University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD MEETING TO BE HELD ON THURSDAY 29th SEPTEMBER 2016 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.	**Confirmation of Quoracy** Chairman	For Assurance	Verbal	
4.	**Minutes of Public Board Meeting held on the 28th July 2016** Chairman	For Approval	Enclosure 1	
5.	**Matters Arising** Chairman	For Assurance	Verbal	
6.	**Trust Board Action Matrix** Chairman	For Approval	Enclosure 2	
Patient Experience				
	No reports			
Business Items				
7.	**Chairman's Report** Chairman	For Assurance	Enclosure 3	5
8.	**Chief Executive Officer and Chief Officers Reports** Chief Executive Officer	For Assurance	Enclosure 4	5
Performance				
9.	**Integrated Quality, Performance and Finance Monthly Report** Chief Workforce & Information Officer	For Assurance	Enclosure 5	10
Patient Quality and Safety				
10.	**Corporate Risk Register** Chief Medical and Quality Officer	For Noting	Enclosure 6	10
11.	**Patient Led Assessments of the Care Environment (PLACE) Annual Report** Chief Operating Officer	For Assurance	Enclosure 7	10
12.	**Significant Incident Group Report including Never Events** Chief Medical and Quality Officer	For Assurance	Enclosure 8	10
13.	**Medical Education Report** Chief Medical and Quality Officer	For Assurance	Enclosure 9	10
Research and Innovation				
14.	**Research, Development and Innovation Update** Chief Medical and Quality Officer	For Assurance	Enclosure 10	10

ITEM	TITLE	BOARD ACTION	PAPER	TIME
Regulatory, Compliance and Corporate Governance				
15.	**Board Committee Appointments** Chairman	For Assurance	Enclosure 11	5
16.	**Matters delegated to Board Committees** Chairman	For Assurance	Verbal	5
Feedback from Key Meetings				
17.	**Audit Committee Meeting Report of 12th September 2016** Chair, Audit Committee	For Assurance	Enclosure 12	5
18.	**Quality Governance Committee Monthly Report of 15th August and 19th September 2016** Chair, Quality Governance Committee	For Assurance	Enclosure 13	5
19.	**Finance and Performance Committee Monthly Report of 13th September 2016** Chair, Finance and Performance Committee	For Assurance	Enclosure 14	5
20.	**Any Other Business**			
21.	**Questions from Members of the Public Relating to Agenda Items**			
22.	**Date of Next Meeting:** **The next meeting of the Trust Board will take place on Thursday 27th October 2016 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 28th JULY 2016 AT 10.00 A.M. IN ROOM 10009/11 OF THE CLINICAL SCIENCES BUILDING, UNIVERSITY HOSPITAL, COVENTRY

AGENDA ITEM	DISCUSSION	ACTION

HTB 16/148 **PRESENT**

Mrs B Beal, Non-Executive Director (BB)
Mr I Buckley, Vice Chair (IB)
Mr D Eltringham, Chief Operating Officer (DE)
Professor A Hardy, Chief Executive Officer (AH)
Professor S Kumar, Non-Executive Director (SK)
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)

IN ATTENDANCE

Mrs K Beadling, Head of Communications (KB)
Ms B Curtis, Volunteer (BC) – HTB/16/151
Mr N Edwards, Staff Nurse (NE) – HTB/16/152
Mrs J Gardiner, Director of Quality (JG) – HTB/16/167
Ms S Hollyoak, Palliative Care Nurse (SH) – HTB/16/166
Mr J Mukarati, Alcohol Liaison Clinical Nurse Specialist (JM) – HTB/16/151
Mrs R Southall, Director of Corporate Affairs (RS)
Mr A Wilkins, Patient Relations Manager (AW) – HTB/16/151
Mrs P Young, Corporate Secretary (PY) – Note Taker

HTB 16/148 **APOLOGIES FOR ABSENCE**

There were no apologies.

HTB 16/149 **CONFIRMATION OF QUORACY**

The Chairman declared the meeting to be quorate.

He took the opportunity to welcome SK to his first meeting as a member of the Trust Board.

HTB 16/150 **DECLARATIONS OF INTEREST**

There were no conflicts of interest declared.

HTB 16/151 **PATIENT STORY**

The Chairman welcomed BC, JM and AW to the meeting.

AGENDA ITEM	DISCUSSION	ACTION

JM thanked the Trust Board for the opportunity to share the patient story and highlight the quality work provided by the volunteer service at University Hospitals Coventry and Warwickshire NHS Trust (UHCW). BC proceeded to provide an overview of her battle with alcoholism and the treatment that she had received first-hand as a patient at UHCW. She emphasised that the quality of medical care was very good but that the care lacked empathy due to an absence of understanding and awareness of alcoholism and the significant emotional impact this has on the patient. Furthermore, there was no plan in place post discharge to support the patient in the community to help overcome the alcohol addiction, which was very isolating.

BC was proud to have been a volunteer and now engaged as a Recovery Support Worker for the charity Aquarius. She emphasised the critical recovery services provided by the charity to anyone experiencing difficulties with alcohol and the support provided to patients, including chaperoning them to appointments at the hospital.

JM explained that patients attending UHCW were not engaging well with the Alcohol Liaison Volunteer Support Service and he recognised an opportunity to bring in the extraordinary insight that Aquarius had to offer, by drawing on their knowledge and life experience to break down barriers and greatly benefit the patient experience. It was recognised that more patients engaging with the service would reduce the attendance to the hospital and ultimately provide a cost saving, but more importantly, would improve the quality of life and mortality rates for patients. Aquarius provides a peer mentoring role, supporting the patient in the hospital setting but also post discharge.

MP welcomed the story and asked what additional support was required; JM advised that expansion of the Team was vital and the vision was to provide a seven day service, and have the resource to deliver a campaign to help prevent people from becoming dependent on alcohol. JM explained that there were currently three members of the Alcohol Liaison Team and seven volunteers to support the service, but more could be done if there were an opportunity for expansion.

In response to a question from the Chairman; JM confirmed that the trend of patients attending hospital with alcohol related problems was slowly reducing from a very high level. However, patients presenting with end stage liver cirrhosis was increasing and the need to raise awareness was never more urgent.

BB observed that the Trust also has a duty of care to staff that may be experiencing difficulties related to alcohol; JM acknowledged this and explained that the Alcohol Liaison Service interfaces with Occupational Health and staff can be signposted to the service to receive support, where required.

EMS welcomed the story and commended the successful collaborative partnership between the professional liaison service and the volunteers. Reflecting upon BC's experience he queried which particular areas in the hospital need to have a greater understanding of the emotional impact of alcoholism on patients. BC explained that awareness must be raised within the ward areas to allay patients fears during admission but also to provide a clear dialogue of what plans are in place post-discharge and the support that is available to them. She added that, volunteers have the unique insight into the difficulties experienced

AGENDA ITEM	DISCUSSION	ACTION

with alcohol and therefore, have the ability to be able to connect with the patient.

In response to a query from BS; JM explained that all of the volunteers are former patients and must be able to attest to at least one year's sobriety and willing to undertake a disclosure and barring services (DBS) check. BS concluded that the volunteers provide peer support to one another in the form of emotional and practical help.

The Trust Board **NOTED** the patient story and **ACKNOWLEDGED** the extraordinary work of the Alcohol Liaison Volunteer Support Service.

HTB 16/152 **WORLD CLASS COLLEAGUE AWARD**

AH welcomed NE to the Trust Board as the second recipient of the World Class Colleague Award. NE, a Staff Nurse within Ophthalmology played a pivotal role in the Rapid Process Improvement Workshop (RPIW), which was undertaken as part of the first value workstream to support the development programme with the Virginia Mason Institute. The week of the RPIW proved to be very challenging, but culminated in a fantastic presentation delivered by NE to demonstrate the learning and how this has been applied to improve the quality of care and patient experience, which continues to be embedded today. He added that NE was an inspiration to his colleagues and was a well-deserved recipient of the award.

The Trust Board **SUPPORTED** the nomination and **ACKNOWLEDGED** the significant contribution to patient care and experience.

HTB 16/153 **MINUTES OF TRUST BOARD MEETING HELD ON 30 JUNE 2016**

It was noted that Sarah Dakin, Communications Manager had attended the Trust Board the previous month and not KB as recorded in the minutes.

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

HTB 16/154 **MATTERS ARISING**

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

HTB 16/155 **TRUST BOARD ACTION MATRIX**

MR advised that item HTB/15/941 Nurse Revalidation Update had been delegated to the Quality Governance Committee and should be removed from the matrix. **MR**

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

HTB 16/156 **CHAIRMAN'S REPORT**

The Chairman presented the report summarising the commitments he had attended since the previous Trust Board meeting.

He announced the extension to the appointments of the following Non-Executive

AGENDA ITEM	DISCUSSION	ACTION

Directors, as made by NHS Improvement (NHSI):-

DP term extended to 2nd June 2018;
BS term extended to 30th June 2018; and
BB term extended to 31st July 2018.

The Chairman confirmed that his own appointment had been extended to 16th February 2018.

There were no were no questions raised by other Trust Board members.

The Trust Board **RECEIVED ASSURANCE** from the Chairman's report.

HTB 16/157 **CHIEF EXECUTIVE OFFICER AND CHIEF OFFICER'S REPORT**

AH presented the report detailing the key meetings and events that he and the Chief Officers had attended since the previous Trust Board meeting; confirming that the high level submission of a Sustainability and Transformation Plan (STP) for the Coventry and Warwickshire footprint had been made on 30th June 2016. He added that details of the submission, which at this stage were emerging ideas, had been shared with the Health and Wellbeing Boards and Overview and Scrutiny Committees for both Coventry and Warwickshire. Furthermore, the Chief Executives and Accountable Officers representing the Coventry and Warwickshire footprint presented to the arms-length regulatory bodies on 22nd July 2016 and feedback was expected within the next two weeks. AH will provide an update within the Chief Executive Officer and Chief Officer's Report to the Trust Board in September.

There were no were no questions raised by other Trust Board members.

The Trust Board **RECEIVED ASSURANCE** from the Chief Executive Officer and Chief Officer's Report.

HTB 16/158 **INTEGRATED QUALITY, PERFORMANCE AND FINANCE REPORT (IQPFR)**

KM introduced the reported and highlighted three key areas of focus.

Firstly, KM advised that in response to requests from Board members to receive more detail around benchmarking, she assured that this was a work in progress with a draft format being developed to include peer benchmarking. A view can then be taken around how often and in what format the information will be provided.

In response to a query from DP regarding benchmarking data; KM advised that the information is drawn from a series of peer groups linked to the common key performance indicators. AH added that at a clinical group and also specialty level, the Trust receives benchmarking data from Civil Eyes Research Limited. DM added that this was used to inform the annual cost improvement plan (CIP) challenges that are set for each of the clinical groups and suggested that it would be useful to have this as the topic of focus at a future Board Seminar. The Chairman acknowledged the importance of drawing upon the rich mixture of comparator information that was available. **DM**

AGENDA ITEM	DISCUSSION	ACTION

Secondly, KM outlined the Trust Performance Framework in the form of quarterly performance reviews with the clinical groups, which was extended some ten months ago to shorter more focused monthly reviews. These have been recently complemented with a series of triumvirate meetings between DE, MP, MR and the Triumvirate of each clinical group. Reward and consequence has been an area highlighted that requires further consideration and as such an Intensive Support Framework (ISF) is being developed and aligned to the draft joint NHSI Oversight Framework currently out to consultation. The proposal is that the ISF will review clinical groups performance by exception and those clinical groups performing well will be removed from the monthly focused reviews, whilst clinical groups struggling to perform will be provided with intensive support on a case by case basis. KM added that the delivery of the ISF will be supported by the Corporate Delivery Group.

IB welcomed the proposal of an ISF but urged that the Trust take a more forward looking view and hold clinical groups to account on anticipated performance, rather than the previous month. DM advised that there was several sources of information that sets out what each clinical group is expected to deliver on a daily basis in terms of elective activity. He acknowledged that there was more intensive work to be done to ensure that the right information was received by the right people, but assured that the necessary information was available at clinical group and sub-specialty level. He added that the Trust was on an evolutionary pathway exploring all opportunities to best utilise the information available to manage performance and respond to areas underperforming in real time. KM further added that there was a richness of information available that needed to be raised to a higher level within the organisation, in order that immediate action can be taken with authority.

DP observed that there were clinical groups that were known to be underperforming and expected that these would be targeted to receive intensive support. He emphasised that there was a limited window of opportunity within the current financial year to recover performance and maximise CIP delivery. KM acknowledged this but cautioned that the implementation of an ISF must be done at the right pace, to ensure that the right people are in place to provide the intensive support and that it was essential that clear parameters for the reward and consequence elements are set out within the ISF. She assured that the intention was to have the ISF in place by September. BS applauded the proposal and tailored intensive support programmes and added that the Finance and Performance Committee plays a critical role in measuring the impact of the ISF. The Chairman requested that consideration be given to how this dovetailed with the Finance and Performance Committee. **KM**

BB queried what mechanisms were in place for managing cross cutting group performance; KM confirmed that the Chief Officers Advisory Group, whereby Clinical Directors (CD's) for each of the fourteen clinical groups meet with Chief Officers, focuses on performance related issues. In addition the Corporate Delivery Group play a pivotal role in providing support and challenge to the clinical groups. DE added that targeted intervention has also taken place through the guise of the Emergency Care Improvement Programme (ECIP), bringing together people in the Emergency Department. MP outlined further examples of cross cutting issues including the management of outlier patients, which has seen the removal of locum teams. Medical CD's now lead on the management of these

AGENDA ITEM	DISCUSSION	ACTION

patients, which has resulted in a dramatic reduction in numbers. Furthermore, the General Internal Medicine rota supports collaborative working across the Trust.

In response to a query from BB; DE advised that performance remains a key focus of discussion at Chief Officers Group and he welcomed the support from his Chief Officer colleagues in addressing the performance challenge. He acknowledged the difficult task of leading such a large organisation and assured that staff were engaged and understand the importance of delivery.

In response to a query from SK; DE acknowledged that performance against the 62 day cancer target had not progressed as hoped due to a variety of factors, including late tertiary referrals. He assured that this was being reviewed on a case by case basis with the tertiary hospitals. However, the bigger hindering element was the inability of partners to respond to supporting the timely discharge of medically fit for discharge patients. He added that the Systems Resilience Group (SRG) had not yielded the intended collaborative partnership working approach, which has been acknowledged nationally. In recognising this, the arms-length regulatory bodies are proposing the establishment of a local Emergency Resilience Board to focus on solving emergency care issues. AH went on to say that NHSI had announced special measures regimes for Trusts in financial difficulty and an operational special measures regime was also anticipated.

In response to a query from SK regarding the direction of travel in relation to commissioning; DM confirmed that specialised commissioning were moving towards lead provider models, of which there will be four within the region including UHCW, which places the organisation is a stronger position. This will take two years to come to fruition but is the right direction of travel.

IB queried whether the number of clinical groups was unwieldy; DM acknowledged that this has been the focus of discussion amongst Chief Officers and where it makes synergistic sense, clinical groups have been combined to reduce the number from 17 to 14. DE added, that it was important not to take a ‘big bang’ approach around structure as this could prove very disruptive. He emphasised the need to strike a balance and endorsed the evolutionary approach adopted.

The third and final area of focus for discussion were the more challenging areas of performance; referral to treatment (RTT), Emergency Department (ED) and agency spend. DE acknowledged that despite incredible efforts, there has been little or no improvement in performance against the ED four-hour standard. Robust discussions have taken place at Chief Officers Group and there was recognition that poor performance has become normalised and the ‘breaking the cycle’ event had a diluted impact. He advised that there was now a national mandate to adopt the SAFER principles to support the national A&E plan and added that Chief Officers agreed a tactical plan to improve performance with particular focus on the A&E minors pathway; a new triage system has been introduced to that end.

Furthermore, MR will be supporting DE by implementing a turnaround approach commencing 1st August 2016. The focus will be around stabilisation to ensure minors pathway delivery, matching capacity to meet demand during periods of peaks and troughs in ED, and applying a consistent approach to tackling delayed transfers of care (DTOC) and medically fit for discharge patients to improve

AGENDA ITEM	DISCUSSION	ACTION

patient flow and positively impact on performance. MR acknowledged that whilst it was unlikely the organisation will achieve 95% compliance against the four-hour standard and the additional focus will improve the quality of care and patient experience. BS commended the 'business as usual' approach to tackling the performance issues.

MP added that clinicians will play a key role and Chief Officers will be presenting senior clinical leaders with a robust challenge to a) provide specialist input to ED within 60 minutes and provision will be made in job plans to support this, b) address the issue to improve the pace at which to take out (TTO) medicines given to a patient on discharge are written, with a clear message that newly inducted Foundation Year 1 doctors are to write up TTO's before midday and c) adopting the approach that ED has primacy and receiving specialities will accept referrals from ED without challenge.

AH acknowledged that one of the few organisations meeting the four-hour ED target is South Warwickshire Hospitals NHS Foundation Trust and UHCW is keen to draw on their success and adopt learning from them.

DE proceeded to provide an overview of the current RTT position and the changes in the rules which prevent technical stop clocks to be applied to some patient pathways. The Trust is taking a focused approach to the backlog of patients waiting more than 18 weeks and targeting the two key areas; surgery and specialist medicine which account for almost half the backlog of patients waiting. The two clinical groups have been tasked with providing credible delivery plans.

SK observed the challenging performance in respect of theatre utilisation and efficiency. DE assured that this has been, and remains, under the close scrutiny of the Finance and Performance Committee.

EMS welcomed the approach being adopted but noted that the impact of the initiatives will not be demonstrable within the data provided to Trust Board until October. He asked therefore, what mechanisms were in place to provide the Board with 'real time' information. The Chairman acknowledged this and advised that Chief Officers will complement discussions around the IQPFR at Board and Board Committees with verbal real time updates.

DP applauded the work undertaken to reduce the sickness absence rates and performance against MRSA and Clostridium difficile targets.

DM proceeded to provide a financial update and advised that UHCW has resubmitted its plan to NHSI in month three; the control total remained at £1.1m. The plan demonstrated the phasing of the agency spend plan in terms of annual and monthly trajectories. He advised that month three was marginally above plan although the annual forecast was £29.9m spend on agency against a target of £26.6m. He emphasised that this remains a work in progress; although reflected the progress that had been made against the £40m agency spend bill in 2015/16. He assured that Sustainability and Transformation Funding (STF) was not predicated on delivery of the £26.6m agency spend target; however, he cautioned that it did presuppose delivery of the Financial Recovery Plan (FRP).

In terms of CIP, the Trust revised its original target of £21m to £25.5m; as of today £22m CIP has been identified (£1m over and above the initial plan) and expected

AGENDA ITEM	DISCUSSION	ACTION

to have identified all CIP by quarter two.

In terms of contract income; the Trust is forecast to be underperforming by £3m with Coventry and Rugby Clinical Commissioning Group (CCG) as a result of underperformance on elective and outpatient activity. Whilst conversely, the Trust is over performing on contract income with CCG's in Warwickshire North and South Warwickshire and also Specialised Commissioning.

DP drew attention to the Pay Costs table on the final page of the report and queried the dramatic drop in agency "other". DM acknowledged this and agreed to review and provide DP with a response outside of the meeting.

In response to a query from IB; DM assured that there was no resistance to withdrawing reliance upon the use of agency altogether but it was recognised that there are some specialities where there is a national shortage of staff including gerontology, acute medicine, radiology and histopathology and withdrawing agency would impact upon the ability to deliver services. The cost of locum spend was; however, slowly reducing month on month. Discussion ensued in relation to agencies exploiting the national shortage and KM countered that the Trust was taking steps to engage locums directly to avoid paying enhanced rates to agencies. MP cautioned that the current climate permits locums, in specialities where there is a national shortage, to command enhanced rates because the alternative poses a quality issue for the safety of the service. She added that all new junior doctors are now automatically enrolled on the Trust's medical bank.

In response to a query from BS; MP assured that all quality impact assessments against identified CIP had now been signed-off.

SK observed that in light of the national negotiations taking place around consultant pay; the Chief Officers should expect to see greater scrutiny around this in future discussions at the Trust Board.

The Trust Board **CONFIRMED** their understanding of the contents of the IQPFR and **NOTED** the associated actions taken.

HTB 16/159 **PATIENT EXPERIENCE QUARTERLY REPORT**

MP introduced the report and was pleased to report that the complaint response rate for the 25 working day standard indicator during April was 98% and 88% in May. The longest overdue breach of the 25 working day standard was 20 days compared to 200 days in 2015/16.

The PALS service is now able to monitor and report on the performance against the five working-day response standard. MP was encouraged to report that for quarter one, performance was 77% against a target of >90%. Work continues to improve processes and the service has launched a satisfaction questionnaire to gather feedback for improvement from users. She was pleased to note that the service was receiving numerous compliments for help in resolving dissatisfaction.

In February 2016, UHCW launched the #Hellomynameis campaign across both sites and within the wider health community as an Always Event. Via social media and the bespoke hashtag, #UHCWhello, the campaign reached over

AGENDA ITEM	DISCUSSION	ACTION

84,000 people on Facebook and created over 60,000 tweets on Twitter. Following the passing at the weekend of Dr Kate Grainger, founder of the #Hellomynameis campaign, the Chairman will write to Dr Grainger's family to offer condolence on behalf of the Trust.

In response to a query from BB regarding the response rate the Friends and Family Test (FFT); MP acknowledged that improvement was required and assured that all options were being explored including engaging the services of an external company to survey patients. It was agreed that the Quality Governance Committee will discuss this matter in greater detail at its meeting in September. **MP**

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

HTB 16/160 **BOARD ASSURANCE FRAMEWORK (BAF)**

MP introduced the report and advised that Chief Officers had reviewed the risks that were assigned to them and in so doing had considered the current risk rating, provided updates against the mitigating actions and added further actions where appropriate. Resultantly, it was proposed that the risk score for risk one (to reduce vacancies and embed controls) be reduced to 12 and that risks three (to embed the Together Towards World Class and UHCW Improvement System), four (to agree an STP with partners) and eight (to deliver education and training and offer support to trainees resulting in level III/IV visits from Health Education West Midlands) be de-escalated from the BAF to the corporate risk register as they had reached their respective target risk ratings. Furthermore, the Board was asked to note the proposal to escalate risk 2264 (interventional radiology) from the Corporate Risk Register to the BAF, given the potential that it has to impact on the Trust's annual and strategic objectives.

BB sought assurance that Chief Officers were confident in reducing the risk to risk one in light of the earlier discussions around hard to fill posts. KM acknowledged this and agreed that the risk should remain on the BAF but that it was right to reduce the risk rating from catastrophic to major based upon the progress made. EMS supported the proposal to de-escalate the risk and praised the revised risk management framework that has been implemented within the Trust, which has facilitated a more richer discussion around risk.

The Trust Board:

- **NOTED** the Board Assurance Framework as at Quarter one;
- **AGREED** that the BAF remains representative of the risks that the Trust is facing;
- **APPROVED** the proposed reduction in risk scores and proposals for de-escalation to the Corporate Risk Register; and
- **APPROVED** the inclusion of risk ref: 2264 on the BAF.

HTB 16/161 **CORPORATE RISK REGISTER**

MP introduced the report and highlighted that at the last report to Trust Board (April 2016) the corporate risk register had 20 "High" rated risks in comparison to 21 "High" rated corporate risks in July 2016. It was noted that a corporate "High" rated risk is classified as any risk with a rating of 15-25 on the "Corporate Risk

AGENDA ITEM	DISCUSSION	ACTION

Register".

In April 2016, there were eight risks logged with a risk grading of 20, this is in comparison to six in July 2016 and MP proceeded to provide a summary of the six highest rated corporate risks.

In response to a query from BB regarding risk 2029 (loss of clinical perfusion staff); DE acknowledged that there was insufficient staff to cover the service and locum perfusionists were engaged to cover gaps, but where this was not possible, cancellations resulted. He assured that discussions were ongoing with the clinical group to address this.

In response to a query from EMS regarding why risk 2237 (severe shortage of permanent storage capacity within the mortuary) remained a high risk given the mitigations that have been put in place; MP explained that despite the mitigations, this did not provide a permanent solution in line with the requirements of the Human Tissue Authority and as such the risk should remain high.

The Trust Board **NOTED** the corporate risk register.

HTB 16/162 **INFECTION PREVENTION AND CONTROL ANNUAL REPORT 2015/16**

MR introduced the report and highlighted that 2015-16 saw a national improvement in healthcare associated infections required to be reported against nationally. The Trust performed very well against each of these and was rated the best performing teaching hospital for all three categories combined; MRSA, MSSA and Clostridium difficile. Whilst this national recognition is welcomed, the relentless focus on the infection prevention and control agenda will continue into 2016/17 to ensure that the rightfully challenging targets are met and that there are improvements in non-reportable areas.

EMS drew attention to page 10 of the report and noted that medical and dental staff remain outliers for hand hygiene compliance. MP acknowledged that a shift in mind-set was required and assured that all was being done to help improve compliance with this element of mandatory training. BS concurred with EMS that improvement in compliance has not been demonstrated in recent months and urged for significant upward movement.

DP applauded the report and the national recognition for being rated the best performing teaching hospital in all three categories.

The Trust Board **RECEIVED ASSURANCE** from the work that has taken place around the infection prevention and control agenda during 2015/16 and **APPROVED** the Annual Report.

HTB 16/163 **MEDICAL REVALIDATION AND APPRAISAL SIX-MONTHLY UPDATE**

MP introduced the report to provide an update on medical appraisal and revalidation within the Trust, the actions taken to date and developments since the previous report to the Trust Board in July 2015. She added that the Trust has to provide NHS England with assurance of its appraisal rates on a quarterly basis, which has shown a steady increase through 2015/16 with quarter four reporting

AGENDA ITEM	DISCUSSION	ACTION

90% compliance.

All doctors with outstanding appraisals (between 12-15months) are written to at the end of each quarter to remind them of their contractual and professional obligation to participate in annual appraisal. Where doctors fail to comply, a General Medical Council (GMC) early concerns letter issued by the GMC. There are currently three ongoing GMC concerns issued to doctors with appraisals breaching 15-18 months. The letter details the risk the doctor poses to their license to practice should they continue to fail to engage with appraisal along with a date by which they must engage.

The Trust has 596 prescribed connections, for which the Responsible Officer is responsible. To date 521 recommendations have been submitted to the GMC for these connections. Four hundred and sixty five recommendations to revalidate have been issued and accepted and 56 deferrals have been requested to date, with four of these during this six month period due to insufficient evidence to inform a recommendation to revalidate. Two of the four have since been recommended for revalidation.

In response to a query from BS; MP assured that 110 appraised trainers and 200 educational supervisors was sufficient to meet requirements.

The Trust Board **RECEIVED ASSURANCE** from the report and **NOTED** progress made against the action plan to date, **APPROVED** additions to the action plan and the statement of compliance confirming that the Trust as a designated body was compliant with regulations.

HTB 16/164 **MORTALITY PERFORMANCE REPORT 2015/16**

MP provided an overview of Trust-level mortality data and performance available for the financial year 2015/2016, and assured that any highlighted concerns are investigated thoroughly and appropriate action taken.

MP highlighted that completion rate for primary mortality reviews for 2015/2016 was 96.27% and assured there have been no NCEPOD E deaths since April 2016.

The Trust reviews the care of every patient over the age of 18 who dies whilst in its hospitals; referred to as a ‘primary mortality review’. During primary mortality reviews, the care received by the patient is graded between A and E – A being “good standard of care”, and E meaning “less than satisfactory care”. High completion rates for primary mortality reviews highlight excellent clinical engagement with the mortality review process. Ninety-one percent of completed primary reviews during 2015/2016 received an NCEPOD grade A demonstrating good standards of patient care.

The Trust Board **RECEIVED ASSURANCE** from the Trust’s mortality performance for 2015/2016.

HTB 16/165 **SAFEGUARDING CHILDREN AND ADULTS REPORT**

AGENDA ITEM	DISCUSSION	ACTION

MR introduced the report that provided a summary on safeguarding activity, risks and areas to be addressed. The Safeguarding agenda remains a key area of focus for UHCW and partner agencies. MR was proud of the good links UHCW has with partner agencies across both Children's and Adults safeguarding arenas and how this supports improved safeguarding for Coventry.

He acknowledged that training and awareness raising remains high on the agenda for the team; observing that the Trust remains non-compliant in relation to level III child protection training, following an increase in the number of staff identified as requiring level III. However, he assured that a training trajectory was in place to address this and to date UHCW performance was above the planned trajectory.

The Trust has one qualified PREVENT trainer and the demand for training is greater than the capacity to deliver. This is under review at UHCW and partner agencies. He assured that the local PREVENT co-ordinator has been delivering training sessions, and a training plan was in place to address the deficit. Furthermore, the Mandatory Training Committee has also been appraised of the situation.

MR acknowledged the number of applications of Deprivation of Liberty Safeguards (DoLS) continues to fluctuate. He advised that a peak in January may have been due to applications secondary to patients becoming delirious due to their clinical condition. He assured that further work is underway to raise awareness with clinical teams around DoLS.

BS was pleased to see that the safeguarding team will be expanding over the next few months following on from the successful business case to develop the safeguarding team.

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

HTB 16/166 **END OF LIFE CARE ANNUAL REPORT**

MR introduced the 2016/17 Annual Report on End of Life Care (EOLC), which set out the work that has been undertaken by the Palliative Care Team during the year.

The Palliative Care Team is leading EOLC improvements across the Trust with the Department of Spiritual Care and Bereavement services. These improvements include continuing rollout of training around the TRANSFORM Programme with support from the Palliative Care Team.

A review of EOLC in Coventry and Warwickshire was undertaken and published in May 2016 resulting in a Coventry and Warwickshire EOLC Improvement Plan, aimed at meeting the National Ambitions for Palliative and EOLC.

MR proceeded to highlight a number of key actions that have been taken including: the establishment of Death Cafes organised by the Department of Spiritual Care and Bereavement services; collaboration with Local Partners for national Dying Matters Awareness week; Nineteen Volunteer 'Care of the Dying Companions' have been recruited to provide a sitting service for dying patients

AGENDA ITEM	DISCUSSION	ACTION

with no relatives or friends, which has made early impact and a Myton Hospice Admissions and Discharge Nurse has joined the Palliative Care Team on a weekly basis to support with the transition of patients into Myton Hospice.

DP commended the contribution of the many volunteers who give up their time selflessly and went on to say that UHCW was blessed to have so many volunteers to support this tremendous innovation. He queried what mechanisms were in place throughout the Trust to recognise this altruistic contribution. MR acknowledged this and praised the outstanding work of Kristine Horne, Volunteer Manager. KM added that to mark the work of the many volunteers, a special volunteers accolade is awarded as part of the annual Outstanding and Service Care Awards (OSCAs).

IB queried whether there was a sufficient number of rooms available on wards to facilitate sensitive discussions with patients and/or their relatives or carers. MR acknowledged that UHCW is a fantastic facility and that wards do have offices and day rooms that perhaps are not utilised to full potential. He assured that wherever possible, EoLC patients are offered side rooms to enable them and their families the privacy they need.

The Trust Board **APPROVED** the EoLC Annual Report.

HTB 16/167 **QUALITY STRATEGY**

MP introduced the report and explained that the revised Quality Strategy (2016-2021) builds on the existing foundations set out in previous versions. The strategy aims to: 1) avoid preventable harm through patient safety; 2) improve patient outcomes through clinical effectiveness and 3) improve patient experience. These aims will be delivered by a series of underpinning objectives. Quality metrics and baseline positions have been agreed with relevant leads across the organisation.

JG added that the five year strategy underpins the Trust and Clinical Strategies and is aligned to the Trust's vision to be a national and international leader in healthcare. The main departure from previous versions of the strategy is to look at quality in totality, with objectives relating to the Quality Department but also departments across the Trust, thus taking a multidisciplinary approach. She added that the strategy had been endorsed by Chief Officers Group and the Quality Governance Committee.

She drew attention to page 33 of the report, which outlined the delivery plan against the three aforementioned aims. She was pleased to report that since developing the strategy the HEWM baseline had now reduced from two to zero. She emphasised the need to underpin the strategy with a robust engagement plan.

In response to a query from the chairman in terms of getting the basics right to enhance the patient experience; JG assured that as part of the Together Towards World Class (TTWC) workstream brilliant basics training will dovetail into this, as will meeting the priorities outlined within the Quality Account 2016/17.

EMS welcomed the approach, which draws together strands of quality in a

AGENDA ITEM	DISCUSSION	ACTION

powerful way and provides the opportunity for the Quality Governance Committee to be forward thinking.

The Trust Board **APPROVED** the Quality Strategy.

HTB 16/168 **CARE QUALITY COMMISSION – SHAPING THE FUTURE**

MP introduced the report which provided an update of the Care Quality Commission's (CQC) strategy for 2016 to 2021 and outlined changes to the inspection regime for statutory regulation.

MR added that the focus of the strategy is a more targeted, responsive and collaborative approach to regulation, with the intention of focusing inspections or unannounced inspections where ratings require improvement or are inadequate within a core service so that ratings can be updated where appropriate. The inspections will be smaller and consist of a core service and the 'well led' domain. An inspected Trust will be expected to describe quality against the five key questions and feed this information into an annual review, which will focus on the inspection activity for the year ahead.

MR proceeded to outline the four key priorities within the strategy which support a more subjective assessment: encourage improvement, innovation and sustainability in care; deliver an intelligence-driven approach to regulation; promote a single shared view of quality and improve CQC's efficiency and effectiveness.

BB emphasised the need to understand how the NHSI Joint Oversight Framework and CQC strategy interface. MR acknowledged this and advised that arms-length bodies were taking a single lens approach and suggested this be the topic of a future Board Seminar when the final oversight framework is published. **MR/MP**

DP sought to understand what measures the Trust was taking to prepare for inspections under the new approach; MR advised that the Trust will undertake a further mock inspection as this proved valuable prior to the previous Inspection in 2015. MP observed that the number of data requests had increased.

The Trust Board **ACKNOWLEDGED** the new approach to inspections which focuses on the well-led domain and areas that require improvement.

HTB 16/169 **WORKFORCE RACE EQUALITY STANDARDS (WRES) ANNUAL REPORT**

KM introduced the report to provide assurance that UHCW was compliant with the requirement of NHS England (NHSE) to complete and submit the WRES reporting template by 1st August 2016. This report also provided an update on the progress made on the WRES Action plan 2015-16.

KM explained that it had been the intention to present the report to the Trust Board in June; however, it was only in the last few weeks that the requirements from NHSE had been confirmed hence the presentation of the report today.

SK enquired whether unconscious bias training was delivered to staff within the Trust; KM confirmed that this was delivered as part of the Equality and Diversity

AGENDA ITEM	DISCUSSION	ACTION

mandatory training provided to all staff on induction. She added that work has been undertaken to determine any differentials between black minority and ethnic (BME) and white staff in terms of disciplinary processes; however, there was no evidence to indicate there were any issues. She added that, despite encouragement, it has proved difficult getting BME staff to engage but she assured that work was ongoing to address this.

EMS applauded the notable increase in the number of BME staff who believe that UHCW provides equal opportunities for career progression and promotion and urged that all must be done to strive to achieve 100%.

KM acknowledged that there had been a data malfunction in relation to indicator one on page four of the report regarding the percentage of white staff in each agenda for bands (1-9) and very senior managers compared with the percentage of staff in the overall workforce. KM agreed to look into this and provide the accurate figure outside of the meeting. **KM**

DP observed that there had been a slight increase in the number of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public and queried whether this reflected an increased awareness or better reporting. KM confirmed that this was as a result of both better reporting but also training to understand what underpins this.

The Trust Board:-

- **ACKNOWLEDGED** the progress made against action of the WRES 2015-16 Action plan;
- **APPROVED** the content of the WRES reporting template;
- **SUPPORTED** the actions for 2016-17 identified in the WRES reporting template;
- **AGREED** to the submission of the WRES reporting template to NHS England and Commissioners by 1st August 2016; and
- **AGREED** to the publishing of the content and actions of the WRES reporting template on the Trust website, subject to clarifying the correct data pertaining to indicator one.

HTB 16/170 **MATTERS DELEGATED TO BOARD COMMITTEES**

The Trust Board **DELEGATED**:-

- Nurse Revalidation Update and Friends and Family Test to the Quality Governance Committee.

HTB 16/171 **AUDIT COMMITTEE MEETING REPORT OF 11th JULY 2016**

DP introduced the report and highlighted that the Audit Committee declined to approve amending the Standing Orders to delegate authority to Chief Officers for the execution of the seal in the absence of a Non-Executive Director. It was acknowledged that whilst the execution of the seal or a deed marks the end of the approval process, the decision of the Audit Committee not to amend the Standing Orders should stand but with the caveat that in exceptional circumstances where it is not possible to have a Non-Executive Director present for the execution of the

AGENDA ITEM	DISCUSSION	ACTION

seal, that prior approval would be sought from Audit Committee Chair and Chairman of the Trust for two Executive Directors to execute the seal.

EMS advised that the Audit Committee received an Internal Audit Report relating to World Health Organisation (WHO) Checklist compliance, which resulted in a conclusion of moderate assurance from Internal Audit, and observed that this was contrary to the 100% compliance reported within the IQPFR. MP assured that she had reviewed the team brief element at length and advised that the introductions recorded to not have taken place did not directly relate to surgeons or anaesthetists but to staff nurses, health care assistants and team members who consistently work in theatres. She added that this has been acknowledged by Internal Audit. Furthermore, the element of the internal audit relating to theatre packs only offered a yes or no response when 'non-applicable' was the appropriate response.

Discussion ensued and it was acknowledged that factual inaccuracies aside, this reflected a deficiency in the management sign-off process prior to the report being submitted to the Audit Committee. The report would therefore stand.

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

HTB 16/172 **QUALITY GOVERNANCE COMMITTEE MEETING REPORT OF 18th JULY 2016**

EMS presented the report. There were no questions from members of the Trust Board.

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

HTB 16/173 **ANY OTHER BUSINESS**

DM was proud to announce that one of the Trust's Trainee Accountants had been pronounced the global prize winner for an accountancy exam paper, which received the highest mark in the world.

HTB 16/174 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions received from members of the public.

HTB 16/75 **DATE OF THE NEXT MEETING**

The next Public Trust Board will be held on Thursday 29 September at 10.00am at University Hospitals Coventry & Warwickshire.

The minutes are approved

AGENDA ITEM **DISCUSSION** **ACTION**

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

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST
ACTION MATRIX PUBLIC TRUST BOARD MEETINGS
29 SEPTEMBER 2016

AGENDA ITEM 6 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/15/843 FREEDOM TO SPEAK UP	The Trust Board requested a progress report in six months detailing statistics and analysis of concerns raised.	RS	November 2016	Deferred to allow due process/consultation to be followed. Current policy is already closely aligned to the national policy in any event and changes will be minor,	No
ACTIONS FROM NOVEMBER 2015 MEETING					
HTB 15/941 NURSING AND MIDWIFERY REVALIDATION UPDATE	The Trust Board agreed to receive an update on progress in relation to first registrants in July 2016.	MR	July 2016	Update Trust Board 28.7.16: HTB 16/155: Agreed to delegate to Quality Governance Committee (QGC). Administrator for QGC advised 28.7.16 to schedule on QGC agenda.	Yes
ACTIONS FROM JUNE 2016 MEETING					
HTB/16/134 INTEGRATED QUALITY, PERFORMANCE AND FINANCE REPORT	AM requested that KM review the report to include measurements against internal targets and commented that UHCW is being judged on these submissions. BS commented that the Finance and Performance (F&P) Committee had a better understanding of the measurements and that currently this was a standing F&P Agenda item.	KM	August 2016	AM and KM have met and agreed a new performance benchmarking report will be presented to Trust Board on a quarterly basis and this will commence from October 2016.	Yes

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST
ACTION MATRIX PUBLIC TRUST BOARD MEETINGS
29 SEPTEMBER 2016

AGENDA ITEM 6 ENCLOSURE 2

AGENDA ITEM	ACTION	RESPONSIBLE OFFICER	COMPLETION DATE	UPDATE	REMOVAL
HTB/16/140 TOGETHER TOWARDS WORLD CLASS PROGRAMME UPDATE	EMS enquired if the Non-Executive Directors would receive training on values based recruitment in relation to consultant appointment panels and KM agreed to arrange this.	KM	August 2016	Scheduled to be delivered at the Board Seminar meeting on 6th October 2016.	Yes
ACTIONS FROM JULY 2016 MEETING					
HTB/16/169 WORKFORCE RACE EQUALITY STANDARDS (WRES) ANNUAL REPORT	KM acknowledged that there had been a data malfunction in relation to indicator one on page four of the report regarding the percentage of white staff in each agenda for change bands (1-9) and very senior managers compared with the percentage of staff in the overall workforce. KM agreed to look into this and provide the accurate figure outside of the meeting.	KM	August 2016	The WRES has now been corrected to reflect non-clinical as 17.76% White and 4.29% BME.	Yes
HTB/16/168 CARE QUALITY COMMISSION – SHAPING THE FUTURE	BB emphasised the need to understand how the NHSI Joint Oversight Framework and CQC strategy interface. MR acknowledged this and advised that arms-length bodies were taking a single lens approach and suggested this be the topic of a future Board Seminar when the final oversight framework is published.	MP/MR	January 2017	Not yet due - To be scheduled on Board Seminar 2017 Schedule	No

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST
ACTION MATRIX PUBLIC TRUST BOARD MEETINGS
29 SEPTEMBER 2016

AGENDA ITEM 6 ENCLOSURE 2

AGENDA ITEM	ACTION	RESPONSIBLE OFFICER	COMPLETION DATE	UPDATE	REMOVAL
HTB/16/165 PATIENT EXPERIENCE QUARTERLY REPORT	In response to a query from BB regarding the response rate the Friends and Family Test (FFT); MP acknowledged that improvement was required and assured that all options were being explored including engaging the services of an external company to survey patients. It was agreed that the Quality Governance Committee will discuss this matter in greater detail at its meeting in September.	MP	September 2016	Administrator for QGC advised 28.7.16 to schedule on QGC agenda for September 2016	Yes
HTB/16/158 INTEGRATED QUALITY, PERFORMANCE AND FINANCE REPORT (IQPFR)	BS applauded the proposal and tailored intensive support programmes and added that the Finance and Performance Committee plays a critical role in measuring the impact of the ISF. The Chairman requested that consideration be given to how this dovetailed with the Finance and Performance Committee.	KM	October 2016	Administrator for Finance and Performance Committee (F&PC) advised 12.8.16 to schedule 'Intensive Support Framework' on F&PC Agenda for October 2016	Yes

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST
ACTION MATRIX PUBLIC TRUST BOARD MEETINGS
29 SEPTEMBER 2016

AGENDA ITEM 6 ENCLOSURE 2

AGENDA ITEM	ACTION	RESPONSIBLE OFFICER	COMPLETION DATE	UPDATE	REMOVAL
HTB/16/158 INTEGRATED QUALITY, PERFORMANCE AND FINANCE REPORT (IQPFR)	The Trust receives benchmarking data from Civil Eyes Research Limited. DM added that this was used to inform the annual cost improvement plan (CIP) challenges that are set for each of the clinical groups and suggested that it would be useful to have this as the topic of focus at a future Board Seminar.	DM	February 2017	Not yet due - to be scheduled on Board Seminar 2017 Schedule	No
ACTIONS REFERRED FROM QGC AUGUST 2016 MEETING					
QGC/16/139 (IQPFR)	KM advised that Mandatory Training would be reported through F&P but that any workforce issues would be brought back to QGC via the TERC report. KM agreed to circulate information in relation to Mandatory Training after QGC on 18 July outside of the meeting. KM will present a report to the Trust Board in October outlining the projects, changes and onwards reporting. BB, BS and Andy Meehan were in agreement with this proposal.	KM	October 2016	Not yet due	No

AGENDA ITEM 7 ENCLOSURE 3

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

29 SEPTEMBER 2016

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:

The key meetings and areas of interest, since the previous Board meeting were as follows:

- Annual General Meeting at the Hospital of St Cross, Rugby
- UHCW Board to Board with Coventry and Rugby Hospital Company Plc
- UHCW Executive to Executive meeting with George Eliot Hospital NHS Trust
- Pathology Stakeholder Board Meeting
- Board Seminars including a Board Development Session facilitated by Deloitte LLP
- Acute Configuration Steering Group
- Outstanding Service and Care Awards 2016
- UHCW Improvement System (Virginia Mason) Update Meeting
- Together Towards World Class Board Meeting

STRATEGIC PRIORITIES THIS PAPER RELATES TO:

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.

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	**Chief Executive and Chief Officer Updates**
Author	**Chief Officers**
Responsible Chief Officer	**Andy Hardy, Chief Executive Officer**
Date	**29 September 2016**

1. Purpose

This paper provides an update to the Board in relation to the work undertaken by each of the Chief Officers each month and gives the opportunity to bring key issues in relation to areas within their respective portfolios and external issues to the attention of the Board.

2. Background and Links to Previous Papers

The paper is presented to each Trust Board meeting.

3. Narrative

Each of the Chief Officers has provided brief details of their key areas of focus during August and September 2016:

Mr Andrew Hardy – Chief Executive Officer

Since the previous Trust Board meeting I have hosted and participated in the following meetings, discussions and events:

- Chief Officers Group Finance Star Chamber meetings
- Risk Committee
- Sustainable and Transformational Plan (STP) workshop
- STP Programme Boards
- Quarter 1 Performance Review Meetings
- UHCW Executive to Executive meeting with George Eliot Hospital NHS Trust (GEH)
- West Midlands CEO Provider Meetings
- A&E Performance UHCW
- Virginia Mason Guiding Team Meeting
- UHCW Integrated Delivery Meeting (IDM)
- Meeting with colleagues regarding Coventry & Warwickshire Local Enterprise Partnership
- Meeting with Ruth Freeman (Chief Executive) Myton Hospice
- Pathology Stakeholder Meeting
- STP Leads Network Session
- Meeting regarding Warwick Business School and UHCW Research Project
- Coventry Health and Well-being Board
- Warwickshire Health and Well-being Board
- Acute Configuration Steering Group with GEH
- Outstanding Service and Care Awards 2016
- Executive to Executive Meeting with Coventry University
- CEO Direct
- Midlands and East Vanguard Event - Learning and Sharing from the Vanguard's & Emerging New Care Models
- Chartered Institute of Public Finance and Accountancy Health & Integration Board Meeting
- Chief Officer Group Away Day
- NHS Partnership with Virginia Mason Institute: CEO Training
- Virginia Mason Trust Guiding Board
- Arden, Hereford and Worcestershire Local Education and Training Council

Consultant Appointments

The Trust has not made any Consultant appointments since the last Trust Board Meeting (28 July 2016).

Policy Issues and Publications:

NHS Improvement (NHSI) has produced its response to the consultation around the proposed Single Oversight Framework and a revised version of the Framework document. Respondents have been given a further period to respond to changes that have been made as a result of the consultation and policy changes that occurred in the period between the consultation being launched and closed:

- https://improvement.nhs.uk/uploads/documents/SOF_consultation_response.pdf
- https://improvement.nhs.uk/uploads/documents/Single_Oversight_Framework.pdf

NHSI has also published guidance around reducing reliance on medical locums, which can be found below:

- https://improvement.nhs.uk/resources/reducing-reliance-medical-locums-practical-guide-medical-directors/

Mr David Eltringham – Chief Operating Officer

In addition to the regular framework of Board, Committee and key corporate meetings, I have undertaken the following commitments:-

- Emergency Department (ED) and Referral to Treatment (RTT) performance remains challenging. I have spent considerable time on this across the last two months and have again joined Chief Officer Performance Reviews with each Group.
- Throughout August and September, I have continued to focus on improving emergency care pathway performance, undertaking a series of 'Back to the Floor' exercises; providing a personal presence in ED, Control Rooms and across the hospital.
- Following the Chief Officer Group's decision to place the emergency care pathway into 'turnaround' I have engaged the services of Neil Storey as ED Improvement Consultant to take responsibility for improving performance against the national four-hour standard. Neil commenced on 22nd August 2016 working two days per week for three months to focus on this key piece of work.
- Together with my colleagues from Coventry and Rugby Health Economy, I attended an A&E Performance Escalation meeting with NHSI/NHS England (NHSE).
- Attended the final meeting of the System Resilience Group.
- Participated in the Phase 2 Leadership Programme Orientation and Q&A sessions.
- Attended Frailty Workshops with our partners across the Health Economy and I have participated in various Emergency Care Improvement Programme (ECIP) activities associated with this. ECIP also undertook a visit to walk the Frailty Pathway.
- Together with my Board colleagues I attended a Board Seminar session facilitated by Deloitte LLP as part of a programme of Board Development.
- Met with representatives from ECIP to receive feedback following their two day support visit to ED.
- Attended the Board to Board meeting with Coventry & Rugby Hospital Company at which the issue of variations, together with a progress update on fire stopping, were raised and discussed.
- Met with Steve Jarman-Davies, Director of Planning and Performance, Coventry & Rugby Clinical Commissioning Group (C&RCCG) to discuss Discharge to Assess and community capacity.

- Met with Simon Brake, Director of Primary Care, Sustainability and Integration, C&RCCG to discuss GP in ED and Frailty Service.
- Undertaking mid-year performance reviews and job planning conversations with the Clinical Directors.
- Together with my Chief Officer colleagues, I attended a COG Away Day.
- As part of the Leading Together programme, I participated in a Leadership Forum which was focussed on the journey to create a common leadership language for the Trust and specifically the use of Insights Discovery profiles.

Mr David Moon – Chief Finance & Strategy Officer

Since the July Trust Board Meeting and, in addition to the routine corporate meetings such as Chief Officers Group; Chief Officers Group Finance Star Chamber; Strategy Group & Board Seminars, Finance and Performance Committee, Audit Committee and Planning Unit; I have undertaken the following commitments:

- Chaired the weekly CIP Steering Group Meeting.
- Attended the Strategic Partnership Board on Cancer with Worcester Acute Hospital NHS Trust.
- Met with the majority of Groups over their refresh of "strategies on a page".
- Held numerous meetings with finance and strategy colleagues across Coventry and Warwickshire regarding the development of the STP including chairing the weekly Finance Sub-Group.
- Attended a number of STP Programme Board meetings.
- Attended UHCW/Coventry and Rugby Hospital Company Plc Board to Board.
- Attended the Executive to Executive meeting with GEH.
- Attended both STP Design Authority meetings.
- Attended the West Midlands STP Finance lead meetings.
- Contributed to discussions regarding the creation of a cancer network/alliance across Coventry and Warwickshire.
- Attended the Pharmacy Procurement Standardisation Group
- Attended GEH Steering Group meeting.
- Attended an Exec to Exec meeting with Coventry University.
- Attended an NHSI/HFMA workshop on Learning from NHS Improvement's Financial Improvement Programme
- Chaired the Rugby replacement theatres group.
- Met with PricewaterhouseCoopers regarding closer working opportunities with GEH.
- Attended NHSI Provider Finance Directors.
- Conference call with Specialised Commissioners regarding amalgamation of HPB Services with University Hospitals Birmingham NHS Foundation Trust.
- Held a Service Review with ENT surgeons.

Professor Meghana Pandit – Chief Medical & Quality Officer/Deputy CEO

In addition to all the regular meetings such as Chief Officers' Group, Strategy Group, Chief Officers Group Finance Star Chamber, Chief Officers Advisory Group, Patient Safety Committee, Risk Committee, Quality Governance Committee, Mortality Review Committee, Serious Incident Group (SIG), Patient Engagement and Experience Committee, Seven Day Services Steering Group, Chief Inspector Hospitals Programme Board, Medical Concerns, Trust Guiding Team, Sign up to Safety and my own clinical work, I have undertaken the following activities since the last Trust Board meeting in July 2016:

- Visited wards informally, speaking to Junior Doctors, Nurses, Pharmacists and Consultant colleagues
- Made Responsible Officer submissions to the General Medical Council
- Attended the Grand Round
- Attended the Executive to Executive meeting with GEH.

- Met with the Clinical Directors
- Together Towards World Class (TTWC) Programme Board meeting
- Conducted Deputy Chief Medical Officers' appraisals
- Led on a Gold Command day
- Met with the General Medical Council Employee Liaison Officer
- Attended UHCW Improvement System Stand Up and Report Out
- Invited to Warwick Medical School, Graduation Lunch and Presentation of Prizes
- Key Priority Review meetings
- Chaired STP meetings for Maternity and Paediatrics work stream
- NHSI IDM meeting
- Residential 2 – Phase 2 Leading Together Service and Team Leader event
- Chief Officer Forum
- Triumvirate meetings with groups
- Institute for Digital Health Education meeting
- Value Stream – UHCW Improvement System – Theatres, Sponsored Team meeting
- Monthly Performance Video
- Annual General Meeting
- Chief Medical Officer's Executive Assistant interviews
- Guardian of Safe Working interviews
- Board Seminar – Deloitte Feedback Session
- Quarterly Performance Reviews
- STP Design Authority meeting
- Open Day – Consultant Recruitment Campaign
- Global Comparators Conference Call
- Clinical Advisory Group meetings
- Attended summer Junior Doctor's Induction
- `A Day in the Life of Programme …' Health Care Support Worker for half a day
- Human Tissue Authority Inspection; was interviewed for Research Activities
- West Midlands Responsible Officer Network
- Acute Configuration Steering Group meeting
- Annual Outstanding Service and Care Awards 2016 event at the Hilton, Coventry.

Mrs Karen Martin, Chief Workforce and Information Officer

During the past month I attended all the regular Chief Officers meetings including quarterly performance reviews and monthly priority review meetings with Clinical Groups, Quality Governance Committee, JNCC and the Trust Guiding Team VMI meetings. I have also chaired the Partnership and Engagement Forum and the Training, Education and Research Committee meetings. I have also led an Embedding our Values Task and Finish Group as well as a Coventry and Warwickshire STP Workforce Stream meeting. Other work commitments have included:

- Panel member at Guardian of Safeworking Interviews
- Board walk around with David Poynton in Interventional Radiology
- Attendance at Q&A session at Warwick University for the Leadership Programme
- Chair at the West Midlands Streamlining Programme Board
- Attendance at the LETC in Worcester
- Attendance at the annual Outstanding Service and Care Awards (OSCA's) evening.

Performance and Programme Management Office (PPMO):

- The team have been developing a new **benchmarking** report for monthly priority review meetings and are working to scope the creation of data warehousing to hold nationally published comparative statistics.

- The team are working on key **development work streams** including RTT analysis, RTT automation of reports, Carter dashboards, **eResults acknowledgements**, **eHandover** and information web systems.
- The team are supporting the **Emergency Care Recovery Group** with recording and measurement of success. The team is also involved with supporting The Francis Group and **outpatient improvement** agenda.
- The **Clinical Coding** department continues to embed changes focusing on coding depth and quality, which has led to the phased removal of agency coders within some Clinical Groups.

Information and Communication Technology (ICT):

- **Network**: The first Network upgrade Project Board was held on 2nd September with the contract signed at the beginning of August.
- ICT have been working with our clinical services, Vinci and the PFI to plan the upgrade of power and cooling in the relevant comms rooms, to allow the network upgrade to progress. This work is now approximately 75% complete, with the final 25% planned for completion over the next month.
- **Awards**: The Applications Development team have been selected for a national award for their Care Contact Time App in the Using Technology to Improve Efficiency category for the HSJ awards.
- The award of the 9001 Quality standard was officially made to the department on 24th August by Karen Martin.
- **Development** of our new Communications and Collaboration Platform has made significant progress, with two of the three upgraded Multidisciplinary Team (MDT) rooms now fully operational. The final MDT room in CSB is due for completion within the next two weeks.
- ICT are progressing with the wider collaboration development with overview and definition sessions being run with senior clinical/operational staff to help confirm our strategy and build out the first 10 use cases for the technology.
- ICT supported Communications Department in getting the new Intranet, Trustnav live on time
- The initial enabling works for the Network refresh has commenced with additional power and cooling being installed in communication closets.
- The Vitalpac system was upgraded to version 3.2 on 23rd August, providing additional functionality including nutrition and alcohol screening nursing assessments in addition to the ED module. Some residual problems remain with the system which has slowed down the preparation for roll-out of this functionality. ICT continue to work closely with the Supplier to stabilise the system.

Workforce:

- The Trust has reviewed its **medical bank** arrangements and in the past month has attracted a further 66 doctors to the bank. This has been achieved through active promotion and attendance at the Junior Doctor induction. There are 250 doctors registered on the bank who are being reviewed to ensure they are “active” bank workers.
- A new **texting service** for Junior Doctors advising of available shifts was launched on 1st September.
- A member of the workforce team was included in the **Philippines recruitment** team and 158 offers have been made.
- The Trust achieved **3.72% for sickness absence**, which is well below the 4% target and is the lowest rate since September 2014.
- Successfully appointment was made to the role of **Guardian of Safe Working** with Andreas Ruhnke taking up post.
- **Regional streamlining:** In August the new lead employer approach for GP Trainees came into force. This eliminated the need to undertake pre-employment checks for 16 trainees. UHCW is also one of three early adopters for a new immunisation and vaccination portability system, which will see new starters records being transferred between employers.
- **Development of personal profiling** to support LT programme – Insights Discovery Profiles, an internationally recognised diagnostic tool has been incorporated into the Leading Together

programme. The Leadership Forum on 30th September will be dedicated to an introductory session on the tool and utilisation of the model to improve interactions and team dynamics.

- **Talent Management Pilot** – A pilot is underway with all Hospital Leaders and all staff in Haematology and Oncology to undertake appraisals incorporating talent conversations by 30th September 2016. The pilot outcomes will result in a 'talent map' for top leaders and the speciality group, as well as identifying lessons in advance of Trust-wide go live in April 2017.
- **Intensive Support Framework**– Our corporate Delivery Group have developed new criteria to support the assessment of group performance in line with the new intensive support framework. These criteria, which cover both objective and subjective measures, will be trialled with group monthly performance meetings in September 2016.

Equality and Diversity:

- The Trust **Equality Impact Assessment (EIA)** form and guidance has been reviewed and approved at the Workforce and Engagement Committee.
- An EIA team has been convened to carry out a full EIA on the **proposed staff car parking allocation process**. Two sessions are planned for October to carry out consultation with protected characteristics group to identify if there is likely to be any negative impact.
- The Trust was compliant in completing and submitting the **Workforce Race Equality Standard (WRES**) template and its publication. The report was received and approved by Trust Board on 28th August 2016

Communications:

- The new intranet TrustNav launched on 18th August as planned. Over 80 leads were trained ahead of the launch to ensure content was ready on the new system.
- The Hospital of St Cross' rating on NHS Choices increased to five stars in August. This was highlighted to staff on the new intranet.
- A new UHCW Improvement System newsletter was launched detailing how it will be combined with the wider TTWC programme. Copies were issued at the Report Out on 26th August, and were widely distributed across the Trust and the intranet. This is a bi-monthly publication and the next edition will be ready for October's Chief Officer Forum.
- The local animation describing the relationship between UHCW Improvement System, UHCW and the Virginia Mason programme has been finished. It was demonstrated at August's Chief Officer Forum and has been added to the Accountability wall screens.
- The team have been planning and organising for the annual OSCA's ceremony on 9th September with approximately 250 people expected to attend.

Professor Mark Radford – Chief Nursing Officer

In addition to all regular meetings such as Chief Officers' Group, Chief Officers Finance Star Chamber, Chief Officers Advisory Group, Patient Safety Committee, Risk Committee, Quality Governance Committee, Nursing & Midwifery Committee/Forums, Serious Incident Group (SIG), Safeguarding Vulnerable Adults & Children's Committee, Chief Inspector Hospitals Programme Board (CIHPB), Star Chamber and Strategy Group; I have undertaken the following activities since the last Trust Board meeting in July 2016:

Internal Work:

- Chaired the Regional Advanced Practice Group, UHCW
- Attended meeting at Warwick Business School to discuss Board Study Proposal
- VM Guiding Team Meetings
- UHCW Charity Board Meeting
- Annual General Meeting
- Back to the floor exercise for improving emergency care
- Leading Together Q&A session
- UHCW IDM Meeting
- Presented certificates at HCSW Conference, UHCW
- Chaired August and September's EPR Programme Board Meeting

- Chaired MRSA Bacteraemia PIR
- Deloitte feedback session
- OSCAs, Coventry

External Work:
- Chaired Maternity Safer Staffing Work Stream Meeting, London
- NHSI Regional Directors of Nursing Event, Birmingham
- NHSI Conference, London
- NHSI Clinical Forum, London
- Advanced Clinical Practice Steering Group Meeting, London
- PhD Supervision Session, Birmingham City University
- Nursing Times Awards Presentation, London

Back to the Floor

I provided support and leadership to the emergency pathway w/c 1st August 2016. The focus was to drive improvements in the pathway. Key areas of work included assessment of process and clinical work, such as Triage, Minors, LOS and DTOC. Early improvements were seen as outlined below:

- ED: 87.3%-89.5% (aimed for 90%)
- Minors: 95.2% to 97.1%
- 10 breeches between 8am and 8pm (the rest out of hours)
- Significant reduction of patients on corridor;
- 95th centile total time of admitted: 639 to 493 mins
- 95th centile total time of non-admitted: 300 to 322mins
- Total time within 4 hours (Admitted): 71.32% to 79.30%
- Total time within 4 hours (non-Admitted): 92.4% to 92.4%
- Initial assessment within 15min: 82.29% to 87.26%
- Single longest time before assessment: 626 to 117mins
- Median time to treatment: 66mins to 53mins
- % time to treatment in 60mins: 46.8% to 55.4%
- Length of Stay (LOS) > than 14 days:
- Total patients: 410 to 378
- Pts greater than 100days: 19 to 17
- Median LOS: 42 to 35 days
- Totals days: 14700 to 13429

Operations & Delivery
- NHSE and NHSI working across the health economy looking at provision of Discharge to Assess Model. System-wide point prevalence audit booked for 24/08/16.
- Introduction of Red - Green days starting to embed, issues with IG and self-populating forms to be resolved, the Innovation Team are working with Ops to support this.
- IT solution for board rounds and live bed management being sourced in light of changes to Vitalflo procurment.
- Fire-stopping works commenced on the 22/08/16, rolling programme of bed closures to support this.

Women & Children
- One Midwife Sonographer commencing in October 2016
- Two Midwives commencing the Ultrasound Programme in September 2016
- Twenty-one Midwives recruited in post from September – November 2016
- K2 training compliance at 97% for Midwives
- Sixteen new starters for Paediatrics commencing in September 2016

- Eight Neonatal Nurses recruited. Development programme for Support Workers for band 3 - band 4 approved.
- Papers accepted for ICM conference in June 2017 and RCM conference in December 2016

Education & Research

- Nursing Times Awards – shortlisted for two Nursing Times Awards:
    - Developing Nursing, Midwifery and AHP Research - CARE (Clinical, Academic, Research & Innovation, Environment) Model
    - Designing and developing and effective Learning Disability Electronic Alert
- Panel interviews will occur in September and winners announce at the award ceremony on the 26th October 2016.
- Sally Sore and Tissue Viability Specialist Nurses – won a Molnlycke Innovations in Care Award. Prize money of £500 has been awarded, which the team will help to grow Sally's profile in pressure ulcer prevention. Advisors from their academy visited the Trust to discuss with team plans for Sally Sore.
- Case study submitted relating to the implementation of the CARE Model and implementation of non-medical Clinical Academics at UHCW for inclusion in the AUKUH publication – Transforming Healthcare through Clinical Academic Role – A resource for healthcare provider organisations on clinical academic roles for nurses, midwives and allied health professionals.
- Pre-registration secondments – 17 healthcare support workers have successfully secured places and secondment to undertake the following pre-registration programmes commencing September and February, as outlined below. It was a privilege to interview them and what stood out was their care and compassion for our patients, their courage and commitment to learn and their pride to work at UHCW:
    - Thirteen Pre –registration Adult Nursing
    - Pre-registration Child and Young Adults
    - Operating Department Practitioner
    - Occupation Therapy
- Nurses from FUKUI University Japan will be visiting UHCW on 21st September.
- Thirty-five staff have secured places and funding to undertake masters in advanced clinical practice as part of a regional programme and funding. Of these there are two midwives, two physiotherapists and the remainder nurses. They are either currently in Advanced Clinical Practitioner roles or will be moving into new role they are being developed e.g. midwifery, infection prevention and control, GCCU.

The Advisory Board Company - Towards Staff Driven Decision Making

- UHCW hosted an event whereby Joan Meadows from the Advisory Board described the process for assessing, building and sustaining a shared governance model. Whilst not a pre requisite for Magnet, this model is felt to provide the structural framework for staff empowerment, which is key to staff satisfaction, recruitment and retention. This is a 3-5 year programme but we have the opportunity to ensure the building blocks are in place using TTWC at ward level. DCNO has made contact with colleagues in Nottingham, where this model has been embedded, to better understand the practicalities of implementation and staff feedback.

Overseas Recruitment

- In August a team of six staff (five nurses and one resourcing team member) flew to Manila and interviewed over 200 nurses from the Philippines. The calibre of the candidates was high and posts were offered to 156 nurses. The posts have been offered across the majority of our services including Theatres, Critical Care, ED, Neuro, Medicine, Surgery and neonatal. We have also undertaken Skype interviews for European nurses, and have offered seven posts. The nurses originate from Spain, Romania and Greece and again they have experience across a number of clinical services. They are due to be with us in mid-October.

- We have developed a bespoke induction programme for when they commence with us, and as they have their NMC PIN numbers, will be able to start in clinical practice immediately. We are undertaking a second set of Skype interviews at the end of September.
- In order to support our overseas recruits, we will be interviewing for a Pastoral Lead Nurse in week beginning 26th September.

Vitalpac Deployment

- VitalPac was upgraded on the 23rd August to Version 3.2.
- Nutritional Screening pilot commenced on 19th September on Wards 40 and 33G, with wards reporting 100% compliance already. The pilot was led by Becky Ford and Vital Pac team. Plan to roll out trust wide with the switch on of the ED module
- Work continues on the implementation and training of the ED Module. This is due to go live mid-October
- Review of the Alcohol Screening module continues.
- Bed management/capacity tool implementation-Nugensis. Work has commenced with the Operations team/Site. First software drop has been received. On target for early November

Electronic Patient Records

- Four procurement evaluation criteria workshops have been held, summarising the evaluation criteria for the procurement phases. Two further workshops are booked to complete the finance model and the final session to agree the criteria.
- Procurement documentation for the OJEU submission is progressing well in preparation for the EPR Programme Board in October.
- Programme Assurance Terms of Reference have been written with NHS Digital (formerly HSCIC) and awaiting final approval from the SRO. The assurance interviews are planned and booked with all the representatives.
- EPR Programme documentation has been supplied to NHS Digital, with only one paper left for completion, review and approval.

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	**Integrated Quality, Performance & Finance Report – Month 5 – 2016/17**
Author	**Miss. Lynda Cockrill, Head of Performance and Programme Analytics**
Responsible Chief Officer	**Mrs. Karen Martin, Chief Human Resources and Information Officer**
Date	**29th September 2016**

1. Purpose

To inform the Board of the performance against the key performance indicators for the month of August 2016.

2. Narrative

The attached Integrated Quality, Performance & Finance Report covers the reported performance for the period ending 31st August 2016.

In the Trust Board Scorecard, 25 KPIs achieved the target.

Key indicators in breach are the Trusts performance against:

- the 4 hour A&E target;
- Referral to Treatment incomplete standards (including three breaches of the RTT 52 week wait standard),
- MRSA bacteremia.

Key indicators achieving the target include:

- Cancer 62 day urgent referral to treatment
- CIP delivery
- the staff sickness rate

The Trust is reporting a £1.8m deficit year-to-date against a planned year-to-date deficit of £1.1m. This is a further deterioration of £0.36m in actual position from previous month.

The Trust is forecasting delivery of £24.1m against £24.5m of potentially identified savings. This gives a potential forecast under-delivery of £1.4m against the Trust revised CIP target of £25.5m for 2016/17.

3. Areas of Risk

As detailed in the performance trends pages.

4. Recommendations

The Board is asked to confirm their understanding of the contents of the August 2016 Integrated Quality, Performance and Finance Report and note the associated actions.

Name and Title of Author: Miss. Lynda Cockrill, Head of Performance and Programme Analytics
Date: 21st September 2016

University Hospitals Coventry and Warwickshire NHS Trust

Integrated Quality, Performance and Finance Reporting Framework

Reporting period: August 2016

Contents

Executive Summary

University Hospitals Coventry and Warwickshire NHS Trust

25 KPIs achieved the target in August

	Indicators achieved	Indicators in exception	Indicators in watching status	Total indicators
Excellence in Patient care and experience	16	18	2	36
Delivery of value for money	3	2	0	5
Employer of choice	3	2	2	7
Leading research based health care organisation	1	2	0	3
Leading training and education centre	2	0	0	2
All domains	**25**	**24**	**4**	**53**

KPI Hotspot

What's Good?

- Cancer 62 day urgent referral to treatment
- Sickness Rate
- CIP delivery

What's Not So Good?

- A&E 4 hour wait
- 18 week referral to treatment time
- MRSA bacteremia Trust Acquired

The Trust's overall performance has improved this month. 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 and last minute non-clinical cancelled operations continue to underperform. There have been three further breaches of the RTT 52 week wait standard this month, details of which are outlined in the group summary of underperformance section for RTT. The cancer 31 day subsequent radiotherapy treatment standard performance did not achieve its 94% target for August, however the year to date position remains above the standard at 95.4% Further detail for all cancer standards is described later in this report.

There has been a Trust acquired MRSA bacteremia reported in August, the first case since February 2015. The performance against the C-Difficile target is currently in line with the year to date target of 17 cases. The harm free care indicator has continued to improve, achieving its target throughout the financial year to date and recording its highest percentage of 97.9% this month. The progress against the staff sickness rate KPI has seen sustained monthly improvements with current performance of 3.52% being reported against a target of 4%.

The Vacancy rate compared to funded establishment indicator has improved further this month, although remains above the target of 10%. This is reflected in the agency costs against total costs which has decreased from 8.91% to 8.44%. The Trust is reporting a £1.8m deficit year-to-date against a planned year-to-date deficit of £1.1m. This is a further deterioration of £0.36m in actual position from previous month. Further information on workforce and the delivery of the Value for Money KPIs can be found the Finance and Workforce section of this report.

Trust Scorecard

Reporting Month August 2016

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

DoT
Improving
No change
Falling

University Hospitals Coventry and Warwickshire NHS Trust

Performance Summary

Trust Board Scorecard								
Measure	Previous Position	Latest Position	DoT	YTD Plan	Annual Target	Annual FOT	Executive Lead	Trend
Excellence in patient care and experience								
Patient Outcomes								
Clostridium Difficile - Trust Acquired - Cumulative	13	17	↓	17	42	42	CNO	
MRSA Bacteremia - Trust Acquired - Cumulative	0	1	↓	0	0	1	CNO	
Serious Incidents - Number	13	12	↑	15	15	15	CMO	
Never Events - Cumulative	1.0	1.0	→	0	0	1	CMO	
Same Sex Accommodation Breaches	0	0	→	0	0	0	CNO	
HSMR - Basket of 56 Diagnosis Groups	86.7	108.2	↓	RR	RR	RR	CMO	
Harm Free Care	96.0%	97.9%	↑	95%	95%	95%	CNO	
Patient Experience								
Friends & Family Test Inpatient Recommenders	90.6%	88.4%	↓	95%	95%	95%	CMO	
Friends & Family Test A&E Recommenders	80.1%	84.8%	↑	87%	87%	87%	CMO	
Complaints per 1000 Occupied Bed Days	1.37	2.40	↓	0.99	0.99	0.99	CMO	
Complaints Turnaround <= 25 Days (1 month in arrears)	77%	72%	↓	90%	90%	90%	CMO	
Theatres								
Theatre Lists Started within 15 mins of Start Time	35.3%	33.1%	↓	75%	75%	75%	CMO	
Surgical Safety Checklist - WHO	99.97%	100.00%	↑	100%	100%	100%	CMO	
Emergency Care and Patient Flow								
A&E 4 Hour Wait	82.6%	89.5%	↑	95%	95%	95%	COO	
12 Hour Trolley Waits in A&E	0	0	→	0	0	0	COO	
Ambulance Turnaround within 30 minutes	83.6%	83.2%	↓	100%	100%	100%	COO	
Delayed Transfers as a Percentage of Admissions	6.8%	8.2%	↓	3.5%	3.5%	3.5%	COO	
30 Day Emergency Readmissions (1 month in arrears)	7.9%	7.8%	↑	8.68%	8.68%	8.68%	COO	
Number of Medical Outliers - Average per Day	53.7	60.5	↓	50	50	50	COO	
Length of Stay - Average	7.3	6.9	↑	5.96	5.96	5.96	COO	
Bed Occupancy Rate - KH03 (3 months in arrears)	98.9%	98.9%	→	93%	93%	93%	COO	
Elective Care								
Last Minute Non-clinical Cancelled Operations - Elective	1.6%	1.1%	↑	0.8%	0.8%	0.8%	COO	
Breaches of the 28 Day Readmission Guarantee	7	14	↓	0	0	51	COO	
18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	88.2%	87.5%	↓	92%	92%	92%	COO	
RTT 52 Week Waits Incomplete (1 month in arrears)	3	3	→	0	0	0	COO	
Referral to Treatment Incomplete - Backlog Size (1 month in arrears)	3241	3431	↓	2085	2085	2085	COO	
Diagnostic Waiters - 6 Weeks and Over	0.16%	0.17%	↓	1%	1%	1%	COO	

Trust Scorecard

Reporting Month August 2016

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

DoT	
⇧	Improving
⇨	No change
⇩	Falling

University Hospitals Coventry and Warwickshire NHS Trust

Performance Summary

Trust Board Scorecard								
Measure	Previous Position	Latest Position	DoT	YTD Plan	Annual Target	Annual FOT	Executive Lead	Trend
Excellence in patient care and experience								
Cancer Standards								
Cancer 2 Week Wait GP Referral to OP Appointment (1 month in arrears)	96.61%	97.73%	⇧	93%	93%	93%	COO	
Cancer 2 Week Wait Breast Symptom (1 month in arrears)	98.4%	98.6%	⇧	93%	93%	93%	COO	
Cancer 31 Day Diagnosis to Treatment (1 month in arrears)	99.51%	99.40%	⇩	96%	96%	96%	COO	
Cancer 31 Day Subsequent Surgery Standard (1 month in arrears)	100.0%	94.4%	⇩	94%	94%	94%	COO	
Cancer 31 Day Subsequent Drug Standard (1 month in arrears)	100.0%	100.0%	⇨	98%	98%	98%	COO	
Cancer 31 Day Subsequent Radiotherapy Standard (1 month in arrears)	96.6%	92.4%	⇩	94%	94%	94%	COO	
Cancer 62 Day Urgent Referral to Treatment (1 month in arrears)	85.07%	87.50%	⇧	85%	85%	85%	COO	
Cancer 62 Day Screening Standard (1 month in arrears)	91.9%	95.5%	⇧	90%	90%	90%	COO	
Cancer 104 Day Waits - TDA Measure (1 month in arrears)	1.0	3.5	⇩	0	0	0	COO	
Deliver value for money								
Liquidity Days	-23.9	-23.3	⇧	-20.9	-23.8	-22	CFSO	
Capital Services Capacity	2.0	2.0	⇨	1.6	1.6	2	CFSO	
Income & Expenditure Margin	1	2	⇧	2.4	1.3	3	CFSO	
Forecast Income & Expenditure Compared to Plan - £'000	1100	1100	⇨	1100	1100	1100	CFSO	
CIP Delivery - £'000	7369	12996	⇧	9780	25512	24133	CFSO	
Agency expenditure as a % of pay bill	8.91%	8.44%	⇧	TBC	TBC	TBC	CWIO	
Employer of choice								
Personal Development Review - Non-Medical	87.71%	86.34%	⇩	90%	90%	90%	CWIO	
Personal Development Review - Medical	75.72%	76.01%	⇧	90%	90%	90%	CWIO	
Mandatory Training Compliance	88.60%	88.30%	⇩	95%	95%	95%	CWIO	
Sickness Rate	3.72%	3.52%	⇧	4%	4%	4%	CWIO	
Staff Turnover Rate	8.74%	8.68%	⇧	10%	10%	10%	CWIO	
Vacancy Rate Compared to Funded Establishment	14.44%	14.10%	⇧	10%	10%	10%	CWIO	
Staff Survey - Recommending as a Place of Work (Quarterly)	71.39%	78.69%	⇧	44.1%	44.1%	44.1%	CWIO	
Leading research based health care organisation								
Patients Recruited into NIHR Portfolio - Cumulative (2 months in arrears)	642	1089	⇧	1002	4006	4006	CMO	
Commercial Income Invoiced £000s - Cumulative (1 month in arrears)	178	253	⇧	400	1200	1200	CMO	
Peer Reviewed Publications - Calendar Year Cumulative (3 months in arrears)	9	39	⇧	63	197	197	CMO	
Leading training and education centre								
No of Specialties at HEWM Level 3 and 4	0	0	⇨	0	0	0	CMO	
Job Evaluation Survey Tool Score - JEST (1 month in arrears)	3.6	3.6	⇨	3.5	3.5	3.5	CMO	

RR = Relative Risk : The target for this indicator uses the relative risk as calculated by Dr Foster. The performance is classed as achieving target if the UHCW value is either below or within the expected range.

Performance Trends

University Hospitals Coventry and Warwickshire NHS Trust

Improving

(3 months consecutive improvement)

Measure	Target	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
A&E 4 Hour Wait	95%	95.40%	93.30%	89.00%	87.40%	83.00%	86.20%	84.40%	80.20%	80.90%	81.70%	82.60%	89.50%
Sickness rate	4%	4.27%	4.56%	4.69%	4.86%	4.82%	4.51%	4.25%	3.88%	3.86%	3.84%	3.72%	3.52%
Last Minute Non-clinical Cancelled Operations - Elective	0.8%	0.50%	0.90%	0.90%	0.80%	2.00%	1.10%	0.70%	1.20%	1.30%	1.70%	1.60%	1.10%

- Despite the A&E performance being below the 95% target, it is notable that there has been a steady improvement in this measure for the last four months. Further detail is described later in this report.
- The sickness rate has improved for the fifth consecutive month, reflecting the Trust's continued focus on active management of staff sickness. The T&O group had the lowest rate of 1.65% in August while the Hospital of St Cross reported the highest sickness levels at 4.92%.
- The last minute non clinical cancelled elective operations continues to improve and is at its best performance for this financial year to date.

Deteriorating

(green/amber indicators worsening)

(3 months consecutive deterioration)

Measure	Target	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Personal Development Review - Non-Medical	90%	86.30%	84.73%	85.50%	87.48%	88.04%	87.70%	88.43%	88.40%	87.94%	87.73%	87.71%	86.34%

- The non-medical appraisal rates have deteriorated further to 86.34% this month. This remains a focus for the Groups during monthly accountability meetings. The Hospital of St Cross has the highest rate of compliance at 96.64% however the Specialist Medicine and Ophthalmology group have only appraised 71.29% of non-medical staff.

Deteriorating

(red indicators worsening)

(3 months consecutive deterioration)

Measure	Target	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	92%	87.80%	87.50%	88.20%	86.40%	87.20%	88.90%	89.70%	89.30%	88.40%	88.20%	87.50%	
Complaints Turnaround <= 25 Days (1 month in arrears)	90%	82%	78%	85%	85%	89%	89%	85%	98%	88%	77%	72%	
Cancer 31 Day Subsequent Radiotherapy Standard (1 month in arrears)	94%	97.20%	94.40%	94.50%	94.60%	95.70%	95.90%	96.30%	94.50%	97.40%	96.60%	92.40%	

- The RTT incomplete performance remains challenging due to capacity and numbers of patients in the backlog. Work is on-going to book patients in true chronological order to aid recovery of performance against this target.
- The turnaround standard for complaints has deteriorated as a result of an increased number of complaints being received alongside staff availability issues both within the complaints team and in specialty groups.
- Unusually, the cancer standard for 31 day subsequent radiotherapy has been breached in July. Further information is detailed in the cancer section of this report.

Failed Year End Target

Measure	Target	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Never Events - cumulative	0	0	0	1	1	2	3	3	0	1	1	1	1
MRSA bacteremia - Trust acquired -Cumulative	0	0	0	0	0	0	0	0	0	0	0	0	1

- A wrong route administration of medication never event was declared in May 2016. Details were in included within May's Integrated Quality, Performance and Finance Report
- A Trust acquired MRSA bacteremia has been reported in August 2016. Further details are included in this report.

Trust Heatmap

University Hospitals Coventry and Warwickshire NHS Trust

Reporting Period:																August 2016	
Measure	Cardiac & Respiratory	Renal	Emergency	Neuro sciences	Oncology & Haematology	Surgery	Trauma & Orthopaedics	Women & Children	Specialist Medicine and Ophthal.	Theatres and Anaesthetics	Care Elderly Acute Medicine	Clinical Diagnostics - Imaging	Hospital of St Cross	Clinical Support Services	Clinical Diagnostics - Pathology	Trust	Trust Target
Group Level Indicators																	
Excellence in patient care and experience																	
Clostridium Difficile - Trust Acquired - Cumulative	3	2		3	0	3	1	0	1	0	2		2			17	17
MRSA Bacteremia - Trust Acquired - Cumulative	0	0		1	0	0	0	0	0	0	0		0			1	0
Never Events - Cumulative	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0			1.0	0
HSMR - Basket of 56 Diagnosis Groups	83.1	121.9		119.0	92.7	34.7	167.8	235.1	144.2		90.6					108.2	100
Harm Free Care	97.4%	98.9%	100.0%	100.0%	100.0%	97.6%	96.1%	100.0%	100.0%	87.5%	96.3%		96.7%			97.9%	95%
Friends & Family Test Inpatient Recommenders	93.9%	86.6%	82.8%	82.8%	94.9%	82.3%	95.3%	94.9%	78.3%		89.3%					88.4%	95%
Friends & Family Test A&E Recommenders			84.5%						79.4%							84.8%	87%
Complaints per 1000 Occupied Bed Days	2.29	0.69	14.74	0.30	1.28	3.88	2.93	3.01	3.94	3.14	0.85		0.35			2.40	0.99
Complaints Turnaround <= 25 Days (1 month in arrears)	100%	100%	100%	67%	0%	44%	67%	64%	100%	100%	100%	50%	100%	100%	100%	72%	90%
Theatre Lists Started within 15 mins of Start Time	65.5%	8.3%		24.0%		25.9%	50.0%	66.7%	8.0%	31.8%						33.1%	75%
Surgical Safety Checklist - WHO	100.00%	100.00%		100.00%		100.00%	100.00%	100.00%	100.00%	100.00%						100.00%	100%
30 Day Emergency Readmissions (1 month in arrears)	9.8%	7.5%		5.0%	2.9%	7.0%	3.6%	9.1%	6.3%	0.0%	10.5%					7.8%	8.68%
Number of Medical Outliers - Average per Day	N/A	16		N/A	N/A	1	N/A	N/A	8		33		N/A			61	50
Last Minute Non-clinical Cancelled Operations - Elective	0.7%	0.0%		6.0%	0.0%	2.0%	1.7%	0.4%	0.2%	0.0%						1.1%	0.8%
Breaches of the 28 Day Readmission Guarantee	0	N/A		4	N/A	9	1	0	0	N/A						14	0
18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	94.3%	94.4%		93.1%	98.1%	81.5%	82.4%	91.6%	91.4%	92.9%	98.5%					87.5%	92%
RTT 52 Week Waits Incomplete (1 month in arrears)	0.0	0.0		0.0	N/A	1.0	2.0	0.0	0.0	N/A	0.0					3.0	0
Referral to Treatment Incomplete - Backlog Size (1 month in arrears)	116	12		162	5	1654	644	179	606	52	1					3431	2085
Diagnostic Waiters - 6 Weeks and Over	8.22%			0.76%		0.30%						0.00%				0.17%	1%
Cancer 2 Week Wait GP Referral to OP Appointment (1 month in	100.00%			100.00%	100.00%	97.45%	100.00%	99.34%	97.55%							97.73%	93%
Cancer 31 Day Diagnosis to Treatment (1 month in arrears)	100.00%			100.00%	100.00%	98.86%		100.00%	100.00%							99.40%	96%
Cancer 31 Day Subsequent Surgery Standard (1 month in arrears)	N/A			N/A	N/A	91.3%		100.0%	100.0%							94.4%	94%
Cancer 31 Day Subsequent Drug Standard (1 month in arrears)	100.0%			N/A	N/A	100.0%		100.0%	N/A							100.0%	98%
Cancer 31 Day Subsequent Radiotherapy - Group (1 month in arrears)	100.00%			75.00%	100.00%	93.55%		71.43%	100.00%							92.42%	94%
Cancer 62 Day Urgent Referral to Treatment (1 month in arrears)	87.50%			N/A	80.00%	85.29%		90.91%	94.12%							87.50%	85%
Cancer 62 Day Screening Standard (1 month in arrears)						95.5%		N/A								95.5%	90%

Trust Heatmap

University Hospitals Coventry and Warwickshire NHS Trust

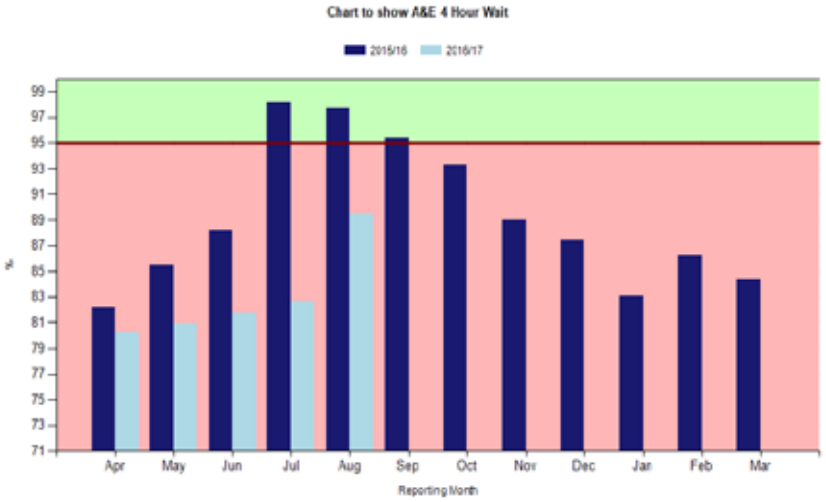
Performance Summary

Measure	Cardiac & Respiratory	Renal	Emergency	Neuro sciences	Oncology & Haematology	Surgery	Trauma & Orthopaedics	Women & Children	Specialist Medicine and Ophthal.	Theatres and Anaesthetics	Care Elderly Acute Medicine	Clinical Diagnostics - Imaging	Hospital of St Cross	Clinical Support Services	Clinical Diagnostics - Pathology	Trust	Trust Target
												Reporting Period:			August 2016		
Group Level Indicators																	
Deliver value for money																	
Agency expenditure as a % of pay bill	8.12%	23.00%	12.95%	19.27%	6.04%	11.18%	2.01%	0.98%	8.46%	5.60%	18.96%	8.01%	5.81%	3.89%	11.19%	8.44%	
Employer of choice																	
Personal Development Review - Non-Medical	82.74%	88.33%	80.44%	82.89%	81.10%	89.47%	94.61%	90.37%	71.29%	92.57%	94.55%	87.06%	96.64%	85.82%	79.23%	86.34%	90%
Personal Development Review - Medical	57.50%	79.41%	51.72%	64.86%	86.67%	70.00%	76.92%	97.96%	68.85%	89.41%	100.00%	71.43%			95.00%	76.01%	90%
Mandatory Training Compliance	92.39%	92.61%	89.64%	89.94%	92.92%	93.82%	91.31%	94.06%	92.70%	95.69%	96.09%	94.42%	96.18%	93.39%	87.50%	88.30%	95%
Sickness Rate	3.29%	3.34%	3.54%	3.05%	2.43%	3.33%	1.65%	3.77%	3.64%	4.90%	3.84%	3.26%	4.92%	4.18%	4.30%	3.52%	4%
Staff Turnover Rate	6.13%	6.14%	0.00%	7.66%	4.92%	7.10%	6.05%	8.23%	16.49%	4.44%	6.27%	10.73%	10.12%	11.65%	14.34%	8.68%	10%
Vacancy Rate Compared to Funded Establishment	14.87%	17.81%	16.52%	21.53%	10.90%	15.79%	17.64%	17.52%	13.41%	5.96%	29.37%	9.20%	19.80%	4.43%	14.44%	14.10%	10%
Staff Survey - Recommending as a Place of Work (Quarterly)	66.67%	77.42%	N/A	84.31%	67.19%	80.10%	86.11%	79.57%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	78.69%	44.1%
Leading research based health care organisation																	
Patients Recruited into NIHR Portfolio - Cumulative (2 months in arrears)	26	73		18	107	237	104	322	25	117	0		0	0		1089	1002
Peer Reviewed Publications - Calendar Year Cumulative (3 months in	2	0	0	0	0	4	0	2	28	0	0	2	1	1	0	39	63
Leading training and education centre																	
No of Specialties at HEWM Level 3 and 4	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0
Job Evaluation Survey Tool Score - JEST (1 month in arrears)	3.5	2.9	3.9	3.6	4.1	3.4	3.9	3.8	3.6	3.9	3.3	3.5			4.3	3.6	3.5

Group summary of performance – A&E and associated metrics

The actions taken though late July and August to tackle the poor performance in ED has led to an improvement against the 4 hour target, resulting in the highest percent achievement since October 2015.

The Emergency Medicine Group reported that the new 'Meet and Greet' service has had a positive impact on improving streaming of patients and therefore protecting performance in the Minors pathway. There has been good feedback from patients reporting a better experience and this is quantified by improvement in the A&E FFT recommender score this month.



The Trust continues to pursue further improvement both internally and with partners including working with ECIP to improve ambulance triage/handover and implementing SAFER and Red to Green Day. Simultaneously the Trust has engaged an external independent adviser to review emergency pathways and procedures across ED and Acute Medicine.

The internal Emergency Care Pathway Recovery Group continues its work looking at:

- Piloted changes to the management of patient flow through the empowerment of clinical site managers and centralised reporting of bed managers
- Revised reporting on capacity and demand to manage flow
- Continued development of Ambulatory care pathways in respiratory and hepatology. Commencement of Abdominal ambulatory pathway in September
- Further expansion of the Trust's UH@Home Service
- Establishment of a frailty service with partners that reduces or avoids admissions to hospital or reduces the length of stay on necessary admissions.

Patient Flow metrics

Measure	Target	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Number of Medical Outliers - Average per Day	50	48	58	53	73	85	67	65	58	65	67	54	61
Diagnostic Waiters - 6 Weeks and Over	1%	0.05%	0.07%	0.07%	0.20%	0.57%	0.57%	0.59%	0.79%	0.47%	0.17%	0.16%	0.17%
Last Minute Non-clinical Cancelled Operations - Elective	0.8%	0.5%	0.9%	0.9%	0.8%	2.0%	1.1%	0.7%	1.2%	1.3%	1.7%	1.6%	1.1%
Length of Stay - Average	6.0	6.5	6.5	6.7	7.6	6.9	7.4	7.1	7.3	7.2	7.2	7.3	6.9

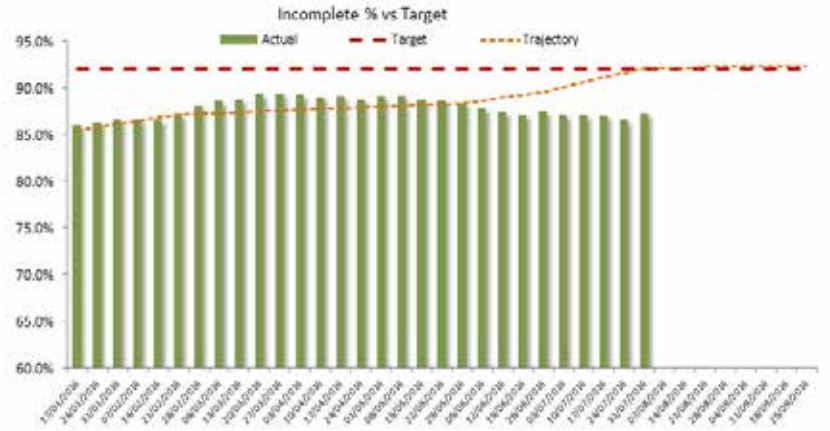
Last minute non-clinical cancelled operation rates have reduced since last month and are at their lowest since February 2016. Groups with the highest levels of such cancellations for August were Neurosciences (6.0%), Surgery (2.0%) and Trauma and Orthopaedics (1.7%). Bed availability on the wards remains the main reason for cancelling operations.

The percent of diagnostic waiters over 6 weeks KPI continues to perform well against its target. The Trust has had a small number of breaches for Echocardiography tests due to capacity in the cardiology day unit.

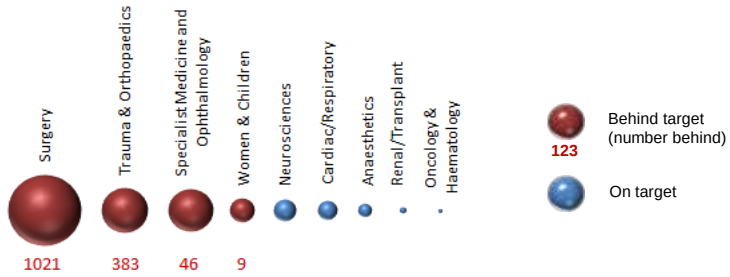
The overall number of patients waiting has returned to expected levels at 9267 patients, compared with reaching over 10,000 patients in May.

Group summary of performance – Referral To Treatment

University Hospitals Coventry and Warwickshire NHS Trust



Group proportion of the total backlog



RTT Incomplete 87.5% | **18 WEEKS** | **(Last month 88.2%) Target 92%**

6 out of 10 groups achieved the incomplete target

Underperforming groups
- Surgery (81.5%)
- Trauma & Orthopaedics (82.4%)
- Specialist Medicine and Ophthalmology (91.4%)
- Women and Children (91.6%)

The delivery against the RTT incomplete target has deteriorated in July with the Trust reporting 87.5% against the 92% target. The Trust did not meet the monthly target of 92.1% against the NHSI improvement trajectory that was submitted earlier in the year.

The backlog has grown to a total of 3431 patients this month with the Surgery group having the largest proportion of the Trust's total. Trauma and Orthopaedics and Ophthalmology are also significantly challenged.

The Trust has commenced a focussed programme of work to re-book patients in true chronological order, and by doing so reduce will reduce the ASI (appointment slot issue) backlog. It will incorporate all specialties and standardise booking processes going forward.

Specialty recovery plans are being revised with Groups and monitored through the weekly Access meeting. Outpatient and inpatient waiting lists are reviewed and challenged. Key interfaces such as booking, diagnostic support and theatre management (utilisation and cancellations) are focussed upon to improve blockages to RTT delivery.

52 Weeks

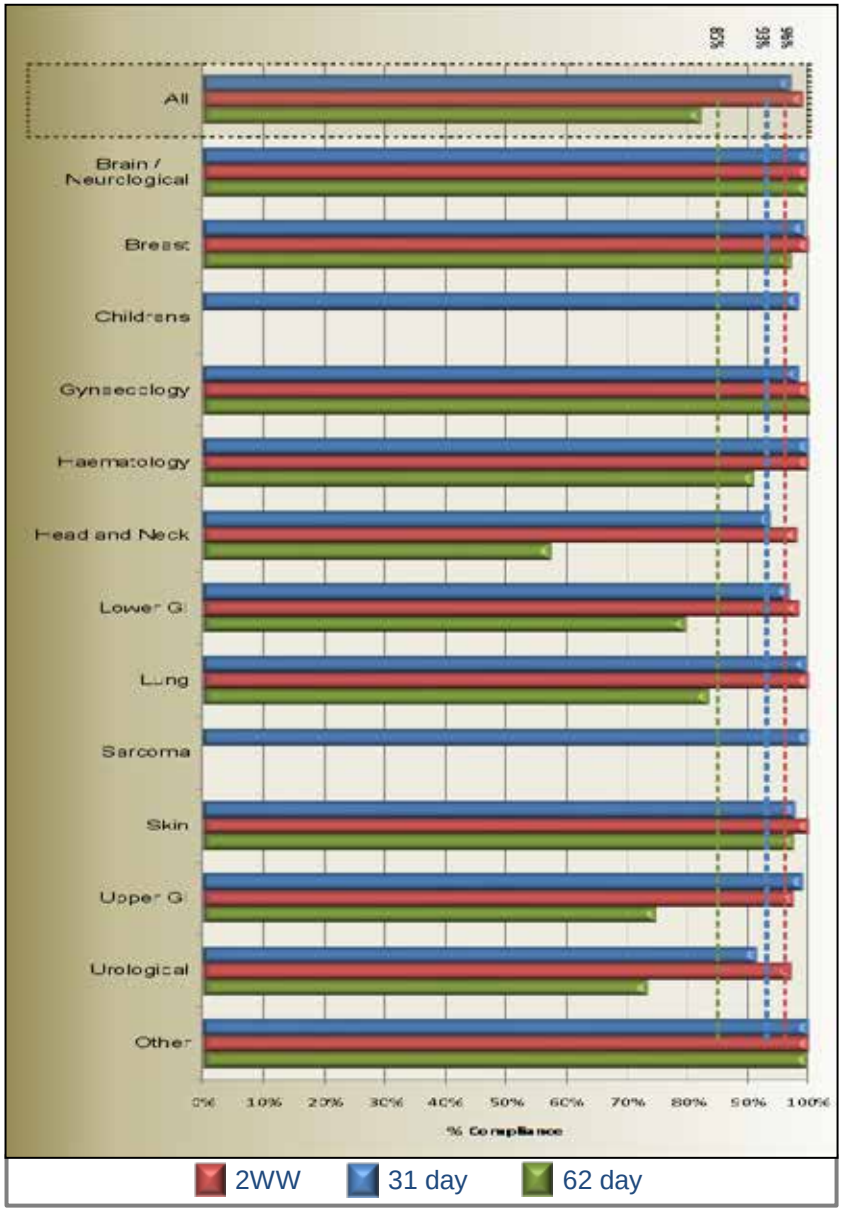
The Trust has reported three 52 week incomplete pathway breaches in July, two T&O patients and one urology patient. One patient is a prisoner and the prison had been offered numerous dates before one was accepted. The other two patients both had extended waits relating to patient unavailability. Formally known as Choice – clocks for such patients cannot be stopped under the new rule set and as a result, patients breach the 52 week standard in a small number of cases.

Performance Summary

Group summary of performance – cancer standards

University Hospitals Coventry and Warwickshire NHS Trust

Performance against cancer standards by tumour site – 2016/17 YTD



105 days and over target not met

3.5 breaches of the 105 days and over target have occurred in July.

There were 2 breaches (2 patients) of the target in urology, 1 breach (1 patient) in Lower GI and 0.5 breaches (1 patient) in Haematology

In July 2016, the Trust achieved 7 of the 8 cancer standards. The trust achieved 92.4% for 31 day subsequent radiotherapy treatment against a 94% target. The year to date performance is 95.4, so remains above target.

The 62 Day Cancer Waiting Times Standard was achieved again in July with 87.5% of patients treated against the 85% standard. The year to date performance has improved to 82.4%

The Trust did not meet the 31 day subsequent treatment radiotherapy target in July. This was due to a higher than usual number of complex cases and a loss of a small amount of capacity when new software was installed to the system. However, the Trust achieved 100% for 31 day subsequent treatment chemotherapy, subsequent treatment other and for 31 day treatment for rare cancers.

Standard:	Jul-16	YTD 16/17	DoH Tolerance
TWW suspected cancer	97.70%	96.80%	93%
TWW breast symptomatic	98.60%	99%	93%
31 day - 1st treatment	99.40%	99%	96 %
31 day - subsequent treatment -surgery	94.40%	96.30%	94%
31 day - subsequent treatment -chemo	100%	100%	98%
31 day - subsequent treatment - radio	92.40%	95.40%	94%
31 day - subsequent treatment - other	100%	100%	No tolerance set
31 day - rare cancers	100%	100%	No tolerance set
62 day - 1st treatment	87.50%	82.40%	85%
62 day - national screening programme	95.50%	95.20%	90%
62 day - consultant upgrade	93.90%	93.60%	CCG tolerance = 85%
62 day - treated on or after day 100+	3.5	14	CCG Tolerance = 0
62 day - treated on or after day 105+	3.5	11	TDA tolerance = 0

Quality and Safety Summary

This section includes the Quality and Safety scorecard which contains all relevant indicators that are included within the overarching Trust scorecard, together with additional pertinent KPIs that enable headline areas such as harm free care to be explored in more detail e.g. with the underpinning pressure ulcer and falls KPIs. Ward staffing information is also included in this section.

Overall performance against quality and safety indicators has improved slightly this month. HSMR data has now been provided by Dr Foster and shows that the Trust remains within the expected range. Both the Surgical Safety Checklist and the MRSA decolonisation score have achieved 100% for August.

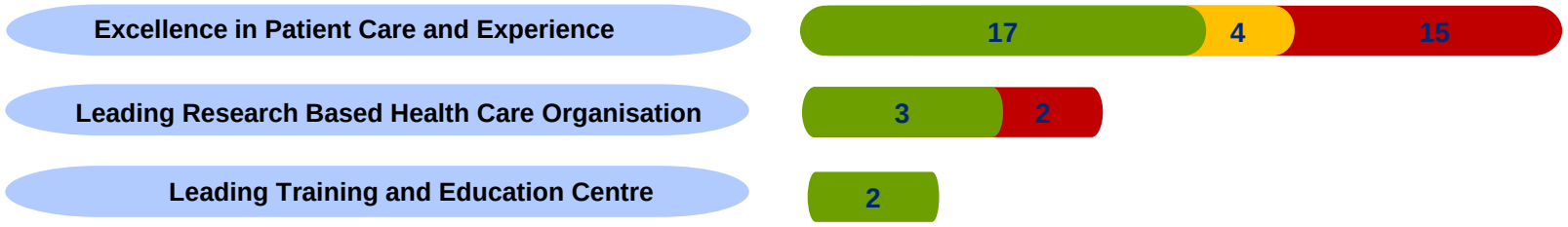
22 KPIs achieved the target in August

Quality & Safety Scorecard	Indicators achieved	Indicators in exception	Indicators in watching status	Total indicators
Excellence in Patient care and experience	17	15	4	36
Leading research based health care organisation	3	2	0	5
Leading training and education centre	2	0	0	2
All domains	**22**	**17**	**4**	**43**

There has been a Trust acquired MRSA bacteremia reported in August, the first case since February 2015. Further detail along with contextual information regarding historic performance is included within this report.

One of the four Maternity FFT touchpoints has underperformed this month, the first time this financial year. The percentage coverage for labour/birth achieved 13.5% in August against a target of 15%.

There has been an increase in the number of patients recruited into the NIHR portfolio resulting in the end of June position achieving target.



Trust Scorecard – Quality and Governance Performance Committee

Reporting Month August 2016

University Hospitals Coventry and Warwickshire NHS Trust

Quality and Safety Scorecard								
Measure	Previous Position	Latest Position	DoT	YTD Plan	Annual Target	Annual FOT	Executive Lead	Trend
Excellence in patient care and experience								
Patient Outcomes								
Clostridium Difficile - Trust Acquired - Cumulative	13	17	↓	17	42	42	CNO	
MRSA Bacteremia - Trust Acquired - Cumulative	0	1	↓	0	0	1	CNO	
MRSA Decolonisation Score	83.3%	100.0%	↑	95%	95%	95%	CNO	
MRSA - Elective Screening	87.9%	87.8%	↓	95%	95%	95%	CNO	
MRSA - High Risk Emergency Screening	82.9%	83.9%	↑	TBC	TBC	TBC	CNO	
Serious Incidents - Number	13	12	↑	15	15	15	CMO	
Serious Incidents - Overdue	6	16	↓	0	0	0	CMO	
Medication Errors Causing Serious Harm	0	0	→	0	0	0	CMO	
Reported Harmful Patient Safety Incidents (1 month in arrears)	33.2%	28.5%	↑	24.94%	24.94%	24.94%	CMO	
CAS Alerts - Overdue	0	0	→	0	0	0	CMO	
NCE POD Categorised E Deaths - Cumulative (3 months in arrears)	0	0	→	2	10	10	CMO	
Never Events - Cumulative	1.0	1.0	→	0	0	1	CMO	
Same Sex Accommodation Breaches	0	0	→	0	0	0	CNO	
HSMR - Basket of 56 Diagnosis Groups	86.7	108.2	↓	RR	RR	RR	CMO	
SHMI - Quarterly (6 months in arrears)	106.30	106.30	→	RR	RR	RR	CMO	
Harm Free Care	96.0%	97.9%	↑	95%	95%	95%	CNO	
Pressure Ulcers Grade 3 and 4 - Trust Associated (1 month in arrears)	2	1	↑	0	0	4	CNO	
Falls per 1000 Occupied Bed Days Resulting in Serious Harm	0.1	0.1	↑	0.04	0.04	0.04	CNO	
Eligible Patients Having VTE Risk Assessment (1 month in arrears)	97.0%	97.2%	↑	95%	95%	95%	CNO	
C-UTI	100.0%	99.9%	↓	99%	99%	99%	CNO	
Transfer of Patients at Night (UH to Rugby)	8	35	↓	0	0	0	COO	
Patient Experience								
Friends & Family Test Inpatient Recommenders	90.6%	88.4%	↓	95%	95%	95%	CMO	
Friends & Family Test Inpatient Coverage	24.8%	23.5%	↓	35%	35%	35%	CMO	
Friends & Family Test A&E Recommenders	80.1%	84.8%	↑	87%	87%	87%	CMO	
Friends & Family Test A&E Coverage	13.6%	14.9%	↑	20%	20%	20%	CMO	
Maternity FFT No of Touchpoints Achieving a 15% Response Rate	4	3	↓	4	4	4	CMO	
Number of Registered Complaints	45	79	↓	30	32	32	CMO	
Complaints per 1000 Occupied Bed Days	1.37	2.40	↓	0.99	0.99	0.99	CMO	
Complaints Turnaround <= 25 Days (1 month in arrears)	77%	72%	↓	90%	90%	90%	CMO	
Theatres								
Surgical Safety Checklist - WHO	99.97%	100.00%	↑	100%	100%	100%	CMO	
National Quality Requirements								
Valid NHS Number - Inpatients (2 months in arrears)	99.2%	99.3%	↑	99%	99%	99%	COO	
Valid NHS Number - A&E (2 months in arrears)	97.7%	97.7%	→	95%	95%	95%	COO	

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

↑	Improving
→	No change
↓	Falling

Integrated Quality, Performance and Finance Reporting Framework

Trust Scorecard – Quality and Governance Performance Committee

Reporting Month August 2016

University Hospitals Coventry and Warwickshire NHS Trust

Quality and Safety Summary

Quality and Safety Scorecard								
Measure	Previous Position	Latest Position	DoT	YTD Plan	Annual Target	Annual FOT	Executive Lead	Trend
Excellence in patient care and experience								
Operational Quality Measures								
12 Hour Trolley Waits in A&E	0	0	→	0	0	0	COO	
Ambulance Turnaround within 30 minutes	83.6%	83.2%	↓	100%	100%	100%	COO	
Ambulance Turnaround within 60 Minutes	99.9%	99.4%	↓	100%	100%	100%	COO	
Urgent Operations Cancelled for the Second Time	0	0	→	0	0	0	COO	
RTT 52 Week Waits Incomplete (1 month in arrears)	3	3	→	0	0	0	COO	
Leading research based health care organisation								
Patients Recruited into NIHR Portfolio - Cumulative (2 months in arrears)	642	1089	↑	1002	4006	4006	CMO	
Performance in Initiating Trials - Quarterly	54.5%	57.1%	↑	80%	80%	80%	CMO	
Performance in Delivery of Trials - Quarterly	75.0%	80.0%	↑	80%	80%	80%	CMO	
Research Critical Findings and Serious Incidents - Quarterly	0	0	→	0	0	0	CMO	
Peer Reviewed Publications - Calendar Year Cumulative (3 months in arrears)	9	39	↑	63	197	197	CMO	
Leading training and education centre								
No of Specialties at HEWM Level 3 and 4	0	0	→	0	0	0	CMO	
Job Evaluation Survey Tool Score - JEST (1 month in arrears)	3.6	3.6	→	3.5	3.5	3.5	CMO	

RR = Relative Risk : The target for this indicator uses the relative risk as calculated by Dr Foster. The performance is classed as achieving target if the UHCW value is either below or within the expected range.

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

DoT	
↑	Improving
→	No change
↓	Falling

Performance Trends

University Hospitals Coventry and Warwickshire NHS Trust

Improving

(3 months consecutive improvement)

Measure	Target	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Eligible Patients Having VTE Risk Assessment (1 month in arrears)	95%	95.80%	96.10%	96.30%	96.10%	96.60%	96.50%	96.20%	96.30%	96.90%	97.00%	97.20%	

- July has seen a continuation of improved performance in the percentage of eligible patients having a VTE Risk Assessment.

Deteriorating

(green indicators worsening)

(3 months consecutive deterioration)

- None of the indicators that are achieving their targets this month have deteriorated for three consecutive months

Deteriorating

(red indicators worsening)

(3 months consecutive deterioration)

Measure	Target	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
MRSA - Elective Screening	95%	88.60%	88.10%	90.70%	89.10%	90.30%	91.40%	89.20%	90.90%	88.70%	91.50%	87.90%	87.80%
Complaints Turnaround <= 25 Days (1 month in arrears)	90%	82%	78%	85%	85%	89%	89%	85%	98%	88%	77%	72%	

- A decline in MRSA elective screening compliance has been observed due to delays in elective surgery resulting in expired screens and changes to the pre-assessment pathway.
- The turnaround standard for complaints has deteriorated as a result of an increased number of complaints being received alongside staff availability issues both within the complaints team and in specialty groups.

Failed Year End Target

Measure	Target	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Never Events - cumulative	0	0	0	1	1	2	3	3	0	1	1	1	1
MRSA bacteremia - Trust acquired -Cumulative	0	0	0	0	0	0	0	0	0	0	0	0	1

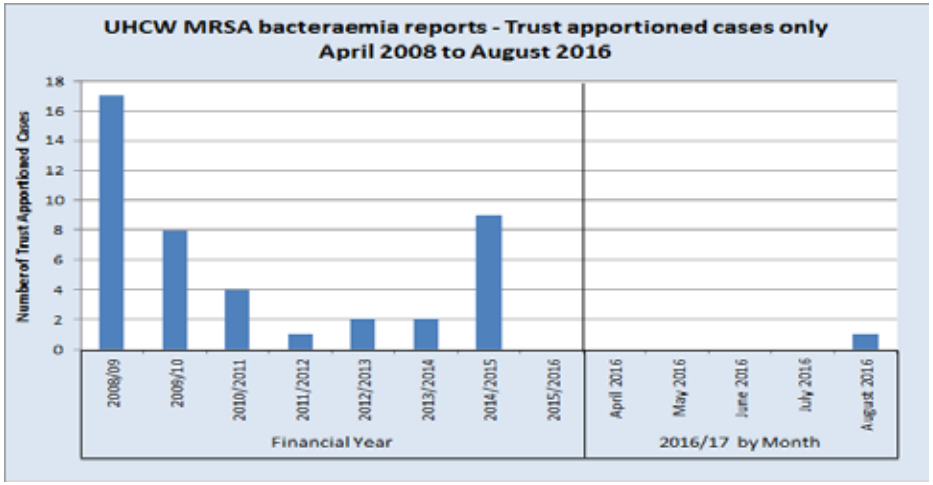
- A wrong route administration of medication never event was declared in May 2016. Details were in included within May's Integrated Quality, Performance and Finance Report
- A Trust acquired MRSA bacteremia has been reported in August 2016. Further details are included in this report.

Area of underperformance – MRSA Bacteremia –Trust Acquired

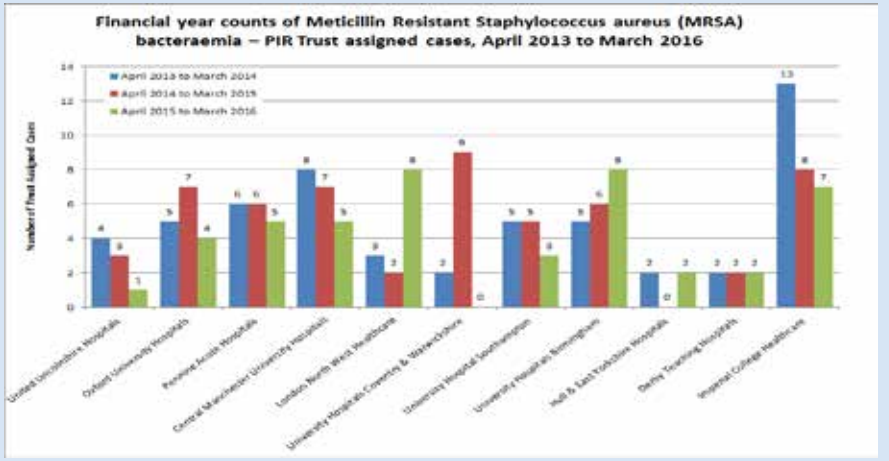
University Hospitals Coventry and Warwickshire NHS Trust

A case of MRSA Bacteremia has been declared in August.

UHCW NHS Trust had one case of MRSA bacteraemia attributed to them in August. This was a particularly complex case, the joint Post Infection Review (PIR) between the CCG and the Trust agreed that the case was unavoidable as all precautions had been put in place. No lapses of care were identified and the source of the MRSA bacteraemia was deemed to be a chest infection that had been present when the patient was admitted.

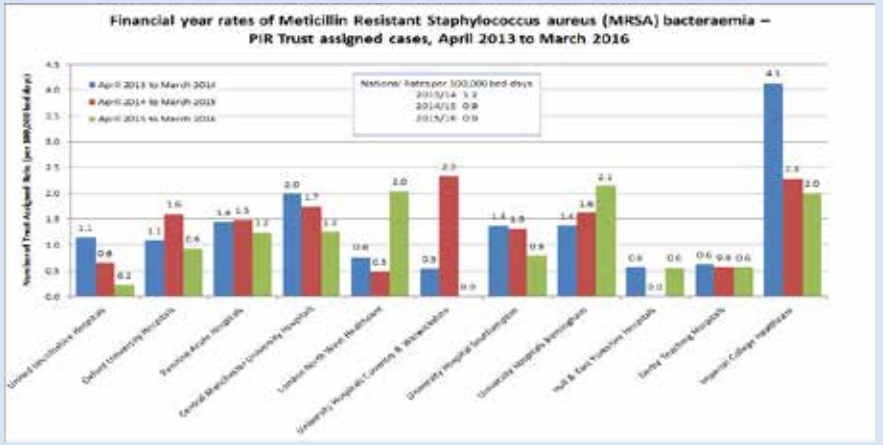


The ten peer Trusts against which UHCW is compared in the graphs below have been selected based on the similarity of occupied bed days in 2015/16.



UHCW was the best performing Trust against the peer group in 2015/16, reflecting that actions put in place following the poorest performance against the other Trusts in 2014/15 produced the desired results.

The Trust was below the national rate per 100,000 occupied bed days in both 2013/14 and 2015/16.



Source: www.gov.co.uk, Data are as extracted from the HCAI Data Capture System on April 20th 2016

Quality and Safety Summary

Ward Staffing Levels - Monthly by Trust

Entry Date : August 2016

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)	8166	7714	7949	97.3%	7951	7404	7615	95.8%	6359	5942	6349	99.8%
Health Care Support Worker (HCSW)	4325	4304	4291	99.2%	3710	3672	3625	97.7%	3036	2971	3050	100.5%
Cohort	0	501	264		0	489	224		0	495	238	
Specialist Trained Neonatal Nurse	274	270	279	101.8%	271	266	271	100.0%	286	286	296	103.5%
Registered Nurse	73	57	57	78.1%	74	58	57	77.0%	48	28	27	56.3%
Nursery Nurse (NN)	63	56	61	96.8%	72	63	64	88.9%	65	67	69	106.2%
1:1	0	152	124		0	137	114		0	125	119	
Total (non Cohort)	12901	12553	12761	98.9%	12078	11600	11746	97.3%	9794	9419	9910	101.2%

Ward Staffing Levels - Monthly Ward Scorecard - Exceptions

Entry Month : August 2016

Staff Type : RN,RM,HCSW

Shift : Early, Late, Night

Ward	Day RN	Day HCSW	Night RN	Night HCSW	Care Hours Per Patient Day (CHPPD)	
10	104.6%	97.5%	117.5%	100.0%	6	Good fill rates across all domains
20	91.0%	119.5%	94.3%	127.4%	7.6	Good fill rate despite high level of RN vacancies. High level of ECT on HCSW day and night shift
21S	94.7%	100.0%	96.8%	101.5%	5.9	Sustained improvement on fill rates
30	94.5%	112.8%	96.1%	125.5%	6	Drop in RN fill rates on days
33 Gastro	96.8%	91.1%	96.8%	96.8%	6.2	Sustained improvement across all domains for fill rates
41	97.7%	99.6%	96.8%	108.3%	5.9	Sustained improvement with fill rates
43	86.8%	121.9%	107.7%	101.1%	5.7	Drop in RN fill rates on days
43SDU	80.8%	51.3%	88.5%	11.0%	8.1	4 beds closed on 43 SDU due to difficulty filling RN shifts
53ECU	92.3%	165.7%	100.0%	23.0%	10.7	Drop in RN fill rate on days
Total Fill rate	**95.8%**	**107.4%**	**100.0%**	**112.4%**	**8.0**	**Drop in overall fill rate on days for RN, down from 98%**

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.

Finance and Workforce Summary

University Hospitals Coventry and Warwickshire NHS Trust

This section includes the Finance and Performance scorecard which contains all relevant indicators that are encompassed within the overarching Trust scorecard, together with additional pertinent KPIs such as theatre efficiency and utilisation, which underpin the headline indicators. This report highlights areas of compliance and underperformance.

Indicators within Delivery of Value for Money section are being revised in-line with recent guidelines from NHSI. Whilst existing KPIs within this section are within tolerance of plan, one of the revised KPIs is not within tolerance of plan, as a result an escalation report will be produced for quarter two in line with agreed reporting. Further details on revised KPIs have been provided in the Integrated Finance Report that is submitted to Finance and Performance Committee.

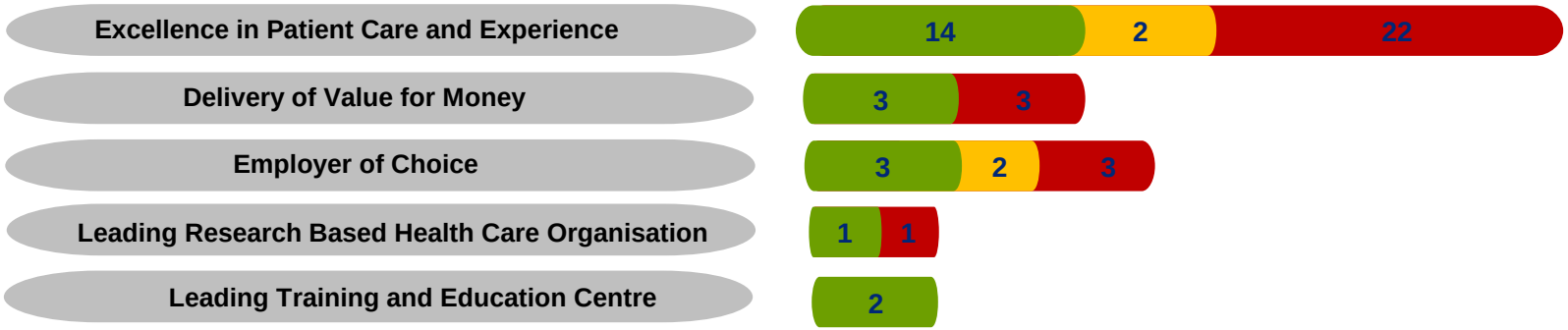
23 KPIs achieved the target in August

	Indicators achieved	Indicators in exception	Indicators in watching status	Total indicators
Excellence in Patient care and experience	14	22	2	38
Delivery of value for money	3	3	0	6
Employer of choice	3	3	2	8
Leading research based health care organisation	1	1	0	2
Leading training and education centre	2	0	0	2
All domains	**23**	**29**	**4**	**56**

Progress against the staff sickness rate KPI has seen sustained monthly improvements with current performance of 3.52% being reported against a target of 4%. Mandatory training compliance has remained at a similar level this month and is still falling short of the target. Medical and non medical PDR KPIs also remains below target. The Vacancy rate compared to funded establishment indicator has improved further this month, although remains above the target of 10%. This is reflected in the agency costs against total costs which has decreased from 8.91% to 8.44%.

Targets related to the emergency pathway (A&E waiting times and delayed transfers of care) and the elective pathway targets including RTT incomplete pathways continue to underperform. The Trust did not meet the monthly incomplete RTT target of 92.1% against the NHSI improvement trajectory that was submitted earlier in the year.

The cancer 31 day subsequent radiotherapy treatment KPI did not achieve its 94% target for August, however the year to date position remains above the standard at 95.4%.



Trust Scorecard – Finance and Performance Committee

Reporting Month August 2016

University Hospitals Coventry and Warwickshire NHS Trust

Finance and Workforce Scorecard								
Measure	Previous Position	Latest Position	DoT	YTD Plan	Annual Target	Annual FOT	Executive Lead	Trend
Excellence in patient care and experience								
Emergency care								
A&E 4 Hour Wait	82.6%	89.5%	↑	95%	95%	95%	COO	
12 Hour Trolley Waits in A&E	0	0	→	0	0	0	COO	
Ambulance Turnaround within 30 minutes	83.6%	83.2%	↓	100%	100%	100%	COO	
Ambulance Turnaround within 60 Minutes	99.9%	99.4%	↓	100%	100%	100%	COO	
Delayed Transfers as a Percentage of Admissions	6.8%	8.2%	↓	3.5%	3.5%	3.5%	COO	
30 Day Emergency Readmissions (1 month in arrears)	7.9%	7.8%	↑	8.68%	8.68%	8.68%	COO	
Number of Medical Outliers - Average per Day	53.7	60.5	↓	50	50	50	COO	
Length of Stay - Average	7.3	6.9	↑	5.96	5.96	5.96	COO	
Non emergency care								
Last Minute Non-clinical Cancelled Operations - Elective	1.6%	1.1%	↑	0.8%	0.8%	0.8%	COO	
Breaches of the 28 Day Readmission Guarantee	7	14	↓	0	0	51	COO	
Urgent Operations Cancelled for the Second Time	0	0	→	0	0	0	COO	
18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	88.2%	87.5%	↓	92%	92%	92%	COO	
18 Week Referral to Treatment Time - Admitted (1 month in arrears)	72.3%	70.6%	↓	90%	90%	90%	COO	
18 Week Referral to Treatment Time - Non-admitted (1 month in arrears)	90.2%	89.4%	↓	95%	95%	95%	COO	
RTT 52 Week Waits Incomplete (1 month in arrears)	3	3	→	0	0	0	COO	
Referral to Treatment Incomplete - Backlog Size (1 month in arrears)	3241	3431	↓	2085	2085	2085	COO	
E-referral Appointment Slot Issues – National data (1 month in arrears)	33.7%	40.8%	↓	3%	3%	3%	COO	
Diagnostic Waiters - 6 Weeks and Over	0.16%	0.17%	↓	1%	1%	1%	COO	
Bed Occupancy Rate - KH03 (3 months in arrears)	98.9%	98.9%	→	93%	93%	93%	COO	
Cancer								
Cancer 2 Week Wait GP Referral to OP Appointment (1 month in arrears)	96.61%	97.73%	↑	93%	93%	93%	COO	
Cancer 2 Week Wait Breast Symptom (1 month in arrears)	98.4%	98.6%	↑	93%	93%	93%	COO	
Cancer 31 Day Diagnosis to Treatment (1 month in arrears)	99.51%	99.40%	↓	96%	96%	96%	COO	
Cancer 31 Day Subsequent Surgery Standard (1 month in arrears)	100.0%	94.4%	↓	94%	94%	94%	COO	
Cancer 31 Day Subsequent Drug Standard (1 month in arrears)	100.0%	100.0%	→	98%	98%	98%	COO	
Cancer 31 Day Subsequent Radiotherapy Standard (1 month in arrears)	96.6%	92.4%	↓	94%	94%	94%	COO	
Cancer 62 Day Urgent Referral to Treatment (1 month in arrears)	85.07%	87.50%	↑	85%	85%	85%	COO	
Cancer 62 Day Standard plus 31 Day Rare Cancers (1 month in arrears)	85.1%	87.6%	↑	85%	85%	85%	COO	
Cancer 62 Day Screening Standard (1 month in arrears)	91.9%	95.5%	↑	90%	90%	90%	COO	
Cancer 62 Day Consultant Upgrades (1 month in arrears)	93.8%	93.9%	↑	85%	85%	85%	CMO	
Cancer 104 Day Waits - TDA Measure (1 month in arrears)	1.0	3.5	↓	0	0	0	COO	
Theatre Productivity								
Theatre Efficiency - Main	64.1%	63.8%	↓	85%	85%	85%	COO	
Theatre Efficiency - Rugby	65.6%	68.3%	↑	85%	85%	85%	COO	
Theatre Efficiency - Day Surgery	58.8%	55.6%	↓	70%	70%	70%	COO	
Theatre Utilisation - Main	81.2%	80.1%	↓	85%	85%	85%	COO	
Theatre Utilisation - Rugby	75.6%	74.9%	↓	85%	85%	85%	COO	
Theatre Utilisation - Day Surgery	69.4%	67.9%	↓	70%	70%	70%	COO	
Surgical Safety Checklist - WHO	99.97%	100.00%	↑	100%	100%	100%	CMO	
Theatre Lists Started within 15 mins of Start Time	35.3%	33.1%	↓	75%	75%	75%	CMO	

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

DoT	
↑	Improving
→	No change
↓	Falling

Trust Scorecard – Finance and Performance Committee

Reporting Month August 2016

University Hospitals Coventry and Warwickshire NHS Trust

Finance and Workforce Summary

Finance and Workforce Scorecard								
Measure	Previous Position	Latest Position	DoT	YTD Plan	Annual Target	Annual FOT	Executive Lead	Trend
Deliver value for money								
Liquidity Days	-23.9	-23.3	↑	-20.9	-23.8	-22	CFSO	
Capital Services Capacity	2.0	2.0	→	1.6	1.6	2	CFSO	
Income & Expenditure Margin	1	2	↑	2.4	1.3	3	CFSO	
Forecast Income & Expenditure Compared to Plan - £'000	1100	1100	→	1100	1100	1100	CFSO	
YTD Income & Expenditure Compared to Plan Trust - £'000	-2703	-1797	↑	-1080	1100	1100	CFSO	
CIP Delivery - £'000	7369	12996	↑	9780	25512	24133	CFSO	
Agency expenditure as a % of pay bill	8.91%	8.44%	↑	TBC	TBC	TBC	CWIO	
Employer of choice								
Personal Development Review - Non-Medical	87.71%	86.34%	↓	90%	90%	90%	CWIO	
Personal Development Review - Medical	75.72%	76.01%	↑	90%	90%	90%	CWIO	
Mandatory Training Compliance	88.60%	88.30%	↓	95%	95%	95%	CWIO	
Sickness Rate	3.72%	3.52%	↑	4%	4%	4%	CWIO	
Staff Turnover Rate	8.74%	8.68%	↑	10%	10%	10%	CWIO	
Vacancy Rate Compared to Funded Establishment	14.44%	14.10%	↑	10%	10%	10%	CWIO	
Staff Survey - Recommending as a Place of Work (Quarterly)	71.39%	78.69%	↑	44.1%	44.1%	44.1%	CWIO	
Enrolled on Leading Together Programme - All	109	131	↑	150	300	300	CWIO	
Leading research based health care organisation								
Submitted Research Grant Applications - Quarterly - Cumulative	129	40	↓	10.33	124	124	CMO	
Commercial Income Invoiced £000s - Cumulative (1 month in arrears)	178	253	↑	400	1200	1200	CMO	
Leading training and education centre								
No of Specialties at HEWM Level 3 and 4	0	0	→	0	0	0	CMO	
Job Evaluation Survey Tool Score - JEST (1 month in arrears)	3.6	3.6	→	3.5	3.5	3.5	CMO	

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

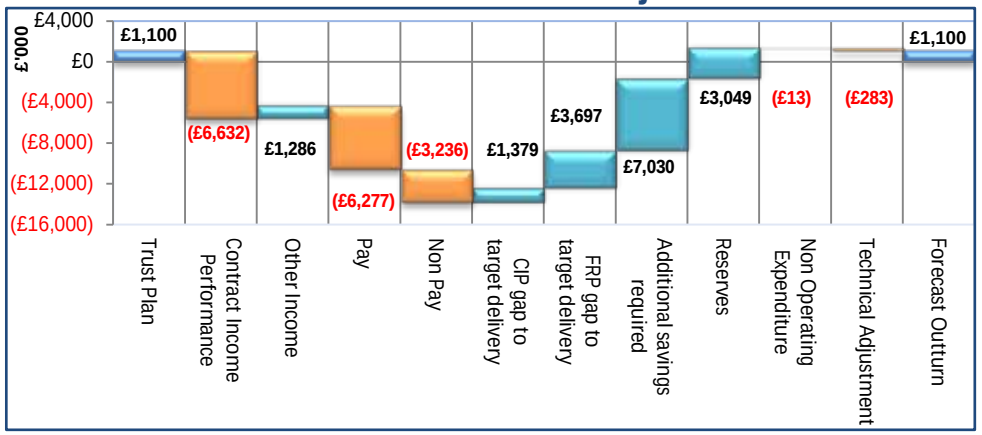
DoT
↑ Improving
→ No change
↓ Falling

Finance | Headlines August 2016

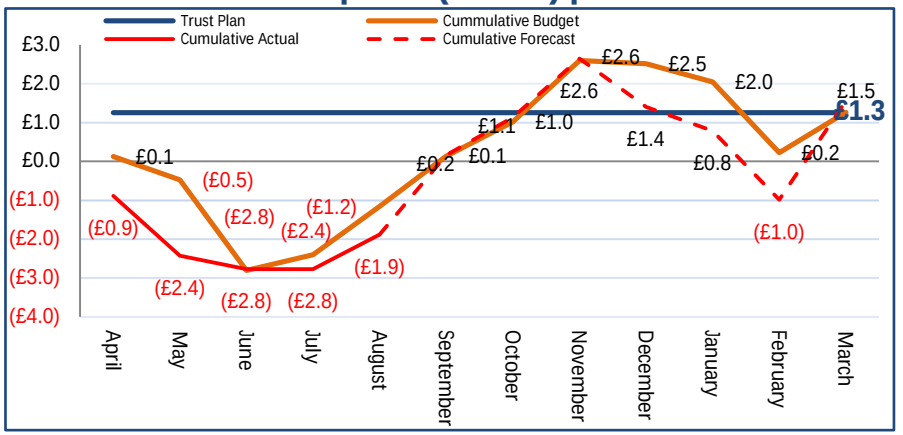
University Hospitals Coventry and Warwickshire NHS Trust

The Trust reports a £1.1m surplus forecast control total which is in-line with plan as at month 5. This assumes full receipt of the Sustainability and Transformation Funding (STF) of £17.2m. The Trust is reporting a £1.8m deficit year-to-date against a planned year-to-date deficit of £1.1m. This is a further deterioration of £0.36m in actual position from previous month. The slippage is largely driven by the year-to-date under achievement of the STF operational performance trajectories resulting in a withhold of £0.7m.

Trust Position Post Technical Adjustment



Net Surplus / (Deficit) position



Updates on Control Total

Other movements within the control total is largely impacted by under delivery on contracted income (1% adverse to plan); pay and non-pay overspends (2.0% adverse to plan). To achieve the planned net surplus, the Trust needs to achieve additional savings of £12.2m.

Updates on Net Surplus/(Deficit) position

The net surplus position reports a favourable outturn position of £0.2m against plan a plan of £1.3m.

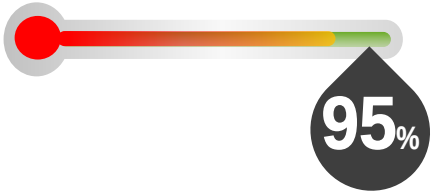
Year-to-date position is £0.7m adverse to plan of £1.2m deficit. This gives a net deficit of £1.9m as at month 5.

CONTACT & ACITIVITY INCOME

1% under-performance

Contract income from activities reports an adverse variance of £3.6m YTD and £6.7m on outturn.

Under-performance on income is largely driven by shortfall in A&E, Elective, Critical Care, Emergency, and outpatient procedures.



Cost Improvement Programme is £24.1m against £25.5m target.

The Trust has identified £24.5m of potential savings: below the required target by £1.0m

FRP

Trust has a revised FRP target of £12.1m.

£8.4m of the Target has been delivered as at month 5. This gives a shortfall of £3.7m.

Capital

As at Month 5, the Trust is forecasting a £41.5m capital expenditure against a revised plan of £46m.

£13.6m AGENCY SPEND

£13.6m actual spend on agency spend year to date.

Trust is forecasting £29.3m spend on agency against target of £26.6m as at month 5.

SOCI – Statement of Comprehensive Income

Reporting Month August 2016

University Hospitals Coventry and Warwickshire NHS Trust

5 months ended 31st August 2016	Plan	Full Year		Variance to plan		Year to date		Variance to plan	
	£'000	Budget (£'000)	Forecast (£'000)	£'000	%	Budget (£'000)	Actual (£'000)	£'000	%
Contract income from activities	507,856	509,146	502,514	(6,632)	(1.3%)	212,839	209,265	(3,574)	(1.7%)
Other income from activities	24,369	23,868	24,020	152	(0.6%)	9,919	9,247	(672)	(6.8%)
Other Operating Income	75,105	75,797	76,931	1,134	(1.5%)	32,170	32,853	683	(2.1%)
Total Income	**607,330**	**608,811**	**603,465**	**(5,346)**	**(0.9%)**	**254,928**	**251,365**	**(3,563)**	**(1.4%)**
Pay costs	(356,672)	(357,617)	(363,894)	(6,277)	(1.8%)	(150,710)	(148,580)	2,130	(1.4%)
Other operating expenses	(197,423)	(201,636)	(204,872)	(3,236)	(1.6%)	(85,367)	(85,770)	(403)	(0.5%)
CIP gap to target delivery			1,379	1,379					
FRP gap to target delivery			3,697	3,697					
Additional savings required			7,030	7,030					
Reserves	(6,199)	(2,704)	345	3,049	112.8%	(1,069)	0	1,069	100.0%
Total Operating Expenses	**(560,294)**	**(561,957)**	**(556,315)**	**5,642**	1.0%	**(237,146)**	**(234,350)**	**2,796**	**1.2%**
EBITDA	**47,036**	**46,854**	**47,150**	**296**	**(0.6%)**	**17,782**	**17,015**	**(767)**	**(4.3%)**
Profit / loss on asset disposals	0	182	218	36		169	218	49	
Depreciation	(20,894)	(20,894)	(20,894)	0		(8,705)	(8,692)	13	
Interest Receivable	115	115	77	(38)		49	43	(6)	
Interest Charges	(465)	(465)	(465)	0		(177)	(192)	(15)	
Financing Costs	(22,278)	(22,278)	(22,278)	0		(9,318)	(9,310)	8	
Unwinding Discount	(34)	(34)	(35)	(1)		(34)	(35)	(1)	
PDC Dividend	(2,214)	(2,214)	(2,214)	0		(925)	(923)	2	
Impairments	0	0	(10)	(10)		0	(10)	(10)	
Net Surplus/(Deficit)	**1,266**	**1,266**	**1,549**	**283**	**(22.4%)**	**(1,159)**	**(1,886)**	**(727)**	**(62.7%)**
EBITDA %	7.7%	7.7%	7.8%			7.0%	6.8%		
Net Surplus %	0.2%	0.2%	0.3%			(0.5%)	(0.8%)		
Technical Adjustments:									
Donated/Government grant assets adjustment	(166)	(166)	(459)	(293)	(176.5%)	79	79	0	0.0%
Impairments	0	0	10	10		0	10	10	
Trust Position Post Technical Adjustment	**1,100**	**1,100**	**1,100**	**0**	**(0.0%)**	**(1,080)**	**(1,797)**	**(717)**	**(66.4%)**

The Trust reports a £1.1m forecast control total surplus against a £1.1m plan in Month 5.

The control total position assumes the full receipt of the STF of £17.2m. Contract income is forecast at £6.6m adverse to plan driven by under-performance against activity plans, risks and penalties. The variance is due to under-performance on A&E, Emergency, and Outpatient procedures. Close monitoring on activity income continues to take place to ensure planned activities are achieved in future months.

Forecast operating expenditure is £5.6m favourable to budget. Overall Group expenditure forecasts £9.4m adverse to budget; largely driven by over-spends on Medical costs of £2.9m, and under-delivery against CIP position by £1.4m. The position highlights a gap to target of £10.7m on outturn.

The Trust is reporting a year to date deficit of £1.9m which is £0.7m adverse of year-to-date plan. This is primarily due to under-performance against the Trust's STF access standards as at month 5.

SOFP – Statement of Financial Position

Reporting Month August 2016

University Hospitals Coventry and Warwickshire NHS Trust

5 months ended 31st August 2016	Full Year			Year To Date		
	Plan (£'000)	Forecast Outturn (£'000)	Variance (£'000)	Plan (£'000)	Actual (£'000)	Variance (£'000)
Non-current assets						
Property, plant and equipment	383,985	379,483	(4,502)	345,943	346,779	836
Intangible assets	5,087	5,087	0	5,087	5,087	0
Investment Property	8,230	8,230	0	8,230	8,230	0
Trade and other receivables	25,939	26,743	804	35,541	35,750	209
Total non-current assets	**423,241**	**419,543**	**(3,698)**	**394,801**	**395,846**	**1,045**
Current assets						
Inventories	13,274	13,274	0	13,274	13,572	298
Trade and other receivables	29,308	29,647	339	42,242	30,861	(11,381)
Cash and cash equivalents	2,760	2,760	0	2,712	9,641	6,929
	45,342	**45,681**	**339**	**58,228**	**54,074**	**(4,154)**
Non-current assets held for sale	0	0	0	0	0	0
Total current assets	**45,342**	**45,681**	**339**	**58,228**	**54,074**	**(4,154)**
Total assets	**468,583**	**465,224**	**(3,359)**	**453,029**	**449,920**	**(3,109)**
Current liabilities						
Trade and other payables	(59,767)	(56,509)	3,258	(70,987)	(68,986)	2,001
Borrowings	(5,860)	(5,860)	0	(2,994)	(2,995)	(1)
DH Interim Revenue Support loan	0	0	0	0	0	0
DH Capital loan	(3,774)	(3,774)	0	(2,489)	(2,489)	0
Provisions	(194)	(194)	0	(1,359)	(2,366)	(1,007)
Net current assets/(liabilities)	**(24,253)**	**(20,656)**	**3,597**	**(19,601)**	**(22,762)**	**(3,161)**
Total assets less current liabilities	**398,988**	**398,887**	**(101)**	**375,200**	**373,084**	**(2,116)**
Non-current liabilities:						
Trade and other payables						
Borrowings	(261,175)	(260,791)	384	(261,727)	(261,745)	(18)
DH Interim Revenue Support loan	(17,053)	(17,053)	0	(12,479)	(12,479)	0
DH Capital loan	(20,192)	(20,192)	0	(11,265)	(11,265)	0
Provisions	(2,260)	(2,260)	0	(2,405)	(2,406)	(1)
Total assets employed	**98,308**	**98,591**	**283**	**87,324**	**85,189**	**(2,135)**
Financed by taxpayers' equity:						
Public dividend capital	60,741	60,741	0	60,741	59,330	(1,411)
Retained earnings	(14,330)	(14,047)	283	(16,758)	(17,482)	(724)
Revaluation reserve	51,897	51,897	0	43,341	43,341	0
Total Taxpayers' Equity	**98,308**	**98,591**	**283**	**87,324**	**85,189**	**(2,135)**

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 variance on outturn is largely driven by a £4.5m reduction in Property, plan, and equipment plan as a result of constraints on national capital funding. As a result of the reduction in the Trust capital programme, it is expected that a reduction in the Trust's payables balance will occur and as a result trade and other payables assumes a reduction of £3.7m.
- Significant variances year-to-date is mainly due to the increase in cash and cash equivalents of £6.9m driven by the reduction in trade and other receivables of £11.4m following the receipts of the PFI car park contribution and STF payment.
- Other contributing factors to the year-to-date movement is an increase in current provisions by £1.0m as a result of newly assessed in year contractual provisions and change in the usage profile of prior year provisions.

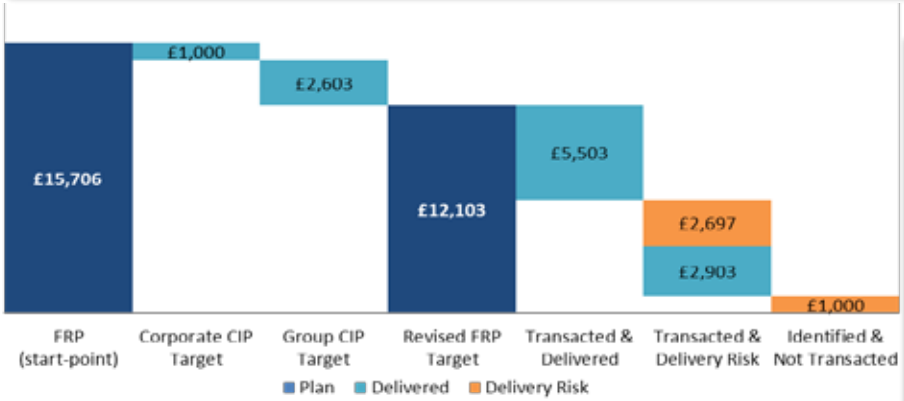
Efficiency Delivery Programme – CIP & FRP

Reporting Month August 2016

University Hospitals Coventry and Warwickshire NHS Trust

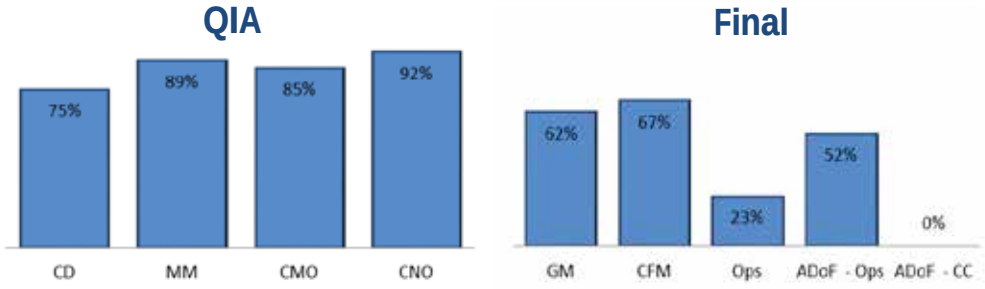
Overview

- **The Trust is forecasting delivery of £24.1m against £24.5m of potentially identified savings.** This gives a potential forecast under-delivery of £1.4m against the Trust revised CIP target of £25.5m for 2016/17.
- To achieve the £1.1m surplus; the Trust is required to deliver a £25.5m internal CIP for 2016/17. £19.9m is expected to be achieved by cost reduction and/or income from new services from clinical and core groups whilst £5.6m is expected to be delivered from increased productivity, and continued improvement to counting and charging.
- Groups have documented 293 schemes worth £24.5m (96%) against a target of £25.5m with an unidentified value of £0.9m as at Month 5.
- The Trust is reporting a £11.1m delivery against a target of £9.8m giving a 113% year-to-date delivery position as at Month 5.



The **Financial Recovery Programme** of £12.1m is additional to the Trust CIP plan. £8.4m delivered against plan as at month 5.

- Of the £3.7m outstanding, £2.7m relates to Agency Premium reduction scheme with delivery risk associated as indicated on the chart above. £1m relates to outliers however this is yet to be transacted.



All schemes are required to be assessed for quality impact assessment (QIA) and signed-off for operational and financial approval.

Each scheme, at **QIA** require clinical approval from individual Group's Clinical Director (CD) and Modern Matron (MM); and the Trust's Chief Nursing Officer (CNO) and Chief Medical Officer (CMO). As at M5, 75% of the documented 273 schemes have been fully assessed by both the CD and MM; of these 85% have been assessed and signed-off by the CMO and 92% by the CNO

At **Operational and Finance sign-off stage**, schemes require Chief Operating Officer (DCOO/COO) and Associate Directors of Finance (ADoF – Ops/CC). There are 156 schemes awaiting final sign-off and 32 of these schemes have been fully signed off, as such classed as being "fully implemented". These are schemes that have fully been assessed for QIA. Of these 23% have been signed off by DCOO/COO and 52% by ADoF - Ops.

Workforce Information | Headlines August 2016

University Hospitals Coventry and Warwickshire NHS Trust

Staff in Post | *Variation from Workforce Plan*

	31st August 2016	TDA Plan	Variation from Plan	Last Month's Variation from Plan	ISS
WTE	6767.88	6795	-27.13	-62.16	559.9
WTE including ISS	7328.78				
Headcount	7718				728
Headcount including ISS	8446				

*The above figures do not include 1325 bank only staff (Zero contracted hours).

The Trust's staff in post is 27.13 WTE behind the workforce plan of 6795 WTE.

The Trust's monthly staff in post has increased by 44.04 WTE from July 2016 figures.

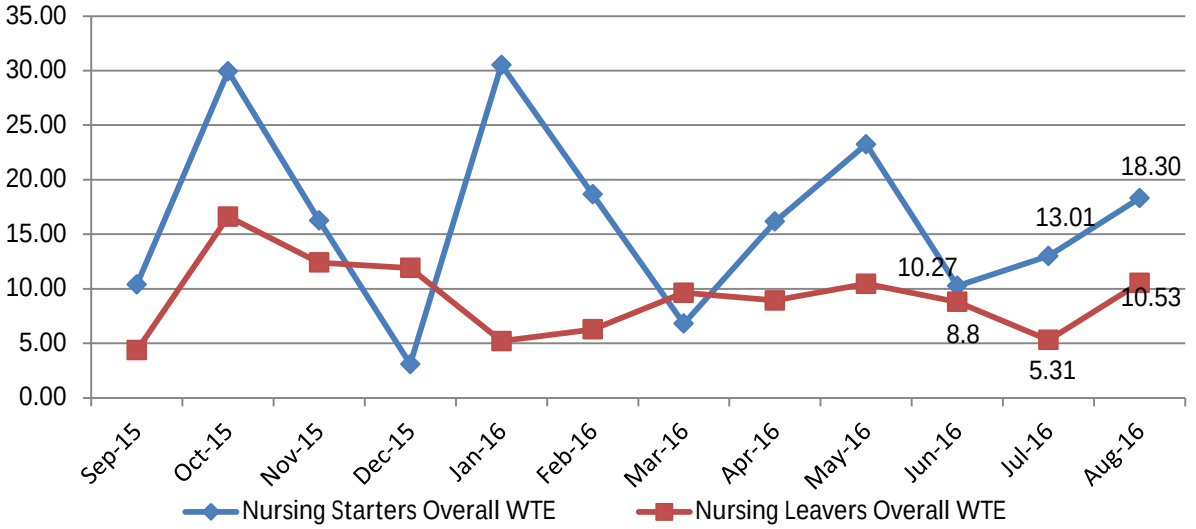
Staff Group in Post | *Monthly Variation*

Staff Group	Staff In Post WTE 31st Jul 2016	Staff In Post WTE 31st Aug 2016	Variance (WTE)	% Variance
Add Prof Scientific and Technic	214.43	219.24	4.81	2.19%
Additional Clinical Services	1563.64	1560.99	-2.65	-0.17%
Administrative and Clerical	1157.45	1170.46	13.01	1.11%
Allied Health Professionals	381.19	387.30	6.11	1.58%
Estates and Ancillary	5.00	5.00	0.00	0.00%
Healthcare Scientists	312.43	311.41	-1.02	-0.33%
Medical and Dental	942.54	964.31	21.77	2.26%
Nursing and Midwifery Registered	2109.95	2112.98	3.03	0.14%
Students	37.20	36.20	-1.00	-2.76%
Totals	6723.84	6767.88	44.04	0.65%
ISS	561.70	559.90	-1.80	-0.32%

Workforce Information | Headlines August 2016

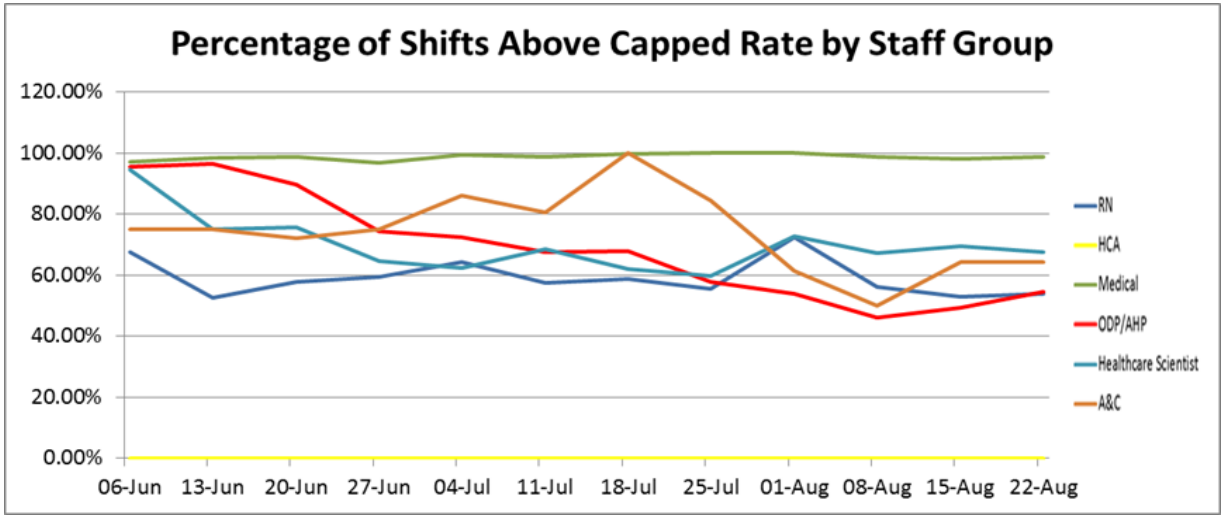
University Hospitals Coventry and Warwickshire NHS Trust

Starters & Leavers | *Nursing*



- The starters results for Oct, Jan and Feb highlights the Newly Qualified Nurses intake.
- New starters totalled 18.30 WTE continuing the upward trend against leavers 10.53 WTE.
- The forecast new starters for Nursing next month is 43.

NHSI Rate Caps | *Percentage of Shifts Booked Over Cap Rates*

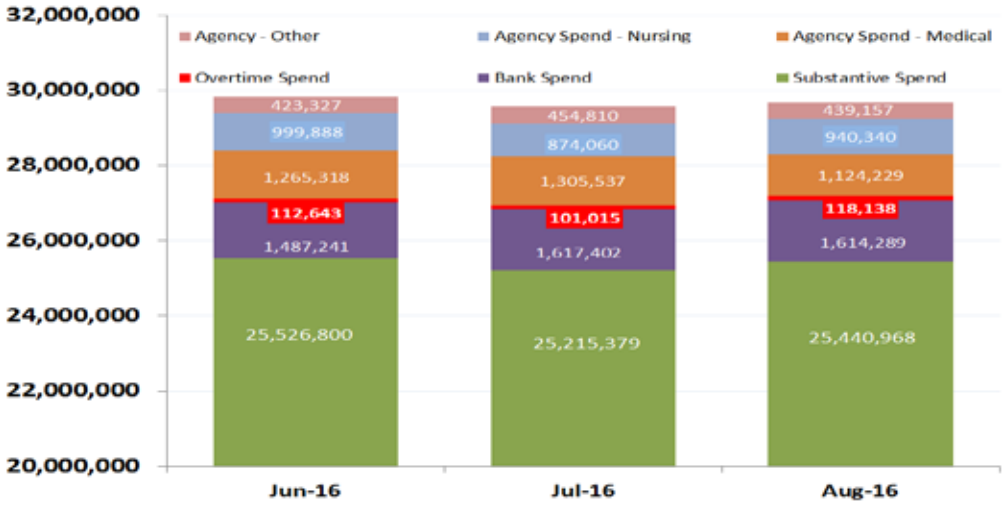


- The graph outlines the information from the weekly submissions by the Trust to NHSI on usage of agency staff with charge rates above the current NHSI capped rates.
- There have been fluctuations in agency use during August across all staff groups which may be due to the holiday period.
- Reduction in charge rates for nursing staff were agreed from 6th June onwards and initial indications are that the change has significantly reduced the proportion of nursing shifts above the capped rate.
- Standardised rates for medical locums took effect from 18th July. Although this will not move them under the April cap, it will provide a reduction in the total cost to the Trust.

Workforce Information | Headlines August 2016

University Hospitals Coventry and Warwickshire NHS Trust

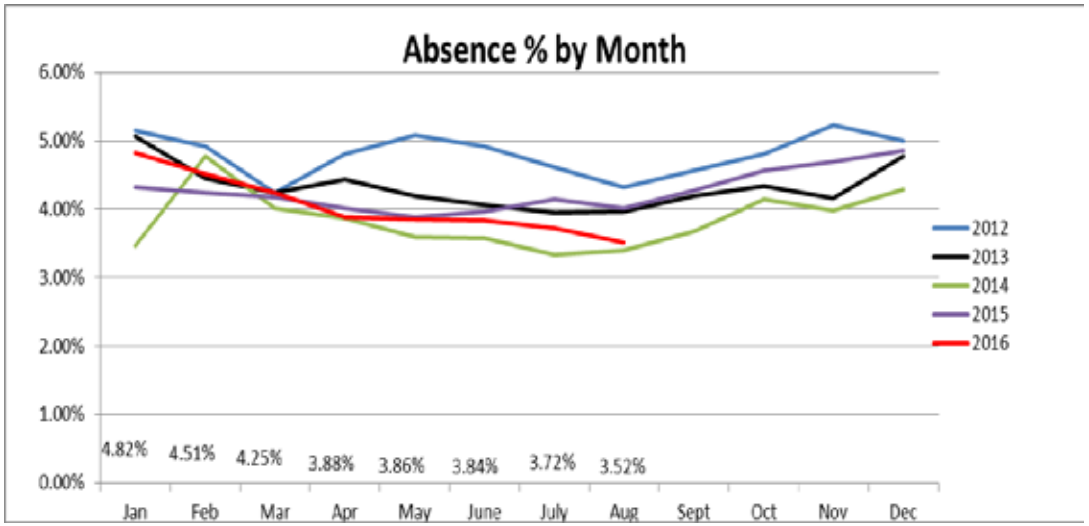
Pay Costs | *Provided by Finance*



- Temporary costs equate to 14.72% of the Trusts total pay bill (£29,677,121), this is a decrease of -0.45% from July 2016.
- Agency costs against total costs decreased from 8.91% to 8.44%.
- There was overall reduction in total agency spend with spend reducing by £130k against July 2016. Agency spend by Medical and other staff groups have both decreased with Nursing agency spend increasing by £66k.
- Bank and overtime usage increased by £14k and is 5.84% of the total spend.
- The substantive pay bill has increased by £225k from July to August.
- The overall pay bill for August 2016 is £108k above the July 2016 pay bill due to the increase in substantive pay, overtime and nurse agency spend.

Absence | *Specialty Group*

Specialty Group	% Abs Rate (WTE)
Cardiac & Respiratory	3.29%
Care of the Elderly	3.84%
Clinical Support Services Specialty Group	4.18%
Core Functions	2.16%
Diagnostic & Service	14.26%
Emergency Department Specialty Group	3.54%
Hospital of St Cross	4.92%
Imaging	3.26%
Neurosciences Specialty Group	3.05%
Oncology and Haematology	2.43%
Pathology Network Cov & Warwicks	4.30%
Renal Specialty Group	3.34%
Specialist Medicine & Ophthalmology	3.64%
Surgery Specialty Group	3.33%
Theatres and Anaesthetics Specialty Group	4.90%
Trauma & Orthopaedics Specialty Group	1.65%
Women & Children Specialty Group	3.77%
Totals	3.52%

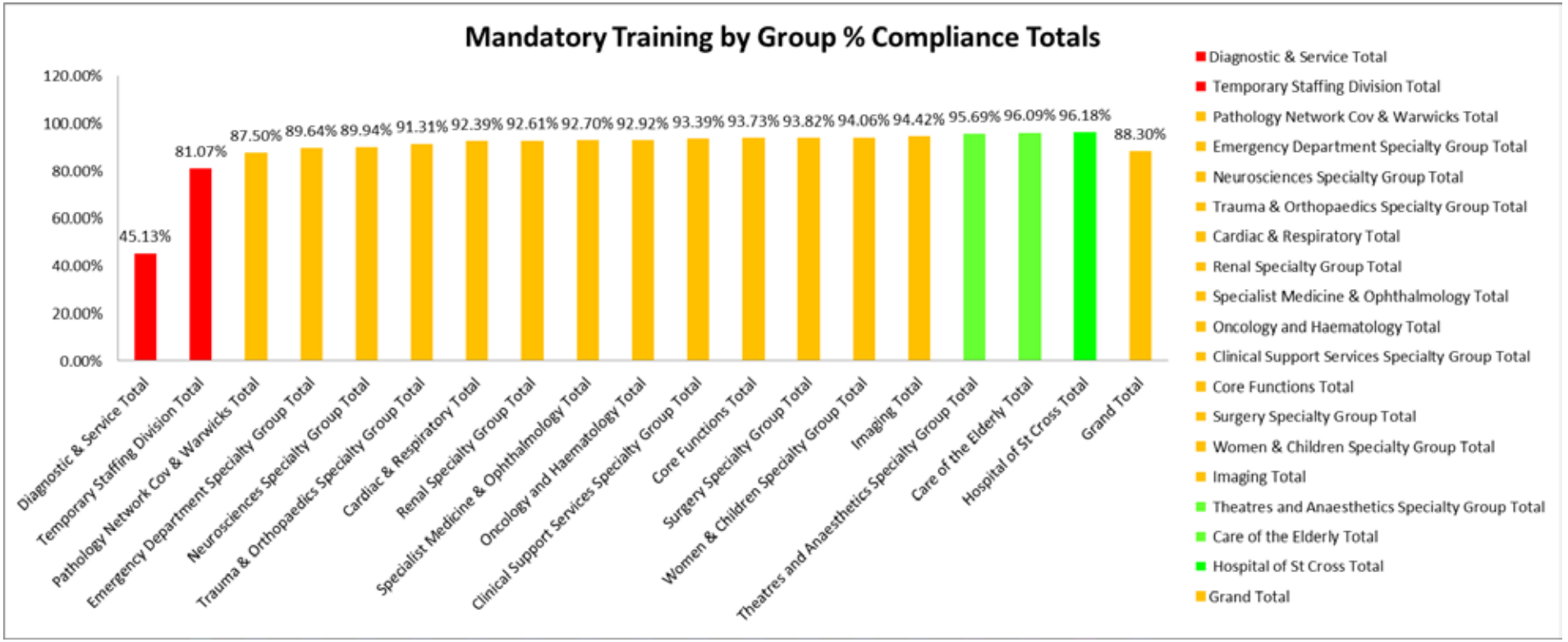


Sickness remains under the Trust target of 4%. There has been a further reduction in sickness by 0.2% between July and August 2016.

Workforce Information | Headlines August 2016

University Hospitals Coventry and Warwickshire NHS Trust

Mandatory Training | *Topics*



- Mandatory Training compliance is currently 88.30% a small decrease of 0.03% against July.
- 3 topics are above 95% (Hand Hygiene Non Clinical, Equality and Diversity and Thromboprophylaxis Inital), 15 topics are amber status between 85% and 95% and 16 topics below 85%.
- 2 topics are below 60% Immediate Life Support (ILS) – Annual at 57.14% and Moving & Handling Medical & Dental – 3 yearly.
- The Moving and Handling Medical and Dental competency was created in April 2016 following changes to the frequency in refresher training required. Compliance has now increased from 45.41% in April to 58.36% in August.
- Immediate Life Support (57.14%) is recorded against the Imaging group and Cardiac and Respiratory group and only 3 departments Cardiac Rehab, ECG, and Nuclear Medicine.

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	Corporate Risk Register
Author	Chelsea Gilsenan, Trust Risk Manager
Responsible Chief Officer	Meghana Pandit, Chief Medical & Quality Officer
Date	29th September 2016

1. Purpose

To inform Trust Board of the highest rated risks on the Corporate Risk Register, and provide assurance that these are being managed appropriately.

All 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 held on the central risk management software system, Datix. Risk owners and handlers are required to ensure that they regularly review their risks and update the register.

2. Background and Links to Previous Papers

This quarterly report is included as part of the Board reporting framework.

The monthly Trust Risk Committee supports the Quality Governance agenda in assuring that the Trust delivers high quality, safe services to patients. It oversees and monitors the risk register and ensures that the Trust has the appropriate strategies, processes, systems, policies, and procedures in place to manage risk. The Risk Committee reports to the Quality Governance Committee on a bi-monthly basis. In addition, each month the Corporate Delivery Group review the corporate risk register.

The Risk Committee is an executive-led management group chaired by the Chief Executive. On a rolling programme the Chief Officers present their corporate risk portfolio along with the clinical groups biannual presentation of their risk registers for all moderate and above risks (Risk rating of 8 and above).

3. Executive Summary

In July 2016, there were six risks logged with a risk grading of 20, and this has remained the same for September 2016.

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

- Risk ID 1936: Obsolete main network infrastructure leading to incidents and lack of network capacity
- Risk ID 1984: RTT Performance
- Risk ID 2136: Inability to keep CAMHS patients safe on an adolescent unit
- Risk ID 2164: Achieving 3.5% DTOC national target
- Risk ID 2237: Severe shortage of permanent storage capacity in mortuary at UHCW
- Risk ID 2416: Confidentiality Breaches

Of these, five risks have remained “High” with a risk score of 20 since July 2016:

- Risk ID 1936: Obsolete main network infrastructure leading to incidents and lack of network capacity
- Risk ID 1984: RTT Performance
- Risk ID 2136: Inability to keep CAMHS patients safe on an adolescent unit
- Risk ID 2164: Achieving 3.5% DTOC national target
- Risk ID 2237: Severe shortage of permanent storage capacity in mortuary at UHCW

A corporate “High” rated risk is classified as any risk with a rating of 15-25 on the “Corporate Risk Register”. Please see enclosed “Corporate Risk Register Extract” for details of all corporate risks with a rating of 15 and above.

4. Link to Trust Objectives and Corporate/Board Assurance Framework Risks

UHCW NHS Trust is committed to ensuring that the management of risk underpins all strategies, processes and activities that lead to the achievement of the aims and objectives of the Trust.

The key aims are to identify and safeguard against any risks which could affect the delivery of the current objectives:

- 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

The risk management system utilised by the trust to support the functions of Governance (Datix) has a mandatory requirement for all risks to be linked to the corporate objective that may be affected.

5. Governance

Progress on the “High” rated corporate 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

Jenny Gardiner – Director of Quality

7. Recommendations

The Board is invited to **note** the risk register report.

Name and Title of Author: Chelsea Gilsenan, Trust Risk Manager.

Date: 08 September 2016

Corporate Risk Register. Risk Grading >15 (High)

ID	Date Identified	Title	Risk Type	Risk Subtype	Description	Risk level (initial)	Executive Lead	Risk Owner	Handler	Current controls	Gaps in controls	Risk level (current)	Rating (current)	Next review date	Assurance	Gaps in assurance	Risk level (Target)
1936	1-Apr-2016	Obsolete main network infrastructure leading to incidents and lack of network capacity	Corporate	Information Technology	Loss of any significant part of the UHCW data network affecting end users access to IT systems. The Trust network is well beyond its refresh date and is suffering sudden disruptive failures. The latest of which occurred 22-24th April 16. It is becoming increasingly difficult to maintain since the equipment is obsolete. Many of the closets are also full with little or no capacity for expansion. This is a significant risk in particular to the EPR programme and other strategic developments such as ED, Resus and Pathology centralisation. Date identified - 6.8.13	HIGH	Karen Martin	Mr Robin Arnold	Mr Tejul Gudka	3.8.15 - The adoption of the plan of works into the PFI programme is still ongoing with the amendment to the deed being discussed between involved parties. Once the amendments are made then the work to replace the network can take place. 1.5.16 - UHCW ICT are engaging with the preferred supplier Intrinsic and also preparing schedules of work including the Project planning, reviewing the HLD/LLD engagement with key stakeholders and looking at capacity requirements since the Network Refresh was procured in August 2014. 04.08.16 - Contracts signed and in place. Refresh project has begun. 31.08.16 - The refresh is currently in planning stages with the preferred supplier whilst the pre-requisites (Fibre Cabling, cooling and Power) are put in place. These are expected to be completed by 31.10.16.	Depending on the nature and time of the incident, ICT may not be able to immediately restore services. This risk cannot be mitigated without the network refresh is being scheduled through the Trusts PFI. The refresh paperwork is currently between the Project Co. and Trust lawyers. We are awaiting the outcome of this before the purchase orders are given to the preferred supplier to lay 1) Fibre Cabling 2) Professional Services 3) Maintenance and Contracts. Capacity issues are also appearing where we cannot build into the existing infrastructure without the Network refresh ocurring due to hardware and software limitations. 21.04.16 - A major network disrupt started on 21.04.16 lasting for 4 days. This appears to have been caused by the obsolete equipment reaching the limit of its capacity.	HIGH	20	30-Nov-2016	The ICT Team continue to monitor the performance of the Network and are working with Vinci as and when incidents occur. The refresh project will be managed in accordance with Prince 2. 31.08.16 A proposed plan to alleviate the capacity issue has been devised and is currently being discussed. 31.08.16 Project Board meetings scheduled to have oversight of Refresh and bring together key stakeholders.	Recent events have shown the risks of hardware/software failure are increasing in frequency and magnitude.	VLOW
1984	1-Apr-2015	RTT Performance	Corporate	Operational	The Trust is failing the RTT standard for incomplete 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.	HIGH	David Eltringham	Ms Emma Livesley	Ms Emma Livesley	Update: 07/12/2015 (i) revised trajectory agreed and signed off by CCG and SRG. (ii) Revised action plans and performance management tools. (iii) Weekly performance tracker designed and implemented. (iv) Surgical control room set up. (v) Additional theatre lists identified. (vi) Additional resources allocated to validation. (vii) Additional consultants in plastic surgery; Urology; General Surgery; and T&O. Update 10/02/2016 - (i) Weekly review of all Group plans. (ii) Weekly trajectory identified. (iii) Additonal monthly performance review by executive team. (iv) Additional and specific RTT objectives set by the Executive team. Update 11/05/16 (i) Additional capacity identified as part of ODP (ii) Targets for theatre efficiency and closed session rates (iii) Daily Delivery Plan launched with Groups. Weekly review of DDP. Update 26/08/16 The Trust has committed resource to rebook patients in chronological order and increase the investment in training against the new patient access policy. Improvement is performance is expected as a result of this exercise in 3 months.	No identified gaps in controls	HIGH	20	30-Nov-2016	Signed off by TDA, NHSE & CCG 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	None identified	LOW
2136	1-Apr-2016	Inability to keep CAMHS patients safe on Ward 14 Adolescent unit	Corporate	Safety - Clinical	Possibility of CAMH's patients self harming on the unit. Complexity of CAMH's patients being admitted. High risk of suicide by mis adventure due to patients with escalating behaviours.	MOD	Mark Radford	Ms Kara Marshall	Mrs Sue Ellis	July 2016 update: Meeting on 07/07/2016 with CWPT attended by KM and SE to discuss current ALT service. Assurance provided from CWPT on recruitment plans for x2 B6 replacement posts. No further investment from CCG has been agreed to enable further expansion. Commissioners present at meeting and aware of current challenges. Risk presented by KM and SE at Patient Safety Committee on 21.07.2016 to agree corporate rating. Action from PSC KM to discuss with Janet White to ensure risk is appropriately documented as part of STP process. Following serious incidents involving an adolescent on the roof of the Women and Children's entrance, ISS have assessed all access routes across the West Wing of the hospital. COO raised this issue of delayed CAMHS response at the system resilience group meeting on 6th June 2016. CWPT confirmed they have communicated plan to manage staff absences to CNO, Mark Radford. Appropriate escalation followed to ALT team as required	No 24/7 cover for CAMHS liason team at present No guarantee for 1:1 nursing or HCA where required	HIGH	20	30-Sep-2016	business case in progress to increase staffing on ward 14 to allow higher ratio of qualified nurse:patients	If business case is not approved If business case is approved but recruitment is not successful	LOW

Corporate Risk Register. Risk Grading >15 (High)

ID	Date Identified	Title	Risk Type	Risk Subtype	Description	Risk level (initial)	Executive Lead	Risk Owner	Handler	Current controls	Gaps in controls	Risk level (current)	Rating (current)	Next review date	Assurance	Gaps in assurance	Risk level (Target)
2164	1-Apr-2016	Achieving 3.5% DTOC national target	Corporate	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.	HIGH	David Eltringham	Mr Alan Cranfield	Mr Ross Palmer	Remodeling the service provision to focus resource at the front door and inreach to reduce LOS. Introducing the new DTOC guidance locally Update May 2016: IDT establish roles and responsibilities with wider MDT at ward level. Notifications to social services to reduce as MDT managing ward led discharges.	Partners not updating the discharge plan for their patients Daily discharges meetings not effective use of time reduced to twice weekly with agreement of partner engagement to update staus with changes IDT high levels of sickness reducing accuracy of data collected as staff covering additional wards	HIGH	20	22-Sep-2016	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
2237	1-Apr-2016	Severe shortage of permanent storage capacity in mortuary at UHCW	Corporate	Operational	Severely limited storage across the network during times of high death rates and bank holidays particularly during the winter period. This has the potential to lead to reputational damage, stress & upset to relatives.	HIGH	David Eltringham	Ms Jane Barry	Mr Chris Wookey	April 2016 2 additional temporary storage facilities purchesed by the Trust located at Rugby St.Cross provideing 24 additional, temporary storage spaces.	Human Tissue Authority inspection due August 2016, HTA will not approve of the long term solution for temporary storage. Capacity of additional storage locations	HIGH	20	30-Sep-2016	Regular review, updates to Chief Officers Pathology Director of Operations to prepare paper for COG	None identified	LOW
2416	4-May-2016	Confidentiality Breaches	Corporate	Information Governance	If documents contaning highly sensitive and confidential patient information e.g. handover sheets, continue to be printed and misplaced breaches of confidentiality will occur; the Trust will be exposed to the risk of a fine from the ICO and patients may be harmed/lose trust and confidence in the organisation.	HIGH	David Eltringham	Mrs Rebecca Southall	Ms Harjit Matharu	Confidentiality Policy Annual IG training. 6/04/16 Risk not approved, reviewed or updated for over 3 months, therefore closed. 04/05/2016 Risk re opened at the request of the Risk Committee HM to update. 25/07/2016 There are a number of controls in place: - Print-Use-Destroy guidance is communicated at all inductions (Trust, junior doctos and nurses inductions), it is also on the intranet. After the last high profile incident, the guidance was communicated from the EPR Clincal Lead re-emphasizing the need to destroy confidential information / handover sheets. - Posters were created by the IG Team and placed on ward areas, reminding staff to stop and check to ensure they are not taking any paper-based confidential information off site and to destroy it securely. - An audit was done of all ward areas to ensure there are sufficient confidential waste bins. Estates provided additional bins for wards that requested them.	None identified	HIGH	20	3-Oct-2016		None identified	LOW
2029	23-May-2016	Loss of Clinical Perfusion staff & refusal to use perfusion agencies	Corporate	Operational	Due to the loss of qualified staff there is an insufficient number of Clinical Perfusionists to cover the elective & emergency out of hour's service; Full Perfusion establishment is 7 WTE; from the 28th June there have been 5 qualified Perfusionists at UHCW. From the 2nd September there will only be 4 qualified Perfusionists. Cancellation of operating lists & the frequent loss of the out of hour's emergency service is inevitable, unless external Perfusionists are utilised. The executive team have refused to authorise the use of external perfusion staff as they are not on the national framework. The current on call frequency for UHCW Perfusionists is 1:2 at times of annual leave Perfusionists are covering at 1:1. This is unsafe, it is unreasonable and inequitable for the Trust to expect this level of on call to be covered without external support. In August 2016 I have identified that there are 19 cardiac operating lists insufficiently staffed, leading to the cancellation of 27 cardiac operations. From the 5th September the provision of the emergency on call service will be reduced due to insufficient staffing levels. There is no on call cover available for the weekends dates 10th, 11th, 24th & 25th September.	HIGH	David Moon	Mrs Sara Lee	Mr Paul Sweeney	When possible Clinical Perfusionists will continue to be flexible in their hours to minimise disruption to the service, however, there are insufficient staff to cover the elective & emergency service whilst adhering to national patient safety standards. External Locum Perfusionists are required to cover the significant gaps in service.	When external perfusion agencies are unavailable to provide staffing, cancellations will ocurr and the emergency service will be unavailable	HIGH	16	14-Oct-2016	To the best of their ability & staffing levels allow, UHCW Clinical Perfusion will continue to maintain patient safety & qulaity of service. Managament will be informed of staff shortages immediately so alternate staffing can be utilised.	As perfusion is a unique, highly specialised but extremely small profession Locum Perfusionists will not be available.	LOW

Corporate Risk Register. Risk Grading >15 (High)

ID	Date Identified	Title	Risk Type	Risk Subtype	Description	Risk level (initial)	Executive Lead	Risk Owner	Handler	Current controls	Gaps in controls	Risk level (current) Rating (current)	Next review date	Assurance	Gaps in assurance	Risk level (Target)
2067	24-Apr-2015	Patient Flow (ED 4hr wait)	Corporate	Operational	The risk is that that we do not have the right capacity to meet demand which prevents the attainment of the Constitutional 4 Hour Standard for A&E.	MOD	David Eltringham	Mr Alan Cranfield	Dr Dan Strong	1 - Use of predictive capacity and demand models to identify shortfalls in capacity. 2 - Introduction of MAU, incorporating short stay beds, AEC and GPAU. 3. - The development, with partners, of a frailty service to reduce length of stay and and admission avoid. 4. - The creation of ringfenced surgical capacity to protect a volume of elective activity. 5. - The introduction of a Trigger sytem within ED to provide early alerts to enhance breach avoidance. 6. - The uplift of 3 middle grade doctors to allow capacity to meet demand. 18/5/2016 DS - HR analysis of junior rotas has not identified any capacity to improve staffing out-of-hours within establishment, as all tiers are working to maximum contractual limits. Focus on improving evening performance to reduce backlog going into the night should mitigate overnight performance issues.	Clinical engagement and resources Lack of 7 day working Development of staff	HIGH 16	31-Aug-2016	Hourly monitoring Process & o/c indicators Mortality KPIs - FREED metrics	Complex patient pathways with large numbers of patients affected. Capacity is reliant upon external partnerships, and community pathways being updated limited capacity forces short term plans to deal with constraints	MOD
2178	1-Apr-2016	DNACPR forms not accompanying patients as they leave the organisation	Corporate	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.	HIGH	Meghana Pandit	Dr David Parr	Dr Robert Simpson	12.1.16 - DNACPR tab still under development, due to be piloted Feb 2016. 04.03.2016 - Tab pilot imminent. Awaiting final notice from AP-F. 06.04.16 Reported at Risk Committee that the tab pilot has commenced. 17.05.16 - Still awaiting completion of programming of training package. Pilot area clinical staff briefed re pilot on 20/21/30/31 23.06 - no change. Actively chasing. MP CMO aware. 12.08.16 - Pilot underway. lots of data capture. Some training issues. email to CMO to set up meeting to consider full role out	None identified Programming of training packafge is outside our control	HIGH 16	30-Sep-2016	Monitored via incident reporting	None identified	MOD
2195	29-Mar-2016	HPB-compliance with IOG guidelines	Corporate	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.	HIGH	David Moon	Mrs Danielle	Mrs Danielle	27.04.2016 Specialised commissioners have confirmed their intent to support a combined UHBFT and UHCW HPB service from 01.04.2017. A guiding principles document is in circulation to confirm legal and governance responsibilities and discussions are expected to agree a proposed model of clinical delivery by June 2016	Clinical model yet to be agreed	HIGH 16	30-Sep-2016	Agreed pathways and governance ensuring on-going service at UH	UHCW & UHB met early Apr 2016.	LOW
2290	2-Apr-2016	Insufficient controls and adherence to safety procedures may lead to system failures and Never events	Corporate	Safety - Clinical	If staff do not follow policies and procedures there is a risk that patients will come to avoidable harm through the occurrence of a never-event or other clinical incident.	HIGH	Meghana Pandit	Dr Anne Scase	Sr Carolyn Bradshaw	Following a review on mechanisms that are in place and have been applied following previous incidents and are now incorporated into ongoing training, an intention to apply innovative techniques and processes was agreed. This has resulted in the following actions being completed and techniques and principles being developed: Audio surgical safety checklist. Audit of process for counting & checking equipment. Human factors training. Feedback to manufacturer re packaging of different types of prosthesis. Review of storage of prostheses. Theatre list planning. 25/11/15 NatSSIPs and LocSSIPs implementation being scoped Trustwide. 02/03/16 Discussed at Risk Committee. 3 wrong-site surgery NEs occurred during 2015/16. Risk rating raised. 18/05/16 Theatre safety team developed. Leading with video of SSC, development of team brief chart, completed daily, and debrief to be rolled out once video shown to staff.	NatSSIPs and LocSSIPs to be implemented by Sep 2016	HIGH 16	1-Dec-2016	Trustwide never events gap analysis was conducted September 2015, where specialties identified any gaps to be addressed Never event reported in 2015/16 has since been de-registered Theatre "safety champions to be appointed, safety committee and safety board instigated involving theatre staff and clinicians. April 2016. Safety video and competency pack being introduced for all theatre staff. May 2016.	None identified	MOD

Corporate Risk Register. Risk Grading >15 (High)

ID	Date Identified	Title	Risk Type	Risk Subtype	Description	Risk level (initial)	Executive Lead	Risk Owner	Handler	Current controls	Gaps in controls	Risk level (current)	Rating (current)	Next review date	Assurance	Gaps in assurance	Risk level (Target)
2392	1-Apr-2016	Agency Staffing Expenditure 2016/17	Corporate	Financial	Failure to control and reduce agency staffing expenditure	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 implemented in July 2015 Additional TDA controls introduced in November 2015	New controls over the use of agency staff to be implemented in July 2015	HIGH	16	31-Oct-2016	Monthly reports to the Trust Board and Finance and Performance Committee.	Continuing high levels of agency spending and use of non-framework agencies Full compliance with revised Trust and TDA controls not assured	LOW
2546	8-Apr-2016	Delayed discharge for fast track patients	Corporate	Operational	This risk is shared across the Trust. Fast Track patients are delayed in UHCW awaitng POC or NH's, or become too unwell to leave the hospital due to the current process.	HIGH	David Eltringham	Mr Alan Cranfield	Ms Kerrie Manning	IDT screen and educate the ward staff on the completion of fast track referrals throughout the day. Progress chase meeting twice weekly to clarify the day the referral was received, delays in the receipt, and whether the referral was declined / accepted. Ensure all fast track referrals received by 14:30pm on Fri are checked and processed. Ensure all fast track referrals are checked as priority Monday morning. Twice daily updates from CHC SPA regarding the progression of sourcing. Twice weekly meetings with senior staff to escalate concerns and support to resolve blockages Reported via progress chase to CHC to discuss with commissioning and explore why the patient has been declined by a NH	Daily updates do not always result in an imminent discharge Escalation at the twice weekly meeting does not always result in an imminent discharge UHCW have no authority over the CHC SPA function and the process There is nothing in the NH contracts to specify a time frame from referral to assessment to decision.	HIGH	16	19-Oct-2016	Escalated to the CCG work stream in progress to explore the CHC SPA process Escalated to the EOL committee meeting, letter sent from Mark Radford to CHC leads. Completion of Fast track audit	No Authority to implement / influence a change in the CHC process as managed externally.	LOW
67	1-Apr-2016	Medicines Management - Drug Security	Corporate	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.	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. Business case presented at PU November 2015 - to go out to tender. 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. Feb 2016 - Update on status Annual Medicines Management Audit results show improvement in compliance with drug security. (Attached report summary in documenation). Business case for electronic medicines cupboards approved at planning board and mini competition tender underway. May 2015: Clinical areas assessed via self-assesment based on RPS review of Duthie. Heat map of issues added in documents. Report to be completed and presented to director of quality. SOme areas have yet to comply with recommendation to install self-closing arms on clinic room doors, and to remove latch facility on digi-lock. ITU areas and Theatres theatres struggling to comply with requirements to lock away medications. Estates to confirm if cabinets installed at build comply with BS2881. Additional cabinets purchased by some areas due to requirement to segreate patients own medicines from stock, require review - may not be secure enough to withstand attack, and not securely attached to wall/floor. Controlled Drugs cabinets across the organisation appear to be of appropriate constuction but assurances required from estates regarding the appropriate locks (number of key differs) and secure attachment to wall/floor, in line with the misuse of drugs act.	Co-ordination for monitoring assessment action plan delivery and completion Audit & Assessment - routinely these are on the day spot checks and may not reflect true practice Medicines Managment (Drug Security) Training is not delivered to all healthcare professionals Under reporting of drug security incidents	HIGH	15	1-Sep-2016	Monitored at Patient Safety Committee Monitored at Medicines Management Committee	Drug security risk assessments to be undertaken and added to all wards and departments risk register	LOW

Corporate Risk Register. Risk Grading >15 (High)

ID	Date Identified	Title	Risk Type	Risk Subtype	Description	Risk level (initial)	Executive Lead	Risk Owner	Handler	Current controls	Gaps in controls	Risk level (current)	Rating (current)	Next review date	Assurance	Gaps in assurance	Risk level (Target)
461	1-Apr-2016	Management of non-gynaecological (medical and surgical) patients on Ward 23, Gynaecology	Corporate	Operational	High numbers of outlying patients regularly placed on surgical and non-medical Wards. This impacts on bed capacity,elective theatre lists and quality of care for the patient. This also has potentially increased infection control and financial consequences. Gynaecology nursing staff are required to care for these specialty patients alongside gynaecology and gynaecological oncology patients. Patient care could be compromised as a result of this. Situation on Ward 23 specifically may be further compounded by future reconfiguration of maternity services at GEH which will require 12 beds to be transferred from Ward 23 to Maternity.	MOD	David Eltringham	Ms Emma Livesley	Sr Sue Harrington	Meeting 28.06.2016 held between Surgery and Gynaecology with Director of Operations present. Surgery have undertaken an audit of the number of female urology patients in a 2 week period who would be suitable for admission to Ward 23 however this identified that not enough patients met the criteria required. The audit is being revisited to include males and females but Surgery have significant concerns that changes to their patient base would increase their outliers which carries the same risks as for Gynaecology medical outliers. Director of Operations has requested a briefing paper updating on the options proposed and discussed. Quarter 1 shows that Ward 23 has an occupancy of Gynaecology specialty patients of 40.3% which equates to 12.9 beds on average for the specialty.	Outlier doctors are not managed by W&C and therefore can be difficult to influence priority review of patients	HIGH	15	30-Sep-2016	Outlier patients are reviewed on a daily basis by a dedicated team which is shared amongst specialties	Medical and Surgical outliers are monitored but plans are limited to manage these patients The ability to manage the number of outliers we accept in relation to planned elective TCI's	LOW
2279	1-Apr-2016	Trustwide Clinical Staffing Vacancies	Corporate	Workforce (HR)	High agency usage in most wards. Some impact on mandatory training compliance. Impact of additional open beds (short term over winter in renal, cardiology, daysurgery) requiring additional staffing.	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. Process in place to monitor use of agency staff, with non framework RN requests, and HCSW framework requests requiring Chief Officer sign off. TDA target of no more than 12% of total nursing budget to be spent on agency staff, with a reduction over next 3 years year on year. New national guidance on agency caps came into force end November 2015, currently implications for UHCW being worked through. Recruitment monitored by COG, on monthly IPR and monthly workforce report to F&P Committee/ Trust Board.	Timescale from advert to staff on site has improved but ongoing work to streamline this and reduce further to no longer than 3 months Agreement to employ greater number of newly qualiifed staff (work to look at support required for this) as experienced B5 staff not avaialble to match current vacancy levels.	HIGH	15	30-Dec-2016	Reduced external agencies from 24 to 12, all framework , better quality assurance Monitored at COG, F&P Committee, NMC and quarterly Performance Reviews New Enhanced Care Team commenced in October 2015. Further recruitment to 10wte vacancies in February 2015 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 Bi annual review of risk assessment at Nursing and Midwifery Committee Nursing metrics reviewed monthly	Vacancy rate remains high despite active recruitment activities	MOD
2472	25-Jan-2016	LACK OF HYBRID OPERATING THEATRE	Corporate	Safety - Clinical	A hybrid operating theatre is an operating theatre which has a fixed image intensifier and equipment for performing vascular surgery. Modern vascular surgery requires good quality imaging and stock of equipment kept in theatre to perform modern surgical techniques. These cannot be carried out using the current facilities in both elective or acute settings. Hence patients are being offered 'older' techniques which have a higher morbidity and mortality rather than modern techniques. In addition, staff are being exposed to higher levels of radiation than would occur if we had a fixed system for imaging. A hybrid operating theatre is recommeded by the MHRA for the above reasons on safety grounds.	HIGH	David Moon	Dr Anne Scase	Mr Asif Mahmood	No current controls in place. Access to interventional radiology on an adhoc basis. Working party for hybrid theatre. 11/03/16 Risk escalated to "corporate" at Theatre Management meeting. To be approved by D Moon.	Use of interventional radiology is sub-optimal, with no immediate access to surgery.	HIGH	15	30-Sep-2016	Monitored through incident reporting & Mortality review	None identified	LOW
2559	1-Apr-2016	Radiographer Resources	Corporate	Operational	(Previously risk ID 850) Difficulty recruiting to posts in timely manner CT insufficiently resourced to cover weekend without overtime / Agency High vacancy factor throughout General and CT/MRI Difficult to recruit to Ultrasound Increased use of Agency staff to backfill vacancy - cost Increased risk of error = Reputational risk	HIGH	Mark Radford	Mr Neil Anderson	Ms Tracey	Rolling recruitment programme CT/ MRI capacity case BC going to PU in August 2016 04.08.2016 Reviewed - Latest advert for band 5 radiographers 8 shortlisted. CT neuro radiographer RAF submitted. USS trainees x 2 appointed Plans for overseas recruitment ongoing. TH	National shortage of radiographers	HIGH	15	31-Oct-2016	Discussed at GMM, Modality Meetings and with finance Regular meeting with Resources to oversee recruitment	Non identified	VLOW

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	Patient-Led Assessments of the Care Environment (PLACE)
Author	Lincoln Dawkin – Director of Estates and Facilities
Responsible Chief Officer	David Eltringham – Chief Operating Officer
Date	29 September 2016

1. Purpose

To provide the Board with a summary update of the outcome of the Patient-Led Assessments of the Care Environment 2016 (PLACE).

2. Background and Links to Previous Papers

The NHS Constitution establishes a number of principles and values of the NHS in England, which additionally extend to private and voluntary sector providers supplying NHS services. Included amongst these are:

- Putting patients first;
- Actively encouraging feedback from the public, patients and staff to help improve services;
- Striving to get the basics of quality of care right; and
- A commitment to ensure that services are provided in a clean and safe environment that is fit for purpose.

Patient-Led Assessments of the Care Environment (PLACE) are a self-assessment of a range of non-clinical services, which contribute to the environment in which healthcare is delivered in both the NHS and independent/private healthcare sector in England. Participation is voluntary. These assessments were introduced in April 2013 to replace the former Patient Environment Action Team (PEAT) assessments, which had been undertaken from 2000 – 2012 inclusive. These are the fourth set of results from the revised process.

The PLACE programme aims to promote the above principles and values by ensuring that the assessment focuses on the areas which patients say matter, and by encouraging and facilitating the involvement of patients, the public and other bodies with an interest in healthcare (e.g. Local Healthwatch) in assessing providers in equal partnership with NHS staff to both identify how they are currently performing against a range of criteria and to identify how services may be improved for the future.

Following discussions with Health Watch after the 2015 auditing, a number of recommendations were made by the team to further enhance the inspection process for 2015/16, which were factored into the process. These included:

- A greater number of ‘Patient’ representatives as part of the inspection team;
- An increased number of inspection teams;
- Greater time allowed for the inspection; and

- A brief to Health Watch members explaining what is involved in the audits.

It was also recommended that further investment is undertaken at the Hospital of St Cross to ensure a robust on-going environmental maintenance program is in place going forward. This will address areas such as:

- An increase in the investment in public spaces/corridors at St Cross; and
- A revised lighting scheme across the site.

The fourth year of PLACE assessments were carried out across the country between January and May 2016 at all NHS patient organisations. The PLACE programme offers a non-technical view of the buildings and non-clinical services provided across hospitals, hospices and independent treatment centres providing NHS funded care. It is based on visual assessments, not relying on the application of any technical or scientific tools.

The audit process assessed a number of key indicators in developing the PLACE score and is acknowledged as being an NHS nationally recognised standard of performance. The outcome of this assessment also reports into the Care Quality Commission (CQC).

· The team for UHCW audits consisted of:

University Hospital
Patient Assessors:
Volunteers from Health Watch Coventry (Between five and six per day)
Inspection Team:
David Powel and the Infection Control Team

Hospital of St Cross
Patient Assessors:
Mr David Hardiman (Patient Representative – Health Watch Coventry)
Inspection Team:
David Powell, Juliet Starkey, Chris Seddon, Judith Lewis and Infection Control Team

The Trust would like to formally thank Health Watch Coventry for the time and support given by the members in undertaking the audits and look forward to their continued support in the coming years.

3. Executive Summary

The audit covered a number of areas, reported under the following five headings:

- **Patient Food** – review of the meal service and presentation, hydration and also sampling of the meals on offer to patients;
- **Privacy and Dignity** – assessment of ward privacy, dignity and wellbeing of the patients;
- **Environment** – assessment of the external area of the site including car parking, décor and signage and the internal areas of the hospital including public toilets décor and internal signage;
- **Cleanliness** – assessment of the cleaning standards around the site ensuring areas were free from all visible removable dirt including dust, stains, litter, blood, body

substances, hair, cobwebs and insects. This list covers the majority of the issues during an assessment; however, other items are recorded when seen. We have also most recently, following a number of concerns raised in relation to the cleaning standards, developed a robust action plan with our soft service providers ISS, this program covered a multitude of areas within the cleaning service and is closely monitored by the Quality Governance Committee to ensure an improvement is achieved and sustained; and

- **Dementia -** focuses on flooring, decor and signage, but also includes such things as availability of handrails and appropriate seating and, to a lesser extent, food. The items included in the assessment do not constitute the full range of issues requiring assessment which, in total, are too numerous to include in these assessments. However, they do include a number of key issues, and organisations are encouraged to undertake more comprehensive assessments using one of the recognised environmental assessment tools available.

A copy of the comparative results are attached in Appendix 1.

Site	Year	Cleanliness	Food Overall	Food Ward	Food Organisation	Privacy Dignity and Wellbeing	Condition, Appearance and Maintenance	Dementia
UH	2013	94.28%	85.04%			96.21%	93.27%	
	2014	98.17%	88.13%	89.96%	77.37%	97.74%	93.07%	
	2015	100.00%	95.24%			94.58%	97.45%	89.92%
	2016	99.00%	88.00%	89.00%	81.00%	89.00%	95.00%	76.00%
	Change	1.00%	7.24%			5.58%	2.45%	N/A
%		1.00%	0.00%			5.00%	2.00%	
St Cross	2013	96.65%	74.81%			94.37%	93.10%	
	2014	99.47%	86.19%	92.51%	76.53%	91.15%	96.12%	
	2015	100.00%	88.97%			92.75%	96.15%	87.20%
	2016	99.00%	86.00%	88.00%	84.00%	88.00%	94.00%	74.00%
	Change	1.00%	2.97%			4.75%	2.15%	N/A
%		1.00%	2.00%			4.00%	1.00%	

% - Above or Below the National Average

NB: The Dementia question and scoring and the Food question set were changed for 2016 thus not reflecting a true comparison year on year since the introduction of the PLACE Audits in 2013.

Actions Implemented/Further work planned 2016/17:

- A working group has been established to look at patient catering across both sites;
- Membership consists of representatives from ISS, Project Co and the Trust (Patient Experience, Dietetic and Estates Teams);
- During 2015 new patient menus were introduced to meet patient needs.
- A common theme emerging from the working group is in relation to the ability to choose from the menu. Work is now underway to provide each patient bedside booklet with a menu. Until this can be finalized, menus are being given out and collected on a daily basis;

- An initial demonstration has been received in relation to an electronic ordering system - this will not only improve accuracy and assist patients in making an appropriate choice, but will also reduce the ordering period down significantly; and
- Replacement of catering regeneration trolleys and beverage trolleys is complete.
- Increased involvement of Health Watch in respect of developing amendments to patient menus and food tasting sessions for new dishes.

4. Link to Trust Objectives and Corporate/Board Assurance Framework Risks

The maintenance of a high standard of patient environment is linked closely to minimizing hospital acquired Infections (HAI) at the organisation – any reduction in standards would potentially lead to an increase in HAIs.

The annual PLACE score feeds into the CQC, a reduction in current standards would have a detrimental effect on the outcome of CQC assessments undertaken at the Trust.

Patient Experience – Any reduction in the patient environment will have a direct impact on the patient experience.

5. Governance

As detailed in section two - background and links to previous papers.

6. Responsibility

Lincoln Dawkin – Director of Estates and Facilities

7. Recommendations

The Board is invited to **NOTE** the content of the above report and **SUPPORT** the proposed approach to make further improvements for PLACE 2017.

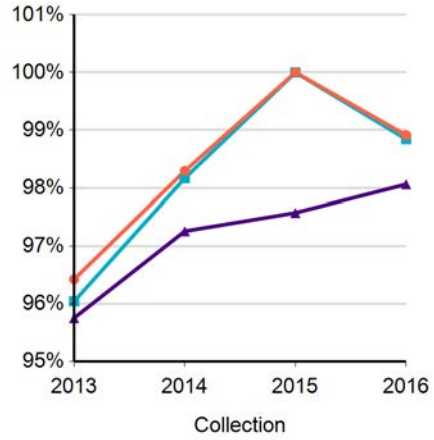
Lincoln Dawkin – Director of Estates and Facilities

Date: 7 September 2016

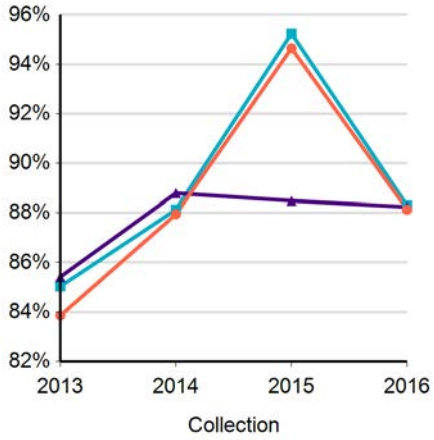
UNIVERSITY HOSPITAL

Site Scores Organisation Average National Average

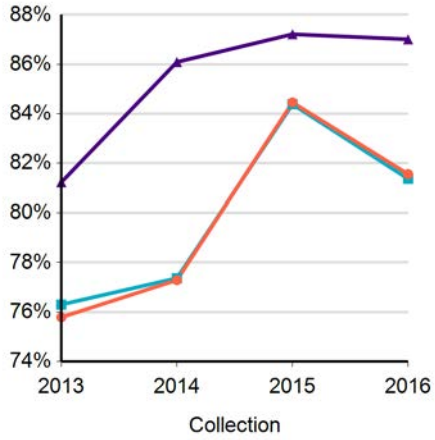
Cleanliness



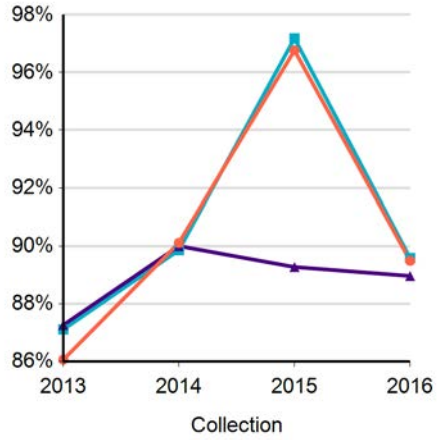
Food



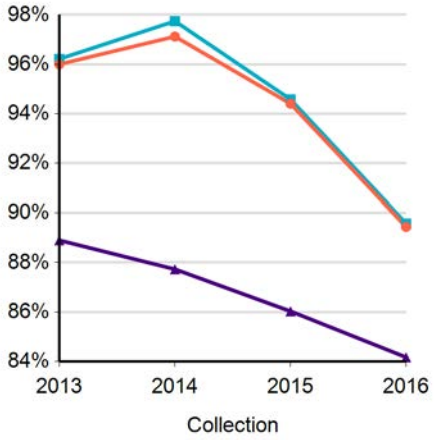
Organisation Food



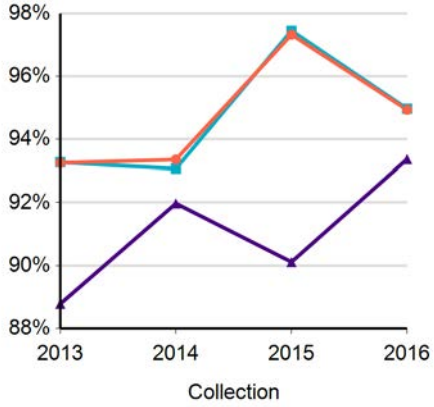
Ward Food



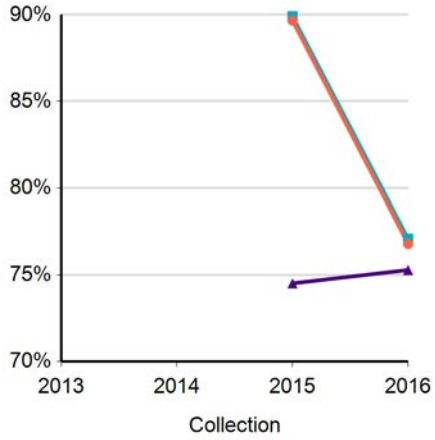
Privacy, Dignity and Wellbeing



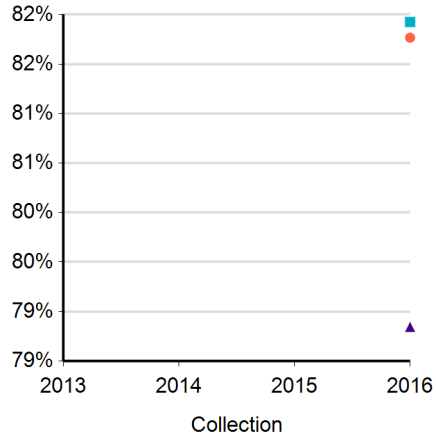
Condition Appearance and Maintenance



Dementia



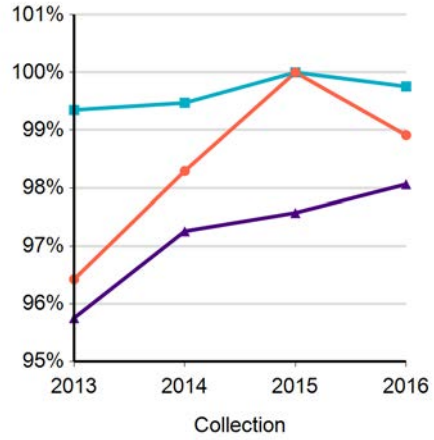
Disability



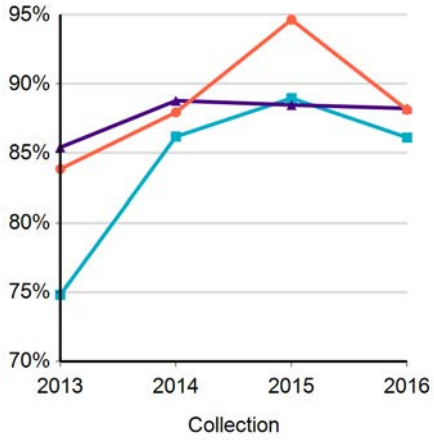
HOSPITAL OF ST CROSS

Site Scores Organisation Average National Average

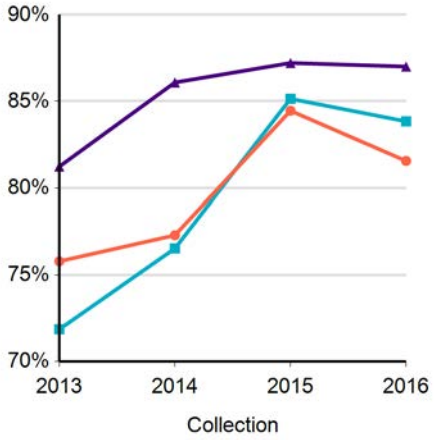
Cleanliness



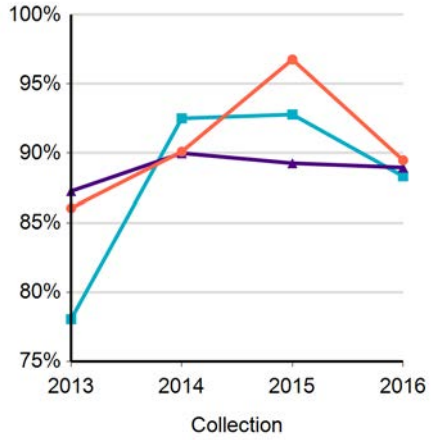
Food



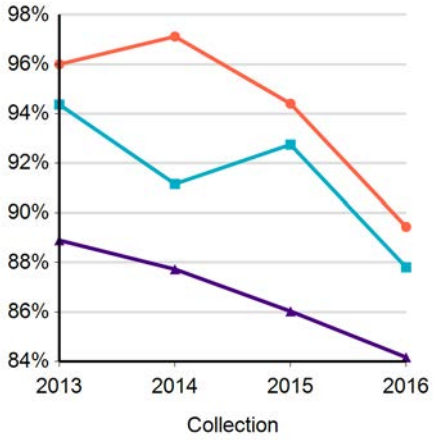
Organisation Food



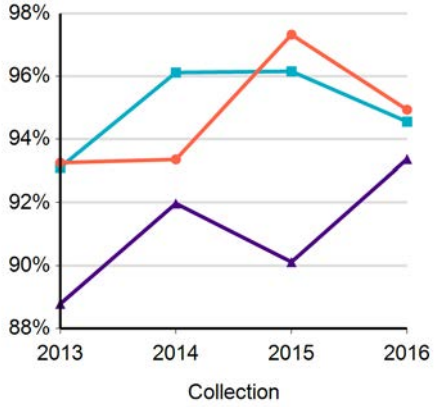
Ward Food



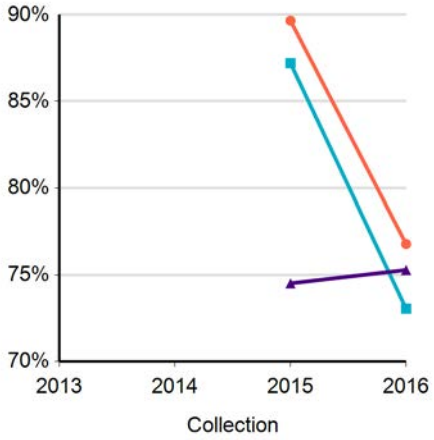
Privacy, Dignity and Wellbeing



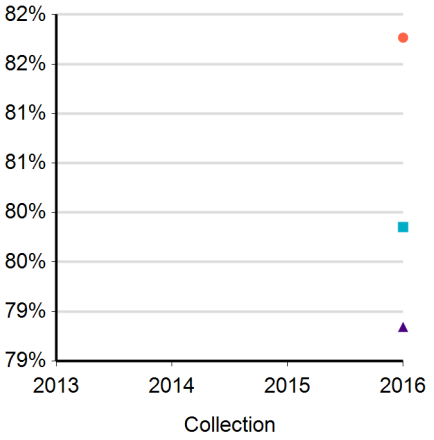
Condition Appearance and Maintenance



Dementia



Disability



University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	Significant Incident Group Report, Including Action Plans and Never events
Author	Justin King, Associate Director Quality
Responsible Chief Officer	Meghana Pandit, Chief Medical and Quality Officer
Date	29 September 2016

1. Purpose

- To provide the Board with a summary of the Serious Incidents (SIs) that were reported in the past six months
- To provide a progress report on the completion of action plans relating to SIs

2. Background and Links to Previous Papers

A six monthly report to Trust Board following previous reports to:

- Quality Governance Committee – Never Events report provided June 2016
- Patient Safety Committee – bi-monthly, last reported September 2016

3. Narrative

SI Report February 2016 – July 2016:

All SIs (including never events) are reviewed at the weekly SIG meeting, which ensures that investigations are undertaken and appropriate actions are put in place to reduce identified risks.

Details of investigations (including root causes and lessons learned) are also presented monthly to the Patient Safety Committee. Incidents that fall into the serious incident category (NHS England's serious incident reporting framework) are also reported to the commissioners.

Each has to be investigated by root cause analysis and Commissioners require a copy of the investigation report and action plan within a timescale of 60 working days from the date of notification, unless a clock-stop has been negotiated with them. Some categories of serious incident have a six month deadline, e.g. those that require external investigation.

The report details the SIs that were reported, opened, and closed in the previous six months.

Actions relating to SIs

Implementation of SI action plans is necessary to prevent such incidents from re-occurring and should they re-occur the consequences are minimised; it also serves to ensure that lessons are learnt and shared across the Trust.

4. Areas of Risk

All incidents hold opportunities for learning. If the Trust does not learn from its incidents, then improvements will not be made and similar incidents may occur.
This aligns to the Trust's "*Learn*" and "*Improve*" and "openness" values.

5. Governance

Progress in all these areas will be reported to the Trust Board on a six monthly basis.

6. Responsibility

Meghana Pandit, Chief Medical & Quality Officer – Chief Medical Officer
Jenny Gardiner – Director of Quality
Justin King – Associate Director Quality – Patient Safety and Risk

7. Recommendations

The Board is invited to **note** the contents of the report

Name and Title of Author: Justin King, Associate Director of Quality
Date: 14th September 2016

University Hospitals Coventry and Warwickshire NHS Trust

SIGNIFICANT INCIDENT REPORT TO TRUST BOARD
SEPTEMBER 2016

Justin King, Associate Director Quality – Patient Safety and Risk

1. Background

This report provides a summary of incidents reportable to Commissioners under the Serious Incident (SI) Framework (NHS England, March 2015) for the six months from February 2016 to July 2016.

Serious Incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, they warrant a comprehensive response. The SI Framework describes the response required and investigation procedures to ensure that lessons are learned.

At UHCW these incidents are reviewed and monitored by the weekly Significant Incident Group (SIG), chaired by the Director of Quality. Members of the group include the Chief Medical & Quality Officer (CMO), Chief Nursing Officer (CNO), Deputy CMOs, Associate Directors of Nursing, Head of Legal Department, Commissioner representatives, and clinicians. SIG ensures that serious incidents are proactively reported, reviewed and investigated and that lessons learned are shared with all relevant parties.

SIG reviews each investigation report and considers and approves the recommendations and associated action plan. The Quality Department maintains a database (Datix) of all ongoing and completed investigations and action plans and has a process for escalating actions that have not been completed within their agreed timescales.

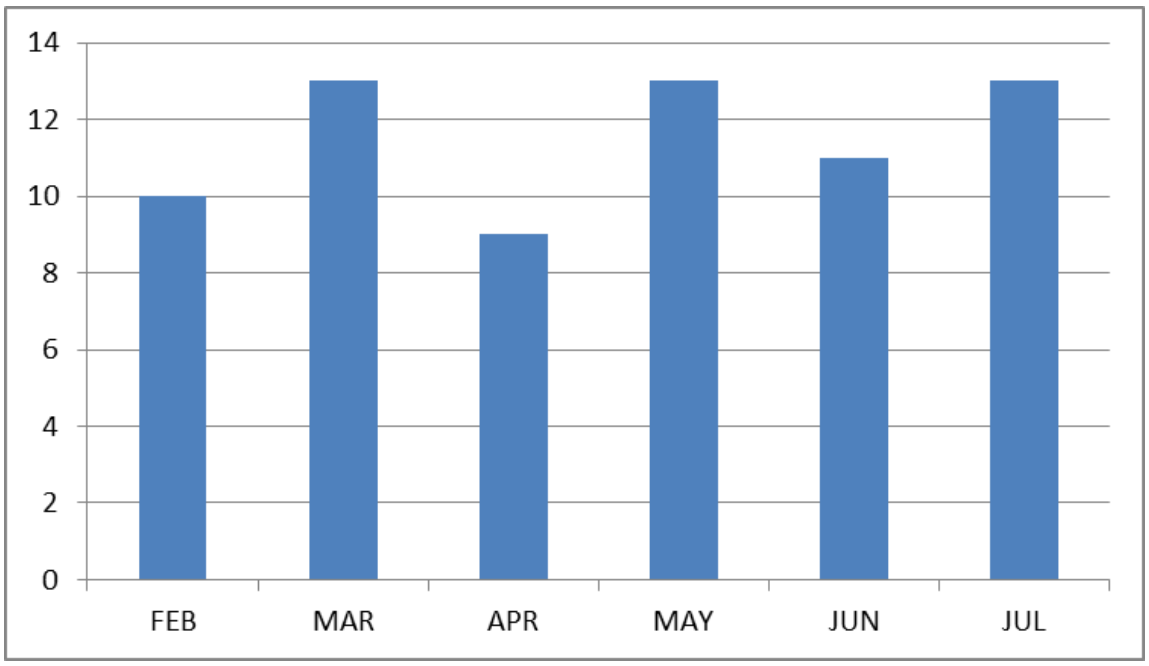
Serious Incidents and the work of SIG are monitored via the Patient Safety Committee, which reports to the Quality Governance Committee. The process for monitoring and processing serious incidents are being reviewed as part of the UHCW Improvement system.

2. Summary of SIs (including Never Events) February 2016 - July 2016.

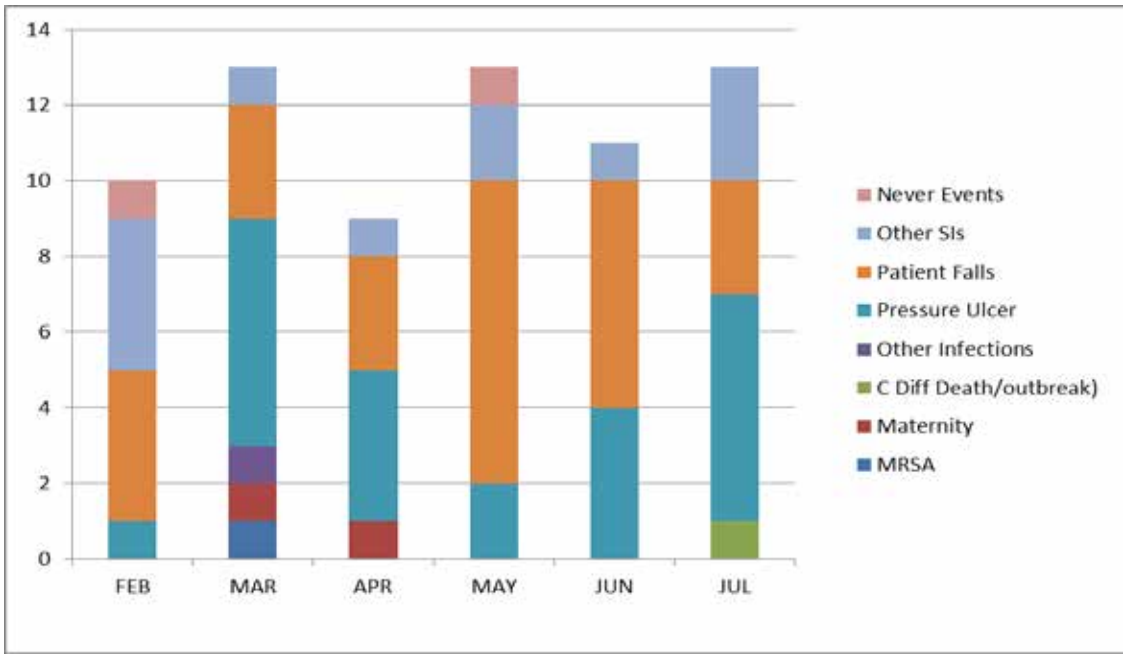
This report is a summary of Serious Incidents that met the Framework criteria for reporting for the six months from February 2016 to July 2016. To comply with the Serious Incident Framework each of the Trust's serious incidents must be investigated and a report submitted to the commissioners within 60 working days from the date of reporting. Clock-stops can be requested under certain circumstances, when additional time or relevant information is required to fully investigate an incident, e.g. a case that has gone to HM Coroner or a case that the police are investigating.

SIG also reviews serious incidents that have been reported by staff that do not meet the definition for reporting externally but nonetheless require a thorough review. The group reviews these incidents in the same manner, requiring a report and action plan from the lead investigator and following up the actions via Datix.
According to the National Framework, serious incidents have to be reported by the Trust that identifies them, whether or not they are attributable to the reporting organisation.

2.1 Number of SIs reported February to July 2016, by month



2.2 Number of SIs reported by category February to July 2016



2.2.1 Breakdown of Category: Other Sis, February to July 2016

Month	Definition of "Other SI"
FEB	Sub-optimal care of deteriorating patient x 2, Diagnostic SI x 1, Medication incident x 1
MAR	Sub-optimal care of deteriorating patient x1,
APR	Medication incident x 1
MAY	IG Breach x 1, Trust wide ICT issue
JUN	Diagnostic issue: Torsion x 1
JUL	Hospital Transfer Issue x 1, Discrepant results x 1, IG Breach x 1

The investigation outcomes from these are regularly collated for review to ascertain any common issues or causes from which the Trust can learn lessons. Investigation reports are considered by the Tissue Viability Team and the Falls Steering Group respectively and analyses are shared at Quality Governance Committee and with the local commissioners at the Clinical Quality Review Group.

2.3 Never events

Two never events were declared during this six month period. The details are provided as follows. A Never Event (retained foreign object post procedure) was reported on 1st September 2016 and will be included in the next report.

2.3.1 Wrong site surgery

Date notified: 14/02/2016

Description:

Patient had a mallet deformity with displaced articular surface of her right little finger (terminal phalanx) following an accident playing sport. She was consented for K-wiring by a Plastic surgeon under general anaesthesia. During surgery, staff noticed that the surgeon had inserted the K-wire into the right index finger instead of the right little finger. Staff checked the consent form and informed scrub nurse. The scrub nurse informed the surgeon, the K-wire was removed and surgeon proceeded to operate on the correct finger. WHO check list had been completed. Patient and family have received an explanation and apology.

Root Causes:

The arrow on skin, marking correct digit, was not visible to the surgeon on positioning of the hand prior to insertion of the K wire. Recommended indelible pen NOT used. CRRS request for radiology was for image intensifier right upper limb - no specific digit was defined.

Key Actions:

- Pre-operative marking - specific pen to be used, Specific indelible mark pen to be used to mark surgical site. Pens to be made available in theatre;
- Improvements in requirements for marking of specific digits including, Changes to be made to "Safe Surgery Policy" to include how and where to mark patients;
- Team Brief to be undertaken for all lists, 7 days a week. Introduction of team brief into all theatres;
- Huddle: theatre staff, anaesthetist & surgeon to participate in mini team brief at every change of surgical specialty in emergency theatre implementation by theatre teams;

- Specific description site of surgery on requests for image intensifier;
    - Improved hand over between radiographers at shift and break changes;
    - Radiographer to be included in team brief and time out;
- Review of information mandated in request form on CRRS. Review of process by radiology team;
    - Specific description site of surgery on requests for image intensifier;
    - Improved hand over between radiographers at shift and break changes;
    - Radiographer to be included in team brief and time out;
- Offer to share the report findings with patient in line with Duty of Candour;
- Share with QIPS meeting, Inclusion on QIPS agenda for Surgery, (upper limb)";

Actions are underway, five are complete including: enhancements to the Surgical Marking Procedure; team brief now being undertaken for all lists, and at change of surgical speciality. Two actions are overdue with the remainder due for completion 30th September 2016. Of the two overdue actions:

- Meeting with CEO planned for 18th August 2016, will be rescheduled as a number of clinicans involved were not able to be present due to annual leave.
- Regarding the 'Specific description of site on requests for Image Intensifier' action, this work is ongoing within the Radiology department and will require further input from surgery. Moving from a verbal request to an electronic referral will take some scoping to determine the most appropriate process and electronic system.

2.3.2. Wrong Route Administration of Medication
Date notified: 12/05/2016

Description:
Patient was accidentally administered 1ml (2mg) of Oramorph Solution. Intravenously, instead of a Saline Flush. Nurse in Charge informed, Matron Informed, SHO Informed, Consultant in charge of patients care informed, Lead Pharmacist for Ward 43 Informed. Patient informed. Incident investigated by Deputy Chief Nursing Officer. RCA conducted, report complete; scheduled for SIG on 20th September 2016.

Key Actions:
Numerous immediate actions were undertaken, including a safety notice across UHCW. Further actions will commence when the report is signed off at SIG on 20th September 2016.

2.4 Sign up to Safety
A meeting of the Sign up to Safety Programme Board was held on 18th August 2016 where updates to the work streams were received as follows:

Feedback/Learning/Always Events Work Stream
The work undertaken by the Imaging Department for Always Events was noted. The scope of Always Events was discussed, and it was agreed that a Trustwide approach will be used, developing Always Events at a corporate level. Work on the pledge for an online safety library continues, and this will include Safety Messages (themed), Acutely Ill Patient Management information, and SIG case summaries.

Sepsis/Deteriorating Patient Work Stream

An update was received regarding progress on this work stream. The Acutely Ill Patient Management Group is now meeting. Work is underway to develop a measure regarding antibiotics within the expected time. Work is underway to determine if clinical observations had been escalated appropriately using VitalPAC data.

Right staff, Right Place Work Stream
An audit has been undertaken of the electronic safer staffing tool in April 2016.The % fill rate each month is greater than 98% across Registered Nurse and Health Care Support Worker and exceptions are presented to Trust Board each month. Roll out of VitalPAC was commenced in the Emergency Department in August 2016.

Human Factors Work Stream
Train the Trainer Human Factors course has now been completed and those who participated will roll out an Introduction to Human Factors programme to relevant areas in the Trust

The intensive training programme is well underway in two of the three target areas (ED and Trauma and Orthopaedics). Further work is required to establish training in Theatres.

Each Human Factors Facilitator is expected to identify and complete safety projects. Several of these have been agreed and were reported to the Programme Board (the remainder have since been set). The Human Factors work will be presented at the Chief Officers Forum once projects are underway. The Warwick Manufacturing Group Human Factors online course is presently being evaluated.

Sign-up to Safety Pledges – Progress Overview
A paper was provided outlining each of the pledges and a status update on each. Further work will be undertaken with each of the pledge leads and provide a proposal to the Sign-up to Safety Programme Board at the next meeting regarding whether to keep, amend or close each.

3.0 SI Action Plans

3.1 Process

- An action plan forms part of the investigation report for each serious incident and is approved by the Significant Incident Group
- Each action is assigned an owner, who is informed by SIG
- Each action is then logged on the Datix system with the action owner & date for completion
- Actions are followed up by Quality Department and progress notes are recorded
- An action report is presented to Patient Safety Committee on a bi monthly basis.
- In order to improve the escalation process the following additional steps have been introduced:
    - Overdue actions are escalated to the relevant Specialty management team
    - Overdue actions are included as part of the Specialty Group quarterly performance reviews
    - Actions remaining overdue are escalated to Clinical Directors and ultimately to the Chief Nursing Officer & Chief Medical Officer

- Leads are required to attend Patient Safety Committee to discuss progress with their overdue actions

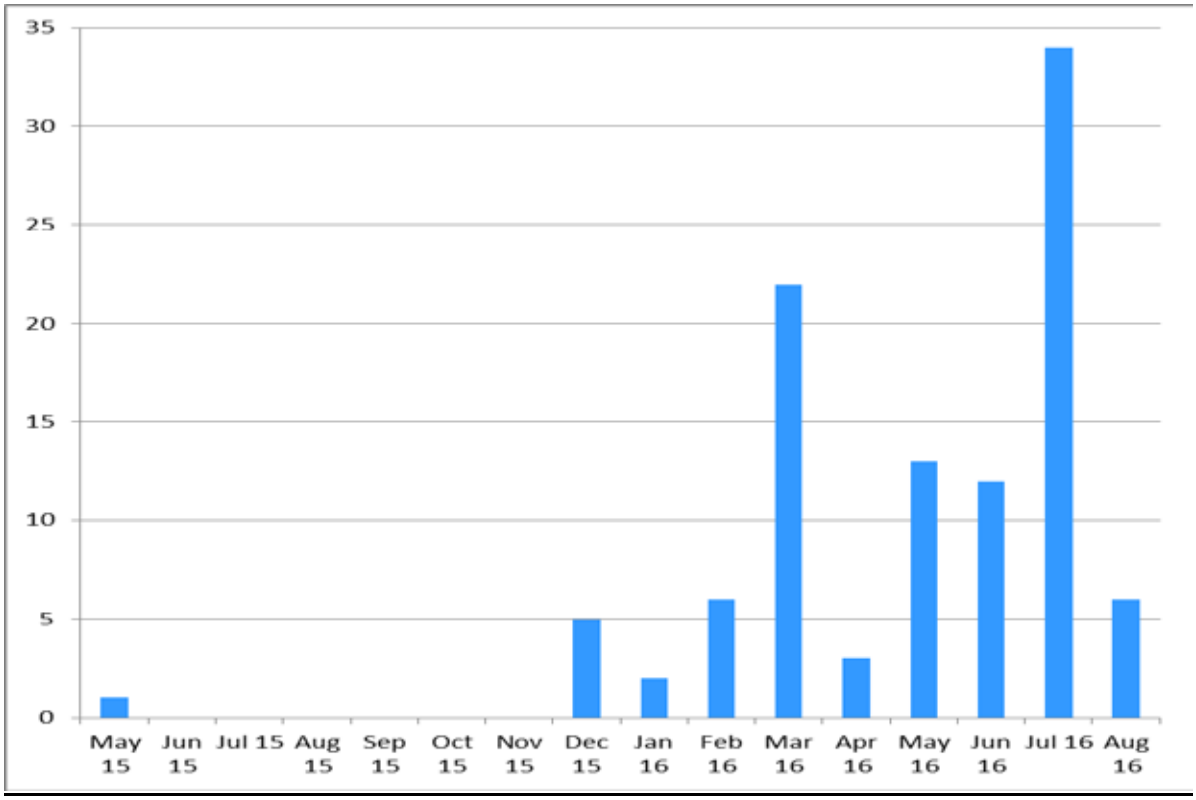
3.2 Actions report to PSC in August 2016.

The action update as at 08/08/2016:

- 104 individual SIG actions overdue
- This relates to 46 action plans; however during the same period a total of 755 actions, relating to 159 action plans, have been uploaded. This equates to a non achievement of 13.77%.
- There earliest overdue action was due to be closed on 1st May 2015; this action is awaiting ICT support for a virtual clinical forum.

Six actions were due on or before 31st December 2015.

3.2.1 Graph to show the year from which actions were overdue closure



4.0 Examples of actions taken as a result of SI Reporting

4.1 Duty of Candour

- Since November 2014, all NHS bodies (Trusts, Foundation Trusts and Special Health Authorities) registered with the CQC have been subject to the new statutory Duty of Candour. This came into force for other providers registered with the CQC at the start of April 2015.
- The Trust has implemented a Duty of Candour process which is monitored throughout the SI process, including an action included as standard in each SI to ensure the report findings are shared with the patient/family.

4.2 General

The following actions have been undertaken to improve patient safety as a result of SI's:

- Dual site surgery to always involve dual scrub teams, this is captured in a Dual Site Surgery Guideline;
- An outlier handover process has been implemented. The day team handover to the evening (16.30 - 21.00) SHO any patients that need review during the evening. This handover will inform the SHO of the sick patients within the Medical Outlier Wards. The SHO attends the handover meeting on Ward 22 at 20.30 to handover to the H@N team. An SHO from the Medical Outlier Team attends the morning handover on AMU 1. The team also use e handover and also supply a paper copy of the handover to the control room at the weekend;
- Review of the Hospital Transfer Policy, Transfers between Rugby and UH discussed at the contract meeting with the ambulance service;
- Implementation of falls crash mats in Neurology;
- Pathway put in place for GPs and Midwives to refer pregnant patients with mechanical heart valves immediately for urgent Obstetric Clinic review; and
- Communication Skills programme being developed to provide junior staff with more skill and confidence in dealing with difficult situations.

4.3 Other Actions, including shared learning

- SIG provides cases for sharing across the organisation to the Trust's quarterly safety newsletter to ensure that safety messages are being communicated.
- Learning from SIG cases is shared via the weekly safety messages that are sent out to all staff.
- Cases are shared at the weekly Grand Round.
- Specialties are required to produce their own safety newsletters for staff.
- Specific safety incidents give rise to the creation of Trust safety alerts that are circulated to relevant staff for immediate review and action.

5.0 UHCW Improvement System

Significant progress has been made in the Patient Safety Incidents Value Stream with a second RPIW commencing in August 2016.

5.1 Rapid Process Improvement Workshop (RPIW) 3

This RPIW relates to the time from incident entry to being ready for investigation. The 90 day re-measure has demonstrated sustained improvement. Plans are being made for further piloting to test the approach in other areas of the Trust.

5.2 Rapid Process Improvement Workshop (RPIW) 4

The second RPIW in the Patient Safety Incidents value stream, RPIW 4, took place 22nd to 26th August. The title of this event was the serious incident process and theme of the week was to reduce the time and the waste in the process from a serious incident occurring to holding an RCA meeting. However, early in the week the team realised the focus needed to be, "we have seriously harmed a patient and we need an immediate response".

The week was successful and the team were challenged to put the patient first within this process. Using PDSA the team have tested the introduction of a Patient Safety Response (PSR) and standard work since the 30th August. The PSR consists of a Deputy Chief Medical Officer, Senior Nurse and a Patient Safety Officer. They have two functions; firstly, they attend a daily huddle at 8am; to receive structured feedback from the Lead Nurse Clinical Site Operations and PSO on reported serious incidents from the previous 24 hours. Secondly, when a serious incident is reported there is an immediate investigation and the PSR visits the genba to provide support and determine the next steps in the investigation process.

Early feedback from clinical staff has been positive with ward staff stating they felt more supported and it was timely to collect information, have a team meeting and ensure Duty of Candour is conducted as early as possible.

6.0 Conclusion

The SI process continues to perform well as demonstrated by:

- The senior level attendance at SIG and scrutiny and oversight of all serious incidents.
- Commissioner representation at SIG to provide assurance to Commissioners.
- Feedback to staff via Grand Round.
- Sharing of safety lessons via Trust and specialty newsletters.
- The process for escalation of overdue actions – providing the Trust with assurance that actions from serious incidents are recorded and followed up.
- SIG's review against the Duty of Candour Policy to ensure that the Trust complies with current legislation.

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	**Medical Education**
Author	**Dr Sailesh Sankar, Associate Medical Director, Medical Education and Training**
Responsible Chief Officer	**Professor Meghana Pandit, Chief Medical and Quality Officer**
Date	**29th September 2016**

1. Purpose

The Trust sees education, research and learning as central to improvement and it is our stated objective to be a Leading Training and Education Centre. We are the major undergraduate (UG) teaching partner to Warwick Medical School (WMS), and offer postgraduate (PG) training in almost all specialties. The Trust Board will be informed and updated on progress against this objective, and on the significant improvements we have achieved since our last report. We ask the support of the Board in maintaining the Trust's focus on, and excellence in, Medical Education and Training.

2. Background and Links to Previous Papers

- UHCW is one of the UK's largest and busiest NHS University Teaching Trusts. The delivery of postgraduate education and training is recognised as a Trust core activity. Approximately 250 Foundation, Core and Specialty trainee doctors appointed by Health Education England West Midlands (HEEWM) undertake training, and patient care, within the Trust.

- The Trust's partnership with WMS allows the Trust to keep abreast of innovations in medical education and provides an important source of recruitment of high quality junior doctors.

- Since the last report in June 2016 the Trust has had two further successful inspection visits from HEEWM to the Acute Medicine and the Geriatrics specialties.

- The March 2016 General Medical Council (GMC) survey for Trainee doctors dmonstrated that the Trust has provided excellence in aspects of training in a number of specialties as evidenced by the 28 Green flags it achieved i.e. areas where satisfaction is rated as significantly above the national average. But the survey also identified 21 Red flags i.e. areas where the Trust was rated as significantly below the national average. Some of these areas have already been addressed and resolved i.e. in Acute Medicine and Geriatrics and the Trust is actively looking at the other red flags to make the improvements needed.

- Feedback from medical students using internal satisfaction surveys run by WMS show that their placements at UHCW are improving. However, the results of the last national student survey for WMS is still very poor so there is still much to be done and the Trust strives to continue to help WMS address the deficits.

3. Executive Summary

Medical Education has a Service Level Agreement with WMS and a Learning Development Agreement with HEEWM. These give us a clear framework for facilities, delivery, and in particular quality, of teaching and training, and of 'working conditions' for our learners. We are subject to frequent inspection, particularly of the training we provide for trainee doctors (postgraduate (PG) training).

The Trust has met the target of ensuring that all Teaching Leads & Supervisors have full GMC Trainer Accreditation and therefore they are able to continue to provide Educational supervision to trainees and students. The aim is that all trainers will be carefully selected, trained and supported by the Trust. We aim to maintain this excellence by continuing to run tailored 'in house' courses and we are looking at our data collection systems to ensure that an efficient and effective method for keeping the data is developed.

We now have 273 consultants registered as having attained full accreditation status

Challenges

Developing a Trust wide service level matrix and associated clinic booking system

The Medical Education Management Team led by Dr Sailesh Sankar is currently meeting each specialty individually to discuss in detail their current contributions to both undergraduate and post graduate medical education with associated reimbursement for this work. One of the planned outcomes from this project is the development of an online booking system for student attendance at clinics and other clinical opportunities with the aim of ensuring that such opportunities are maximised and the current difficulties of students being turned away when too many turn up to an area (or turn up inappropriately) can be avoided.

Faculty development

Following the successful accreditation of the Trust's Educational and Clinical Supervisors, the Management Team are striving to make certain that there is a system for maintaining this information on an ongoing basis. Changes to ESR have been suggested as part of the solution and this is being explored.

Postgraduate Training Update

HEEWM visits

Following the visit to Acute Medicine and the follow up meeting to Geriatrics at the Hospital of St Cross in Rugby, the Trust target of having all specialties rated as standard inspection (LEVEL 2) has been achieved.

Acute Medicine visit

The visiting team noted that there had been significant improvement in the areas previously identified as problematic and they praised the efforts made by the Acute Medicine Management Team lead by Dr Simon Fletcher, Dr Helen Pickard and Dr Nihal Abosaif. Trainees reported that H@N was excellent and there had been significant improvements with the issues related to trainees being asked to obtain delegated consent. The work undertaken by the Clinical Tutor, Dr Marius Holmes to support the Acute Medicine Junior Doctors Forum had helped improve communication and had helped resolve matters quickly and efficiently. The appointment of the rota administrator had led to substantial improvements in communication related to the rotas and the implementation of an improved rota once the national contract was agreed should help to resolve trainees concerns about the acute medicine rota. Areas of further work and development were noted but the Trust posts have been approved including the planned return of the two SpR posts.

Follow-up meeting for Geriatrics at Rugby St Cross

Dr Russell Smith the Dean for Quality at HEEWM met with the senior management team to discuss progress against the action plan. The meeting went well and the progress was approved.

Undergraduate Update

The Medical Education team are committed to finding innovative ways to deliver excellent teaching and training opportunities to the medical students while ensuring that the service demands are also met.

The most recent student feedback surveys have shown improvement in all the training blocks provided at UHCW. The results were discussed in detail at UMEC and actions to address areas requiring additional work were approved and will be reported to Training Education and Research Committee.

Resuscitation, Clinical Skills & Simulation Update

Resuscitation

UHCW is one of four UK pilot centres for the new National Standard DNACPR decision form (ReSPECT). The pilot will commence on 1st October 2016 for 1 month. It is also trialling the Lucas Device (mechanical chest compressing device) which also starts in October. This is a feasibility randomised controlled trial of the use of mechanical chest compression devices for in-hospital cardiac arrest. The Trust is also enrolled in the National Cardiac Arrest Audit (NCAA).

Internally, the Neonatal resuscitation equipment has been audited, which has prompted the development of a standardised checklist for this equipment. This is currently being developed.

The team have successfully rolled out the replacement of the Phillips MRX defibrillators with the Zoll R-series defibrillators for the Trust.

Since July 2015, compliance with Mandatory Training for In Hospital Resuscitation (IHR) & Automated External Defibrillator (AED) has increased by 22%. This is a significant achievement due to the associated challenges of compliance with mandatory training.

Resuscitation Equipment is now standardised throughout the Trust over both sites of University Hospital, Coventry, Hospital of St.Cross, Rugby and Satellite Units for adults and paediatrics.

Clinical Skills

The Clinical Skills Service continues to deliver 39 T-DOCS (teaching & assessment) delivered over the 4 year curriculum to a total half of the Warwick Medical Students; George Eliot Hospital NHS Trust and South Warwickshire NHS Foundation Trust deliver for the other half between them.

In addition to the T-DOCS the service also provides further procedural skills opportunities and nationally recognised courses e.g. ILS & AIM Courses.

Two new initiatives have been developed. In the first all medical students receive venepuncture practice in the Out-Patients Department, specifically the phlebotomy service. Second, all medical students in phase 2 are offered the opportunity to take a guided Pathology Laboratory tour at UHCW with one of the clinical scientists organised.

Simulation

A comprehensive simulation course is offered to all Warwick Medical students during their acute block placement. 76 sessions were provided to 170 students in the last academic year. Scenarios are structured around the acutely ill patient; scenarios progressively become more challenging. Sessions are linked to the learning outcomes in medical curriculum.

The department has re-established the simulation programme for the Foundation years 1 & 2.

The simulated team facilitated 10 courses of Practical Obstetric Multi-professional Training (PROMPT), which is an internationally recognised course.

Further development of 'The Facilitators as Clinical Educators' courses (FACE) has been undertaken. This is a locally developed course designed to train clinicians to become quality facilitators in debrief and human factors. The development of this faculty is essential for the planned expansion and development of this area of training activity under the leadership of the two simulation leads Dr Sarah Ellis and Dr Carl Hillermann.

The team support a number of nationally recognised courses including FRCA OCSE's and advanced airway courses which help to promote UHCW as a centre of excellence for simulation and help generate income for the Trust.

Surgical Training Centre

The Surgical Training Centre has recently filmed HD 3D tracheotomy procedures for a national training video. The Centre has also won first prize for 3D anatomy innovation at the American Association of Anatomists held in San Francisco.

We are currently developing virtual reality environments for surgeons in training to support their learning pre and post course.

The Centre is the busiest of its kind in the UK, offering the most diverse range of medical training and allied health professional training courses.

The main challenge for the Centre is lack of physical space – considerable time and potential income is lost due to space restrictions. (i.e., the setup and break down of courses ties up the Centre for over 40% of the time, when other profitable courses could be running). The use of the same space for regular medical student teaching means staff are unable to use the Centre for surgery during certain days. Having a larger centre with adequate storage will enable us to run postgraduate and undergraduate training simultaneously. Therefore, an option appraisal to relocate the Surgical Training Centre is being prepared.

4. Link to Trust Objectives and Corporate/Board Assurance Framework Risks

- **Clinical Risk.** The trust needs to ensure we continue the effort put towards the Acute Medicine and Hospital of St Cross sites to ensure we meet the educational standard requirements. If we lose trainees due to unsatisfactory standards of training we lose high standard clinical staff and will need to employ (at full cost) other clinical staff to fill the gaps. We may not have as much assurance on the standard of those replacement staff. Due to current workload pressures and issues around workforce recruitment and retention, our highest current risk areas are our most pressurised.
- **Financial.** As outlined above, funding now directly follows both medical students and PG trainees. Losing the ‘contract’ to teach and train will result in a reduction in income. Retaining that contract is dependent on maintaining high standards.
- **Business**. Success of our outward reaching educational ventures is in part built upon our general teaching and training reputation.
- **Reputation.** It is unthinkable that we should not maintain our status as a major teaching and training hospital. This has brought many advantages and improvements to the Trust and our local population and health care community
- **Performance.** As with clinical risk losing trainees will impact on performance in areas already under particular pressure

5. Governance

This paper links to the Trust’s objective to become a Leading Training and Education Centre and the values ‘Learn’ and ‘Partnership’.

6. Responsibility

Dr Sailesh Sankar, Associate Medical Director, Medical Education and Training

Prof Meghana Pandit, CMO and Deputy CEO

7. Recommendations

The Board is invited to **NOTE:-**

- the on-going work in respect of UG and PG training and education; and
- Continue to provide oversight particularly in respect of HEEWM visits.

Dr Sailesh Sankar. Associate Medical Director for Education and Training
Date**: 29th September 2016.**

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	Research, Development & Innovation Update Report: Months 1-5 2016-17
Author	Professor 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	29th September 2016

1. Purpose

This Report provides the Board with an update on progress made since 1st April 2016 and assurance on delivery against the Research, Development & Innovation Strategy in 2016/17

2. Background and Links to Previous Papers

- Research and Innovation are integral components of providing world-class services, which is a key work stream in our Together Towards World Class programme.
- Research, Development and Innovation (R,D&I) report three times a year to the Trust Board, with an Annual Report in May each year

3. Executive Summary

3.1 The report sets out the work undertaken and the delivery in our four strategic areas:

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

- Research Performance – recruitment, set-up and delivery
- Research Development – grants development and submitted
- Research Governance – quality

3.1.2 Provide quality management and support for research and innovation:

- Research Nursing & Training
- Non-Medic Clinical Academic Research
- Joint Research Management with Warwick University

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

- Trial Management Unit
- Tissue Bank & 100,000 Genome Project
- Human Metabolic Research Unit
- Innovation

3.1.4 Raise the profile of Research and Innovation:
- Communications / Awards / Events / Esteem measures

3.2 Academic Leadership:
Since 1st January 2016, no one grant awarded has exceeded £1million in value and only one has been a National Institute for Health Research grant. We need more clinical academics of sufficient quality to be able to attract significant NIHR funding and lead the research culture at UHCW.

We have a vibrant programme Interdisciplinary Non-medic Clinical Academic (INCA) Research Programme to identify and develop the non-Medic research leaders of the future, but it will be some years before these staff are leading their own grant applications. Targeted use of Research Capability Funding is starting to pay off in some areas (Trauma, Orthopaedics and Rehabilitation) but finding excellent staff with the ability to attract NIHR funding has proved elusive in other areas (Oncology) and we are reconsidering where to best invest resource.

We need to broaden our collaboration with external academic partners to secure effective academic leadership. To this end, Professor Charles Hutchinson has been appointed as Research, Development & Innovation Lead for Medical Academic Developments, to develop strategic relationships with a number of academic partners and to support a 'grow your own' programme to develop medical academic researchers of the future.

3.3 Research Performance and Income:
Our performance had been on an upward trajectory for the last year or so, but some targets are not being met. We have implemented IT solutions to better performance manage and are starting to see improvements. Recruitment performance is intrinsically linked to income and we are focussing our activities in this area.

Commercial income remains significantly behind target. This is a concern as this income offers full cost recovery and additional capacity building to 'top-up' funding received from the NIHR. In response to this, Professor Ramesh Arasaradnam has been appointed as Portfolio Development lead to develop our research portfolio, particularly commercial trials. A commercial strategy is in development.

4. Link to Trust Objectives and Corporate/Board Assurance Framework Risks

To be an employer of choice we will focus on reducing year on year agency spend by 35%: There are no agency staff at R, D & I. Additionally,

any bank hours are externally funded through grants. However, we have committed to using the Care Contact app in 2016-17 within our teams to ensure our staffing is appropriate.

To deliver excellent patient care and experience, and value for money, we will focus on delivering the 2016-17 financial plan, four hour target and achievement of Referral to Treatment (RTT) and cancer trajectories. The cost improvement solutions are income based; we will increase income from external sources, particularly commercial research.

To be a research based healthcare organisation, and leading training and education centre, we will embed the UHCW Improvement System across the organisation. R,D&I staff are attending UHCW Improvement System masterclasses. In addition, R, D & I are actively contributing to the Electronic Patient Records programme to ensure that the system is able to deliver for research patients and staff undertaking research.

5. Governance

All R,D&I activity is covered by the Research Governance Framework, which will be replaced by the UK Policy Framework for Health and Social Care Research during 2016. Key legislation is the UK Statutory Instrument Number 1031 that implements the Medicines for Human Use (Clinical Trials) Directive 2004 and subsequent amendments, assurance is received via the Research Governance and Human Tissue Committee and thence to the Patient Safety Committee.

6. Responsibility

Professor Meghana Pandit, Chief Medical Officer/Deputy Chief Executive
Professor 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 achieved around the research, development and innovation agenda

Name and Title of Authors:
Professor Chris Imray, Director of Research, Development & Innovation
Ceri Jones, Head of Research, Development & Innovation
The Research, Development and Innovation Team
Date: 29 September 2016

Increase high quality research and innovation activity
Area: Research Performance

Background:
In support of the Trust's strategic aim to be a research based healthcare organisation RD&I report performance against a number of metrics at regional and national level including the NIHR Performance in Initiation and Delivery metrics.

Current position (months 1-5; 2016-17)
Recruitment and funding: Recruitment into NIHR portfolio trials remains a key priority for RD&I as this is linked to income received through Activity Based Funding (ABF). With a number of high recruiting studies closing in the previous year a more realistic target of 4006 patients was set for 2016/17 (4984 recruited in 2015/16). We are the third highest recruiting Trust in the West Midlands. Recruitment is reported two months in arrears (due to national reporting systems) but early estimates for July and August suggest this indicator is now above target. Importantly we are on target to equal last year's ABF points and therefore funding levels should remain stable.

Commercial income remains significantly behind target. This is a concern as this income offers full cost recovery and additional capacity building to 'top-up' funding received from the NIHR. A commercial strategy is in development.

Summary of position at Month 5

Measure	Previous Position	Latest Position	DoT	YTD Plan	Annual Target
Patients Recruited into NIHR Portfolio - Cumulative (2 months in arrears)	285	607	↑	668	4006
Performance in Initiating Trials - Quarterly	54.5%	57.1%	↑	80%	80%
Performance in Delivery of Trials - Quarterly	75.0%	80.0%	↑	80%	80%
Research Critical Findings and Serious Incidents - Quarterly	0	0	→	0	0
Peer Reviewed Publications - Calendar Year Cumulative (3 months in arrears)	4	9	↑	48	197
Submitted Research Grant Applications - Quarterly - Cumulative	129	40	↑	10.33	124
Commercial Income Invoiced £000s - Cumulative (1 month in arrears)	137	178	↑	300	1200

National benchmarks – Performance in Initiating and Delivery
As a result of the implementation of Health Research Authority (HRA) Approval process the NIHR performance metrics have changed with effect from 1st April 2016.
Performance in Initiation – the starting point for the 70 day benchmark has been revised and as a result study set-up times are increasing nationwide due to delays in gaining regulatory approval for studies. Our performance had been on an upward trend for the last year and the potential local impact is being monitored carefully.
Performance in Delivery - metric is now reported on commercial contract trials that have closed to recruitment in the previous 12 months only and therefore a marked improvement has been observed. This metric is green for the first time this quarter.
Local benchmark - Publications: reported 3 months in arrears. More recent figures report 39 publications but this remains significantly behind target. Knowledge Services have developed a system to extract publications directly from electronic search engines which should improve this.

SUMMARY: National changes in the research approval system may impact on Trust performance in NIHR metrics. The key priorities for the year are to increase commercial activity and to monitor, improve and exceed against national benchmarks.

Increase high quality research and innovation activity
Area: Research Development

Background:

The Research Development team support and facilitate grant applications. The grant submissions target for 2016-17 is 124. Priority is given to applications for NIHR funding where the Trust benefits from Research Capability Funding. The goal is to achieve and maintain RCF at ca. £1mill pa.

Current position (months 1-5; 2016-17)

Progress against targets to date: 42 grants were submitted in Q1 2016-17 (135% of the target of 31). 23 grants were submitted in Q2 to end of month 5 (82% of the target of 28). The annual grant submission target is 124 and we have achieved 52% of this target to end of month 5.

Comparative data: By end of month 5 of 2015-16, 46 grants were submitted out of a target of 120 (38%).

Risks/Mitigation: The Department of Health's RCF allocation to the Trust exceeded £1mill for the first time in 2016/17. However, maintaining or growing RCF will be a challenge for a number of reasons:

- UHCW's RCF allocation is based solely on research grant income (where UHCW is the host/contracting organisation) and one NIHR Senior Investigator.
- The formula used by the NIHR changes each year.
- The NIHR now insists the host organisation is the employer of the PI.
- We need Infrastructure and Senior Investigator Funding:
  - Trusts having higher levels of RCF have significant NIHR infrastructure and centre funding.
  - In the last 5 NIHR Senior Investigator competitions, Warwick academics submitted 13 applications; only 1 affiliated with UHCW was successful.

Of the grants submitted so far in 2016-17, 18 were to NIHR funding streams. Eight of these (if funded) would attract RCF for the Trust in the region of £300k per annum. The funding outcome is unlikely to be known (and contracting of these grants complete) before the end of calendar year. This is the period used by the Department of Health for calculating RCF allocations for the next financial year. Thus, with the exception of any Senior Investigator awards, these grants will not contribute to the Trust's RCF allocation for 2016/17. The Research Development team are working with researchers to build collaborations, provide advice and support, and ensure the Trust is the lead organisation on NIHR grants where appropriate.

Other: We submitted a bid for the NIHR Clinical Research Facilities for Experimental Medicine call in June, which we believe is a competitive and credible proposal. The outcome of this should be known by the end of October. If successful, this will provide support to develop early phase studies and funding of £837k over 5 years.

SUMMARY: The number of grant submissions is on track to reach the annual target. However, we need more clinical academics to apply for NIHR funding and more senior investigators. UHCW needs to secure NIHR infrastructure funding.

Increase high quality research and innovation activity
Area: Research Governance

Background:

The Research Governance Framework provides a framework of processes and quality systems to provide assurances that research is high-quality, safe and ethical and conducted in accordance with ethical and regulatory requirements. Effective governance fosters the development of a vibrant research culture.

Current position (months 1-5; 2016-17)

This year, we have raised awareness of research governance and encouraged incident reporting via DATIX through our 'Learn to Improve' project. This has led to increased levels of reporting. Investigations and internal reviews are conducted and CAPA (Corrective and Preventive Action) plans are produced and implemented. As a result a number of themes have been identified and are being addressed. RD&I SOPs continue to be reviewed and updated in response to local and national changes e.g. the implementation of the Health Research Authority (HRA) Approval, a single approval process combining ethical and regulatory review.

The Trusts first sole-sponsored and fully trial managed clinical trial of an investigational medicinal product (CTIMP) is expected to open in September through the RD&I Trial Management Unit. The SIMPLANT study led by Professor Siobhan Quenby and supported by the Biomedical Research Unit hopes to identify a potential treatment for recurrent miscarriage following promising pre-clinical studies. Robust trial management and quality assurance systems have been implemented to support the safe and efficient delivery of this trial in line with the Clinical Trials Regulations.

Critical findings and serious breaches: One serious breach has been reported to the MHRA in the last 5 months in a commercial trial relating to the provision of GCP-compliant documentation to demonstrate medical oversight of the trial. A number of minor findings were deemed in combination to constitute a serious breach although it is important to note that no patient safety concerns were raised and the issue is now resolved. There have been no critical findings.

Monitoring and oversight: With the increasing complexity of the research undertaken within the Trust we have increased our research monitoring programme, adopting a risk-based approach. Recent proposals to implement peer monitoring through our Senior Nurse team have been welcomed as an opportunity facilitate 'bottom-up' team-led improvement in a pragmatic and proportionate manner.

In August the RD&I Governance team supported the successful Human Tissue Authority inspection of the Tissue Bank and the Post Mortem licence with only minor shortfalls (see 'Tissue Bank' section).

SUMMARY:

The HTA have requested RD&I involvement in future HTA inspections, by monitoring and supporting the implementation of procedures and production of supporting documentation.

Provide quality management and support
Area: Research Nursing and Training

Background:

The Research Nursing Team support and facilitate patient recruitment into trials. The team are responsible for the safety of patients when participating in research; to support this, a research competency framework has been developed and was approved by the Trust in early 2016.

Current position (months 1-5; 2016-17)

Training Progress to date:

- Formation of West Midlands South CRN Training Collaborative integrating all research active centres across the patch with Chair based at UHCW:.

	Target no. of sessions	Completed to date	Planned
Valid Informed Consent for Research	2	2	1
Site File management	2	2	1
Principal Investigator Masterclass	2	1	0
Research Good Clinical Practice - Intro.	4	2	2
Good Clinical Practice - Refresher	2	3	0

UHCW competencies: All existing clinical staff to complete by year end.

- Handling bodily fluids: 45% staff through theory / practical /assessment to date
- RD&I Non-clinical competencies: 33% fully completed all other appropriate staff on track to complete by year end.

Staffing:

- Undertook TUPE transfer of 6 Clinical Research Nurses Clinical Research Network into R,D&I to cover A&E, Dermatology, Ophthalmic, Critical Care, Paediatrics, Neonatology.
- Appointed posts in Neuroendocrine Research
- Current vacancies: 8 of 60 (13%) staff of varying grades and roles.
- Reviewing all posts when vacancies arise looking at activity for replacing some clinical staff with administrative staff where appropriate to achieve efficiencies
- Implementation of Trust Care Contact project this month – RD&I has own codes and will enable us to review activity and assist us in making evidence based decision regarding resourcing and changes to practice in the future.

Other Achievements:

- Research Nurse poster accepted for national AUGIS meeting (Upper GI Conference) part of presentation at conference.
- UKCRN national meeting – poster accepted from 2 Research Nurses.

SUMMARY: We are doing considerable work to develop the research workforce to meet the needs of the service. Inability to recruit to posts has the potential to reduce opportunities for patients to take part, reduce quality and reduce recruitment leading to potential loss of income.

Provide quality management and support
Area: Non-Medic Clinical Academic Research

Background:

Developing a clinical research culture requires a research strategy that builds and supports nurses, midwives, allied health professionals (NMAHPs) and scientists, alongside the medical workforce, to develop an NHS with a shared ethos of research and evidence-based practice. A "Research Active Trust/Organisation" incorporating academic NMAHPS and scientists, aligns to NHS England [NHSE] (2016), Health Education England [HEE] (2014) and individual Trusts strategic priorities by actively supporting staff recruitment, development and retention.

Current position (months 1-5; 2016-17)

To support NMAHPs throughout a Clinical Academic Career Pathway; Clinical Researchers at UHCW and academic research staff at Coventry University set out to build on learning from the NIHR MRes and HEE research internship programmes by mapping a Vision, Strategy, Action plan and Metrics for a researcher development programme for UHCW staff. This collaboration resulted in the conceptualisation and development of the **I**nterdisciplinary **N**on-medic **C**linical **A**cademic (**INCA**) Research Programme.

By developing an INCA Research Programme, the team has set out a bespoke programme to increase research capacity in the non-medical workforce across the Trust, which ensures practitioners are facilitated and supported to deliver high quality, patient-centred care, underpinned through clinical research and innovation.

The INCA Research Programme is led by Professor Jane Coad at Coventry University and Dr Kate McCarthy at UHCW and sets out an ambitious plan to increase research capacity in the non-medical workforce across the Trust. Bronze, Silver and Gold INCA awards support non-medic researchers at progressive stages of their clinical academic career. Of the seven Bronze INCA participants in 2016, four have gone on to successfully gain a place on the HEE/NIHR MRes programme at Coventry University, commencing September 2016, one is undertaking additional masters' level modules and is preparing an application for the HEE/NIHR Doctoral Fellowship Programme. The remaining participants chose not to apply for the MRes programme, and instead have developed individual research proposals to take forwards within the Trust. Two staff who commenced their MRes part-time in 2015 will complete next year.

Three post-doctoral INCA Gold Fellows have been awarded fellowship that commence in October 2016. The 2nd INCA Bronze cohort commences November 2016.

SUMMARY:

Meeting the needs of the non-medic clinical academic workforce at all stages of their career, offers opportunities to staff and will enable staff to better lead change and add value through research and innovation for a sustainable NHS of the future.

Provide quality management and support
Area: Joint Research Management with Warwick University

Background:

Our vision, that together we will undertake joint research projects to design, discover, develop and deliver the healthcare of the future, requires excellent processes, systems and training to deliver. A six month project was agreed by Trust Board on 28/04/16.

Current position (months 1-4 of 6 month project)

The project is seeking to deliver:

1. A joint sponsorship policy
2. A joint governance statement
3. Costing manual for joint projects and associated training sessions
4. New terms of reference for the University Sponsorship Committee
5. A position statement for human samples
6. Review of payment processes
7. Examples of positive external communications to publicise joint research

Considerable progress has been made with the University Sponsorship process – new staff are being appointed by Warwick and the committee has revised membership (includes UHCW representation). Work on any joint sponsorship / governance arrangements will not commence until all staff are in post and the structure beds in.

Work is ongoing between the Communications teams at both organisations and a joint website, showcasing examples of joint working between UHCW and University staff and enabling staff to make connections, is in development.

Initial meetings have been held with the Head of Finance and invoicing (timeliness and correctness) have improved. The Warwick 'Intention to Submit' process now includes a question to determine whether the NHS is involved so that costing and advice can be provided at the earliest opportunity.

Other:
A number of joint symposiums have taken place / are in planning:
20th May: Innovation Grand Round and Joint Meeting
27th July: Symposium - Non-infectious disease
9th December: Symposium - Infectious Diseases

SUMMARY:

Some progress is being made, however, this project was agreed without identified resource / staffing. This is proving problematic as we are unable to make this project a priority in the context of other work. As such, the project will not complete to timescale.

Provide high quality facilities for research and innovation
Area: Trial Management Unit

Background:

Effective trial management ensures that all the critical elements of a trial are coordinated to ensure its successful delivery on time, within budget and to a high standard. Supporting the Trust vision to increase high quality research, we identified a need to develop in-house trial management capability and reduce our reliance on external Clinical Trial Units which can be costly and unable to support the diverse and wide-ranging studies developed and led by researchers within the Trust.

Current position (months 1-5; 2016-17)

A significant proportion of research income is generated through NIHR portfolio trials through an Activity Based Funding model. Over the last few years there has been an increasing reliance on 'home-grown' portfolio trials for recruitment activity in order to maintain and grow our funding. It is imperative that UHCW positions itself to support and lead such research and offer a flexible and more cost-efficient service than is otherwise available within established (external) Clinical Trials Units.

Established in August 2015 and funded through external grant income and UHCW–generated Research Capability Funding, the Trial Management Unit (TMU) coordinates and supports the design, set-up and conduct of Trust sponsored research projects ensuring successful delivery of studies. The team currently consists of two full-time staff, working alongside the Research Governance and Grant Development teams to provide dedicated support to researchers, ensuring a seamless transition from grant award to study initiation. There have been a number of significant achievements of the TMU to date:

- Both staff and all associated costs are 100% externally funded
- Initiation of the Trusts first sole sponsored and fully trial managed clinical trial of an investigational medicinal product in recurrent miscarriage led by Professor Quenby (SIMPLANT). The study is funded by Tommy's Charity as part of the National Centre for Miscarriage Research award.
- Successful set-up, delivery and oversight of NIHR funded trials increasing our reputation and attractiveness to lead further NIHR awarded trials
- Development of robust processes, documentation and quality assurance systems to support regulatory and GCP compliance studies
- Implementation of a fully auditable data management system (MedSciNet) to support high-quality outcomes and translations into clinical practice.
- Development of an in-house randomisation service preventing the need to utilise expensive external services

SUMMARY:

The demand for trial management capability and its supporting infrastructure e.g. statistics and health economics, is expected to increase as it builds on its initial success. With this increasing capacity and capability it is expected that the Trust will be able to sponsor further studies including larger multi-centre observational and randomised controlled trials. This will not only generate external grant income but will also maximise opportunities to raise the profile of the Trust as a research-leading organisation.

Provide high quality facilities for research and innovation
Area: Tissue Bank & 100,000 Genome Project

Background:

The Arden Tissue Bank provides ethically approved human tissues to researchers carrying out high quality research. Aspects of the Bank operate under the Trust's Post Mortem licence, the licence was inspected by the Human Tissue Authority on 31 August and 1 September 2016. The team are also leading on the delivery of the 100,000 Genome Project.

Current position (months 1-5; 2016-17)

UHCW NHS Trust conducts both Post Mortems and Tissue Banking under this licence. A two-day audit of Human Tissue Authority Post mortem licence no 30019 was carried out at the end of August by the regulatory body the Human Tissue Authority (HTA). It has been four years since the last HTA audit of the licence.
There were no-non compliances found, we have been advised that Tissue Bank will need to develop additional risk assessments and other documentation. Draft audit report is due 29 September 2016.

Tissue Bank has received approval from Chief Officers Group to supply consented human tissues on a cost recovery basis to one commercial company. This is due to start imminently, with agreement having been gained from all relevant surgeons. Tissue Bank has been contacted by a second commercial company to supply tissues (skin), feasibility has been established, and the company is being asked to make a formal application to go to COG. The intention is to develop closer commercial ties to support the long term sustainability of the Bank.

The 100,000 Genome project is open to recruitment at UHCW for both the stipulated rare diseases and a number of the cancers i.e. Renal, Colorectal and Breast. Cancer recruitment is in line with contracted sample targets with seven patients recruited since opening in late June, with work ongoing to open further cancer types in the next two months to meet increasing targets e.g. lung, bladder and melanoma. BBC WM have interviewed the first renal cancer patient recruited, and the genomics ambassador.

Rare diseases are not meeting recruitment targets, due to lack of capacity across the Trust within clinical staff teams. To mitigate this, clinicians are being asked to refer suitable patients to the RD&I team who will approach, consent and recruit patients on their behalf. To date discussions have taken place with Endocrinology, Opthalmology, Audiology, Cardiology and Paediatrics around recruiting patients - this has generated 27 referrals, and 14 recruits.

The Academic Health Sciences Network have not yet signed the contract for this work.

SUMMARY: An aim of the 100,000 Genome project is to change patient pathways so that clinical staff consent patients into the project as part of care pathway, this is not happening due to clinical pressures (this picture is mirrored regionally/nationally). We are developing systems to meet 100,000 Genome project rare disease recruitment targets. Failure to sign the contract means we are unable to invoice for staff time (c.£25,000 to date).

Provide high quality facilities for research and innovation
Area: Human Metabolic Research Unit

Background:

The Human Metabolic Research Unit (HMRU) is a facility built at the University Hospitals Coventry and Warwickshire (UHCW) to investigate human energy metabolism. The initial development of the unit has been funded through grants from Advantage West Midlands (Science City Initiative), with significant contributions from the University of Warwick and UHCW.

Current position (months 1-5; 2016-17)

Research:

- An increasing diverse portfolio of research
- good local academic collaborations (Warwick, Coventry, Birmingham, Oxord)
- increasing national contacts (Imperial, Lancaster, Nottingham, Aberdeen)
- International profile, collaborators in Spain, Ireland, Czech Republic, US.

Infrastructure:

A fault was detected 18 months ago, during routine maintenance. The metabolic chambers currently still operate within specification, but the fault needs resolving for long-term. We have sourced a solution and this will be implemented in November/December 2016 as part of routine closure and maintenance.

Funding:

We have had some success in obtaining small funding amounts (less than £50,000), from impact funds at Birmingham Childrens' Hospital, Warwick University Impact Fund, joint PhD funding (with both Coventry and Warwick Universities) and Coventry University pump-prime funds.

Media Engagement:

We have seen an increase in media interest; the focus is now to promote the HMRU as a science platform as opposed to one in health and life-style.

Risks / Mitigation:

- Nursing support: this is restricted to a small number of individuals
- Technical/scientific-support: employed a full time technical to mitigate
- Kitchen facility: HMRU has no access to a kitchen. Difficulties with Vinci are impacting progress.

SUMMARY:

The HMRU requires a dedicated manager to use the facilities, maximising their potential and collaborating with external organisations, particularly academic and commercial. There is a lack of high-profile clinical academics engaging with the HMRU. We need to revisit the strategy to address these issues.

Provide high quality facilities for research and innovation
Area: INNOVATION

Background:

Innovation is critical to this modernisation of healthcare. The creation and/or adoption of new solutions is fundamental. As a Trust with world-class aspirations, we strive to be amongst those leading and shaping this re-imagination.

Current position (months 1-5; 2016-17)

Wealth creation and Intellectual Property (IP): Comparative data show activity levels are consistent i.e. the same volume of staff ideas as this time last year are being disclosed (c.4-5 per month). Since 1 April 2016, we have created two license agreements where knowledge is to be freely shared with another party in return for UHCW brand recognition and filed one patent for a Shoulder Dressing. The AHSN has funded dedicated on-site support (2 days/week) to enable us to identify and protect more IP (commenced August 2016).

Training and Education: Our most recent Innovation TTWC Masterclass, was cancelled due to low uptake; however, we supported registrar leadership training in May which was well received.

Innovation evaluation & adoption: Staff ideas disclosed to us are typically presented as their own 'original' ideas as opposed to innovation which has been seen elsewhere. We do not currently have capacity to actively seek this out, but see the advance of an Innovation Hub (as a point of convergence of innovative activity) an enabler to doing this more efficiently, from low-level changes to bigger strategic projects, leading to a far more coherent helicopter overview of change activity.

Scoping an effective innovation ecosystem (Innovation Hub): Over the past five months, we have engaged with a number of potential architects, suppliers and partners whilst developing both the UHCW Innovation Hub value proposition and complementary spatial environment. Refurbishment is planned for Summer 2017. In the coming months, we will be facilitating workshops with TTWC leads and other key stakeholders to test and refine floorplans/facilities. We continue to engage local public organisations, 3rd sector representatives, industry giants and SMEs.

Other activity:

- IBM Hackathon Event in which UHCW and Public Health Warwickshire took 3 healthcare challenges for the hack community to 'solve' over a two day period.
- Supported European Institute of Innovation and Technology Health Knowledge and Innovation Community by assisting with judging local SME applications to win £50,0000 investment for new health products and services.
- UHCW were 'highly commended' in the 'Innovative Organisation of The Year' category at the WM AHSN 2016 Celebration of Innovation Awards.
- We are leading on FabChangeDay (which seeks to get everybody pledging one thing they will change to improve patient care); we will use virtual reality to highlight what living with dementia is like for those who have not experienced it.

SUMMARY:

The development of the Innovation Hub is our key priority for 2016/17.

Raise the profile of Research and Innovation
Communications / Awards / Events / Esteem measures

Highlights (months 1-5; 2016-17)

April 2016:

- Awarded Tommy's Recurrent Miscarriage Research Centre Status
- Appointment of six Professors with Coventry University
- Following a nationally competitive process, six UHCW Nurses, Midwives and AHPs secured places on the NIHR MRes at Coventry University

May 2016:

- R,D&I Patient and Staff Open day
- R,D&I teams achieve Bronze and Silver in NIHR / Pharmatimes 'Research Site of the Year'
- Innovation Grand Round and Joint Meeting

June 2016:

- UHCW 'highly commended' in the 'Innovative Organisation of The Year' category at the WM AHSN 2016 Celebration of Innovation Awards.
- UHCW shortlisted in 'Research' category for CARE (Clinical Academic Research & innovation Environment) model in Nursing Times Award (winners announced October 2016)
- Three post-doctoral INCA Gold Fellowships awarded

July 2016:

- 'The Summit', R,D&I conference
- Julie Jones (Research Nurse Projects Facilitator) nominated for OSCA: Behind the scenes non-clinical
- Biomedical Research Unit nominated for OSCA: Innovation or Service development
- Joint Symposium with Warwick University - Non-infectious disease

August 2016:

- Associate Professor Rebecca Kearney awarded NIHR Clinical Development Fellowship (c.£950,000)
- Charles Hutchinson appointed as R,D&I Lead for Medical Academic Development
- Ramesh Arasaradnam appointed as Portfolio Development Lead

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	**Appointments to Trust Board Committees**
Author	**Rebecca Southall, Director of Corporate Affairs**
Responsible Chief Officer	**Andy Meehan, Chairman**
Date	**29th September 2016**

1. Purpose

This sets out the proposed appointment of members of the Trust Board to those Committees formally established by the Board.

2. Background and Links to Previous Papers

The Trust Board resolved to maintain the existing Board Committee structure at its meeting in May 2014 and subsequently approved allocation of Executive and Non-Executive Directors to the Committees in July 2014.

Following changes to Executive and Non-Executive Director Board members, allocation of Executive and Non-Executive Directors to the Committees has been revisited, and in line with section 4.6 of the Trust's Standing Orders, the Board is required to approve the proposed appointments:-

- Karen Martin as a member of the Quality Governance and Finance and Performance Committees;
- David Poynton as Chair of the Audit Committee and member of Finance and Performance Committee;
- Barbara Beal as Vice-Chair of the Audit Committee and withdrawal from the Finance and Performance Committee; and
- Professor Sudesh Kumar as a member of the Quality Governance Committee.

3. Narrative

In determining the proposed appointments, the following principles have been adopted:

- Account taken of the balance of skills and expertise necessary to deliver each Committee's remit, with membership matched to individual skillsets of the Non-Executive Directors to strengthen the quality of debate;
- The size, composition and quoracy requirements for each Committee has been reviewed to ensure it is appropriate to provide effective challenge and scrutiny, whilst ensuring member commitments are balanced and reflected within the terms of reference for each Committee;
- Membership or attendance at Board Committees being appropriate to the portfolios of the Chief Officers, with the understanding that non-members may be required to attend meetings by exception for specific items;

- Acknowledgement of the relationship between the Quality Governance and Finance and Performance Committees and the Audit Committee by ensuring that the Chairs of these Committees are also members of Audit Committee;
- Recognition of the significance for linkage between the Quality Governance and Finance and Performance Committees by ensuring that that Non-Executive Director membership cuts across both Committees;

Proposed appointments to the Committees of the Board are as set below:

Committee Name	Non-Executive Director	Chief Officer/Director
Audit Committee	David Poynton (Chair Barbara Beal (Vice Chair) Ed Macalister-Smith Ian Buckley	Chief Finance Officer* Director of Corporate Affairs*
Quality Governance Committee	Ed Macalister-Smith (Chair) Barbara Beal Brenda Sheils Sudesh Kumar	Chief Medical & Quality Officer Chief Nursing Officer Chief Workforce & Information Officer Chief Operating Officer
Finance and Performance Committee	Ian Buckley (Chair) Brenda Sheils David Poynton	Chief Finance Officer Chief Operating Officer Chief Workforce & Information Officer
Remuneration Committee	All	Chief Executive Officer* Chief Workforce & Information Officer* Director of Corporate Affairs*

*In attendance only, as the requirement for membership is Non-Executive Director only.

4. Areas of Risk

There are no areas of risk as membership is compliant with best practice in corporate governance.

5. Governance

Appointing members to Board Committees is a responsibility reserved to the Trust Board as set out in the Trust's Standing Orders.

6. Responsibility

Andrew Meehan, Chairman
Rebecca Southall, Director of Corporate Affairs

7. Recommendations

The Trust Board is asked to **endorse** the proposed appointments to the Committees of the Board.

University Hospitals Coventry and Warwickshire NHS Trust

Agenda item 17 Enclosure 12

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: Audit Committee

Committee Meeting Date: 12th September 2016

Quoracy: Yes

Apologies: Ed Macalister-Smith

Chair: David Poynton, Non-Executive Director

Report submitted by: David Poynton, Non-Executive Director

1. Outstanding Internal Audit Recommendations

Whilst the position with regards to outstanding recommendations is much improved; the Committee emphasised; however, the importance of priority 1 and 2 recommendations being implemented in line with agreed timescales and extensions being agreed only in exceptional circumstances. Assurance was also given around the tracker system that is in place and the oversight at the Chief Officers' Group in terms of ensuring that actions are followed through to completion. The Committee will continue to require the attendance of action owners at the meeting, where deadlines are extended without appropriate justification or where deadlines are missed.

2. Consultant Activity in Radiology Update Report

The Interim Group Manager for the Clinical Diagnostics Group delivered an update on the progress that had been made in relation to the agreed actions arising from the previously received report.

Changes to the management structure were confirmed including the recent recruitment of a Clinical Head of Service; a key component of that role is to implement the outstanding recommendations and for that reason the deadline for implementation of the outstanding recommendations has been extended to November 2016. Assurance was also given around the progress being made in relation to job planning and the cross referencing of Waiting List Initiative payments to job plans.

3. Breaches and Waiver Report;

The Committee scrutinised the waiver requests for the period February to July 2016. All waivers were considered appropriate and the governance arrangements robust, including a requirement for Chief Finance & Strategy Officer sign-off. It was also noted that seven requests related to compatibility with existing equipment and sole suppliers and assurance was given that regardless of this, the scrutiny process did involve an assessment of value for money.

4. Clinical Audit & Effectiveness Programme

It was noted that the year-end completion rate was 56%, which exceeded the target rate of 50% and the Committee was advised that the target, as set out in the Quality Account 2015/16 was to increase this to 90% by 2019. Discussion followed as to whether this target was sufficiently stretching and concerns were also raised in relation to the assurance levels around the implementation of NICE guidance across the Trust. Given that the Quality Account was approved by the Trust Board, this issue is being escalated to the Board for further discussion.

5. External Audit Progress Report

The Committee was advised that it was a requirement of the NHS Contract for 2016/17 that the Trust-wide registers of interests, gifts, hospitality and benefits are published on the Trust's website on an annual basis. Whilst it was noted that this requirement was in part satisfied through the reports contained within the Public Trust board papers, work would need to be undertaken around the wider organisation. To this end a Declaration of Interests Policy is under development and will be submitted to the next meeting for consideration. The Audit Committee will also give consideration to its role in terms of scrutiny of the registers.

The Board is asked to **NOTE** the business transacted at the meeting and to **RAISE** any questions in relation to the same.

INTERIM QUALITY GOVERNANCE 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. The Board is asked to note the business discussed at the meeting and to raise any questions.
Committee Name: Quality Governance Committee
Committee Meeting Date: 15th August 2016
Quorate: Yes **Apologies:** David Eltringham Rebecca Southall
Chair: Ed Macalister-Smith
1. Coventry Safeguarding Adults Board Annual Report 2015/16; the Committee **received assurance** around the processes in place to ensure that all core agencies that play a pivotal role in the safeguarding of adults, embrace a multidisciplinary approach to supporting adults with care and support needs in Coventry. UHCW plays a positive leadership role in aspects of this multi-agency work.
2. Quality Surveillance Team Briefing for Cancer Services; QGC **noted** the changes to the previous National Peer Review Programme, which now underpins the National Specialised Services Commissioning Framework. This now covers cancers, and all other specialised services. Annual self-declarations are required, and it was **agreed** that as part of the assurance process, QGC would review the self-declarations, following appropriate Chief Officer sign-off, prior to external submission.
3. Internal Audit Report – WHO Surgery Checklist; QGC was assured that UHCW was largely fully compliant with the checklist and was pursuing robust action to ensure full compliance. QGC **acknowledged** that that the compliance figures for the WHO checklist reported in the IQPFR represented an overall measure of compliance rounded to nearest %, so small variances in the internal audit report would not have been significant enough to register at that level.
4. Nursing & Midwifery Revalidation Progress Update; the Committee **received assurance** that robust processes had been developed to ensure that registration renewal and revalidation for all nursing staff is completed in line with Nursing and Midwifery Council (NMC) requirements. All registrations required to date had been completed. The Trust Registration Policy is awaiting approval by the NMC.
5. Integrated Quality Performance and Finance Report; QGC scrutinised the quality metrics within the IQPFR which had already been positively reported at Board. It was reported that subsequently a weakness in palliative care coding had been identified (despite significant improvements recently) which cannot be retrospectively changed and thus will impact on the Trust's HSMR for the coming year, as it is one of three elements that underpin the HSMR calculation. Executives were reminded of the need for executive-level sign-off of performance data leaving the organisation.
6. Blood Transfusion Annual Report 2015/16: QGC **approved** the annual report, **welcomed** the progress by the transfusion team made against national and local performance targets and **supported** the innovative approach taken to make continued improvements to the blood transfusion service.
7. Patient Safety Thermometer: the Committee welcomed the report on harm-free care, and **received assurance** that the Trust was performing well both locally and nationally for delivering harm free care to patients. QGC welcomed the use of a new cluster of nationally recognised Trusts against which UHCW will benchmark, so as to learn from other high performing organisations.
8. Policy approval: QGC is being asked to provide sign-off to UHCW policies. This is a new role, and our approach will be discussed in October. This role may require changes to QGC ToR. QGC **approved** the Patient Access Policy, subject to some clarifications of internal approval process.

University Hospitals Coventry and Warwickshire NHS Trust

Agenda item 18 Enclosure 13.1

INTERIM QUALITY GOVERNANCE 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. The Board is asked to note the business discussed at the meeting and to raise any questions.
Committee Name: Quality Governance Committee
Committee Meeting Date: 19th September 2016
Quorate: Yes **Apologies: Barbara Beal**
Chair: Ed Macalister-Smith
1. Violence against staff; the Committee received a helpful update on the work that was underway with regards to supporting staff that are involved in incidents of violence and aggression. A forthcoming 'Respect' campaign was welcomed, aimed at highlighting that the Trust does not tolerate violence and aggression towards it staff and will take action where this does occur. Staff awareness of these actions would precede the October national staff survey.
2. Executive Sign-off of Committee Reports, and of performance data leaving the organisation; it was noted that executive / SRO sign-off of reports did not always occur prior to the meetings / reports being sent, which created opportunity for lack of clarity, and for unexpected adverse media stories which were not justified. It was agreed that processes would be reviewed to try and ensure that this does occur going forwards. Lead Director responsible for Cancer Services would be reinforced.
3. IQPR – July report; HEWM the recent Health Education West Midlands visit was welcomed along with the de-escalation of Acute Medicine and Geriatric Medicine from level 3 to level 2 scrutiny. QGC also discussed the downturn in performance in **complaint response times** and it was noted that the number of complaints had significantly increased. Further work will be done to understand the reason for this and to cross check whether this was related to specific areas/issues.
4. Imaging Department Update; the revised leadership arrangements within the department and the positive impact that this was having was noted, although further work will be required to address some of the cultural challenges. QGC was also made aware of an issue related to IRMER compliance following a recent IRMER/CQC inspection. Assurance was given that the service was not unsafe as a result of the issues identified and actions were underway to address these. However, further CQC scrutiny is likely.
5. Bowel Cancer Screening; the report was largely positive in terms of performance against standards. Challenges of capacity, training and kit were noted with regards to the implementation of the new national bowel scope programme for those aged 55.
6. Committee reports; as a result of the revised work-programme and reduced number of agenda items, members of QGC were once again able to spend more time discussing reports and assurances provided to it from its sub-committees. Most issues were handled at sub-committee level. The Committee was advised of challenges with CAHMS patients being placed on acute adolescent wards because of insufficient CAHMS capacity in the community. The Trust is taking steps to mitigate the risks and it was noted that this issue was being discussed as part of the STP.

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: 13th September 2016
Quoracy: Yes
Apologies: Karen Martin, David Eltringham
Committee Chair: Ian Buckley
Report submitted by: Ian Buckley, Vice Chair
1. Minutes The minutes of the June meeting were **approved.**
2. Integrated Performance Report A concern was raised with compliance against mandatory training in key areas and it was agreed that this would be raised at the Quality Governance Committee (QGC) meeting to ascertain the level of risk that this proposed. *Post meeting note; the issue was discussed at QGC on 19th September and assurance was given that compliance was now greatly improved and that the issue had been discussed at the Patient Safety Committee.*
3. Carter Efficiency Programme A useful presentation and live demonstration of the information that is now available to the Trust was received. It was noted that the first Carter Plan would be presented to the Trust Board in October 2016.
4. Theatre Utilisation/Efficiency The report was received and the Committee was concerned at the number of late theatre starts in Ophthalmology department, together with more general performance concerns highlighted through the heat-map. Assurance was provided that a great deal of work was taking place in the department through the UCHW Improvement System, with Ophthalmology Outpatients being the subject of the first value stream within the Trust.
5. Sustainability & Transformation Fund (STF) A presentation was received detailing the allocation of the STF across finance and performance targets; the split being 70% finance and 30% performance, broken down into the 4-hour standard, Referral to Treatment (RTT) and the 62 day cancer target. It was noted that failing to achieve financial targets would result in no funding being received.
6. Cash & Capital The Committee felt it appropriate that the position with regards to the above be the subject of a Trust Board seminar to ensure a full understanding across the Trust Board.

The Board is asked to **note** the business discussed at the meeting and to **raise** any questions in relation to the same.