University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD MEETING
TO BE HELD ON THURSDAY 2nd MARCH 2017 AT 10.00 AM
IN ROOM 10009/11, CLINICAL SCIENCES BUILDING,
UNIVERSITY HOSPITAL, COVENTRY, 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 26th January 2017** 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 Report** Chief Executive Officer	For Assurance	Enclosure 4	5
Performance				
9.	**Integrated Quality, Performance and Finance Monthly Report** • Operational Performance • Quality and Safety • Finance • Workforce Chief Workforce & Information Officer	For Assurance	Enclosure 5	30
Patient Quality and Safety				
10.	**Caldicott Guardian Annual Report 2015/16** Chief Medical and Quality Officer	For Assurance	Enclosure 6	10
11.	**Serious Incident Report (July-December 2016)** Chief Medical and Quality Officer	For Assurance	Enclosure 7	10
Strategy				
12.	**Together Towards World Class Bi-monthly Update** Chief Workforce & Information Officer	For Assurance	Enclosure 8	10

ITEM	TITLE	BOARD ACTION	PAPER	TIME
Research and Innovation				
13.	**Research, Development & Innovation Update** Chief Medical & Quality Officer	For Assurance	Enclosure 9	10
Regulatory, Compliance and Corporate Governance				
14.	**Trust Board Code of Conduct and Statement of Responsibility** Director of Corporate Affairs	For Approval	Enclosure 10	10
15.	**Raising Concerns; Freedom to Speak Up Policy** Director of Corporate Affairs	For Approval	Enclosure 11	10
16.	**Matters delegated to Board Committees** Chairman	For Assurance	Verbal	5
Feedback from Key Meetings				
17.	**Quality and Governance Committee Monthly Meeting Report from 20th February 2017** Chair, Quality Governance Committee	For Assurance	Enclosure 12	10
18.	**Audit Committee Meeting Report from 13th February 2017** Chair, Audit Committee	For Assurance	Enclosure 13	10
19.	**Any Other Business**			
20.	**Questions from Members of the Public Relating to Agenda Items**			
21.	**Date of Next Meeting:** **The next meeting of the Trust Board will take place on Thursday 30th March 2017 at 10.00 am, in the Clinical Sciences Building, University Hospital, Coventry, CV2 2DX**			

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 26 JANUARY 2017 AT 10.00 A.M. IN ROOM 10009/11 OF THE CLINICAL SCIENCES BUILDING, UNIVERSITY HOSPITAL, COVENTRY

AGENDA ITEM	DISCUSSION	ACTION

HTB 17/001 **PRESENT**

Mrs B Beal, Non-Executive Director (BB)
Mr I Buckley, Vice Chair (IB)
Mr D Eltringham, Chief Operating Officer (DE)
Mrs N Fraser, Chief Nursing Officer (NF)
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)
Mrs B Sheils, Non-Executive Director (BS)

IN ATTENDANCE

Mr R Ash, Volunteer Companion (RA) – HTB/17/008
Mrs K Beadling, Head of Communications (KB)
Ms S Hollyoak, Palliative Care Team, (SH) – HTB/17/008
Ms K Horne, Voluntary Services Manager (KH) – HTB/17/008
Dr A Ruhnke, Guardian of Safe Working Hours (AR) – HTB/17/017
Mrs R Southall, Director of Corporate Affairs (RS)
Mrs P Young, Note Take (PY)

HTB 17/002 **APOLOGIES FOR ABSENCE**

There were no apologies for absence.

HTB 17/003 **CONFIRMATION OF QUORACY**

The Chairman declared the meeting to be quorate.

HTB 17/004 **DECLARATIONS OF INTEREST**

There were no conflicts of interest declared.

HTB 17/005 **MINUTES OF TRUST BOARD MEETING HELD ON 24th NOVEMBER 2016**

The minutes were **APPROVED** by the Trust Board as a true and accurate record of the meeting.

HTB 17/006 **MATTERS ARISING**

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

AGENDA ITEM	DISCUSSION	ACTION

HTB 17/007 **TRUST BOARD ACTION MATRIX**

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

HTB 17/008 **PATIENT STORY**

KH explained how the idea of introducing Volunteer Companions to the dying had come about and how the partnership between the Volunteers Office, Chaplaincy and the Palliative Care Team has worked to strengthen both the patient experience and that of bereaved families at a critical point in the patient journey.

SH was delighted to advise that 19 Volunteer Companions had been successfully recruited, with each of the Volunteers undergoing an advanced programme of training; she added that the companions take a real sense of pride from the fact that they are able to provide comfort and companionship.

RA described his experience following the death of a close family member and how this led to his desire to provide the same support for others. He was delighted to be appointed as a Volunteer Companion and is proud to champion the role on many of the wards throughout the Trust. He advised that the role requires a holistic approach to support both the patient and bereaved families.

Whilst the primary focus is to listen to the needs of the dying and their families and carers; there are clear boundaries and it is recognised that Volunteer Companions must exercise discretion at all times and accept supervision and direction from the Ward Nurses and the Chaplaincy Team.

BB commended the tremendous work that had gone into developing this essential service and sought to understand what support or counselling was available to the Volunteer Companions given the nature of the role. SH assured that each of the Volunteer Companions are required to complete a reflective diary for each of the patients they support, which feeds into group reflective practice sessions. Furthermore, the Palliative Care Team supports an open door policy and Volunteer Companions are encouraged to approach any member of the Team for support.

SH concluded by commending the altruistic enthusiasm of the Volunteer Companions, which has led to a steady increase in referrals to the service.

The Chairman paid tribute to the Teams for their remarkable work.

The Trust Board **NOTED** the Patient Story.

HTB 17/009 **CHAIRMAN'S REPORT**

The Chairman presented the report summarising the commitments he had attended since the previous Trust Board meeting and highlighted a governance matter for consideration.

There were no questions raised by other Trust Board members.

AGENDA ITEM	DISCUSSION	ACTION

The Trust Board **RECEIVED ASSURANCE** from the Chairman's report and **APPROVED** the correction to the extract of the minutes of the public Trust Board meeting of 28th April 2016.

HTB 17/010 **CHIEF EXECUTIVE OFFICER AND CHIEF OFFICER'S REPORT**

AH introduced the report and advised that he and the Chief Workforce and Information Officer had been delighted to attend the Long Service Awards Ceremony to celebrate those staff that had given 25 years' service to the NHS.

The Trust welcomed a visit by Dr Mike Durkin, National Director of Patient Safety at NHS Improvement (NHSI) on 5th January 2017 to observe the patient safety improvement work relating to the second value stream in the UHCW Improvement System. He was impressed by the work undertaken and was keen for good practice to be rolled out nationally.

AH added that there are a number of upcoming key events for the five organisations participating in the VMI organisational development programme to showcase the considerable achievements to date.

Focus turned to Sustainability and Transformation Plans (STP) and AH acknowledged the considerable amount of undertaken by those involved. He reminded that the Trust Board, at the private session held in October 2016, signed up to the direction of travel of the STP prior to submission of plans. The Coventry and Warwickshire STP was published on 6th December 2016 and the next phase will determine the areas of focus that will best support the population served.

This will involve extensive engagement and it is the intention to focus on maternity and paediatrics in the first instance. Engagement will take the form of public meetings, stakeholder groups and local media, alongside more modern interaction through social media. Andrea Green, Chief Officer for Coventry & Rugby and Warwickshire North Clinical Commissioning Groups will be leading the engagement campaign on behalf of the STP.

In response to a query from SK around changes to the Clinical Group structure; AH confirmed that changes came about through a combination of design and opportunity and the most recent changes were detailed on page two of his report.

KM drew attention to page five of the report and assured that the number of reported incidents of racial abuse/hate crimes post-Brexit was very low and that the organisation does not condone this type of behaviour. It was highlighted in the report to reflect the Trust's social corporate responsibility and the work that is ongoing to develop a strategy to support staff.

KM acknowledged that the Board had previously been made aware of issues in relation to clinical coding and she was delighted to advise that the annual external clinical coding audit that took place at the end of November 2016 demonstrated that the Trust exceeded the recommended 95% accuracy for primary diagnoses and 90% accuracy for secondary diagnoses, meeting the highest level of attainment for the IG Toolkit.

KM commended the combined efforts of the Communications, Nursing and Occupational Health Teams for driving the flu vaccine initiative across the

AGENDA ITEM	DISCUSSION	ACTION

organisation; achieving 80% compliance, which is considerably higher than previous years.

In response to a query from IB regarding the prestigious Clinical Research Facility status awarded to the Trust; MP advised that the Trust submitted an extensive application and the award demonstrates the aspiration of the Trust. SK concurred and emphasised that the award, supporting experimental medicine, is recognition of excellence.

NF advised that she had recently chaired a meeting with Public Health England (PHE) to review the work that has taken place within the organisation to manage mycobacterium chimaera. PHE supported the measures that had been taken and confirmed that these were in line with national guidance. The Trust sought to understand whether they should do more and a small works programme of modification in theatres will be taken forward.

NF announced that she along with her senior nursing team and matrons will be undertaking a 'back to the floors' clinical shift each month. This will support staff in improving quality outcomes for patients by embedding the 'Red to Green' principles, which will help to support flow across the organisation and reduce the burden on agency spend. IB commended this approach, echoed by DP.

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

HTB 17/011 **INTEGRATED QUALITY, PERFORMANCE AND FINANCE REPORT (IQPFR)**

KM introduced the report and invited DE to provide an overview of the challenges encountered over the festive period.

DE proceeded to provide the national context around performance during the aforementioned period. As anticipated, the Trust did not meet the 95% national standard against the 4-hour A&E target over the Christmas and New Year weeks; reporting 84.5% and 79.2% performance respectively.

Attendances were higher than the previous year, but not above plan. The distribution of attendances was unusual against a normal week but entirely predictable against the holiday period, with busy days occurring at the end of the Bank Holiday periods.

Ambulance activity was high, particularly during New Year hitting a peak of 190 ambulances on New Year's day.

In terms of the regional and national position, the Trust is reported to be at the top end regionally and at the bottom of the mid-range nationally.

Organisations nationally were asked to deliver 85% bed occupancy prior to Christmas and a good volume of discharges leading up to the festive period resulted in the Trust achieving 83% occupancy levels on Christmas Eve. Despite this however, four hour breaches continued which reflected a failure by control room staff to outlie patients early.

Discharge performance dipped significantly between Christmas and New Year

AGENDA ITEM	DISCUSSION	ACTION

due to a significant reduction in senior clinical decision makers during the period. Anticipated support from partners in the Local Health Economy was not available to the extent required and this also impacted upon the ability to discharge patients. Work is ongoing with partners to look at discharge processes and capacity in terms of the discharge to assess model.

In response to a query from the Chairman; DE advised that recent structural changes within local Commissioning has resulted in a better collaborative partnership and joint working towards addressing system wide issues.

The performance challenges encountered as the Trust entered the New Year resulted in 'Black Alert' status being activated.

DP reflected on recent Government statements that 20 organisations are accountable for 60% of the problems in the NHS and that 30% of the people attending A&E did not require emergency care. He acknowledged the crisis of underfunding in social care but sought to understand whether there was more that could be done internally. AH concurred that resource deficiency within primary and social care has a significant impact on A&E attendance; however, he acknowledged that there are internal issues in relation to simple discharge. He added that each of the five organisations undertaking the organisational development programme with VMI have been asked to identify a fourth value stream that focuses on the biggest challenges faced within the NHS and he confirmed that the Trust has decided to focus the fourth value stream on simple discharge.

BS sought to understand the lessons learned and DE advised that this piece of work underway. A traditional winter planning approach was taken and DE has requested that a different approach be tested out during the Easter bank holiday.

EMS drew attention to the Chief Officers 'This Week' update of 3rd January 2017 and the issues highlighted in relation to the management of leave during peak holiday periods and sought to understand what was being done to address this. DE assured that there is a clear system of authorisation in place for both annual and study leave. All staff are obligated to adhere to this policy but issues over the festive period indicated that this was not consistent across the Trust.

DE assured that a more forensic forward view of leave requests will be taken as part of the aforementioned approach to planning. AH emphasised that the NHS is a 24/7 service and stated that as such, public holidays need to be treated as any normal working day. He clarified that the issues during the festive season related to the absence of senior decision makers and not Clinical Directors.

SK observed that the Prime Ministers £50m challenge fund announced in 2013 to improve access to general practice had not had the desired impact and the burden on A&E departments around the country continued as a result. AH acknowledged this and added that despite the GP Access Fund, a large proportion of GP surgeries within Coventry do not provide a full five day service.

MP added that there are demand management approaches that can be deployed, such as triage at the point of entry and deferral of patients to GP's but she cautioned that this is not without risk and would require staff with specialist clinical skills. MP advised that she had sent out a video message via social media to

AGENDA ITEM	DISCUSSION	ACTION

implore the public to consider alternatives to ED attendances. Whilst it was acknowledged that impact of this could not be proved, attendances did reduce in the hours and days that followed.

IB drew attention to page 4 of the report and highlighted that theatre efficiency, in terms of theatre list start times has deteriorated. DE acknowledged this and advised that it reflects the discussions at the Finance and Performance Committee and the referral to treatment (RTT) position. He assured that work was underway to review theatre efficiency, and that the Trust had entered into a collaborative three phased project with the University of Oxford to analyse and optimise theatre efficiency. The first phase of this work has reviewed how lists are currently booked and managed and the second phase will focus on what is driving this. A clear plan can then be put into place. The outcome of this work is scheduled to be discussed in greater detail at the Finance and Performance Committee in March.

In response to a query from BB; AH confirmed that he was assured by the management and leadership capability within the Theatres and Anaesthetic Group.

EMS reflected on a recent Board Walkround to the Surgery on Day of Admission (SODA) ward and the bottlenecks experienced on the ward first thing in the morning. AH acknowledged this and encouraged all Board members to attend the next 'Report Out' which is due to take place at 12.15pm on Friday 3rd February 2017, which will provide an opportunity for Board members to hear first-hand the work undertaken in this area, as part of the theatres value stream.

KM drew attention to workforce metrics on page 6 of the report and acknowledged that whilst there were pockets of high level vacancies, the overall level of turnover is very low. Whilst this does not negate the issues relating to recruitment of band 5 nurses or other hard to fill posts, it demonstrated that overall recruitment and retention of staff is very good.

KM drew attention to page 26 of the report and acknowledged the inaccuracy in reporting around the 8.15% increase in the temporary staff pay bill since November 2016. She assured that this was not the case and confirmed that clarity would be provided at the next meeting of the Finance and Performance Committee.

KM observed that sickness absence had increased during December but assured that performance in January was showing a steady rate of improved performance.

AH drew attention to page 11 of the report and highlighted that the Trust had achieved five of the eight national cancer standards. However, performance against the 62 day target remains a cause for concern, with the Trust reporting 84.1% against a national standard of 85%. He reflected that this was as a result of two patients breaching the 62 day target. Performance remains below trajectory for December, and the position worsened in January in light of the performance challenges over the festive period.

AH added that late tertiary referrals, resulting in shared breaches significantly contributes to the Trust's ability to meet this key national standard, alongside the national shortage of consultant histopathologists, which causes delays in the

AGENDA ITEM	DISCUSSION	ACTION

patient pathway. DE added that a set of shadow rules for reporting cancer waiting times is expected to be launched from 1st April 2017, which will better deal with the issue of shared breaches.

DE added that the Trust has recognised the limitations of the current cancer - tracking system used and will be implementing a different system that will provide a better ability to track patients along the pathway.

DM proceeded to provide an overview of the financial position as at month 9 and noted that the Trust is reporting a £1.3m deficit forecast control total, which is £2.4m adverse plan as at month 9. This assumes partial receipt of the STP funding of £17.2m.

The Trust is reporting a £0.3m year-to-date surplus against a planned year-to-date surplus of £2.7m; an adverse year-to-date position of £2.4m. The position shows a further deterioration of £0.6m from previous month. The slippage includes the year-to-date under achievement of the STP trajectory of £2.4m.

The net surplus position reports a £1.2m forecast deficit against a plan of £1.3m. The year-to-date position is £2.9m adverse to plan of £2.5m surplus. This gives a net deficit of £0.4m as at month 9. This is driven by the under achievement of Sustainability and Transformation Funding (STF) monies year to date. Whilst an appeal for STF was submitted with the support of the Regional Team, this was not supported at the Centre.

Other movements within the control total are largely impacted by under delivery on contract income (1.4% adverse to plan); pay and non-pay overspends (0.5% adverse to plan). To achieve the planned net surplus, the Trust needs to achieve additional cost savings of £4.5m.

Issues relating to capital primarily relate to slippage of PFI schemes. There will be a requirement for the Trust to take out a revolving working capital facility in March and discussions are ongoing with NHSI to understand the figures involved but this is largely related to the Trust not receiving STF monies as a result of under-performance.

DM confirmed that the Trust was forecasting delivery of £26.0m Cost Improvement Programmes (CIP) against £26.5m of potentially identified savings; giving a potential forecast over-delivery of £0.5m against the Trust revised CIP target of £25.5m for 2016/17.

DP acknowledged the disappointing position at month 9 but emphasised the importance of recognising the delivery of CIP and the Financial Recovery Plan. He praised the work that has gone into achieve this, with the caveat that focus must be given to identifying recurrent savings.

DP sought to understand how NHSI and NHS England (NHSE) were positively helping organisations within the Local Health Economy during these unprecedented challenging times. DM advised that there are plans that are aligned to the wider STP picture; AH added that there will be support available to a limited number of STP's to help bridge the financial gap.

DM advised that following contract negotiations, all organisations are required to

AGENDA ITEM	DISCUSSION	ACTION

resubmit STP financial plans encompassing the contracts signed up to by the end of the month. He cautioned that early indications suggest that 2017/18 will present more challenges, not least due to the impact of the taxation changes relating to IR rules for Commissioners.

The Trust Board **CONFIRMED** its understanding of the contents of the Integrated Quality, Performance and Finance Report and **NOTED** the associated actions.

HTB 16/012 **CARE QUALITY COMMISSION (CQC) INSPECTION REPORT**

NF presented the report and advised that the CQC revisited the Trust on 28 September 2016 to inspect the Outpatients and Diagnostic Imaging Services on the University Hospital site. As a result of the inspection the CQC has revised its ratings for Safe, from 'Inadequate' to 'Requires Improvement', and Caring from 'Requires Improvement' to 'Good'. All other ratings remain the same. The overall CQC ratings for the Trust have not changed.

The final report was published on the CQC website on 12 January 2017 and NF advised that as well as areas of good practice, the report highlighted four key areas that the Trust must improve upon and 10 areas that the Trust should improve. An action plan is being developed in response to the findings in the published report, which will be shared with the CQC before 10th February 2017.

The action plan will be closely monitored by the Chief Inspector of Hospitals Programme Board (CIHPB) chaired by AH. NF added that she had arranged to meet with the Quality Team every three weeks to ensure that the actions are embedded and that positive outcomes can be demonstrated and evidenced.

BS observed the need to refine how action plans are reported to QGC and to ensure that compliance is evidence based, demonstrating not just that the action has been undertaken but also the impact. MP concurred and assured that future action plans will demonstrate evidence of practice as part of the audit process.

AH echoed BS' comments and assured that at the first meeting of the CIHPB in 2017, he directed that the organisation must focus on the journey to take UHCW to 'good' and beyond, through evidence of implementing actions that then become business as usual.

EMS supported this, commenting that whilst demonstrating compliance with specific issues, the previous action plan will not necessarily result in the organisation achieving good. He further added that future action plans should demonstrate the organisation's aspiration to get to good and the clear direction of travel to achieve this. He added that there should be a cluster of services that achieve outstanding. AH acknowledged this and advised that the Clinical Groups and Corporate Areas have been challenged to present at Chief Officers Forum tomorrow three key measurables that will achieve a 2% improvement, and performance against these will be monitored at the Quarterly Performance Reviews.

DP observed that there appeared to be a lack of proportionality within the CQC report with focus on some very broad negative indicators relating to one-off observations that would make it difficult for any organisation to achieve outstanding.

AGENDA ITEM	DISCUSSION	ACTION

The Trust Board **NOTED** the CQC's Inspection Report of Outpatient and Diagnostic Services at University Hospital.

HTB 17/013 **BOARD ASSURANCE FRAMEWORK (BAF)**

MP introduced the report and thanked RS for her support in preparing the quarter 3 update.

Chief Officers have reviewed risks that are assigned to them and in so doing have considered the current risk rating, provided updates against the mitigating actions and have added further actions where appropriate. It was noted that there were no new risks proposed for inclusion on the BAF, no recommendations for reduction in risk scores and no recommendations for increase in risk scores.

DP observed that the description of the risk scoring was not consistent with the table 3 provided in appendix 1; whereby some risks scored as 8 were graded as moderate and not high risk. RS acknowledged this and assured that this would be reflected within the next BAF update reported to Trust Board in March.

The Trust Board **NOTED** the content of the report as at Quarter 3, and **APPROVED** the Board Assurance Framework, subject to reviewing the risk grades for Quarter 4.

HTB 17/014 **CORPORATE RISK REGISTER**

MP presented the report and advised that in September 2016, there were six risks logged with a risk grading of 20, this has remained the same for January 2017.

MP referred to the six highest rated corporate risks and highlighted that two risks have remained "High" with a risk score of 20 since July 2016; namely RTT performance and inability to keep CAMHS patients safe on an adolescent unit

MP gave assurance that the monthly Trust Risk Committee 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 response to a query from the Chairman regarding drug security and storage facilities, AH advised that significance is placed on awareness of the issues in relation to storage and this is something that the CQC will test out. MP added that whilst never events were included as a generic risk on the register, the Trust was advised to enter each never event separately, in order to demonstrate each risk and stimulate a robust management response.

NF gave an update in relation to the CAMHS risk, confirming that a temporary uplift in staff had been put in place to support CAMHS patients and mitigate the risk whilst discussions continue with Coventry and Warwickshire Partnership Trust regarding a more sustainable solution.

The Trust Board **NOTED** the Risk Register.

AGENDA ITEM	DISCUSSION	ACTION

HTB 17/015 **MORTALITY PERFORMANCE REPORT**

MP presented the report and advised that high completion rates for primary mortality reviews highlighted excellent engagement of clinical staff with the mortality review process. 89.03% of completed primary reviews between January 2016 and December 2016 received an NCEPOD grade A rating which indicates a good standard of patient care.

All primary reviews graded B-E have a further 'secondary mortality review'; these are discussed at specialty mortality and patient safety meetings to share the learning and improve patient care. There have been 203 identified opportunities for learning from deaths between January 2016 and December 2016.

MP confirmed that the Trust HSMR value for the latest available 12 months of data (October 2015 – September 2016) is 101.4, which is within the 'expected' mortality range.

Between October 2015 and September 2016 the Trust received 83 Dr Foster mortality alerts, 36.14% of which were positive alerts. Each month, negative alerts through Dr Foster are discussed at the Mortality Review Committee, to agree any appropriate action required.

The SHMI value (July 2015 – June 2016) is 1.0921, which is within the expected mortality range.

The Royal College of Physicians are introducing a new methodology for grading deaths and further details will be revealed in a seminar later in the year; however, indications are that there must be Board level engagement with regards to mortality.

In response to a query from IB regarding patients that are discharged and die in the community; MP advised that whilst a mortality review is not conducted, an incident will be raised and a root cause analysis conducted where required.

In response to a query from BS regarding the length of time to complete a primary mortality review; MP advised that the process is very time consuming and requires the clinicians to carefully review medical histories; as such two months is considered reasonable to complete each review. She was pleased to report that the completion rate was 90.5%.

BB commended the work and noted that the Trust was an exemplar in this area.

The Trust Board **NOTED** the Trust's mortality performance for the given time period.

HTB 17/016 **INFECTION CONTROL QUARTERLY REPORT**

NF presented the report and highlighted that the Trust had reported no MRSA bacteraemia during quarter three. She added that the one case of MRSA reported in quarter 2 was the first case in seven quarters. The funnel plot graph on page 2 demonstrates that the Trust continues to perform well and is below the regional average rate.

AGENDA ITEM	DISCUSSION	ACTION

Twenty seven cases of Clostridium difficile (C diff) have been submitted to the Mandatory Enhanced Surveillance System (MESS); the lowest reported in the year to date.

The Trust continues to work with Project Co and ISS to address the issues around cleaning. NF explained that contractually, ISS use the ISS maximiser audit to manage performance against agreed contractual standards. In addition to this, the Infection Prevention Team and Matrons use the infection control nurses tool (ICNA) as a risk assessment tool, which takes into account wider environmental factors.

Quarter 3 results from the ICNA audits indicate that standards are not as expected (79.73%) and work is on-going to address this.

Mycobacterium chimaera remains under surveillance and the Trust is in discussion with other units across the country and is working closely with PHE as discussed in item HTB/17/010.

The Trust Board **NOTED** the report.

HTB 17/017 **GUARDIAN OF SAFE WORKING HOURS UPDATE**

The Trust Board welcome AR to the meeting.

AR presented the report and advised that in October 2016 a new contract was introduced for Junior Doctors in Training (JDT) with a new schedule of 2016 Terms and Conditions of Service (TCS). As part of the new 2016 TCS the post of Guardian of Safe Working Hours (GSW) was introduced. This was the first quarterly GSW report and covers the period of 7th December 2016 to 6th January 2017.

AR advised that the role of the GSW is to ensure the confidence of doctors that their concerns in relation to working hours will be addressed; to require improvements in working hours where necessary and provide boards with assurance that junior medical staff are safe and able to work. Furthermore, the GSW will identify risks and advise boards on the required response and ensure the fair distribution of financial penalty income, for the benefit of JDTs.

The Trust currently employs 398 JDTs of whom 48 work under the new 2016 TCS and commenced their Foundation Year 1 (F1) posts on 07 December 2016. Additionally, there are 135 Trust Doctors of various grades who also work on JDT rotas. A further 13 JDTs will commence their posts under 2016 TCS in February 2017.

KM advised that there is a formal requirement for the GSW to provide assurance to the Board that the specialty rotas of the JDTs (2016 TCS) are compliant with Working Time Regulations. This is the first in a series of quarterly reports, which will evolve overtime. She acknowledged the contribution from BS who had supported the process.

KM highlighted the exception reporting and advised that these indicate that a concern has been flagged. It is the role of the Educational Supervisors to address

AGENDA ITEM	DISCUSSION	ACTION

concerns raised, and any legitimate concerns that remain unresolved will result in financial penalty. She was pleased to report that there were neither fines nor disbursements incurred during the last quarter.

AR was pleased to advise that the second meeting of the Junior Doctors Forum attracted a higher number of attendees, although there is more work required to promote these monthly Forums more widely and encourage attendance.

BS observed the continuing issues in relation to the acute rota and sought to understand how these would be addressed; MP assured that Allocate will provide a rota management software solution that will resolve these issues going forward.

The Trust Board:-

- **NOTED** that 19 rotas remain non-compliant and **ACKNOWLEDGED** that Workforce and the relevant departments are working on redesigning these rotas;
- **NOTED** that there are currently four outstanding Exception Report reviews, none of which should incur a GSW fine; and
- **RECOGNISED** that the quarterly GSW reports will evolve with regards to the matrix of the sample template.

HTB 17/018 **PATIENT EXPERIENCE QUARTERLY REPORT**

MP drew attention to page 30 of the report and in particular the actions arising from the Board Walkrounds that took place in Quarter 2, that were discussed at the respective Group QIP meetings. She advised that there is an action matrix in place which captures the actions resulting from the Board Walkrounds; however, it is essential that the actions are addressed by the Clinical Groups through the Group Governance Framework and Anita Kane, Associate Director of Quality is liaising with the Chair of Clinical Directors (CD's) to ensure that this happens in order to present an action matrix that is meaningful in the next patient experience quarterly report. The Chairman acknowledged this and added that the process for organising the Board Walkrounds was working well and looked forward to seeing a demonstration of outputs from these in the next report.

MP proceeded to provide an overview of the report and highlighted that the complaint response rate for the 25 working day standard indicator across October 2016 was 36% and November was 51%. The figure for December and the full Quarter will be available in February 2017. The Trust received 126 complaints in Quarter 3, which is lower than in previous quarters but in line with Quarter 3 of 2015-16. The complaints caseload remained high in Quarter 3 due to a high number of complaints being carried forward from Quarter 2. As a result performance dipped, with the recovery starting to take effect in November.

The Complaints Department has been conscious to ensure the focus is maintained on attaining the 25 working day standard, whilst also ensuring the cases that have already breached are given due attention.

Communications is the primary subject most complained about, followed closely by aspects of patient care and clinical treatment of surgical patients.

AGENDA ITEM	DISCUSSION	ACTION

Of the six cases decided by the Ombudsmen in Q3 three were not upheld, two partially upheld and one was upheld.

The Patient Advice and Liaison Service (PALS) monitor and report on the performance against the five working day response standard and reported 90% performance in Q3 against a target of ≥90%. Work continues to improve processes and the service has launched a satisfaction questionnaire with users to gather feedback for improvement.

Delays and cancellations of outpatient appointments remains the top enquiry as in Quarter 2. The three Specialty Groups for Quarter 3 with the most enquiries were Surgery, Specialist Medicine & Ophthalmology and Radiology and relate to waiting times for procedures and appointments, communication with patients and waits for scan results.

BB applauded the work of the Complaints Team and progress made. EMS observed that the Trust Board had received a good presentation at a recent Board Seminar in relation to complaints and this remains a focus of discussion at QGC.

SK urged the need for a proactive response to complaints, in order that issues are dealt with at source and eliminate the need for escalation, which results in better outcomes for patients whilst reducing the burden of bureaucracy.

Discussion ensued in relation to the feedback received relating to car parking. It was noted that the Trust continues to explore all viable options internally and with partners in the Local Health Economy to improve the patient and visitor experience and also that of staff on the University Hospital site.

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

HTB 17/019 **SAFEGUARDING ADULTS AND CHILDRENS REPORT**

NF presented the report and highlighted that Coventry City Council Local Authority Children's Services received an Ofsted monitoring visit on the 8th and 9th November 2016. The visit was the first monitoring visit since the Local Authority was rated inadequate in March 2014.

NF summarised that the outcome of the visit was that insufficient progress had been made in key areas of practice since the last inspection. Some children and young people remain at risk and as a result outcomes remain poor. Progress had been made in terms of ensuring compliance in relation to processes but much remains to be done to enhance the quality of practice and decision making in individual cases. UHCW had not been requested to participate in the visit and there are no recommendations for health bodies within the report.

The Safeguarding Team are in the process of reviewing how UHCW can offer more early intervention support through the Common Assessment Frameworks (CAF) process. Recognising that the Trust needs to further embed the understanding of Early Help and use of the CAF, this has been incorporated into the face to face Safeguarding Children training sessions for 2017. Furthermore, following a meeting with the CAF strategic lead and Team Manager the Trust has prioritised transitional care and the teenage pregnancy midwives for bespoke

AGENDA ITEM	DISCUSSION	ACTION

training. This will enable key Trust staff to initiate CAF's and then transfer the lead role to the health visiting service upon discharge.

Following the CQC inspection in March 2015 a 'should do' recommendation was made in relation to improving staff members understanding of the Mental Capacity Act (MCA) and Deprivation of Liberties Safeguards (DoLS) and how to apply them in practice. The Trust 'Getting the Basics Right' programme indicates this remains a challenge and the Safeguarding Team have compiled an action plan to address this throughout the next quarter. The action plan includes a visit to another trust where MCA and DoLS is well embedded, attendance at board rounds, a dedicated DoLS co-ordinator and a 12 week communication plan involving the ward-based safeguarding champions. This action will remain on the agenda of the CIHPB, until the getting the basics right audits demonstrate an evidence base of increase in awareness.

AH expressed concern that mandatory training remained below the 100% compliance. KM assured that compliance figures had improved month on month. Furthermore, following a review of the safeguarding children training offered at the Trust, alongside a review of the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Intercollegiate Document 2014 (RCPCH) it has been agreed at the Mandatory Training Committee that the competency level of training for non-clinical staff would be amended in line with that at other provider Trusts. This took effect from 16th January 2017 and it is anticipated that this will be reflected in the compliance figures presented within the next quarterly report.

The Trust Board **NOTED** the contents of the report.

HTB 17/020 **MATTERS DELEGATED TO THE BOARD COMMITTEES**

There were no formal matters delegated to the Board Committees.

HTB 17/021 **FINANCE AND PERFORMANCE COMMITTEE MEETING REPORT OF 18 JANUARY 2017**

IB presented the report and there were no questions from members of the Trust Board.

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

HTB 17/022 **FINANCE AND PERFORMANCE COMMITTEE TERMS OF REFERENCE**

IB presented the Terms of Reference. It was noted that the final line of the penultimate paragraph on page 4 should read 'in conjunction with the Chief Finance and Strategy Officer'.

The Trust Board **APPROVED** the Terms of Reference subject to the above amendment.

HTB 17/023 **QUALITY GOVERNANCE COMMITTEE MEETING REPORT OF 16 JANUARY 2017**

AGENDA ITEM	DISCUSSION	ACTION

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

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

HTB 17/024 **QUALITY GOVERNANCE COMMITTEE TERMS OF REFERENCE**

EMS presented the Terms of Reference that had been reviewed by the Committee. There were no questions from members of the Trust Board.

The Trust Board **APPROVED** the Terms of Reference.

HTB 17/025 **FIT AND PROPER PERSONS DECLARATION**

RS presented the report and highlighted that the Chairman is responsible for ensuring that all members of the Trust Board and those that are regularly in attendance meet the requirements of CQC regulation 5. The Trust already undertakes a range of pre-employment checks as part of the recruitment process to ensure that all staff have the qualifications and capability to undertake their role and that they are generally of sound character.

In addition to this suite of checks, all new members of the Board or individuals to whom the regulations apply are asked to sign a declaration on appointment and on an annual basis thereafter, confirming their compliance with the regulations. RS advised that forms had been received from all members of the Trust Board and that these would be retained as evidence that a robust process was in place.

RS emphasised that Trust Board members are responsible for informing the Chairman of any changes in circumstance that mean that they no longer comply with the requirements in the intervening period.

The Trust Board:

- **NOTED** that declarations of compliance with the requirements of the Fit and Proper Persons Test have been received from each member of the Trust Board; and
- **COMMITTED** to informing the Chairman of any change in individual circumstances that might affect compliance, on an on-going basis.

HTB 17/026 **APPROVAL PROCESS FOR TRUST-WIDE CORPORATE BUSINESS RECORDS**

MP advised that a recent review has been undertaken in relation to the process for the approval of policies and strategies. It has been agreed that approval of these documents is best achieved through the existing Committee Structure and a process has been undertaken whereby each policy and strategy has been assigned to the Trust Board, a Trust Board Committee or sub-committee thereof, as appropriate to the nature and content and any statutory requirements.

Chief Officers considered options for the approval of policy and strategy documents and put forward a proposal to QGC around a revised approval mechanism at the December meeting. The proposal to utilise existing structures was accepted by QGC and in addition to determining and recommending the

AGENDA ITEM	DISCUSSION	ACTION

appropriate level of sign off for each document, greater rigour and clarity has been built into the process for document authors.

Any new policy or strategy document will be presented to the appropriate Board Committee in the first instance. A decision will then be made as to the approval body for amendments/future iterations.

MP drew attention to the scheme of delegation which sets out all of the current policy and strategy documents that are registered on the Trust's E-Library with a suggested approving Committee for each. As policy approval forms part of the Trust's Standing Orders, once approved, it is proposed that the document becomes an integral part of the Standing Orders and effectively acts as a scheme of delegation for policy approval from the Trust Board

The Trust Board **NOTED** the proposed approving Committee for each policy and strategy document and **APPROVED** the scheme of delegation for policy and strategy approval.

HTB 17/027 **ANY OTHER BUSINESS**

There was no other business conducted.

HTB 17/028 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from members of the public.

HTB 17/030 **DATE OF THE NEXT MEETING**

The next Public Trust Board will be held on Thursday 2nd March 2017 at 10.00am in the Clinical Sciences Building, University Hospital, Coventry, CV2 2DX.

The minutes are approved

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

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST
ACTION MATRIX PUBLIC TRUST BOARD MEETINGS
2 MARCH 2017

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	March 2017	On the agenda	Yes
ACTIONS FROM SEPTEMBER 2016 MEETING					
HTB/16/185 (IQPFR)	KM confirmed that the results of a formal two-year post programme evaluation of the Leading Together Programme will be shared with the Trust Board at a future Board Seminar.	KM	2018	Results expected autumn 2017 and will be scheduled on a Board Seminar early 2018. In the meantime, feedback will be provided within the framework of regular TTWC reports to the Board.	No
HTB/16/189 MEDICAL EDUCATION REPORT	IB suggested that clearer key performance indicators (KPI's) would be welcomed in relation to medical student numbers, in order to monitor progress and not rely on NSS survey results in isolation. MP concurred with this and added this would also demonstrate positive feedback in respect of 100% of students obtaining their first choice placements. BS added that KPI's at both organisational and Group level would be helpful.	MP	March 2017	KPIs to be developed and included within the next scheduled Medical Education Report to Trust Board.	No

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST
ACTION MATRIX PUBLIC TRUST BOARD MEETINGS
2 MARCH 2017

AGENDA ITEM 6 ENCLOSURE 2

AGENDA ITEM 7 ENCLOSURE 3

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO THE TRUST BOARD: PUBLIC

2 MARCH 2017

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:

- Board Walk-round – Ward 23
- Monthly Charity meeting
- Chief Executive / Non-Executive Director Quarterly Lunchtime Catch-up
- Board Seminar
- Handover for new Head of Charity role

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

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	**2 March 2017**

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 February 2017.

Mr Andrew Hardy – Chief Executive Officer

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

- BMI Management Board Meeting
- Sustainability and Transformation Programme (STP) leaders' retreat with Simon Stevens and Jim Mackey in London
- Group Quarterly Performance Reviews
- UHCW Improvement Guiding Team meeting
- Regional Commissioning Oversight Board (Cancer and Specialised Services)
- Transformation Guiding Board in London
- CEO Direct at University Hospital and Rugby St Cross
- Board Seminar
- Quarterly meeting with Ruth Light and Chris Bain (Healthwatch) Coventry and Warwickshire
- Meeting with Jim Cunningham MP, Geoffrey Robinson MP and Colleen Fletcher MP re STP for Coventry and Warwickshire
- Interview with Coventry Hospital Radio
- NHS West Midlands Leadership Academy Recognition Awards
- Health Education England (HEE) Midlands and East Local Education and Training Board (LETB) meeting
- Nursing, Midwifery and Allied Health Professional workforce supply with Professor Guy Daly (Executive Dean) and Amanda Royston (Principal Lead Healthcare Education Review) – Coventry University
- Meet and greet with new Consultants

Consultant Appointments

The Trust has not made any Consultant appointments since the last Trust Board Meeting on 26th January 2017.

Publications:

1. The Department of Health has published its response to the recent consultation regarding overseas visitors. The response can be found here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/590027/Cons_Response_cost_recovery.pdf

2. NHS England has produced new guidance for staff on managing conflicts of interest. A policy has been produced for Trust wide dissemination but is being reviewed in light of this guidance: https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf

Mr David Eltringham – Chief Operating Officer

In the period since the last Trust Board meeting I have:

- Spent significant time focused on operational performance challenges including RTT, Cancer and the Emergency Care Pathway.
- Attended a weekly Executive Rounding event, supporting the Neurosciences and Cardio Respiratory Groups in the deployment of Red to Green methodology and the Nugensis bed management system.
- Met with representatives of the Emergency Care Improvement Programme to review Control Room performance and set out a piece of work to improve this.
- Met with the CCG and Local Authority to direct a review of the Discharge to Assess pathways which were introduced in December
- Participated in RPIW 2.3 as Executive Sponsor and was delighted to introduce the team and their work at Report Out
- Participated in Quarterly Performance Reviews with Chief Officer colleagues
- Met Justine Richards, Executive Lead from CWPT on the Out of Hospital offer
- Visited Plant Rooms and Boiler Houses as part of a 'Day in the life of…..' visit with Vinci
- Led a Group Manager/Oprations Team Away Day, focusing on performance improvement and more effective collaborative working
- Chaired the Coventry and Rugby Local A&E Delivery Board
- Joined Karen Martin on the interview panel for the Associate Director of Workforce position
- Met regulator colleagues from NHSI and NHSE to discuss performance challenges and I joined and Escalation Meeting chaired by NHS England and focused on ED performance
- Ran a Red to Green workshop for health economy senior leaders, focused on Red to Green deployment in and out of hospital

Mr David Moon – Chief Finance & Strategy Officer

Since the January Trust Board Meeting and, in addition to the routine corporate meetings such as COG; COG Financial Star Chamber; Strategy Group & Board Seminars, F&P, Audit Committee, VMI Trust Guiding Team and Planning Unit; I have undertaken the following commitments:

- Chaired a number of Cost Improvement Plan Steering Group Meetings
- Attended the Group Quarterly Performance Review meetings
- Attended the Midland Cancer Alliance meeting.
- Met with Specialised Commissioning and UHB on HPB service amalgamation
- Gave a speech to Frontiers in Laboratory Medicine Event
- Met with Professor Kumar re: academic posts.
- Attended Peter Winstanley's retirement dinner
- Attended the STP Design Authority meeting
- Attended Capital and Cash workshop with NHSI
- Met with colleagues from Hereford Hospital to discuss PFI matters
- Met with Worcester Acute on pathology services
- Met with colleagues from Hereford to discuss pathology

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

In addition to all the regular meetings such as Chief Officers' Group, Strategy Group, COG Finance Star Chamber, CO Advisory Group, Patient Safety Committee, Risk Committee, CIH

Programme Board, 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, and my own clinical work, I have undertaken the following activities since the last Trust Board meeting in January 2017:

- Visited wards informally, speaking to Junior Doctors, Nurses, Pharmacists and Consultant colleagues: Ward 1,2,3,ED, Ward 42,43, Ward 10,20,21,30,31,32.
- I participated in a multidisciplinary Board Round with the Frailty Hub
- Made Responsible Officer submissions to GMC
- Attended UHCWi Stand Up and Report Out
- Met with Dr Bernath, PwC
- Value Stream 3 – Sponsored Team meeting to follow up on progress actions agreed at the RPIW
- Attended the Specialist Medicine and Ophthalmology Group Management Team Meeting
- Met with CD Diagnostics & CD Neurosciences re: Neuroradiology
- Quarterly Performance Reviews with Groups
- Medical Director's meeting with Gordon Wood and Charles Ashton
- Additionally, I have met with individual consultants regarding service improvement, education and research proposals
- Attended Joint Academic Strategy Group meeting at Warwick Medical School (WMS)
- Met with Brenda Shiels and Professor Kumar at WMS
- Attended Senior Leader visit of HEWM as follow-up into Acute Medicine – the outcome was positive and HEWM will be sending three medical registrars to UHCW from the August 2017 rotation.
- Attended Grand Rounds
- Met with Dr Wooley, Warwick Business School
- Attended Dr Macpherson's funeral
- Attended the Q&A session for the Leadership Programme.
- Met with Clinical Directors at my regular 1/6 weekly meeting with them.
- Shadowed by Rebecca Gittens as part of the Jo Cox Women in Leadership Programme with Warwick University
- Attended CEO dinner with newly appointed consultants
- Met Specialised Commissioners with Andy Hardy and David Moon

Nina Fraser – Chief Nursing Officer

In addition to all regular meetings such as Chief Officers' Group, COG Finance Star Chamber, COG Advisory Group, Patient Safety Committee, Risk Committee, Quality Governance Committee, Nursing & Midwifery Committee/Forums, Serious Incident Group (SIG), Chief Inspector Hospitals Programme Board (CIHPB) and Strategy Group; I have undertaken the following activities since the last Trust Board meeting in January 2017

- Attended Infection Control Cleaning Group
- Chaired Infection Control Committee
- Chaired End of Life Care Committee
- Attended a meeting with the CEO, Professor Guy Daly and Sarah Baxter at UHCW regarding Nursing, Midwifery and Allied Health Professional Workforce Supply
- Undertook a back to the Floor Exercise with Senior Nursing Team
- Visited the new Science and Health Faculty at Coventry University
- Attended Leading Together Q&A Session at Warwick University
- Participated in the UHCW IDM Meeting
- Chaired the Mycobacterium Chimera Task & Finish Group weekly meeting
- Participated in a Study Trip to the USA

In support of Red2Green and making every day of inpatient stay value added, the nursing teams have developed the 'Get up, Get dressed, Get moving' campaign. This will include developing a plan of care which promotes regular activity, giving patients the option to wear their own clothes, and highlight the benefits of early mobilisation to prevent muscle deconditioning. This will be launched at an event in early April called – 'Step into Spring.'

Womens and Children

- A_EQUIP pilot around non statutory supervision is in progress. There are 10 professional Midwifery Advocates across Coventry and Warwickshire. The pilot focuses on new entrants and a restorative supervision model is being used to support midwives.
- Maternity services were awarded £60,000 to deliver multi professional training around Better Births.
- UHCW maternity service has been successfully appointed to the First Wave of the maternal and neonatal health safety collaborative.
- The Biomedical Research Midwives have been shortlisted for the Royal College of Midwives awards.
- A new nurse manager has been appointed to the children's emergency department and commences in post on 1st March 2017.
- 5 new nurses have been appointed to the neonatal unit.
- The safeguarding team is fully recruited to and all staff are now in post.

Education & Research

Test Site Nursing Associates – Following successful acceptance of Coventry and Warwickshire Trainee Nursing Associate Pilot (CWTNAP) to be a fast follower, UHCW has now recruited to their 6 posts. The programme commences on the 28th April 2017.

Research – in partnership with Birmingham City University**,** UHCW is jointly funding and supporting a PhD student to undertake a study in relation to heel pressure ulcers.

Operations & Delivery

Ward view continues to embed well, 'Infoview' is currently being designed for us and key groups are working with us to design 'Admissions view'

Red 2 Green workshops continue, feedback has been good though attendance is variable, future ones will be re advertised and specific group ones put on where requested.

Patient Experience & Professional Standards

Enhanced Care Team – We continue to make changes to improve efficiency and capacity of the team. Over the last two months we have recruited additional 3WTE members of staff and revised the Trust guidance in regard to close observation practices. We have also been sharing practice with the Office of the Chief Nurse and Reform Project Management in Ireland, regarding a pilot of close observation.

Care Contact Time - Over the next month ward/ dept. teams will be undertaking a multi-professional data collection relating to the activities they undertake on a shift by shift basis. This is the first time multi-professional care contact time data will be collected. A recent pilot using the Trust's electronic CC app in T+O in January identified that 66% of the overall multi- professional team's time was spent giving care at the patient bedside with junior doctors spending up to 92% and registered nursing staff spending 77% in direct care.

End of Life Companions - The service has now been running for six months. The Chaplaincy Team, Palliative Care Team and Volunteers Office recently ran an awareness week from 23 – 27 January where each team with the volunteer companions visited wards at UH promoting the service to staff to encourage referrals directly Support for the Dying Companion leaflets have been produced and will be distributed throughout the week. We are now in the second phase of recruitment for the scheme. Following a successful application for funding to HEE the Trust Lead Chaplain Mr Simon Betteridge is working with colleagues from Coventry and Warwickshire in both the public and voluntary sector to roll out the End of Life Companion scheme to the community.

We are commencing a joint initiative in partnership with ISS and the Palliative Care Team to introduce comfort packs for carers of end of life patient's. The scheme will be introduced in March and packs will be available on both sites.

Quality & Patient Safety

The Safety Thermometer performance for February is 97.15% harm free care with a new harm free care of 99.08%.

A new falls and bedrail risk assessment and a multi factorial falls care pathway which is compliant with national guidance will be launched and rolled out to all wards commencing mid-March.

Mrs Karen Martin, Chief Workforce and Information Officer

CWIO diary:
During the past month I have been in attendance at all of the regular Chief Officer meetings including Trust Guiding Team meeting, Risk Committee, Chief Officer Forum, as well as COG Advisory Group. I have also been in attendance at the Quarterly Review meetings with the Groups. I have also chaired the Partnership and Engagement Forum involving Staff-side members, Training, Education and Research Committee, Transformation MDT and Transforming Workforce Supply Committee.

I also attended the Healthcare Information and Management Systems Society (HIMSS) 17 Conference and Exhibition together with Nina Fraser and Ian Buckley. We also had the opportunity to visit Adventist Health, to see a Cerner system in a live environment and visited the University of North Carolina Hospital to see an Acute Hospital in action.

Other work commitments during the past month have also involved:-

- Interviews for maternity cover for the Associate Director of Workforce, Learning and OD
- Attendance at the Leadership Regional Recognition Awards for the West Midlands
- Attendance at an STP Engagement Workshop sponsored by Health Education England
- A 2 hour session with the Sterile Services Team as part of the "day in the life of" initiative
- I will also be attending the Careers Fair, which will be held in CSB on the 13th March and attach a flyer (appendix 1) to this report for information.

UHCW Improvement Services:

- The **Theatre Rota reconfiguration** has moved more activity from main theatres to day surgery to provide additional theatre capacity for the Trust. The day surgery x-ray treatment room and theatre re-shuffle went live on 6 February.
- The **Outpatient Service review** has implemented a specialty data pack to highlight variation and drive improvement within Outpatients. Work is focusing on the creation, testing and implementation of a clinic change electronic form to replace the current paper-based document. The Trust-wide outpatient management meetings are now focused on the CQC out-patients action plan and improving outpatient performance.

- The **Patient Safety Incident value stream** has completed a third Rapid Process Improvement Workshop (RPIW) on the investigation process. It reported out on 3 February.
- The **Standardising Booking project** is reviewing the booking of new referrals to each speciality to ensure that patients are being booked correctly first time.

Performance and Programme Management Office (PPMO):

- The Performance team has developed processes to streamline data submissions (particularly quality and safety information) to create the latest **quarterly performance packs** for specialty group and core team reviews. The team has also been aligning data flows and reporting in support of specialty group mergers.
- The Corporate Analytics team have been working closely with the Information System Development team to develop a new **automated A&E dataset** to replace the daily Emergency Care Improvement Programme (ECIP) return.
- The Information Systems Development team are supporting colleagues in the Quality and Safety department to create reports and pull data directly from the Datix risk management system.
- The Programme Analytics team has been working with operational management to **roll out the NHS IMAS team capacity and demand tool**.

Information and Communication Technology (ICT):

- The **Network Refresh project has completed the preparatory stage**, with all new cabling and equipment in place. At the time of writing, all computer equipment on the University Hospital site is being migrated to the new network. This is expected to be completed by the end of March
- The **Patient Administration system (iPM) upgrade was completed successfully** as planned in January. This substantial upgrade task was required by the supplier, CSC, to allow them to continue support the system.
- A **new phase of the Nugensis system project for patient flow** has begun. This will provide Trust senior managers with an overview of flow and admissions with the ability to drill down into the detail held by wards and specialties.
- A **Print Management pilot at Rugby St Cross** evaluated the use of print management to reduce the cost of printing across the Trust. The pilot provided printing through fewer, but faster and cheaper to run, high volume printers and had a further aim to eliminate unnecessary printing. This pilot will inform a business case to consider the introduction of print management across the Trust.

Workforce:

- The Trust held a **Recruitment Open Day at Rugby St Cross** in January. The event proved to be a huge success with 250 people attending. Candidates were given a tour of the hospital and the opportunity to discuss careers in the NHS. As a result of the event, a number of Registered Nurse, Healthcare Support Worker, Apprentice and ISS vacancies are under recruitment.
- We held our first **Alternative Roles Workshop** for managers and senior clinicians in January, with over 30 people attending. The workshop provided a showcase on new roles and enabled a lively discussion on future opportunities. Health Education England has requested that we present our approach at their next Regional Workforce Planners Network meeting.
- We will be launching **weekly pay for nursing and midwifery bank staff** from April, as part of our strategy to reduce our reliance on agency staff.
- New initiatives to support **staff health and well-being** included the launch of:
    - Mindfulness sessions to improve resilience to possible workplace stressors
    - A new benefits scheme, through MyTrustBenfits.com, which provides discounts with well-known brands and retailers.

A series of health and well-being roadshows are also scheduled to occur during March and April.

- Preparations are underway for a **Careers Event on 13 March**, which forms part of our programme on work opportunities and apprenticeships. The event will be targeted at local schools and colleges and is designed to promote careers in healthcare, alongside specific opportunities on offer at UHCW.
- Nominations for **Leading Together**, our flagship leadership development programme, took place this month for twelve cohorts running from April to March 2018. This past year 247 service and team leaders took part in the programme, supporting the development of a common leadership language across the Trust.
- Following staff feedback, our **Trust values have been refreshed and relaunched** this month. This has incorporated the inclusion of a new value 'Respect' to complement the existing values. From March a values awareness programme will begin, showing how these values are lived in action.

Equality and Diversity:

- In support of the Workforce Race Equality Standard (WRES) it is recommended that Trusts help initiate and support **BME (Black Minority Ethnic) Networks**. The Head of Diversity is working with colleagues to put on an event during NHS Equality, Diversity and Human Rights week to identify if and how BME staff at the Trust and in partner organisations want to be engaged and supported.
- The Equality and Diversity team are planning four events during the **NHS Equality, Diversity and Human Rights week in May**:
    - BME listening event - Monday 15 May
    - Session for managers to hear issues raised and identify what support they need to support their BME colleagues - Wednesday 17 May
    - Violence against Staff conference - Thursday 18 May
    - Embrace Equality, Enhance the Experience open day - Thursday 18 May
- We are pleased to confirm that a second intern from the **Changing Futures Together programme** has secured employment at the Trust in the post room. ISS has been exemplary in its support for the programme and the interns.

Communications:

- As part of the latest Rapid Process Improvement Workshop (RPIW) the **Kaizen Promotion Office (KPO) team produced five short videos** covering each day's activities. The videos were viewed a total of 1,858 times by staff, suggesting that these teaser videos during the week worked well to raise awareness.
- The Trust now has more than **10,000 likes on Facebook.** This is a great achievement and higher than our peers across the Midlands. This indicates that the content being posted by the Trust is of interest to a wider audience.
- An **ED Capacity Pressures Video** was posted on social media on 9 December and 4 January. In the 48 hours following the December posting, there was a 2.1% decrease in ED attenders on the same period the year before, despite a year-on-year increase in ED attendances. Following the January posting, there 12.4% fewer ED attendances than during the following day. There were no press releases on this subject in local media, so while it is not yet possible to be certain it seems possible that there could be a correlation between the videos and ED attendances.

University Hospitals NHS
Coventry and Warwickshire
NHS Trust

Interested in a career in health care? Come and find out what's on offer at UHCW - Monday 13th March 2017

- Nursing & Midwifery
- Medical & Dental
- Allied Health Professions
- Health science service
- Support services
- Admin services.

Innovation
Find out about a technology – enabled future health care

Practical Activities

CAREERS FAIR

'Our mission is to CARE, ACHIEVE and INNOVATE'

Application and interview hints and tips

UHCW is one of the biggest employers in Coventry

Representatives from local colleges and universities including Coventry University

Explore the different careers within the NHS

Drop in sessions will run between 10:00 – 12:00 and 1:00 – 3:00

To register your interest email:
workexperience@uhcw.nhs.uk

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	**Integrated Quality, Performance & Finance Report – Month 10 – 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	**2nd March 2017**

1. Purpose

To inform the Board of the performance against the key performance indicators for the month of January 2017.

2. Background and Link to Previous Papers

The Trust Board receives the Integrated Quality, Performance and Finance Report each month.

3. Narrative

The attached Integrated Quality, Performance & Finance Report covers performance for the period ending 31st January 2017.

In the Trust Board Scorecard, 27 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 seven breaches of the RTT 52 week wait standard),
- Cancer 62 day urgent referral to treatment

Key indicators achieving the target include:

- HSMR - basket of 56 diagnosis groups
- Staff turnover rate
- Patients recruited into NIHR portfolio

The Trust reports a £1.7m forecast deficit against a £1.1m planned surplus in Month 10.

The Trust is forecasting delivery of £25.8m against £26.3m of potentially identified savings. This gives a potential forecast over-delivery of £0.3m against the Trust revised CIP target of £25.5m for 2016/17.

4. Link to Corporate Objectives and Board Assurance Framework

The KPIs set out within the IQPR relate to all of the Trust Objectives for 2016/17 and are mapped accordingly within the balanced scorecard.

5. Governance

The Trust Board is accountable for the performance of the Trust against all national standards, statutory and regulatory requirements.

6. Areas of Risk

The areas of risk are articulated within the report but mainly relate to the Trust's failure to deliver against key national standards, which could result in a poorer patient experience, reputational damage and regulatory consequences.

7. Responsibilities

The Chief Workforce & Information is Officer is responsible for producing this report.
Individual Chief Officers are responsible for KPIs that are assigned to them.

8. Recommendations

The Board is asked to **NOTE** performance at 31st January 2017 and the associated actions that are being taken and to **RAISE** any questions or concerns.

University Hospitals Coventry and Warwickshire NHS Trust

Integrated Quality, Performance and Finance Reporting Framework

Reporting period: January 2017

Contents

Executive Summary

University Hospitals Coventry and Warwickshire NHS Trust

27 KPIs achieved the target in January

	Indicators achieved	Indicators in exception	Indicators in watching status	Total indicators
Excellence in Patient care and experience	17	17	2	36
Delivery of value for money	4	1	0	5
Employer of choice	2	2	3	7
Leading research based health care organisation	2	1	0	3
Leading training and education centre	2	0	0	2
All domains	**27**	**21**	**5**	**53**

KPI Hotspot

What's Good?

- **HSMR - basket of 56 diagnosis groups**
- **Staff turnover rate**
- **Patients recruited into NIHR portfolio**

What's Not So Good?

- **A&E 4 hour wait**
- **18 week referral to treatment time**
- **RTT 52 week waits**

The Trust has achieved 27 of the 53 indicators reported within the Trusts performance scorecard which is an improvement from last 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. Performance against the RTT incomplete target deteriorated with the Trust reporting 87% against the 92% target in December and there have been seven breaches of the RTT 52 week wait standard in December.

Staff turnover rate has fallen for a fourth month and is now 8.46% against a target of no more than 10%.

Harm free care is reported at 97.3% for January having shown a steady improvement since November. Alongside this there have been no medication errors causing serious harm and no falls resulting in serious harm.

The Trust achieved all eight of the national cancer standards in December. The 62 Day Cancer Waiting Times Standard was achieved with 87.8% of patients treated against the 85% standard. The year to date performance is 83.7%, with the quarter 3 performance being 84.5% against the 85% standard.

The Trust reports a £1.7m forecast deficit against a £1.1m planned surplus in Month 10.

Trust Scorecard

Reporting Month January 2017

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	27	28	↓	35	42	42	CNO	
MRSA Bacteremia - Trust Acquired - Cumulative	1	1	→	0	0	1	CNO	
Serious Incidents - Number	18	8	↑	15	15	15	CMO	
Never Events - Cumulative	3.0	3.0	→	0	0	3	CMO	
Same Sex Accommodation Breaches	0	0	→	0	0	0	CNO	
HSMR - Basket of 56 Diagnosis Groups	90.8	86.9	↑	RR	RR	RR	CMO	
Harm Free Care	97.0%	97.3%	↑	95%	95%	95%	CNO	
Patient Experience								
Friends & Family Test Inpatient Recommenders	89.3%	84.8%	↓	95%	95%	95%	CMO	
Friends & Family Test A&E Recommenders	80.8%	80.9%	↑	87%	87%	87%	CMO	
Complaints per 1000 Occupied Bed Days	1.36	1.20	↑	0.99	0.99	0.99	CMO	
Complaints Turnaround <= 25 Days (1 month in arrears)	51%	86%	↑	90%	90%	90%	CMO	
Theatres								
Theatre Lists Started within 15 mins of Start Time	32.4%	34.6%	↑	75%	75%	75%	CMO	
Surgical Safety Checklist - WHO	100.00%	100.00%	→	100%	100%	100%	CMO	
Emergency Care and Patient Flow								
A&E 4 Hour Wait	79.5%	77.4%	↓	95%	95%	95%	COO	
12 Hour Trolley Waits in A&E	0	0	→	0	0	0	COO	
Ambulance Turnaround within 30 minutes	79.8%	80.9%	↑	100%	100%	100%	COO	
Delayed Transfers as a Percentage of Admissions	6.5%	8.2%	↓	3.5%	3.5%	3.5%	COO	
30 Day Emergency Readmissions (1 month in arrears)	8.2%	7.9%	↑	8.68%	8.68%	8.68%	COO	
Number of Medical Outliers - Average per Day	77.0	90.2	↓	50	50	50	COO	
Length of Stay - Average	6.9	7.4	↓	5.96	5.96	5.96	COO	
Bed Occupancy Rate - KH03 (3 months in arrears)	97.9%	97.5%	↑	93%	93%	93%	COO	
Elective Care								
Last Minute Non-clinical Cancelled Operations - Elective	1.8%	1.4%	↑	0.8%	0.8%	0.8%	COO	
Breaches of the 28 Day Readmission Guarantee	9	24	↓	0	0	126	COO	
18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	88.4%	87.0%	↓	92%	92%	92%	COO	
RTT 52 Week Waits Incomplete (1 month in arrears)	2	7	↓	0	0	0	COO	
Referral to Treatment Incomplete - Backlog Size (1 month in arrears)	3271	3592	↓	2084	2084	2084	COO	
Diagnostic Waiters - 6 Weeks and Over	0.27%	0.85%	↓	1%	1%	1%	COO	

Trust Scorecard

Reporting Month January 2017

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

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)	96.04%	97.21%	↑	93%	93%	93%	COO	
Cancer 2 Week Wait Breast Symptom (1 month in arrears)	84.62%	100.00%	↑	93%	93%	93%	COO	
Cancer 31 Day Diagnosis to Treatment (1 month in arrears)	100.00%	99.51%	↓	96%	96%	96%	COO	
Cancer 31 Day Subsequent Surgery Standard (1 month in arrears)	100.00%	100.00%	→	94%	94%	94%	COO	
Cancer 31 Day Subsequent Drug Standard (1 month in arrears)	100.00%	100.00%	→	98%	98%	98%	COO	
Cancer 31 Day Subsequent Radiotherapy Standard (1 month in arrears)	97.04%	98.44%	↑	94%	94%	94%	COO	
Cancer 62 Day Urgent Referral to Treatment (1 month in arrears)	84.44%	87.83%	↑	85%	85%	85%	COO	
Cancer 62 Day Screening Standard (1 month in arrears)	89.66%	94.29%	↑	90%	90%	90%	COO	
Cancer 104 Day Waits - TDA Measure (1 month in arrears)	1.5	2.5	↓	0	0	0	COO	
Deliver value for money								
Liquidity Days	-23.9	-23.9	→	-26.9	-23.8	-29	CFSO	
Capital Services Capacity	2.0	2.0	→	1.8	1.6	2	CFSO	
Income & Expenditure Margin	3	3	→	-0.9	1.3	2	CFSO	
Forecast Income & Expenditure Compared to Plan - £'000	-1193	-1731	↓	1100	1100	-1731	CFSO	
CIP Delivery - £'000	20295	21977	↑	20958	25512	25799	CFSO	
Agency Expenditure as a % of Pay Bill	7.62%	8.37%	↓	TBC	TBC	TBC	CWIO	
Employer of choice								
Personal Development Review - Non-Medical	85.32%	86.31%	↑	90%	90%	90%	CWIO	
Personal Development Review - Medical	77.66%	78.45%	↑	90%	90%	90%	CWIO	
Mandatory Training Compliance	87.24%	86.62%	↓	95%	95%	95%	CWIO	
Sickness Rate	4.38%	4.27%	↑	4%	4%	4%	CWIO	
Staff Turnover Rate	8.63%	8.46%	↑	10%	10%	10%	CWIO	
Vacancy Rate Compared to Funded Establishment	13.92%	13.54%	↑	10%	10%	10%	CWIO	
Staff Survey - Recommending as a Place of Work (Quarterly)	78.69%	69.74%	↓	46.59%	46.59%	46.59%	CWIO	
Leading research based health care organisation								
Patients Recruited into NIHR Portfolio - Cumulative (2 months in arrears)	2636	3015	↑	2671	4006	4006	CMO	
Commercial Income Invoiced £000s - Cumulative (1 month in arrears)	587	712	↑	900	1200	1200	CMO	
Peer Reviewed Publications - Calendar Year Cumulative (3 months in arrears)	125	172	↑	145			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	3.8	↑	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

Performance Summary

Improving

(3 months consecutive improvement)

Measure	Target	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Staff Turnover Rate	10.0%	9.07%	9.10%	9.07%	9.00%	8.96%	8.74%	8.68%	8.79%	8.74%	8.66%	8.63%	8.46%
Personal Development Review - Non-Medical	90%	87.70%	88.43%	88.40%	87.94%	87.73%	87.71%	86.34%	84.05%	83.80%	85.12%	85.32%	86.31%
Harm Free Care	95%	95.00%	95.70%	96.70%	95.80%	96.20%	96.00%	97.90%	96.90%	95.70%	96.90%	97.00%	97.30%

- Staff turnover rates continue to decrease for the fourth consecutive month and reflects sustained achievement of this target of below 10%.
- Personal Development Review – Non-medical has improved for a third month however it remains below the 90% target at 86.31%.
- Harm free care is reported at 97.3% for January having shown a steady improvement since November and eleven months achievement of target.

Deteriorating

(green/amber indicators worsening)

(3 months consecutive deterioration)

Measure	Target	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Diagnostic Waiters - 6 Weeks and Over	1%	0.57%	0.59%	0.79%	0.47%	0.17%	0.16%	0.17%	0.18%	0.05%	0.13%	0.27%	0.85%

- The number of diagnostic waiters over 6 weeks KPI has increased for a third consecutive month to 0.85% against the 1% target. 84 breaches occurred in Cardiology and Imaging. The total number of waiters remains below 10,000 in January.

Deteriorating

(red indicators worsening)

(3 months consecutive deterioration)

Measure	Target	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
A&E 4 Hour Wait	95%	86.20%	84.40%	80.20%	80.90%	81.70%	82.60%	89.50%	90.10%	85.30%	81.30%	79.50%	77.40%

- A&E 4 hour wait performance has decreased for a fourth month achieving 77.4% in January.

Failed Year End Target

Measure	Target	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Never Events - cumulative	0	3	3	0	1	1	1	1	2	2	3	3	3
MRSA bacteremia - Trust acquired - Cumulative	0	0	0	0	0	0	0	1	1	1	1	1	1

- A third never event was reported in November 2016.
- A Trust acquired MRSA bacteraemia was reported in August 2016.

Trust Heatmap

University Hospitals Coventry and Warwickshire NHS Trust

Measure	Cardiac & Respiratory	ED and Acute Medicine	Neuro sciences	Oncology, Haematology and Renal	Surgery	St Cross and Trauma & Orthopaedics	Women & Children	Specialist Medicine and Ophthal.	Theatres and Anaesthetics	Care of the Elderly	Clinical Diagnostics	Clinical Support Services	Trust	Trust Target
												Reporting Period:		January 2017
Group Level Indicators														
Excellence in patient care and experience														
Clostridium Difficile - Trust Acquired - Cumulative	5	3	6	1	4	4	0	1	0	4			28	35
MRSA Bacteremia - Trust Acquired - Cumulative	0	0	1	0	0	0	0	0	0	0			1	0
Never Events - Cumulative	0.0	0.0	1.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0			3.0	0
HSMR - Basket of 56 Diagnosis Groups	66.1	77.5	58.5	80.8	62.5	113.3	191.8	98.0		91.1			86.9	100
Harm Free Care	97.9%	97.6%	100.0%	97.1%	98.8%	95.7%	98.3%	94.1%	95.7%	93.5%			97.3%	95%
Friends & Family Test Inpatient Recommenders	88.4%	83.4%	89.0%	79.7%	79.6%	90.8%	94.0%	69.0%	100.0%	79.6%			84.8%	95%
Friends & Family Test A&E Recommenders		77.4%						79.3%					80.9%	87%
Complaints per 1000 Occupied Bed Days	0.88	0.68	1.12	0.47	1.48	1.28	0.81	4.40	3.00	0.31			1.20	0.99
Complaints Turnaround <= 25 Days (1 month in arrears)	100%	71%	80%	100%	71%	75%	100%	100%	100%	100%	50%	100%	86%	90%
Theatre Lists Started within 15 mins of Start Time	62.0%		20.0%		27.5%	47.2%	58.1%	20.7%	33.3%				34.6%	75%
Surgical Safety Checklist - WHO	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)	9.2%		2.5%	8.9%	6.9%	2.4%	8.7%	12.9%	5.3%	11.1%			7.9%	8.68%
Number of Medical Outliers - Average per Day	10	31	N/A	N/A	2	N/A	N/A	25		23			90	50
Last Minute Non-clinical Cancelled Operations - Elective	1.2%		4.1%	0.0%	1.8%	5.4%	1.7%	0.4%	0.5%				1.4%	0.8%
Breaches of the 28 Day Readmission Guarantee	1		5	N/A	11	7	0	0	0				24	0
18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	92.7%		92.3%	98.2%	82.1%	81.3%	89.6%	91.3%	89.0%	97.8%			87.0%	92%
RTT 52 Week Waits Incomplete (1 month in arrears)	0.0		0.0	0.0	5.0	2.0	0.0	0.0	0.0	0.0			7.0	0
Referral to Treatment Incomplete - Backlog Size (1 month in arrears)	141		208	8	1566	802	195	589	79	1			3592	2084
Diagnostic Waiters - 6 Weeks and Over	29.59%		0.00%		0.00%						0.06%		0.85%	1%
Cancer 2 Week Wait GP Referral to OP Appointment (1 month in	97.73%		100.00%	84.62%	97.13%	100.00%	98.04%	97.48%					97.21%	93%
Cancer 31 Day Diagnosis to Treatment (1 month in arrears)	100.00%		100.00%	100.00%	99.10%		100.00%	100.00%					99.51%	96%
Cancer 31 Day Subsequent Surgery Standard (1 month in arrears)	N/A		100.00%	N/A	100.00%		100.00%	100.00%					100.00%	94%
Cancer 31 Day Subsequent Drug Standard (1 month in arrears)	100.00%		N/A	100.00%	100.00%		N/A	100.00%					100.00%	98%
Cancer 31 Day Subsequent Radiotherapy - Group (1 month in arrears)	100.00%		100.00%	83.33%	98.91%		100.00%	100.00%					98.44%	94%
Cancer 62 Day Urgent Referral to Treatment (1 month in arrears)	86.21%		N/A	50.00%	89.57%		80.00%	92.31%					87.83%	85%
Cancer 62 Day Screening Standard (1 month in arrears)					94.29%		N/A						94.29%	90%

The groups currently in Intensive Support are highlighted in blue.

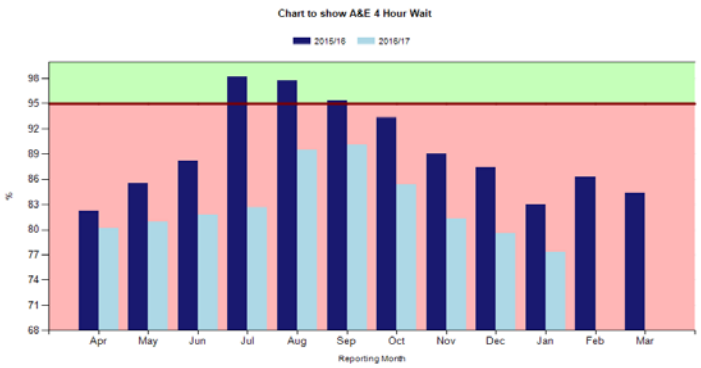
Trust Heatmap

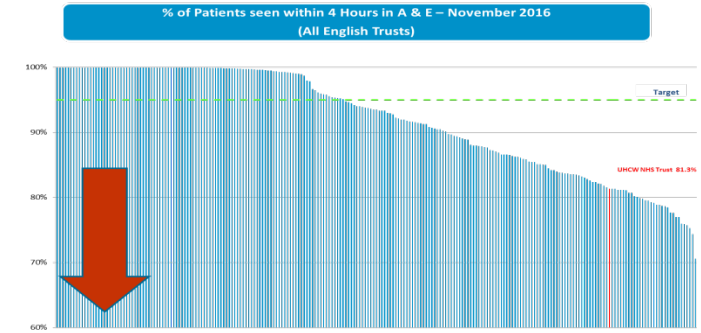
University Hospitals Coventry and Warwickshire NHS Trust

Measure	Cardiac & Respiratory	ED and Acute Medicine	Neuro sciences	Oncology, Haematology and Renal	Surgery	St Cross and Trauma & Orthopaedics	Women & Children	Specialist Medicine and Ophthal.	Theatres and Anaesthetics	Care of the Elderly	Clinical Diagnostics	Clinical Support Services	Trust	Trust Target
											Reporting Period:			January 2017
Group Level Indicators														
Deliver value for money														
Agency Expenditure as a % of Pay Bill	7.53%	-8.52%	14.13%	30.31%	8.37%	3.65%	0.91%	10.07%	4.39%	27.32%	13.48%	0.99%	8.37%	
Employer of choice														
Personal Development Review - Non-Medical	76.75%	91.60%	78.42%	83.74%	85.69%	90.83%	91.33%	62.73%	92.98%	85.96%	80.23%	93.17%	86.31%	90%
Personal Development Review - Medical	73.17%	74.00%	73.68%	67.39%	81.00%	66.67%	97.78%	72.58%	81.93%	83.33%	86.67%		78.45%	90%
Mandatory Training Compliance	89.18%	91.70%	87.44%	91.96%	90.66%	91.72%	93.32%	90.36%	94.45%	95.74%	90.76%	96.88%	86.62%	95%
Sickness Rate	3.55%	3.83%	5.23%	4.69%	3.18%	3.56%	4.56%	5.38%	4.95%	5.62%	4.35%	5.12%	4.27%	4%
Staff Turnover Rate	5.00%	7.92%	7.93%	5.42%	6.99%	9.50%	7.80%	16.15%	4.52%	8.47%	13.06%	9.00%	8.46%	10%
Vacancy Rate Compared to Funded Establishment	17.00%	18.59%	22.78%	13.53%	12.15%	18.87%	16.10%	12.28%	7.80%	32.06%	12.25%	0.55%	13.54%	10%
Staff Survey - Recommending as a Place of Work (Quarterly)	N/A	68.75%	N/A	N/A	N/A	N/A	N/A	62.12%	87.23%	82.00%	58.26%	73.19%	69.74%	46.59%
Leading research based health care organisation														
Patients Recruited into NIHR Portfolio - Cumulative (2 months in arrears)	76	59	59	453	690	296	1008	68	271	0		0	3015	2671
Peer Reviewed Publications - Calendar Year Cumulative (3 months in	12	1	1	6	33	15	9	60	5	1	32	2	172	145
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
Job Evaluation Survey Tool Score - JEST (1 month in arrears)	4.0	3.7	3.2	3.7	3.3	3.9	4.4	4.1	4.0	4.0	3.8		3.8	3.5

The groups currently in Intensive Support are highlighted in blue.

Group summary of performance – A&E and associated metrics





The Trust's performance against the 95% 4 Hour A&E standard for January stands at 77.4%. We continue to protect our position where we can with greater attention on our 'minors' and 'non-admitted' pathways in ED; both show positively with 92.1% and 86.6% respectively. They are important contributors to our overall performance. Our underperformance against this principle target remains related to our poor discharge profile and more specifically early morning and weekend discharges.

DTOC (delayed transfer of care) and MFFD (medically fit for discharge) are also a problem against our discharge profile and contribute to perpetuating our outlier numbers. The Trust has undertaken mapping to match staffing to demand in ED and this has shown that further measures are required to strengthen staffing in ED. This is the subject of a business case which will be considered by Trust Board in February. However, if approved, the journey to filling the posts will not be immediate.

The Trust continues to pursue further improvement both internally and with partners including improved ambulance triage/handover, and implementing SAFER and Red to Green Days, as well as a focus on improving ambulatory pathways.

Externally, there are measures through the C&R A&E Delivery Board to address the issue of capacity in the community to move patients who are awaiting external provision to more appropriate care settings.

Patient Flow metrics

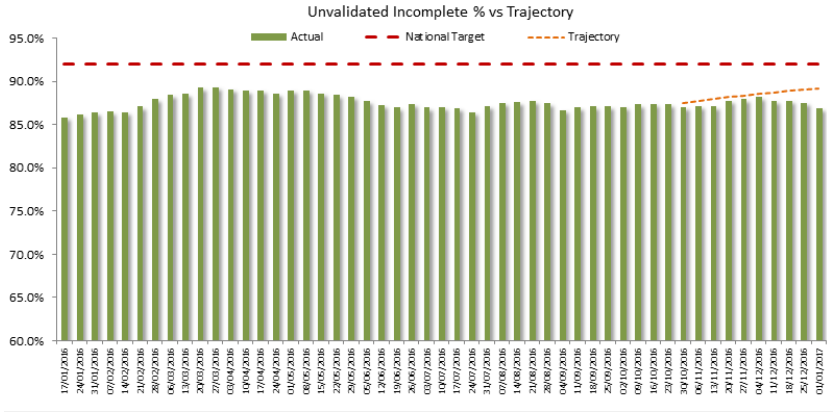
Measure	Target	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Number of Medical Outliers - Average per Day	50	67	65	58	65	67	54	61	55	56	63	77	90
Diagnostic Waiters - 6 Weeks and Over	1%	0.57%	0.59%	0.79%	0.47%	0.17%	0.16%	0.17%	0.18%	0.05%	0.13%	0.27%	0.85%
Last Minute Non-clinical Cancelled Operations - Elective	0.8%	1.1%	0.7%	1.2%	1.3%	1.7%	1.6%	1.1%	1.0%	1.3%	1.3%	1.8%	1.4%
Length of Stay - Average	6.0	7.4	7.1	7.3	7.2	7.2	7.3	6.9	7.6	7.1	7.0	6.9	7.4

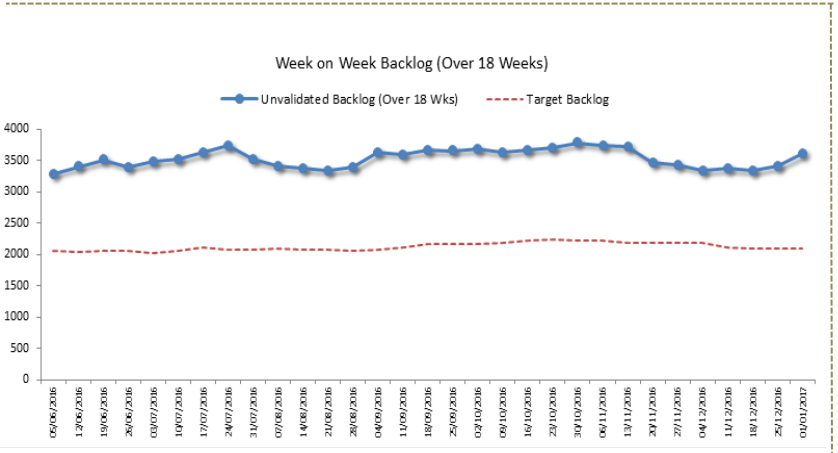
Last minute non-clinical cancelled operation rates have fallen since last month to 1.4%. Groups with the highest levels of such cancellations for January were Trauma and Orthopaedics (5.37%), Neurosciences (4.07%), Surgery (1.8%), Women and Children (1.71%), Cardiac and Respiratory (1.19%). Bed availability on the wards continues to be the main reason for these cancellations.

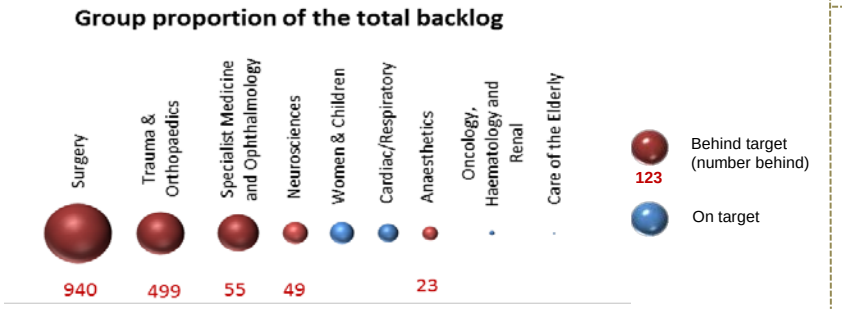
The number of diagnostic waiters over 6 weeks KPI has increased again this month to 0.85% against the 1% target. 84 breaches occurred in Cardiology and Imaging. The total number of waiters remains below 10,000 in January.

Group summary of performance – Referral To Treatment

University Hospitals Coventry and Warwickshire NHS Trust







RTT Incomplete 87.0% | **18 WEEKS** | **(Last month 88.4%) Target 92%**

5 out of 10 groups achieved the incomplete target

Underperforming groups:

- Trauma & Orthopaedics (81.3%)
- Surgery (82.1%)
- Theatres and Anaesthetics (89.0%)
- Women and Children (89.6%)
- Specialist Medicine and Ophthalmology (91.3%)

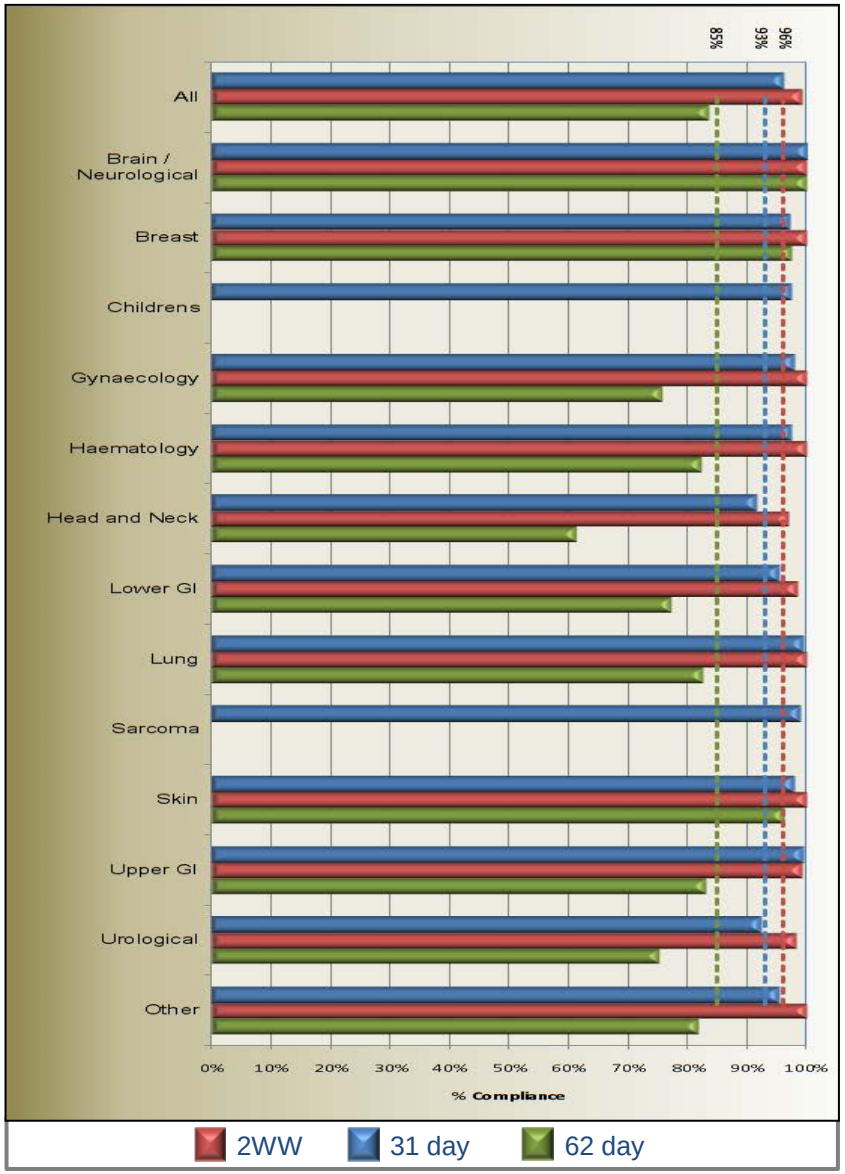
- Performance for the delivery against the RTT incomplete target deteriorated last month, with the Trust reporting 87% against the 92% target in December.
-
- This is due in part to the pressure at the front door and non-elective flow through the hospital resulting in increased medical outliers and theatre cancellations.
- In addition T&O continue to run with eight consultant vacancies.
- Competing pressure with the 62 day target has resulted in further cancellations. There is now significant risk to the year end trajectory of 90%.

52 Weeks

The Trust has reported seven 52 week incomplete pathway breaches in December. The causes of these were a combination of patient choice, delays with prisons and due to increased validation and governance some administration errors were identified.

Performance Summary

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



105 days and over target not met

2.5 breaches (4 patients) of the 105 days and over target were reported in December.

The breaches occurred in Upper Gastrointestinal, Urology and other tumour site and were as a result of late referral to the trust or complex diagnostic pathways.

In December 2016, the Trust achieved all 8 national cancer standards.

The Trust achieved the 62 Day Cancer Waiting Times Standard in December with 87.8% of patients treated against the 85% standard. The year to date performance is 83.7%, with the Quarter 3 performance being 84.5% against the 85% standard.

For Quarter 3 16/17 the Two Week Wait (TWW) breast symptomatic standard of 93% was not met (92.2%), however performance was 100% for December and is 97.9% for the year to date.

Standard:	Oct-16	Nov-16	Dec-16	Qtr3 16/17	YTD	DoH Tolerance
TWW suspected cancer	94.80%	96%	97.20%	96%	95.80%	**93%**
TWW breast symptomatic	97.40%	84.60%	100%	92.20%	97.90%	**93%**
31 day - 1st treatment	100	100%	99.50%	99.90%	99.30%	**96 %**
31 day - subsequent treatment -surgery	97.70%	100%	100%	99.20%	97.20%	**94%**
31 day - subsequent treatment -chemo	100%	100%	100%	100%	100%	**98%**
31 day - subsequent treatment - radio	94.80%	97%	98.40%	96.80%	95.90%	**94%**
31 day - subsequent treatment - other	100%	100%	100%	100%	100%	No tolerance set
31 day - rare cancers	100%	50%	100%	83.30%	92.30%	No tolerance set
62 day - 1st treatment	81.50%	84.40%	87.80%	84.50%	83.70%	**85%**
62 day - national screening programme	98%	89.70%	94.30%	93.70%	93.50%	**90%**
62 day - consultant upgrade	90.90%	95.70%	100%	95.50%	94.40%	CCG tolerance = 85%
62 day - treated on or after day 100+	4	1.5	3.5	9	30	CCG Tolerance = 0
62 day - treated on or after day 105+	3	1.5	2.5	7	23.5	TDA tolerance = 0

Quality and Safety Summary

University Hospitals Coventry and Warwickshire NHS Trust

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 this month with 23 KPIs achieved for the month.

23 KPIs achieved the target in January

Quality & Safety Scorecard	Indicators achieved	Indicators in exception	Indicators in watching status	Total indicators
Excellence in Patient care and experience	18	15	4	37
Leading research based health care organisation	3	2	0	5
Leading training and education centre	2	0	0	2
All domains	**23**	**17**	**4**	**44**

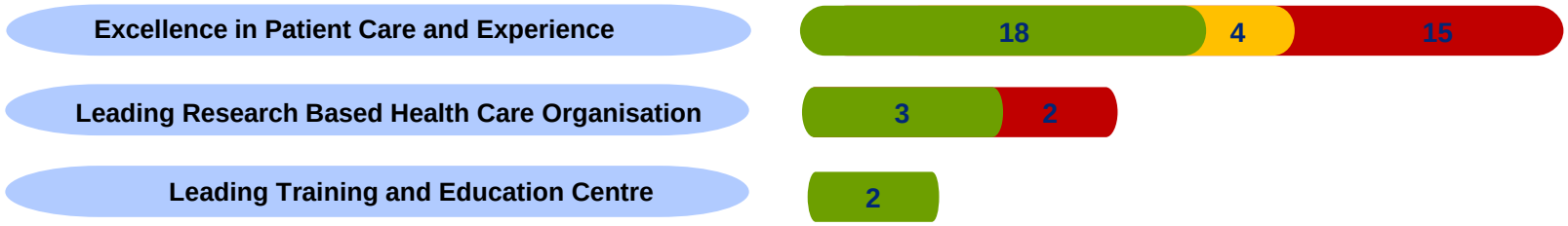
Harm free care is reported at 97.3% for January having shown a steady improvement since November. Alongside this there have been no medication errors causing serious harm and no falls resulting in serious harm.

MRSA decolonisation and screening rates remain below the 95% target.

The number of complaints received has fallen to 39 for January. Complaints turnaround continues to improve with 86% meeting the standard of turnaround within 25 days against the 90% target.

Transfers of patients at night to Rugby has increased to 40 for January.

The number of patients recruited into the NIHR portfolio continues to rise with 3015 patients against a year to date aim of at least of 2671.



Trust Scorecard – Quality and Governance Performance Committee

Reporting Month January 2017

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	27	28	↓	35	42	42	CNO	
MRSA Bacteremia - Trust Acquired - Cumulative	1	1	→	0	0	1	CNO	
MRSA Decolonisation Score	90.0%	94.1%	↑	95%	95%	95%	CNO	
MRSA - Elective Screening	88.0%	88.4%	↑	95%	95%	95%	CNO	
MRSA - High Risk Emergency Screening	78.3%	74.8%	↓	90%	90%	90%	CNO	
Serious Incidents - Number	18	8	↑	15	15	15	CMO	
Serious Incidents - Overdue	2	15	↓	0	0	0	CMO	
Medication Errors Causing Serious Harm	0	0	→	0	0	0	CMO	
Reported Harmful Patient Safety Incidents (1 month in arrears)	25.2%	25.3%	↓	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	→	7	10	10	CMO	
Never Events - Cumulative	3.0	3.0	→	0	0	3	CMO	
Same Sex Accommodation Breaches	0	0	→	0	0	0	CNO	
HSMR - Basket of 56 Diagnosis Groups	90.8	86.9	↑	RR	RR	RR	CMO	
SHMI - Quarterly (6 months in arrears)	109.21	109.21	→	RR	RR	RR	CMO	
Harm Free Care	97.0%	97.3%	↑	95%	95%	95%	CNO	
Pressure Ulcers Grade 3 and 4 - Trust Associated (1 month in arrears)	1	2	↓	0	0	8	CNO	
Falls per 1000 Occupied Bed Days Resulting in Serious Harm	0.24	0.00	↑	0.04	0.04	0.04	CNO	
Eligible Patients Having VTE Risk Assessment (1 month in arrears)	96.4%	97.1%	↑	95%	95%	95%	CNO	
C-UTI	100.0%	99.8%	↓	99%	99%	99%	CNO	
Transfer of Patients at Night (UH to Rugby)	29	40	↓	0	0	0	COO	
Patient Experience								
Friends & Family Test Inpatient Recommenders	89.3%	84.8%	↓	95%	95%	95%	CMO	
Friends & Family Test Inpatient Coverage	19.3%	23.2%	↑	35%	35%	35%	CMO	
Friends & Family Test A&E Recommenders	80.8%	80.9%	↑	87%	87%	87%	CMO	
Friends & Family Test A&E Coverage	12.5%	13.9%	↑	20%	20%	20%	CMO	
Maternity FFT No of Touchpoints Achieving a 15% Response Rate	3	4	↑	4	4	4	CMO	
Number of Registered Complaints	44	39	↑	32	32	32	CMO	
Complaints per 1000 Occupied Bed Days	1.36	1.20	↑	0.99	0.99	0.99	CMO	
Complaints Turnaround <= 25 Days (1 month in arrears)	51%	86%	↑	90%	90%	90%	CMO	
Theatres								
Surgical Safety Checklist - WHO	100.00%	100.00%	→	100%	100%	100%	CMO	

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 January 2017

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								
National Quality Requirements								
Valid NHS Number - Inpatients (2 months in arrears)	99.3%	99.3%	→	99%	99%	99%	COO	
Valid NHS Number - A&E (2 months in arrears)	97.6%	97.7%	↑	95%	95%	95%	COO	
Operational Quality Measures								
12 Hour Trolley Waits in A&E	0	0	→	0	0	0	COO	
Ambulance Turnaround within 30 minutes	79.8%	80.9%	↑	100%	100%	100%	COO	
Ambulance Turnaround within 60 Minutes	99.2%	99.5%	↑	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)	2	7	↓	0	0	0	COO	
Leading research based health care organisation								
Patients Recruited into NIHR Portfolio - Cumulative (2 months in arrears)	2636	3015	↑	2671	4006	4006	CMO	
Performance in Initiating Trials - Quarterly	54.9%	50.0%	↓	80%	80%	80%	CMO	
Performance in Delivery of Trials - Quarterly	75.0%	44.4%	↓	80%	80%	80%	CMO	
Research Critical Findings and Serious Incidents - Quarterly	1	0	↑	0	0	0	CMO	
Peer Reviewed Publications - Calendar Year Cumulative (3 months in arrears)	125	172	↑	145			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	3.8	↑	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

↑	Improving
→	No change
↓	Falling

Performance Trends

University Hospitals Coventry and Warwickshire NHS Trust

Improving

(3 months consecutive improvement)

Measure	Target	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Harm Free Care	95%	95.00%	95.70%	96.70%	95.80%	96.20%	96.00%	97.90%	96.90%	95.70%	96.90%	97.00%	97.30%

- Harm free care is reported at 97.3% for January having shown a steady improvement since November and eleven months achievement of target.

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	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
MRSA - High Risk Emergency Screening	90%			73.3%	79.5%	78.7%	82.9%	83.9%	79.2%	83.8%	81.3%	78.3%	74.8%
Transfer of Patients at Night (UH to Rugby)	0	21	29	21	31	26	8	35	22	21	22	29	40

- MRSA – High Risk Emergency Screening performance has deteriorated for a third month to 74.8% against a 90% target.
- Transfer of Patients at Night (UH to Rugby) increased to 40 in January.

Failed Year End Target

Measure	Target	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Never Events - cumulative	0	3	3	0	1	1	1	1	2	2	3	3	3
MRSA bacteremia - Trust acquired -Cumulative	0	0	0	0	0	0	0	1	1	1	1	1	1

- A third never event was reported in November 2016.
- A Trust acquired MRSA bacteraemia was reported in August 2016.

Ward Staffing Levels - Monthly by Trust

Entry Date : January 2017

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)	8178	7977	8107	99.1%	7962	7655	7775	97.7%	6379	6082	6474	101.5%
Health Care Support Worker (HCSW)	4380	4393	4382	100.0%	3747	3743	3711	99.0%	3037	3085	3110	102.4%
Cohort	0	283	95		0	282	83		0	204	80	
Specialist Trained Neonatal Nurse	280	279	285	101.8%	273	268	271	99.3%	270	260	266	98.5%
Registered Nurse	116	105	109	94.0%	123	102	102	82.9%	103	77	79	76.7%
Nursery Nurse (NN)	83	75	75	90.4%	81	77	77	95.1%	72	73	77	106.9%
1:1	1	369	299	29900.0%	0	355	276		0	341	278	
Total (non Cohort)	13038	13198	13257	101.7%	12186	12200	12212	100.2%	9861	9918	10284	104.3%

Ward Staffing Levels - Monthly Ward Scorecard - Exceptions

Entry Month : January 2017

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	103.5%	116.0%	119.1%	153.3%	6.3	Good fill rates across all domains
11	97.8%	84.7%	103.2%	101.5%	6.5	Sustained RN fill rate on days
11 SDU	95.5%	104.8%	99.0%	-	8.2	Improvement on fill rates on days by 8%
20	93.7%	126.0%	100.0%	129.5%	7.9	Improvement in RN fill on days by 3%
21M	99.6%	210.7%	124.1%	203.2%	7.8	Increase use of HCSW on days and nights to support patients requiring enhanced observation
21S	87.8%	98.3%	101.1%	94.9%	5.8	Drop in fill rate on days by 5% - unable to fill gaps with bank or agency staff
31	95.7%	116.4%	122.3%	100.9%	4.4	Drop in fill rates and CHPPD
41	90.7%	103.5%	99.4%	133.8%	6.4	Sustained improvement with fill rate
42	99.2%	144.6%	105.9%	174.9%	6.1	Increase in ECT requirements
43	83.7%	138.2%	105.9%	110.7%	5.6	Drop RN fill rate on days by 6% - high level of vacancies difficult to fill with TSS or agency staff
Cedar Ward	100.4%	100.6%	102.1%	104.8%	6.9	Good fill rates across all domains
Total Fill rate	**97.7%**	**109.0%**	**101.3%**	**114.2%**	**7.8**	**RN fill rates maintained >97% . Drop of 0.3 in CHPPD improved from 8.1**

The figures reported above are submitted to the Department of Health via Unify on a monthly basis to support NHS England Safer Staffing along with the ten expectations from the National Quality Board. 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 the Delivery of Value for Money section are being revised in-line with recent guidelines from NHSI. Further details on revised KPIs have been provided in the Integrated Finance Report that is submitted to Finance and Performance Committee.

24 KPIs achieved the target in January

	Indicators achieved	Indicators in exception	Indicators in watching status	Total indicators
Excellence in Patient care and experience	15	18	3	36
Delivery of value for money	4	2	0	6
Employer of choice	2	3	3	8
Leading research based health care organisation	1	1	0	2
Leading training and education centre	2	0	0	2
All domains	**24**	**24**	**6**	**54**

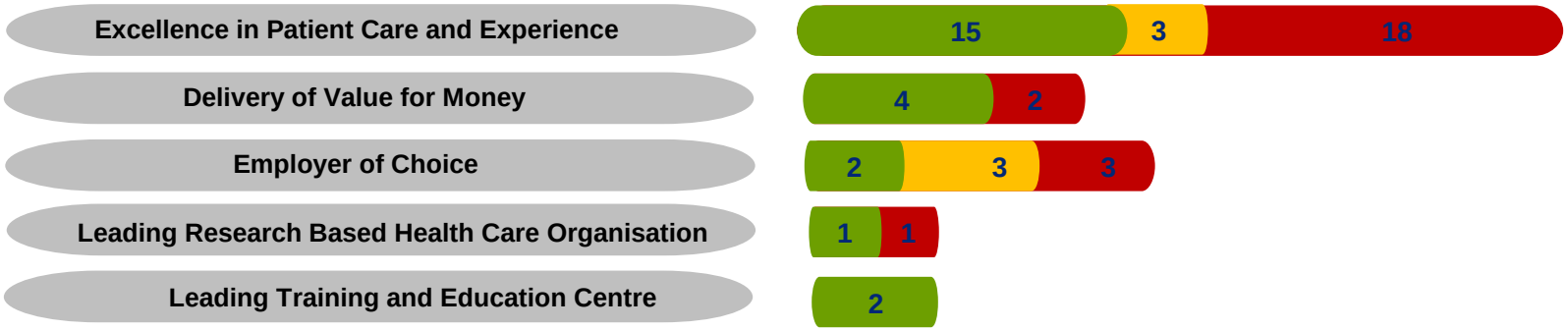
Staff turnover rate has fallen for a fourth month and is now 8.46% against a target of no more than 10%.

The Trust achieved all eight of the national cancer standards in December. The 62 Day Cancer Waiting Times Standard was achieved with 87.8% of patients treated against the 85% standard. The year to date performance is 83.7%, with the quarter 3 performance being 84.5% against the 85% standard.

Medical and non medical PDR KPIs remain below target but have shown some improvement this month.

Targets related to the emergency pathway (A&E waiting times and delayed transfers of care) and the elective pathway targets continue to underperform. Performance against the RTT incomplete target deteriorated with the Trust reporting 87% against the 92% target in December.

The Trust reports a £1.7m forecast deficit against a £1.1m planned surplus in Month 10.



Trust Scorecard – Finance and Performance Committee

Reporting Month January 2017

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	79.5%	77.4%	↓	95%	95%	95%	COO	
12 Hour Trolley Waits in A&E	0	0	→	0	0	0	COO	
Ambulance Turnaround within 30 minutes	79.8%	80.9%	↑	100%	100%	100%	COO	
Ambulance Turnaround within 60 Minutes	99.2%	99.5%	↑	100%	100%	100%	COO	
Delayed Transfers as a Percentage of Admissions	6.5%	8.2%	↓	3.5%	3.5%	3.5%	COO	
30 Day Emergency Readmissions (1 month in arrears)	8.2%	7.9%	↑	8.68%	8.68%	8.68%	COO	
Number of Medical Outliers - Average per Day	77.0	90.2	↓	50	50	50	COO	
Length of Stay - Average	6.9	7.4	↓	5.96	5.96	5.96	COO	
Non emergency care								
Last Minute Non-clinical Cancelled Operations - Elective	1.8%	1.4%	↑	0.8%	0.8%	0.8%	COO	
Breaches of the 28 Day Readmission Guarantee	9	24	↓	0	0	126	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)	88.4%	87.0%	↓	92%	92%	92%	COO	
RTT 52 Week Waits Incomplete (1 month in arrears)	2	7	↓	0	0	0	COO	
Referral to Treatment Incomplete - Backlog Size (1 month in arrears)	3271	3592	↓	2084	2084	2084	COO	
E-referral Appointment Slot Issues – National data (1 month in arrears)	61.4%	47.6%	↑	3%	3%	3%	COO	
Diagnostic Waiters - 6 Weeks and Over	0.27%	0.85%	↓	1%	1%	1%	COO	
Bed Occupancy Rate - KH03 (3 months in arrears)	97.9%	97.5%	↑	93%	93%	93%	COO	
Cancer								
Cancer 2 Week Wait GP Referral to OP Appointment (1 month in arrears)	96.04%	97.21%	↑	93%	93%	93%	COO	
Cancer 2 Week Wait Breast Symptom (1 month in arrears)	84.62%	100.00%	↑	93%	93%	93%	COO	
Cancer 31 Day Diagnosis to Treatment (1 month in arrears)	100.00%	99.51%	↓	96%	96%	96%	COO	
Cancer 31 Day Subsequent Surgery Standard (1 month in arrears)	100.00%	100.00%	→	94%	94%	94%	COO	
Cancer 31 Day Subsequent Drug Standard (1 month in arrears)	100.00%	100.00%	→	98%	98%	98%	COO	
Cancer 31 Day Subsequent Radiotherapy Standard (1 month in arrears)	97.04%	98.44%	↑	94%	94%	94%	COO	
Cancer 62 Day Urgent Referral to Treatment (1 month in arrears)	84.44%	87.83%	↑	85%	85%	85%	COO	
Cancer 62 Day Standard plus 31 Day Rare Cancers (1 month in arrears)	83.8%	88.0%	↑	85%	85%	85%	COO	
Cancer 62 Day Screening Standard (1 month in arrears)	89.66%	94.29%	↑	90%	90%	90%	COO	
Cancer 62 Day Consultant Upgrades (1 month in arrears)	95.7%	100.0%	↑	85%	85%	85%	CMO	
Cancer 104 Day Waits - TDA Measure (1 month in arrears)	1.5	2.5	↓	0	0	0	COO	
Theatre Productivity								
Theatre Efficiency - Main	27.1%	63.1%	↑	85%	85%	85%	COO	
Theatre Efficiency - Rugby	31.2%	66.2%	↑	85%	85%	85%	COO	
Theatre Efficiency - Day Surgery	25.0%	56.7%	↑	70%	70%	70%	COO	
Theatre Utilisation - Main	79.3%	80.6%	↑	85%	85%	85%	COO	
Theatre Utilisation - Rugby	73.1%	77.7%	↑	85%	85%	85%	COO	
Theatre Utilisation - Day Surgery	66.7%	69.6%	↑	70%	70%	70%	COO	
Surgical Safety Checklist - WHO	100.00%	100.00%	→	100%	100%	100%	CMO	
Theatre Lists Started within 15 mins of Start Time	32.4%	34.6%	↑	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

Integrated Quality, Performance and Finance Reporting Framework

Trust Scorecard – Finance and Performance Committee

Reporting Month January 2017

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
Deliver value for money								
Liquidity Days	-23.9	-23.9	→	-26.9	-23.8	-29	CFSO	
Capital Services Capacity	2.0	2.0	→	1.8	1.6	2	CFSO	
Income & Expenditure Margin	3	3	→	-0.9	1.3	2	CFSO	
Forecast Income & Expenditure Compared to Plan - £'000	-1193	-1731	↓	1100	1100	-1731	CFSO	
YTD Income & Expenditure Compared to Plan Trust - £'000	388	-236	↓	2236	1100	-1731	CFSO	
CIP Delivery - £'000	20295	21977	↑	20958	25512	25799	CFSO	
Agency Expenditure as a % of Pay Bill	7.62%	8.37%	↓	TBC	TBC	TBC	CWIO	
Employer of choice								
Personal Development Review - Non-Medical	85.32%	86.31%	↑	90%	90%	90%	CWIO	
Personal Development Review - Medical	77.66%	78.45%	↑	90%	90%	90%	CWIO	
Mandatory Training Compliance	87.24%	86.62%	↓	95%	95%	95%	CWIO	
Sickness Rate	4.38%	4.27%	↑	4%	4%	4%	CWIO	
Staff Turnover Rate	8.63%	8.46%	↑	10%	10%	10%	CWIO	
Vacancy Rate Compared to Funded Establishment	13.92%	13.54%	↑	10%	10%	10%	CWIO	
Staff Survey - Recommending as a Place of Work (Quarterly)	78.69%	69.74%	↓	46.59%	46.59%	46.59%	CWIO	
Enrolled on Leading Together Programme - All	187	211	↑	275	300	300	CWIO	
Leading research based health care organisation								
Submitted Research Grant Applications - Quarterly - Cumulative	68	94	↑	69.33	124	124	CMO	
Commercial Income Invoiced £000s - Cumulative (1 month in arrears)	587	712	↑	900	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	3.8	↑	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

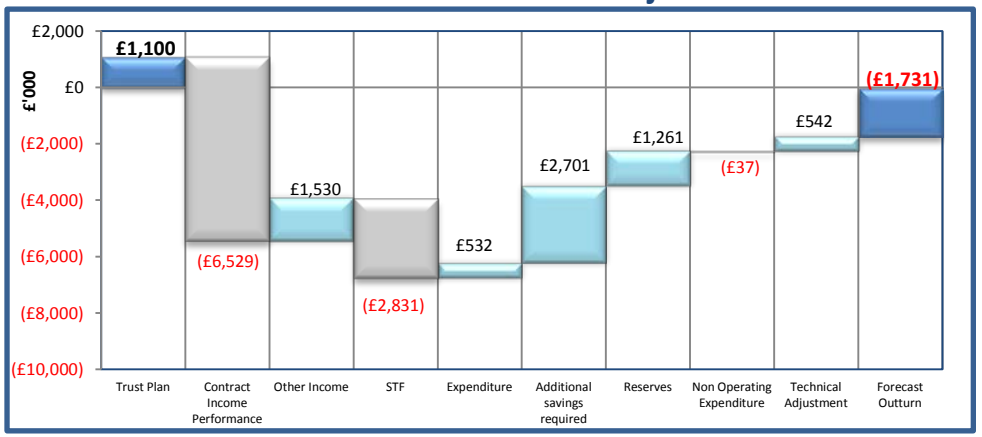
DoT
↑ Improving
→ No change
↓ Falling

Finance | Headlines January 2017

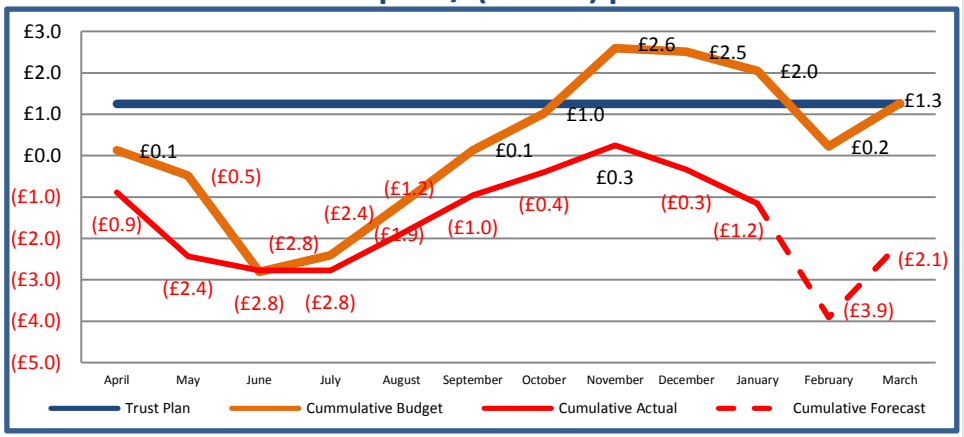
University Hospitals Coventry and Warwickshire NHS Trust

The Trust reports a £1.7m deficit forecast control total which is £2.8m adverse plan as at month 10. This assumes partial receipt of the STP funding of £17.2m. The Trust is reporting a £0.2m year-to-date deficit against a planned year to date surplus of £2.2m; an adverse year to date position of £2.5m. The position shows a further deterioration of £0.2m from previous month. The slippage includes the year to date under achievement of the STP trajectory of £2.5m.

Trust Position Post Technical Adjustment



Net Surplus / (Deficit) position



Updates on Control Total

Movements within the control total is largely impacted by under delivery on contract income (1.3% adverse to plan); pay and non-pay overspends (0.3% adverse to plan); and slippage on STF funding (16% adverse to plan). To achieve the planned net surplus, the Trust needs to achieve additional savings of £2.7m.

Updates on Net Surplus/(Deficit) position

The forecast net surplus position shows a £3.3m adverse variance to plan (£2.1m forecast deficit against a planned surplus of £1.3m). The year to date position shows a £3.2m adverse variance (£3.2m deficit against a planned £1.2m surplus). This is driven by the under achievement of STF funding year to date.

CONTRACT & ACTIVITY INCOME

1.3 % under-performance

Contract income from activities reports an adverse variance of £5.5m YTD and £6.5m on outturn.

Under-performance on income is largely driven by movements in Elective, Daycase, Emergency, and outpatient procedures.

Cost Improvement Programme is forecasting delivery of £25.8m against £25.5m target.

The Trust has identified £26.3m of potential savings: above the required target by £0.8m

101%

FRP

Trust has a revised FRP target of £12.1m.

£6.2m of the Target has been delivered as at month 10. This gives a shortfall of £3.8m year to date.

Capital

As at Month 10, the Trust is forecasting a £34m capital expenditure against a revised plan of £46m.

£25.1m

AGENCY SPEND

£25.1m actual spend on agency spend year to date against NHSI profile of £22.8m

Trust is forecasting £30.2m spend on agency against target of £26.6m as at month 10.

SOCI – Statement of Comprehensive Income

Reporting Month January 2017

University Hospitals Coventry and Warwickshire NHS Trust

10 months ended 31st January 2017	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	509,851	503,322	(6,529)	(1.3%)	426,538	421,038	(5,500)	(1.3%)
Other income from activities	24,369	23,991	21,410	(2,581)	(10.8%)	19,888	17,516	(2,372)	(11.9%)
Other Operating Income	75,105	76,745	78,025	1,280	1.7%	63,827	64,826	999	1.6%
Total Income	**607,330**	**610,587**	**602,757**	**(7,830)**	**(1.3%)**	**510,253**	**503,380**	**(6,873)**	**(1.3%)**
Pay costs	(356,672)	(358,879)	(358,888)	(9)	(0.0%)	(299,021)	(297,502)	1,519	0.5%
Other operating expenses	(197,423)	(203,663)	(203,122)	541	(0.3%)	(170,219)	(168,875)	1,344	(0.8%)
CIP gap to target delivery			0	0					
FRP gap to target delivery			0	0					
Additional savings required			2,701	2,701					
Reserves	(6,199)	(1,191)	70	1,261	105.9%	(947)	0	947	100.0%
Total Operating Expenses	**(560,294)**	**(563,733)**	**(559,239)**	**4,494**	0.8%	**(470,187)**	**(466,377)**	**3,810**	**0.8%**
EBITDA	**47,036**	**46,854**	**43,518**	**(3,336)**	**7.1%**	**40,066**	**37,003**	**(3,063)**	**(7.6%)**
Profit / loss on asset disposals	0	182	219	37		178	219	41	
Depreciation	(20,894)	(20,894)	(20,617)	277		(17,410)	(17,181)	229	
Interest Receivable	115	115	77	(38)		96	68	(28)	
Interest Charges	(465)	(465)	(455)	10		(363)	(374)	(11)	
Financing Costs	(22,278)	(22,278)	(22,278)	0		(18,636)	(18,620)	16	
Unwinding Discount	(34)	(34)	(35)	(1)		(34)	(35)	(1)	
PDC Dividend	(2,214)	(2,214)	(1,807)	407		(1,850)	(1,506)	344	
Impairments	0	0	(729)	(729)		0	(729)	(729)	
Net Surplus/(Deficit)	**1,266**	**1,266**	**(2,107)**	**(3,373)**	**266.4%**	**2,047**	**(1,155)**	**(3,202)**	**(156.4%)**
EBITDA %	7.7%	7.7%	7.2%			7.9%	7.4%		
Net Surplus %	0.2%	0.2%	(0.3%)			0.4%	(0.2%)		
Technical Adjustments:									
Donated/Government grant assets adjustment	(166)	(166)	(353)	(187)	(112.7%)	189	190	1	0.5%
Impairments	0	0	729	729		0	729	729	
Trust Position Post Technical Adjustment	**1,100**	**1,100**	**(1,731)**	**(2,831)**	**(257.4%)**	**2,236**	**(236)**	**(2,472)**	**(110.6%)**

The Trust reports a £1.7m forecast deficit against a £1.1m planned surplus in Month 10.

The deterioration from the planned surplus is all driven by under performance in STF income associated with the non-delivery of STF trajectories around ED, RTT and Cancer.

The position assumes STF funding for A&E, RTT, and Cancer will be achieved in Quarter 4, through an appeals process with NHSI. The Trust's position deteriorated further by £0.5m from the previous month.

Contract income is forecast at £6.5m adverse to plan driven by under performance against activity plans, risks and penalties. The variance is due to over / under-performance on Daycase, Emergency, Outpatient procedures and Passthrough. Close monitoring on activity income continues to take place to ensure planned activities are achieved in future months.

Forecast operating expenditure is £4.5m favourable to budget. Overall Group expenditure forecasts £0.5m favourable to budget; largely driven by overspends on Medical costs, Specialing and other Non-pay pressures. The position highlights a gap to target of £2.7m on outturn.

The Trust is reporting a year to date deficit of £0.2m which is £2.5m adverse of year to date plan. This is due to under performance against the Trust's STF access standards as at month 10.

SOFP – Statement of Financial Position

Reporting Month January 2017

University Hospitals Coventry and Warwickshire NHS Trust

10 months ended 31st January 2017	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	363,202	(20,783)	362,062	334,694	(27,368)
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	28,932	2,993	34,215	44,109	9,894
Total non-current assets	**423,241**	**405,451**	**(17,790)**	**409,594**	**392,120**	**(17,474)**
Current assets						
Inventories	13,274	13,274	0	13,274	15,213	1,939
Trade and other receivables	29,308	33,943	4,635	45,248	42,858	(2,390)
Cash and cash equivalents	2,760	1,006	(1,754)	2,757	1,363	(1,394)
	45,342	**48,223**	**2,881**	**61,279**	**59,434**	**(1,845)**
Non-current assets held for sale	0	0	0	0	0	0
Total current assets	**45,342**	**48,223**	**2,881**	**61,279**	**59,434**	**(1,845)**
Total assets	**468,583**	**453,674**	**(14,909)**	**470,873**	**451,554**	**(19,319)**
Current liabilities						
Trade and other payables	(59,767)	(59,157)	610	(80,852)	(81,239)	(387)
Borrowings	(5,860)	(5,860)	0	(5,860)	(5,860)	0
DH Interim Revenue Support loan	0	(12,479)	(12,479)	0	(12,479)	(12,479)
DH Capital loan	(3,774)	(2,853)	921	(2,489)	(2,489)	0
Provisions	(194)	(194)	0	(678)	(391)	287
Net current assets/(liabilities)	**(24,253)**	**(32,320)**	**(8,067)**	**(28,600)**	**(43,024)**	**(14,424)**
Total assets less current liabilities	**398,988**	**373,131**	**(25,857)**	**380,994**	**349,096**	**(31,898)**
Non-current liabilities:						
Trade and other payables						
Borrowings	(261,175)	(259,168)	2,007	(258,804)	(258,850)	(46)
DH Interim Revenue Support loan	(17,053)	(11,646)	5,407	(12,479)	0	12,479
DH Capital loan	(20,192)	(11,960)	8,232	(16,870)	(10,070)	6,800
Provisions	(2,260)	(2,260)	0	(2,308)	(2,714)	(406)
Total assets employed	**98,308**	**88,097**	**(10,211)**	**90,533**	**77,462**	**(13,071)**
Financed by taxpayers' equity:						
Public dividend capital	60,741	62,413	1,672	60,741	59,330	(1,411)
Retained earnings	(14,330)	(17,753)	(3,423)	(13,549)	(16,749)	(3,200)
Revaluation reserve	51,897	43,437	(8,460)	43,341	34,881	(8,460)
Total Taxpayers' Equity	**98,308**	**88,097**	**(10,211)**	**90,533**	**77,462**	**(13,071)**

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 £20.8m reduction in Property, plant and equipment against plan as a result of constraints on national capital funding and land valuation methodology agreed by the Audit Committee.
- PDC is forecast to increase by £1.7m following the approval of the Trust's funding application for replacement of one of its linear accelerators.
- Significant variances year to date is mainly due to a combination of:
  - Slippage of £8.2m PFI lifecycle equipment
  - £9m reduction in land valuation
  - An increase in current trade and other receivables of £4.6m from plan
  - An increase in current liabilities of £12.5m in relation to the DoH interim revenue support loan.
- Other contributing factors to the year to date movement is an improvement in Trust's cash position resulting in reduced level of trade and other payables by £0.4m.

Efficiency Delivery Programme – CIP & FRP

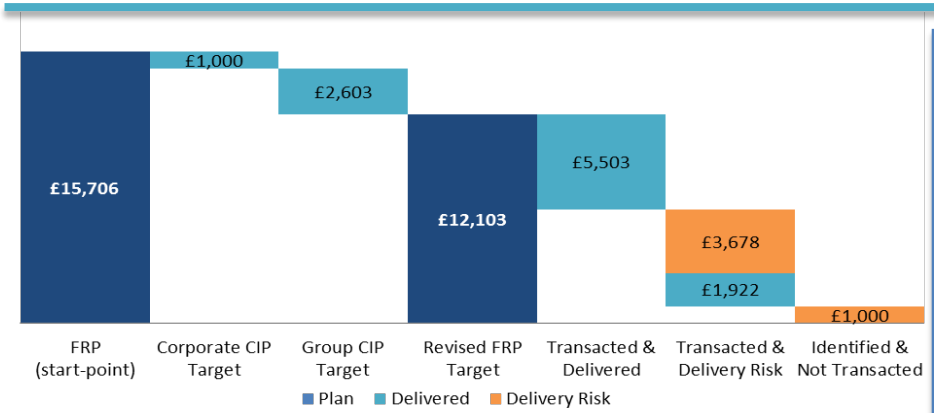
Reporting Month January 2017

University Hospitals Coventry and Warwickshire NHS Trust

Finance Summary

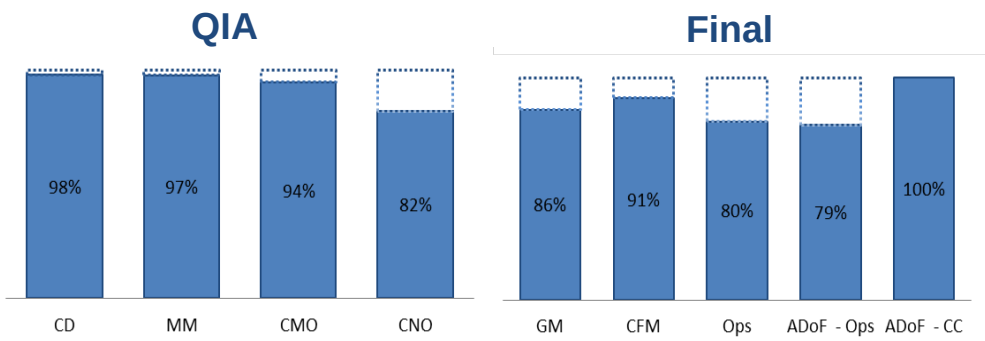
Overview

- **The Trust is forecasting delivery of £25.8m against £26.3m of potentially identified savings.** This gives a potential forecast over-delivery of £0.3m against the Trust revised CIP target of £25.5m for 2016/17.
- The Trust is reporting a year to date delivery of £22.0m. This gives a £1.0m (105%) favourable position against year to date target of £21.0m.
- The decline in forecast position (£0.2m) from previous month is mainly driven by further assessment on delivery of schemes based on year to date actual performance.
- The Trust has set and allocated a target of £25.9m for 2017/18 to Groups. The target represents 5% of the Trust's operating expenditure for 2017/18 plan. To date, Groups have documented planned savings of £6.5m and aim to have identified 85% of the target by 31st March.



The **Financial Recovery Programme** of £12.1m is additional to the Trust CIP plan. £7.4m forecast delivery against plan as at month 10.

- Of the £4.7m outstanding, £3.7m relates to Agency Premium reduction scheme with delivery risk associated as indicated on the chart above. £1m relates to outliers.



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 M10, 99% of the documented 302 schemes have been fully assessed by both CD and MM; of these 94% have been assessed and signed-off by CMO and 82% by 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 249 schemes awaiting final sign-off and 196 schemes have been fully signed off, as such classed as being "fully implemented". These are schemes that have fully been assessed for QIA.

Workforce Information | Headlines January 2017

University Hospitals Coventry and Warwickshire NHS Trust

Staff in Post | *Variation from Workforce Plan*

	31st January 2017	Workforce TDA Plan	Variation from Plan	Last Month's Variation from Plan	ISS
WTE	6893.72	6876	17.72	6.09	529.3
WTE including ISS	7423.02				
Headcount	7850				687
Headcount including ISS	8537				

*The above figures do not include 1557 bank only staff (Zero contracted hours).

The Trust's staff in post is 17.72 WTE ahead of the workforce plan of 6876 WTE.

The Trust's monthly staff in post has increased by 34.63 WTE from Dec 2016 figures.

Staff Group in Post | *Monthly Variation*

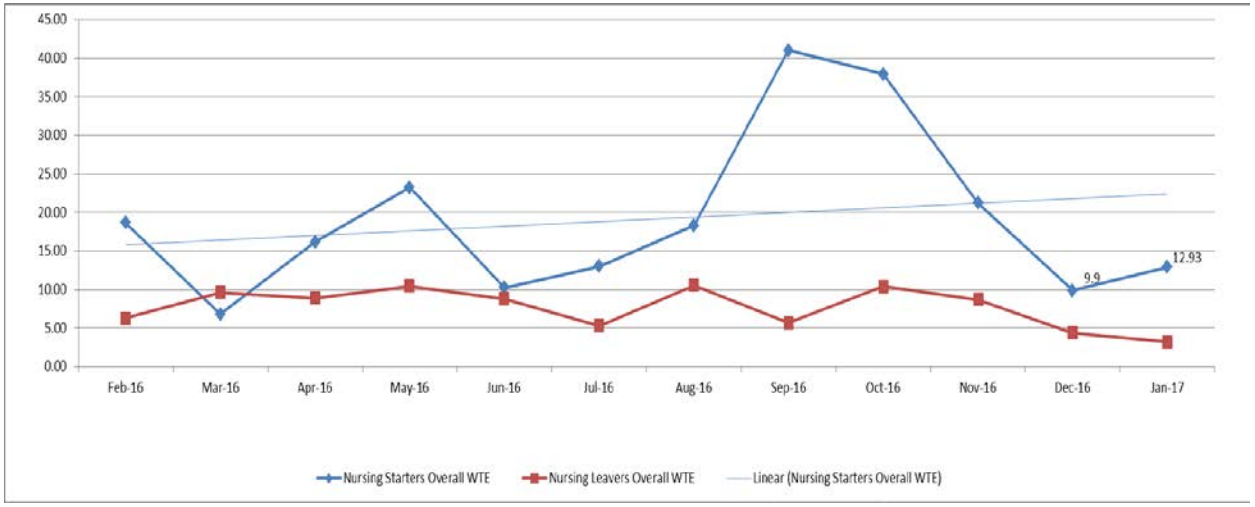
Staff Group	Staff In Post WTE 31st Dec 2016	Staff In Post WTE 31st Jan 2017	Variance (WTE)	% Variance
Add Prof Scientific and Technic	235.43	238.49	3.06	1.28%
Additional Clinical Services	1553.54	1572.07	18.52	1.18%
Administrative and Clerical	1189.45	1196.96	7.51	0.63%
Allied Health Professionals	411.97	414.03	2.05	0.50%
Estates and Ancillary	5.00	5.00	0.00	0.00%
Healthcare Scientists	327.03	329.80	2.77	0.84%
Medical and Dental	936.89	932.76	-4.13	-0.44%
Nursing and Midwifery Registered	2153.01	2160.77	7.76	0.36%
Students	46.76	43.84	-2.92	-6.66%
Totals	**6859.09**	**6893.72**	**34.63**	**0.50%**
ISS	**537.80**	**529.30**	**-8.50**	**-1.61%**

Workforce Information | Headlines January 2017

University Hospitals Coventry and Warwickshire NHS Trust

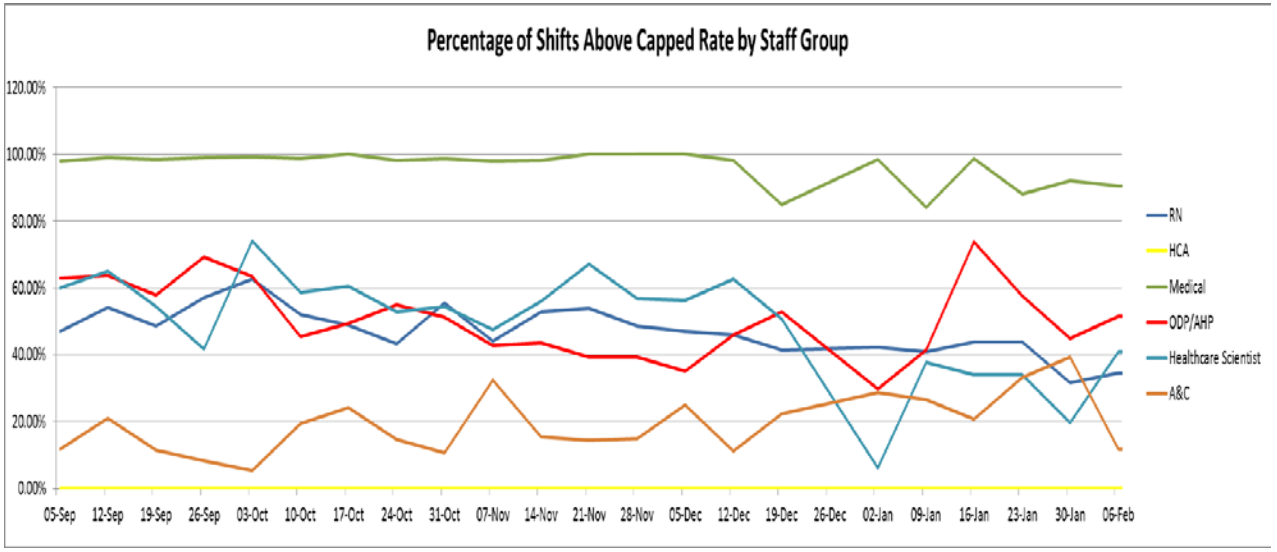
Workforce Summary

Starters & Leavers | *Nursing*



- The starters results for January highlight that 2 WTE Newly Qualified Nurses have commenced in post compared to 3 last month. New starters for Nursing totalled 12.93 WTE in January.
- The forecast new starters for Nursing next month is 29 (Source – Resourcing Dept).
- The number of leavers each month continues to reduce.

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

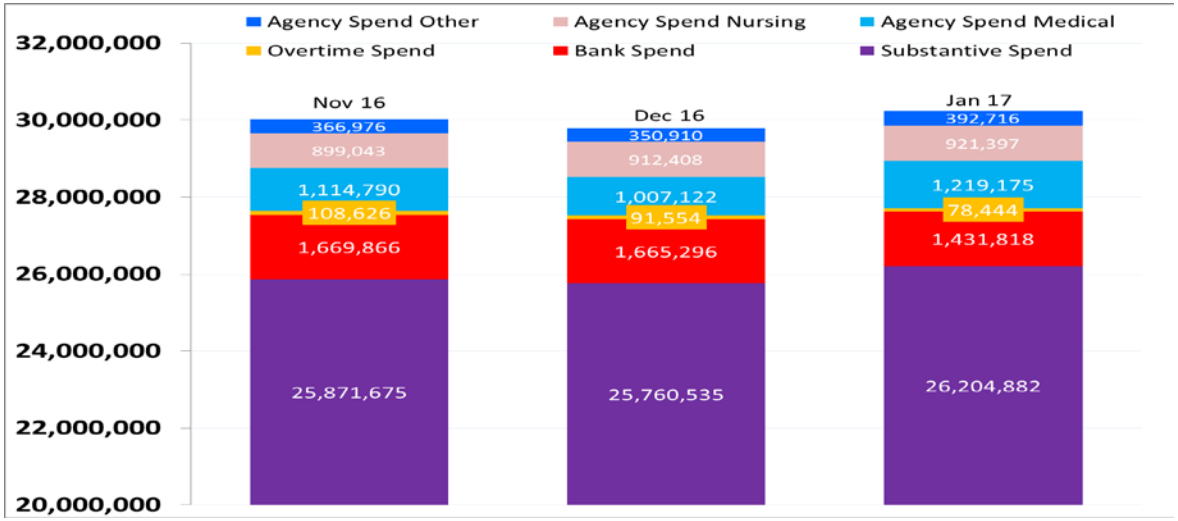


- An average of 92% of Medical Agency shifts remain above cap in January 2017 reduced from 98% in December 2016. This remains high due to the specialist skills required when booking agency workers and not being able to secure these skills at a reduced rate.
- Nursing shifts over cap reduced significantly to 32% at the end of January due to reductions in general nursing daytime charges to the NHSI capped rate effective from 1st February 2017.

Workforce Information | Headlines January 2017

University Hospitals Coventry and Warwickshire NHS Trust

Pay Costs | *Provided by Finance*



Temporary costs equate to 13.37% of the Trusts total pay bill (£30,248,433), this is a decrease of 0.15% from Dec 2016 at 13.52%.

Agency costs against total costs increased from 7.62% to 8.37% which is an overall increase in total agency spend by £262k against December 2016. This increase was due to providing extra capacity to meet demand and to support black alert status.

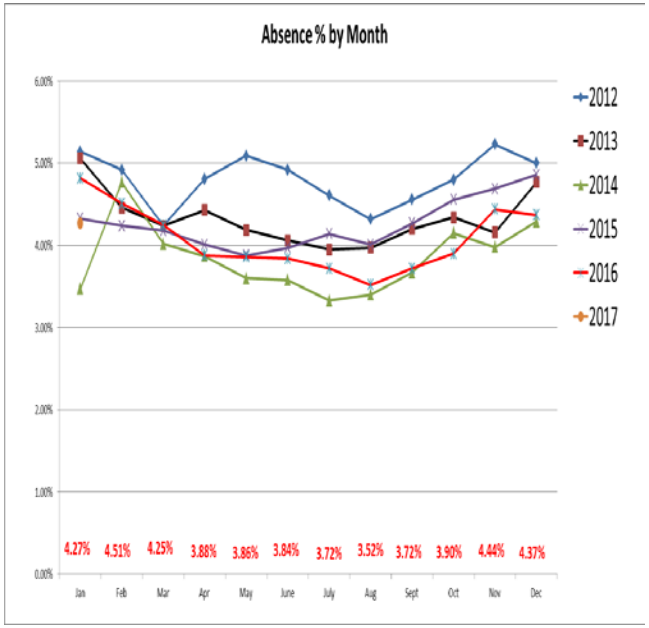
The substantive pay bill has increased by £444k from December to January 17 which demonstrates recruitment into substantive posts which is an improvement.

The overall pay bill for Jan 2017 is £460k above the December 2016 pay bill due to the increase in agency and substantive spend.

Absence | *Specialty Group*

Specialty Group	% Abs Rate (WTE)
218 Cardiac & Respiratory	3.55%
218 Care of the Elderly	5.62%
218 Clinical Support Services Specialty Group	5.12%
218 Core Functions	3.48%
218 Diagnostics	4.35%
218 Emergency Department and Acute Medicine Specialty Group	3.83%
218 Hospital of St Cross & Trauma & Orthopaedics Specialty Group	3.56%
218 Neurosciences Specialty Group	5.23%
218 Oncology, Haematology & Renal	4.69%
218 Specialist Medicine & Ophthalmology	5.38%
218 Surgery Specialty Group	3.18%
218 Theatres and Anaesthetics Specialty Group	4.95%
218 Women & Children Specialty Group	4.56%
Trust Totals	4.27%

Absence | *Month*



The overall Trust sickness absence rate has decreased by 0.11% in January 2017 but remains above the 4% target.

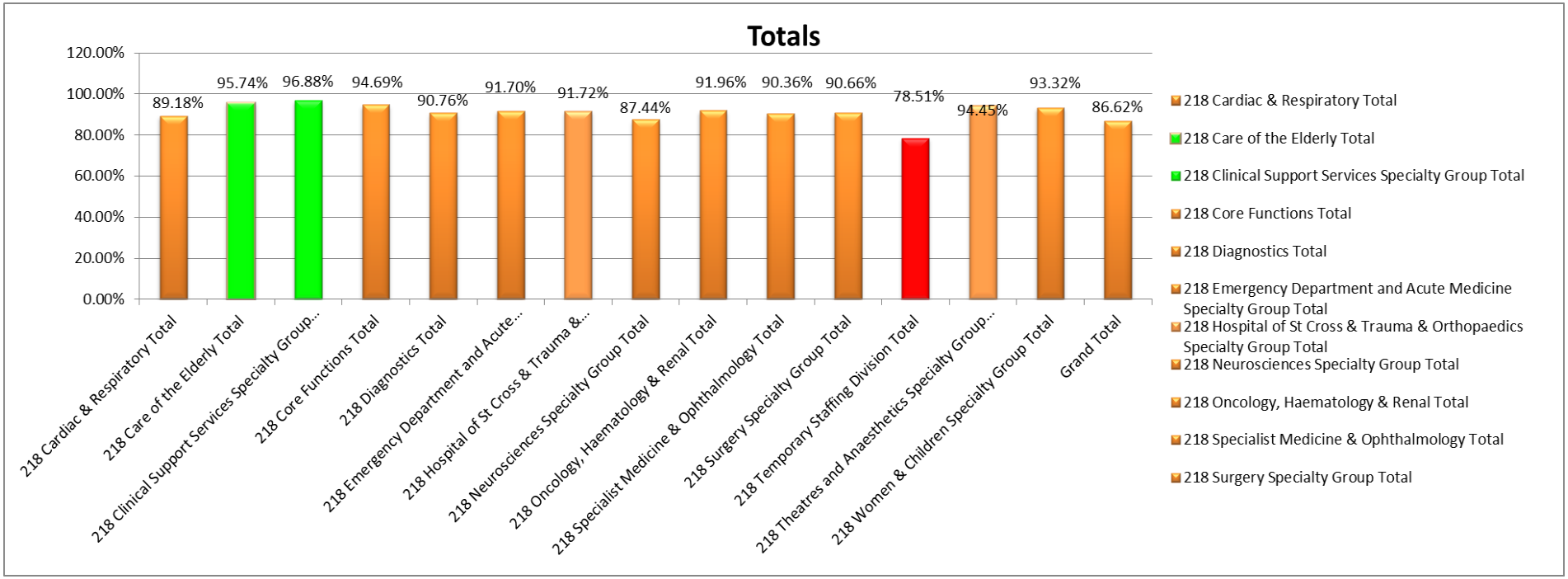
This reflects historical trends where sickness rates increase in the winter months however we have not yet seen a reduction in the level of absence, as expected after December.

Eight specialty groups have not met the 4% target, five groups have achieved the target in January. Surgery Specialty Group has the lowest absence figure of 3.18%.

Workforce Information | Headlines January 2017

University Hospitals Coventry and Warwickshire NHS Trust

Mandatory Training |*Topics*



- Mandatory Training compliance is currently 86.62% a small decrease of 0.62 % against December 2016.
- Three topics are above 95% (Hand Hygiene Non-clinical, Equality and Diversity & Thromboprophylaxis Initial), 16 topics are amber status between 85% and 95% and 16 topics below 85%.
- One topic is below 60%, Immediate Life Support (ILS) – Annual at 39.68% this is an improvement of 12.7% from last month. It is worth noting that this competency only applies to two departments within the Trust (ECG and Cardiac Rehab).
- 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 2016 to 60.88% in January 2017.
- Work is being undertaken to address the compliance rates within Temporary Staffing, with all bank staff being personally invited to specific mandatory training days in March 2017 as well as being advised of how to undertake training through e-learning remotely to driven an increase in compliance rates. We are also facilitating the transfer of training records between employers where appropriate.

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	**Caldicott Guardian Annual Report 2015/16**
Author	**Jenny Gardiner, Director of Quality**
Responsible Chief Officer	**Meghana Pandit, Chief Medical Officer**
Date	**2nd March 2017**

1. Purpose

To present the Caldicott Guardian Annual Report for the period 2015/16.

2. Background and Links to Previous Papers

This is the first formal Caldicott annual report produced at UHCW. It is planned that this report will be produced by the joint Caldicott Guardians annually going forward.

3. Executive Summary

The Caldicott Guardian provides an advisory role on information sharing, taking into consideration options for lawful and ethical processing of information. The Joint Caldicott Guardians have considered over 70 individuals requests for information sharing during the period of this report.

The report details

- Key Caldicott Guardian responsibilities
- The Trust's Information Governance Framework
- Personal development of the joint Caldicott Guardians
- The national policy context
- Key achievements during 2015/16
- Key plans for 2016/17
- Risks

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

The Caldicott function links to the objective to deliver excellent patient care and experience as protecting confidentiality and using patient data only for the purpose that it is provided is of the utmost importance to our patients.

5. Governance

The Caldicott Guardian is a statutory role that all organisations that hold patient records are required to have. Their role is to represent and champion confidentiality requirements at Board level and ensure that their organisation achieves the highest practical standards for protecting the confidentiality of patient and service-user information and sharing this in an appropriate way. The Caldicott Guardian therefore contributes to requirements within the Information Governance toolkit and to the wider Trust governance framework.

6. Risks

If the Trust does not adequately protect the confidentiality of the patient identifiable information and process it lawfully, confidentiality breaches may arise, which could lead to loss of confidence in the organisation with consequent damage to the Trust's reputation and financial penalties in terms of fines that can be imposed on the Trust by the Office of the Information Commissioner. The Calidicott Guardians coupled with the Trust's Information Governance Framework mitigate against this.

7. Responsibility

Meghana Pandit, Chief Medical Officer and Deputy CEO
Jenny Gardiner, Director of Quality.

7. Recommendations

The Board is invited to **NOTE** the Caldicott Guardian Report that details activity in 2016/17 and to **RAISE** any questions thereon.

CALDICOTT GUARDIAN ANNUAL REPORT (2015/16)

1. INTRODUCTION

The Caldicott Guardian is a statutory role responsible for ensuring that the Trust achieves the highest practical standards for protecting the confidentiality of patient and service-user information and enabling appropriate handling and information-sharing of patient identifiable information.

Organisations that access patient records are required to have a Caldicott Guardian; this was mandated for the NHS by the Health Service Circular: HSC 1999/012. The role of the Caldicott Guardian has evolved since it was first established in 1997 following the recommendations of the Caldicott Reports. Currently, it sits within the Information Governance Framework, Information Governance Toolkit (IGT), and the legal frameworks around common law duty of confidentiality, Data Protection Act (1998), Human Rights Act (1998), s251 of the NHS Act (2006) and Freedom of Information Act (2000).

Unlike the SIRO, the Guardian is an advisory role on information sharing, taking into consideration options for lawful and ethical processing of information. When there is any uncertainty in the transfer of patient and service user information, the Caldicott Guardian will seek to clarify the purpose of the transfer, that it is justified; absolutely necessary; transferring only the minimum required; on a need to know basis and complying with the Data Protection Act (see Appendix 1).

A Caldicott Guardian represents and champions confidentiality requirements and issues at Board Level, and wherever appropriate within the Trust's overall governance framework. At UHCW, the joint Caldicott Guardians are Meghana Pandit, CMO and Jenny Gardiner, Director of Quality. Having joint Guardians enables cross cover for information sharing approvals and an opportunity for peer challenge and support. These individuals are formally registered with NHS Digital, which holds the national Caldicott Guardian register. This first Caldicott Guardian Annual Report outlines:

- How the Joint Caldicott Guardians are fulfilling their roles
- The Trust application of the Caldicott principles
- The advice given by the Caldicott Guardians

The key Caldicott Guardian responsibilities as defined in the Department of Health Caldicott Guardian Manual (2010) are:

Strategy & Governance: on behalf of patients the Caldicott Guardian should champion confidentiality issues at Board/senior management team level; acting as the 'conscience' of the organisation and as an enabler for appropriate information sharing.
Confidentiality & Data Protection expertise: the Caldicott Guardian should develop a knowledge of confidentiality and data protection matters, drawing upon support staff working within an organisation's Caldicott function but also on external sources of advice and guidance where available.
Internal Information Processing: the Caldicott Guardian should ensure that confidentiality issues are appropriately reflected in organisational strategies, policies, working procedures and staff training. The key areas of work that need to be addressed by the organisation's Caldicott function are detailed in the Information Governance Toolkit.

Information Sharing: the Caldicott Guardian should oversee arrangements, protocols and procedures where confidential patient information may be shared with external bodies both within, and outside, the NHS. This includes flows of information to and from partner agencies, sharing through the NHS Care Records Service (NHS CRS) and related new IT systems, disclosure to research interests and disclosure to the police.

2. INFORMATION GOVERNANCE FRAMEWORK

The Caldicott Guardian is supported in their role by the following individuals:

Director of Corporate Affairs (DOCA), Rebecca Southall

- Freedom of information requests (FOI) and Subject Access requests are managed under the Corporate Affairs portfolio which ensures that requests are responded to in an appropriate, confidential and timely way.
- The Information Governance Committee (IGC) is a subcommittee of QGC. It is chaired by the DOCA and its key responsibilities include overseeing and monitoring the corporate delivery of Information Governance, ensuring that the Trust has the appropriate strategies, policies, procedures, processes and systems, in place to meet the criteria required for the Information Governance Toolkit and the overall information management agenda across the Trust.
- A detailed report outlining all Caldicott approvals is considered by the IGC annually

Head of Information Governance, Harjit Matharu

- Oversees the timely reporting and investigation of IG incidents, including review of mitigating actions
- Liaises with the Information Commissioner's Office (ICO) in relation to IG breaches
- Leads on development and maintenance of Information Sharing Agreements
- Leads on completion of the IG Toolkit, which includes specific Caldicott Guardian responsibilities (see Appendix 2)
- Oversees the development and approval of Trust policies and procedures for information governance, confidentiality and data protection

Head of PPM Analytics

- Responsible for iPM data quality across the Trust (including internal and external audits and data quality benchmarking)

Senior Information Risk Officer (SIRO), David Eltringham

- Acts as an advocate for information risks at Trust Board level
- Responsible for the organisation's Information Risk policy
- Provides advice to the Accounting Officer on the content of their Statement of Internal Control in regard to information risk.
- Responsible for overall data quality across the Trust (including internal and external audits and data quality benchmarking)

Separate Information Governance Committee reports are provided to the Quality Governance Committee by the SIRO and Director of Corporate Affairs, which detail;

- Information governance breaches / incidents (including ICO reports)
- Information governance toolkit compliance
- Subject access requests
- Freedom of Information requests
- Information governance policy approvals

- Information Governance Committee assurances / risks

3. PERSONAL DEVELOPMENT

Both Joint Caldicott leads are fully compliant with their in-house mandatory training on Information Governance. This training involves an e-learning session which covers staff responsibilities for confidentiality, Record Management, the Caldicott Principles, and requirements of the Data Protection Act.

In addition, the following role specific refresher updates on Caldicott Principles have been undertaken:

Conference	Date	Attended by
Caldicott Guardian Training Course for Beginners: Confidentiality and Information Sharing for NEW or aspiring Caldicott Guardians	22nd September 2015	Jenny Gardiner
Caldicott Guardian - National Annual Conference	6th October 2015	Meghana Pandit
Caldicott Guardians National Annual Conference	6th October 2016	Jenny Gardiner

4. NATIONAL POLICY

In 2014 Dame Fiona Caldicott was appointed as the first National Data Guardian (NDG) for health and care by the Secretary of State for Health. The NDG advises and challenges the health and care system to ensure that citizens' confidential information is safeguarded securely and used properly. A national consultation on the role and functions of the NDG was opened between September and December 2015. The Government response to the consultation was published in July 2016 and confirms the following NDG responsibilities;

• The remit for the NDG role will be based on data collected within the health and care system, but will also allow for scrutiny and challenge in cases where such data is shared beyond the health and care sector.
• The role of the NDG will include formal advice giving powers; organisations in receipt of this advice will be required to show how they have responded.
• Relevant regulators will work with the NDG to determine criteria by which they might assess the performance of an organisation in relation to information and data, as part of their regulatory functions.
• The NDG will publish an Annual Report setting out key issues that have arisen over a 12 month period, report on progress, set out priorities for the coming year and demonstrate how the concerns of patients and service users have been recorded and acted upon. This requirement will be set in legislation in due course.
• The NDG will agree and publish Memoranda of Understanding with key regulators and

stakeholders, which will include clarification of their respective roles in relation to information and data and a referral mechanism by which the NDG can refer any concerns or issues for consideration and action by the relevant body.
• The NDG will not have the power to issue or enforce sanctions of its own, for example in terms of financial penalties, but will instead work with relevant regulators to ensure that the sanction making powers of those organisations are utilised in the most effective way.

In September 2015 the Secretary of State for Health asked the Care Quality Commission (CQC) to undertake a review of data security in the NHS, and in parallel for Dame Fiona Caldicott (NDG), to develop new data security standards and a method for testing compliance against these. Dame Fiona Caldicott was also asked to recommend a new consent model for data sharing in the NHS and social care.

These reviews have recently been completed and the reports published

- CQC Safe Data, Safe Care: report into how data is safely and securely managed in the NHS - July 2016 http://www.cqc.org.uk/sites/default/files/20160701%20Data%20security%20review%20FINAL%20for%20web.pdf

- NDG Review of Data Security, Consent and Opt-Outs (Caldicott 3) - June 2016 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/535024/data-security-review.PDF

CQC Safe Data, Safe Care: report into how data is safely and securely managed in the NHS (July 2016)

The Care Quality Commission (CQC) has undertaken a review on how effectively NHS organisations handle confidential patient information, and in particular to establish whether personal healthcare information for patients has been appropriately protected. This thematic review on data security within the NHS identified six recommendations:

Leadership	Leadership should show clear ownership and responsibility for data security
Information, tools and training	All staff should be provided with the right information, tools, training and support to allow them to do their jobs effectively whilst still be responsible for handling and sharing data safely.
IT systems	IT systems and all data security protocols should be designed around the needs of patient care and frontline staff.
Outdated technology	All Computer Hardware and Software that can no longer be supported should be replaced.
Audit and validation	Arrangements for internal data security and external validation should be reviewed and strengthened.

CQC Assessment	CQC will modify its framework and inspection approach to include assurance of new data security standards and that staff are appropriately trained. The assessment framework identifies the requirements for achieving a CQC rating of good based on the requirements of the information Governance Toolkit (IG Toolkit) and the Cyber Essentials Scheme.

Using the CQC assessment criteria for data security published within the report a mapping exercise has been undertaken by the Head of Information Governance to align the CQC requirements for 'good' data security with the IG Toolkit evidence. This will be presented to the Chief Inspector of Hospitals Programme Board (CIHPB).

National Data Guardian Review of Data Security, Consent and Opt-Outs (Caldicott 3)

Caldicott 3 Review of Data Security, Consent and Opt-outs was published by the NDG in June 2016 and makes recommendations to the Secretary of State for Health to strengthen the safeguards for keeping health and care information secure and ensuring the public can make informed choices about how their data is used. The NDG proposes new data security standards for the NHS and social care, a method for testing compliance against the standards, including a new opt-out to make clear how people's health and care information will be used and in what circumstances they can opt out data being used for purposes beyond their direct care (e.g. NHS system data and research to improve treatment and care).
The proposed ten new 'data security standards', consent and opt out model have been subject to a nine week national consultation from July 2016 – September 2016.

CQC and the NDG Joint letter to NHS Trusts

The two national reports identify strong common themes; both emphasising that leaders of every organisation should demonstrate clear accountability and responsibility for data security, just as they do for clinical and financial matters. In May 2016 a joint letter from the CQC and the NDG was sent to NHS Trust Chief Executive Officers, highlighting the key principles of good data security and as well as identifying some immediate actions ahead of the formal reports being published.

• **People**: identifying the appropriate leaders in your organisation with responsibility and accountability for data security is vital, just as it is for clinical and financial management and accountability. We would encourage you to ensure you have individuals in the roles of the Senior Information Risk Owner (SIRO) and the Caldicott Guardian at board or equivalent level, and that they are registered with the Health and Social Care Information Centre (HSCIC): http://systems.hscic.gov.uk/data/ods/searchtools/caldicott.
• **Processes**: organisations should have processes in place to prevent data security breaches and ensure that incidents or near misses are dealt with appropriately. The HSCIC's CareCERT service is able to provide the latest advice and guidance in this area.
• **Technology**: we know that technology plays an increasingly important role in many of your organisations, especially in the provision of high quality care. The reviews heard that the use of up-to-date technology with the latest protection in place is vitally important to mitigate the evolving cyber security threat. We would encourage you to

ensure that your organisation's IT estate is supported in this way

The Trust is in a good position to respond to these reports; we have a named SIRO and joint Caldicott Guardians, an effective Information Governance Committee, a proactive and visible Information Governance Team and regular reporting to the Trust Board via the Quality Governance Committee on our performance across a range of domains. The Head of Information Governance is undertaking a detailed review of these national reports to identify areas for further improvement. The results of this work will be reported to the IGC and CIHPB.

National Manual for Caldicott Guardians

The national Manual for Caldicott Guardians has been updated and the Joint Caldicott Guardians have fed into this consultation. Within the draft manual a new self-assessment checklist has been developed. During the financial year 17/18 the Joint Caldicott Guardians will undertake a baseline assessment against this and identify any actions required. The self-assessment and action plan will inform next year's Caldicott Guardian annual report and work programme.

5. KEY ACHIEVEMENTS DURING 2015/16

- This is the first formal Caldicott annual report produced at UHCW. It provides an overview of the work undertaken by the Joint Caldicott Guardians Meghana Pandit, CMO and Jenny Gardiner, Director of Quality. It is planned that this report will be produced annually going forward.
- A new form has been developed to aid Caldicott approvals for clinical audit activity (which makes up a significant proportion of all Caldicott approvals).
- A new process for formally recording Caldicott Guardian approvals was introduced in January 2015 to ensure that outward patient information flows could be more effectively captured, and provide assurance that patient information is adequately protected. A formal Caldicott requests log has been developed which records approved and rejected requests. This log is reported to IGC annually. Since its inception in January 2015, over 70 Caldicott requests have been considered (see Appendix 3).

6. PLANS FOR 2016/17

Development priorities for the year ahead relating to the Caldicott role include:

- Continue to ensure annual personal development by participating in Caldicott conferences
- Complete self -assessment against revised Caldicott Manual in 2017/18.
- Review data user certificate approvals / user registration authorisations in light of changing guidance.

From 1st January 2017 data user certificate (DUC) forms which are completed for every new user requiring access to the NHS Digital's Bowel Cancer Screening System (BCSS) will no longer require Caldicott approval but instead SIRO's (Senior Information Risk Owner) will be responsible for these access approvals. It is unclear currently whether this applies to all access authorisations or just data user certificates from NHS Digital. Currently user registrations make up a significant proportion of Caldicott approvals.

7. Risks

There are seven Information Governance risks recorded on the Trust risk register (three corporate risks, four local risks). None of these risks are Caldicott specific and therefore fall

under the remit of the SIRO, supported by the Director of Corporate Affairs and Head of Information Governance (see Appendix 4).

APPENDIX 1: Caldicott principles: To Share or not to Share: The Information Governance Review (2013)

a. Justify the purpose(s)
   Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed, by an appropriate guardian.

b. Don't use personal confidential data unless it is absolutely necessary
   Personal confidential data items should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s).

c. Use the minimum necessary personal confidential data
   Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data is transferred or accessible as is necessary for a given function to be carried out.

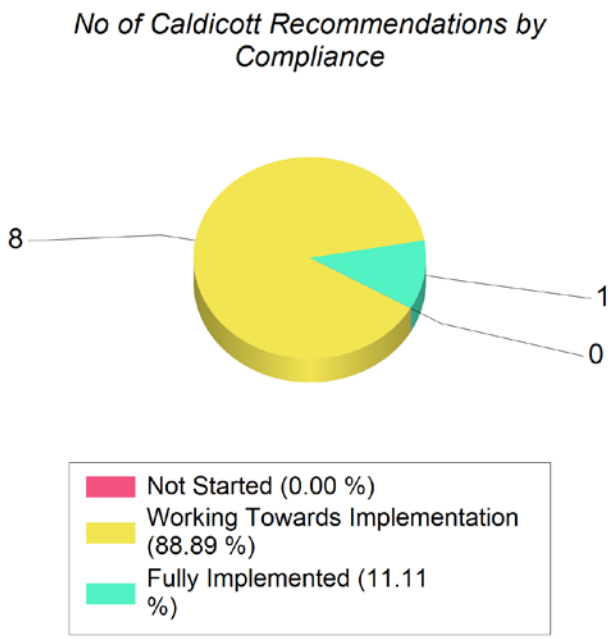
d. Access to personal confidential data should be on a strict need-to-know basis
   Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

e. Everyone with access to personal confidential data should be aware of their responsibilities
   Action should be taken to ensure that those handling personal confidential data both clinical and non-clinical staff — are made fully aware of their responsibilities and obligations to respect patient confidentiality.

f. Comply with the law
   Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.

g. The duty to share information can be as important as the duty to protect patient confidentiality

APPENDIX 2 – Mapping of Caldicott Recommendations to Information Governance Toolkit Version 14 Latest Assessment Compliance as at 24/11/2016



Not Started	Determined as all requirements for the recommendation have been scored at level 0 or are blank (i.e. Not Started)
Working Towards Implementation	Determined as have at least one requirement for the recommendation above level 0 but not all requirements set to level 3
Fully Implemented	Determined as Fully Implemented for a Caldicott recommendation if the organisation has scored at level 3 for all the requirements for the recommendation

Recommendation No	Text of Recommendation	IG Toolkit Requirement(s) Not Fully Implemented	Compliance Level
1	People must have the fullest possible access to all the electronic care records about them, across the whole health and social care system, without charge. An audit trail that details anyone and everyone who has accessed a patient's record should be made available in a suitable form to patients via	203,205,206	Working Towards Implementation

Recommendation No	Text of Recommendation	IG Toolkit Requirement(s) Not Fully Implemented	Compliance Level
	their personal health and social care records. The Department of Health and NHS Commissioning Board should drive a clear plan for implementation to ensure this happens as soon as possible.		
2	For the purposes of direct care, relevant personal confidential data should be shared among the registered and regulated health and social care professionals who have a legitimate relationship with the individual. Health and social care providers should audit their services against NICE Clinical Guideline 138, specifically against those quality statements concerned with sharing information for direct care.	201	Working Towards Implementation
4	Direct care is provided by health and social care staff working in multi-disciplinary care teams'. The Review Panel recommends that registered and regulated social workers be considered a part of the care team. Relevant information should be shared with members of the care team, when they have a legitimate relationship with the patient or service user. Providers must ensure that sharing is effective and safe. Commissioners must assure themselves on providers' performance. Care teams may also contain staff that are not registered with a regulatory authority and yet undertake direct care. Health and social care provider organisations must ensure that robust.	201	Working Towards Implementation
5	In cases when there is a breach of personal confidential data, the data controller, the individual or organisation legally responsible for the data, must give a full explanation of the cause of the breach with the remedial action being undertaken and an apology to the person whose confidentiality has been breached.		Fully Implemented
6	The processing of data without a legal basis, where one is required, must be reported to the board, or equivalent body of the health or social care organisation involved and dealt with as a data breach. There should be a standard severity scale for breaches agreed across the whole of the health and social care system. The board or equivalent body of each organisation in the health and social care system must publish all such data breaches. This should be in the quality report of NHS organisations, or as part of the annual report or performance report for non-NHS organisations.	202	Working Towards Implementation

Recommendation No	Text of Recommendation	IG Toolkit Requirement(s) Not Fully Implemented	Compliance Level
7	All organisations in the health and social care system should clearly explain to patients and the public how the personal information they collect could be used in de-identified form for research, audit, public health and other purposes. All organisations must also make clear what rights the individual has open to them, including any ability to actively dissent (i.e. withhold their consent).	202,203	Working Towards Implementation
12	The boards or equivalent bodies in the NHS Commissioning Board, clinical commissioning groups, Public Health England and local authorities must ensure that their organisation has due regard for information governance and adherence to its legal and statutory framework. An executive director at board level should be formally responsible for the organisation's standards of practice in information governance, and its performance should be described in the annual report or equivalent document. Boards should ensure that the organisation is competent in information governance practice, and assured of that through its risk management. This mirrors the arrangements required of provider trusts for some years.	300,307,400	Working Towards Implementation
15	The Department of Health should recommend that all organisations within the health and social care system which process personal confidential data, including but not limited to local authorities and social care providers as well as telephony and other virtual service providers, appoint a Caldicott Guardian and any information governance leaders required, and assure themselves of their continuous professional development.	300,307,400	Working Towards Implementation
19	All health and social care organisations must publish in a prominent and accessible form: • a description of the personal confidential data they disclose; • a description of the de-identified data they disclose on a limited basis; • who the disclosure is to; and • the purpose of the disclosure	203	Working Towards Implementation

APPENDIX 3 - Caldicott Guardians approval log

Log Ref No:	Method of request	letter	Person	Phone	Email	Date of Request	Date approved /non approved	Request received from	Request on behalf of (organisation)	Nature of request	Approved (Y/N)	JG	MP	Advice / Comments	Type	USER REG AUTHORISATIONS	DATA SHARING AUTHORISATIONS	OTHER	DATA PROTECTION	SAFEGUARDING	INFO SECURITY
1					✓	29/01/15	02/02/15	Jenny Child	Coventry and Rugby CCG	C Difficile Infections	Y		✓	Letter response			✓				
2					✓	**23/03/15**	**24/03/15**	**M Pandit**	**Health & Social Care Information Centre**	**Caldicott Guardian Registration Document**	**Y**		✓	**Amended MP Caldicott Guardian info**				✓			
3					✓	22/04/15	22/04/15	Paula Voisey	Bowel Cancer Screening Centre		Y		✓	Data user request for T Mason; M Bergin;		✓					
4					✓	23/04/15	23/04/15	Catherine Watson	National Institute for Cardiovascular Outcomes Research	Heart failure audit	Y		✓	Data user request for C Hine		✓					
5					✓	23/04/15	23/04/15	Shelley Eaton	Health Research Authority	NHS National Maternity Survey 2015	Y		✓				✓				

Log Ref No:	Method of request	letter	Person	Phone	Email	Date of Request	Date approved /non approved	Request received from	Request on behalf of (organisation)	Nature of request	Approved (Y/N)	JG	MP	Advice / Comments	Type	USER REG AUTHORISATIONS	DATA SHARING AUTHORISATIONS	OTHER	DATA PROTECTION	SAFEGUARDING	INFO SECURITY
6					✓	12/05/15	12/05/15	Anna Jenkins	The Walton Centre	National Audit of Glioblastoma Survivorship	Y		✓	Neurosurgical National Audit Programme			✓				
7					✓	01/05/15	15/05/15	Catherine Watson	National Institute for Cardiovascular Outcomes Research	Heart Failure Audit	Y		✓	Data user request for J Hodgson		✓					
8					✓	26/05/15	26/05/15	Shelley Eaton	Health & Social Care Information Centre	CASU: FGM user registration	Y		✓	Data user request for S Robbins; N Parnpalli; R Lakin; S Eaton; K Goswami		✓					
9					✓	13/05/15	01/06/15	Pat McGeown	Health & Social Care Information Centre	Submit data to National Maternity Dataset	Y		✓	Data user request for S Robbins; N Parnpalli; R Lakin; P McGeown		✓					

Log Ref No:	Method of request	letter	Person	Phone	Email	Date of Request	Date approved /non approved	Request received from	Request on behalf of (organisation)	Nature of request	Approved (Y/N)	JG	MP	Advice / Comments	Type	USER REG AUTHORISATIONS	DATA SHARING AUTHORISATIONS	OTHER	DATA PROTECTION	SAFEGUARDING	INFO SECURITY
10					✓	11/06/15	11/06/15	S Kumar	National Institute for Cardiovascular Outcomes Research	MINAP Audit	Y		✓	Data user request for J Hodgson		✓					
11					✓	26/06/15	26/06/15	S Kumar	National Institute for Cardiovascular Outcomes Research	Heart Failure Audit	Y		✓	Data user request for S Kumar		✓					✓
12					✓	24/07/15	27/07/15	Christopher Barbrook	GU Medicine Service	Data Transfer	Y		✓	Request from GU Medicine Service for data transfer re transfer of service			✓				
13					✓	30/09/15	26/08/15	Sue Basham	West Midlands Quality Review Service	Peer Review	Y		✓	Peer Review for services for people with haemoglobin disorders 2014-2016			✓				

Log Ref No:	Method of request	letter	Person	Phone	Email	Date of Request	Date approved /non approved	Request received from	Request on behalf of (organisation)	Nature of request	Approved (Y/N)	JG	MP	Advice / Comments	Type	USER REG AUTHORISATIONS	DATA SHARING AUTHORISATIONS	OTHER	DATA PROTECTION	SAFEGUARDING	INFO SECURITY
14					✓	04/09/15	04/09/15	Jason McCouaig	Blithe Computer Systems	Authorisation for customer data transfer	Y		✓	Opthalmology			✓				
15					✓	14/09/15	14/09/15	Daniel Hayes	Diagnostic Imagining Dataset	Submitter access request	Y		✓	Data user request for M deJesus; V Finnie; D Hayes		✓					
16					✓	24/09/15	24/09/15	S Kumar	National Institute for Cardiovascular Outcomes Research	TAVI Audit	Y		✓	Data user request for S Kumar		✓					
17					✓	30/09/15	30/09/15	Paul Bosworth	National Institute for Cardiovascular Outcomes Research	MINAP Audit	Y		✓	Data user request for L Roper; M Mahony		✓					

Log Ref No:	Method of request	letter	Person	Phone	Email	Date of Request	Date approved /non approved	Request received from	Request on behalf of (organisation)	Nature of request	Approved (Y/N)	JG	MP	Advice / Comments	Type	USER REG AUTHORISATIONS	DATA SHARING AUTHORISATIONS	OTHER	DATA PROTECTION	SAFEGUARDING	INFO SECURITY
18					✓	10/08/16	05/10/15	Helen West	Quality Health	Data protection agreement for National Cancer Patient Experience Survey	Y	✓		National Cancer Patient Experience Survey Data Protection Agreement		✓	✓				
19					✓	15/10/15	23/10/15	Catherine Watson	National Institute for Cardiovascular Outcomes Research	Heart failure audit	Y		✓	Data user request for H Nicholson; G Jones		✓					
20					✓	15/10/15	30/10/15	Catherine Watson	National Institute for Cardiovascular Outcomes Research	Heart failure audit	Y		✓	Data user request for M Rowan		✓					
21					✓	15/10/15	30/10/15	Catherine Watson	National Institute for Cardiovascular Outcomes Research	Heart failure audit	Y		✓	Data user request for M Lindon		✓					
22					☐	04/11/16	04/11/15	David O'Connell	Dendrite	User request for cancer waiting times upload	Y	✓		Data user request for D O'Connell		✓					

Log Ref No:	Method of request	letter	Person	Phone	Email	Date of Request	Date approved /non approved	Request received from	Request on behalf of (organisation)	Nature of request	Approved (Y/N)	JG	MP	Advice / Comments	Type	USER REG AUTHORISATIONS	DATA SHARING AUTHORISATIONS	OTHER	DATA PROTECTION	SAFEGUARDING	INFO SECURITY
23					✓	01/11/15	10/11/15	Angela Little	Isle of Man Bowel Cancer Screening		Y		✓	Data user request for H Kenworthy; B Elston; H Palmer;		✓					
24					✓	24/11/15	24/11/15	Baxter Healthercare Ltd	Baxter Healthercare Ltd	Data sharing	Y		✓	Renal Dialysis			✓				
25					✓	03/11/15	26/11/15	Julian Coleman	National Ophthalmic Database Audit Project	NOD audit	Y	✓		Data submission approval request			✓				
26					✓	12/12/15	14/12/15	Lee Hough	Streets Heaver	Move data location	Y	✓		Move data location for storage of colorectal patient data							✓

Log Ref No:	Method of request	letter	Person	Phone	Email	Date of Request	Date approved /non approved	Request received from	Request on behalf of (organisation)	Nature of request	Approved (Y/N)	JG	MP	Advice / Comments	Type	USER REG AUTHORISATIONS	DATA SHARING AUTHORISATIONS	OTHER	DATA PROTECTION	SAFEGUARDING	INFO SECURITY
27					✓	**16/12/15**	**16/12/15**	**Jenny Gardiner**	**Health & Social Care Information Centre**	**Caldicott Guardian Registration Document**	Y	✓		**JG's details and confirmation of registration**				✓			
28					✓	13/01/16	13/01/16	Paul Bosworth	National Institute for Cardiovascular Outcomes Research	MINAP Audit	Y		✓	Data user request for Heather Paige		✓					
29					✓	31/07/15	02/02/16	Dr R Anand	Blood and Transplant Centre Birmingham	Patient Data	N	✓		Consent to contact women patients to become blood donors - requested copy of letter to patients and confirmation of pregnancy status (not received)							

Log Ref No:	Method of request	letter	Person	Phone	Email	Date of Request	Date approved /non approved	Request received from	Request on behalf of (organisation)	Nature of request	Approved (Y/N)	JG	MP	Advice / Comments	Type	USER REG AUTHORISATIONS	DATA SHARING AUTHORISATIONS	OTHER	DATA PROTECTION	SAFEGUARDING	INFO SECURITY
30					✓	22/12/15	04/02/16	Steve Smith	Cancer Research UK	BCRS Endorsement Mailing Project	Y	✓		Campaign to raise awareness of bowel cancer screening			✓		✓		✓
31					✓	05/02/16	05/02/16	Ann Hutton	Healthcare at Home	Transfer of data	Y	✓		Delivery of Copaxone to Multiple Sclerosis patients at home			✓				
32					✓	28/01/16	11/02/16	Harjit Matharu	Warks County Council	Coventry and Warwickshire Information Sharing Strategy	Y	✓		Take through IGC				✓			
33					✓	28/01/16	15/02/16	Kate Taylor	Medical Imagining UK	MIUK DESP Data sharing agreement	Y	✓		Transfer of DESP to MIUK for diabetic eye screening			✓				

Log Ref No:	Method of request	letter	Person	Phone	Email	Date of Request	Date approved /non approved	Request received from	Request on behalf of (organisation)	Nature of request	Approved (Y/N)	JG	MP	Advice / Comments	Type	USER REG AUTHORISATIONS	DATA SHARING AUTHORISATIONS	OTHER	DATA PROTECTION	SAFEGUARDING	INFO SECURITY
34					✓	12/01/16	19/02/16	Jenny Abrahams	UHCW	Disclosure Enquiry	N	✓		Issues concerning the sleep apnoea test. Referred to Julie Midgely and consultant in charge of care							
35					✓	25/02/16	25/02/16	Angela Little	National Institute for Cardiovascular Outcomes Research	MINAP Audit Bowel Cancer Screening	Y		✓	Data user request for K Woods; G Harris; C Howard		✓					
36					✓	23/03/16	20/04/16	Helen O'Brien	Coventry & Warks Partnership Trust	SWFT/ipm/Lorenzo access	Y	✓		Data user request for Paula Dodgson		✓					
37					✓	29/03/16	04/05/16	Joanne Essex	Warks, Solihull & Cov Breast Screening Service	Data User Certificate Form	Y	✓		For Joanne Essex; Jackie McKay; Joanne Hallam; Nafeesah		✓					

Log Ref No:	Method of request	letter	Person	Phone	Email	Date of Request	Date approved /non approved	Request received from	Request on behalf of (organisation)	Nature of request	Approved (Y/N)	JG	MP	Advice / Comments	Type	USER REG AUTHORISATIONS	DATA SHARING AUTHORISATIONS	OTHER	DATA PROTECTION	SAFEGUARDING	INFO SECURITY
														Shaikh							
38					✓	08/03/16	10/05/16	Marian Kennedy	National Oesophago-Gastric Cancer Audit	Registration of new user - Sue Thompson	Y	✓		Data user request for Susan Thompson		✓					
39					✓	16/03/16	10/05/16	Michelle Hodgetts	Health & Social Care Information Centre	National Pregnancy in Diabetes (NPID) Audit	Y	✓		Data user request for Sarah Murphy to replace Sarah Cutler. Also for N Murthy; S Watts; M Hodgetts		✓					
40					✓	28/04/16	12/05/16	Satish Kumar	National Institute for Cardiovascular Outcomes Research	NICOR access	Y	✓		Data user request for Richard Allen		✓					

Log Ref No:	Method of request	letter	Person	Phone	Email	Date of Request	Date approved /non approved	Request received from	Request on behalf of (organisation)	Nature of request	Approved (Y/N)	JG	MP	Advice / Comments	Type	USER REG AUTHORISATIONS	DATA SHARING AUTHORISATIONS	OTHER	DATA PROTECTION	SAFEGUARDING	INFO SECURITY
41					✓	21/04/16	06/06/16	Robin Arnold	Health & Social Care Information Centre	Decommissioning notice form	Y	✓		Transfer of PAS system (iPM) from the national contract onto a local UHCW contract							✓
42					✓	20/04/16	24/06/16	Derek Smith/S Basham	Dr Foster	Dr Foster Early Warning Mortality Metric	Y	✓		Early Warning Mortality v1.4			✓				
43					✓	01/07/16	13/07/16	Ravneet Bhogal	Health & Social Care Information Centre	Exeter Access for National Diabetes Core Audit 2016/2017	Y	✓		Data user request for Ravnett Bhogal; Debra Shields; Kim Swinhoe; Lynda Dobson; Sailesh Sankaranarayanan; Georgios Dimitriadis		✓					

Log Ref No:	Method of request	letter	Person	Phone	Email	Date of Request	Date approved /non approved	Request received from	Request on behalf of (organisation)	Nature of request	Approved (Y/N)	JG	MP	Advice / Comments	Type	USER REG AUTHORISATIONS	DATA SHARING AUTHORISATIONS	OTHER	DATA PROTECTION	SAFEGUARDING	INFO SECURITY
44					✓	06/07/16	14/07/16	Paul Guess	Society for Acute Medicine	Benchmarking Audit	Y	✓		Approval for participation in SAMBA			✓				
45					✓	27/05/16	21/07/16	Sarah Murphy	UKROC UK Rehabilitation Outcomes Collaborative	National Audit of Specialist Rehabilitation for Patients with Complex Needs Following Major Injury (Project 2251)	Y	✓		Caldicott aproval for patient identifiable information			✓				
46					✓	20/07/16	21/07/16	Ravneet Bhogal	Health & Social Care Information Centre	National Diabetes Foot Care Audit	Y	✓		Data user request for G Deogon; R Bhogal; PNN Murthy; K Mills; S Sankar; S Deo		✓					

Log Ref No:	Method of request	letter	Person	Phone	Email	Date of Request	Date approved /non approved	Request received from	Request on behalf of (organisation)	Nature of request	Approved (Y/N)	JG	MP	Advice / Comments	Type	USER REG AUTHORISATIONS	DATA SHARING AUTHORISATIONS	OTHER	DATA PROTECTION	SAFEGUARDING	INFO SECURITY
47					✓	01/07/16	22/07/16	Angela Little	Midland & NW Bowel Cancer Screening Prog	Bowel Cancer Screening	Y	✓		Data user request for Louise Young & Okena Walters-Powell		✓					
48					✓	22/06/16	26/07/16	Paul Guess	British Thoracic Society	BTS audit programme re smoking cessation	Y	✓		Smoking Cessation			✓				
49					✓	24/07/16	27/07/16	Tracey Mason	Coventry & Warks Bowel Cancer Screening Prog	Bowel Cancer Screening	Y	✓		Data user request for Kim Harlock		✓					
50					✓	26/07/16	15/08/16	Shelley Eaton	Quality Health Patient Survey Information Centre	In patient survey	Y	✓		cc data files to CQC			✓				
51			1		✓	15/08/16	18/08/16	Hannah 27137	John Granham Medica Reporting Ltd	External review of radiology images	Y	✓					✓				

Log Ref No:	Method of request	letter	Person	Phone	Email	Date of Request	Date approved /non approved	Request received from	Request on behalf of (organisation)	Nature of request	Approved (Y/N)	JG	MP	Advice / Comments	Type	USER REG AUTHORISATIONS	DATA SHARING AUTHORISATIONS	OTHER	DATA PROTECTION	SAFEGUARDING	INFO SECURITY
52					✓	17/08/16	19/08/16	Tracey Mason	Coventry & Warks Bowel Cancer Screening Prog	Bowel Cancer Screening	Y	✓		Data user request for Evette Charles; Michelle Howard		✓					
53					✓	19/08/16	19/08/16	Paul Guess	National Institute for Cardiovascular Outcomes Research	New data collector for the MINAP and TAVI projects.	Y	✓		Data user request for Richard Allen; D Adamson; S Kumar		✓					
54					✓	22/07/16	31/08/16	Ravneet Bhogal	Health & Social Care Information Centre	Breast and Cosmetic Implant Registry	Y	✓		Data user request for R Bhogal; A Tomlins; R Appiateng; J Skillman		✓					
55					✓	31/08/16	31/08/16	David Eltringham / Ross Palmer	UHCW	Intranet red - green patients	N		✓	Not acceptable to have patient identity details on the intranet					✓		

Log Ref No:	Method of request	letter	Person	Phone	Email	Date of Request	Date approved /non approved	Request received from	Request on behalf of (organisation)	Nature of request	Approved (Y/N)	JG	MP	Advice / Comments	Type	USER REG AUTHORISATIONS	DATA SHARING AUTHORISATIONS	OTHER	DATA PROTECTION	SAFEGUARDING	INFO SECURITY
56					✓	01/09/16	01/09/16	J Essex	Warwick, Solihull & Cov Breast Screeniong Services	User request	Y	✓		S Everton; C Gillies; S Hooper; P Simpson		✓					
57					✓	01/09/16	01/09/16	J Essex	Warwick, Solihull & Cov Breast Screeniong Services	User request	Y	✓		C Henderson; Balijit Shergill; M Hey; M Peters		✓					
58					✓	09/08/16	08/09/16	Yas Chauhan	Datix	Data Dictionary	Y	✓		Data Dictionary for use on Datix							✓
59					✓	12/09/16	12/09/16	Paul Guess/Alison Edwards	National Joint Registry unicompartmental knee replacement	Data Request	Y	✓		Request for data sharing for report compilation			✓				
60					✓	12/09/16	13/09/16	Angela Little	Midlands & NW Programme Hub	Data User Certificate Form	Y	✓		New form for Rhian Miller returning from maternity leave		✓					

Log Ref No:	Method of request	letter	Person	Phone	Email	Date of Request	Date approved /non approved	Request received from	Request on behalf of (organisation)	Nature of request	Approved (Y/N)	JG	MP	Advice / Comments	Type	USER REG AUTHORISATIONS	DATA SHARING AUTHORISATIONS	OTHER	DATA PROTECTION	SAFEGUARDING	INFO SECURITY
61					✓	16/09/16	19/09/16	Carol Bailey	Quality Health National Cancer Survey	Data protection agreement for National Cancer Patient Experience Survey	Y	✓		Data protection agreement for National Cancer Patient Experience Survey					✓		
62					✓	21.09/16	22/09/16	Vanessa Milner	QST renal transplant review documentation	Peer Review	N	✓		Patient identifiable information included in evidence of assurance, uploaded to secure portal. IG incident reported and investigated.							
63					✓	22/07/16	22/09/16	Angela Little	Midlands & NW Programme Hub	Data User Certificate Form	Y	✓		Data user request for V Judge; J Gradwell; P Lee		✓					

Log Ref No:	Method of request	letter	Person	Phone	Email	Date of Request	Date approved /non approved	Request received from	Request on behalf of (organisation)	Nature of request	Approved (Y/N)	JG	MP	Advice / Comments	Type	USER REG AUTHORISATIONS	DATA SHARING AUTHORISATIONS	OTHER	DATA PROTECTION	SAFEGUARDING	INFO SECURITY
64					✓	05/10/16	05/10/16	Ravneet Bhogal	National Diabetes Inpatient Audit	National Clinical Audit Participation UHCW	Y		✓				✓				
65					✓	30/09/16	11/10/16	Angela Little	Midland & NW Hub	National Bowel Cancer Screening	Y	✓		Data user request for J King; W Forsyth; J Humphreys; L Richards		✓					
66						01/09/16	11/10/16	Kathryn Blake	BadgerNet - Congential and Rare Disease Anomally Register	Data Sharing	Y	✓					✓				
67					✓	30/09/16	11/10/16	Angela Little	Midland & NW Hub	National Bowel Cancer Screening	Y	✓		Data user request for T Peebles; V Green; C Baidoo; N Chiti; J Barnes		✓					

Log Ref No:	Method of request	letter	Person	Phone	Email	Date of Request	Date approved /non approved	Request received from	Request on behalf of (organisation)	Nature of request	Approved (Y/N)	JG	MP	Advice / Comments	Type	USER REG AUTHORISATIONS	DATA SHARING AUTHORISATIONS	OTHER	DATA PROTECTION	SAFEGUARDING	INFO SECURITY
68					✓	12/10/16	13/10/16	Matthew Venus	UHCW	Breast Implant Registry Form	Y		✓	Record of patients who have breast implants							
69					✓	13/10/16		Tanuja Patel	Mike Iredale UHCW	National Audit of 7 day services Aug 2016	Y	✓		Seven Day Services Survey							
70			✓			13/10/16	13/10/16	Sue Basham	Dr Foster	Data Exchange Agreement/Protocol		✓		Global Comparator v1.5							✓
71					✓	18/10/16	19/10/16	Shelley Eaton	Patient Survey Co-ord Centre	2016 Emergency Dept Survey	Y		✓	Sample declaration form S251 approval			✓				
72					✓	14/10/16	26/10/16	Matt Venus	HSCIC	Breast & Cosmetic Implant Registry	Y		✓	BIR form to register			✓				
73					✓	19/10/16	Enright	Matthew Patterill	Royal College of Anaesthetists	National Post-operative Quality	Y	✓		Participation in national programme			✓				

Log Ref No:	Method of request	letter	Person	Phone	Email	Date of Request	Date approved /non approved	Request received from	Request on behalf of (organisation)	Nature of request	Approved (Y/N)	JG	MP	Advice / Comments	Type	USER REG AUTHORISATIONS	DATA SHARING AUTHORISATIONS	OTHER	DATA PROTECTION	SAFEGUARDING	INFO SECURITY
										Improvement Prog											
74					✓	01/11/16		Benedict Broennimann	Hancock Jaffe Laboratoeiwa	Biological gradft FDA paproval sought	N	✓		Research not registered with R&D department							
75					✓	31/10/16	16/11/16	Nathan Strathan	Healthcare Exit Team	Repatriation of Data for IPM, evoluction and IPM A&E	Y	✓		LSP Contract Exit - delete data							✓
76					✓	10/11/16	04/01/17	Rana Das-Gupta	UHCW	Breast & Cosmetic Surgery Registration	Y	✓		Registration for Breast Implant Surgery		✓					

Appendix 4 - Information Governance risks

ID	Date Identified	Title	Risk Type
2416	4-May-2016	Confidentiality Breaches	Corporate
1864	1-Apr-2014	Unauthorised access of Trust systems - Mis-use of access by Trust Staff	Corporate
2315	18/03/2015	Data Protection Act Breach	Corporate
2630	6-Oct-2016	Inadequate clinical record access for skin oncology MDT patients from the George Eliot Hospital	Local
786	1-Apr-2014	Inappropriate Storage of Blood Transfusion Documents at George Eliot Hospital	Local
2554	10-May-2016	BHFT - Unable to fulfil legal requirements for traceability of Blood and Blood Components	Local
2557	10/05/2016	BHFT - Inability to access Transfusion History in Meditech v6.	Local

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	Serious Incident Six Monthly Report (July-December 2016)
Author	Justin King, Associate Director Quality
Responsible Chief Officer	Meghana Pandit, Chief Medical Officer
Date	2 March 2017

1. Purpose

To provide the Board with a summary of the Serious Incidents, including never events that were reported in the period July to December 2016, an update on related actions that have been taken and a summary of the progress made in relation to improving the reporting and management of incidents as part of the UHCW Improvement System value stream.

2. Background and Links to Previous Papers

The Trust Board last received the six-monthly update report in September 2016. The Quality Governance Committee receives details of incidents via the Patient Safety Committee Report on a bi-monthly basis.

3. Narrative

There were 79 serious incidents that were reported under NHE England's Serious Incident Reporting Framework between July and December 2016. All serious incidents (including Never Events) are reviewed at the weekly Serious Incident Group (SIG) meeting, which ensures that investigations are undertaken and appropriate actions are put in place to reduce identified risks. Details of investigations are presented monthly to the Patient Safety Committee which in turn reports to the Quality Governance Committee. Incidents that fall into this category are also reported to the commissioners.

Each serious incident is investigated using root cause analysis and the 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. Some categories of serious incident have a six-month deadline, e.g. those that require external investigation.

The report also details how actions arising from serious incident investigations are monitored to ensure that they are followed up. As at 13th February 2017, 141 individual SIG actions are overdue but in order to provide some context, 645 actions were uploaded to the system during the period. Patient Safety Committee monitors progress against delivery of actions and an escalation process as set out in section 3 of the report is in place to ensure robust governance.

A total of 3 Never Events have been reported this financial year. Details of these have already been communicated to the Trust Board and they feature within the scorecard that is presented to the Board in the Integrated Quality & Performance Report each month. An update against each is set out in section 2.2 of the report and members should note that

the third such event has resulted in Human Factors training being rolled out within the maternity department, which has resulted in numerous recommendations being made in addition to those set out within the original action plan.

Finally, the report details the sound progress that has been made in the incident reporting related value stream within the UCHW Improvement System following rapid process improvement workshops that have taken place.

4. Areas of Risk

If the Trust does not learn from incidents that occur, then improvements will not be made and similar incidents may occur in the future. This could result in avoidable patient harm, which in turn could impact on the Trust's reputation and bring about regulatory intervention.

Learning from incidents also aligns to the Trust's "*Learn*" and "*Improve*" Values.

5. Governance

The Trust Board receives a six-monthly report relating to serious incidents.

6. Responsibility

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

7. Recommendations

The Board is invited to **NOTE** the report and to **RAISE** any queries or concerns.

University Hospitals Coventry and Warwickshire NHS Trust

SERIOUS INCIDENT REPORT TO TRUST BOARD

FEBRUARY 2017

Justin King, Associate Director Quality – Patient Safety and Risk

1. Background

This report provides a six monthly summary of incidents reportable to the CCG under the Serious Incident (SI) Framework (NHS England, March 2015).

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 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.

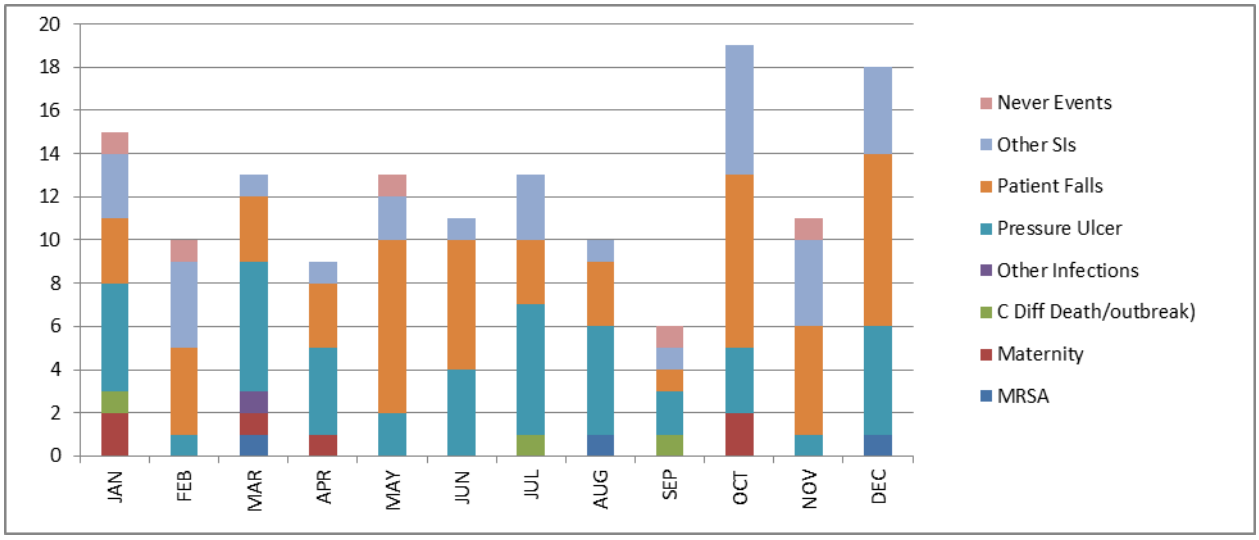
Serious Incidents and the work of SIG are monitored via the Patient Safety Committee which reports to the Quality Governance Committee. The process for monitoring and processing serious incidents are being reviewed as part of the UHCW Improvement system.

2. Summary of SIs (including Never Events) July 2016 – December 2016

This report summarises and updates on Serious Incidents that met the Framework criteria for reporting for the previous six months. 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 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 SIs reported by category 2016



A total of 79 SI's were reported from July to December 2016. 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.

A number of initiatives have been implemented and are underway to prevent falls. These include post fall huddle and group reflection, new toileting rounds, Falls risk assessment tools and care-plan.

2.2 Never Events

Three Never Events have been declared so far this financial year. Two were described in the last report (wrong route medication, retained pack post-surgery) and the third was a retained vaginal swab which occurred in November 2016. An update is provided for all three cases below.

2.2.1 Wrong Route administration of Medication

Date notified: 13th May 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. Numerous immediate actions were undertaken, including a safety notice across UHCW.

Root Causes:

Lack of understanding that oral syringes should be used for oral medication and therefore there wasn't a culture of use on the ward. Staff focus was on PEG or NG feeds, therefore not making the connection to oral medicines per se.

2.2.2 Retained vaginal pack post hysterectomy

Date notified: 1st September 2016

Description:

Retained vaginal pack post laparoscopic hysterectomy. The patient became aware of the vaginal pack on the 3rd postoperative day. The hospital clinicians became aware on the 6th post-operative day when the patient presented to ED. The patient received antibiotics and suffered no lasting effects. Duty of Candour was conducted.

Root Causes:
The Consultant recorded the presence of the vaginal pack within the operation note but did not record it in the post-operative instructions. The Recovery Nurse did not inform the Consultant of the omission in their post-operative instructions and they did not communicate their observation to more senior colleagues in the Theatre Recovery Area or at handover to ward nurse

Clinicians providing care in the post-operative period did not note the entry in the operation note recording the presence of a vaginal pack. The Trust did not have a specific process that identifies, to appropriate staff, the planned placement and intended temporary retention of a vaginal pack.

2.2.2 Retained swab post delivery

Date notified: 18th November 2016

Description:
Patient had a Kiwi vacuum assisted delivery of their baby with an episiotomy and suturing. Patient represented to the maternity triage area on three days post-delivery reporting the passing of a piece of cloth from her vagina. Following review of cloth it was identified as a hospital swab by midwife in maternity triage. Patient was assessed to be clinically well and was managed by the obstetric team. Following identification of this incident, apologies were relayed to patient and she was informed that a full investigation would take place.

Root Causes:

Swab counting process failed to identify that a swab remained in the patient's vagina at the end of episiotomy repair in Labour ward room.

Human Factors

Following this event a Human Factors review was commissioned. This work was led by the Human Factors Programme Lead working with midwives and obstetricians from the Maternity Team.

The approach used a Learning Team Model to identify points of failure in this process. This compliments the RCA as it can identify potential future failures that may occur through a differing set of circumstances to what happened in this case.

The initial component of the model uses Hierarchical Task Analysis to outline the process and identify weaknesses. Over a number of sessions the group then prioritises the list of weaknesses and develops and implements solutions.

Preferred solutions are those which use:

- re-engineering to improve equipment design and working conditions;
- administrative controls through standards and checklists;
- personnel interventions to flatten hierarchies, and improve team performance

Numerous recommendations were made and these have complemented the outputs of the RCA, and are included in the associated action plan.

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 SIG
- 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 PSC 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

3.2 Actions report to PSC in February 2017

The action update as at 13th February 2017:

- 141 individual SIG actions overdue
- This relates to 61 action plans; however during the same period a total of 645 actions, relating to 127 action plans, have been uploaded. This equates to a non-achievement of 21 %.

3.3 Examples of actions taken as a result of SI Reporting

The following actions are examples of improvements to patient safety following SI investigations:

- E Handover has been rolled out across all inpatient areas now for nursing use. This meets the requirement for inter-professional integrated handover improving patient care. All handover records are now archived and available to view within clinical letters tab of CRRS. Heat maps and KPIs are now in quarterly review packs
- A second check system for prescription charts are re-written is being piloted
- Staff competency developed for admission assessment of independent patients who use mobility aids. This competency has been added to the new Falls Risk Assessment Booklet which will be launched across the Trust.

- A type of oscillating saw blade associated with an incident has been removed from service, the MHRA has been notified; using alternative blades whilst awaiting assurance of safety
- Example of a good feedback to staff: Neonatal Team reminded that when there is a poor response to intubation then an increase in inspiratory pressure should be considered. Completed in October 2016 at Paediatric and Neonatal QIPS meeting and circulated to trainees via minutes of meeting and electronic notice board
- Example of a good Duty of Candour: The patient has been undergoing extensive counselling and has also met with the lead for investigation and has also visited the theatre suite as part of on-going treatment

3.4 Other Actions, including shared learning

- SIG provides cases for sharing across the organisation to the Trust's safety newsletter to ensure that safety messages are being communicated.
- Learning from SIG cases is shared via the CMO weekly safety messages that are sent out to all staff. This has been running for over 70 weeks. The messages are available via the Trustnav Learning Library and are incorporated into the Grand Round introduction
- Cases are shared at the Grand Round.
- Specialties 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.

4.0 UHCWi Improvement System

Significant progress has been made in the Patient Safety Incidents Value Stream since August 2016.

4.1 Rapid Process Improvement Workshop (RPIW) 2.1 Incident entry & feedback

This RPIW relates to the time from incident entry to being ready for investigation. The 90 day re-measure in Critical Care demonstrated sustained improvement. The new form and process is being piloted in five further areas: Outpatients, Ophthalmology, Pharmacy,

Respiratory, Gerontology. Early feedback from staff is good, with notable increases in incident reporting rates.

4.2 Rapid Process Improvement Workshop (RPIW) 2.2 Patient Safety Response

The Patient Safety Response provides a rapid assessment of all potential Serious Incidents, including a visit to the area affected. It reviews safety of patients including immediate actions, ensures staff are supported, and the Duty of Candour has taken place. The 90 day re-measures showed reductions in the time taken to conduct the investigation, and reductions in overdue reports. The process continues to be refined and is being embedded into Trust policy.

4.3 Rapid Process Improvement Workshop (RPIW) 2.3 Incident Investigation

This RPIW relates to the incident investigation process for no harm and low harm incidents. A revised Datix investigation form and process for reviewing themes is being rolled out in Critical Care and Outpatients, with piloting to follow in the areas covered by RPIW 2.1. Updates are provided via UHCWi stand-up process.

5.0 Conclusion

The SI process continues to perform well as demonstrated by:

- The senior level attendance at SIG with scrutiny and oversight of all SI's
- Attendance of CCG representative 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.

PUBLIC TRUST BOARD PAPER

Title	Together Towards World Class Programme Bi-Monthly Update
Author	Donna Griffiths, Associate Director of Workforce
Responsible Chief Officer	Karen Martin, Chief Workforce and Information Officer
Date	2 March 2017

1. Purpose

To inform the Board of progress made within the Together Towards World Class programme.

2. Background and Links to Previous Papers

The Together Towards World Class programme is the Trust's 5 year organisational development (OD) programme, and is focused on supporting our vision to be a national and international leader in healthcare.

The programme is broken down into five workstreams – World Class Experience, World Class Services, World Class Conversations, World Class Leadership and World Class People, and is led by the Chief Executive Officer with the Chairman sitting as a Non-Executive Director member of the TTWC Board. Each workstream is overseen by a Chief Officer, with an identified workstream lead taking forward projects under their direction.

3. January 2017 Programme Board

In line with reporting arrangements, the Programme Board received assurance and information on progress against each work-stream, alongside the identification of key milestones and risks.

A summary of the information received is outlined below

3.1 World Class Experience

(1) Delivering the Brilliant Basics – This project focusses on the development, implementation and evaluation of a customer care training programme – linked to our Trust values and behaviours - for all staff. The board received assurance that Cohort 1 of the programme has been delivered with 287 staff in front-line customer service roles (receptionists, switchboard, medical secretaries) attending. The programme has evaluated well with 76% of respondents indicating the programme will support them in delivering exceptional customer service. A full evaluation and options appraisal will be considered through Patient Experience and Engagement Committee (PEEC) and Training, Education and Research Committee prior to full roll-out. In the interim period, a further 570 across all staff groups will be able to undertake the programme during February and March 2017.

(2) Patient and Public Involvement – This project focusses on the deployment of refreshed Friends & Family Test (FFT) cards, delivery of World Café events and recruitment of volunteers dedicated to patient experience activities as part of a wider

programme of work relating to patient and public involvement. The board received assurance that new style FFT cards have now been deployed, allowing an assessment of whether staff are introducing themselves in line with the 'Hello my name is' campaign and allowing a space to collect compliments for staff. In addition, a world café event has taken place focused on 'information giving' with feedback being delivered to PEEC and specialty groups to allow actions to be taken. The board was advised that further work is underway to consider the role of Patient Experience Volunteers as poor uptake has been experienced after an initial recruitment campaign in November and December 2016.

(3) **'How May I help You' Communications Booklet –** The aim of this project is to implement a communication aid to empower patients by giving them and healthcare professionals a place to record and document experience of their care. The board was assured that the booklet has been trialled on the Rugby St Cross site and an initial evaluation completed by a Warwick Medical School student doctor. Next steps regarding roll-out are scheduled for discussion at February's PEEC.

3.2 World Class Services

Service Improvement

(1) **Standardised Booking –** The Board received assurance that a pathway workshop has been undertaken with Group Managers to map Referral to Treatment Time booking processes, leading to the development of options for potential future standardised models. The board received assurance that Specialty Groups are focused on updating the Electronic Directory of Services (EDOS) which will help to ensure referrals are completed correctly.

(2) **Rota Reconfiguration (Phase 2)** - This project builds on work previously undertaken in 2015/2016 to ensure patients are treated in the most appropriate setting, ensuring an improved patient experience and more effective use of theatre capacity for the Trust. The board received assurance that a new treatment room has been developed creating additional capacity to be utilised for procedures that have historically taken place in a theatre environment. At the time of the board meeting, 70% of capacity had been filled, allowing further appropriate reconfigurations to take place in main theatres schedules.

(3) **Outpatient Service Review and Development** – This project builds on work undertaken in 2015/2016 which identified the potential to improve outpatient clinic utilisation, therefore delivering better services to our patients. The board received assurance that new outpatient dashboards are now in place, allowing oversight of capacity utilisation and supporting specialty level discussion regarding capacity variations. The board noted further consideration is required regarding an outpatient scheduling system and an options appraisal of potential solutions is underway.

(4) **Daycase** – This project is focused on reviewing surgical day case patient pathways to identify and eliminate waste to support the provision of a patient centered service that will allow planned day case patients to be treated in the most appropriate setting. The board noted that although processes have been put in place to allow for nurse led discharge to occur on Ward 32 (Surgery), the pilot to support these new

discharge processes has not yet commenced. The board noted that further work is now also underway to ensure outcomes are aligned to the recent Rapid Process Improvement Workshop (RPIW) held focusing on SODA (Surgery on the Day of Admission).

Health Technologies

(1) **Electronic Patient Record** – This project is focused on the oversight of a patient focused and fully integrated electronic patient record that will be accessible to citizens' patients and clinicians across the local health economy. The board received assurance that the Interim Chief Nursing Officer has been confirmed as the Senior Responsible Officer for the programme and work continued to refresh the Outline Business Statement (OBS) following an independent review of the programme through NHS Digital.

(2) **Electronic Document Management** – This project will focus on the development and implementation of an Electronic Document Management System (EDM) to store and access scanned patient records, which will be accessed through the Trust's Clinical Results Reporting System (CRRS). The board received assurance that this programme is on track with the scanning contract being agreed and testing of new software commencing. The board also noted that this programme is reliant on the successful network up-grade which is currently underway.

(3) **VitalPac** – This project builds on the work already undertaken in 2015/2016 and will involve the further improvement and roll-out of the current VitalPAC patient observations system, which enables our nursing and clinical workforce to record and access clinical information electronically. The board received assurance that the nutritional screening assessment and ED modules of the system went live in October 2016. The Board also noted that discussions continue regarding the Alcoholic Assessment module and fitness for purpose.

(4) **Collaboration Tools** – This project builds on previous work to implement modern teleconferencing facilities, and focuses on the implementation of instant messaging for all staff from Trust devices to support rapid communications between colleagues in a similar fashion to text messaging from desktop and mobile devices. The Board received assurance that teleconferencing facilities are in place to support MDT meetings and appropriate information governance assessments regarding the roll-out of instant messaging are underway. The board also noted that work continues to explore the use of teleconferencing facilities to support a virtual clinic within a local prison.

Innovation

(1) **Creation of UHCW Innovation Hub environment –** This project will focus on the transformation of the existing Innovation Hub into a space conducive for innovation activity. The board received assurance that Stage 2 Concept Design of the innovation hub has been signed off and workshops have taken place to introduce staff to the concept of the hub and its future utilisation.

(2) **Innovation Heat Map** – This project will focus on the development of a system to capture, assess and maps trends across internally derived innovations activities, bringing together the currently separate processes which exist across the Performance & Project Management Office (PPMO), Finance and Innovation teams. The project will also involve developing an approach to communicating and sharing innovation activities within the organisation, in order to maximise the use of staff talent, knowledge and skills. The board noted that this project remains underway, with oversight provided through the Transformation Multi-Disciplinary Team (T-MDT) meetings.

The board also reviewed and approved proposals to bring a Transformation Multi-Disciplinary Team meeting into action, replacing the previous World Class Services Board. The new committee will include strengthened representation from operational colleagues, ensuring improvement activities are coordinated and focused on delivering transformation activities in line with organisational priorities.

3.3 World Class Communications

In 2016/2017 this workstream will focus on identifying the different demands and requirements for varying engagement and communications activities/approaches for differing groups across the organisation. The board received assurance that stakeholders focus groups are currently being undertaken, which will result in the development of detailed plan regarding actions required to boost engagement levels.

3.4 World Class Leadership

(1) **Leading Together** – This project will focus on the development and implementation of Leading Together (the Trust's leadership development programme) Phase 3 from April 2017 onwards and the completion of a 12 month evaluation programme conducted in partnership with Warwick Business School. The board received assurance that nominations process for Phase 3 cohorts (equating to 300 places) had commenced and will be completed by February 2017. The board noted that during 2016/2017 247 leaders commenced the programme; 93% of participants felt the content of the programme is relevant to their leadership role; and 50 active action learning sets remain in place, supporting the on-going transfer of learning into the workplace.

(2) **Talent Management –** This project focuses on the implementation of a new annual appraisal cycle and talent discussion approach for all staff and development of interventions to ensure the organisational level management and development of talent. The board received assurance that following a successful pilot, Chief Officers Group had approved proposals to introduce talent conversations for all staff, with appraisal being utlised for all non-medical staff. The board also noted initial work undertaken to review approaches in regards to coaching, with the latter being led by the Chief Workforce and Information Officer and Associate Director of Workforce.

(3) **Day in the Life of Programme –** The board noted that this programme had been in place for two years, and had proven successful in improving visibility of Chief Officers across the organisation. The board received and approved proposals

around the future of the programme, incorporating the use of new blogging functionality on TrustNav (the Trust's intranet system) for promotional purposes.

3.5 World Class People

(1) **Values Based Induction** – This project focuses on the redesign of the Trust's corporate induction programme in line with forthcoming changes to the transfer of learning competencies between NHS organisations, alongside a comprehensive review of local induction arrangements to ensure new starters are appropriately welcomed to the Trust and equipped with the knowledge and tools to commence their new roles. The board received assurance that this project remains on track, with the introduction of a new values based induction pack in February 2017.

(2) **ChangeMakers** – The board received assurance that 52 ChangeMakers are currently in place across the organisation, helping to support both corporate programmes and locally led activities. The Board approved proposals to undertake a further round of recruitment of ChangeMakers ensuring presence within all specialty groups.

(3) **Health and Well-Being** – This project will involve the development and implementation of a comprehensive package of health and well-being interventions and initiatives across the Trust to support the physical, mental and emotional of our staff. The board received assurance that a new targeted staff health check programme commenced in November, physiological support services have been strengthened and mindfulness sessions are now in place. The board also noted the introduction of Neyber, a new financial well-being offer available to staff from October 2016.

(4) **Values and Behaviour Framework (Phase 2)** – The board noted that a review of the Trust values and behaviour frameworks has been completed based on staff engagement and feedback. As a result our values have been refreshed, with a new value of 'Respect' being added to the existing values of Compassion, Openness, Learn, Improve, Pride and Partnership. Additionally based on staff feedback the board noted that the previous behavioral frameworks are being replaced with a 'values in action' document' (Appendix 1). The board noted that the attached document will be incorporated into formal processes of recruitment, induction and appraisal and referenced in all documentation from 6th February 2017. The board was also assured that a value awareness programme, led by the Associate Director of Workforce, will also commence in March 2017 focusing on one value per month, commencing with Respect.

3.6 UCHW Improvement System Update

The board received assurance that a Rapid Process Improvement Workshop (RPIW) relating to theatres, and the preparation of the patient through to anaesthetic took place at the end of November and will be measured through the prescribed 30, 60 and 90 day follow up process. The board received assurance that valuestreams in Ophthalmology Outpatients and Patient Safety Incidents are continuing, and noted that an additional valuestream involving systems partners is under development.

4. Areas of Risk

Risk assessments are completed within each workstream and reported to Programme Board on an on-going basis throughout the lifecycle of projects.

The overarching risk themes with regard to programme delivery and outcomes for 2016/2017 outcomes are:

(1) Key to the overall programme succeeding is wholescale adoption and demonstration of the Trust's Values and Behaviours, this requires changing hearts and minds and is not a quick process and requires continual focus. This is area is an identified project under the World Class People work stream and work is currently is support the embedding of values and behaviours at all levels of the organisation.
(2) Capacity restraints within clinical and operational teams to participate in improvement work, whilst delivering against corporate objectives.
(3) Capacity restraints within the work stream leads will restrict the scope and scale of work that can be delivered.

5. Governance

The Together Towards World Class Programme is overseen by the dedicated programme board, which is chaired by the Chief Executive Officer and includes the Chairman as a Non-Executive Director representative, ensuring oversight through to Trust Board.

Whilst each workstream has its own local governance framework in place, the overall status and progress of the workstream are reported to each programme board meeting, alongside any overarching programme risks.

6. Responsibility

The Chief Executive Officer has overall ownership of the programme, reporting through the programme board to Trust Board.

The Trust Board will receive a bi-monthly up-date on the programme progress and outcomes.

6. Recommendations

The Trust Board is asked to **NOTE** the report which details and provides assurance upon the current status of the programme and to **RAISE** any related questions.

University Hospitals Coventry and Warwickshire NHS Trust

Our Values

University Hospitals Coventry and Warwickshire NHS Trust

Our values in action

We live our values in action in our work with patients, visitors and colleagues.

Some of the things you will see include UHCW staff:

- ✓ Being polite and introducing ourselves to everyone we meet
- ✓ Treating everybody as individuals and respecting their needs
- ✓ Being approachable, caring and helpful at all times
- ✓ Communicating openly with patients, visitors and colleagues, respecting confidentiality and privacy
- ✓ Taking the time to actively listen and understand individual needs
- ✓ Being open and honest
- ✓ Having honest conversations at all times
- ✓ Acknowledging that we don't always get it right
- ✓ Speaking out when we see things aren't right and supporting others to do the same
- ✓ Giving praise and saying thank you for a job well done
- ✓ Celebrating and recognising personal, team and organisational achievements
- ✓ Using the skills, experience and diversity of staff to better deliver our objectives and services
- ✓ Actively working with patients and visitors to improve services
- ✓ Seeking and adopting best practice from colleagues and other teams within UHCW
- ✓ Taking personal responsibility for our own learning
- ✓ Keeping up-to-date with mandatory and professional development
- ✓ Developing ourselves and others, independent of our job role or profession
- ✓ Taking personal responsibility to make improvements by suggesting new ways of doing things
- ✓ Taking opportunities to learn with and from others
- ✓ Embracing change and supporting others through it
- ✓ Putting in place ways to receive feedback and acting to change things
- ✓ Seeking and adopting best practice from colleagues and other teams within UHCW
- ✓ Sharing learning with others
- ✓ Working across boundaries to improve the experience of patients, visitors and colleagues

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	Research, Development & Innovation Update
Author	Prof Chris Imray, Director of Research, Development & Innovation (R,D&I) ; Ceri Jones, Head of R,D&I
Responsible Chief Officer	Prof Meghana Pandit Chief Medical Officer, Deputy Chief Executive Officer
Date	2 March 2017

1. Purpose

This report provides the Board with an overview of progress made during 2016 and assurance on delivery against the Research, Development & Innovation Strategy during this period.

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. The Trust Board last received an update in September 2016. This report is a review of activity during 2016 and will be the last report of this nature as Innovation is moving out of the Research and Development portfolio in 2017.

Research contributes to the quality of care provided to our patients and taking part in commercial drug trials saves money. This is exemplified by recent papers:

- There is a strong independent association between survival and participation in interventional clinical studies for all patients with colorectal cancer. Improvement increases with the level and years of sustained participation.
  (Ann Downing et al, 2016 https://www.ncbi.nlm.nih.gov/pubmed/27797935
- Research active Trusts have lower risk-adjusted mortality for acute admissions, even after adjustment for staffing/other structural factors (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4342017/pdf/pone.0118253.pdf)
- A recent KPMG analysis has shown that, on average, NHS trusts in England are estimated to receive £6,658 in revenue from life sciences companies for each patient recruited into commercial clinical research studies. In addition, savings are achieved when companies provide drugs free-of-charge to patients in clinical trials. It is estimated that NHS trusts in England benefit from a pharmaceutical cost saving of £5,250 for each patient recruited into drug-based commercial clinical research studies, where a trial drug replaced the standard of care treatment.
  (http://www.nihr.ac.uk/life-sciences-industry/useful-info/Key-commercial-stats.htm)

3. Narrative

2016 was an excellent year for the team, rising up through the national research rankings for patient recruitment into research and Research Capability Funding income, securing a Tommy's Centre and achieving National Institute for Health Research (NIHR) Clinical Research Facility status. 2017 will be a time to consolidate this work, revise our Research and Development Strategy and deliver on the requirements of our funders.

However, despite our many successes, we are continually required to impress upon the organisation, the importance of research in clinical care. Increasing clinical demands and cost containment makes Research & Development seem like a luxury to clinicians. Our patients have an expectation that a University Hospital aligned with a medical school will be highly research intensive, offering cutting edge treatment options and care and we are grateful for the support that we have received from the Trust Board.

The move of the Innovation team from Research and Development gives rise to a risk of creating artificial boundaries in what is a natural continuum of intellectual activity. We will continue to push the entire research and innovation agenda to the forefront of the Trust's core business.

To this end, in 2017/18, we will be seeking to demonstrate the impact of research across the organisation by providing Groups will more detailed information as to how they are performing with regards to research and the opportunities that exist, interacting with our commissioners to demonstrate savings garnered from commercial research and refocusing our research strategy to demonstrate how research is value added.

In order to be able to continue to deliver at a high level, we will need tangible financial support and sufficient accommodation to support our growing workforce and remit. The cost of transferring Innovation out of Research and Development (previous investment, plus 3 years investment going forwards), and the associated reduction in income is likely to seriously impact on our ability to deliver national targets and the ambitious NIHR Clinical Research Facility development. We would also request that the Trust Board nominates a non-academic, Non-Executive Director to understand and actively champion Research and Development at Trust Board level.

3.1 Work undertaken and delivery in our 4 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 Clinical Delivery Team & 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 Main areas of concern:

3.2.1 Research should be regarded as 'core business'

The support of the Trust Board is acknowledged and the nomination of a non-academic Non-Executive Director to understand and champion Research and Development at Trust Board level will help to support the Trust's strategic objective to become a research based healthcare organisation.

3.2.2 Academic Leadership:

Since 1st January 2016, no one grant awarded has exceeded £1million in value and only one has been a NIHR grant that will attract additional Research Capacity Funding. This represents a significant financial risk to the organisation and will be reflected on the risk register. We need more clinical academics of sufficient quality to be able to attract significant NIHR funding and lead the research culture at UHCW. This is especially problematic within the Human Metabolic Research Unit, where there is a lack of high-profile clinical academic engagement.

We have a vibrant Interdisciplinary Non-medic Clinical Academic (INCA) Research Programme to identify and develop the non-Medical 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 – Rebecca Kearney awarded an NIHR Career Development Fellowship of £943,520) 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.

3.2.3 Research Performance and Income:
Our performance had been on an upward trajectory for the last year or so, but we still need to perform consistently. 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 of concern because this income offers full cost recovery and additional capacity building to 'top-up' funding received from the NIHR. In response to this, Prof 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

A To be an employer of choice we will focus on reducing year on year agency spend by 35%:
We do not use agency staff and any additional hours that are required are sourced through the Trust's internal bank and are externally funded through grants. However, we have started using the Care Contact app in 2016 within our teams to ensure our staffing is appropriate.

B 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 RTT and cancer trajectories.
Our cost improvement solutions are income based; we will increase income from external sources, particularly commercial research.

C 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, we 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

Meghana Pandit, Chief Medical Officer
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 achievements set out in the report and to **NOMINATE** a non-academic Non-Executive Director to champion and support the Trust's research agenda**.**

Name and Title of Authors:
Prof Chris Imray, Director of Research, Development & Innovation
Ceri Jones, Head of Research, Development & Innovation
The Research, Development and Innovation Team
Date: 23rd February 2017

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

Background:

In support of the Trusts' strategic aim to be a research based healthcare organisation RD&I report performance against a number of metrics at Trust and national level. These include the NIHR Performance in Initiation and delivery metric.

Current position

Recruitment and funding

UHCW are now 25th for research activity across all acute NHS Trusts in the latest NIHR Research League Tables, up from 30st position last year. Recruitment to NIHR portfolio adopted trials remains a key priority as this is directly linked to research funding. Since April 2016, 3158 patients have been recruited, representing 105% of our pro rata target.

Changes to the Activity Based Funding model this year offer limited opportunity to increase research income and therefore the emphasis is on developing and exploiting commercial opportunities to diversify our income streams. While commercial income remains behind target, an increasing number of new studies commenced in the last quarter (6 compared to 2 in previous quarter). A commercial strategy, with financial management support, is being developed to provide a more sustainable research environment.

National Benchmarks – Performance in Initiating and Delivery We have been closely monitoring the impact of the Health Research Assessment (HRA) Approvals process and changes to NIHR reporting requirements during 2016.

	End 2015 UHCW (National)	**End 2016** UHCW (National)	UHCW Trend
Performance in Initiating	41% (77%)	56% (76%)	↑
Performance in Delivery	36% (50%)	75% (52%)	↑

Performance in Initiation – We have observed a 15% increase in the number of studies meeting the 70 day benchmark compared to last year. While behind national figures, we are confident that data is accurately reported through our data management system EDGE and is used to support performance improvements, rather than being artificially inflated to meet national targets. The reasons for not meeting this target include no patients seen, Sponsor and NHS Permission delays; the latter has become more prevalent under the new national approval system.

Performance in Delivery – This indicator now only reporting the trials closed to recruitment within the last 12 months and therefore we have noted a marked improvement. In the most recent submission 75% of studies achieved the recruitment to time and target, significantly above the national average.

Local benchmark – Publications: This indicator is now ahead of target with 125 publications (103% of target). Knowledge Services now provide a monthly publications report for research active staff and peer-reviewed audits are also now captured through the Clinical Audit team. Quarterly publications lists will be sent to all groups from April 2017 to raise awareness of this indicator.

SUMMARY:

National changes to the research approval system are being monitored closely. A number of work streams to increase commercial trials are ongoing as we seek to exceed both our Trust and national benchmarks and increase capacity to support further research.

Area: Portfolio Development

Background:

The Portfolio Development team support and facilitate grant applications, and work to promote an active research culture at UHCW. The grant submissions target for 2016-17 is 124. Priority is given to applications for National Institute of Health Research (NIHR) funding where the Trust benefits from Research Capability Funding (RCF). The goal is to achieve and maintain RCF at ca. £1mill pa.

Current position

Progress against targets to date: To end of Q3, 99 grants were submitted (80% of the annual target of 124). Although the number of grants submitted in Q3 was below target (27 against a target of 31), this is the first time the target has not been met since Q2 2015/16. Importantly, over a quarter of these grant applications were to NIHR programmes which, if successful, will attract Research Capability Funding for the Trust.

Comparative data: By end of Q3 2015/16 94 grants were submitted out of a target of 120 (78%).

Risks/Mitigation: The grant submission figures should be viewed in terms of quality rather than quantity**.** Recently, the number and value of NIHR applications where the Trust is the lead organisation has increased. Should these be funded, the Trust will receive additional RCF from the DH. RCF allocated to the Trust exceeded £1mill for the first time in 2016/17 but maintaining or growing RCF will be a challenge. Trusts having higher RCF allocations have significant NIHR infrastructure and centre funding. Since the last report, we have been awarded our first NIHR infrastructure funding (Clinical Research Facility for Experimental Medicine; £750k over 5 years). We will hear in March 2017 whether applications for NIHR Senior Investigator awards have been successful (each worth £75k pa in RCF for 3-5 years). Ongoing infrastructure and faculty funding, such as these, will help to smooth out variations in RCF brought in from research grant income. The portfolio development team are working with researchers to build collaborations, provide advice and support, and ensure the Trust is the lead organisation on NIHR grants wherever this is appropriate.

Other: We submitted a bid for the NIHR Clinical Research Facilities for Experimental Medicine call in June, which we were confident was a competitive and credible proposal. This was successful and we have secured £750k over the next five years to support early translational research. As a new NIHR CRF, funding after year 2 (March 2018) is subject to meeting certain milestones set by the NIHR. There is a requirement to deliver additional experimental medicine / translations studies to enable us to maintain our CRF status.

SUMMARY:

The number of grant submissions is on track to reach the annual target.

Securing NIHR infrastructure funding for the first time is a major achievement for UHCW and demonstrates national recognition of the quality and ambition of our research.

RCF Funding is likely to fall in 2017/18 due to a reduction in successful NIHR applications - we need more clinical academics to apply for NIHR funding and more NIHR senior investigators.

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

This year the Governance Unit has:

- Embraced the new Health Research Authority (HRA) process and created an in-house guidance document to support our staff
- Provided training for students / supervisors at local universities (Warwick, Birmingham City, Coventry)
- Increased the number of Trust sponsored trials
- Employed an apprentice to compliment the expansion of the Governance Unit
- Introduced peer monitoring across specialities by Senior Research Nurses
- Introduced peer investigating of incident reporting by Senior Research Nurses
- Continued to encourage increased levels of reporting
- Conducted internal reviews and CAPA plans in a timely manner
- Defined a process for identifying, disseminating and addressing DATIX themes

The Trusts first sole-sponsored and fully trial managed clinical trial of an investigational medicinal product (CTIMP) opened in September through the RD&I Trial Management Unit. Trial management and quality assurance systems have been reviewed to support the safe and efficient delivery of this trial in line with the Clinical Trials Regulations.

Critical findings and serious breaches: A serious breach was identified on a sponsored study due to protocol non-compliance. The breach was reported to the MHRA and the study was immediately suspended and an investigation launched. A Corrective and Preventative Action plan was put in place and the study has now re-opened. No patient harm occurred and the issue has been resolved. The Patient Safety Committee has been briefed and the Research Governance Unit continues to monitor the conduct of the trial.

Monitoring and oversight: A process has been put in place for determining and prioritising risks requiring additional oversight and further management following an increase in monitoring visits.

Audits have been carried out prior to Human Tissue Authority (HTA) inspections and support has been provided by the RD&I Governance Unit at the request of the HTA.

SUMMARY:

Responding to a changing research regulatory framework and increasing trial sponsorship activities, our key priorities for 2017 are to continue to develop and embed consistent and proportionate quality systems, guidance and risk management.

Research and Development will be included in the next ‘Getting the Basics Right’ audit.

3.2.1 Provide quality management and support for research and innovation

Area: Research Clinical Delivery Teams and Training

Background:

The Clinical Delivery team support and facilitate patient recruitment into trials. The team are responsible for the safety of patients when participating in research; the teams are supported through the RD&I Induction programme and Trust-approved research competency framework

Current position

West Midlands South Clinical Research Network Training Collaboration now formed comprising of representatives from all research active centres across the patch with Chair based at UHCW. The aims of the collaborative is to pool expert resource to offer a wider choice of training for staff involved in research. Progress to date (collaborative training):

Training	**2016 /17 Target**	**Completed mth 1-6**	**Planned for mths 6-12**	**Comments**
Valid Informed Consent for Research	2	3	1	Delivered in excess of target due to formation of collaborative, which led to higher demand
Site File management	2	4	1	
Principal Investigator Master class	2	1	0	On hold due to overall review of programme
Research Good Clinical Practice - Intro.	4	3	1	
Good Clinical Practice - Refresher	2	4	1	

Progress to date on UHCW specific training:

R&D Practical competencies	Target - 2016/17	Theory Completed	Practical Completed	Assessment Completed	Comments
Handling bodily Fluids	All staff to complete	98%	98%	93%	To be 100% by end March 2017
Competency package	All staff to complete	N/A	N/A	47%	All staff started programme
Practitioner R&D Practical competencies	All Band 4 staff	100%	100%	100%	4 new staff starting 2017
R&D Induction training	All new staff	All	N/A	N/A	New 4 month programme

To increase the visibility of available research courses for staff across the Trust, reduce the time spent on the administrative management and improve systems for reporting and management, all research training is currently being added to ESR.

Other:

- No current vacancies, although there are challenges with attracting qualified nurses.
- We are rolling out Trust Care Contact App with clinical teams, enabling teams to review activity and make evidence based decision regarding their resources / practice.
- Review of job descriptions/ role alignment for clinical staff finalised

SUMMARY:

Our key priorities are increasing recruitment into commercial studies to secure team future via external income, with continued work to develop our workforce for patient safety and experience.

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

Trusts with the highest research capacity have been shown to have the best patient outcomes. To support NMAHPs throughout a Clinical Academic Career Pathway; Clinical Researchers at UHCW and academic research staff at Coventry University have built on learning from the NIHR MRes and HEE research internship programmes to develop and deliver a researcher development programme for UHCW staff. Two cohorts of UHCW staff have successfully completed the programme the resulting **I**nterdisciplinary **N**on-medic **C**linical **A**cademic (**INCA**) Research Programme. By developing an INCA Research Programme, the team has delivered 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:

- **INCA Bronze**: 4 of the 7 students in Bronze Cohort 1 secured places on the HEE/NIHR funded MRes programme at Coventry University in September 2016. One is undertaking additional masters' level modules and is preparing an application for the HEE/NIHR Doctoral Fellowship Programme. Two staff have developed individual research proposals to take forwards within the Trust. Two staff are due to complete their MRes in July 2017. The 3rd Bronze cohort will be advertised in July 2017.
- **INCA Silver**: Programme in development.
- **INCA Gold**: Three post-doc fellows are currently developing publications and collaborative research funding bids.

The Trust's model to develop NMAHP-led research was highlighted by the AUKUH as an exemplar this year.

Rebecca Kearney (Clinical Academic Physiotherapist and Associate Professor in Trauma and Orthopaedic Rehabilitation) was awarded a £943,520 NIHR Clinical Development Fellowship, meaning her post (pump-primed by RCF funding) is 60% externally funded.

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. A review of years 1-3 of our NMAHP model will be carried out in 2017 and used to inform developments from 2017/18 onwards.

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 6 month project was agreed by Trust Board on 28/04/16.

Current position

The project was 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 have been appointed by Warwick and the committee has revised membership (includes UHCW representation).

Currently, the University is expecting UHCW to Sponsor (take on the governance risk) of studies in the area of reproductive health, even where the Chief Investigator is University employed. We have a meeting planned to discuss management of early phase / pilot studies.

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. Warwick University have identified funding to build the website.

Little progress has been made in other areas due to capacity within the R&D team.

Other:
A number of joint symposiums have taken place / are in planning:
March 2017: Symposium - Infectious Diseases

A Memorandum of Understanding for academic NMAHPs is in development with both Coventry and Warwick Universities.

SUMMARY:

A small amount of progress is being made, however, the Board rejected a request for resource / staffing to support this project. This is proving problematic as we are unable to make this project a priority in the context of other work.

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
Area: Trial Management Unit (TMU)

Background:

The Trial Management Unit (TMU), established in August 2015 to provide in-house trial management and support to research studies, is continuing to grow and develop. The unit is playing a leading role in planning, coordination and delivery of Trust sponsored research trials against agreed milestones and targets, managing a number of cutting-edge single and multi-centre trials, including SIMPLANT (reproductive health) and SMARTChip (stroke).

Current position

The TMU ensures strict adherence of trials to research governance, good clinical practice, data protection and ethical requirements. The team has supported the smooth transition of sponsored trials to the new regulatory and ethical approvals process in England, implemented by the Health Research Authority in April 2016.

There have been a number of significant achievements of TMU to date:

- SIMPLANT, the first Trust sponsored CTIMP (Clinical Trial of an Investigational Medicinal Product), in recurrent miscarriages led by Prof Quenby has been initiated and is successfully recruiting.
- On-going set up processes are being established for a second in-house CTIMP and an orthopedic surgical device study.
- Development of robust project management and data collection systems with improved quality assurance.
- Continued delivery of training to research staff in line with study protocols.
- Provision of project management expertise to FaMIsHED, a gastro study under Prof. Arasaradnam. This is a large, trust- sponsored, multi-center observational study which has recruited over 3500 patients to date.
- Increased collaboration with the Clinical Trial Unit at Warwick Medical School e.g. set-up of ALIFE 2 (reproductive health trial).
- Improving the new in-house service provision for randomisation of clinical trials along with R&D Randomisation Unit.
- Completion of application submission to the HRA and REC for a cardiology study called IDENTIFY-HF
- Recruitment to NIHR-funded CEMS study successfully met and SMARTChip study is also on target and is expected to complete in March 2017.
- Data administrative support provided by an apprentice, supporting the current TMU establishment of 2.0wte staff.
- Unit now wholly funded by external research income, further applications in development.

SUMMARY:

Since its inception the TMU has contributed significantly to accelerate research performance and delivery within the Trust. The team is also emerging in a supportive capacity to increase interest and participation in research amongst clinicians, nurses and students.

With the award of NIHR Clinical Research Facilities status it is anticipated that there will be increasing emphasis on the Unit supporting experimental and translational research projects.

Area: Arden 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, no 30019.

The team are also leading on the delivery of the 100,000 Genome project.

Current position

HTA Inspection of Arden Tissue Bank:

UHCW NHS Trust conducts both Post Mortems and Tissue Banking under this licence. Arden Tissue Bank and Pathology mortuary were inspected by the regulatory body the Human Tissue Authority (HTA) at the end of August 2016. There were no non compliances found. The HTA requested an additional risk assessment and a Standard Operating Procedure to be developed and implemented, these are now in final review.

Commercial applications:

Tissue Bank received approval from Chief Officers Group to supply consented human tissues on a cost recovery basis to one commercial company. To date this company has been supplied with three whole human hearts. Tissue bank is actively engaging with surgeons across the Trust as there is increasing commercial interest in other tissue types i.e. nasal mucosa, rheumatoid arthritis knee replacement joints, and ulcerative colitis bowel. This is due to start imminently for some of these tissue types, with agreement having been gained from all relevant surgeons. The intention is to develop closer commercial ties to support the long term sustainability of the Bank.

100,000 Genome Project:

The 100,000 Genome project opened to recruitment at UHCW for cancer patients on the 26th June, to date 70 patients have been recruited across six cancer types. UHCW is the second largest supplier of cancer samples to the West Midlands Genomics Medical Centre, after the host Trust (QE, Birmingham). A further three cancers are being opened at UHCW in the very near future- endometrial, haematological and lung. We are reliant on good will to support the project and capacity amongst the pathology team is proving limiting for some tumour types.

Rare diseases recruitment opened at UHCW on 10th May 2016 - and to date there have been 57 patients recruited. Recruitment in rare diseases is proving more challenging due to lack of capacity across the Trust within clinical staff teams to identify suitable patients. To mitigate this, patients are being recruited through an R&D nurse led clinic - with local patients being highlighted as suitable by the West Midlands Genetics service.

Whilst strategically important, the funding received from the 100,000 Genome project (£35 per patient recruited and samples collected) is grossly inadequate, we have recouped c.£4,445 to date, but staff time has exceeded £30,000.

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). R&D have therefore developed systems to meet 100,000 Genome project recruitment targets, this represents a cost pressure to research.

The Arden Tissue Bank is developing its commercial links to increase its external income.

Area: Human Metabolic Research Unit

Background:

The Human Metabolic Research Unit (HMRU) is a facility within University Hospital that investigates human energy metabolism. The initial development of the unit was funded through grants from Advantage West Midlands (Science City Initiative), with significant contributions from the University of Warwick and UHCW.

Current position

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.
- Small but increased number of industrial grants (AZ, GFresh)
- Increasing interest from Low-middle Income Country research groups.

Infrastructure: A fault was detected 18 months ago, during routine maintenance. We have now resolved the issue (minute leaks in the chambers), but it was necessary to shutdown the unit for 8 weeks to achieve this.

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. HMRU has increased the number of grant application in the past 6 months, most notably from small industrial partners and the submission of a NIHR Global Research Challenge grants with the School of Engineering (Warwick).

Media Engagement: media engagement has been improved with the high-profile Spear17 Antarctic expedition. Our focus is now to promote the HMRU as a science platform as opposed to one in health and life-style.

Risks / Mitigation:

Clinical leadership: the HMRU has no clinical director. We anticipate that the new Academic Medicine Lead will help to provide direction.
Nursing support: this is currently restricted to a small number of individuals, we will seek to expand the team as part of the NIHR Clinical Research Facility development
Technical/scientific-support: employed a full time technical to mitigate
Kitchen facility: HMRU has no access to a kitchen; Vinci are unwilling to honour original quote to install one. The HMRU is trying to identified alternative means to provide food for studies.

SUMMARY:

The HRMU and R&D teams are developing a new strategy to work within the Clinical Research Facility framework.
We still struggle with a lack of high-profile clinical academics engaging with the HMRU.
Collaborations with Coventry Uni and Warwick Uni are progressing well; increasing with other UK based universities. Gaining wider exposure to international collaborators, with projects expected in 2017.

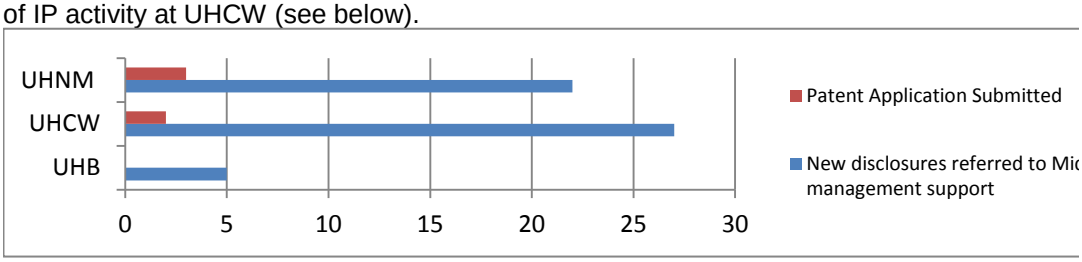
Area: Innovation

Background:

TTWC legacy workstreams and deliverables/expected outcomes:
1 - Wealth creation and Intellectual Property (IP) – increased number of IP related disclosures, licenses, patents, increased number of collaborative initiatives
2 – Training and Education - increased number of learning interactions with staff
3 – Innovation evaluation & adoption - increased number of externally derived innovations adopted by the Trust
4 - Scoping an effective innovation ecosystem – Develop a clear vision for how a large, under-used space within the hospital could be repurposed allowing improved alignment of Trust-wide activity and increased engagement and involvement of colleagues in innovation.

Current position

1 - Wealth creation and Intellectual Property (IP)
Intellectual Property Rights management is provided to the Trust on a consultancy basis by Midtech Ltd. Figures from Midtech's annual report (2016) provide an encouraging overview of IP activity at UHCW (see below).



2 – Training and Education
We planned 2 Innovation Masterclasses in 2016 as part of the Leading Together Programme but cancelled one of these due to low uptake. We have also supported registrar leadership training in May and again in September 2016.We instigated use of **virtual reality technology to highlight what living with dementia is like** for those who have not experienced it as part of FabChangeDay 2016. This enabled us to demonstrate a technology in action, improve the learning experience for colleagues, work in partnership with our dementia nurses as well as a local SME.

3 – Innovation evaluation & adoption
Staff ideas disclosed to us are most typically presented as their own 'original' ideas as opposed to flagging innovation which has been seen elsewhere. We suspect this evaluation and adoption of innovation from elsewhere does happen frequently across the Trust, but that we probably are not aware of it. We do not currently have capacity to actively seek this out amongst colleagues, but see the advance of an Innovation Hub (as a point of convergence of innovative activity) an enabler to doing this more efficiently. We have instigated the setup of a Digital Innovation Group and are working in collaboration with IT to define and explore use cases for Unified Communications that the Trust has already committed to invest in.

4 - Scoping an effective innovation ecosystem
We nominated UHCW in the WM AHSN 2016 Celebration of Innovation Awards and received 'highly commended' in the category for Innovative Organisation of The Year.

SUMMARY:

Internally we have conducted stakeholder workshops to test and refine floorplans/facilities being developed for the UHCW Innovation Hub. We see the UHCW Innovation Hub as a key means of further embedding our Trust values and sit on the Task and Finish Group to support this. Externally, we continue to engage local public organisations,3rd sector representatives, large industry giants and the SME community to develop the UHCW Innovation Hub proposition.

3.1.4 Raise the profile of Research and Innovation

Communications / Awards / Events / Esteem measures

The R,D&I Team are very active in promoting our work and that of our researchers, we have a strong marketing ethos and run our own Twitter account. Jointly with the Communication Team, we also support applications to award-granting bodies to enable all trust staff to promote their work (regardless of whether it has a research base). Highlights are given below:

2016: Highlights

JANUARY

- Jane Worlding and Chris Poole (Oncology) nominated for NIHR award for recruitment to commercial trials
- Tommy's Centre awarded

FEBRUARY

- Deborah Griggs (Research Portfolio Development Manager) nominated for University of Warwick 'Public Engagement ' award.
- Lyndsey Prue (Research Midwife) wins Tommy's 'Angel' award for excellent patient care (as nominated by a patient)

MARCH

- Research Capability Funding announced – at £1,142,331 we are 22nd in the country; compared to £938k in 2015/16 (ranking 26th)

APRIL

- Tommy's Centre launched
- 6 honorary / visiting professors appointed with Coventry:
  - Ramesh Arasaradnam (Gastro)
  - Prithwish Banerjee (Cardiology)
  - Chris Imray (Vascular)
  - Nithya Krishnan (Renal)
  - Amjad Shad (Neurosurgery)
  - Martin Weickert (Endocrinology)

MAY

- Awarded Bronze & Silver in Pharmatimes Research Site of the Year Awards
- R,D&I Open Day for staff and public
- 6 NMAHP staff secure places on NIHR MRes
- Finalist in the Nursing Times 'Research' category (CARE model to develop NMAHP research)
- Top floor of the library cleared and exhibition installed as part of Innovation Hub development
- Tommy's Centre progress review (months 1-3); all projects on / ahead of target.
- INCA Gold launched
- Sub-Regional / KTP R&D collaborative develop first draft vision and aims

JUNE

- 'Highly Commended' in AHSN regional awards for 'Innovative Organisation' category

- ‘The Oxford Handbook of Expedition and Wilderness Medicine’, co-written by Chris Imray wins Primary Healthcare category in the British Medical Association (BMA) 2016 Medical Book Awards.

JULY

- The Summit – annual celebration of research and innovation
- Julie Jones (Research Nurse Projects Facilitator) nominated for OSCA – ‘Behind the Scenes
- BRU team nominated for OSCA ‘Innovation and Service Development’

AUGUST

- Associate Professor Becky Kearney awarded received NIHR Clinical Development Fellowship
- Prof Charles Hutchinson appointed as Research, Development & Innovation Lead for Medical Academic Developments
- Prof Ramesh Arasaradnam has been appointed as Portfolio Development lead to develop our research portfolio, particularly commercial trials.

SEPTEMBER

- SIMPLANT – first UHCW sole-sponsored drug trial starts
- Damian Griffin and Rachel Hobson with CRN ‘Innovation in Recruitment’ for the FASHION trial

OCTOBER

- National data released: UHCW recruitment into trials up to 25th (of 450 NHS organisations) from 30th nationally last year.
- Clinical Research Delivery team poster shortlisted for the Team of the Year award at the Nursing Times Leaders Congress

NOVEMBER

- NIHR Clinical Research Facility status awarded - £750K over 5 years to deliver experimental / translational research
- UHCW highlighted as a AUKUH exemplar for our model to develop NMAHP-led research
- BRU Midwifery staff shortlisted for RCM ‘Team of the Year’
- M40 Alliance (with Birmingham and Oxford Universities) awarded – academic and clinical initiative to deliver faster patient treatment to our rheumatology patients
- David Parr appointed honorary professor with Warwick
- David Snead appointed ‘Professor in Practice’ with Warwick

DECEMBER

- ‘Publications’ and recruitment indicators now exceeding target.
- Research Nurse poster accepted for Eurohearctcare Conference – abstract from Masters dissertation
- Care Contact App pilot in R&D poster accepted for National R&D Managers Forum Conference.

2016: Lowlights

Capacity:

- Success of Tommy's has resulted in increasing referrals / clinical load and space issues
- Loss of aseptic capacity has resulted in new trials being put on hold
- Success / expansion of research team is hampered by lack of space
- Securing outpatient space is very problematic and many patients are missing the opportunity of being offered a trial as we have no space to see them
- We have failed to appoint to academic oncology roles and need more academic leadership across the organisation

Funding:

- Requirement for 50:50 funding for clinical academic posts is proving challenging for Warwick University
- Our income from NIHR Research Capability Funding is likely to fall below £1million in 2017/18
- Commercial income remains below target

Governance:

- Serious breach reported to MHRA, Corrective and Preventative Action Plan produced and implemented.
- HRA - new national process for R&D approvals has been implemented and is causing delays (national issue - no local actions possible to resolve)

Developments:

- Decision made to move 'Innovation' Team into another portfolio, along with income target – for the next 3 years Research will be required to fund the Innovation function, reducing capacity for research developments.
- Our outline business case to include renegotiation of the CSRL tenancy agreement and occupancy of up to two floors of CSRL by UHCW to income generate and establish an Institute for Translational & Transformative Technologies – a world class centre for collaborative health and life science innovation, research and education - was rejected by Chief Officers Group.
- Joint Research Management project with Warwick has not delivered due to lack of capacity.

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	**Code of Conduct and Statement of Responsibilities – Board of Directors**
Author	**Rebecca Southall, Director of Corporate Affairs**
Responsible Chief Officer	**Andy Meehan, Chair**
Date	**2nd March 2017**

1. Purpose

To seek commitment from the Trust Board on an individual and collective basis to comply with the provisions of the Board of Directors' Code of Conduct and Statement of Responsibilities.

2. Background and Links to Previous Papers

The Code of Conduct and Statement of Responsibilities was prepared following consultation with members of the Trust Board and was initially presented for approval at the February 2015 Trust Board meeting. To ensure that the Code remains live and to demonstrate on-going commitment to abiding by its provisions, it was agreed that the Trust Board would re-confirm commitment on an annual basis and ensure that the document remains fit for purpose. The document was last reviewed at the February 2016 Trust Board meeting.

3. Narrative

The Code of Conduct and Statement of Responsibilities for the Board of Directors aims to set out what is required of the Board of Directors and individual members thereof, from a regulatory and statutory perspective and from the Trust itself. It also describes the internal systems and processes that are in place to ensure that individual and collective responsibilities are discharged.

Values are of equal, if not greater importance to the systems and processes that are in place in terms of effective corporate governance and as the Trust Board is responsible for setting the tone and culture of the organisation, members must lead by example in terms of both personal conduct and collective decision making. Accordingly, the document links expectations, responsibilities and accountabilities with the Trust's values and the values expected of those in public office (Nolan Principles); these elements, combined with the systems and processes that are in place describe the Trust's approach to corporate governance.

The Code includes many elements of the Foundation Trust Code of Governance, which is based on the UK Corporate Governance Code, widely regarded as *the* authority on corporate governance. It also incorporates the Trust's approach to the following:

- Duty of Candour,
- Fit and Proper Persons test
- False and Misleading Information Offence

- Standards of Business Conduct in the NHS

The Code is binding upon all members of the Board and those who are in attendance at Board meetings and board members will receive a personal copy upon appointment.

Minor amendments have been made since the document was last considered by the Trust Board; these relate in the main to changes in titles and regulatory bodies. The Trust's values have also been updated and reference has been made to the fact that the Trust no longer has a Charitable Funds Board/Committee given that the UHCW Charity is now independent.

4. Areas of Risk

There are no specific areas of risk in respect of adopting the Code of Conduct and Statement of Responsibilities as its component parts are widely regarded as best practice. The risk arises out of failing to abide by its provisions in that that this could potentially give rise to failures in corporate governance, which would negatively impact the reputation of the Trust Board and undermine public trust and confidence in the organisation.

5. Governance

NHS Foundation Trusts are required to implement the FT Code of Governance which is based on the UK Code of Governance that applies to the private sector, on a 'comply or explain' basis. The attached document addresses many of the requirements set out in the Code of Governance and demonstrates the Trust's commitment to embedding world class corporate governance.

6. Responsibility

Andy Meehan, Chair
Rebecca Southall, Director of Corporate Affairs

7. Recommendation

The Trust Board is asked to **CONSIDER** whether the Code of Conduct and Statement of Responsibilities remains fit for purpose, **REQUEST** any changes thereto and to **COMMIT** to complying with the provisions in the execution of Trust business, both on an individual and collective basis.

University Hospitals Coventry and Warwickshire NHS Trust

CODE OF CONDUCT AND STATEMENT OF RESPONSIBILITIES – BOARD OF DIRECTORS

Version 1.1
First Approved: February 2015 (version 1)
Reviewed: February 2016 (version 1)
Reviewed: February 2017 (version 1.1)

INTRODUCTION

Effective corporate governance is the cornerstone of well-run organisations and comprises the systems and processes by which the organisation is controlled and directed and the values and principles that determine how this control and direction will be exercised.

This Code of Conduct and Statement of Responsibilities ("the Code") sets out the individual and collective roles and responsibilities of the Board of Directors ("the Board") of University Hospitals Coventry & Warwickshire NHS Trust ("the Trust") and the conduct expected of members thereof. It describes the Trust's Corporate Governance framework, incorporates the Duty of Candour and Fit and Proper Persons test and sets out the principles upon which the Board will execute its duties. The Code is binding upon all members of the Board and those who are in attendance at Board meetings.

It is not intended to replace the Standing Orders of the Board, which is the formal framework that governs the way in which meetings of the Board will be conducted, but to complement this.

All members of the Board will be provided with a personal copy of the Code upon appointment and will be asked to confirm receipt and adherence to its terms in writing. Members of the Trust Board will be asked to re-confirm commitment to the Code on an annual basis thereafter.

1. THE BOARD OF DIRECTORS

It is a statutory requirement that all NHS Trusts and NHS Foundation Trusts are led by a Board of Directors[1]. The constitution of NHS Trust Boards in terms of membership is laid out within the *National Health Service Trusts (Membership and Procedure) Regulations 1990*[2]. In accordance with the NHS Trust Establishment Order, the Board currently comprises the following voting board members:

Non-Executive Directors

- Non-Executive Chairman
- 6 Non-Executive Directors

Executive Directors (Chief Officers)

- Chief Executive Officer
- Chief Financial & Strategy Officer
- Chief Medical Officer
- Chief Nursing Officer
- Chief Operating Officer

[1] http://www.opsi.gov.uk/acts/acts1990/ukpga_19900019_en_2#pt1-pb2-l1g5
[2] http://www.opsi.gov.uk/si/si1990/Uksi_19902024_en_2.htm

The following is to be regarded as an executive director and full member of the Board by virtue of the significant management functions for which they are responsible and the executive authority that they hold; they do not however hold voting rights at Board meetings.

- Chief Workforce and Information Officer

The Director of Corporate Affairs will be in attendance at all Board meetings as he or she fulfils the Trust Secretary function. He or she will have no voting rights.

1.1 Unitary Board

Each voting Board member has equal voting rights, and the Board operates under the principle of a unitary Board, whereby no distinction is drawn between executive and non-executive Board members. All Directors of the Board carry equal responsibility and corporate accountability for **all** of the decisions taken by the Board, and in line with unitary Board principles, should speak with one voice

1.2 The Role of the Board of Directors

The Board exists to **govern** the organisation and ensure that it is well managed; it is **not** the role of the Board to manage the Trust or to become involved in any activity that falls within the remit of management.

Governance is a concept that is based upon principles rather than rigid rules and it is the role of the Board to agree the parameters within which the Trust will be managed, leaving managers to manage within the confines of a clearly defined framework.

The parameters that govern the management of the Trust are contained within the following documents:

- Standing Orders
- Standing Financial Instructions
- Scheme of Reservation and Delegation

The above documents will be approved by the Trust Board and it is imperative that the Board members take ownership of them, understand their content, and ensure that the functions delegated to the Executive Directors or any Committee of the Board are appropriate.

1.3 Duties of the Board of Directors

The Board is responsible for:

Leadership; setting the strategic direction	setting the 'agenda' for the Trust for the short and long term and exercising control over it within the overall NHS Framework.

Vision; defining and promoting	this includes articulating the vision to staff, stakeholders and to the wider community and describing how the Trust will look when the vision is realised through the development of critical success factors.
Values; defining and promoting	Bringing values to life by leading by example and demonstrating that they are embedded at Board level through the way in which the Board operates and takes decisions.
Oversight; approving and monitoring progress against organisational plans and targets	Setting and agreeing targets and receiving regular reports on finance, quality and performance and requiring action where deviation occurs.
Accountability; holding management to account	For the delivery of the plans and targets that the Board has set.
Sustainability; developing organisation capacity	Ensuring that the Trust is fit for purpose for the future by appointing suitable executives to manage the Trust and by approving plans presented by management.

1.4 The Role of the Chairman

The Chairman of the Board is at the present time appointed by NHS Improvement (NHSI).

He or she does not have executive powers but is pivotal to the success of the Trust in that he or she is perceived as its figurehead. The main responsibilities of the Chairman in relation to the Board of Directors are:

- To provide leadership to it.
- To ensure that the Board is effective in all aspects of its role and to set the agenda and;
- To facilitate the effective contribution of all executive and non-executive directors and ensuring effective communication with patients, staff and other stakeholders.
- Ensuring that all members of the Trust Board and those in regular attendance meet the requirements of the Fit and Proper Persons test, both upon appointment and on an on-going basis thereafter.

The Chairman of the Trust Board will also chair the Council of Governors when the Trust becomes a Foundation Trust and is responsible for ensuring that the two entities work together effectively for the benefit of the population served. He or she is also responsible for ensuring that each body receives accurate, timely and clear information.

The Chairman is responsible for chairing all meetings of the Board and the Council of Governors when this is established. Specific provisions apply in the event of his or her non-availability in the respective Standing Orders of each body.

The role of the Chairman is defined in greater detail at Appendix 1.

1.5 The Role of the Non-Executive Directors

Non-Executive Directors (NEDs) are at the present time appointed via NHSI for the skills, experience and intellectual capacity that they bring to the Board; their primary function is to guide and direct. When the Trust is licensed as a Foundation Trust, NEDs will be appointed by the Council of Governors[3].

NEDs are not employees of the Trust and are expected to execute their duties within a defined timescale. It is not possible, nor is it necessary, for NEDs to have any level of understanding of operational issues. This is distinctly advantageous in that their vision will not be clouded by operational matters, which means that they are able to bring creative distance and a different perspective to the Board.

The NEDs hold a unique perspective of the Trust which is invaluable to the Board and to the Trust as a whole; it is therefore fundamental to the success of the Trust that this is preserved. For this reason the executive team will not refer operational issues to the Board or Board committees for decision, nor submit papers that contain an unnecessary level of operational detail. NEDs will also seek to appropriately distance themselves from issues that are within the remit of the executive team.

Whilst this may be counter intuitive and a difficult balance to strike, if Board members are confident that the key corporate governance documents as detailed in section 4, and the Board committee structure, are fit for purpose, this should provide an adequate level of assurance and negate the need for detailed discussion around issues that are not within the remit of the Board.

NEDs should hold management to account by offering constructive and appropriate challenge, but in line with the unitary Board principles, NEDs should also provide support and guidance to the executive team.

In line with the Foundation Trust chain of accountability, NEDs must be prepared both individually or as a collective to attend meetings of the Council of Governors when this body is in place to account for the performance of the board of directors.

1.6 The Role of the Senior Independent Director

Appointing one of the Non-Executive Directors as a Senior Independent Director (SID) is a requirement of the Foundation Trust Code of Governance.

[3] NB: in accordance with statute the NEDs of the NHS Trust will be appointed as NEDs of the Foundation Trust for the remainder of their tenure unless they do not wish to be

His or her role is to be available to members and governors in the event that they have concerns that cannot be resolved through the normal channels of the Chairman, Chief Executive Officer or Chief Finance & Strategy Officer or in the event that contact with these individuals would not be appropriate.

The Trust has not appointed a SID at this stage but will do so as appropriate and necessary.

1.7 The Role of the Chief Executive Officer

The Chief Executive Officer (CEO) is the Accountable Officer in law. He or she is accountable for leading the executive team and for ensuring that the Trust is managed in accordance with its values and objectives, and that the strategic objectives are achieved. He or she will work with Board members to develop and promote these values and will ensure that effective working relationships are established between the Trust and its stakeholders.

The CEO is responsible for understanding, assessing and managing strategic, reputational and operational risks, and in order to do so will evaluate present and future opportunities, threats and risks in the external environment and future strengths and weaknesses and risks to the Trust.

The role of CEO is set out in further detail at Appendix 1.

1.8 The Role of Executive Directors (Chief Officers)

Chief Officers have a dual role to play within the Trust; namely as members of the most senior management team and also as members of a unitary Board. These roles are distinctly different and require the individual to be accountable for the functions delegated to them within their portfolios **and** to be corporately accountable for the Trust as a whole**.**

This Code is however concerned with the role of the Chief Officer as a Board member, and their role in that respect is to hold one another to account in respect of the management functions for which they are responsible. This is achieved through the provision of constructive and appropriate challenge at Board meetings in the same way as is expected of the NEDs**.**

Chief Officers are also expected to distance themselves from operational detail in their capacity as a Board member, and to maintain a corporate perspective whilst carrying out this function.

1.9 The Role of the Director of Corporate Affairs

The Director of Corporate Affairs fulfils the Trust Secretary function and is responsible for ensuring that the highest standards of corporate governance are observed at all times and to this end, he or she is responsible for ensuring that the key corporate governance documents highlighted in section 4 of this document are in place and regularly refreshed. He or she is also responsible for ensuring that committees of the Board are properly constituted, that there is a good flow of information between these committees and the Board, and

for ensuring that meetings of the Board and Board Committees are conducted in line with the Standing Orders.

The Director of Corporate Affairs also has responsibility for ensuring that papers submitted for consideration at the Board:

- Are relevant for Board consideration
- Contain the necessary information to enable an informed decision to be made but do not contain unnecessary or irrelevant information
- Are presented in line with the standards set by the Board

2. THE COUNCIL OF GOVERNORS

The Trust does not yet have a Council of Governors in place as this is not a requirement for NHS Trusts. In recognition of the Trust's aspiration to become a Foundation Trust however, the duties of the Council of Governors have been included within this document along with a high level summary of how the Trust intends for the two bodies to work both together and distinctly.

2.1 Statutory Duties

The National Health Service Act 2006 and the Health and Social Care Act 2012 impose the following statutory duties upon the Council of Governors:

- Appointment and removal of the Chairman and Non-Executive Directors[4]
- Holding the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors
- Determining remuneration, allowances and other terms and conditions of office of the Chair and Non-Executive Directors
- Approving of the appointment of the Chief Executive Officer[5]
- Holding the Non-Executive Directors to account individually and collectively for the performance of the Board of Directors
- Representing the interests of the members of the corporation (the Trust) as a whole and the interests of the public
- Approving proposals to acquire business or services at the value determined within the Constitution
- Appointment and, if appropriate, removal of the Trust's auditor
- Approving any proposed increases in non-NHS income of 5% or more in any financial year and determining whether private patient work would significantly interfere with the Trust's principal purpose
- Approving any merger, acquisition, separation or dissolution proposals in line with the requirements of the Constitution.
- Approving any changes to the Trust's Constitution

[4] Specific provisions apply to the appointment of the initial Chair and Non-Executive Directors in that there is the expectation that the Chair and Non-Executive Directors of the NHS Trust will be appointed to the Foundation Trust Board should they wish to be.
[5] As above

2.2 Role of the Council of Governors

Although the Council must comply with these duties, its overriding purpose is to embody local accountability, acting as a 'critical friend' to the Board of Directors and providing a formal inlet for the voice of the membership and the wider community to be heard. Governors are therefore responsible for feeding back information about the Trust, its vision and performance to the constituencies and for seeking the views of members.

The Council should hold the Board to account for the performance of the Trust and should ensure that it does not breach the terms of its licence, but should acknowledge the overall responsibility of the Board of Directors for running the Trust. Only in exceptional circumstances should the Council consider using its powers to block or veto the decisions of the Board of Directors or otherwise obstruct the implementation of agreed strategies and plans

2.3 Role of the Lead Governor

The role of the lead governor is primarily to facilitate direct communication between Monitor and the Council of Governors in limited circumstances[6] where communication through the normal channels may not be appropriate.

2.4 Role of Individual Governors

The role of individual governors is to convey the views of the constituency they represent or in the case of partner governors, to represent the views of the organisation they represent.

Governors are therefore responsible for communicating with members of their constituency, or the organisation for which they work (as appropriate) and for ensuring that they seek the views of members/their organisation as appropriate. Governors will therefore be supported by the Trust to do this.

Governors must undertake any training commensurate with the role that is provided to them by the Trust and may from time to time be invited to sit on short life groups or any committees of the Council that may be established.

3. CORPORATE GOVERNANCE FRAMEWORK

The Board has extensive responsibilities that could not be fully discharged within the confines of a monthly Board meeting, and it is therefore necessary to delegate functions and responsibilities to individuals or the formal committees of the Board that it constitutes.

The Board must therefore define the responsibilities that it is willing to delegate and the parameters within which the Chief Officers can manage the Trust. As referred to in section 4, these parameters are set out within the following documents:

[6] For example when there is a real risk of the Trust breaching the terms of its licence.

Document	Purpose
Standing Orders	The standing orders are the formal terms of reference for the Board, which define the constitution of the Board, the responsibilities of Board directors and describe how Board meetings will be conducted.
Standing Financial Instructions	Sets out the financial limits within which each identified officer/committee will operate and the procedures for financial management, tendering and contracting.
Scheme of Reservation and Delegation	Defines the decision/actions that the Board has delegated to individuals and to the sub-committees of the Board and those that are reserved for the Board itself.

These documents are aimed at providing clarity around responsibilities, ensuring that decision making is devolved appropriately throughout the Trust and empowering managers to confidently make decisions. Approving a Scheme of Reservation and Delegation is also recognition of the fact that the Board has no part to play in the day to day management of the Trust and must allow managers to manage.

3.1 The Role of Board Committees

Strong Board committees with clearly delegated powers are a key characteristic of high performing organisations, in that they provide a forum for additional debate that enables the provision of a greater level of assurance to the Board. A formal committee of the Board is therefore a committee that is established by the Board, has delegated powers to carry out Board level work and reports to the Board on a range of agreed outputs, with outputs rather than activity being the main focus.

The Board is at liberty to delegate any of its functions to any committee that it formally constitutes, but in so doing, it must be assured of the appropriateness of this delegation and the ability of the committee to undertake the function effectively.

The role of Board committees is to:

- Carry out Board level work on behalf of the Board and offer options for the Board to debate
- Test the robustness of the Trust
- Provide assurance to the Board around the responsibilities that are delegated to it via the terms of reference

3.1.1 Statutory Board Committees

As an NHS Trust the Board is obliged in statute to establish the following as formal Board Committees:

- Audit Committee
- Remuneration Committee

- Charitable Trustees Board[7] (where required)

3.1.2 Non-Statutory Board Committees

The Board has currently established the following committees to provide a source of additional assurance to the Board:

- Quality Governance Committee (QGC)
- Finance and Performance Committee (F&P)

3.1.3 Principles for Establishing Non-Statutory Board Committees

It must be recognised that there are resource implications attached to establishing and servicing Board committees in terms of the time commitment of committee members. Whilst Board assurance is critical, attendance at committee meetings takes Chief Officers away from their roles and the preparation of papers is also time-consuming and resource intensive. For these reasons, it is prudent to establish a set of principles that will govern the establishment of any board committee that the Trust is not required to establish:

Permanent, non-statutory board committees will only therefore be established when there is an identified need to delegate an area of Board level responsibility that cannot be delegated to an individual within their role, cannot be accommodated within the existing statutory committee structure and cannot be established on a task and finish basis.

Board committees will:

- Not deal with any operational or managerial issues.
- Be subject to regular review around their usefulness and contribution to the work of the Trust Board
- Be subject to terms of reference that must explicitly delegate and fully describe the responsibilities of the committee, the expected outcomes and the expectations around reporting to the Board.

4. CODE OF CONDUCT

Effective corporate governance is as reliant upon integrity, values and behaviours as it is on structures and processes and as such, all members of the Trust Board and those in attendance at Board meetings are expected to adhere to the following:

- The Nolan Principles
- The Trust's values
- Duty of Candour
- Fit and Proper Persons Test
- False and Misleading Information

[7] The UHCW Charity is now an independent charity and the Trust is not therefore required to establish a Charitable Funds Committee or Board.

- Standards of Business Conduct and Hospitality in the NHS
- Expected Behaviours and Conduct

4.1 Nolan Principles

The Board is required to be open and transparent in its dealings given that the Trust is a public body, and through Board approval of this Code, members will individually and collectively resolve to adopt the Nolan Principles as set out in Lord Nolan's Report 'Standards in Public Life'. The principles are as follows and will be applied in the conduct of the Board's business:

Principle	Definition
Selflessness	Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends
Integrity	Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.
Objectivity	In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit
Accountability	Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
Openness	Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands
Honesty	Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
Leadership	Holders of public office should promote and support these principles by leadership and example.

4.2 Trust Values

In line with responsibility for setting the culture of the organisation, Board members are expected to lead by example and display the Trust's values in their execution of their duties and in the course of conducting Trust business. These values have been developed in conjunction with staff and are set out overleaf in short form; further detail is provided in appendix 2.

Compassion	**Partnership**
Openness	**Improve**
Pride	**Learn**
Respect	

4.3 Duty of Candour

Compliance with the requirements of the duty of candour will be monitored by the Care Quality Commission (CQC), who through their assessment process will look at how the leadership of the organisation reflects the vision and values, encourages openness and transparency and promotes good quality care. The Trust Board must therefore foster and encourage a culture that is open and honest at all levels, which links to both the requirements of the Nolan Principles and the Trust's own values.

4.4 Fit and Proper Persons Test

The Fit and Proper Persons (FPP) test is a statutory requirement that was introduced in November 2014. Although the CQC has a regulatory responsibility for monitoring compliance against the requirements, the Chairman is responsible for ensuring that every member of the Board of Directors and those in regular attendance at meetings of the Board meet the requirements upon appointment and on an on-going basis thereafter.

In addition to the usual pre-employment checks that are carried out on all board members, and in the case of Non-Executive Directors, processes put in place by the NHSI as the appointing organisation, Board members are required to complete a declaration of compliance with the FPP requirements both upon appointment and on an annual basis thereafter. The declaration also clearly states the on-going duty to bring promptly to the attention of the Chairman any change in circumstance which means that they can no longer comply. Compliance with the requirements is fundamental in terms of public confidence in the organisation and therefore forms part of this Code.

4.5 False and Misleading Information

It is a criminal offence under the Care Act 2014 for any director or senior individual to publish, supply or make available information that the Trust is under a statutory or regulatory obligation to publish or supply, which is false or misleading in a material respect. In keeping with the Trust's values and the Nolan principles around honesty, transparency and openness, Board members will take all reasonable steps to ensure that **all** data that is published or supplied by the organisation is accurate.

Although the Trust Board as a corporate body does not approve all statutory and regulatory returns as this would not be practical, in order to meet the legislative requirements Board members will, through the programme of internal audit and other governance activity, ensure that the systems and processes that are in place in relation to data capture, validation and reporting across the Trust are sufficiently robust and will ensure that action is taken where necessary.

4.6 Standards of Business Conduct and Hospitality

The Board has put into place policies that set out the expected standards for the conduct of business and the responsibility of individual members of staff and the Trust in relation to the Bribery Act 2010. The Trust is required to put into place adequate preventative procedures for acts of bribery and corruption committed by persons associated with them, in the course of their work and can be subject to criminal sanctions for failure to do so. Further detail on what constitutes bribery and corruption and the legislative requirements are set out within the policy documents.

These policies apply to all employees of the Trust and equally to members of the Board. In addition to complying with the anti-bribery and corruption requirements, Board members and all Trust staff must also disclose to the Director of Corporate Affairs all interests that they have as per the stated definition of 'interests', both upon appointment and on an on-going basis thereafter. Interests will be recorded within a register, which will be reported to the Audit Committee and then in public on a periodic basis.

A separate register will be held in respect of gifts, sponsorship or hospitality received by Board members and Trust staff, which must also be reported and recorded on the register. The register will be reported periodically to the Audit Committee and then in public on an annual basis.

4.7 Expected Behaviours

Members of the Board also commit to:

1. Giving a personal commitment to signing up to this Statement of Responsibility and Code of Conduct in the knowledge that failure to adhere to it may result in action being taken as appropriate.

2. Putting patient care at the heart of decision making and ensuring that decisions are made on a fully transparent basis and in the interests of patients, service users and the wider community.

3. Leading the Trust with integrity and accountability; acting in the best interests of the Trust at all times and not acting in a manner that is detrimental to the interests of the organisation or to patient care.

4. Knowing the purpose, vision, goals, strengths and needs of the Trust and actively contributing to discussion and decision making aimed at the furtherance of these.

5. Increasing public engagement and being visible to staff.

6. Ensuring that any information that is provided to them in confidence or is discussed confidentially, or is marked as confidential, is kept strictly confidential. If any member is found to have breached confidence then sanctions may follow as per the Trust's Disciplinary Procedures.

7. Taking ownership by attending all Board, Board development and Committee meetings of which they are a member, for the duration of the meeting unless there are good reasons for not doing so. Attendance at Board and Board Committee meetings will form part of the annual appraisal process for Board members.

8. Being familiar with the content of all papers and devoting their full attention for the duration of the meeting. In the event that any member is unable to attend a meeting then they should keep abreast of developments by reading the papers.

9. Attending training commensurate with their roles to ensuring that individually and collectively they are able to execute their roles and responsibilities effectively.

10. Remaining at all times polite, courteous and respectful during meetings and allowing other members to contribute and express their views.

11. As a matter of courtesy, switching off all mobile phones and blackberries for the duration of the meeting unless there are extenuating circumstances (e.g. on-call or other urgent commitments) and the Chair has given prior permission to the contrary.

12. Speaking with one voice and endeavouring to communicate its views to the Trust and wider public.

Appendix 1

Responsibility of Chair	**Responsibility of Chief Executive**
Reports to the Board of Directors	Reports to the Chair and to the Board of Directors directly
Other than the Chief Executive, no executive reports to the chair	All members of the management structure report either directly or indirectly to the CEO
The effective running of the Board of Directors and Council of Governors	Running the Trust's business
Ensuring that the Board of Directors as a whole pays a full part in the development and determination of the Trust's strategy and overall objectives	Responsible for proposing and developing the Trust's strategy and overall objectives
The guardian of the Board of Directors' decision making processes.	Implementing the decisions of the Board of Directors and its committees
General Leadership of the Board of Directors and the Council of Governors	Provision of information and support to the Board of Directors and Council of Governors and ensuring that Board of Directors' decisions are implemented
Ensuring that the Board of Directors and Council of Governors work together effectively	Facilitating and supporting effective joint working between the Board of Directors and Council of Governors
Running the Board of Directors and setting its agenda	Providing input to the Board of Director's agenda from themselves and other members of the executive team
Ensuring that Board of Directors and Council of Governors agendas take full account of the important issues facing the Foundation Trust	Ensuring the Chair is aware of the important issues facing the Trust and proposing agendas which reflect these
Ensuring that the Board of Directors and Council of Governors receive accurate, timely and clear information	Ensuring that the Executive Team provide reports to the Board of Directors which contain accurate, timely and clear information
Ensuring compliance with the Board of Director's approved procedures	Ensuring that he or she and the Executive Team comply with the Board of Directors' approved procedures
Arranging informal meetings of the directors, to ensure that sufficient time and consideration are given to complex, contentious or sensitive issues	Ensuring that the Chairman is alerted to forthcoming complex, contentious or sensitive issues affecting the Trust
Proposing a schedule of matters reserved to the Board of Directors, terms of reference for each Board of Directors Committee and other Board policies and procedures	Providing input on appropriate changes to the schedule of matters reserved to the Board of Directors and Committee Terms of Reference
Facilitating the effective contribution of all members of the Board of Directors and the	

Council of Governors to ensure that constructive relations exist between executive and non-executive members of the Board of Directors and elected and appointed members of the Council of Governors and between the Board of Directors and the Council of Governors	Supporting the Chairman in his or her tasks of facilitating effective contributions and sustaining constructive relations between executive and non-executive members of the Board of Directors, elected and appointed members of the Council of Governors and between the Board of Directors and the Council of Governors
Chairing the Remuneration Committee and initiating change and succession planning in relation to the Board of Directors and the appointment of effective and suitable members and Chairs of Board of Directors Committees	Providing information and advice on succession planning, to the Chairman, the Remuneration Committee and other members of the Board of Directors, particularly in respect of Executive Directors
Ensuring that there is effective communication by the Trust with patients, members, clients, staff and other stakeholders	Leading the communication programme with members and stakeholders
Taking the lead in providing a properly constructed induction programme for new Directors	Contributing to induction programmes for new directors and ensuring that appropriate management time is made available for the process
Taking the lead in identifying and seeking to continually update the skills and knowledge and meet the on-going development needs both of individual Directors and of the Board of Directors as a whole	Ensuring that the development needs of the executive directors and other senior management reporting to him/her are identified and met
Ensure that members of the Council of Governors have the skills, knowledge and familiarity with the Trust to fulfil their role	Ensuring the provision of appropriate development, training and information
Ensuring that the performance of the Boards of Directors and Council of Governors as a whole, their committees, and individual members of both are periodically assessed	Ensuring that performance reviews are carried out at least once a year for each of the executive directors. Providing input to the wider Board of Directors' and Council of Governors' evaluation process
Promoting the highest standards of integrity, probity and corporate governance throughout the organisation and particularly at Board of Directors level	Promoting and conducting the affairs of the Trust with the highest standards of integrity, probity and corporate governance
Ensuring good information from and between the Board of Directors, committees, Council of Governors and members of both and between senior management and non-executive directors, members of the Council of Governors and senior management	Provision of effective information and communication systems

Our Values


Compassion
We treat everyone with courtesy and compassion.
Pride
We take pride in all we do and aspire to do.
Partnership
We work in partnership to deliver and improve the services we provide for our patients.
Openness
We act with openness, honesty and integrity in all we do.
Respect
We treat everyone with respect and dignity.
Learn
We see education, research and learning as central to improvement.
Improve
We are open to change and seek to innovate to improve what we do.

University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD PAPER

Title	**Raising Concerns; Freedom to Speak Up Policy**
Author	**Rebecca Southall, Director of Corporate Affairs**
Responsible Chief Officer	**Andy Hardy, Chief Executive Officer**
Date	**2nd March 2017**

1. Purpose

To present the revised Raising Concerns; Freedom to Speak Up Policy to the Trust Board for approval.

2. Background and Links to Previous Papers

The Trust Board last approved the Raising Concerns; Freedom to Speak Up Policy at the November 2014 meeting. In the intervening period, Sir Robert Francis published his Freedom to Speak Up Report (February 2015) and one of the recommendations arising was that a national policy be produced, that all providers of NHS care would be expected to adopt. The scheduled review of the Trust's Policy has therefore been put on hold pending the publication of the national model Policy.

3. Narrative

The Trust Board is responsible for setting the culture and tone of the organisation and in line with the Trust's values of openness, compassion and learning, it is important that effective arrangements are in place for staff to raise concerns, and to be able to do so directly with members of the Trust Board where this is necessary.

The Trust's existing Raising Concerns Policy has been reviewed in light of the publication of the national policy, and whilst the spirit of the national policy was already encapsulated, in that there was a deliberate departure from the term 'whistleblowing', wording from the model policy has been included to reflect the requirements for providers of NHS services to adopt it.

A further development since the last Policy was written is the introduction of the Freedom to Speak Up Guardian role which was also a recommendation arising out of the Freedom to Speak Up report. The role is currently undertaken by the Director of Corporate Affairs and reference has been made within the Policy accordingly. Reference is also made to the Trust's Confidential Contact scheme, which is another measure that the Trust has put into place to allow staff to raise concerns and to be sign-posted to how these can be best resolved.

The process by which staff can raise concerns has not changed within the Policy and there remains a number of ways in which this can be done, ranging from incident reporting right through to raising concerns through the management structure, right up to Chief Officer/Non-Executive Director level. Staff are encouraged to resolve matters locally in the first instance wherever possible as this is reflective of the open and transparent culture that the Trust wishes to engender. It is recognised however that this is not always appropriate or possible and in the event that this is the case, or local

resolution does not bring matters to a conclusion, a number of options are set out within the Policy for individuals to escalate their concerns further.

The Public Interest Disclosure Act 1998 is in place to afford legal protection to staff raising concerns and reference is made to this within the Policy. The approach that has been taken within both the national and Trust Policy is however to ensure that the Policy goes beyond this in order to help foster a culture whereby staff feel comfortable to raise concerns as part of everyday practice. The Policy also gives a clear statement around the importance that the organisation places on concerns being raised at the point that they arise, to promote the highest standards of safety.

The Policy was presented to the Audit Committee in November 2015 and comments made by members have subsequently been reflected. The Trust's Employee Relations Specialist has also reviewed the policy from an employment law perspective. The Policy was presented to the Partnership and Engagement Forum in January 2017 to afford staff side colleagues the opportunity to comment and was approved for submission to the Trust Board.

4. Areas of Risk

If the Trust does not have adequate procedures for staff to raise concerns that are both trusted and reliable then concerns might not come to light, which is contrary to the open, patient safety culture that the Board would wish to foster. This gives rise to clinical and business risks in that malpractice might go unchallenged, which could reduce in harm to patients and public and damage to the Trust's reputation. This Policy is intended to mitigate against this risk and support the desired culture of openness and safety.

5. Governance

The Policy is written in line with the provisions of the Public Interest Disclosure Act 1998 and with the national model policy that providers of NHS care are required to adopt.

6. Responsibility

Rebecca Southall, Director of Corporate Affairs
Andy Hardy, Chief Executive Officer

7. Recommendations

The Board is invited to **NOTE** that the policy has been changed to reflect the national model policy and is asked to **APPROVE** the revised Raising Concerns; Freedom to Speak Up Policy.

University Hospitals Coventry and Warwickshire NHS Trust

Raising Concerns; Freedom to Speak Up Policy	
eLibrary ID Reference No:	**GOV-POL-018-06**
Newly developed Trust-wide CBRs will be allocated an eLibrary reference number following submission of eform for registering on eLibrary. Reviewed Trust-wide CBRs must retain the original eLibrary reference id number.	

Version:	5.1
Date Approved by Corporate Business Records Committee (CBRC):	
Date Approved by Trust Board *(if Applicable)*	TBC
Review Date:	February 2019
Title of originator/author:	Director of Corporate Affairs
Title of Relevant Director:	Chief Executive Officer
Target audience:	All Staff
If printed, copied or otherwise transferred from eLibrary, Trust-wide Corporate Business Records will be considered 'uncontrolled copies'. Staff must always consult the most up to date PDF version which is registered on eLibrary.	

This Trust-wide CBR has been developed / reviewed in accordance with the Trust approved ***'Development & Management of Trust-wide Corporate Business Records Procedure (Clinical and Non-clinical strategies, policies and procedures)'***	Version

Summary of Trust-wide CBR: *(Brief summary of the Trust-wide Corporate Business Record)*	To provide staff with access to a proper and widely publicised procedure for voicing their concerns when they encounter or suspect wrong-doing or malpractice, safe in the knowledge that they will not suffer personal detriment as a result of having done so.
Purpose of Trust-wide CBR: *(Purpose of the Corporate Business Record)*	Necessary to ensure that employees have the freedom to raise concerns about patient care or matters of business probity or conduct. It enables the Trust to influence the conduct of its employees and deal with issues that prevent the organisation to operate effectively.
Trust-wide CBR to be read in conjunction with: *(State overarching/underpinning Trust approved CBRs)*	Incident Management Policy Code of Conduct
Relevance: *(State one of the following: Governance, Human Resource, Finance, Clinical, ICT, Health & Safety, Operational)*	Governance
Superseded Trust-wide CBRs (if applicable): *(Should this CBR completely override a previously approved Trust-wide CBR, please state full title and eLibrary reference number and the CBR will be removed from eLibrary)*	N/A

Author's Name, Title & email address:	Rebecca Southall, Director of Corporate Affairs rebecca.southall@uhcw.nhs.uk
Reviewer's Name, Title & email address:	Rebecca Southall, Director of Corporate Affairs rebecca.southall@uhcw.nhs.uk
Responsible Director's Name & Title:	Andy Hardy, Chief Executive Officer
Department/Specialty:	Executive Suite

Version	Title of Trust Committee/Forum/Body/Group consulted during the development stages of this Trust-wide CBR	Date
4.0	CMO, CNO, CFO, Human Resources Senior Managers, QPS Senior Managers and HR Committee (virtually)	April / May 2011
4.0	Corporate Business Records Committee	June 2011
5.0	Interim Chief Human Resources Officer Chief Officers as a Group	October 2014
5.0	Audit Committee	10 November 2014
5.0	Trust Board	26 November 2014
5.1	Chief Officers (virtually)	October 2016

5.1	Audit Committee	14 November 2016
5.1	Partnership & Engagement Forum	12 November 2016
5.1	Trust Board	

Table of Contents

1.0 SCOPE

1.1 Anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services can raise concerns. This includes employees of UHCW, agency workers, temporary workers, TSS workers, students and holders of Honorary Contracts with the Trust.

2.0 INTRODUCTION -

2.1 SPEAK UP WE WILL LISTEN

2.1.1 Speaking up about any concern you have at work is really important. In fact, it's vital because it will help us to keep improving our services for all patients and the working environment for our staff.

2.1.2 You may feel worried about raising a concern, and we understand this. But please don't be put off. In accordance with our duty of candour, our senior leaders and entire board are committed to an open and honest culture. We will look into what you say and you will always have access to the support you need.

2.1.3 These concerns are usually easily resolved but sometimes, they might be of a nature that it is difficult to know what to do; for example malpractice at work or a danger to patients, the public or colleagues, and this Policy provides advice as to who to contact in these circumstances.

2.1.4 This Policy is primarily for concerns that put the interest of patients, staff, the public or the Trust as a whole at risk. Where a worker raises a concern that relates to terms or conditions of employment that affect only them, the Grievance Policy or Dignity at Work Policy is to be followed as this Policy does not apply to, and cannot be utilised in respect of concerns of this kind.

2.2 FEEL SAFE TO RAISE YOUR CONCERN

2.2.1. Following the publication of the Francis Report the Trust reviewed its former Whistleblowing Policy and renamed it to better reflect the culture that we aspire to. We are clear that we want our staff to feel able to speak up without fear of reprisal or

consequence, and this Policy sets out the ways in which staff can do this.

2.2.2 If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any form of reprisal as a result. We will not tolerate the harassment or victimisation of anyone raising a concern. Nor will we tolerate any attempt to bully you into not raising any such concern. Any such behaviour is a breach of our values as an organisation, and if upheld following investigation, could result in disciplinary action.

2.2.3 We are very clear that the Trust is responsible for investigating concerns that are raised and for taking any disciplinary action, up to and including dismissal of any employee who is found to have harassed or victimised someone that has raised concerns. We will also take action against anyone that knowingly or maliciously makes false allegations under this policy.

2.2.4. Provided you are acting honestly, it does not matter if you are mistaken or if there is an innocent explanation for your concerns.

2.2.5 We will not utilise “gagging clauses” within contracts of employment which actively seek to prevent individuals from speaking out against concerns that they may have in relation to issues of safety, quality or probity

2.2.6 Concerns can be raised at any time; don’t wait for proof. We would like you to raise the matter while it is still a concern. It doesn’t matter if you turn out to be mistaken as long as you are genuinely troubled. We would encourage our staff to raise concerns at the earliest opportunity to minimise the impact of the suspected or known malpractice or danger that they are concerned about.

3.0 POLICY STATEMENT

3.1 This ‘standard integrated policy’ was one of a number of recommendations of the Freedom to Speak Up review undertaken by Sir Robert Francis into ‘whistleblowing’ in the NHS, aimed at improving the experience of ‘whistleblowing’ in the NHS. It is expected that this policy (produced by NHS Improvement and NHS England) will be adopted by all NHS organisations in England as a minimum standard to help normalise the raising of concerns for the benefit of all patients.

3.2 The Trust Board is committed to achieving the highest possible standards of quality, honesty, openness and accountability in line with the UHCW values; integral to this is fostering an open culture whereby it is not only safe and acceptable for all employees to speak up and raise concerns, but where this is actively encouraged.

3.3 The Policy links to our values; specifically 'openness' and also to the Duty of Candour that came into force in October 2014.

3.4 Our local process has been integrated into the policy at section 7 and provides more detail about how we will look into a concern.

3.5 We recognise that our staff are best placed to raise concerns and we welcome the contribution that they can make towards improving safety and standards. There are a number of existing mechanisms in place for staff to raise issues of concern that they encounter on a day-to-day basis. These include reporting incidents through the on-line incident reporting system (Datix), reporting risks that they become aware of and direct conversations or communication that takes place with line managers and other members of the management teams. Concerns raised through these well-established mechanisms are part of normal, good working practices and a culture of reporting.

3.6 We would therefore encourage staff to report concerns to their line manager in the first instance. We know however that this can be difficult in some circumstances and this Policy recognises and acknowledges the difficulties that can arise, and provides an additional safeguard to ensure that all concerns can be raised. It is not intended to override or replace existing arrangements that are in place.

3.7 The Policy exists to allow genuinely held concerns to be raised, and in the same way that we will not tolerate victimisation or attempts at preventing concerns from being raised, neither will we tolerate individuals using the Policy for personal motives, personal gain or with malicious intent. Disciplinary action may therefore follow in the event that the policy is misused and concerns are raised falsely or maliciously.

3.8 This policy is not for people with concerns about their employment that affect only them – that type of concern is better addressed by our Grievance or Dignity at Work Policies.

4.0 DEFINITIONS

4.1 Disclosures Protected by Law

Certain disclosures of information are protected bv law in line the Public Interest Disclosure Act 1998 (as amended) and the Enterprise and Regulatory Reform Act 2013.

The law provides protection to workers who provide information which, in the reasonable belief of the worker making the disclosure, is made in the public interest and tends to show one or more of the following:-

a) A criminal offence has been committed, is being committed, or is likely to be committed.

b) That a person has failed, is failing, or is likely to fail to comply with any legal obligation to which he/she is subject.

c) That a miscarriage of justice has occurred, is occurring, or is likely to occur.

d) That the health or safety of an individual has been, is being, or is likely to be endangered.

e) That the environment has been, is being, or is likely to be damaged.

f) That information tending to show any matter falling within one of the preceding paragraphs has been, is being, or is likely to be deliberately.

4.2 Concerns: You can raise a concern about risk, malpractice or wrongdoing you think is harming the service we deliver. Just a few examples of this might include, but are by no means restricted to:

- Unsafe patient care
- Unsafe working conditions
- Inadequate induction or training for staff
- Lack of, or poor, response to a reported patient safety incident
- Suspicions of fraud (which can also be reported to our local counter fraud team)
- A bullying culture (across a team or organisation rather than individual instances of bullying)
- Fraud or other financial irregularity
- Corruption
- Offering or taking bribes

- Dishonesty
- Mis-reporting performance data
- Criminal activity
- Endangering the health and safety of an individual(s)
- Deliberate concealment or destruction of any information relating to a concern
- Damage to the environment.

It should be noted that this list is not intended to be exhaustive and in the event of uncertainty, it is better to report a concern early in order to ensure that both patients and staff are protected.

For further examples please see the Health Education England video:
https://www.england.nhs.uk/ourwork/whistleblowing/raising-a-concern/

4.3 Grievance: a complaint relating to an employee's own personal terms and conditions or about a decision affecting an employee at work.

5.0 DUTIES AND RESPONSIBILITIES

5.1 The Trust Board;

The Trust Board has overall responsibility for ensuring that the organisation operates in accordance with all applicable statutory and regulatory requirements and will therefore approve this Policy. The Trust Board will be given high level information about all concerns raised by our staff through this policy and what we are doing to address any problems. We will include similar high level information in our annual report. The Trust Board supports staff raising concerns and wants staff to feel free to speak up.

5.2 The Chief Executive Officer

The Chief Executive Officer is responsible for ensuring that mechanisms are in place for staff to report concerns and for bringing these to the attention of the Trust Board where this is warranted. The Director of Corporate Affairs will produce this Policy on behalf of the Chief Executive Officer and will also provide appropriate support.

5.3 Audit Committee;

The Audit Committee is responsible for reviewing the effectiveness of the

arrangements that the Trust has in place for staff to raise concerns and will therefore periodically review this Policy and its effectiveness.

5.4 Freedom to Speak Up Guardian

The Freedom to Speak Up Guardian is an important role identified in the Freedom to Speak Up review to act as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the Chief Executive, or if necessary, outside the organisation. Contact details can be found in appendix 1.

5.5 Designated Officers:

Designated Officers are responsible for ensuring that all concerns that are raised with them are dealt with in the appropriate way. The following individuals are Designated Officers that can be contacted by any member of staff with concerns that cannot be dealt with more appropriately through other mechanisms:

- Any Chief Officer of the Trust Board (Executive Director)
- Chairman
- Audit Committee Chair (Non-Executive Director lead for Raising Concerns)
- Director of Corporate Affairs
- Local Counter Fraud Specialist

Contact details for the Designated Officers can be found in appendix 1 to this policy. Changes to the Designated Officers may take place from time to time and any such change does not require the Policy to go through the approval process again.

5.6 Confidential Contacts

The Trust has established a network of Confidential Contacts, who are staff from a variety of different roles and levels in the organisation and whose role is to signpost colleagues when they have a concern about any wrongdoing or poor practice. The contacts have been trained to provide this service and the types of concerns Confidential Contacts can listen to, are from people who might feel bullied or harassed or have concerns about the conduct of a colleague impacting on patient/ staff safety.

Confidential Contacts allow people to determine how they can best resolve their problem. This may include tackling it themselves, making use of a workplace

procedure (such as Grievance or Dignity at Work) or by some other means.

5.7 Local Counter Fraud Specialist (LCFS)

The LCFS is responsible for investigating concerns relating to fraud, bribery or corruption in line with guidance from NHS Protect. Where a concern relates to a potential fraud, bribery or corruption, staff should contact the Trust's Local Counter Fraud Specialist (contact details are set out in appendix 1) or the Trust's Chief Finance & Strategy Officer. Any Manager made aware of possible fraud, bribery or corruption should also contact the Local Counter Fraud Specialist at the earliest opportunity.

5.8 Line Managers

Are responsible for acting upon and investigating all concerns that are brought to their attention, providing advice and support to staff, and for ensuring that this Policy is communicated to the staff that they are responsible for. Line Managers should be aware that raising concerns often takes a great deal of courage and must support staff that do so throughout the duration of the process. The level and type of support required will vary depending on the nature of the concern that is raised but advice should be sought from the Workforce Department and Occupational Health and from other support services as appropriate.

5.9 All Employees

Are responsible for taking immediate action and raising concerns that they may have through the appropriate channels, and for speaking out to safeguard the health and well-being of those in our care.

If you are a healthcare professional you may have a professional duty to report a concern. If in doubt, please raise it.

5.10 Workforce Business Partners

Are responsible for guiding and supporting managers and employees in relation to the use of this Policy.

6.0 POLICY DETAILS

6.1 Legislative & Governance Framework

6.1.1 This policy complies with the Public Interest Disclosure Act 1998 ("the Act"),

which provides a framework of legal protection against victimisation or dismissal for workers who raise a reasonable and honest suspicion or genuine concerns about wrong doing or malpractice in the workplace, where these concerns are raised in accordance with the provisions of the Act.

6.1.2. There are specific criteria that need to be met for an individual to be covered by 'whistleblowing' law when they raise a concern (to be able to claim the protection that accompanies it). There is also a defined list of 'prescribed persons' similar to the list of outside bodies in appendix 2 who you can make a protected disclosure to. To help you consider whether you might meet these criteria please seek independent advice from the Whistleblowing Helpline for the NHS and social care, Public Concern at Work or a legal representative (see section 7.3)

6.1.3. In addition, section 21 of the NHS Agenda for Change Terms and Conditions of Service Handbook states that all employees working in the NHS have both a contractual right and duty to raise any concerns they may have about malpractice, patient safety, financial impropriety or any serious risks that they consider to be in the public interest.

6.1.4 The NHS Constitution makes it clear that staff should aim to raise any genuine concern that they may have about a risk, malpractice or wrong-doing at work (such as a risk to patient safety, fraud or breaches of patient confidentiality), which may affect patients, the public, other staff or the organisation itself, at the earliest reasonable opportunity.

6.1.5 This Policy complements existing guidelines such as the NMC Code of Professional Conduct and GMC Guidance on Contractual Arrangements in Health Care. Staff have a duty under these arrangements to make known areas of concern/unsafe practice in relation to patient care.

7.0 LOCAL PROCEDURE

7.1 Raising a Concern

7.1.1 You can raise your concerns with any of the people listed in section 5 of this policy, by phone or in writing (including email). Whichever route you chose please be ready to explain as fully as you can the information and circumstances that gave rise to your concern.

7.1.2 We would encourage any individual reporting a concern and any manager receiving a report of a concern to keep an accurate record of any action that they take as a result.

7.2 How to Raise a Concern

7.2.1 In many circumstances the easiest way to get your concern resolved will be to raise it formally or informally with your line manager (or lead clinician or tutor) as set out in option 1 below. But where you don't think it is appropriate to do this, you can use any of the options set out below in the first instance.

7.2.2 Option 1

Raise your concern with your line manager; he or she will assess the concern and decide what action to take or if further information or advice is required.

7.2.3 Option 2

If you feel that you cannot raise the concern with your line manager then you can speak to one of the senior managers within your department or Group i.e. Group Manager or Head of Department or one of the Trust's Confidential Contacts. Advice on who to report your concern to can also be obtained from the Workforce Department.

7.2.4. Option 3

If you feel that you cannot use option 1 or option 2 then you can raise your concern with any of the following:

1. Associate Directors of Nursing
2. Matrons
3. Clinical Directors
4. Associate Directors of Quality

7.2.5 Option 4

If you have tried options 1-3 but feel that your concern has not been addressed or if the matter is so serious that it cannot be discussed with any of these persons then you should speak to the Freedom to Speak Up Guardian or one of the Designated Officers set out in appendix 1.

7.3 Communicating with You

7.3.1 We will treat you with respect at all times and will thank you for raising your concerns. We will discuss your concerns with you to ensure we understand exactly what you are worried about. We will tell you how long we expect the investigation to take and keep you up to date with its progress. Wherever possible we will share the full investigation report with you (while respecting the confidentiality of others).

7.4 Reporting to External Bodies

We have taken great care to ensure that this Policy provides a full range of options for reporting concerns internally, and that it provides access to the most senior individuals within the Trust. In order to ensure that public confidence in the Trust is not undermined unnecessarily, we therefore expect anyone wishing to raise a concern to do so internally in the first instance before referring matters to the media, the Police, the Care Quality Commission, Members of Parliament or other external agencies.

Contacting external bodies should only be considered if all of the internal procedures have been tried and the concern has not been dealt with properly but If however you have exhausted options 1-4 and you still feel that your concern has not been properly dealt with then you can contact the bodies known as prescribed bodies as listed in appendix 2.

7.5 Independent Advice

If you would like some impartial and independent advice on how to raise a concern then this can be sought from the following:

1. NHS Whistleblowing helpline; 08000 724 725 (weekdays between 0800 and 1800 – out of hours answering service on weekends and public holidays) or www.wbhelpline.org.uk
2. Public Concern at Work: 020 7404 6609 or refer to www.pcaw.co.uk (their lawyers can give independent confidential advice, at any stage, about raising concerns
3. National Guardian Freedom to Speak Up: http://www.cqc.org.uk/content/national-guardians-office

4. National Fraud and Corruption Reporting Line **0800 028 40 60** (all calls to this line are treated in confidence.)
5. ACAS www.acas.org.uk
6. Professional bodies
7. Trade Union Representatives

7.6 What will we do?

7.6.1 We are committed to the principles of the Freedom to Speak Up review and its vision for raising concerns and will respond in line with them (see appendix 3).

7.6.2 We are committed to listening to our staff, learning lessons and improving patient care. On receipt the concern will be recorded and you will receive an acknowledgment within 2-working days. The central record will record the date the concern was received, whether you have requested confidentiality, a summary of the concern and dates when we have given you updates or feedback.

7.7 Investigation

7.7.1 Where you have been unable to resolve the matter quickly (usually within a few days) with your line manager, we will carry out a proportionate investigation – using someone suitably independent (usually from a different part of the organisation) and properly trained – and we will reach a conclusion within a reasonable timescale (which we will notify you of). Wherever possible we will carry out a single investigation (so, for example, where a concern is raised about a patient safety incident, we will usually undertake a single investigation that looks at your concern the wider circumstances of the incident. If your concern suggests a Serious Incident has occurred then an investigation will be carried out in accordance with the Serious Incident Framework. The investigation will be objective and evidence based and will produce a report that focuses on identifying and rectifying any issues, and learning lessons to prevent problems recurring.

7.7.2. We may decide that your concern would be better looked at under another process; for example, our process for dealing with bullying and harassment. If so, we will discuss that with you.

7.7.3 Any employment issues (that affect only you and not others) identified during the investigation will be considered separately.

7.8 How will we learn from your concern?

The focus of the investigation will be on improving the service we provide for patients. Where it identifies improvements that can be made, we will track them to ensure necessary changes are made, and are working effectively. Lessons will be shared with teams across the organisation, or more widely, as appropriate.

8. Confidentiality

8.1 We hope you will feel comfortable raising our concern openly, but we also appreciate that you may want to raise it confidentially. This means that while you are willing for your identity to be known to the person you report your concern to, you do not want anyone else to know your identity. Therefore we will keep your identity confidential, if that is what you want, unless required to disclose it by law (for example, by the police). You can choose to raise your concern anonymously, without giving your name, but that may make it more difficult for us to investigate thoroughly and give you feedback on the outcome.

8.2 Anonymity

8.2.1 We would rather concerns be raised anonymously than not at all, but doing so does create difficulties, and it is for that reason that we do not encourage concerns to be raised in this way. It is more difficult to investigate a concern when it is raised anonymously, because for example we cannot seek further information when it is needed. We are also unable to protect the person raising the concern or give feedback if we do not know who they are.

8.2.2 In the spirit of an open culture, we will not presume that a concern is raised confidentially unless the individual raising it states that they wish this to be the case. In the event that confidentiality is requested and it becomes necessary for us to disclose identity or other relevant information for regulatory or statutory purposes we will inform the individual beforehand in order that we can offer support.

8.2.3 In considering whether to raise allegations in confidence, it is also important to realise that where concerns have previously been raised on an open basis, other staff may assume that the same individual is the source, whether or not this is the case. Although we are clear that we will not tolerate victimisation or harassment as a

result of raising concerns and will take action accordingly, we cannot prevent other staff from making assumptions, and this is another reason why we encourage raising concerns in an open way.

8.3 Patient Confidentiality

8.3.1. People that are in our care have a right to confidentiality and the right to expect that we will only use the information that we hold about them for the purpose for which they gave it to us. In order to preserve confidentiality, the general rule is that information should only be discussed with someone outside of the healthcare team if the person has given his or her consent.

8.3.2 There are however very limited exceptions to this which allow staff to pass on information without permission, if they believe that someone is at risk of harm and sharing the information would be in their best interest. These decisions will by their very nature always be complex and as such, staff are advised to seek advice before revealing the identity of a patient or service user.

9.0 SAFEGUARDING CONCERNS

Safeguarding the health and wellbeing of those in our care means these people should not be exposed to abuse. Please refer to the Trust policies and guidance documents for any Safeguarding concerns, i.e. the Trust Safeguarding Reporting Flowchart and the Trust Policy on Protection of Adults at risk and any procedures relating to Safeguarding Children.

10.0 DISSEMINATION AND IMPLEMENTATION

10.1 This policy will be available to all employees on the Trust's intranet site.

10.2 The re-launch of the newly named policy will be communicated via the Trust's internal communications mechanisms.

11.0 MONITORING COMPLIANCE

11.1 The use of this Policy will be monitored via the annual NHS Staff Survey and by local surveys such as Staff Impressions

11.2 The effectiveness of the Policy will also be reviewed by the Audit Committee on an annual basis as one of the key systems of internal control

11.3 Monitoring Table

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual department responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Use of policy	Referrals	CEO/DOCA	Annually	Audit Committee	CEO

11.4 We will review the effectiveness of this policy and local processes at least annually, with the outcome published and changes made as appropriate.

12.0 STAFF COMPLIANCE STATEMENT

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

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

13.0 EQUALITY & DIVERSITY STATEMENT

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

14.0 REFERENCES AND BIBLIOGRAPHY

Public Interest Disclosure Act 1998 (as amended)
The Enterprise and Regulatory Reform Act 2013
NHS Employers, Speaking Up Charter
http://www.nhsemployers.org/your-workforce/retain-and-improve/raising-concerns-at-work-whistleblowing/speaking-up-charter

Nursing Times Speak Out Safely Campaign
http://www.nursingtimes.net/opinion/speak-out-safely

Whistleblowing Arrangements Code of Practice
http://www.pcaw.org.uk/bsi

NHS Employers Raising Concerns at Work
http://www.nhsemployers.org/your-workforce/retain-and-improve/raising-concerns-at-work-whistleblowing

Francis Report Recommendations:
http://www.midstaffspublicinquiry.com/report

15.0 UHCW ASSOCIATED RECORDS

Dignity at Work Policy

Equal Opportunities Policy

Disciplinary Procedure

Grievance and Disputes Procedure

Incident Management Policy

Procedure for Investigation & RCA

Counter Fraud, Bribery and Corruption Policy

Code of Business Conduct Policy

Appendix 1

- Any Chief Officer of the Trust Board
- Chairman
- Audit Committee Chair (Non-Executive lead for Raising Concerns)
- Director of Corporate Affairs
- Local Counter Fraud Specialist

Chief Officers	**Contact No**
Andy Hardy, CEO	Ext. 27614
David Moon, CFO	Ext. 27610
David Eltringham, COO	Ext. 27611
Nina Fraser, Interim CNO	Ext. 27615
Meghana Pandit, CMO	Ext. 27612
Karen Martin, CWIO	Ext. 27757
Chairman	
Andy Meehan	Ext. 27599
Audit Committee Chair	
David Poynton	david.poynton@uhcw.nhs.uk
Freedom to Speak Up Guardian Rebecca Southall/Rita Stewart	C/O Ext 27615
Director of Corporate Affairs	
Rebecca Southall	Ext. 27607
Local Counter Fraud Specialist	
Lisa Hines	Lisa.Hines@cwaudit.org.uk

Appendix 2

External Bodies (prescribed bodies)[1] with whom concerns can be raised in the event that they have not been properly dealt with by the Trust:

Care Quality Commission about matters relating to the regulation and provision of health and social care.

CQC National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne NE1 4PA
Tel: 03000 616161
www.cqc.org.uk

General Medical Council
about matters relating to the registration and fitness to practise of a member of a profession regulated by the General Medical Council.

General Medical Council
Fitness to Practise Directorate
3 Hardman Street
Manchester M3 3AW
Tel: 0161 923 6602
Email: practise@gmc-uk.org

General Pharmaceutical Council
about matters relating to the registration and fitness to practise of a member of a profession regulated by the General Pharmaceutical Council.

Investigating Team
General Pharmaceutical Council
25 Canada Square
London E14 5LQ
Tel: 020 3365 3603
Email: concerns@pharmacyregulation.org

Health and Care Professions Council
about matters relating to the registration and fitness to practise of health and care professional.

Health and Care Professions Council
Park House
184 Kennington Park Road
London SE11 8BU
Tel: 0845 300 6184
www.hpc-uk.org

[1] https://www.gov.uk/government/publications/blowing-the-whistle-list-of-prescribed-people-and-bodies--2

National Health Services Improvement
about the performance of English NHS trusts, including clinical quality, governance and management of risk.

Wellington House
133-155 Waterloo Road
London
SE1 8UG

T: 020 3747 0000
Email: nhsi.enquiries@nhs.net
Website: improvement.nhs.uk

Nursing and Midwifery Council
about matters relating to the registration and fitness to practise of a registered nurse or midwife and any other activities in relation to which the Council has functions.

Nursing and Midwifery Council
23 Portland Place
London W1B 1PZ
Tel: 020 7637 7181
Email: whistleblowing@nmc-uk.org
www.nmc-uk.org

NHS England
For concerns about:

- Primary medical services (general practice)
- Primary dental services
- Primary ophthalmic services
- Local pharmaceutical services

NHS England London,
Skipton House,
80 London Road,
London, SE1 6LH

0203 182 4994

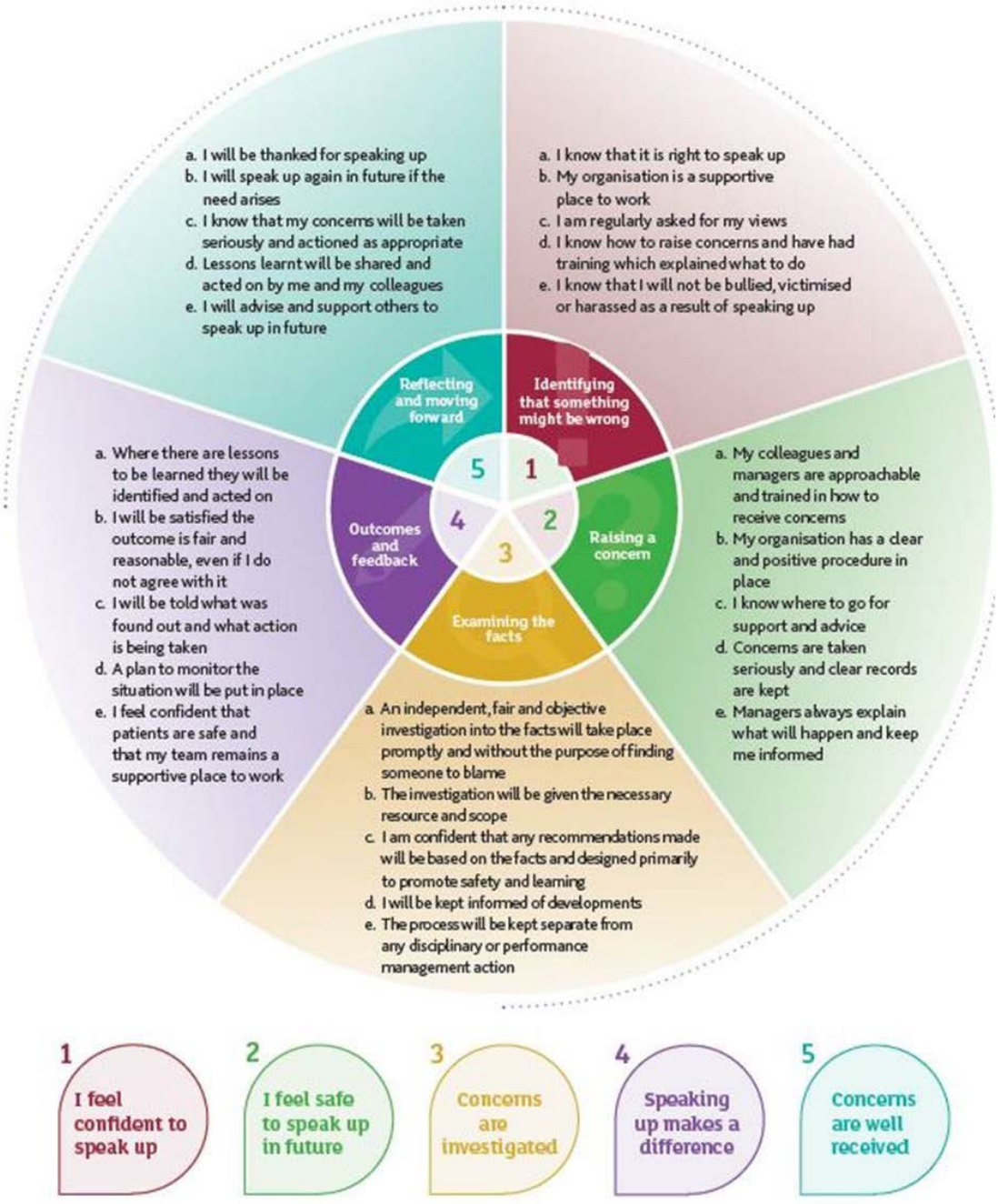
Health Education England
for education and training in the NHS

Health Education England
1st Floor
Blenheim House
Duncombe Street
Leeds
LS1 4PL

NHS Protect
For concerns about fraud and corruption
http://www.reportnhsfraud.nhs.uk/
0800 028 40 60 (between 8am and 5pm, Monday to Friday).

Appendix 3

Vision for raising concerns in the NHS



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 (QGC)
Committee Meeting Date: 20th February 2017
Quorate: Yes
Apologies: Karen Martin, Nina Fraser
Chair: Ed Macalister-Smith
1. Cleaning Update; clarification was given that there are two separate measures; performance against contractual cleaning standards with ISS, and the Infection Control Nurses Association (ICNA) audit tool. Current contractual standards are being met by ISS but performance against the ICNA audits, which take into account wider environmental issues not within the remit of ISS, requires improvement. A further report will be received, outlining whether or not there is gap between the two measures that requires addressing and how any necessary further action will be taken.
2. Integrated Quality & Performance Report; the new flash report detailing up to date performance was received and was welcomed by committee members. Significantly improved complaint response times were welcomed. Of concern was an increase in patients waiting over 52 weeks on incomplete RTT pathways, and in the number of patients that are transferred to the Hospital of St Cross at night.
3. Screening Reports; the Committee received reports relating to Bowel Screening, Cervical Screening, Breast Screening and Antenatal Screening, and about the regional QST process. Many areas of good practice were noted within the reports alongside areas for action. A review of the way that these reports, together with reports from the Quality Surveillance Team are received and reported internally is underway, to ensure that QGC receives the correct level of information and assurance. QGC will continue to provide high level assurance for our partner organisations where UHCW is the accountable system leader.
4. Patient Safety Thermometer; the report demonstrated continuing excellent performance against the harms measured in the Patient Safety Thermometer. Performance has consistently exceeded the national target of 92% harm free care and the local stretch target of 95% harm free care since August 2016.
5. CQC Action Plan Outpatients & Imaging; the action plan was received relating to the specific actions highlighted in the CQC report dated 12th January 2017. The action plan related to the two specific areas that were the subject of the report. QGC requested that there was also focus around achieving 'good' or better at Trust wide level through the Chief Inspector of Hospitals Programme Board.
6. Health & Safety Committee; an annual report detailing health & safety activity between January 2016-2017 was received and members were assured that the Committee is meeting regularly. Further assurance was provided that work is underway to review the terms of reference and membership and to ensure that the forward-work programme covers all of the required areas. Regular committee reports to QGC will be submitted by the Chief Operating Officer, who is now Chair of the Health & Safety Committee.
7. Risk Committee; QGC approved the terms of reference for the Risk Management Committee.

University Hospitals Coventry and Warwickshire NHS Trust

Agenda item 18 Enclosure 13

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: 13th February 2017
Quoracy: Yes
Apologies: None
Chair: David Poynton, Non-Executive Director
1. Internal Audit Plan & Strategy 2017/18 The Committee received and approved the Internal Audit Plan for 2017/18, which was based on discussion with Chief Officers and on knowledge of the risks that the Trust faced. It was noted that there were a number of contingency days built into the plan and that it would be reviewed when the Board Assurance Framework for 2017/18 has been developed, to ensure that the full risk profile is covered by the proposed audit activity, in addition to the work that supports that of external audit and audit activity that is nationally mandated.
2. Pharmacy Stock Report The report prepared by internal audit gave moderate assurance and a number of actions have been agreed with management, which will be added to the action tracker system and monitored via the Committee. Concern was raised by members around an observation that a keypad lock was not being utilised within an area of pharmacy because of the constant access that is required. Although assurance was given that this was within an already accessed controlled area, it was agreed that the Director of Pharmacy would be invited to attend the next meeting to discuss this further.
3. Losses, Special Payments and Debt Write Off The Committee approved proposals for write off within the delegated limits of the committee.
4. Register of Interests, Gifts, Hospitality & Sponsorship The registers were received prior to submission to the Trust Board. A related Policy was also presented to the Committee to strengthen and enhance arrangements around reporting, although it was noted that between publication of the papers and the meeting, new national guidance had been produced and amendments to the Policy will now be made. Noting that this was an area of high profile nationally, the Audit Committee Chair set out an expectation that the content of the registers would be more comprehensive going forwards.
5. Cyber Security External audit advised that cyber-security was receiving a great deal of focus in the private sector. Assurance was given that the Trust had robust arrangements in place and had recently received Cyber Security accreditation. Furthermore, the Trust had an Associate Director of ICT who was lead for Cyber Security and was participating in NHS Digital's CareCert programme. Reporting arrangements were also in place from the ICT Security Compliance Committee to the Information Governance Committee and then up to Quality Governance Committee. Confirmation was also received that there is a corresponding risk on the Corporate Risk Register.
6. NHS Protect: Counter Fraud An update report detailing cases referred to the Counter Fraud Specialist was received. A query was raised in relation to how these cases were dealt with from an internal perspective when there was insufficient evidence to proceed to prosecution, and in relation to whether individuals with a professional registration were reported to their regulatory bodies were appropriate. A report from the Workforce Team relating to these issues will be submitted to the next meeting.

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