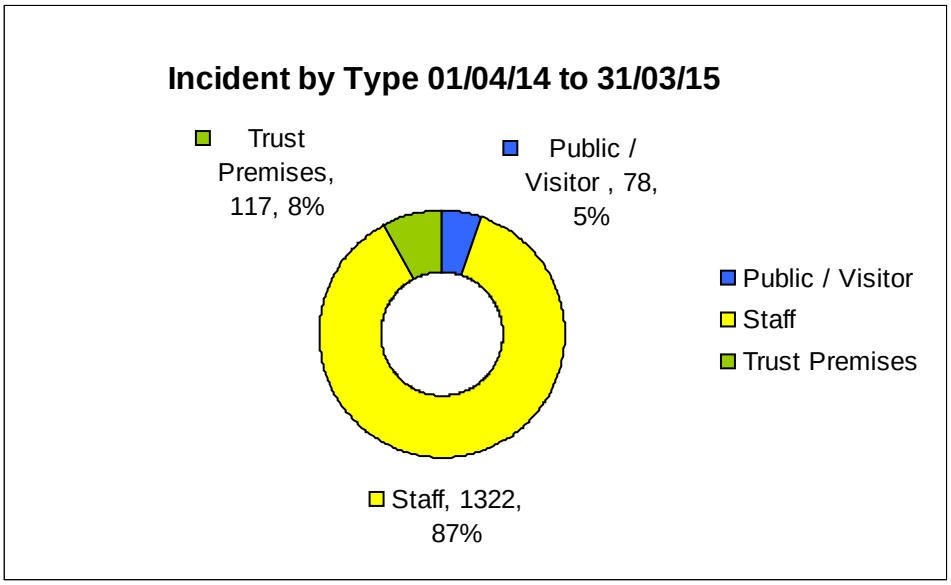


Figure 4 Chart showing Incidents by Type

6.0 RIDDOR Reportable Incidents - Health & Safety Executive

The Trust is required to report to the HSE a specific range of work related events under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).

All RIDDOR incidents are reported by the Quality and Patient Safety Department and all RIDDOR reportable incidents are discussed at the HSC to ensure lessons are learned and recurrence prevented.

There was a significant downward trend with only 36 RIDDOR reportable incidents in the past year compared to 55 in 2013/14. The significant reduction in the number of Dangerous Occurrences reported due to Sharps Injuries may be partly due to the introduction of new safety devices.

6.1 RIDDOR Reportable Incidents

Figures 5 and 6 show the breakdown for these incidents. Figure 5 indicates the RIDDOR reporting category.

Category	2012/13	2013/14	2014/15	Trend
Over 3 day Injury	4	-	-	-
Over 7 day Injury (since 6/4/12)	26	20	20	⬇
Major Injury/Specified Injury	8	13	12	⬇
Dangerous Occurrence	14	22	4	⬇
Fatality	0	0	0	⇆
Total	**52**	**55**	**36**	⬇

Figure 5 RIDDOR incidents by category

Type of Person Affected

	2012/13	2013/14	2014/15	Trend
Staff	47	46	31	⬇
Patients	2	1	2	⬆
Public	3	4	3	⬇
Students	0	0	0	⇆
Other	0	4	0	⬇

Figure 6 RIDDOR Incidents By Person Affected

6.2 Type and Learning from RIDDOR incident

Injuries from Slips, Trips and Falls (STF) accounted for 36% (13) of RIDDOR reports usually due to a Specified Injury. Ten of the STF victims sustained a fracture.

Manual Handling related incidents (25% of incidents) resulted in 9 staff injuries requiring staff to take more than 7 days off sick from work.

Of the 12 Specified Injuries reported 7 staff, 2 patients and 2 visitors sustained fractures and 1 visitor who was struck by a roll cage required admission for plastic surgery to her ankle.

Following the introduction of safer Sharps devices there has been a significant fall in the number of RIDDOR reportable sharps injuries from 9 in 2013/14 to just 2 in 2014/15.

Steps have been taken to prevent recurrence of these incidents. For example:

- There will be trials of new insulin pen safety devices.
- A more slip resistant vinyl has replaced the flooring outside Histology which historically has had a high incidence of slips.
- ISS reviewed the procedure and alternative routes for moving roll cages of stock at peak visitor times, to avoid any further collisions with visitors on the main corridor.

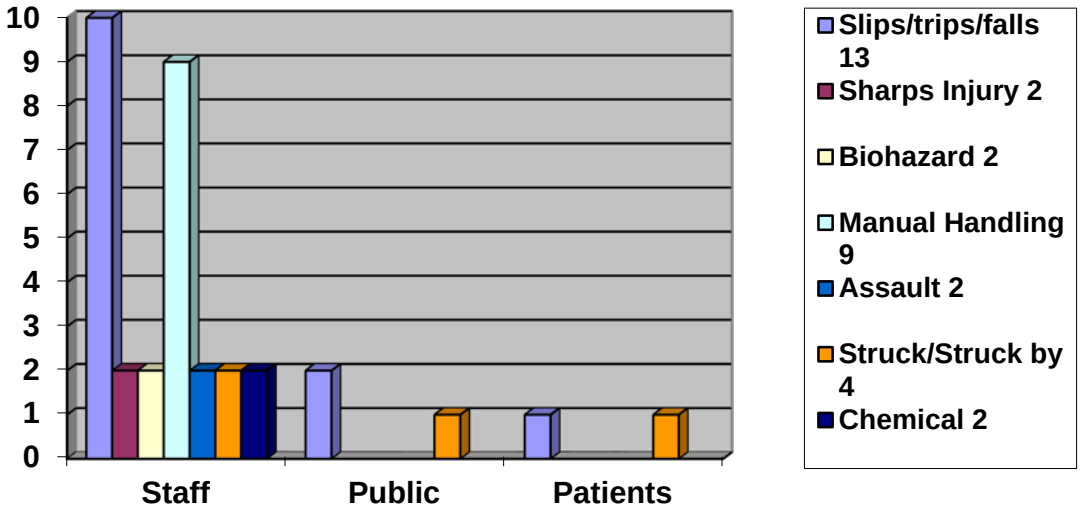


Figure 7 Bar chart showing type of RIDDOR by Person Affected

6.3 RIDDOR incidents followed up by HSE

The HSE did not follow up any RIDDOR reportable incidents this year.

7.0 DISPLAY SCREEN EQUIPMENT (DSE)

7.1 Implementation of the new DSE training and assessment package

DSE assessment and training has been delivered in previous years via face to face sessions and an on-line training and assessment tool. In an effort to improve the uptake, cost efficiency and to provide a more flexible and comprehensive package, alternatives have been explored. An on-line package has been selected and the method of training assessors reviewed. The programme was piloted twice and ready for launch in July 2014. To support staff completing the assessments all departments will require DSE assessors and, therefore, 5 training sessions were arranged in August and September 2014 and February 2015. A total of 63 assessors were trained within the Trust. From mid September staff in areas that have an assessor were sent an email giving them access to the training and assessment package. If they do not complete it, the system will automatically send out reminders. Up to 31/03/2015 1197 staff have been assigned to the package and 503 have accessed the programme.

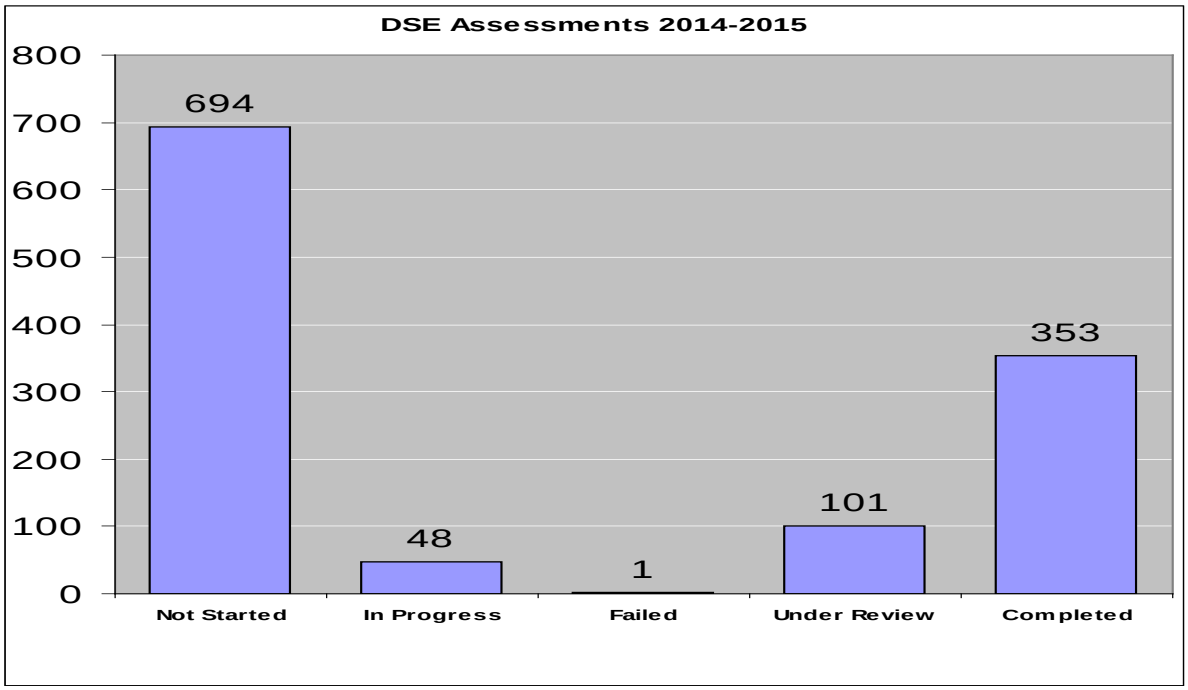


Figure 8 Bar chart showing the progress with staff completing their DSE assessments

8.0 AUDITS AND RISK ASSESSMENT

8.1 Health and Safety Inspection Checklist

A programme of inspection/audits was introduced in 2012 varying it's focus on departments each year. Satellite sites will be included annually to improve contact and assistance to departments that may sometimes feel isolated from the main

organisation. Due to an impending CQC visit it was decided to focus on inpatient areas as well as the satellite sites in 2014/15. A total of 41 departments were audited and 9 inspections were carried out.

Whilst a targeted approach was taken, all Departments are required to review their Inspection Checklists on a regular basis.

The Health and Safety Inspection checklist was issued for completion one month prior to the inspection of the satellite sites, see figure 8 and 9. The inspection included interviews with the staff, review of the checklist, audit of the local risk assessments and a walkabout survey. Feedback was then provided regarding any actions required by the department. The checklist enables managers to both assure themselves, their groups/speciality and the Trust Board that they are compliant with the Trust's Policies and Procedures in regard to Health and Safety. The audit programme will continue in 2015/16.

Health and Safety Audit Checklist Progress and Summary

	Action	**Result**
Apr 2014	Checklist issued to all wards at St Cross.	All wards returned their completed checklists. Managers received feedback on the positive aspects of their completed checklist and advice on what action, if any, was needed.
Apr 2014 – Mar 2015	Checklist issued to all wards at University Hospital	A total of 29 departments completed & returned their checklists. Managers received feedback on the positive aspects of their completed checklist and advice on what action, if any, was needed.
Apr-Dec 2014	Checklists issued and appointments made with 8 satellite sites.	A total of 8 departments returned completed checklists All 8 sites were visited and inspected. Managers received feedback on the positive aspects of their completed checklist and advice on what action, if any, was needed. There were concerns about 1 satellite site and an unannounced

		follow up inspection was carried out 3 months after the initial inspection to ensure issues had been addressed.
Summary	The response rate for St Cross and the Satellite sites was 100%. At University Hospital only 58% of departments completed and returned a checklist. The returned checklists were very positive and showed that the majority of departments were reasonably compliant. For example; 92% stated they had risk assessments for Slips/trips and for pregnant workers and 95% stated they had manual handling risk assessments. 100% of staff had completed a local safety induction. However, the checklists also indicated there was a lack of DSE assessments and the Inspections revealed incorrect storage of chemicals, a ligature risk, inappropriate stock in First Aid boxes, out of date Lifting Operations and Lifting Equipment Regulations and Local Exhaust Ventilation testing, leaving the Trust in legal breach. Both issues have subsequently been rectified.	
2015/16 Action Plan	Re-inspect the sites to ensure appropriate remedial action has been taken and to increase the number of Satellite services visited. The targeted approach has worked well and for the coming year it is envisaged that we will visit a number of units/departments across the Trust, as well as off site.	

Figure 9 Summary of Audits Undertaken

Satellite Services Inspected 2014/15

Community Diabetes Specialist Nurses, Newfield House Coventry	Lucy Deane Renal Unit, George Eliot Hospital
Blood Sciences, George Eliot Hospital	COPD Service, Paybody CoCHC
Blood Sciences, Warwick Hospital	Centre for Exercise and Health, Watch Close
Renal Dialysis Unit, Whitnash.	Community Heart Failure Service, Paybody CoCHC

Figure 10 Satellite Sites inspected

9.0 FIRE SAFETY MANAGEMENT

Good progress continues to be made with fire safety compliance across all areas of the Trust during 2014/15. Robust fire safety systems throughout Trust premises ensure continued compliance with fire safety legislation and have also contributed to a minimal disruption to our services.

Maintaining this high level of general fire safety awareness continues to be one of the key objectives for the Trust Fire Safety Manager.

9.1 Fire Service Attendance

The Fire Service attended a total of 59 fire alarm activations across both Trust sites during the year. This is a significant improvement on the previous reporting year (84), see figure 11.

The table below shows a breakdown of these figures with last year's totals shown in brackets.

Fire Alarm Activations 2014/15	University Hospital	St Cross
Fire	1 (1)	0 (0)
Cooking Fumes / Burnt Toast	7 (9)	1 (2)
Electrical / Overheating Appliance	6 (8)	1 (2)
Fire Panel / Equipment Fault	3 (8)	3 (3)
System procedures not complied with	2 (2)	0 (0)
Smell of Burning	9 (11)	3 (4)
Accidentally broke fire alarm glass	1 (2)	0 (0)
Malicious use of the alarm system	1 (1)	0 (0)
Environmental	6 (8)	0 (1)
Dust	4 (6)	0 (1)
Steam	1 (3)	1 (1)
Smoking	2 (2)	0 (0)
Plant / Equipment	2 (2)	0 (0)
Unknown	3 (5)	2 (2)
Total	48 (68) ⬇	11 (16) ⬇

Figure 5 Table summarising Fire related incidents

One fire occurred at the University Hospital on the 17th March 2015 at approx.16.20hrs.

The fire occurred within an electrical supply cupboard on Ward 25. The electrical supply was being worked on by engineers at the time of the incident. When an engineer closed a battery breaker unit it failed and shorted out. This caused a small fire within the cupboard which was dealt with quickly by the engineers in attendance using a nearby CO2 fire extinguisher.

The fire caused smoke and a strong pungent electrical burning smell to enter the area around the nurses' station of Ward 25. Because of this a number of patients located within the area of the nurses' station were moved further up the ward and into Ward 24. This was carried out because of the unpleasant smell of burning, not because the patients were at risk.

The hospital fire procedure worked as it is designed to do and all staff responded effectively and correctly. The Fire Response Team led by the Hospital Bleep Holder responded and took control and gave direction. The Fire Service attended but the fire was out on their arrival.

All patients and visitors were quickly accounted for and reported as being safe. Two beds bays were left empty overnight to aerate and ventilate the smell of burning.

It is pleasing to again report that the financial losses caused by fire and the interruption to the services provided by the Trust have been kept to an absolute minimum.

9.2 Storage on Corridors

The issue of excessive storage on hospital corridors still continues to be a concern. The amount of items being stored on hospital corridors, particularly the rear corridors, represents a risk to the organisation. A working group has been established to attempt to address the issue.

The 'Hospital Storage Working Group' chaired by the Director of Estates and Facilities met a number of times during the last year with the brief of looking at the amount and type of equipment being stored on the corridors throughout the hospital and to explore how the issue of a lack of storage facilities can be improved.

In general improvements have been made as a result of the efforts of the Group. However the availability of suitable storage, particularly within the wards and departments continues to give cause for concern. The Group continues to work alongside our PFI providers to ensure the hub areas within the site remain clear.

9.3 Fire Risk Assessments

All fire risk assessments have been reviewed since the last report. The review process is continuous. A master record of all fire risk assessment data is held by the Trust Fire Safety Manager.

The Trust is only responsible for carrying out fire risk assessments in areas under which it has direct management control. Areas such as plant rooms, electrical cupboards and areas which fall under the control of ISS, Vinci and Project Co are risk assessed by those respective organisations.

The performance and compliance of contracted partners is monitored and assurances sought via the Consortium Fire Safety Group, under the control of Project Co.

9.4 Fire Safety Training for Staff

The mandatory staff fire training programme continues at both hospital sites. To ensure that the Trust continues to meet its statutory obligations, a programme of face to face fire lectures has been published by the Fire Safety Manager.

Attendances at fire lectures during 2014/15 continued to be good with approximately 80% of Trust staff attending.

The Trust Fire Safety Manager continues to be actively involved with the Mandatory Training Committee and works closely with other committee members to improve the effectiveness of all staff training throughout the Trust.

9.5 Off Site Premises

The Trust Fire Safety Manager continues to provide advice and technical fire safety guidance to, and regularly visits staff at the following ‘off site’ premises:

Whitnash Renal
Stratford Renal
City of Coventry Health Centre
Newfield House
Watch Close

9.6 Fire Safety Website

The Fire Safety website is regularly updated and it continues to be a valuable resource for staff to find information about general fire safety matters and Trust specific fire safety information. It also contains details of dates and times of the staff fire lecture programmes.

9.7 Project Management

The Trust Fire Safety Manager continues to work closely with colleagues from the Trust Project Development Team on capital schemes and building refurbishments. This working relationship has been established over a number of years and ensures that many of the older Trust properties, particularly at St Cross Hospital, are refurbished and brought up to current fire safety standards.

9.8 Shortfalls in Structural Fire Protection

Since March 2015 discussions have been held between fire engineers employed by both Project Co and the Trust on the best way forward to rectify the shortfalls found in the fire compartment walls at the University Hospital.

Numerous measures have been implemented to minimise this risk until all work has been completed and discussions are ongoing between the Trust and Coventry and Rugby Hospital Company (the PFI Provider) to ensure rectification works are completed as soon as possible. A revised fire strategy has been implemented during this period.

Table-top exercises for the hospital Fire Response Team and the first on-call managers were held on the 2nd and 3rd of September. These were followed by a live evacuation simulation which was held on the 13th October 2015.

10.0 SECURITY MANAGEMENT

The Trust Security Manager (TSM) continues to promote & develop partnership working with and between him the Police and local managers through formal and informal channels e.g. one to one, team and group meeting and the monitoring of incidents and trends in order to follow up and identify the key underlying causes leading to incidents of violence, aggression and harassment. The overarching aim of this approach is to raise staff awareness of the Trust's prioritisation of and approach to this issue ultimately reducing the level of severity and the numbers of this type of incident.

This year has seen a focus on auditing of security procedures and the ISS security team compliance with the contract with resulting actions being monitored at the Crime & Incident Reduction Group (CIRG). The Crime and Incident Reduction Group has been successful in bringing together the TSM, Ward Managers, ISS security, Prison service and the Police to discuss Security issues at each site.

Because of the re-role at HMP Rye Hill to an all sex offender prison it has been necessary to review the risk assessments and protocols when offenders visit the Trust for treatment.

Our contacts with the Police and the local community continue to play an important part in security management at the Trust. Our partnership work has allowed us to plan in advance and intervene in incidents at an early stage which has stopped reoccurence of problem situations.

Security awareness of staff continues to be one of the key objectives for the Trust Security Manager (TSM).

10.1 Access Control

The TSM continues to audit and review Access controls throughout the Trust. The procedural changes have ensured that only authorised staff has access to departments in the building and the issue of access is now regulated closely. This should help to allow only authorised personnel access to Trust property and generally strengthen security measures in its buildings.

10.2 Security Advice

The TSM and the Police hospital liaison officers have met with Matrons and Ward managers from across the Trust and completed walk round reviews of security in their departments/wards. Advice has been given where security failings have been identified.

The police have also run events at the hospital like ‘Cuppa with a Coppa’ and set up a stall in the mall to offer advice to staff and visitors to reassure that security incidents across the Trust are taken seriously.

10.3 Rugby St Cross

Considerable improvements have been made in security measures at the hospital of St Cross Rugby and the TSM continues to foster strong relationships with Business Improvement District (BID), Warwickshire Police and the ISS security team. Improvements include a revised patrolling schedule and monitoring of lone workers.

There was a serious failing in key management within the ISS security department when a master was lost. A number of areas which were suited to the key have had replacement locks fitted. The key management procedure has been strengthened.

10.4 Security, Lone Working and Violence and Aggression Risk Assessments

When security related incidents are reported on DATIX the TSM reminds mangers to review the local risk assessments and offers advice when requested. The local risk assessments have been completed by departments to review controls and put an action plan in place where deficiencies are found.

NHS Protect have agreed a framework agreement with Reliance for the provision and monitoring of lone worker devices. All managers with lone workers are requested to complete the appropriate risk assessment to identify their specific needs.

10.5 Incidents

A large proportion of incidents of physical assault result from the clinical condition of the patient. These invariably result in staff being offered support and guidance on sanctions available to them. However, in the majority of instances staff refuse to take the matter forward as they appreciate that the actions of the patient were as a result of the patient's clinical condition.

There were 192 physical assaults compared to a 154 incidents last year. The majority of the physical assaults were due to an existing clinical condition such as Dementia, Head Injury etc. The other data in figure 12 below have not been collated yet but will be available later in the year.

The number of physical assaults reported this year has increased due to the increased compliance with Conflict Resolution Training (CRT) and improved security awareness of staff who are encouraged to report all incidents.

	2012/13	2013/14	2014/15
Number of physical assaults	162	154	188
Number of physical assaults reported to the police	19	18	18
Number of assaults due to an existing clinical condition	140	134	156
Sanctions implemented	9	5	14

Figure 6 Table showing the number of physical assaults for the past 3 years

UHCW NHS Trust like many others was targeted by a group of thieves known as the Coventry Falcons. They target NHS sites and tailgate into office areas where the same MO is being used, handbag stolen from office area of trust site, telephone call later claiming to be from cardholders bank stating that card is being used at high street shops that still use signatures instead if PINS and in order to stop this the caller needs to give the PIN number over the phone.

Trust staff was made aware of the Falcons through the 'In Touch' magazine.

The TSM while investigating a purse theft from the Pathology department identified one of the known associates of the Falcons and with CCTV evidence the thief was arrested and charged with theft. He was sentenced to six months imprisonment.

10.6 Security Incident Reporting System

NHS Protect have introduced the Security Incident Reporting System (SIRS) to capture data on all security incidents from NHS Trusts nationally. UHCW NHS Trust has only recently upgraded to a version of DATIX which is compatible with the SIRS system for upload of incidents which will result in valuable information being shared nationally to inform NHS Protect security strategy.

11. Summary

The Trust continues to work towards improving standards for Health, Safety, Fire and Security Risk Management.

Incident reporting is showing an upward trend indicating an open culture in staff confidence of reporting and helping in identifying areas for improvement.

There has been a lack of Health and Safety training for managers during the last year. Where training has been provided it is focussed on risk assessment processes within the Trust and has not equipped local managers with the understanding or skills for them to undertake their duties as detailed in the Trust Health and Safety Policy.

12. Recommendations

The Trust should consider review of:

- The Health and Safety Management system within the Trust to re-energise the focus on line management responsibilities within Specialty Groups.

- Health and Safety training provision for Managers within the Trust. On line mandatory training is currently the only provision.

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	**Establishing an Independent Charity**
Author	**Rebecca Southall, Director of Corporate Affairs**
Responsible Chief Officer	**Andy Hardy, Chief Executive Officer/Andy Meehan, Chair**
Date	**26th November 2015**

1. Purpose

To present the draft Articles of Association[1] and application to the Charity Commission for approval.

2. Background and Links to Previous Papers

The Trust Board approved the conversion of the current UHCW Charity to independent status at the February meeting. Since that time work has been undertaken to develop the documentation necessary to pursue this, and at the October Trust Board, authority was delegated to the Chair and Chief Executive Officer to submit the necessary documents to the Charity Commission, on behalf of the Trust Board. At the time of writing, the application has not yet been submitted however; as further work has been undertaken on the documents and accompanying evidence has been gathered.

3. Narrative

The Corporate Trustee Board has approved the Articles of Association and application to the Charity Commission, subject to minor amendments, which have been incorporated into the documents presented. The conversion guidance is however clear that these documents also require Trust Board approval given that the Board of Directors is Corporate Trustee of the Charity, hence presentation to the Board for approval.

The key issues to note are:

1. The name of the Charity – University Hospitals Coventry & Warwickshire Charity
2. The corporate vehicle for the Charity – company limited by guarantee
3. The objects of the new Charity (broadly similar to the present objectives)
4. The composition of the new Trustee Board
5. The proposed UHCW Trustees of the new Charity

Work is underway to appoint the remaining 5 trustees (independent of the Trust) prior to the 1st April 2016 and to manage the transfer of staff to the Charity.

4. Areas of Risk

There are no specific risks evident at this stage; the conversion of the Charity to independent status is however intended to mitigate against the risk of charitable

[1] The document is necessarily in draft as approval from the Charity Commission before they can be sent to Companies House

donations decreasing over time, because of the perception that where the NHS Trust Board is the Corporate Trustee, the charity is controlled by the NHS body.

5. Governance

The conversion guidance requires the NHS body, where it is the Corporate Trustee, to approve the necessary application to the Charity Commission and the Articles of Association.

6. Responsibility

Andy Meehan, Chair
Andy Hardy, Chief Executive
Rebecca Southall, Director of Corporate Affairs

7. Recommendations

The Board is invited to **APPROVE:**

1. the vehicle for the new Coventry & Warwickshire Hospitals Charity
2. The proposed draft Articles of Association and application to the Charity Commission

Application for registration as a charity

Organisation names:

Main Name -P **University Hospitals Coventry and Warwickshire Charity**

Other Name or Acronym -P

Application Number: 5069159

Submission Date: Not yet submitted

If we decide to register your organisation some of the information you have given in this form will be made publicly available in accordance with section 38(1) of the Charities Act 2011. For your information, we have marked those fields with the symbol -**P**.

This form shows the information you have entered through the Charity Commission Online Application for Registration.

This Registration Application is DRAFT and has not been submitted.

Your contact for this application

Your current contact is an: individual

Professional/Charity Advisor:	Yes
Title:	MISS
Personal Names:	Nicola
Family Name:	Roscoe
Honours and Qualifications:	
Telephone:	0208 780 4742
Mobile:	
Email:	nicola.roscoe@capsticks.com
Your contact details are:	MISS NICOLA ROSCOE Capsticks LLP 1 St. Georges Road LONDON SW19 4DR United Kingdom

Special Circumstances

We refer you to our supporting document setting out the restructuring proposals for our proposed charity to replace UHCW NHS Charity (1058516). We have informed the Department of Health that we will seek to move to independent status on 1 April 2016 and therefore are working to having the new organisation registered and incorporated by the end of January next year.

As we are using the word "Charity" in our proposed organisation's name, we have been advised to apply for registration as a charity with the Charity Commission before incorporating and registering with Companies House. Our Articles of Association are therefore in final draft form, and we will provide you with the certificate of incorporation and full incorporation pack in due course, following your approval to proceed.

Organisation Type

CharitableCompany

Classification

WHAT your charity sets out to do: -**P**

✓	GENERAL CHARITABLE PURPOSES
✓	EDUCATION/TRAINING
✓	THE ADVANCEMENT OF HEALTH OR SAVING OF LIVES

WHO your charity helps -**P**

✓	CHILDREN/YOUNG PEOPLE
✓	ELDERLY/OLD PEOPLE
✓	PEOPLE WITH DISABILITIES
✓	THE GENERAL PUBLIC/MANKIND

HOW your charity operates -**P**

✓	MAKES GRANTS TO ORGANISATIONS
✓	PROVIDES BUILDINGS/FACILITIES/OPEN SPACE
✓	PROVIDES SERVICES
✓	SPONSORS OR UNDERTAKES RESEARCH

Governing Document

Type of governing document	Memorandum
Date governing document was adopted:	01 December 2015

You are not using an approved governing document.

Purposes

Our proposed Articles of Association have the following charitable objects: "The Objects of the Charity are to further such charitable purposes relating to: (a) the services or activities (including education and research) of University Hospitals Coventry and Warwickshire NHS Trust; or (b) the wider National Health Service (directly or indirectly) associated with the communities served by University Hospitals Coventry and Warwickshire NHS Trust as the Trustees think fit. Our Articles of Association prohibit trustee remuneration, without Charity Commission consent. There is limited scope for reimbursement of reasonable out of pocket expenses incurred by Trustees in the running of the charity, though clear policies will be drawn up to deal with this. Upon any dissolution of our new organisation, any charitable funds and assets must be applied to objects the same as or similar to the organisation's (either through transfer to another charity or directly).

You are replacing charity registration number 1058516.You have changed the objects clause of the charity you are replacing, the original wording is given below

Old Objects:
FOR ANY CHARITABLE PURPOSE OR PURPOSES RELATING TO THE NATIONAL HEALTH SERVICE

You have explained the reason which is given below.

We attach an explanation of the restructuring arrangements. The NHS UHCW charity which we will replace has applied funds (and raised funds) wholly or mainly for patients of UHCW. We intend to continue with this, but broadening it to supporting the NHS in Coventry and Warwickshire as well.

Purpose and Public Benefit Part 1

1. What does your organisation do to achieve its purpose? Help us to understand how the trustees advance the organisation's purpose by telling us exactly what the organisation does and how.
Please do not provide detail of fundraising activities here. You can explain how your organisation is funded at the Finance and Funding section.

Our organisation will continue with some of the activities already undertaken by the NHS UHCW Charity (which we will replace).

Our organisation's aim is to further charitable purposes (namely improvement of health (mental, physical and other) and raising awareness / educating the public on health / well-being) for patients of UHCW NHS Trust, Coventry and Warwickshire and Partnership NHS Trust and also support the wider NHS related to the communities served by UHCW NHS Trust.

Our core focus will always be to improve health and patient experience.

We will do that in a range of ways, but the key activities include:

1. Grants

We will receive application for grants from UHCW NHS Trust and Coventry and Warwickshire Partnership NHS Trust.

Other organisations, including but not necessarily limited to other NHS bodies, universities (in particular in connection with research to improve health) other charities and social enterprises that support the communities / patients served by UHCW NHS Trust, may also apply for grant funding and we may set up separate grant schemes for larger or smaller projects.

Grants will be available for a range of issues but mainly projects, services and resources that are beyond the basic provision of the NHS and may be beyond the remit of the NHS. This may include new equipment, facilities, services, environmental improvements, patient communications, patient comforts and non-commercial research and innovation in healthcare. In each case, the grant applicant would need to show that there was a demonstrable impact (positive) on health and the NHS.

In the pipeline are projects that may focus on:

(a) Prevention of illness - funding/supporting services that are in the community that will prevent people being admitted into the hospital or being referred to community healthcare and mental health services, and therefore show a real benefit to community health.
(b) Treatment and cure - this may include funding equipment or environmental changes for admitted patients to UHCW NHS Trust or Covernty and Warwickshire Partnership NHS Trust hospitals
(c) Managing chronic and long-term illnesses
(d) Discharge from care - supporting organisations to support patients who are well enough to be discharged with an appropriate care/support package. This ties in with prevention and an overall benefit to health and patients in the communities served by UHCW NHS Trust.

With any grant, the trustees will need to decide from the application whether the request has a demonstrable impact on patient care and health improvement before approving. It will expect to retain clear reporting lines with the successful applicants to monitor the wider impact the funded projects have on healthcare as a whole. Successful applicants will also be expected to complete a "end of project report" when completing a specific project using charity grant allocations and this should cite any patient engagement, media coverage and evidence of improvement.

2. Appeals

We may "partner" with organisations supporting the communities served by UHCW Trust to help raise funds for specific appeal projects. In most instances, this is likely to be partnering with UHCW Trust to take over existing "appeal" campaigns and new projects. Interest in appeal support can be raised to the trustees or charity main contact and will be considered

again on a proof of concept / health charitable need basis.

3. Supporting services

In the future, our organisation may deliver complementary services to further support patients of UHCW NHS Trust and wider NHS. For example, counselling and/or community support groups - this is not yet settled and will be explored if deemed appropriate and beneficial to patients and the community by the trustees.

2. Tell us how your organisation's purpose is beneficial.
Help us to understand the benefit to the public of your organisation's purpose by telling us what the benefits to the public are.
It should always be possible to identify and describe how a charity's purpose is beneficial. This can include detail of benefits to beneficiaries or to the general public.

Our organisation's purpose is clearly beneficial because its is aimed at the improving the health and care of NHS patients of UHCW NHS Trust and the wider NHS (where associated with the communities served by UHCW NHS Trust). It can be demonstrably proven through studies and experience that investing money in projects and equipment and/or improvements to hospital environment and/or community health services has a direct and beneficial impact on health. It also improves state of mind and educates the general public to raise awareness of health and encourage prevention.

The trustees will clearly monitor impact reporting on its activities, including decisions on appeal / partnering and grant scheme allocations, so that it can assess the direct impact on patient care derived from its activities and refocus or adapt its policies accordingly. As stated above, applicants will be required to provide an "end of project" report so that the trustees can continually assess outputs and effectiveness of use of their funds. This will be included in any annual reporting our organisation is required to do.

We do not see any detriment of harm resulting from the purpose.

Purpose and Public Benefit Part 2

1. Tell us about who can benefit from the organisation's purpose.
Help us to understand who will benefit from your organisation's purpose.
If your organisation's purpose is to benefit a section of the public it should make clear who can benefit. If this is not already made clear in the wording of the purpose tell us who can benefit from the organisation's purpose.

We will ultimately benefit the general public in the communities of Warwickshire and Coventry, but the focus and objects will link primarily to:

(1) Patients (potential and existing) of UHCW NHS Trust
(2) General public in the community served by UHCW NHS Trust - this could allow support to other organisations with similar aims to UHCW NHS Trust (focus being on local Coventry and Warwickshire but in principle the community benefiting could come from further afield if patients using NHS in the area are outside of this locality).

The public to benefit is not restricted to people of any particular age and all ages and disabilities will be supported. Trustees may take grant decisions based on assessment of clinical need, so it is possible that in any year the focus may be on specific areas - for example, children and/or chronic sufferers may be targeted in grant allocations / funded projects if deemed appropriate by trustees.

2. Are the people who can benefit defined by reference to a protected characteristic? Please confirm yes or no. If yes tell us how the trustees are satisfied that this can be justified under the Equality Act. Go to the 'i' button for more information about the Equality Act and protected characteristics.

No

Operating and Public Benefit Part 1

1. Tell us how you make decisions about which individuals, groups or projects to support.
Help us to understand how the resources of your organisation are allocated to the public or section of the public it is set up to benefit. If you benefit individuals, specific groups or communities, tell us how you decide who to help and what criteria you use for that.

We are drawing up clear operating procedures with UHCW NHS Trust, and there will other operating procedures in place for other organisations to seek grants from us and the criteria / limits for grant allocations in any financial year.

The policy is not yet finalised but the principles underpinning the procedures that are being drawn up are underpinned by the following framework:

• The project must not be mandatory for the NHS to deliver
• It must be evidenced in the application that the funds and project's purpose will have a direct impact on patient care and health - for example, by reference to clinical studies, medical opinion
• It must benefit the wider public (or substantial section of the public in Coventry and Warwickshire - e.g. children) and not just a particular individual
• The outcome of the projects must be sustainable
• The applications must have the support of the appropriate authorised officers (or committees) of UHCW NHS Trust or Coventry and Warwickshire Partnership NHS Trust - this is not to prevent the social enterprises or charities in the area seeking grants, but is designed to ensure that the wider NHS is on board and supportive of the projects to evidence patient benefit to health.

In addition, the operating procedure will set out authorisation processes (and limits) for the awarding of grants.

In considering which applications to fund the Charity will then consider:
• How they meet the Charity purpose
• The opportunity cost - how many patients will benefit; longevity of benefit etc.
• The purpose for which donors gave funds

Research will also be considered in context to:
• Expected outcomes/benefits and their relevance to the Charity's objectives
• Link to external funding
• Time line
• Expert backers
• At the end of the research, the ability to provide a report to show what has been achieved and link to the grant that was awarded

It is expected that the Charity will also establish a research funding committee with representation from the Charity and UHCW NHS Trust to consider the applications regarding research and innovation and make recommendations to the Charity on the awards to make. The trustees will, however, reserve discretion over the funding decisions following recommendations of this committee and may obtain further supporting evidence from external bodies.

2. If you support or carry out projects tell us how you choose those projects and what criteria you use for that.

See above at 1.

The criteria and internal policies are under development, but will be underpinned by the principles outlined in 1 above.

3. If your organisation has a grant making policy tell us about it and attach a copy before you submit your application.
If your organisation has a strategy or business plan tell us about it and attach a copy before you submit your application.

We do not have a grant making policy as yet, but will be developing one in due course. There may be separate grants schemes available for UHCW NHS Trust and or organisations linked to UHCW NHS Trust to apply for (e.g. smaller projects or research projects).

A business plan will be developed in due course, once the trustees have assessed the projects and areas of focus for 2016/2017.

Operating and Public Benefit Part 2

1. Do people or organisations have to be members of your organisation to receive some or all benefits from its purpose? Please confirm yes or no. If yes, help us to understand why you operate a membership scheme and tell us:
What benefits do members get? Why are those benefits limited to the members? What are the criteria for membership? Whether there is a limit on membership numbers, the reasons for this and whether membership is allocated on a 'first come, first served' basis.

No.

2. Does your organisation provide facilities or services for the public as a way of advancing its purpose? Please confirm yes or no
If yes please tell us:
What sort of facility or service your organisation provides. This might be a community centre, food bank, art gallery or football pitch for example. What level of public access there is to that facility or service such as opening hours or frequency of services offered. If there are any restrictions on who can have access to the facility and why. If there are any restrictions on what people can have access to the facility and why.

No.

It is possible that, in the future, our organisation may look to further charitable purposes by providing supporting services / or volunteer services to support UHCW NHS Trust or other health care bodies in the local area and thereby improve patient care further.

This is still under discussion.

3. If your organisation operates from or maintains premises please tell us on what basis it uses those premises. Tell us about the lease or other agreement you have in place for the use of those premises and provide a copy of the agreement with your application. If anyone benefits personally from this arrangement you can tell us about that in the personal benefit question on the next page.

Our organisation will occupy premises at University Hospital, Coventry, owned by UHCW NHS Trust.

We envisage having a lease or licence in place and are taking legal advice on this point to ensure that clear and non-conflicting arrangements are in place with the Trust to protect our charity.

The terms of occupation will be finalised when our organisation takes over from UHCW Charity and that is expected next year, 1 April 2016. The DoH will be informed of this and the MOU to be entered into will refer to occupation arrangements.

Operating and Public Benefit Part 3

1. Does your organisation charge people to access its services or facilities? Please confirm yes or no
If yes, help us to understand whether those charges exclude the poor from benefit and tell us:
What services or facilities you charge for; The level of charges made; Whether or not the trustees consider the charges to be more than the poor can afford and their reasons for deciding this. Where the trustees consider the charges to be more than the poor can afford: What provision they make for the poor to benefit and the factors they have considered in making their decisions about the level and type of provision to make for the poor to benefit.

No.

2. Tell us if you (or if you are aware of others who) have identified any risks of possible detriment or harm that might result from your organisation's purpose or how your organisation will carry out its purpose.
Please confirm yes or no
If yes please tell us:
What the detriment or harm is; How the organisation intents to minimise the detriment or harm; How you protect any vulnerable groups including children that your organisation works with; and any risk management policies you have in place such as a child protection policy, or a conflict of interest policy for example.

We have not identified any risks of possible detriment of harm that might result from our organisation's purpose or how we undertake this.

We are conscious of potential conflicts of interest, particularly as our main focus is to support services and patients served by UHCW NHS Trust (which may include UHCW hospitals or other community centres of health centres in the area if supported by UHCW NHS Trust).

We have therefore spoken with the Association for NHS Charities, who has advised on the composition of our charity board. We will have a mix of NHS Trust related and external trustees. At this stage, we have 4 trustees from the UCHW NHS Trust and 5 additional trustees are being recruited from the wider community and charitable sector prior to April 2016. This is intended to eliminate material conflicts of interest or appearance of conflicts with UHCW NHS Trust, in order to promote integrity and confidence in our organisation and decisions the trustee make. A conflict of interest policy will be developed in due course, and our Articles set out clear processes to deal with conflicts and declaration of these at trustee meetings.

3. Tell us about any personal benefits arising from carrying out your organisation's purpose. Help us to understand how any personal benefit is no more than incidental by explaining:

Who receives personal benefit. The type of benefit and the amount of benefit they receive. How the trustees are satisfied that this personal benefit is no more than incidental.
There is further information about personal benefit including examples and when this is incidental in the 'i' button guidance.
Please provide details of any personal benefit to any trustee in the trustee section.

We are not aware of any benefit that is more than incidental to the purpose.

Naturally, UHCW NHS Trust will receive some incidental benefit to the extent that grants are given to the Trust, this is wholly incidental to the purpose of improvement of patient and public health and experience in general.

We have specifically prohibited trustees from receving remuneration under the Articles of Association and any expenses policy will be capped and carefully monitored by the charity.

Working in England and Wales

Your organisation works throughout England and Wales. -**P**

Working elsewhere in the UK

Scotland

Your organisation does not work in Scotland

Northern Ireland

Your organisation does not work in Northern Ireland

Contact for your Organisation

Your current contact is an: individual

Title:	MS
Personal Names:	Adela
Family Name:	Appleby
Honours and Qualifications:	
Date of Birth:	23 November 1970
Telephone -**P**:	02476 966913
Email -**P**:	adela.appleby@uhcw.nhs.uk
Mobile -**P**:	
Your contact details as shown on the public register are -**P**:	ADELA APPLEBY University Hospital Clifford Bridge Road COVENTRY CV22DX United Kingdom

The organisation's public address

The organisation's public address is -**P**	University Hospital Clifford Bridge Road COVENTRY CV22DX United Kingdom

Your organisation works from this address.

Internet

Your current public email address -**P**	uhcwcharity@uhcw.nhs.uk
Your email address for Charity Commission use	uhcwcharity@uhcw.nhs.uk

Your organisation's current website -**P**	www.uhcwcharity.org.uk

Finance and Funding Part 1

Your organisation has not existed for more than 1 year or has not published accounts

Estimated Income	£ 750,000
YTD Income	£ 750,000
Financial Year End Date -**P**	31 March 2017

How has your organisation raised its funds?

It is intended that the initial funds for our organisation will come from the transfer and move of the existing charitable assets of NHS UHCW Charity (1058516) into our new bank account which is being established prior to April 2016 next year.

This move is in line with guidance issued by Department of Health (in conjunction with the Association of NHS Charities) in March 2015 allowing the conversion of NHS charities to an appropriate independent form. The Department of Health has been notified and approves this approach in principle (and will have sight of the MoU prior to the transfer of funds on or around March / April 2016).

Our start-up funds will therefore have been raised by NHS UHCW charity through donations, appeal projects (where any restrictions will be preserved through the conversion to independence) and bequests or fundraising events for the Trust's services generally.

How will your organisation raise funds in the future?

In the future, the intention is to proactively engage in fundraising campaigns, and there may possibly be scope to engage jointly in campaigns with University Hospitals Coventry and Warwickshire NHS Trust.

Our organisation will be looking for ways to further promote awareness of the charity by actively publicising and engaging with existing organisations, to take over and improve the work that UHCW charity is doing now.

You intend to use professional fundraising consultants.	No

Finance And Funding Part 2

1. In the next 12 months do the trustees expect that this organisation will receive gifts of land, investments, securities or other forms of gift from a donor, benefactor or nominated third party as a tax planning arrangement?
Please confirm yes or no.
If yes please tell us the details of the arrangements and how they will be handled.

No, the trustees do not expect any receipts of this kind.

2. In the next 12 months do the trustees expect that this organisation will receive loan financing from any source including benefactors and donors, the trustees, funding from interest and return on endowment funds, or the sale of assets?
Please confirm yes or no.
If yes please tell us the details of the arrangements and how they will be handled.

No.

3. In the next 12 months do the trustees expect that this organisation will receive substantial gifts or donations? Please confirm yes or no.
If yes please tell us:
What procedures the trustees will put in place to identify donors and the source of funds. What record keeping will be maintained to manage these gifts and donations?

As our organisation is designed to replace the existing NHS UHCW Charity (1058516) as of 1 April 2016, we know that substantial of donations may be received in the next 12 months.

We consider a substantial gift to be £10,000 and above. In this context, the existing NHS UHCW Charity is in the process of undertkaing a number of appeal programs to raise funds for specific projects. These include: Breast Cancer Unit Appeal and Children's Emergency Department Appeal. If these appeals are on-going, they will move to our organisation (and the public will be clearly informed and reassured) who will will ensure that the restricted funds raised are used directly in line with the appeal literature. The MoU entered into record the on-going use of any restricted funds / appeals received by our organisation from NHS UHCW Charity.

In preparation for the movement to independent status, we have also been speaking with local corporate organisation to explain the intended independence and hope to obtain donations in the near future from these bodies.

In due course, we expect to receive legacy income from patients / public, as the UHCW Charity is moved to our new UHCW Charity, and the general public is notified of this. We intend to notify the existing UHCW Charity (in due course) in the Register of Mergers, in order to help the treatment of these legacies. Our MoU with the UHCW Trust will also deal with any gifts left to the Trust, as required by the Department of Health.

Grants

In the classification section of this application you have stated that your organisation makes grants to individuals and/or organisations. Please answer the following supplementary questions.
If you have provided the specific information requested here in answer to an earlier question then you do not need to provide it again.
1. Tell us what criteria your organisation will use to select individuals or organisations to receive grants.
If you do not have criteria in place tell us why not and give us details of the basic framework the trustees use to make grant funding decisions.

We are in the process of drafting the operating procedure for grant schemes for our organisation - this is intended to be an internal policy to help the trustees decide on grant criteria. A separate grant making policy will be published for applicants.

The intention is not to provide grants directly to individuals, though individuals may apply on behalf of UHCW NHS Trust or related organisation.

The exact criteria for the assessment of applications is yet to be defined, but it is anticipated that funds will be given where:

*they do not cover NHS supply or provision
*are proof of concept so the application forms clearly require applicants to show how the funds will have a direct impact on patient care
*are not inconsistent with clinical strategy of UHCW NHS Trust
*are sustainable in terms of outcome
*have approval of an authorised officer at UHCW NHS Trust - to indicate support that benefits health and or communities served by UHCW NHS Trust, even if UHCW is not applying directly.

2. Tell us how you advertise the opportunity to apply for a grant and about the grant application and allocation process.

As stated above, an operating procedure is being agreed with UHCW NHS Trust.

Further procedures will be developed and included on-line with criteria for the grant schemes and any limits available. Our website is still under creation and so we will not transfer to the new website until early next year, when we "go live" following replacement of UHCW Charity.

We will attend events in the community to raise awareness and publicise the grant opportunities.

3. Does your organisation monitor the impact of the grants that it makes and if so how? If you do not monitor the impact please explain why you have decided not to do this.

The trustees will require a clear reporting line back from the organisations to whom grants have been approved. This will enable the trustees to assess patient benefits and impact of the grant, and refine and strategy for projects to focus on or revisions to grant policies / applications in the future.

End of project reports will be necessary to assess impact - recipients will need to inform our organisation of any reports, findings, patient feedback and/or media coverage regarding the project funded. This will allow continuous assessment of effectiveness of our activities to achieve the purpose.

Where significant funds are requested, the trustees may require a simple grant agreement to be entered into confirming how the funds are to be spent and requiring any funds unspent within a certain period to be paid back. This is to our organisation's interests and protects any giving of assets for the benefit of the community.

Charity's Main Bank or Building Society

Building Society Name:	- Not Complete -
Account Name:	- Not Complete -
Account Number:	- Not Complete -

Individual Trustees

Printed below is the list of individuals who are trustees of your organisation.

Please note, the addresses given should be the trustees' home address rather than a work or the organisation address. Please ensure that we have a complete set of details for each trustee.

We only publish trustee names on the Register. Other personal details are not made publicly available.

The Commission may email trustees who have given us a personal email address with important updates about trusteeship from time to time. Your organisation has told us that their trustees wish to receive these updates.

Title:	MR
Personal Names:	Ian
Family Name:	Buckley
Honours and Qualifications:	
Display Name: -**P**	IAN BUCKLEY
Date of Birth:	24 January 1950
Address:	5 Malt House Close Broom ALCESTER
Postcode:	B50 4JB
Telephone:	02476962501
Email:	
Chair of the charity: -**P**	No
Trustee of another charity:	No
Trustee receives Personal Benefit:	No

Reason(s) NOT to have name published on the public Register of charities:
No Reason Given

Title:	MR
Personal Names:	David
Family Name:	Eltringham
Honours and Qualifications:	
Display Name: -**P**	DAVID ELTRINGHAM
Date of Birth:	02 January 1969
Address:	9 Barnt Green Road Cofton Hackett BIRMINGHAM
Postcode:	B45 8ND
Telephone:	02476967606
Email:	
Chair of the charity: -**P**	No
Trustee of another charity:	No
Trustee receives Personal Benefit:	No

Reason(s) NOT to have name published on the public Register of charities:
No Reason Given

Title:	MR
Personal Names:	Andy
Family Name:	Meehan
Honours and Qualifications:	

Display Name: -**P**	ANDY MEEHAN
Date of Birth:	21 May 1955
Address:	Southview The Bank Lighthorne WARWICK
Postcode:	CV35 0AT
Telephone:	02476962501
Email:	
Chair of the charity: -**P**	Yes
Trustee of another charity:	Yes
Trustee receives Personal Benefit:	No

Reason(s) NOT to have name published on the public Register of charities:
No Reason Given

Title:	MR
Personal Names:	Mark
Family Name:	Radford
Honours and Qualifications:	
Display Name: -**P**	MARK RADFORD
Date of Birth:	25 February 1973
Address:	172 Tamworth Road SUTTON COLDFIELD
Postcode:	B75 6DL
Telephone:	02476967605
Email:	
Chair of the charity: -**P**	No
Trustee of another charity:	Yes
Trustee receives Personal Benefit:	No

Reason(s) NOT to have name published on the public Register of charities:
No Reason Given

Corporate Trustees

We do not hold any information about corporate trustees of your charity.

Personal Benefit

You have said no person or organisation connected with your organisation receives personal benefit.

Working with vulnerable people

Working with Children
Your organisation does not work with children

Working with Vulnerable Adults
Your organisation does not work with vulnerable adults

Eligibility

Your organisation is governed by the laws of England and Wales	Yes
It is not exempt or excepted from the requirement to register and it has a gross annual income of more than £5,000 a year	Yes
It was previously excepted and has an income of £100,000	No

Data Protection

Any information you give to us will be held securely and in accordance with the rules on data protection. Your personal details will be treated as private and confidential and safeguarded, and will not be disclosed to anyone not connected to the Charity Commission unless you have consented to its release, or in certain circumstances where:

- we are **legally** obliged to do so;
- it is **necessary** for the proper discharge of our statutory functions;
- it is **necessary** to disclose this information in compliance with our function as regulator of charities where it is in the public interest to do so.

We will ensure that any disclosure made for this purpose is proportionate, considers your right to privacy and is dealt with fairly and lawfully in accordance with the Data Protection Principles of the Data Protection Act.

The Data Protection Act 1998 regulates the use of 'personal data', which is essentially any information, whether kept in computer or paper files, about identifiable individuals. As a 'data controller' under the Act, the Charity Commission must comply with its requirements.

University Hospitals Coventry and Warwickshire Charity

Articles of Association

Company Limited by Guarantee

Charity Law Association Model (amended) 3rd Edition

COMPANIES ACT 2006

COMPANY LIMITED BY GUARANTEE

NOT HAVING A SHARE CAPITAL

ARTICLES OF ASSOCIATION

Of

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE CHARITY

1 OBJECTS

1.1 The Objects of the Charity are to further such charitable purposes relating to:

1.1.1 the services or activities (including education and research) of University Hospitals Coventry and Warwickshire NHS Trust; or

1.1.2 the wider National Health Service (directly or indirectly) associated with the communities served by University Hospitals Coventry and Warwickshire NHS Trust as the Trustees think fit.

1.2 Article 1.1 may be amended by special resolution but only with the prior written consent of the Commission.

2 POWERS

2.1 The Charity has the power to do anything which is calculated to further or promote its Objects or is conducive or incidental to doing so. In particular, the Charity shall have the power:

2.2 to hold, administer and apply any property raised by University Hospitals Coventry and Warwickshire NHS Trust;

2.3 to provide grants;

2.4 to engage in activities (including public appeals or collections, competitions, entertainments, bazaars, sales of produce or other goods (but not by means of taxable trading and other similar activities) intended to stimulate the giving (whether on trust or

otherwise) of money or other property to assist the University Hospitals Coventry and Warwickshire NHS Trust or improving any services or any facilities or accommodation which is or are, or will be, provided as part of the health service;

2.5 to provide advice or information;

2.6 to carry out research;

2.7 to co-operate with other bodies;

2.8 to support, administer or set up other charities;

2.9 to accept gifts and to raise funds (but not by means of taxable trading);

2.10 to borrow money;

2.11 to give security for loans or other obligations (but only in accordance with the restrictions imposed by the Charities Act);

2.12 to buy, take on lease or in exchange, hire or otherwise acquire any property and to maintain and equip it for use;

2.13 to sell, let or dispose of property of any kind (but only in accordance with the restrictions imposed by the Charities Act);

2.14 to set aside funds for special purposes or as reserves against future expenditure;

2.15 to acquire, merge with or to enter into partnership or joint venture arrangement with any other charity;

2.16 to deposit or invest its funds in any manner (but to invest only after obtaining such advice from a financial expert as the Trustees consider necessary and having regard to the suitability of investments and the need for diversification);

2.17 to delegate the management of investments to a financial expert, but only on terms that:

2.17.1 the investment policy is set down in writing for the financial expert by the Trustees;

2.17.2 timely reports of all transactions are provided to the Trustees;

2.17.3 the performance of the investments is reviewed regularly with the Trustees;

2.17.4 the Trustees are entitled to cancel the delegation arrangement at any time;

2.17.5 the investment policy and the delegation arrangement are reviewed at least once a year;

2.17.6 all payments due to the financial expert are on a scale or at a level which is agreed in advance and are notified promptly to the Trustees on receipt; and

2.17.7 the financial expert must not do anything outside the powers of the Charity;

2.18 to arrange for investments or other property of the Charity to be held in the name of a nominee company acting under the direction of the Trustees or controlled by a financial expert acting under their instructions, and to pay any reasonable fee required;

2.19 to deposit documents and physical assets with any company registered or having a place of business in England or Wales as custodian, and to pay any reasonable fee required;

2.20 to insure the property of the Charity against any foreseeable risk and take out other insurance policies to protect the Charity when required;

2.21 subject to Article 10.2, to employ and remunerate such staff, agents or advisers as are necessary for carrying out the work of the Charity. The Charity may employ or remunerate a Trustee only to the extent it is permitted to do so by Article 10;

2.22 to enter into contracts to provide services to or on behalf of other bodies;

2.23 to provide indemnity insurance for the Trustees in accordance with, and subject to the conditions in, section 189 of the Charities Act 2011;

2.24 to establish or acquire subsidiary companies; and

2.25 to do anything else within the law which promotes or helps to promote the Objects.

3 THE TRUSTEES

3.1 The Trustees as charity trustees have control of the Charity and its property and funds.

3.2 The subscribers to the Memorandum (being the first Members) are also the First Trustees. Subsequent Trustees may be appointed in accordance with Article 4.

3.3 The Trustees when complete consist of up to a maximum of 9 persons who, being individuals, are over the age of 18, all of whom must support the Objects.

3.4 A Trustee may not appoint an alternative trustee or anyone else to act on his/her behalf at meetings of the Trustees.

4 APPOINTMENT OF TRUSTEES

4.1 Subject to Article 4.2, Trustees may be appointed to be a Trustee:

4.1.1 by ordinary resolution of the Members; or

4.1.2 by a simple majority of all the Trustees to attend and vote at any meeting of the Trustees.

4.2 University Hospitals Coventry and Warwickshire NHS Trust reserves the right to appoint up to 4 persons to be a Trustee of the Charity at any one time. Appointment of such persons as a Trustee must be notified to and ratified by the existing Trustees.

4.3 A Trustee may not act as a Trustee unless:

4.3.1 he/she is a Member; and

4.3.2 he/she has signed a written declaration of willingness to act as a charity trustee of the Charity.

4.4 The Trustees shall appoint one of their number to be the Chairman. The first Chairman shall be the First Trustee that is notified to the Commission as chair and recorded as first chair on the public register of charities.

4.5 A technical defect in the appointment of a Trustee of which the Trustees are unaware at the time does not invalidate decisions taken at a meeting.

5 REMOVAL OF TRUSTEES

5.1 The Members may by ordinary resolution of which special notice has been given to the Charity in accordance with the Companies Act remove any Trustee before expiration of his or her period of office notwithstanding anything in the Articles or in any agreement between the Charity and that Trustee.

6 DISQUALIFICATION OR VACATION OF OFFICE OF TRUSTEE

6.1 A Trustee’s term of office automatically terminates if he/she:

6.1.1 is disqualified under the Charities Act from acting as a charity trustee;

6.1.2 has, in the written opinion given to the Charity of a registered medical practitioner who is treating him/her, become incapable, whether mentally or physically, of acting as Trustee and may remain so for more than three months;

6.1.3 becomes bankrupt or makes any arrangement or composition with his/her creditors generally;

6.1.4 is absent without leave from three (3) consecutive meetings of the Trustees and is asked by a majority of the other Trustees to resign;

6.1.5 resigns by written notice to the Trustees (but only if at least two (2) Trustees will remain in office);

6.1.6 is directly or indirectly interested in any contract with the Charity and fails to declare the nature of his / her interest as required by the Companies Act or the Articles and the Trustees resolve that his/her office be vacated;

6.1.7 engages in conduct which leads to the Trustees deciding to make a serious incident report to the Commission and the Trustees resolve that his/her office be vacated;

6.1.8 is deemed by HM Revenue & Customs not to be a fit and proper person to be a manager of the Charity and the Trustees resolve that his/her office be vacated;

6.1.9 ceases to be an employee of or otherwise engaged by University Hospitals Coventry and Warwickshire NHS Trust, where he/she was appointed pursuant to Article 4.2 and at the time of appointment was an employee or was engaged by University Hospitals Coventry and Warwickshire NHS Trust.

6.2 Where Article 6.1.9 applies, a Trustee's term of office will not automatically terminate if University Hospitals Coventry and Warwickshire NHS Trust notifies the Charity that the relevant Trustee shall remain in post.

7 RETIREMENT OF TRUSTEES

7.1 The first Trustees (including the first Chairman, as referred to in Article 4.4) shall retire at such date resolved by the Board at the first board meeting following incorporation, such date not to be less than two (2) years from the date of the first board meeting. All subsequent

Trustees shall be appointed for a fixed term not exceeding three (3) years.

7.2 A retiring Trustee (including the Chairman) who is eligible under Article 3.2 may be reappointed in accordance with Article 4, but no Trustee shall remain a Trustee for more than nine consecutive years.

8 TRUSTEES' PROCEEDINGS

8.1 The Trustees must hold at least three (3) meetings each year.

8.2 A quorum at a meeting of the Trustees shall be three (3) Trustees or one third of the Trustees (if greater).

8.3 A meeting of the Trustees may be held either in person or by suitable electronic means agreed by the Trustees in which all participants may communicate with all the other participants.

8.4 The Chairman or (if the Chairman is unable or unwilling to do so) some other Trustee chosen by the Trustees present presides at each meeting.

8.5 Any issue may be determined by a simple majority of the votes cast at a meeting, but a resolution **in writing** agreed by all the Trustees (other than any Conflicted Trustee who has not been authorised to vote) is as valid as a resolution passed at a meeting. For this purpose the resolution may be contained in more than one document.

8.6 Every Trustee has one vote on each issue but, in case of equality of votes, the chairman of the meeting has a second or casting vote.

8.7 A procedural defect of which the Trustees are unaware at the time does not invalidate decisions taken at a meeting.

9 TRUSTEES' POWERS

The Trustees have the following powers in the administration of the Charity in their capacity as Trustees:

9.1 To appoint (and remove) any person (who may be a Trustee) to act as **Secretary** in accordance with the **Companies Act**.

9.2 To appoint a Chairman and other honorary officers (as appropriate) from among their number.

9.3 To delegate any of their functions to committees consisting of two or more individuals appointed by them. All proceedings of committees must be reported promptly to the Trustees.

9.4 To make standing orders consistent with the Memorandum, the Articles and the Companies Act to govern proceedings at general meetings.

9.5 To make rules consistent with the Memorandum, the Articles and the Companies Act to govern their proceedings and proceedings of committees.

9.6 To make regulations consistent with the Memorandum, the Articles and the Companies Act to govern the administration of the Charity and the use of its seal (if any).

9.7 To establish procedures to assist the resolution of disputes or differences within the Charity.

9.8 To exercise in their capacity as Trustees any powers of the Charity which are not reserved to them in their capacity as Members.

10 BENEFITS AND CONFLICTS

10.1 The property and funds of the Charity must be used only for promoting the Objects and do not belong to the Members. Subject to Article 10.2, Members (being Trustees) and Connected Persons may receive charitable benefits on the same terms as any other beneficiary of the Charity.

10.2 A Trustee must not receive any payment of money or other material benefit (whether directly or indirectly) from the Charity except:

10.2.1 as mentioned in Article 10.1 or 10.3;

10.2.2 reimbursement of reasonable out-of-pocket expenses (including hotel and travel costs) actually incurred in running the Charity;

10.2.3 the benefit of indemnity insurance as permitted by the Charities Act;

10.2.4 an indemnity in the circumstances specified in Article 19; or

10.2.5 in exceptional cases, other payments of benefits (but only with written consent of the Commission in advance and where required by the Companies Act the approval or affirmation of the Members).

10.3 No Trustee or Connected Person may be employed by the Charity, except in accordance with Article 10.2.5, but any Trustee or Connected Person may enter into a written contract with the Charity,

as permitted by the Charities Act, to supply goods or services in return for a payment or other material benefit but only if:

10.3.1 the goods or services are actually required by the Charity, and the Trustees decide that it is in the best interests of the Charity to enter into such a contract;

10.3.2 the nature and level of remuneration is not more than is reasonable in relation to the value of the goods or services and is set in accordance with the procedure in Article 10.4; and

10.3.3 no more than half of the Trustees are subject to such a contract in any financial year.

10.4 Subject to Article 10.7, any Trustee who becomes a **Conflicted Trustee** in relation to any matter must:

10.4.1 declare the nature and extent of his or her interest before discussion begins on the matter;

10.4.2 withdraw from the meeting for that item after providing any information requested by the Trustees;

10.4.3 not be counted in the quorum for that part of the meeting; and

10.4.4 be absent during the vote and have no vote on the matter.

10.5 Any remuneration, compensation or allowances payable to a Trustee by virtue of his office in an NHS organisation shall not be treated as a material benefit for the purposes of these Articles, except where this is the subject of any resolution or proposed resolution.

10.6 A Trustee shall not be treated as having a material interest in any contract, proposed contract or other matter by reason only:

10.6.1 of that person's membership of a company or other body, if that person has no beneficial interest in any securities of that company or other body;

10.6.2 of an interest in any company, body or person with which that person is connected is so remote or insignificant that it cannot reasonably be regarded as likely to influence a Trustee in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

10.7 Where a Trustee is a Conflicted Trustee, the Trustees who are not Conflicted Trustees, if they form a quorum without counting the Conflicted Trustee and are satisfied that it is in the best interests of

the Charity to do so, may by resolution passed in the absence of the Conflicted Trustee authorise the Conflicted Trustee, notwithstanding any conflict of interest or duty which has arisen or may arise for the Conflicted Trustee, to:

10.7.1 continue to participate in discussions leading to the making of a decision and/or to vote, or

10.7.2 disclose to a third party information confidential to the Charity, or

10.7.3 take any other action not otherwise authorised which does not involve the receipt by the Conflicted Trustee or a Connected Person of any payment or material benefit from the Charity or

10.7.4 refrain from taking any step required to remove the conflict.

10.8 In Article 10.7, a Conflicted Trustee refers only to such a conflict which does not involve a material benefit (direct or indirect) to a Trustee or a Connected Person.

11 RECORDS AND ACCOUNTS

11.1 The Trustees must comply with the requirements of the Companies Act and of the Charities Act as to keeping records, the audit or independent examination of accounts and the preparation and transmission to the Registrar of Companies and the Commission of information required by law including:

11.1.1 annual returns;

11.1.2 annual reports; and

11.1.3 annual statements of account.

11.2 The Trustees must also keep records of:

11.2.1 all proceedings at meetings of the Trustees;

11.2.2 all resolutions in writing;

11.2.3 all reports of committees; and

11.2.4 all professional advice obtained.

11.3 Accounting records relating to the Charity must be made available for inspection by any Trustee at any time during normal office hours and may be made available for inspection by Members who are not Trustees if the Trustees so decide.

11.4 A copy of the Charity's **constitution** and latest available statement of account must be supplied on request to any Trustee. Copies of the latest accounts must also be supplied in accordance with the Charities Act to any other person who makes a written request and pays the Charity's reasonable costs.

12 MEMBERSHIP

12.1 The Charity must maintain a register of Members.

12.2 The subscribers to the Memorandum are the first Members.

12.3 Membership is only open to Trustees and is terminated if the Member concerned ceases to be a Trustee.

12.4 The form and the procedure for applying for Membership is to be prescribed by the Trustees.

12.5 Membership is not transferable.

13 TERMINATION OF MEMBERSHIP

13.1 Membership if terminated if:

13.1.1 the Member dies or, if it is an organisation, ceases to exist;

13.1.2 the Member resigns by written notice to the Charity;

13.1.3 any sum due from the Member to the Charity is not paid in full within six months of falling due;

13.1.4 the Member ceases to be a Trustee for any reason; or

13.1.5 the Member is removed from membership by a resolution of the Trustees that it is in the best interests of the Charity that his or her membership is terminated. A resolution to remove a Member from membership may only be passed if:

(a) the Member has been given at least twenty-one days' notice in writing of the meeting of the Trustees at which the resolution will be proposed and the reasons why it is to be proposed; and

(b) the Member or, at the option of the Member, the Member's representative (who need not be a Member of the Charity) has been allowed to make representation at the meeting.

14 GENERAL MEETINGS

14.1 A general meeting may be called by the Trustees at any time and may be held in person or by suitable electronic means.

14.2 A general meeting must be called within 21 days of the Members (being Trustees), at least 10% of the Membership or (where no general meeting has been held within the last year) at least 5 % of the membership.

14.3 The Members are entitled to attend general meetings in person or by proxy but only if appointment of the proxy is notified to the Charity before commencement of the meeting.

15 NOTICE OF GENERAL MEETINGS

15.1 General meetings are called on at least 14 clear days' written notice.

15.2 A general meeting may be called by shorter notice if it is so agreed by a majority in number of the Members having the right to attend and vote at the meeting, being a majority together representing not less than 90% of the total voting rights at that meeting of all the Members.

15.3 Subject to the provisions of the Articles, notice of general meetings shall be given to every Member and the auditor for the time being of the Charity and no other person shall be entitled to receive notice of general meetings.

15.4 The notice shall specify the place, the day and the time of the meeting, the general nature of the business to be transacted and a statement pursuant to the Companies Act informing the Member of his / her rights regarding proxies. If a special resolution is to be proposed, the notice shall set out the terms of the proposed special resolution.

15.5 The accidental omission to give notice of a meeting to, or the non-receipt of notice of a meeting by, any person entitled to receive notice shall not invalidate proceedings at that meeting.

15.6 A Member present at any meeting of the Charity either in person or by proxy shall be deemed to have received notice of the meeting and, where requisite, of the purposes for which it was called.

16 PROCEEDINGS AT GENERAL MEETINGS

16.1 There is a quorum at a general meeting if the number of Members present in person or by proxy is at least three (3).

16.2 The chairman at a general meeting shall be the Chairman (being a Trustee and a Member) or, if not available, a person elected by the Members present in person or by proxy in his/her personal capacity as a Member and not as proxy for another Member.

16.3 Except where otherwise provided by the Articles or the Companies Act, every issue is decided by **ordinary resolution**.

16.4 Every Member present in person or by proxy has one vote on each issue.

16.5 Except where otherwise provided by the Articles or the Companies Act, a written resolution (whether an ordinary or a special resolution) is as valid as an equivalent resolution passed at a general meeting. For this purpose the written resolution may be set out in more than one document.

16.6 Members being Trustees must annually:

16.6.1 receive the accounts of the Charity for the previous **financial year**;

16.6.2 receive a written report on the Charity's activities;

16.6.3 be informed of the retirement of those Trustees who wish to retire;

16.6.4 elect (if required to do so) Trustees to fill the vacancies arising; and

16.6.5 appoint reporting accountants and auditors, as required, for the Charity.

17 LIMITED LIABILITY

17.1 The liability of Members is limited.

18 GUARANTEE

18.1 Every Member promises, if the Charity is dissolved while he/she remains a Member or within one year after he/she ceases to be a member, to pay up to £1 towards:

18.1.1 payment of those debts and liabilities of the Charity incurred before he/she ceased to be a Member;

18.1.2 payment of the costs, charges and expenses of winding up; and

18.1.3 the adjustment of rights of contributors among themselves.

19 INDEMNITY

Subject to the provision of the Companies Act, but without prejudice to any indemnity to which the person concerned may otherwise be entitled, every Trustee or other officer of the Charity (other than a person (whether an officer or not) engaged by the Charity as auditor) may be indemnified out of the assets of the Charity against any liability incurred by him for negligence, default, breach of duty or breach of trust in relation to the affairs of the Charity, provided that this Article shall not be deemed to provide for, or entitle, any such person to indemnification to the extent that it would cause this Article to be treated as void under the Companies Act.

20 COMMUNICATIONS

20.1 Notices and other documents to be served on Members or Trustees under the Articles or the Companies Act may be served:

20.1.1 by hand;

20.1.2 by post; or

20.1.3 by suitable electronic means.

20.2 The only address at which a Member is entitled to receive notices sent by post is an address in the U.K. shown in the register of Members.

20.3 Any notice given in accordance with these Articles is to be treated for all purposes as having been received:

20.3.1 24 hours after being sent by electronic means or delivered by hand to the relevant address;

20.3.2 two clear days after being sent by first class post to that address;

20.3.3 three clear days after being sent by second class or overseas post to that address;

20.3.4 immediately on being handed to the recipient personally; or, if earlier;

20.3.5 as soon as the recipient acknowledges actual receipt.

20.4 A technical defect in service of which the Trustees are unaware at the time does not invalidate decisions taken at a meeting.

21 DISSOLUTION

21.1 If the Charity is dissolved, the assets (if any) remaining after providing for all its liabilities must be applied in one or more of the following ways:

21.1.1 by transfer to one or more other bodies established for exclusively charitable purposes within, the same as or similar to the Objects;

21.1.2 directly for the Objects or for charitable purposes which are within or similar to the Objects;

21.1.3 in such other manner consistent with charitable status as the Commission approves in writing in advance.

21.2 A final report and statement of account must be sent to the Commission.

21.3 This provision may be amended by special resolution but only with the prior written consent of the Commission.

22 INTERPRETATION

22.1 The Articles are to be interpreted without reference to the model articles under the Companies Act, which do not apply to the Charity.

22.2 In the Articles, unless the context indicates another meaning:

22.3 **'the Articles**' means the Charity's Articles of Association and 'Article' refers to a particular Article;

22.4 '**Chairman**' means the chairman of the Trustees, appointed by the Trustees form time to time;

22.5 **'the Charity'** means the company governed by the Articles;

22.6 **'the Charities Act**' means the Charities Acts 1992 to 2011**;**

22.7 '**charity trustee**' has the meaning prescribed by the Charities Act**;**

22.8 '**clear day**' does not include the day on which notice is given or the day of the meeting or other event;

22.9 '**the Commission**' means the Charity Commission for England and Wales or any body which replaces it;

22.10 **'the Companies Act**' means the Companies Acts 1985 to 2006;

22.11 **'Conflicted Trustee'** means a Trustee in respect of whom a conflict of interest arises or may reasonably arise because the Conflicted Trustee or a Connected Person is receiving or stands to receive a benefit (other than payment of a premium for indemnity insurance) from the Charity, or has some separate interest or duty in a matter to

be decided, or in relation to information which is confidential to the Charity;

22.12 **‘Connected Person**’ means, in relation to a Trustee, a person with whom the Trustee shares a common interest such that he/she may reasonably be regarded as benefiting directly or indirectly from any material benefit received by that person, being either a member of the Trustee’s family or household or a person or body who is a business associate of the Trustee, and (for the avoidance of doubt) does not include a company with which the Trustee’s only connection is an interest consisting of no more than 1% of the voting rights;

22.13 ‘**constitution**’ means the Memorandum and the Articles and any special resolutions relating to them;

22.14 **‘custodian’** means a person or body who undertakes safe custody of assets or of documents or records relating to them;

22.15 ‘**electronic means**’ refers to communications addressed to specified individuals by telephone, fax or email or, in relation to meetings, by telephone conference call or video conference;

22.16 **‘financial expert**’ means an individual, company or **firm** who is authorised to give investment advice under the Financial Services and Markets Act 2000;

22.17 **‘financial year’** means the Charity’s financial year;

22.18 **‘firm’** includes a limited liability partnership;

22.19 ‘**First Trustee**’ has the meaning given in Article 3.2;

22.20 **‘indemnity insurance**’ means insurance against personal liability incurred by any Trustee for an act or omission which is or is alleged to be a breach of trust or breach of duty, unless the act or omission amounts to a criminal offence or the Trustee concerned knew that, or was reckless whether, the act or omission was a breach of trust or breach of duty;

22.21 **‘material benefit**’ means a benefit, direct or indirect, which may not be financial but has a monetary value;

22.22 **‘Member**’, ‘**Membership**’ refers to company Membership of the Charity;

22.23 ‘**Memorandum’** means the Charity’s Memorandum of Association;

22.24 **‘month’** means calendar month;

22.25 ‘**nominee company**’ means a corporate body registered or having an established place of business in England and Wales which holds title to property for another;

22.26 ‘**ordinary resolution**’ means a resolution agreed by a simple majority of the Members present and voting at a general meeting or in the case of a written resolution by Members who together hold a simple majority of the voting power;

22.27 ‘**the Objects**’ means the Objects of the Charity as defined in Article 1;

22.28 ‘**Resolution in writing’** means a written resolution of the Trustees;

22.29 ‘**Secretary**’ means a company secretary;

22.30 ‘**special resolution**’ means a resolution of which at least 14 days’ notice has been given agreed by a 75% majority of the Members present and voting at a general meeting or in the case of a written resolution by Members who together hold 75% of the voting power;

22.31 **‘taxable trading**’ means carrying on a trade or business in such manner or on such a scale that some or all of the profits are subject to corporation tax;

22.32 ‘**Trustee**’ means a director of the Charity and ‘Trustees’ means the directors;

22.33 “**University Hospitals Coventry and Warwickshire NHS Trust**” means the University Hospitals Coventry and Warwickshire NHS Trust or any statutory successor in title;

22.34 **‘written’ or ‘in writing**’ refers to a legible document on paper or a document sent by electronic means which is capable of being printed out on paper;

22.35 **‘written resolution**’ refers to an ordinary or a special resolution which is in writing; and

22.36 **‘year’** means calendar year.

22.37 Expressions not otherwise defined which are defined in the Companies Act have the same meaning.

22.38 References to an Act of Parliament are to that Act as amended or re-enacted from time to time and to any subordinate legislation made under it.

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	**Report of October Private Trust Board Meeting**
Author	**Rebecca Southall, Director of Corporate Affairs**
Responsible	**Andy Meehan, Chairman**
Date	**26 November 2015**

1. Purpose

To report in public the substantive business that was transacted in the section of the September Board meeting that members of the public and the press were excluded from pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, and the Public Bodies (Admissions to Meetings) (NHS Trusts) Order 1997.

2. Background and Links to Previous Papers

The Trust Board is at liberty to exclude members of the public and the press from board meetings when the nature of the business that is prejudicial to the public interest due to its confidential nature. In the interests of transparency however, the Chairman provides a report on the substantive items that were discussed to the next public meeting of the Trust Board.

3. Narrative

The following items were discussed and/or approved at the October private session of the Trust Board:

- Patient Story
- George Eliot Hospital (GEH) – Dermatology Service
- New Approval Process for VSM Appointments over £142.5k
- Tender Acceptance Report: Flexible Endoscopy Equipment – Capital and Maintenance
- Together Towards World Class Programme Update

4. Areas of Risk

There no specific areas of risk to highlight arising out of the matters discussed.

5. Governance

A further report will be submitted to the December Trust board detailing the business transacted in the November Trust Board. Reporting in this way ensures that we are fulfilling our obligations around transparency and openness.

6. Responsibility

Andrew Meehan, Chairman
Rebecca Southall, Director of Corporate Affairs

7. Recommendations

The Trust Board is asked to **NOTE** the report.

University Hospitals Coventry and Warwickshire NHS Trust

QUALITY GOVERNANCE COMMITTEE 2 NOVEMBER 2015 - interim report to board
Purpose: This report has two purposes; firstly to assure the Board that the committees that it has formally constituted are meeting in accordance with their terms of reference and secondly to advise Board Members of the business transacted at the most recent meeting and to invite questions from non-committee members thereon.
Committee Name: Quality Governance Committee
Committee Meeting Date: 2 November 2015
Quorate: No Executives present due to Virginia Mason project
Chair: Ed-Macalister-Smith**,** Non-Executive Director
Report submitted by: Ed-Macalister-Smith**,** Non-Executive Director
1. Minutes The minutes of the previous meeting were reviewed and agreed as a true and accurate reflection of the meeting however the minutes could not be approved as the committee was in-quorate. The minutes of 05/10/15 and actions from this meeting will be taken forward to December's meeting for approval.
2. Patient Safety Audit of Clinical Review Update Patients waiting a long time on waiting lists are not being systematically checked and a report will be generated which will alert consultants to their patients as soon as they have been waiting 32 weeks. A report will also be generated to alert consultants when a patient under their management is admitted via ED. The clinical safety of patients on waiting lists will be included on the agenda of the monthly Operational Delivery meetings as part of the assurance process. A quarterly self-assessment will be undertaken by the groups and clinical assessment of long waiters will be included on the QIPS agenda with regular reporting arrangements in place.
3. Risk to Cancer Pathway Performance due to delayed appointment to consultant posts From December the team will have a full cohort of staff. The vacant consultant post has now been recruited to and he post holder will be commencing with the Trust on 14th December 2015. Following the recent Deanery visit, the team are currently at level 2 scrutiny. A robust action plan is in place and the service is due to be visited again in March 2016.
4. Diabetic Eye Screening The Committee received The Committee requested that the Programme Manager and Consultant Ophthalmologist attend the committee in December to present the tabled report.
5. Pressure Ulcer Report UHCW continues to perform well, but has now adopted a more challenging nation-wide benchmarking set. Performance will be monitored closely.
6. Fundamental Standards of Care Work is underway through the nursing team leadership to align this work with the CQC Action Plan , Virginia Mason Development Programme, Together Towards World Class and World Class Wards. To assist with this piece of work Emma Fish, Practice Facilitator will be offering support to staff. A piece of work is underway to develop a manual for each ward. The nursing KPIs are currently being matched to the domains in the CQC report.

The Board is asked to note the business discussed at the meeting and to raise any questions in relation to the same.

INTERIM COMMITTEE REPORT TO BOARD
Purpose: This report has two purposes; firstly to **assure** the Board that the committees that it has formally constituted are meeting in accordance with their terms of reference and secondly to **advise** Board Members of the business transacted at the most recent meeting and to **invite** questions from non-committee members thereon.
Committee Name: Finance and Performance Committee
Committee Meeting Date:2 November 2015
Quoracy: No Executives present due to Virginia Mason project
Apologies: Mr D Moon, Mr D Eltringham, Mrs K Martin
Chair: Ian Buckley
Report submitted by: Ian Buckley, Non-Executive Director & Vice Chair
1. Minutes; the minutes of the September meeting were approved as an accurate record.
2. It was reported that disappointingly the Trust's overall performance had deteriorated and underperformance continued against the elective pathway targets including RTT incomplete pathways. As of 1 October 2015 the Trust has been participating in the Emergency Care Improvement Programme (ECIP), which is focussed on improving performance in the 27 lowest performing trust's from Q1 2015/16.
3. There had been a significant improvement in the forecast value of savings to be delivered through the cost improvement programme leaving a forecast £400k shortfall in delivery.
4. The Trust is still forecasting a £19.4M deficit which is in line with the TDA control total. The Trust's future CIP is forecasting a £0.4m shortfall delivery.
5. The Committee received a report on the Coventry and Warwickshire Capacity Strategy detailing the work undertaken by GE Healthcare in determining capacity gaps across the Health Economy, which predominantly focuses on issues pertaining to Frailty, discharge and length of stay. In terms of the recommendations and next steps, three work streams have been established to lead delivery of the recommendations:

The Board is asked to note the business discussed at the meeting and to raise any questions in relation to the same.