

# 2018 - 2019 ANNUAL REPORT



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## WELCOME

Welcome to our Annual Report for 2018/19.

It was a year in which the Care Quality Commission (CQC) deemed that all ratings across our two hospitals had improved or been maintained since the last visit in April 2015.

Whilst it was disappointing the Trust's rating did not change from 'requires improvement', we should all be proud that the CQC recognised the significant progress made.

This report provides an overview of the quality of the services we provided to our patients over the last year, as well as an outline of our priorities for 2019/20.

You will read about our many success stories here, from the opening of our new Innovation Hub to the announcement that UHCW will be awarded a £14 million Government grant to advance the use of artificial intelligence in cancer diagnosis.

As always, our staff have shone the brightest, including specialist nurses Hannah Martin and Paula Taylor being recognised for their exceptional contribution to healthcare as part of the NHS70 celebrations.

Senior physiotherapist Sue Crewe-Smith can now add MBE after her name while our Head of Resuscitation, Clinical Skills and Simulation Catherine Baldock won Individual of the Year at NHS England's Kate Granger Compassionate Care Awards.

External recognition has also been forthcoming for teamwork and transformation, with our Patient Safety and Risk Team named Patient Safety Team of the Year by the Health Service Journal (HSJ) and our Maternity team crowned as the Midwifery Service of the Year by the Royal College of Midwives (RCM).

We would like to end this introduction by giving our unreserved thanks, on behalf of the whole Trust Board, to our employees, volunteers and partners.

Year in, year out, they work tirelessly to Care, Achieve and Innovate and provide the best service they can for our patients.

We look forward to working with and supporting them through the coming year.



**Professor Andrew Hardy**  
Chief Executive Officer

A handwritten signature in black ink, appearing to read 'A Hardy'.



**Andrew Meehan**  
Chairman

A handwritten signature in black ink, appearing to read 'A Meehan'.

## THE YEAR IN PICTURES



### April 2018

#### Patients were invited to have their say as a new University Hospital Involvement Hub opened

The Involvement Hub, which opened in the main entrance of the University Hospital in Coventry, provides opportunities for greater interactive involvement.

Patients and relatives are invited to have their say by using the new feedback kiosks and share their experience of using our services.

The Hub location is also used for a range of engagement sessions on topics such as diabetes and dementia, along with demonstrations on new equipment and opportunities to input into service improvements.



### May 2018

#### Operating Department Practitioner (ODP) Day gave us a special chance to say thanks

Although ODPs may be one of the lesser known professions within the NHS, they are an integral part of the theatre team across three areas – anaesthetics, surgery and recovery.

Lee has been an ODP for four years and was a hospital porter before he decided to follow his dream. It was a role he had wanted to do since the day he escorted a patient to the operating theatres and got his first glimpse of what job ODPs do.

With determination to succeed and the support of his wife, who is a nurse in our Neonatal Unit, he joined the course at Coventry University. And he is so glad that he did.

Lee said: "It's the best job. It is busy and because we are a major trauma centre it is really rewarding being part of a team who care for the most seriously injured patients."



### June 2018

#### UHCW nurses named as national stars

Specialist nurses Hannah Martin and Paula Taylor, from the Neurosciences Department, received national recognition in June.

The pair were both named in a national list of 70 people and teams who have made an exceptional contribution to the NHS and the wider health and care sector.

Hannah, who cares for people living with Parkinson's, and Paula, who treats people with Adult Epilepsy, were named 19th and 21st respectively in a national poll by the NHS Confederation to mark the 70th birthday of the NHS.







## July 2018

### CEO celebrates NHS70 with cards from local school

Andy Hardy received NHS 70th birthday cards in July from Boughton Leigh Junior School in Rugby. Messages included:

- Thank you for looking after me and letting me live and helping lots of my family and friends survive
- Happy B'day to the 70 years old NHS! Carry on saving lives from serious illnesses such as cancer but also small ones like ear pain
- Thanks for looking after all of the people. We are really lucky to have you look after us. We are very grateful for all your hard work.
- Thank you for helping my family, when my mum got a crash from a car.

The cards were featured on a special NHS portal for staff to access and on a display at the Hospital of St Cross.



## August 2018

### Midwife becomes first non-medical member of staff to get an externally funded PhD research

Angela Polanco became the first non-medical member of staff to get an externally funded PhD following her National Institute of Health Research (NIHR) Masters in Research from Coventry University.

Since her daughter Bethany sadly died in 2012, Angela has been spurred on to achieve great things in her memory. Angela undertakes her PhD at university, exploring the communication and information needs of survivors of childhood cancer when pregnant.

After Bethany died, Angela founded the charity Bethany's Wish and actively campaigns to raise awareness of childhood cancer. She currently works in the Bio-Medical Research Unit, which conducts research into recurrent miscarriage.



## September 2018

### Organ Donation Week

In September, as part of Organ Donation Week, we met Sharon and her son Rob. Sharon donated one of her kidneys to Rob after his started to fail.

UHCW is one of the biggest national centres for living donor transplants and we are proud of our amazing teams who transform lives.

Sharon made a magnificent gesture to help save her son's life and said that being a donor is not as hard as you think.





## October 2018

### OSCAs celebration for UHCW staff

When the NHS was established 70 years ago, it was intended as a service from the cradle to the grave. This was reflected in the winners of the annual UHCW staff awards.

A long-serving NHS matron who cares for premature and unwell babies and caring volunteers who support patients at the end of their lives were among the winners at our eleventh annual Outstanding Service and Care Awards (OSCAs). Nominations for the awards were open to staff, patients and relatives.

Rose Blake, Neonatal Matron, was the big winner of the night, taking home two prizes. Rose, who has worked for the NHS in Coventry for 36 years and leads a team caring for the Trust's youngest patients, won both the Compassion in Care and Leader of the Year awards.



## November 2018

### £14million awarded to UHCW to reduce limbo for cancer patients

A £14m Government grant to advance the use of artificial intelligence in cancer diagnosis was announced in November.

It aimed to bring to an end the misery of 'limbo' felt by thousands of people waiting for a cancer diagnosis.

Business Secretary Greg Clark confirmed that UK Research and Innovation will invest £14 million into a consortium led by UHCW as part of the Industrial Strategy Challenge Fund.

The consortium 'PathLAKE', in partnership with the University of Warwick and electronic company Philips, will collaborate on a three-year project that will also involve experts from NHS hospitals and universities in Belfast, Oxford and Nottingham.

## December 2018

### UHCW delivers a Christmas Miracle

A woman, who suffered 13 miscarriages, spent her first Christmas as a mum. Laura and her husband Dave had been trying for a family since 2008, but two medical conditions kept causing Laura to miscarry.

Heartbreakingly her previous two pregnancies ended at 17 weeks and 20 weeks and she lost the baby boys she was carrying.

But like the amazing teams who looked after her, Laura and her husband Dave never gave up. Under the expert care of Professor Siobhan Quenby and our BRU team, she took part in world-leading miscarriage research and, in March, she discovered she was pregnant again.

Laura didn't miscarry and she was put under the care of Mrs Mukherjee, an expert in high risk pregnancies and together she, and





Professor Quenby closely monitored Laura. 30 weeks into the pregnancy, Laura's waters broke and baby Ivy made an unexpected entrance into the world. She weighed just 670g (1.7lbs) around the same size as a Christmas pudding.

Born nearly two and a half months premature, Ivy spent 11 weeks being cared for by our amazing neonatal team and was home in time for Christmas.



### January 2019

#### Maternity staff presented with baby feeding award by Lord Mayor

The Lord Mayor of Coventry John Blundell and the Lady Mayoress Lindsey Blundell presented Maternity staff at UHCW with a plaque to celebrate being awarded Baby Friendly Accreditation from UNICEF.

The Trust was awarded the accreditation as international recognition of its inspirational work to support infant feeding.

After being given a tour of the Maternity Unit at University Hospital Coventry, the Lord Mayor paid tribute to staff and presented them with a special plaque.

The Baby Friendly Initiative, set up by UNICEF and the World Health Organisation, is a global programme which provides a practical and effective way for health services to improve the care provided for all mothers and babies.



### February 2019

#### Record number of compliments for Bowel Cancer Screening Quality team

The Bowel Cancer Screening Quality team at The Hospital of St. Cross in Rugby received a record number of compliments from patients in 2018 with 2019 continuing their amazing record.

The team averaged two compliments per member of staff per month in 2018, with 468 received across the year.

In an effort to continue receiving positive feedback, the team has created visual displays to track how many compliments come in. These are placed in the call centre for staff to view.



## March 2019

### Together Towards World Class celebrates fifth anniversary

To mark the fifth anniversary of Together Towards World Class in March, Chief Officers delivered celebration cakes to all departments to say thank you for all their hard work.

Together Towards World Class was launched on NHS Change day in 2014, by Chief Executive Andy Hardy.

The programme outlines UHCW's aspiration to become a national and international leader in healthcare over a five year period. The Together Towards World Class programme is underpinned by the Trust's values.

## AWARDS

We are pleased to report that the Trust has had another award-winning year and has much to celebrate:

The Maternity team at UHCW NHS Trust was named [Midwifery Service of the Year](#) by the Royal College of Midwives (RCM).

Specialist nurses Hannah Martin and Paula Taylor, from the Neurosciences Department, were named as [NHS70 Stars](#) as part of the NHS70 celebrations.

Catherine Baldock, Head of Resuscitation, Clinical Skills and Simulation at UHCW NHS Trust, won [Individual of the Year](#) at NHS England's Kate Granger Compassionate Care Awards.

The UHCW NHS Trust's Patient Safety and Risk Team won the [Patient Safety Team of the Year](#) at the [HSJ Patient Safety Awards 2018](#).

At the [West Midlands Tech Awards 2018](#), UHCW NHS Trust picked up the award as the winners of the [Innovation in Public Services](#) for the Care Clox app. The app tracks the amount of time nurses and other frontline staff spend on tasks, to help them make sure they are spending as much time as possible on patient care, and to improve efficiency.

Sue Crewe-Smith, a senior physiotherapist at UHCW NHS Trust, was made a [Member of the Order of the British Empire \(MBE\)](#) in the New Year's Honours list in recognition of her services to physiotherapy and for her voluntary service to amateur sports.

The Trust is very proud to be awarded [Baby Friendly Accreditation from UNICEF](#) as international recognition of its inspirational work to support infant feeding.

Clinical Nurse Specialist Joe Colby was named [Nutrition Nurse of the Year](#) at the 2019 British Journal of Nursing awards.

Our Orthoptics Team has been shortlisted for two prestigious awards at the HSJ Value Awards, getting nods in the [Technology Initiative of the Year](#), and [Workforce Efficiency categories](#).

Trainee Nursing Associate Amy-Louise Billington has been shortlisted for the [Trainee Nurse Associate of the Year](#) at the Nursing Times Awards 2019.

Amy Verdon, Tissue Viability Clinical Nurse Specialist, is part of the team which has won the [Wound Care Nurses of the Year](#) award at the BJN awards.

## PERFORMANCE REPORT

### OVERVIEW

The Trust approached 2018/19 with a revised set of strategic objectives to continue the journey to be a national and international leader in healthcare and good progress has been made in several areas, as is detailed throughout this report.

The national context continues to be challenging, both operationally and financially and these challenges will continue. The Trust has sought to work differently utilising the UCHWi improvement methodology to work differently and address the rising demand and continuing financial and operational pressures.

Although some of our patients wait longer than they should for their treatment, the number on the waiting list has reduced in 2018/19 and there have been no patients waiting more than 52 weeks; this is intentional and planned and should continue as we actively manage long waiting patients to bring the overall waiting times down further. We have worked closely with our system partners and this will continue, especially in the context of a new form of contract with our local commissioners that should encourage greater collaboration and better management of patient pathways.

The Trust maintained a strong focus on financial performance in 2018/19 and although the in-year efficiency target was not met, a higher value of efficiency savings was made by the Trust than ever before. The Trust did not achieve its break-even duty and this continues to be a key focus of 2019/20.

Infection control, mortality and other quality metrics have improved and this focus will continue.

### ABOUT US

The Trust (formally Walsgrave Hospitals NHS Trust) was established in 1992 under the National Health Service & Community Care Act 1990 and expanded to include the Hospital of St Cross in Rugby in 1998.

The Trust is a major teaching trust and operates from two sites; University Hospital in Coventry and the Hospital of St Cross in Rugby and maintains a strong focus on the provision of high quality, safe and effective patient care. We provide both emergency and elective care and specialise in cardiology, neurosurgery, stroke, joint replacements, in vitro fertilisation (IVF) and maternal health, diabetes and kidney transplants. We are also a designated major trauma centre and cancer centre.

We employ over 9,000 staff and deliver acute healthcare to the population of Coventry and Rugby, as well as more specialist services to that population and regionally. Clinical care is delivered by our Clinical Groups that are each led by a triumvirate comprising of a Clinical Director, Group Director of Operations and a Group Director of Nursing and Allied Healthcare Professionals. The number of Clinical Groups has been reduced from 12 to 7 following a recent review of the Trust's structure. Support to the Groups is provided by a number of corporate services.

The University Hospital site is one of the most modern healthcare facilities in Europe with 1,100 beds and 26 operating theatres. We are equally proud of our facility in Rugby which has 130 beds and 6 operating theatres, including one mobile theatre.

We are very proud to be one of five NHS Trusts that are working in partnership with the Virginia Mason Institute, Seattle to become one of the safest hospitals in the country through the adoption of the UCHWi improvement methodology. More detail on how we are transforming our services using lean methodology can be found later in this report.



## VITAL STATISTICS

	2018/19	2017/18	2016/17	2015/16	2014/15	2013/14
Number of people attending an outpatient appointment	719,040	665,209	656,191	628,452	608,288	574,242
The number of people attending Accident & Emergency (A&E) including those in specialist Children's A&E. Attendances to the Walk in Centre are included in 2018/19 figures	242,577	190,549	187,792	184,979	183,440	176,485
The number of inpatients and day cases (based on admissions)	176,607	169,028	163,834	158,189	149,949	142,389
Number of Births	5,882	6,174	6,217	6,332	6,223	5,991
Patients operated in theatres	43,601	42,609	42,709	42,786	41,095	41,157

## OUR STRATEGY

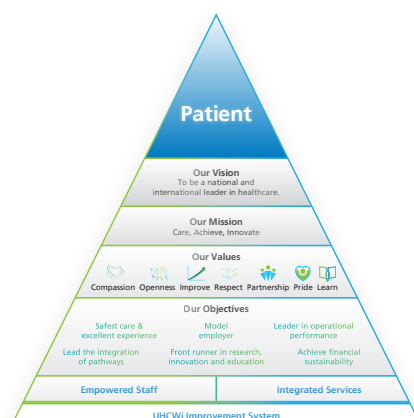
Our strategy was reviewed in 2018 and, following a number of staff engagement events a revised Organisational Strategy for 2018-2021 was approved by our Trust Board in March 2018. Our central focus on putting patients first in everything we do remains and is reflected in our vision, mission and values which have not changed.

Our vision to become a national and international leader in healthcare remains, along with our underpinning mission to 'Care, Achieve and Innovate'. We have also retained our values which have been developed by staff to reflect the culture we want to live.

The strategic solutions in the revised strategy respond to and are consistent with the national long term plan, the local system plans and our own internal challenges. The solutions are threefold:

- Empowering our staff – particularly through implementation and spread of our improvement methodology, known as UHCWi
- Integrating our services – working with other partners to help people stay well and avoid the need for care in hospital – where care is needed, providing it in the right place, locally where possible, centrally where necessary
- Building strong foundations – delivery will be enabled through our clinical services and support functions including organisational development, workforce & innovation, research, quality, digital & mobile technology, estates & facilities and finance

Our strategy triangle, including the objectives to help show whether we are achieving our strategy, is shown below.



We made good progress in meeting our strategic objectives in 2018-19. The rest of the report provides more detail on what we have delivered during the year.

The table below provides some examples of how our achievements support our strategic objectives.

<b>Deliver the safest care and excellence in patient experience</b>	We were awarded a prestigious national award for Patient Safety
	Our Clostridium Difficile infection rates are lowest (per 100,000 occupied beds) compared to both peer Trusts and nationally
	Our mortality indicators remain stable and within expected levels
<b>Be a model employer</b>	We continue to train our leaders in using the UHCW Improvement (UHCWi) methodology to drive quality and remove waste
	We have improved performance to over 90% for staff Personal Development Reviews
<b>Be a leader in operational performance</b>	Our waiting times for planned surgery have improved and no patients wait over a year
	Our A&E 4 hour target waiting times have improved by 5.5% compared to last year
	We consistently deliver and meet our diagnostic waiting time target
	Cancer performance remains above national average across all targets
<b>Lead the integration of care pathways for the populations we serve</b>	We have worked with community and primary care partners to develop services 'Out of Hospital' to prevent unnecessary hospital admissions and to enable timely discharge
	We have also established networks with other acute partners so that there are clear pathways for specialist services
<b>Be a front runner in research innovation and education</b>	Our Pathology Network was awarded £14.2m to develop artificial intelligence (AI) in diagnosing cancer and other diseases
	We have also successfully tested virtual outpatient clinics
<b>Achieve financial sustainability</b>	Theatres, outpatients and bed work streams have improved efficiency and patient pathways

## CULTURAL TRANSFORMATION AND ORGANISATIONAL DEVELOPMENT

We recognise cultural change is a long term process and the development of our Organisational Development, Workforce & Innovation Strategy during the year is key to providing direction to further our journey and bring us closer towards the culture we want to see at UHCW; to have engaged employees, aligned to vision, values and goals who feel able to optimise their potential. This builds on the foundations laid by the Together Towards World Class programme and recognises the important role that our UHCWi improvement system plays.

Highlights of our organisational development work moving us along our cultural transformation journey include:

- Undertaking a self-assessment against the Culture Transformation Continuum; a tool aligned to our improvement system that helps measure culture against a series of dimensions
- Launch of the Innovation Hub as a dedicated resource supporting innovation and transformation activity at UHCW - a space to dream, think, create and influence
- A Kaizen Promotion Office (KPO) team which teaches and coaches staff in the use of the UHCWi improvement system; showing tools and methods that can be used at every level of the organisation, developing teams who can frame problems and empowering staff to support and sustain locally led improvement
- Over 1,000 staff introduced to our UHCWi improvement tools and methodologies
- Supporting team development activities through a range of interventions and diagnostics
- Developing a coaching culture

## PERFORMANCE ANALYSIS

The Trust strives towards the provision of high quality care, whilst embracing innovation to ensure that we deliver applicable local and national targets and standards and enhance productivity. To do this, we have a Performance Management Framework embedded within the Trust, which measures and monitors our progress against these targets.

### Performance Management Framework

Our Performance Management Framework provides assurance on the performance delivery across the Trust against the strategic priorities aligned to the Trust's Vision and Values. It provides the mechanism for effective monitoring, accountability and escalation ensuring comprehensive performance management.

Performance management is the mechanism for the identification and implementation of data processes to effectively measure performance trends across all services and key performance indicators (KPIs) are utilised to identify service efficiencies, alongside clinical and operational performance. It provides the structure and processes for performance assessments on an annual, quarterly and monthly basis allowing a culture of performance to be embedded within the Trust. The Trust's balanced scorecard as at 31 March 2019 is shown page 17.

The performance management framework supports achievement of all of the Trust's strategic priorities which are to:

- Deliver the safest care and excellence in patient experience
- Be a model employer
- Be a leader in operational performance
- Lead the integration of care pathways for the populations we serve
- Be a front runner in research, innovation and education
- Achieve financial sustainability

This is achieved through alignment of annual goals and key performance measures which allows effective performance monitoring through key committee meetings feeding into the Trust Board through performance escalation. These metrics and performance reports are reviewed on an annual basis to ensure performance reports remain aligned to both external and local strategic priorities.





The annual performance management cycle above allows the Trust Board and its committees to receive assurance on the effectiveness of our performance management framework whilst ensuring that the strategic vision, annual goals and objectives are aligned to each core workstream within the Trust. This is reflected through the submission of revised KPIs on an annual basis that are aligned to the above.

It also provides an opportunity to reassess the key priorities for the forthcoming year embedding key performance principles with measureable outputs. This allows the Trust to track delivery and non-delivery providing a clear accountability pathway and escalation process through effective meeting structures and performance monitoring. This aids dissemination of key priorities throughout the Trust meaning greater alignment to UHCWi methodology as engagement, accountability and transparency is clear from Board to ward.

We also consider our performance against peer trusts and produce regular benchmarking reports using nationally published datasets that are reviewed at Trust Board and relevant committees. These reports outline our position against a suite of KPIs using national averages and individual peer trusts, which allows us to identify areas where improvements can be made, and to highlight where we are performing well.

#### Performance against 2018/19 Acute Contract Targets

Our 2018/19 Acute Contract with Clinical Commissioning Groups required delivery against 49 standards that were agreed as part of the contract. In addition to these, the Trust is also required to deliver against the indicators agreed in the Commissioning for Quality and Innovation Schemes (CQUINs). Performance challenges, particularly relating to flow through the hospital have continued throughout 2018/19 as detailed later in this report, but despite this, the Trust continues to deliver against the demanding Clostridium-Difficile (Trust acquired) target, which is very important to patients in terms of their safety when coming into one of our hospitals and in relation to the patient safety thermometer which is used to measure the provision of a care environment free of harm for our patients.

### PERFORMANCE EXCEPTIONS AND RISKS

The operational pressures that we are facing have meant that inter-related key performance indicator targets have not been met and these are described below.

#### A&E 4-hour Wait

Due to significant pressures that are being experienced nationally including our A&E Departments, the statutory 95% target has not been achieved in any month this financial year, with the best reported performance being 91% in September 2018. Our performance against this standard in 2018/19 was 86.9% which equates to 31,807 patients out of a total of 242,949 attendances at A&E being seen outside of the four hour standard. However, although this is 8.1% below the national 95% target, it is an improvement of 4.9% on the position from the previous year. In addition to which the Trust's minors pathway has significantly improved throughout the year and with the exception of February, has achieved the 95% four hour standard each month from November onwards.

Demand on the Trusts A&E services based at the University Hospital and Rugby St Cross sites continues to increase with an additional 8,931 patients being seen during the year at those sites; a 4.7% increase on the previous year. The Trusts Type 1 facilities exhibit a 5.5% increase and the adult ED facility a growth of 5.7%.

The Trust continued to take a number of actions during the year to improve the A&E performance including the further development of the resilience of the minors pathway to meet a local stretch target of 99% of patients admitted or discharged within four hours and also the further development of both medical and surgical pathways supported by NHS ELECT to provide high quality and efficient care for our ambulant patients. We have also progressed the Patient Flow work stream which is working to

reduce length of stay, improve the number of morning discharges, processes around ward/board rounds and the development of ward production boards.

#### Referral to Treatment (RTT)

The Trust is required to meet a 92% standard for the RTT measurement for incomplete pathways. This means that 92% of patients on our total waiting list should be treated within 18 weeks.

Due to our performance challenges, the Trust achieved 85.1% against the 92% standard, which has meant that a number of patients have waited longer than 18 weeks for their treatment. Throughout the year, actions have been taken to try to reduce this, including weekly patient level tracking and setting clear targets for each of our Clinical Groups and monitoring performance against these.

Despite not delivering the 92% target, the Trust has made significant progress against the 52 week wait performance measure. There were 27 breaches reported in April 2018 which, following targeted monitoring and action plans, resulted in no patients waiting over 52 weeks by December, a significant achievement. The Trust has continued to deliver against the 6 week wait for diagnostic tests and is performing better than the national average and peer trusts for this performance indicator.

#### Cancer 62 Day Standard

The standard states that 85% of patients will wait a maximum of 62 days for their first cancer treatment from the point of GP referral for suspected cancer.

Performance for the early part of the year was on target, however the standard has not been met since September 2018. This has been primarily due to inadequate theatre capacity in urology to carry out prostate biopsies and robot assisted surgery. Actions are being taken to improve urology performance. Late referrals from other trusts are also a contributory factor to underachievement of this standard. The Trust is working with partners to ensure that late referrals to the Trust are minimised.

The Trust has enhanced its weekly patient level tracking meeting which includes additional support for tracking patients on an urgent suspected cancer pathway, resulting in improved patient pathways.

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

This indicator measures the number of patients that are not treated within 28 days following last minute cancellation of their surgery. Failure of this indicator is a consequence of pressure in the emergency care pathway, which has an impact on the availability of our beds and consequently on our ability to admit patients for elective surgery. Regrettably, in 2018/19 there have been 100 reported breaches of the 28 day treatment guarantee following an elective cancellation.

## SCORECARD AS AT 31 MARCH 2019

Trust Board Scorecard								
Type	Measure	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Trend
Safest care and excellent experience								
Infection Control								
	Clostridium Difficile - Trust Acquired - Cumulative	34	35	↓	41	41	CNO	
	MRSA Bacteremia - Trust Acquired - Cumulative	1	1	→	0	0	CNO	
Safe Care								
	Never Events - Cumulative	0.0	0.0	→	0	0	CMO	
	Harm Free Care	96.2%	96.1%	↓	95%	95%	CNO	
	Serious Incidents - Number	5	13	↓	15	15	CMO	
	HSMR - Basket of 56 Diagnosis Groups (3 months in arrears)	99.24	88.62	↑	RR	RR	CMO	
	SHMI - Quarterly (6 months in arrears)	113.33	112.03	↑	RR	RR	CMO	
	Average Number of Daily Stranded Patients (21 Days)	197	206	↓	175	175	CNO	
Patient Experience								
	Friends & Family Test - Recommender Targets Achieved	1	0	↓	7	7	CMO	
	Complaints Turnaround <= 25 Days (1 month in arrears)	81%	46%	↓	90%	90%	CMO	
Leader in operational performance								
Patient Flow								
	Emergency Care 4 Hour Wait	79.1%	80.9%	↑	95%	95%	COO	
	Bed Occupancy Rate - KH03 (3 months in arrears)	99.0%	98.9%	↑	93%	93%	COO	
	Delayed Transfers as a Percentage of Admissions	4.9%	5.5%	↓	3.5%	3.5%	COO	
	Breaches of the 28 Day Readmission Guarantee	2	12	↓	0	0	COO	
	Diagnostic Waiters - 6 Weeks and Over	0.11%	0.15%	↓	1%	1%	COO	
RTT								
	18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	84.6%	84.3%	↓	92%	92%	COO	
	RTT 52 Week Waits Incomplete (1 month in arrears)	0	0	→	0	0	COO	
	Last Minute Non-clinical Cancelled Operations - Elective	0.9%	0.9%	↓	0.8%	0.8%	COO	
Cancer								
	Cancer 62 Day Urgent Referral to Treatment (1 month in arrears)	81.40%	75.14%	↓	85%	85%	COO	
	Cancer 104+ Day Waits (1 month in arrears)	9.5	10.0	↓	0	0	COO	
	National Cancer Standards Achieved (1 month in arrears)	6	7	↑	8	8	COO	
Model employer								
	Mandatory Training Compliance	90.08%	91.84%	↑	95%	95%	CWIO	
	Personal Development Review - Non-Medical	90.39%	92.27%	↑	90%	90%	CWIO	
	Personal Development Review - Medical	86.80%	87.89%	↑	90%	90%	CWIO	
	Sickness Rate	5.12%	4.57%	↑	4%	4%	CWIO	
	Staff Survey - Recommending as a Place of Work (Quarterly)	N/A	64.06%	→	70%	70%	CWIO	
Achieve financial sustainability								
	Income & Expenditure Margin Rating	4	4	→	1	1	CFO	
	Forecast Income & Expenditure - £'000	-33570	-28330	↑	-9693	-9693	CFO	
	CIP Delivery - £'000	26463	30193	↑	37500	37500	CFO	
Frontrunner in research innovation and education								
	Patients Recruited into NIHR Portfolio-Cumulative (2 months in arrears)	3904	4273	↑	3403	4083	CMO	
	Commercial Income Invoiced £000s - Cumulative (1 month in arrears)	722	750	↑	1100	1200	CMO	
	NIHR Research Capability Funding (£000s)	488	650	↑	1000	1000	CMO	
	Trial Recruitment Income (£000s)	2410	3213	↑	3150	3150	CMO	
	All Grant Income (£000s)	2621	3869	↑	2200	2200	CMO	
	Educational Supervisors with a Completed Educational Appraisal - Quarterly	100%	100%	→	100%	100%	CMO	
	Medical Trainees per Educational Supervisor - Quarterly (1 month in arrears)			→	2	2	CMO	
	Medical Student Placements Achieving Feedback Targets - Quarterly	9	9	→	12	12	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.

RAG	DoT	Target Type
No Target or RAG rating	Improving	National Target
Achieving or exceeding target	No change	Regional Target
Slightly behind target	Falling	Local Target
Not achieving target		
Data not currently available		
Annual Target Breached		

## FORWARD LOOK: MAIN TREND AND FACTORS LIKELY TO AFFECT OUR FUTURE PERFORMANCE

### OVERVIEW

Although we continually strive towards realising our vision and providing the safe, high quality care that our patients deserve, we do so in an increasingly difficult environment. The NHS is under significant financial pressure; demand for the services that we provide continues to grow and we must ensure that we continually strive to improve the quality of care that we provide.

The Trust has continued its relentless focus on recruitment and retention during 2018/19 to ensure that we have the skilled workforce that we need to take the organisation forward and reduce our requirement to use agency staff. Agency spend continues to be an area of focus in order for us to continue to reduce the costs associated to agency use. Recruitment to certain posts is a nationwide issue and we continue to explore alternative roles and new ways of working to manage areas where recruitment is challenged.

Despite the national challenges NHS services face and our performance being below national targets, we have seen improvements throughout 2018/19 which we plan to continue into 2019/20. We are likely to face similar challenges throughout 2019/20, however we have clear operational plans and an innovative methodology (UHCWi) to assist us in improving performance continuously.

### MANAGING CAPACITY

The Trust has underperformed against a number of standards set out in the Single Oversight Framework however when comparing to the previous year we have seen improvement across a number of performance outputs.

We recognize that not meeting the A&E 4-hour standard or the RTT NHS Constitutional standard of patients being treated in 18 weeks falls short of the experience that the Trust would want to offer our patients. Despite non-delivery of the above targets we have seen a 4.9% improvement in the 4-hour standard and have robust plans and clear governance in place to continue to build on the improved performance seen throughout 2018/19.

Our RTT incomplete percentage remains below the 92% national standard however we have reduced the number of patients waiting above 52 weeks by 100% and maintained that position since November 2018. In addition we have reduced the number of patients waiting above 40 weeks by 65% (February 2018 to February 2019) providing assurance on sustainability of our 52 week position.

In addition to the above we continue to reduce our backlog seeing a reduction of 11.3% between March 2018 to March 2019. We continue to focus on this reduction moving into 2019/20 and have clear governance and escalation processes around delivery on a weekly basis.

The adoption and expansion of the UHCWi methodology across different clinical areas is delivering good indications of improvements in both our productivity and efficiency. Throughout 2018/19 we continued to explore specific productivity opportunities across theatres, outpatients and effective flow of our patients across the Trust. In addition to our internal processes we continue to review demand management and delivery of care across Coventry and Warwickshire to assist in the development of services in the right place closer to home. We also continue to review our demand and capacity to work with our Commissioners to review pathways and ensure patients are seen and treated in the appropriate setting.

Throughout 2018/19 our 62 day standard has been challenged and we continue to work on improvement plans and strategic patient pathways to ensure the patients across Coventry and Warwickshire receive care within the appropriate time. Ongoing pathway reviews with the Cancer



Networks and our CCG colleagues will ensure we use our capacity productively to deliver the cancer standards.

We will continue to focus on our emergency care pathways through effective planning and governance. In doing so we have:

- Reviewed and embedded effective Ambulatory Emergency Care (AEC) pathways for our patients
- Introduced effective processes for streaming patients to the most appropriate emergency pathways

We will continue our efforts to reduce length of stay (LOS) and improve our discharge performance through:

- Matching capacity to demand and effective winter plans
- Increasing the number of pre-noon discharges to 30%
- Improving weekend discharges so that they are 80% of those experienced on a weekday
- Reducing the number of patients with LOS of less than seven days
- Reducing the number of base 2 patients (those patients under the care of a medical specialty who are on a ward other than a medical ward)

The NHS Long Term Plan (LTP) describes 2019/20 as a transition year for the NHS as we move from our traditional, competitive ways of working towards a more collaborative and integrated approach. During 2018/19 the Coventry and Warwickshire health and care system, has been working on key priorities with partners in the health economy and with stakeholders and other interest groups.

Alongside the national priorities, in 2018/19 senior clinical leaders across the system have worked together as the Better Health, Better Care, Better Value (BHBCBV) Clinical Design Authority (CDA) to produce a clinical strategy. This identifies three local priorities that will be our focus for 2019/20; frailty, musculoskeletal (MSK) and mental health services. These were prioritised following a full review of all services and were thought to offer the greatest opportunity to demonstrate improved value-based outcomes. The CDA will oversee work to develop best practice pathways for these areas and at Place, work will be undertaken to redesign pathways to maximise quality and outcome for minimal cost. To support this we have invested in a Value Improvement Programme for our clinical leaders.

## FINANCIAL PERFORMANCE

The Trust set a challenging plan for 2018/19 which was in line with the NHSI control total; however, was predicated on a number of operational and financial improvements.

During the year the Trust, in conjunction with NHSI formally changed its forecast position to a £33.6 million deficit. The move in forecast was primarily driven by operational performance, contract challenges and the slippage of the car park construction.

The Trust has reported a deficit of £28.3 million and whilst this was £5.2 million better than forecast (due to additional provider sustainability funding notified at the year-end) we did not meet either our break even duty or our plan of a £9.7 million deficit. We delivered £30.2 million of the £37.5 million cost improvement target, however, the level of non-recurrent savings within this was higher than planned. The Trust finds itself in a difficult position both financially and operationally, with capacity pressures impacting on our ability to deliver elective care and consequently upon our income and ability to meet national standards.

The 2019/20 position continues to be challenging; however, there are a range of efficiency opportunities identified through the Waste Reduction Programme that will support the delivery of a challenging cost improvement target of £36.0 million.

## MEETING REQUIRED TARGET AND STANDARDS

As we have described above our ability to meet key national targets such as the A&E 4-hour standard and the RTT target continue to be challenged by operational pressures. All aspects of our performance will continue to be closely monitored internally through our Performance Management Framework and externally by our commissioners through Contract Performance Meetings.

## COUNTER FRAUD ARRANGEMENTS

Fraud, bribery and corruption can result in resources being unintentionally diverted away from their intended purpose and is one of the risks the Trust has to manage. The Trust does not tolerate this and continues to work with our Anti-Fraud Specialist to identify instances where this is taking place and to impose the appropriate level of sanctions where this has been committed and to reduce the possibility of this taking place. They deliver against an approved plan covering the four areas which are:

- Strategic Governance
- Inform and Involve
- Prevent and Deter
- Hold to Account

Work undertaken by Anti-Fraud includes professional investigation into cases that are raised with the Trust where possible fraud or corruption may be taking or have taken place. A number of briefings and reports are presented to the Trust which includes professional guidance and advice. The Anti-Fraud Specialist provides introductory information to all new staff to ensure the anti-fraud message is disseminated effectively and uses appropriate media to disseminate fraud awareness materials across the organisation.

## CLINICAL QUALITY AND QUALITY ACCOUNT

Details are provided within the Quality Account.

## PATIENT EXPERIENCE AND ENGAGEMENT

Details are provided within the Quality Account.

## RESEARCH, DEVELOPMENT AND INNOVATION

Research is core to the development of new techniques, treatments and therapies in the prevention, diagnosis and treatment of disease. It enables us to provide the highest quality and most effective patient care. It ensures that we are a leader rather than a follower within healthcare provision and enables us to attract and retain highly skilled and motivated staff. As such, one of our Trust objectives is to be a frontrunner in research, innovation and education.

### Supporting Our Staff

In collaboration with healthcare, academic and commercial partners, the Research and Development Department supports and delivers a wide range of high quality health research for the benefit of our patients. We revised our Research Strategy to provide more focus on how the Trust aims to nurture and develop research more widely with all staff encouraged to be actively involved. The Trust provides opportunities to enable staff to develop their research and their research careers through informal sessions and mentoring to structured training and support such as our 'INCA' (Internships for Non-Medical Academics) and 'Consultant Fellowship' programmes whereby staff can be released from their clinical duties to develop their own research.



As part of our INCA Research Programme our first 'Spring School' for aspiring researchers at PhD and post Masters level was run in May 2018. In 2018/19 year, two staff members have secured INCA awards to complete a Master of Research (MRes) with Coventry University and one member of staff secured National Institute of Health Research (NIHR) funding to complete a Masters to Doctorate Bridging Programme. Following the completion of her MRes, Angela Polanco, Research Midwife, was successful in securing funding to complete her PhD. Our Nursing, Midwifery, Allied Health Professional and Scientist research strategy is currently being reviewed and refreshed, with a relaunch in 2019/20.

As part of our plan to have visible research leadership embedded within the Trust, we have developed new joint academic posts, including a Professor in Clinical Nursing with Coventry University (Professor Jane Coad), a Senior Fellow in Transplantation (Mr James Hunter) with the University of Oxford and a Professor in Midwifery (Professor Debra Bick) with University of Warwick.

The Trust has numerous events to inspire our staff. 'The Summit' is our annual knowledge exchange and networking day. This free event (supported by external sponsorship) is open to all UHCW staff and also attracts our local NHS and academic partners. The event is designed to enable staff to increase their understanding of research by hearing from colleagues and partners who already play an active role, seek advice and support on implementing research projects, develop their ideas and protect their intellectual property. This year, there were external speakers from seven different universities and Mr Derek Stuart, OBE, NIHR Associate Director for Involvement and Engagement, presented his personal experience of patient involvement in research and Major Nat Taylor shared the story of the 'Ice Maidens', the first all-female team to trek across the South Pole at the Grand Round. The event is now in its fourth year, hosting 150+ delegates, attracting increasing numbers of external attendees.

#### National Centre of Excellence for Artificial Intelligence in Pathology Established

A key award this year was a £14 million government grant to advance the use of artificial intelligence in cancer diagnosis into a consortium led by the Trust as part of the Industrial Strategy Challenge Fund. The consortium, 'PathLAKE', in partnership with University of Warwick and Philips will collaborate on a three year project that will involve experts from NHS hospitals and universities at Belfast, Oxford and Nottingham. The project will be hosted by the new UHCW Institute of Precision Diagnostics and Translational medicine to ensure rapid translation into clinical practice. Together we plan to revolutionise the future of cancer care by speeding up the detection of some cancers while being more accurate, as well as paving the way for personalised care. This new Centre for Artificial Intelligence (AI) will be based at University Hospital in Coventry where digital pathology was first used to diagnose cancer and the project will focus on breast, prostate, lung and colon cancers. The funding will also be used to establish a 'Data lake' where anonymous patient data will be collected and used in research to look for patterns and trends – helping to further advance cancer care and other treatments.

#### Patient and Public Involvement and Engagement and Participation in Research Trials

Recruitment to NIHR portfolio adopted trials remains a key priority for us. During 2018/19, over 4,000 patients entered research studies at the Trust. The latest NIHR Research League Tables show that the Trust is now 35th for research activity across all acute NHS Trusts. We have a developing portfolio of complex interventional studies which are funded by the National Institute of Health Research, Association of Medical Research Charities and the pharmaceutical industry.

Patient and Public Involvement and Engagement (PPIE) in research has further expanded this year. The Patient and Public Research Advisory Group (PRAG) currently has 36 members (patient, carers and members of the public who use their own experiences and perspectives to advise researchers) who have advised on twelve research projects in the last year. Members of the Patients in Pregnancy Research (PIPR) group have continued to contribute to Reproductive Health research. We are also supporting a national Bile Acid Diarrhoea (BAD) support group to set-up a national Patient and Public Involvement (PPI) group. In addition, the Trust continues to work with four Patient Research Ambassadors (PRAs) who raise awareness of research amongst patients, the public and healthcare staff.

To ensure that PPIE in research is implemented and delivered in line with national standards and in conjunction with the Trust Patient Experience and Engagement Delivery Plan a Patient and Public Involvement Research Steering Group (PPIRSG) has been established. The steering group consists of lay members and Trust staff who have an active involvement in PPIE and reports to the Trust Patient Experience Delivery Group and R&D Strategy Committee.

An Open Day in May provided our staff and patients with an opportunity to engage with and understand some of the work that we do.

### Publications

Our staff published widely in 2018, recording 149 publications, books and abstracts as well as presentations at national and international meetings and publications in high impact factor journals such as the Lancet and the British Medical Journal.

### Funding

The Trust cannot carry out research without funding and submits over 125 applications for funding each year. Of these, 20-25% will be funded (depending on funder) which is at, or above, expected success rate.

The National Institute of Health Research funds patient focussed research and so is a key research funder for the NHS. For every £1 of NIHR income secured, each trust receives additional Research Capability Funding (RCF). In 2018/19, the Trust was 31st in the country for the amount of RCF received. In addition to six larger awards (of £250,000 and above), we have secured a number of small grants to support pilot work and patient and public involvement activities.

### Facilities

UHCW hosts one of only 23 NIHR Clinical Research Facilities (CRF) in England. Our 'NIHR Coventry and Warwickshire' CRF launched on 1st April 2017 and provides researchers with additional support to develop more experimental medicine / translational studies for the benefit of our patients. To maintain our CRF status we are required to increase our portfolio of experimental medicine and translational studies, which we are confident we will achieve. Our first Phase I study will commence in 2019. The CRF is also supporting the Arthritis Therapy Acceleration Programme (A-TAP), which is a prestigious partnership between UHCW, University of Oxford and University of Birmingham.

Our National Institute for Health Research (NIHR) Clinical Research Facility (CRF) award was favourably reviewed in March 2019 and our designation has been extended for another 3 years. Our Human Metabolic Research Unit (HMRU) is a key part of this and we have received positive feedback about their work, particularly their contribution to international research, such as the research of the impact of the Antarctic crossing by the Ice-Maidens (female army personnel). The HMRU now houses the Global Polar and Altitude Research Registry which will prospectively study individuals before and after extended journeys to these environments.

Our Biomedical Research Unit is also integral to our CRF performance and carries out a large amount of translational research and the Trust is working to develop a pipeline of studies. A recent NIHR Efficacy and Mechanism award (detailed in 'National Institute of Health Research Grants Awarded') includes an embedded early phase study that will enable the team to maintain and exceed their significant patient recruitment numbers during 2019/20.

### The 100,000 Genomes Project

This project is currently the largest national sequencing project of its kind in the world, aiming to sequence 100,000 genomes from around 70,000 people. Participants are NHS patients with a rare disease, plus their families, and patients with cancer. The aim is to create a new genomic medicine

service for the NHS – transforming the way people are cared for. Patients may be offered a diagnosis where there wasn't one before. In time, there is the potential of new and more effective treatments. The project will also enable new medical research. Combining genomic sequence data with medical records is a ground-breaking resource. Researchers will study how best to use genomics in healthcare and how best to interpret the data to help patients. The causes, diagnosis and treatment of disease will also be investigated. The 100,000 Genomes project has been open to recruitment at UHCW for cancer and rare diseases for 3 years, during which time 770 patients have contributed 569 patients across 10 cancer types in addition to 201 patients with rare diseases. UHCW staff have also supported George Eliot Hospital NHS Trust, recruiting 68 patients in 12 months. The project is now moving into service, with the hope that in future patients can have their genome sequenced as routine prior to starting their treatments, truly personalised medicine.

### Awards

We are establishing our reputation as a leading institution for research. Our Research and Development Team were recognised nationally this year as finalists in the Pharmatimes NHS Clinical Research Site of the Year, judged by the NIHR and Association of British Pharmaceutical Industries. They were also 'Highly Commended' in the Health Service Journal Value awards and received a Silver award in the national 'Healthcare Heroes' awards.

In the annual West Midlands Clinical Research Network awards, our Trust won 3 of the 13 regional awards for research. The Trust again had a strong showing in the technology categories, with Sukhdeep Bhutta from ICT winning the 'Use of Digital Technology in Research' award and the R&D team winning 'Business Intelligence Leader' for the second year running for implementation of data-capture software and data usage. Mohammed Khan from Pharmacy won 'Best Support Service' for his outstanding commitment and support to the delivery of research and the WISDEM (Warwick Institute for the study of Diabetes, Endocrinology and Metabolism) team were 'Highly Commended' for their patient and public involvement and engagement in research.

At the regional Academic Health Science Network 'Meridian Celebration of Innovation' awards, Professor Chris Imray (Director of R&D), Professor Nick Dale (Sarissa Limited) and Professor Christine Roffe (University Hospitals of North Midlands) won the Midtech award for best NHS developed medical technology innovation for the SMARTChip (a biosensor to detect stroke) and Professor Richard King came second (for his dual mobility shoulder replacement).

The Trust is extremely proud of our achievements during the year and will build upon our successes in 2019/20.

## CULTURAL TRANSFORMATION AND ORGANISATIONAL DEVELOPMENT

The Trust recognises cultural change is a long term process and the development of our Organisational Development, Workforce & Innovation Strategy during the year is key to providing direction to further our journey and bring us closer towards the culture we want to see at UHCW, which is to have engaged, employees, aligned to vision, values and goals who feel able to optimise their potential. This builds on the foundations laid by Together Towards World Class (TTWC), launched in 2014 to deliver a series of OD interventions supporting:

- World Class Experience
- World Class Services
- World Class Conversations
- World Class Leadership
- World Class People



Examples of the impact of TTWC include implementation of our patient involvement hub, improvement in our internal communications through a new intranet, introduction of our flagship leadership development programme – Leading Together, and co-design of our values in partnership with staff.

In March 2019 we celebrated the fifth and final anniversary of TTWC by saying thank you to staff for their contribution to our cultural journey so far and marking the progress of our evolvement into UHCWi – the standard improvement and management system we are growing and developing across the whole of the organisation.



At the heart of transformation is positive cultural change. As our journey continues the work of the Transformation Directorate becomes pivotal in supporting cultural shift across the organisation.

## UHCW Improvement System (UHCWi)

We recognise the important role that our UHCW Improvement System (UHCWi) plays in supporting cultural transformation. We continue in our partnership with the Virginia Mason Institute as they coach us to embed UHCWi as the management system for how we both run and improve our hospitals. Although based on lean methodology, this is about changing the culture of the organisation. The Kaizen Promotion Office provides training and support for staff in the use of the UHCWi tools and methodologies and coaches leaders to use these in their daily work to know, run and improve their services for patients.

Building on the foundations of TTWC, UHCWi has 3 timeless aims so that both staff and patients can easily identify what the system stands for: they are:





Over the past year our Chief Officers have continued to lead on Value Streams (areas of work) in:

- Ophthalmology
- Patient Safety Incidents
- Theatres
- Discharge
- Pre-Operative Assessment

Two new Value Streams focused on Children's Emergency Department and Recruitment have been identified. The Value Streams have Rapid Process Improvement Workshops to ask staff that work in the process how to improve it for the benefit of patients.

The Patient Safety Value Stream has successfully transitioned back to normal practice with the Patient Safety team continuing to run smaller improvement events to maintain the culture of continuous improvement. The success of this work saw our Patient Safety Team win the Patient Safety Team of the Year at the 2018 HSJ Patient Safety Awards.

*"The resource and process should be used as an exemplar for learning and achieving QI work from Learning from Deaths."* West Midlands Mortality Leads Meeting

*"cutting edge processes"*  
CQC Inspector

*"Fascinating" "Particularly useful for informing national work going forward"* NHSI Patient Safety Investigation Team

Jeremy Hunt  
@Jeremy\_Hunt  
Following  
Hugely impressive patient safety measures @nhsuhcw – a specialist response team, a focus on learning from deaths and regular patient safety huddles. Thank you for an excellent visit.  
4:55 AM - 2 Mar 2018

*"I have no doubt that the approach you are taking to quality improvement is key to delivering high quality and safe patient care"*  
Prof. Ted Baker

UHB Human Factors @UHBHumanFactors · Feb 27  
Brilliant illustration by @steve\_tipper of how learning teams can be used for patient safety, systems performance and staff morale. @nhsuhcw should be proud! UHB/UoB PGC MD Healthcare Simulation @UHBsim @uhbcomms @unibirmingham

As part of our 'Patient First' commitment the Trust aims to include patient partners as equal voices alongside our staff on improvement events



The partnership with Virginia Mason Institute, Seattle is currently being evaluated by Warwick Business School. The Cultural Assessment Tool (an externally facilitated survey) run at the start of the partnership was repeated in 2018 and shows positive improvements in our culture linked to the introduction of UHCWi.

The new waste reduction programme for 2019/20 will use the tools and methodologies of our management system as the basis for driving out waste and improving patient care and experience through a planned programme of work.

### Innovation

We continue to grow and expand the role of Innovation with our approach outlined in the Organisational Development, Workforce & Innovation Strategy supporting our corporate objective of being a 'front runner in innovation'. To support this we have recently appointed Mr Joseph Hardwicke, Consultant Plastic Surgeon, as our new Clinical Lead for Innovation.

We focus our work on key work streams:

- **Innovation Ideas** - an open channel to all staff to submit their ideas with potential innovation value. During the year we hosted two Innovation Dens, with the successful idea being supported:  
July 2018 – Physiotherapy App, by Dr T Osicki December 2018 – Mobile Application Development and Adoption; following recognition that 60% of all ideas are for Applications
- **Innovation Adoption** - adopting in market ready innovations and/or innovations from Academia or Industry, working in collaboration with the Academic Health Science Network (AHSN). Potential new Innovation Adoptions, subsidised through the Innovation Technology Payment covered by NHS-E, until March 2019, that we have pursued during the year including Ethicon Plus Antibacterial Sutures, Endocuff Vision, SecurAcath, Heartflow, PneuX.
- **Innovation Reconfiguration** - implementing Innovation into our clinical pathways and services. This work benefits from collaborative working, engagement of staff and embracing the use of technology to allow us to grow and improve as an organisation. We have continued the work on Video Virtualisation blueprint, Artificial Intelligence Blueprint, and a Telehealth Blueprint.



We were very proud to open our brand new Innovation Hub in December 2018. Designed to facilitate transformational activity, the flexible space includes WeBex conference board facilities, improved WiFi, data and electrical outputs, movable white board facilities that also act as dividing walls. The space encourages social interaction and provides an inspiring change of scenery for people to work together in, creating a culture of innovation

We believe Innovation will be the difference between the way wellbeing, health and care is delivered today and in the future. We will work in partnership with Research & Development and external organisations within a vibrant 'open' innovation ecosystem to achieve this. The Innovation Hub provides an easily recognisable and accessible point of contact to do this in a more effective way.



## Enablement

Support for productivity work streams and service improvement projects is provided by our Enablement Team. During the year they have worked alongside clinical and corporate teams to improve services so that patients experience and safety is enhanced.

During the year we have developed our Greenhouse system, in partnership with our external provider, i-Nexus. This is designed to transform the way we deliver projects and waste reduction programmes using a platform that supports idea generation, decision making, monitoring and interactive reporting. This year we have completed phase 1 of our implementation with full roll out planned next year. Expected benefits include a reduction in duplication, standardisation, live time information, interactive reporting and the driving of delivery.

## Organisational Development and Engagement

Organisational Development (OD) is mainly focussed on developing positive behaviour and attitudes at work. Highlights of our OD work moving us along our cultural transformation journey include:

- Undertaking a self-assessment against the Culture Transformation Continuum; a tool aligned to our improvement system that helps measure culture against a series of dimensions
- Supporting team development activities through a range of interventions and diagnostics
- Developing a coaching culture
- Innovative ways of employee engagement, including our Blooming with Pride event allowing staff to share what they are most proud of at work

We continue to embed our Trust values within our everyday work, aligning everyday behaviours and attitudes to ensure our patients receive the best experience at UHCW.

## FINANCIAL PERFORMANCE OVERVIEW 2018/19

### Statement from Susan Rollason, Chief Finance and Strategy Officer

We began our year with a financial plan based upon a control total of a £9.7 million deficit, backed with £13.3 million of Provider Sustainability Funding (PSF). The underlying control total for the Trust (excluding PSF) was therefore a £25.2 million deficit. Finances for the year remained challenged for whole NHS, and operational pressures and the slippage in the construction of a new car park have resulted in an under delivery against our Trust plan.

These challenges have resulted in the Trust delivering a £28.3 million deficit for the year after required adjustments for impairments and donated assets (see paragraph 2.15.2) and after the receipt of £13.3 million of PSF income. Financial performance excluding PSF income was therefore a deficit of £41.6 million which represents an underperformance of £16.4 million against the underlying control total. Despite these challenges we narrowly missed the agency reduction control total by £0.3m and delivered £30.2 million cost improvement schemes.

This section sets out the key features of the Trust's financial performance in 2018/19.

A full set of accounts is attached including:

- Statement of Comprehensive Income
- Statement of Financial Position
- Statement of Changes in Taxpayers' Equity
- Statement of Cash Flows



The delivery of £30.2 million of cost improvement is a significant achievement that could not have been done without the efforts of all staff groups throughout the organisation, and on behalf of the Trust Board, I should like to place on record our thanks and appreciation for their hard work for this. This focus needs to be maintained into the new financial year.

### Key Financial Targets

It is important to understand how performance against the financial performance target is calculated. In its Statement of Comprehensive Income, the Trust recorded a deficit for the year of £30.1 million which the Department of Health requires to be adjusted for the following:




- The impact of the impairment (or reversals of impairments) of non-current assets is excluded from the breakeven duty calculation; and
- HM Treasury guidance on the interpretation of IFRS concerning accounting for donated assets required the removal of the donated assets reserve in 2011/12, however in order to comply with HM Treasury Consolidated Budgeting Guidance, the impact of this accounting change should also be excluded from the financial performance of NHS Trusts. This can result in either a positive or negative adjustment.

The table below reconciles the position reported in the Trust's Statement of Comprehensive Income to its performance against its financial performance target:

Reconciliation of retained surplus to adjusted financial performance	£'000
Retained surplus/(deficit) for the year	-30,143
Remove impairment reversals credited to revenue	1,776
Adjustments in respect of donated asset reserve elimination	37
Adjusted financial performance: retained surplus/(deficit)	-28,330



The table below shows the Trust's performance against each of its key financial targets:

Duty	Target	Performance	Target Met
<b>Achievement of the financial performance target</b> <b>(on its Statement of Comprehensive Income)</b> (this requires the Trust to meet the target agreed with NHS Improvement)	<b>£9.693 million deficit</b>	<b>£28.330 million deficit (after allowable adjustments)</b> <b>£18.637 million shortfall against plan</b> <b>Target not achieved</b>	
<b>Remain within its approved External Financing Limit (EFL)</b> (this requires the Trust to remain within the borrowing limits set by the Department of Health)	<b>£22.625 million</b> (this required the Trust to ensure that net borrowing plus decreases in cash balances did not exceed this sum)	<b>£22.560 million</b> <b>£0.065 million undershoot</b> <b>Target achieved</b> (the Trust is permitted to undershoot its EFL)	
<b>Remain within its approved Capital Resource Limit (CRL)</b> (this requires the Trust to keep its net capital expenditure within the limits set by the Department of Health)	<b>£12.546 million</b> (this required the Trust to spend no more than this sum after adjusting for asset disposals and the receipt of donated assets)	<b>£12.237 million</b> <b>£0.309 million under spend</b> <b>Target achieved</b> (the Trust is permitted to underspend against its CRL)	

## Key Financial Challenges

The Trust commenced 2018/19 with the following major financial challenges:

- To identify and deliver £37.5 million of savings to achieve the underlying control total
- To secure external financing to support the Trust's capital expenditure programme
- To ensure that we delivered the activity outlined in the plan

## NHS Financial Framework – Savings Requirement

All NHS organisations are expected to identify and deliver cash releasing efficiency savings each year which given the economic climate and the overall need to reduce public sector expenditure, required the delivery of savings programmes of at least 2% in this financial year. In reality, the level of savings required in any one organisation will vary from the national target dependent upon a number of factors including the differential impact of changes to the national tariff, organisation specific costs pressures (including inflation) and other changes to income resulting from contract negotiations with commissioners.

After taking into account the Trust's specific circumstances, our savings requirement was calculated to be £37.5 million which equates to approximately 5.6% of turnover. The Trust delivered £30.2 million, including £13 million of non-recurrent savings.

## Capital Programme – External Financing Requirement

Whilst a significant proportion of the Trust's annual capital investment requirement is covered by the lifecycle replacement programme for equipment provided under the PFI contract, there remains a significant proportion of medical equipment, ICT hardware and software and the reconfiguration or upgrading of hospital buildings that fall outside the PFI contract. For 2018/19, the Trust's non-PFI capital investment programme exceeded the amount of internally generated funds available and therefore the Trust was reliant upon the receipt of external financing to fund the programme. The Trust's initial capital programme required loan funding of £14.2 million, but due to NHS capital funding being severely constrained, the programme was curtailed to reduce the loan requirement to £6 million and subsequently to nil as the loan funding was not approved due to severe NHS capital funding constraints. The Trust was, however, successful in bidding for £0.5 million of public dividend capital to finance a number of IT and cancer schemes.

## Revenue Financing

To cover a shortfall in revenue financing arising from the deficit for the year, the Trust drew down new revenue loans of £36.8 million, whilst repaying £3.1 million of revenue loans drawn down in prior years.

## Improvement of the Trust's Liquidity Position

Under the Single Oversight Framework for 2018/19 the Trusts liquidity metric continued to be poor and stood at -26.8 days – further deterioration of this metric was avoided by the receipt of revenue financing support. However, notwithstanding the challenge presented by this, the Trust was able to maintain good performance against the better payments practice code (92% of invoices by value were paid with 30 days of receipt of a valid invoice), meet all of its debt servicing commitments and maintain the agreed minimum cash balance of £1 million.

There is no immediate solution for the Trust's poor liquidity position. The long term solution will be reviewed in line with Sustainability and Transformation Plan.

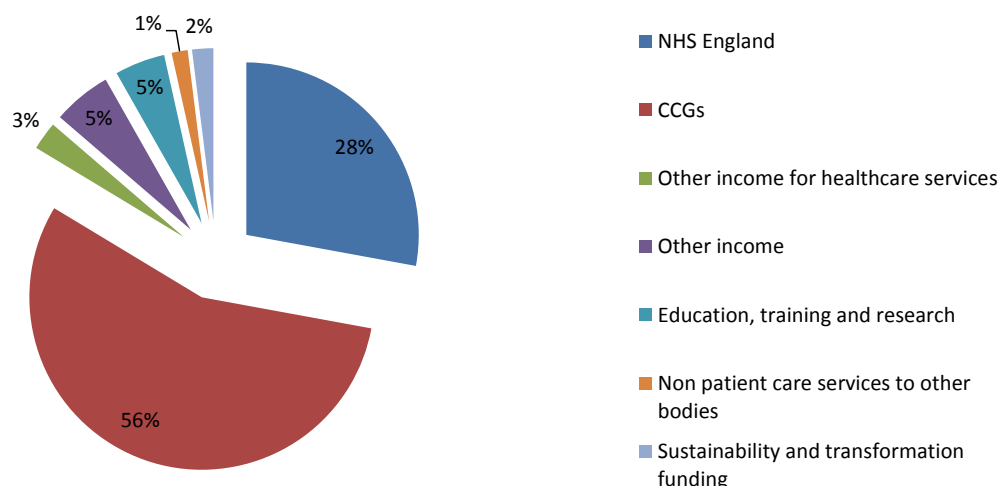
The year saw a continued growth in income and operating expenditure (excluding impairments). Capital investment (on the Trust's estate, medical equipment and IT infrastructure) was lower than the previous year, primarily driven by the delays in approval to spend. The summary headline financial information for 2018/19 (compared with 2017/18) is shown in the table below:

Key figures	2018/19	2017/18
	£'00)	£'000
<b>Revenue accounts</b>		
Operating income (turnover)	668,046	630,651
Retained surplus / (deficit) for the year	-30,143	-14,800
Breakeven performance (after technical adjustments for impairments, PFI and donated assets)	-28,330	-18,278
Efficiencies achieved	30,193	29,075
<b>Assets</b>		
Total assets	471,424	458,963
Cash and cash equivalents	1,020	1,472
Capital Investment	12,486	21,698
<b>Borrowing</b>		
Long term borrowing – PFI liabilities	246,464	250,739
Long term borrowing – other	73,645	54,776
Short term borrowing – PFI liabilities	4,275	7,988
Short term borrowing - other	24,001	12,825

## Where Does the Trust's Income Come From?

During 2018/19 the Trust recorded total revenue of £668.0 million. This represents an increase of 5.6% when compared with total revenue of £630.7 million in 2017/18. This increase was driven by an inflationary uplift in tariff and increased activity levels from the previous year.

The chart below shows the key sources of income for the Trust in 2018/19. The combined proportion of income from Clinical Commissioning Groups and NHS England for the provision of care and treatment to patients is 84%.



## How Does the Trust Spend the Money it Earns?

The Trust's operating expenditure for 2018/19 totalled £669.7 million and represents a 8.3% increase over total operating expenses of £618.1 million in 2017/18. If impairments (and impairment reversals) are excluded, operating expenses for 2018/19 would be £667.9 million compared with £621.7 million in the prior year – an increase of 7.4%.

The largest cost element continues to relate to salaries and wages with the average number of people employed during the year being 8,179 whole time equivalents at a total cost of £396.4 million, which equates to 59% of total operating expenditure. This compares with 7,935 whole time equivalents at a cost of £373.2 million in 2017/18.

Clinical and general supplies and services (including drugs and other medical/surgical consumables) are also a significant cost element and amounted to £138.4 million which equates to approximately 21% of day-to-day operating expenses. This compares with expenditure of £130.1 million in 2017/18 and represents an increase of 6.4% which can be directly attributed to the increases in both in-patient and out-patient activity seen during the last year, and high cost drugs.

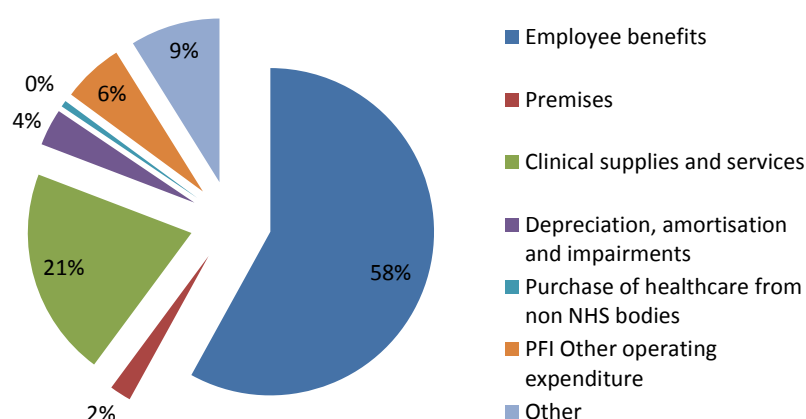
The total charged in year to operating expenditure in respect of the service element of the private finance initiative was £40.4 million and continues to represent around 6% of total operating expenditure.

Charges relating to the depreciation, amortisation and impairment of property, plant and equipment and intangible assets totalled £24.4 million compared with £17.7 million in the previous year. A movement in impairments in 2017/18 account for the majority of the movement £15.3 million. As explained in the section on key financial targets, impairments are excluded from the assessment of the Trust's financial performance.

Other operating expenditure totalled £77.9 million in 2018/19 and included the following key items of expenditure:

- Establishment expenses £10.5 million
- Clinical negligence costs £18.6 million
- Education, training, research and development £13.8 million
- Healthcare purchased from non-NHS organisations £4.3 million
- Premises £14.2 million
- Other costs £16.4 million

The chart below compares expenditure by category – the breakdown of costs remains broadly similar to that in the previous year; however, there has been a reduction in the amount purchased from non NHS healthcare bodies.



## Other Costs

Due to continuing low interest rates, the Trust continued to earn only very modest levels of interest on its cash balances during the past year (£0.15 million).

The Trust also incurs significant financing costs which totalled £29.2 million in 2018/19 – this represents an increase of approximately £2.6 million from the previous year. The most significant element of the Trust's finance costs is the interest paid in relation to the PFI contract which amounted to £28.0 million in 2018/19, an increase of around £2.1 million compared to the previous year. The Trust also paid interest on its loans from the Department of Health – this amounted to £1.2 million during the year.

In addition to the above costs, the Trust is also required to pay a dividend to the Department of Health equivalent to 3.5% of the average of its opening and closing net relevant assets for the year. The dividend payable for 2018/19 was £0.6 million.

## Capital Expenditure

The Trust is required to contain capital expenditure within its annual Capital Resource Limit (CRL) which is agreed with NHS Improvement. This limit is based upon the net internally generated funds after commitments for repayment of principal on all forms of capital borrowing (including loans and the capital element of PFI and finance lease contracts) plus any additional approved capital expenditure met from external sources (including loans, public dividend capital and leases).

The Trust's CRL for 2018/19 was £12.5 million against which the Trust recorded an outturn of £12.2 million – an underspend of £0.3 million. In addition, the Trust also benefitted from £0.2 million of donated capital assets.



Key capital investments during the year included the following:

- Equipment assets provided through the PFI lifecycle fund - £2.9 million
- Building/engineering works provided under the PFI contract £2.3 million
- Mobile mammography trailers £0.5 million
- Medical and other equipment £2.0 million
- IT hardware/software £2.5 million; and
- Building/engineering works £2.3 million

### Cash and Working Capital

The Trust's cash balance at the year-end was £1.0 million which compares with £1.5 million at the end of the previous year. The year-end cash balance was in accordance with the minimum cash balance agreed with NHS Improvement of £1.0 million.

In order to address a cash shortfall arising from the deficit for the year, the Department of Health

provided the Trust with net new revenue loans totalling £33.7 million (£36.8 million of new loans less £3.1 million of loans repaid).

The Trust's management of its cash balances, loans and PDC during the year ensured that the statutory duty to remain within its External Financing Limit (EFL), which had been set at £22.63 million was met. The Trust's outturn against its EFL was £22.56 million which meant that the Trust recorded an underspend of £0.07 million.

### Paying Suppliers on Time

In addition to its key financial duties, the Trust is also required to comply with the better payment practice code. This requires the Trust to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust's performance against this target is summarised below:

Better payment practice code	2018/19		2017/18		2016/17	
	Number	£'000	Number	£'000	Number	£'000
Total non-NHS trade invoices paid in year	122,100	393,001	120,108	374,349	129,811	381,930
Total non-NHS trade invoices paid within target	112,488	360,505	110,862	343,192	121,849	357,060
% of non-NHS trade invoices paid within target	92%	92%	92%	92%	94%	93%
Total NHS trade invoices paid in year	4,708	114,212	3,570	96,424	3,902	89,530
Total NHS trade invoices paid within target	3,010	107,457	1,990	90,804	2,072	81,658
% of NHS trade invoices paid within target	64%	94%	56%	94%	53%	91%
% of all invoices paid within target	91%	92%	91%	92%	93%	93%

The Trust's performance is consistent with the previous financial year both in volume and value terms. The volume of invoices processed has remained broadly consistent between years.

### Financial Outlook

The financial pressures on the NHS are set to continue with significant levels of efficiency savings being required for the foreseeable future. The negotiation of healthcare contracts for 2019/20 has been completed and the associated income and activity agreed. These agreements, though, have been very challenging and there is increasing financial pressure in the system. The Trust has agreed with each of its Clinical Groups the operational delivery plans that underpin these activity agreements.

It is clear that 2019/20 will be one of the most challenging financial years over the past decade.

The Trust is a very active participant in the Coventry and Warwickshire Sustainability and Transformation Plan (STP). Without a number of pathway changes coupled with some service rationalisation it is difficult to see how the local health economy will be able to deliver the required level of provision within the resources available to it over the current planning period.

### Conclusion

The 2018/19 position is driven by the financial and operational challenge experienced during the year. The delivery against the planned efficiencies was very positive, but the challenge of finding recurrent savings remains.

The Trust will continue to benefit from the Trust efficiencies identified through the financial improvement process, and using UHCWi principles moves its focus to that of a single waste reduction programme to encompass both improvements in quality, performance and efficiency. Although the future remains very challenging, it is clear that there are opportunities to ensure financial sustainability, but the size of the task in 2019/20 is significant.

### Financial Accounts

The full set of accounts is included within this report.

The accounts have been prepared on a going concern basis and in accordance with International Financial Reporting Standards (IFRS) and the Trust's accounting policies. Their preparation has been guided by the NHS Trust Manual for Accounts.



## ACCOUNTING POLICIES

The Trust's accounting policies are in accordance with directors provided by the Secretary of State for Health and follow International Reporting Standards and HM Treasury's Government Financial Reporting Manual to the extent that they are meaningful and appropriate to the NHS.

### Statement of the Chief Executives Responsibility as the Accountable Officer

The Statement of the Chief Executive's responsibility as the Accountable Officer of the Trust is printed in full in the 2018/19 Annual Accounts.

### Statement of Accounting Officers Responsibility

The Statement of the Accounting Officers' responsibility is printed in full in the 2018/19 Annual Accounts.

### Annual Governance Statement

The Annual Governance Statement is printed in full in the 2018/19 Annual Accounts.

### Disclosure of Information to Auditors

The directors confirm that as far as they are aware there is no relevant audit information of which the NHS body's auditors are unaware and they have taken all steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the NHS body's auditors are aware of that information.

### External Auditor

Under the Local Audit and Accountability Act 2014, the Trust was required to appoint its own external auditor for the financial year 2018/19 onwards. Accordingly, the Trust undertook a competitive procurement exercise during 2016 and at this meeting in December 2016; the Trust Board approved the re-appointment of KPMG LLP as the Trust's external auditor.

The auditors perform their work in accordance with the National Audit Office Code of Audit Practice and their work comprises two key elements:

- Providing an opinion on the Trust's financial statements. This considers whether the financial statements give a true and fair view of the financial position of the audited body and its expenditure and income for the period in question; and whether the financial statements have been prepared properly in accordance with the relevant accounting and reporting framework as set out in legislation, applicable accounting standards or other direction; and
- To satisfy themselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

### Auditors' Opinion

Audit opinion is supplied by KPMG LLP and is included within the Financial Statements.



**Professor Andrew Hardy**  
Chief Executive Officer

## SUSTAINABILITY REPORT

### SUSTAINABILITY LEADERSHIP AND ENGAGEMENT

#### Introduction by Lisa Kelly - Executive Lead for Sustainability

This has been another year of improvement as the Trust continues to deliver its vision for sustainability through the Trust Sustainable Development Management Plan (SDMP), which was developed using guidance from the Sustainable Development Unit (SDU) and the Sustainable Development Assessment Tool (SDAT). Sustainable development for the Trust improves environmental, social and economic outcomes, which dovetail with key Trust objectives:

- Deliver the safest care and excellence in patient experience  
Developing low carbon patient pathways and adapting services to consider climate change
- Be a front runner in research, innovation and education  
Developing new ways to educate staff and visitors about the Trust sustainability vision using cutting edge education techniques and innovation
- Achieve financial sustainability  
Ensuring that sustainable development for the Trust delivers efficient buildings and facilities that minimise resource and maximise value for money

Significant enabling works have been undertaken to ensure three energy saving schemes are on schedule to be delivered in 2019:

- Combined Heat and Power at University Hospital providing low cost electricity and improving resilience.
- The lighting at the Hospital of St Cross will be replaced with LED.
- The Building Management System at the Hospital of St Cross is being replaced with a newer more efficient system.

All these projects will reduce energy; cost and CO2e helping the Trust achieve financial sustainability, whilst reducing our impact on the environment. UHCW will continue to use innovative ideas to provide a sustainable healthcare fit for the future.



**Lisa Kelly**  
**Chief Operating Officer**  
**Executive Lead for Sustainability**



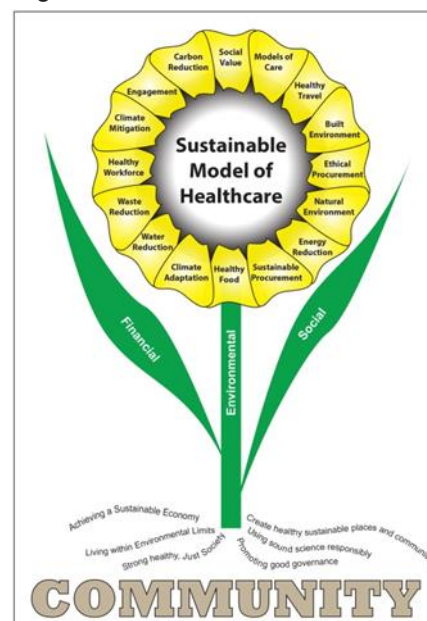
## CORPORATE APPROACH

### Developing Sustainably

University Hospitals Coventry and Warwickshire NHS Trust (UHCW) has sustainability within its core. In every business engagement the Trust looks to maximise positive environmental and social business impacts alongside financial improvements; providing long term sustainability.

The Trust sustainability vision is described within the Trust's Sustainable Development Management Plan (SDMP) which is reviewed annually. There are mechanisms in place to ensure that the objectives of the SDMP are on target and reviewed to ensure they remain relevant. There are a number of specialist groups that meet regularly to consider key agendas and an overarching Sustainable Development Management Group to oversee them and report up to the Trust Board on the progress of the work. The Trust commitment to sustainability is led by Lisa Kelly, Chief Operating Officer, the executive corporate lead and Clive Robinson, Sustainable Development Manager is the operational lead. The graphical representation of the Trust sustainability (Fig 1) gives a snapshot of vision and Trust thinking.

Fig 1

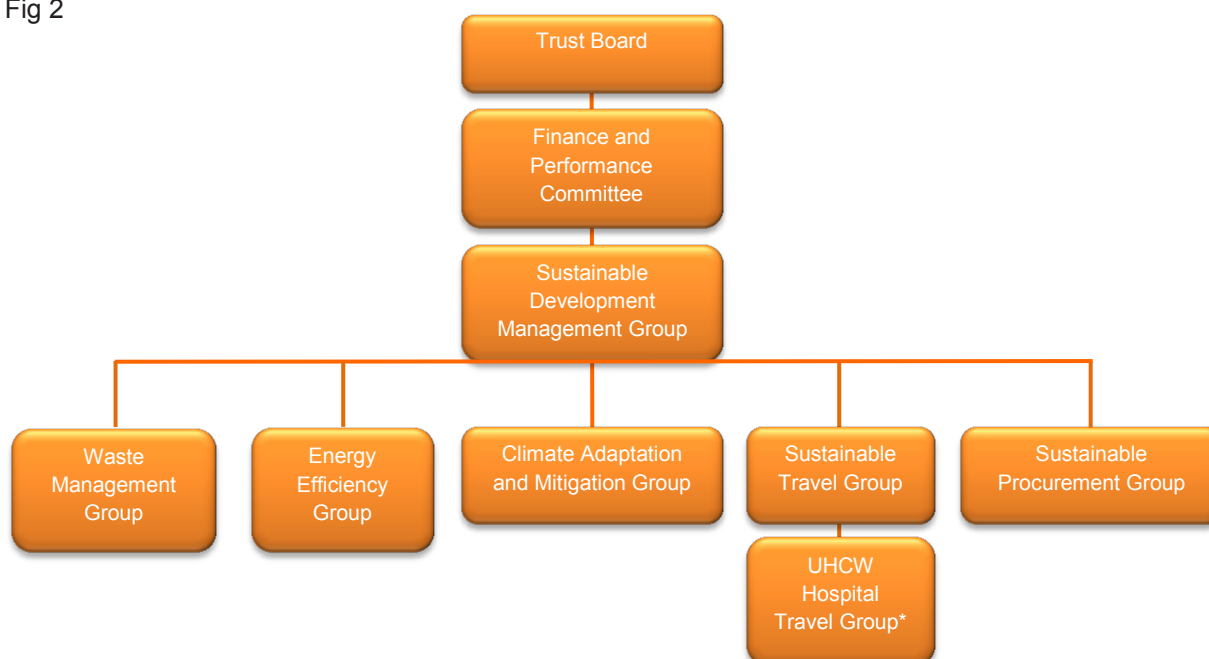


### Sustainability Mission Statement

UHCW is committed to a sustainable future through responsible stewardship of a business that offers best value healthcare through environmental connectedness.

### Sustainability Organogram - Sustainability reporting within UHCW

Fig 2



\*This group is a partnership group consisting of UHCW, Bus Operators, Councils, Cycle Groups, and the Regional Transport Authorities



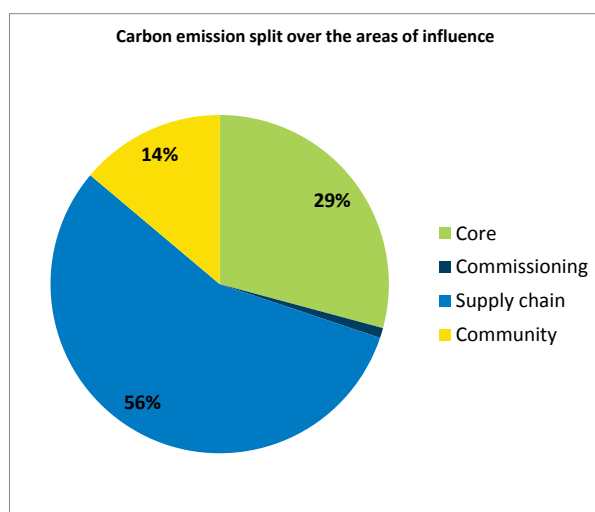
## CARBON FOOTPRINT

Within the SDMP are the carbon reduction targets for the Trust, with much work being done to ensure the data behind that calculation is checked and cleansed to improve the accuracy of reporting. The Trust has aligned with the national targets and aims to reduce carbon against a 2007 baseline:

- 2020-34% reduction
- 2025-50% reduction
- 2030-64% reduction
- 2050-80% reduction

There is significant ongoing works to enable the targets to be met in a climate of ever increasing patient activity. There are a number of retrospective works to improve energy efficiency, reduce cost and CO2 emissions. There are also procedures in place to ensure new works; refurbishment and new builds are future fit energy efficient with low CO2. The Trust carbon footprint has been divided into key production areas; as shown in fig 3 and associated tables.

Fig 3



The current work streams look at the key areas within the carbon footprint electricity reduction through improved technologies, reduction in business travel through improved reporting, increased visibility and new systems. Whilst the procurement group looks at demystifying the supply chain and improving data collection and quality.

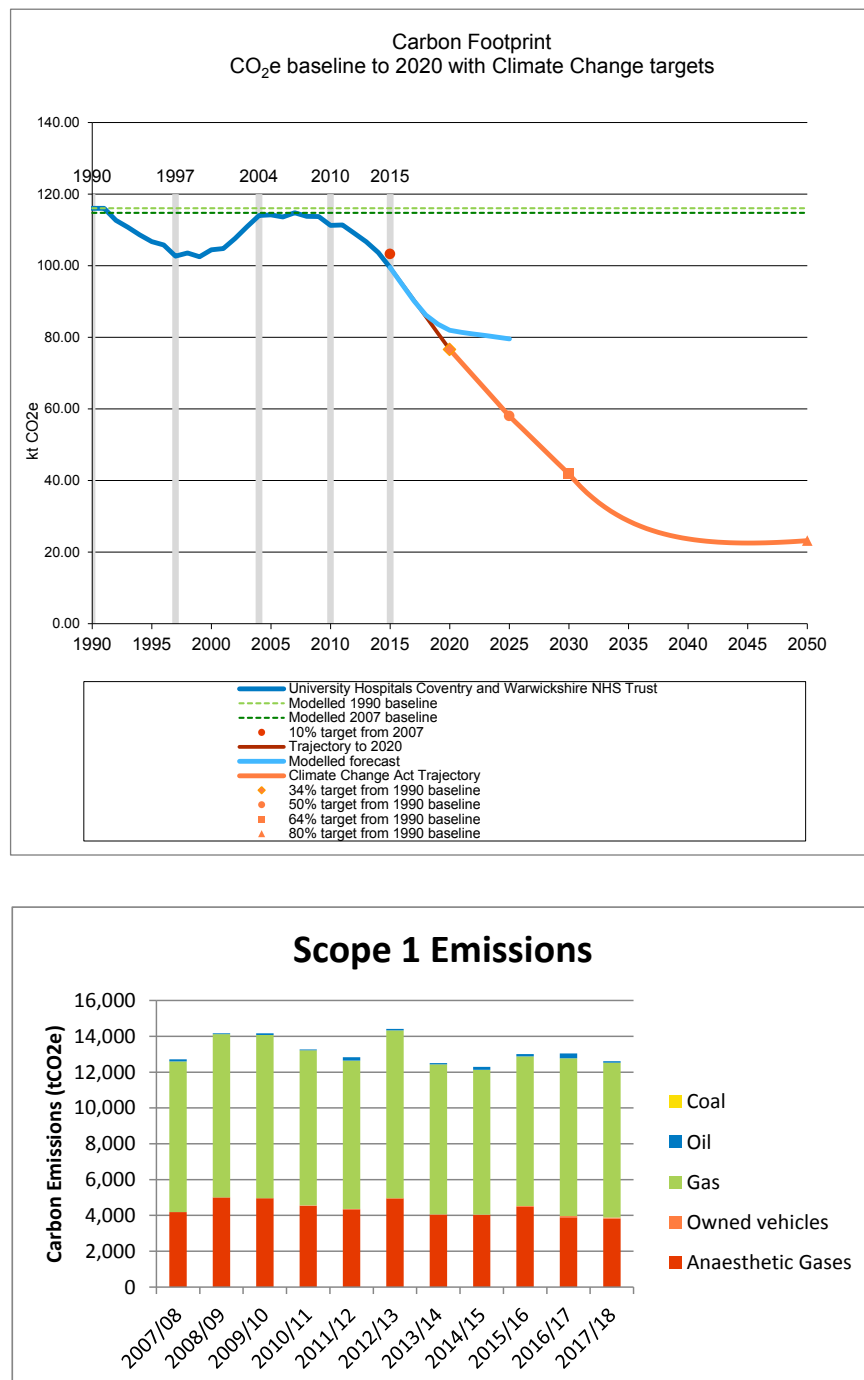
Core	Water and sanitation
	Waste products and recycling
	Business mileage grey fleet
	Fleet pool/cars
	Business mileage public transport
	Fuels fossil and non-fossil
	Electricity
	Anaesthetic gas-other
	Anaesthetic gas Nitrous Oxide and mixes
	Other-Core

Commissioning	Commissioned Health and Social Care Services
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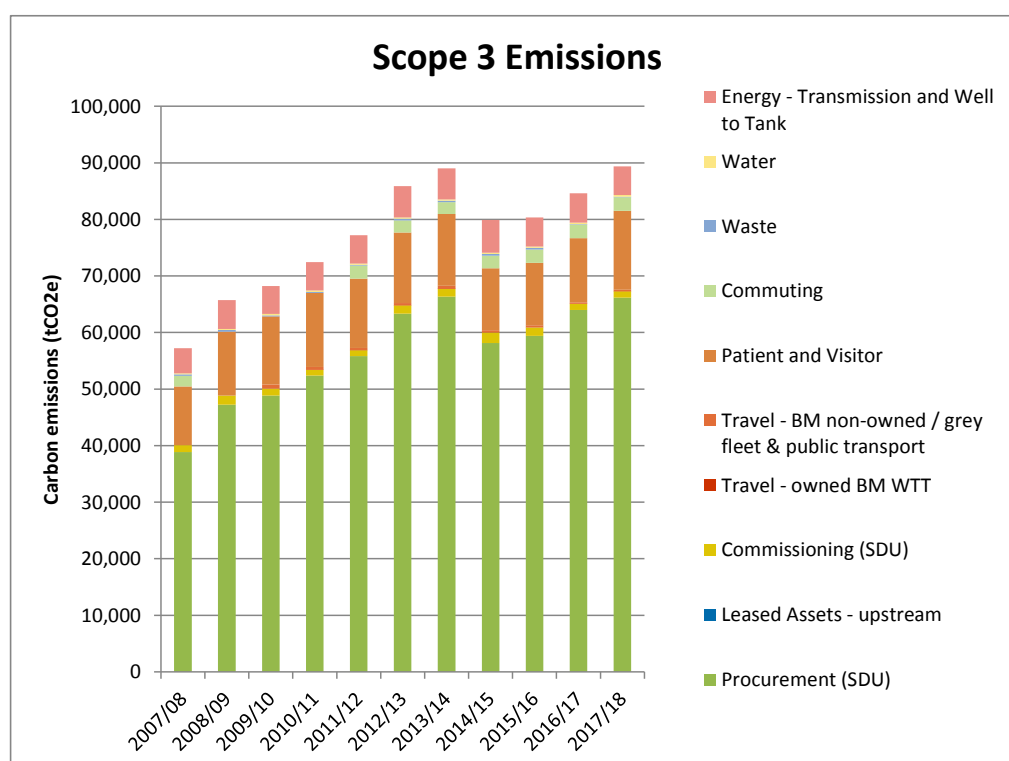
Community	Patient and visitor travel
	Staff commuting
	Other community

Supply Chain	Pharmaceuticals
	Paper products
	Other procurement
	Other manufactured products
	Medical equipment/instruments
	Manufactured fuels, chemicals and gases
	Information and communication technologies
	Freight transport
	Food and catering
	Business services
	Capital spend construction

Fig 4. Trust trajectory against carbon targets



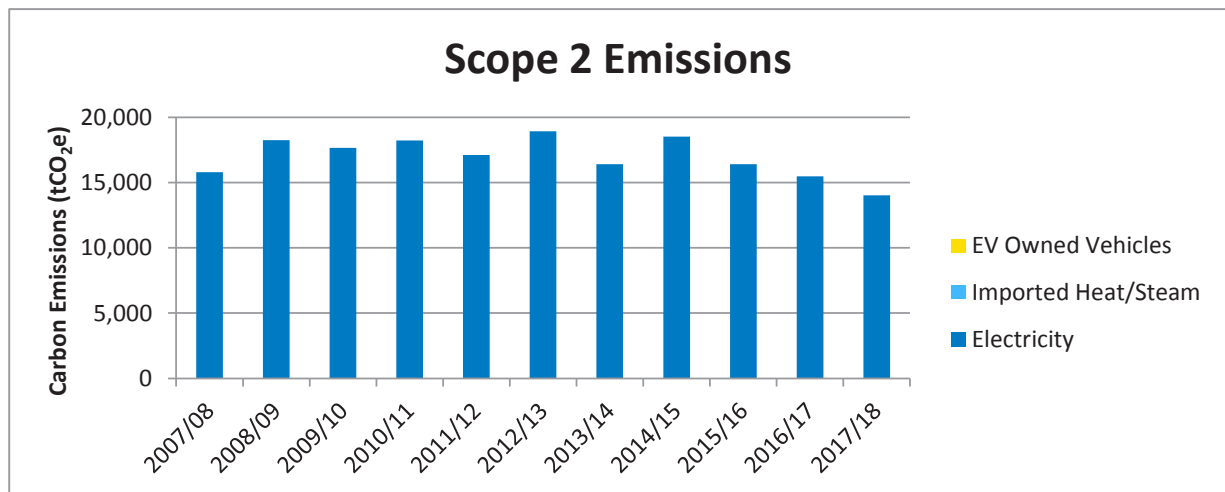
The reduction of the Trust carbon footprint is a continual year on year challenge. The impact has been hidden in recent years by the significant increase in patient activity. The Trust is building carbon reduction into future thinking, such as the Estates Strategy which now contains requirements for refurbishment and new build projects to lower the carbon impact of the work in construction and operation. Graphs show carbon emissions by scope.



The Trust has carbon reduction targets in line with NHS guidelines and these are within the Sustainable Development Management Plan (SDMP).

The Trust has several energy reduction projects in progress as described previously which will reduce the Trust carbon footprint by 4476 tonnes CO<sub>2</sub>e which is 16% of the Trust energy related CO<sub>2</sub>e, this will enable the Trust to get closer to its reduction targets, however more work is needed to achieve them.

CO2 emissions (tCO2)		2014/15	2015/16	2016/17	2017/18	2018/19
HM Treasury	Total	110734	109769	113127	116003	113510
	Scope 1	12292	13007	13051	12607	11349
	Scope 2	18528	16417	15480	14025	13132
	Scope 3	79914	80345	84596	89371	89029
	Aol other	0	0	0	0	0



## SUSTAINABLE DEVELOPMENT PARTNERSHIPS AND ENGAGEMENT

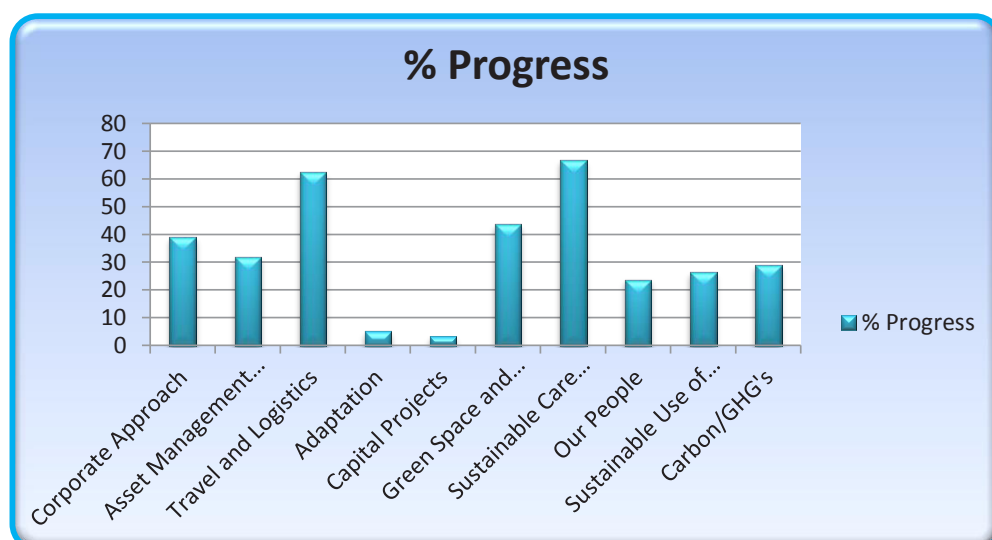
The Trust has for many years forged partnerships with numerous companies. UHCW is aware that the path to sustainability is complex and requires joint initiatives to meet the challenges before us, which is why since its creation it has worked in partnership with many organisations at all levels of the business to develop sustainably.

The Trust is within a PFI environment which ties several companies together, however, the engagement on sustainability has to be driven by the partner companies, ISS are driven to deliver significant reductions in waste through the use of vegware compostable packaging in retail outlets and swapping to healthier options for staff and patients.

The Trust has worked for many years with National Express and as part of their corporate scheme the Trust is able to offer discounted bus passes. The partnership has provided a number of staff benefits. In 2019 the hope is to provide all new starters with free access to public transport for their first week tempting them to take a healthier more sustainable travel mode.

### Sustainable Development Tool

The Trust uses the Sustainable Development Assessment Tool as KPIs to monitor performance in sustainability including Trust progress against the UN Sustainability Goals shown below.



The scores show significant progress in some areas, but there is still a long way to go in others; the overall score for the Trust is 38% for 2019. There are a number of work strands for 2020 that will improve these figures, in particular carbon reduction within travel and energy.



### Staff Engagement in Sustainability

There are several staff engagement events every year to promote areas of sustainability, such as travel events featuring Dr Bike and the Police providing cycle security advice and health and wellbeing events. The NHS Sustainability Day is supported to engage staff and get them to take action. The 2019 Sustainability Day event was attended by twenty companies representing sustainable travel, waste management, natural environment, health and wellbeing.

Employment practices and health and wellbeing are a significant part of the sustainability agenda and there are specialists within Human Resources to work on this area and the details can be found in the Human Resources section of the Annual Report.

### HEALTHY FOOD

As ever our partners ISS who manage catering on both sites have looked to the sustainable path alongside, health and wellbeing to deliver healthier options in their outlets. Since the start of 2017 all restaurants and coffee shops on Trust sites that are managed by ISS are CQUIN compliant. They do not promote any food high in fats, sugars or salts.

### ENERGY USAGE

Resource		2015/16	2016/17	2017/18	2018/19
Gas	Use (kWh)	45,264,018	47,920,517	46,972,351	42,718,821
	tCO <sub>2</sub> e	9,473	10,015	9,959	9,057
Oil	Use (kWh)	488,876	1,019,298	288,195	245,174
	tCO <sub>2</sub> e	156	323	94	80
Coal	Use (kWh)	0	0	0	0
	tCO <sub>2</sub> e	0	0	0	0
Electricity	Use (kWh)	35,520,331	37,567,794	39,892,948	37,353,871
	tCO <sub>2</sub> e	20,421	19,415	17,781	16,649
Green Electricity	Use (kWh)	0	0	0	0
	tCO <sub>2</sub> e	0	0	0	0
Total Energy CO <sub>2</sub> e		30,050	29,753	27,834	25,786
Total Energy Spend		£4,809,065	£4,580,382	£4,740,695	5,595,650

Gas and Electricity usage has remained static despite an increase in activity. There are several energy reduction projects that will be completed in 2020, which will show reduction in energy in 2020. Combined Heat and Power (CHP) at University Hospital will be operational in June 2020 providing 16,021,457 kWh reduction. At the Hospital of St Cross the Building Management System (BMS) is being replaced with a projected save of 450,504 kWh, the internal lighting is being replaced with LED reducing electricity demand by 1,000,337kWh, this has been achieved via the very generous funding from the Department of Health and Social Care and NHSi.

## TRAVEL MILEAGE AND CARBON EMISSIONS

Category	Mode	2015/16	2016/17	2017/18	2018/19
Patient and visitor own travel	miles	30,547,276	31,316,714	39,240,512	40,312,504
	tCO <sub>2</sub> e	11,046.99	11,318.19	13,982.37	14,181,193
Staff commute	miles	6,427,492	6,696,248	6,753,141	6,634,122
	tCO <sub>2</sub> e	2,324.41	2,420.09	2,406.31	2,312
Business travel and fleet	miles	1,177,112	1,002,188	843,445	793,319
	tCO <sub>2</sub> e	425.69	362.2	299.94	282
Active & public transport	miles	0	0	0	0
	tCO <sub>2</sub> e	0	0	0	0
Owned electric and PHEV mileage	miles	0	0	0	0
	tCO <sub>2</sub> e	0	0	0	0

Patient and visitor travel has increased in line with the increased activity. Business travel has reduced slightly following work promoting the use of sustainable travel options including car sharing. The Trust is working to create a modal shift towards more sustainable modes of travel including improving public transport options, to improve air quality and reduce travel related CO<sub>2</sub> emissions.

The Trust was successful in securing a grant for £30,000 from Cycle Coventry to improve bicycle infrastructure at University Hospital Coventry, which will be used to provide more cycle storage in key areas that were oversubscribed.

Travel Mode	2010	2013	2016	% Change
Solo Driver	75.10%	54%	42%	-44%
Car Share	1%	10%	11%	+10%
Bus	13%	17%	18%	+5%
Rail	0.50%	1%	1%	+0.5%
Cycle	7%	5%	9%	+2%
Walk	7%	10%	12%	+5%
Park and Ride	0%	0%	1%	+1%
Park and Cycle	0%	0%	1%	+1%
Other	0%	2%	5%	+5%



## Patient and Visitor Travel

Category	Mode	2015/16	2016/17	2017/18	2018/19
Patient and visitor own travel	miles	30,547,276	31,316,714	39,240,512	40,312,504
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Business travel and fleet	miles	1,177,112	1,002,188	843,445	793,319
	tCO <sub>2</sub> e	425.69	362.2	299.94	282

The Trust has restructured the car parking allocation to reduce local CO<sub>2</sub> emissions; creating a two mile zone around the Hospital, where staff in these areas who could easily take a more sustainable travel option are unlikely to get a car park pass. Alongside this the Trust is working with transport partners to provide staff and visitors cheaper and easier ways to travel healthier and more sustainably.

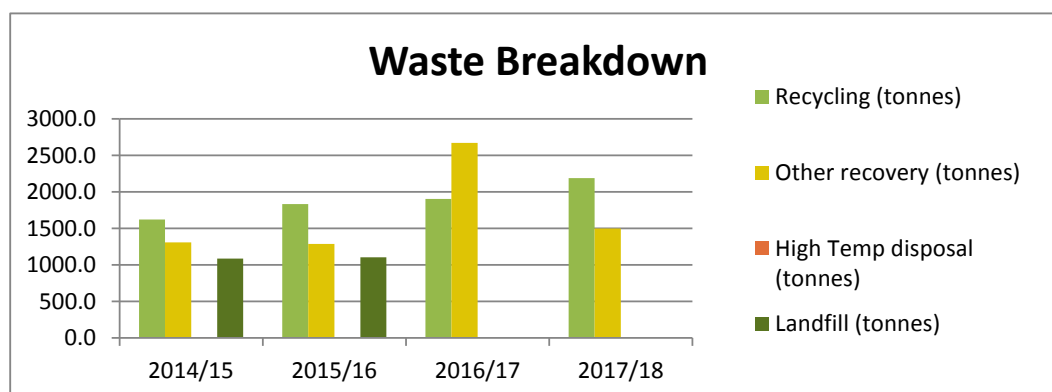
## YEARLY WASTE FIGURES BY DISPOSAL ROUTE

Waste		2015/16	2016/17	2017/18	2018/19
Recycling	(tonnes)	1832	1904.45	2186.61	1816.57
	tCO <sub>2</sub> e	36.64	39.99	47.58	39.53
Other recovery	(tonnes)	1287	2669.41	1496.43	1509.09
	tCO <sub>2</sub> e	25.74	56.06	32.56	32.84
High temp disposal	(tonnes)	7	0	0	0.00
	tCO <sub>2</sub> e	1.53	0	0	0.00
Landfill	(tonnes)	1105	0	0	0.00
	tCO <sub>2</sub> e	270.08	0	0	0.00
Total Waste (tonnes)		4231	4573.86	3683.04	3325.66
% Recycled or Re-used		43%	42%	59%	55%
Total Waste tCO <sub>2</sub> e		333.99	96.05	80.14	72.37

The Trust manages waste in line with the waste hierarchy; hence the Trust has had a 0% to landfill policy for the last three years. There has been a steady increase in recycling partly through an increase of at source recycling in some areas and work to ensure recyclables are kept out of clinical streams. Work has also been undertaken with suppliers to reduce packaging entering the Hospital waste streams, moving away from cardboard and single use packaging to reusable boxes.

The Trust is implementing a new waste management system in partnership with Clinisolutions, which has improved the way that staff can access learning. Using a blended approach to allow detailed elearning supported by hardcopy, online and virtual reality that provide bite size learning when it is needed with minimal disruption to clinical staff core work. The new system utilizes dynamic QR codes that provide access to information, instruction and training via any smart device. The new training supports a bag to bed system to improve the patient environment and reduce hazardous waste, alongside improved recycling.

The graph shows waste by disposal type



Figures show year on year increase in recycling, 0% to landfill in place and a reduction in total waste.

## WATER

Water		2015/16	2016/17	2017/18	2018/19
Mains Water	m <sup>3</sup>	225,224	250,311	296,423	334,623
	tCO <sub>2</sub> e	205	228	270	304
Water & Sewage Spend	£	£575,943	£559,486	£579,068	£629,091

Water usage has continued to rise in line with increased activity; the Trust has focused on the rapid response to leaks to reduce water usage and ensuring that water systems are as efficient as possible. The Trust works with Advanced Demand Side Management ADSM to verify bills to ensure their accuracy, this alongside engineering monitoring ensures there is no wasted water or money.

## CO2 IMPACT FROM THE SUPPLY CHAIN AND SOCIAL VALUE

UHCW is required to consider how economic, social, and environmental well-being may be improved by services that are to be procured, and how procurement may secure those improvements under the provisions of the Public Services (Social Value) Act 2012 (the Act).

As a large teaching hospitals in the UK we are responsible for procuring millions of pounds worth of services for our patients each year. The Trust has a duty to ensure these services offer value for money and that we can demonstrate public funds are being used responsibly.

In procurement activities this will include using any or all of our social value outcomes and measures that are proportionate and relevant to the specification for the service required. Tender evaluation is undertaken in accordance with social value outcomes, measures based on the specification.

Award criteria takes account of whole life costs; including operating costs, disposal charges and logistics; working towards the reduction of our carbon footprint.

Social and environmental well-being are as important to us as economic values.

The Trust is working in partnership with members of the local community to improve the social and environmental well-being of both the Trust and the local community. An example of this is the Jubilee Nature Reserve. An area of waste ground has been sustainably developed and transformed into a peaceful haven for patients, visitors, staff and members of the local community to enjoy.

Our Trust Mission to Care, Achieve & Innovate is at the forefront in all procurement and sustainability activities.

## PROCUREMENT 2018/19 TOWARDS 2020

The Trust has an established Procurement Working Group, responsible for looking at all aspects of sustainable procurement across the Trust. This includes members of our PFI partners to ensure we capture and influence all procurement undertaken at UHCW.

During this financial year we have updated our sustainability questions for suppliers; these now form part of every tender process.

We have taken the opportunity, where appropriate, to buy in bulk, not only to reduce costs but also to reduce the amount of vehicles coming onto site thus reducing our carbon footprint.

One area of our focus for 2019/2020 is looking at initiatives which may include the reduction of patient travel by offering services closer within the local area.

UHCW is required to consider how economic, social and environmental well-being may be improved by the services that are to be procured, and how procurement may secure those improvements under the provisions of the Public Services (Social Value) Act 2012.

We are at the initial stage of setting up a working group to develop and expand the Trust's Social Value Policy. This will form a major part of our ongoing agenda to encourage and work with local suppliers and social providers to develop and strengthen UHCW's commitment to our local community.

## ADAPTATION TO CLIMATE CHANGE

The Trust has emergency/resilience plans to deal with severe weather events, this work is led by the Emergency Planning Officer. The Trust has a Climate Adaptation and Mitigation Group which is responsible for the risk assessment and development and implementation of the action plan.

## SUSTAINABLE CARE MODELS

This is covered in other areas of the annual report by the relevant clinical teams.

## BIODIVERSITY AND GREEN SPACE

The Trust has developed many natural spaces for staff, patients and the community to enjoy. These spaces have improved the biodiversity of the sites and helped endangered species. The Trust is working with local beekeepers to provide access to knowledge and training.

The Trust is working with business partners ISS and local gardeners to develop growing spaces accessible to staff, patients and the local community.

The Trust installed another outdoor gym at University Hospital following successful installation at The Hospital of St Cross, the facilities are open to staff, visitors and the local community.

## ACCOUNTABILITY REPORT

### CORPORATE GOVERNANCE REPORT

#### Overview

It is the responsibility of the Directors of the Trust to prepare the Annual Report and Accounts. The Trust Board considers that the Annual Report and Accounts taken as a whole are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

### DIRECTORS REPORT

#### Disclosure of Information to Auditors

The directors confirm that as far as they are aware there is no relevant audit information of which the NHS body's auditors are unaware and they have taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the NHS body's auditors are aware of that information

#### Members of the Trust Board

In accordance with our NHS Trust establishment order, as of 31 March 2019, our Trust Board comprises of:

- A Non-Executive Chairman
- A Chief Executive Officer (CEO)
- Six Non-Executive Directors
- Two Associate Non-Executive Directors (from January 2019)
- Six Executive Directors (known as Chief Officers)

The members of our Trust Board during 2018/19 were as follows:

Chairman:	Andrew Meehan
Chief Executive Officer:	Andrew Hardy
Chief Medical Officer/Deputy CEO: (left December 2018)	Meghana Pandit
Chief Workforce & Information Officer/ Deputy CEO (appointed Deputy CEO from January 2019)	Karen Martin
Chief Finance Officer: (Interim post holder from January 2018 until appointed in July 2018)	Susan Rollason
Chief Operating Officer: (Interim post holder from December 2017 until appointed in June 2018)	Lisa Kelly
Chief Nursing Officer:	Nina Morgan
Chief Strategy Officer: (appointed September 2018)	Justine Richards
Chief Medical Officer: (interim post holder since January 2019)	Richard de Boer

## Non-Executive Directors:

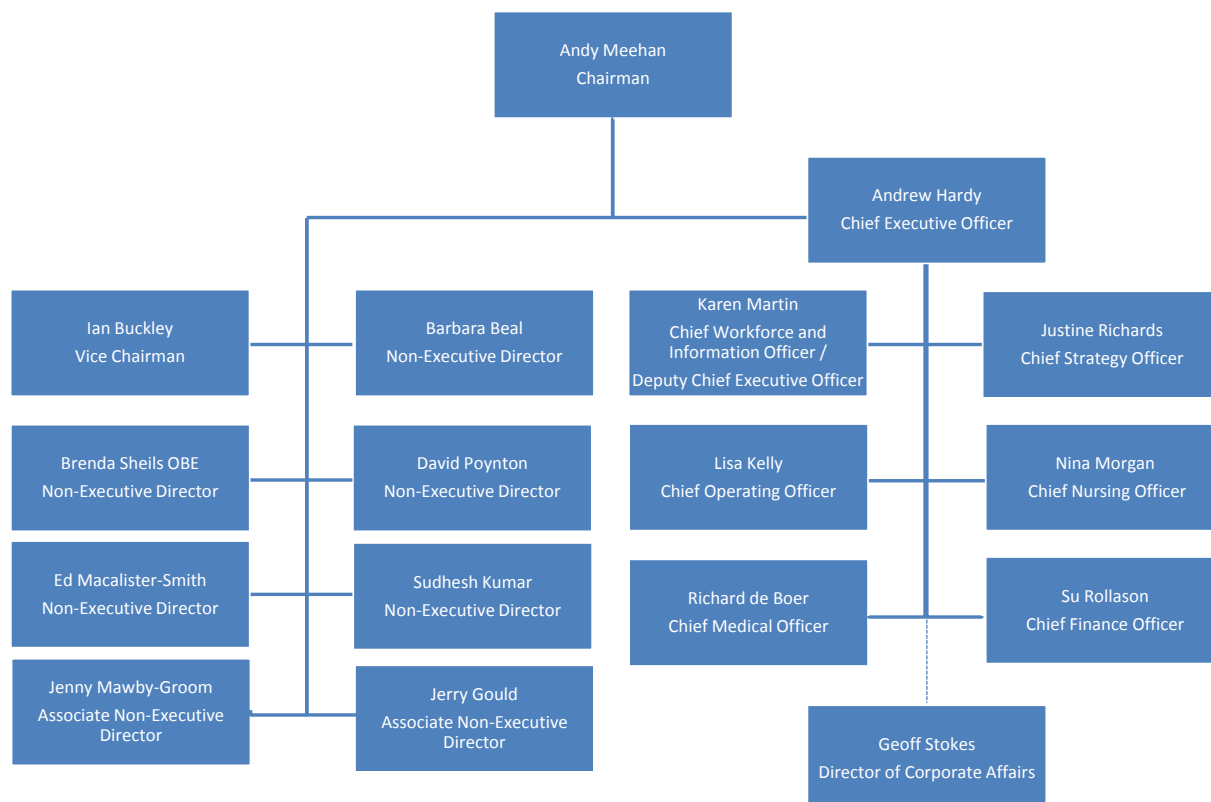
Barbara Beal  
Ian Buckley  
Sudhesh Kumar

Ed Macalister-Smith  
David Poynton (left 31 March 2019)  
Brenda Sheils

## Associate Non-Executive Directors

Jerry Gould Associate Non-Executive Director (appointed from January 2019)

Jenny Mawby-Groom Associate Non-Executive Director (appointed from January 2019)



## Register of Interests

As a public body, the Trust is committed to being open and transparent in all our dealings. All Trust Board members are required to disclose any interests that they have that might conflict with their role within the Trust upon appointment and on an on-going basis thereafter. Any such interests that are declared are recorded in a Register of Interests and reported in public.

The register as at 31 March 2019 is as follows:-

Surname	Forename	Job Title	Directorships	Ownership	Shareholdings	Charity or Voluntary Organisations	NHS Service Contracts:	Research Funding/Grants	Pooled Funds	Paid employment, office, profession:
Beal	Barbara	Non-Executive Director	None	Griffiss Beal Healthcare Consultancy Ltd	None	None	Associate of The Finegreen Group	None	None	Interim Chief Nurse, London North West University Healthcare NHS, July 2018 - ongoing  Interim Chief Nurse, Walsall Healthcare NHS Trust, November 2017 - March 2018  Undertook strategic review of Derbyshire Transforming Care Programme on behalf of Hardwick CCG in August - September 2017  Part-time fixed term contract as Interim Chief Nurse - Shropshire Clinical Commissioning Group from April - August 2017
Buckley	Ian	Non-Executive Director	Director- Whitehall Manor Maintenance Ltd. Property management	None	None	Trustee - UHCW charity	Consultant/facilitator or leadership Trust. Guest lecturer - Bristol Business School	None	None	None
de Boer	Richard	Chief Medical Officer/ Consultant Neonatologist	None	None	None	None	None	None	None	None
Morgan	Nina	Chief Nursing Officer	University Hospital Coventry & Warwickshire charity Date Arose: 29/12/2017	None	None	None	None	None	None	None
Gould	Jeremy	Associate Non-Executive Director	None	None	None	None	Birmingham Community Healthcare NHS Foundation Trust - Non-Executive Director since July 2012	None	None	None



Surname	Forename	Job Title	Directorships	Ownership	Shareholdings	Charity or Voluntary Organisations	NHS Service Contracts:	Research Funding/Grants	Pooled Funds	Paid employment, office, profession:
Hardy	Andrew	Chief Executive Officer	None	None	None	Director/Trustee Albany Theatre Trust Date Arose: April 2015 Board member of CIPFA and Trustee Date Arose: June 2017	None	None	None	None
Kelly	Lisa	Chief Operating Officer	None	1 World Leadership, in process of closing down, used to work as an interim NHS manager Date Arose: Sept 2016	None	Trustee of GAPD - African charity for improving anaesthesia Date Arose: Dec 2017	None	None	None	None
Kumar	Sudhesh	Non-Executive Director	None	Medinova Ltd - Shareholder	Medinova Ltd - Shareholder (Minority shareholding only)	None	None	EU Horizon 2020 Funding	None	Employed by University of Warwick.
Macalister-Smith	Ed	Non-Executive Director	None	None	None	None	None	None	None	Chair NIHR HS&DR Panel (to March 2018) Occasional day-rate work (none for past 12 months) with CQC as IRR
Martin	Karen	Chief Workforce & Information Officer	Director of Qgov Consultancy	None	None	None	None	None	None	None
Mawby-Groom	Jenny	Associate Non-Executive Director	None	None	None	None	None	None	None	None
Meehan	Andrew	Chairman	Director - Lanthorne Ltd-Business Consultancy and Ramsden Holdings PLC	Lanthorne Ltd - Business Consultancy	None	Chair of Coventry Cathedral Council Chairman of UHCW Charity Mayday Trust	Governor of Coventry University	None	None	Previous Chairman of direct healthcare services group which sells various types of equipment into health and social care sectors to prevent, amongst other things, pressure sores and related tissue viability problems 1% equity stake retained

Surname	Forename	Job Title	Directorships	Ownership	Shareholdings	Charity or Voluntary Organisations	NHS Service Contracts:	Research Funding/Grants	Pooled Funds	Paid employment, office, profession:
Poynton	David	Non-Executive Director	UHCW Non-Exec. Poyntons Enterprise Ltd. Inform Solutions Ltd	Poyntons Enterprise Ltd. Inform Solutions Ltd	Poynton Enterprises Ltd. Inform Solutions Ltd	None	None	None	None	None
Richards	Justine	Chief Strategy Officer	None	None	None	None	None	None	None	None
Rollason	Susan	Chief Finance Officer	None	None	None	None	None	None	None	None
Sheils	Brenda	Non-Executive Director	None	None	None	Trustee NACRO (National Association for the Care & Rehabilitation of Offenders)	Trustee NACRO (National Association for the Care & Rehabilitation of Offenders)	None	None	Director, Sheils Associates LTD. Provides mentoring/coaching/education & consultancy. Not provided for any NHS organisations.

### Trust Board and Board Committees

The work of Trust Board is supported by our Board Committees, all of which are chaired by a Non-Executive Director. The Trust Board delegates a number of functions to the committees that it formally establishes and their purpose is to provide an additional level scrutiny and assurance around the most important aspects of our business.

Each committee operates to clear terms of reference that are defined and approved by our Trust Board. In addition to receiving the approved minutes of committee meetings, a summary report from the

Committee Chair that covers the main agenda items is submitted to the meeting of the Trust Board that follows the committee meeting, to ensure that there is a mechanism in place for issues to be escalated to the Trust Board in a timely way where necessary.

We are required by statute to establish an Audit Committee and a Remuneration Committee but we have also established two additional committees to support the Trust Board in carrying out its duties.

Our committee structure and details of these committees can be found within the Annual Governance Statement.

## EXTERNAL AUDITOR REMUNERATION

KPMG LLP is the Trust's appointed external auditor.

The total external audit fees/remuneration recorded in the accounts for 2018/19 is £166,277 including VAT. This includes £114,498 and £10,800 including VAT for the statutory audit and quality work respectively.

## DISCLOSURES

### Equality and Diversity

Relevant disclosures regarding disabled employees and equal opportunities and also in relation to how we inform and engage with our staff are included within the Staff Report section of this document.

### Employee Consultation

We have provided commentary on how we consult with our staff within the Staff Report.

### Sickness Absence Data

We have included this information within the Staff Report.

### Cost of Information

We comply with HM Treasury Guidance on setting charges for information. We do not generally make any charge for information requested under the Freedom of Information Act and will generally provide information in hard copy or media e.g. a CD without cost. There is however, provision within the legislation for us to refuse a request if the cost of providing the information is in excess of £450 or the equivalent in staff time that would be needed to retrieve and collate it. For further information please see our website:

<http://www.uhcw.nhs.uk/about-us/freedom-of-information-act>



The Trust submitted the assessment of the Data Security and Protection (DSP) Toolkit to NHS Digital on 31st March 2019. The DSP Toolkit is the successor framework to the Information Governance Toolkit. It is a contractual requirement in the NHS England standard conditions contract that provider organisations undertake a DSP Toolkit assessment on an annual basis. Our performance is at 'Standards Met' this year; UHCW has met all 32 of the mandatory assertions.

The Chief Operating Officer is the Senior Information Risk Owner (SIRO) at the Trust supported by the Director of Corporate Affairs who is the Deputy SIRO. The Chief Medical Officer and Director of Quality are joint Caldicott Guardians.

There have been two Information Governance breaches in 2018/19 that required reporting to the Information Commissioner:

Number of Incidents	Breach Type	Summary of Incident
One	Unauthorised access	Inappropriate access to the health records of a staff member by a colleague.
One	Theft of paperwork	Member of staff had their house burgled; a bag containing an encrypted laptop and some papers were stolen.

## EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE

The Civil Contingencies Act 2004 and associated statutory regulations and guidance requires us (as a Category 1 Responder) to produce and maintain comprehensive plans that enable us to continue providing its Critical Functions as far as reasonably practical, to a predetermined level, during an 'Emergency' under the Civil Contingencies Act (2004).

The Trust needs to demonstrate that it can effectively respond to emergencies and business continuity incidents while maintaining services to patients. This work is referred to in the NHS as "Emergency Preparedness, Resilience and Response" (EPRR).

For the NHS, incidents/emergencies are classed as either:

- Business Continuity Incident
- Critical Incident
- Major Incident

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

### Emergency Preparedness

UHCW continues to deliver a formal training programme for on call managers and executives in conjunction with Coventry & Warwickshire NHS partners, based on incident management being linked to national occupation standards. This standardised training programme was originally launched in February 2018 and made available to on-call executives and managers across the trusts in the Coventry & Warwickshire area involving UHCW, Coventry and Warwickshire Partnership Trust, George Elliot Hospital, South Warwickshire Foundation Trust, and Warwickshire North Clinical Commissioning Group. This has enabled participants from all trusts to collaborate and learn in partnership together as they would during an incident. UHCW specific incident management training still continues to be delivered to ensure the incident team has the knowledge and confidence to deal with the specific response required from UHCW.

Other internal training continues to be provided in-house and is supplemented by regular exercises, to ensure that the plans and procedures that are in place, deliver services effectively when required under emergency conditions.

UHCW continues to work in collaboration with local and regional partners to ensure robust plans are in place to deal with emerging threats, and major incident/mass casualty events ensuring these are tested.

### Resilience

The Trust continues to actively participate in a variety of multiagency exercises in order to test the resilience of our response procedures, such as mass casualty, chemical, biological, radiological and nuclear (CBRN), and business continuity incidents.

### Response

During 2018/19, there were no activations of the Major Incident Plan, however one critical incident was declared on the afternoon of Friday 12th October 2018. An air conditioning unit leaked over the telephone digital exchange system in one of our information technology (IT) closets which caused the unit to lose power. This impacted a widespread loss of over three thousand telephone lines.

An incident control centre was opened and business continuity plans (BCP) was enacted until the issue was resolved.

There have been a number of other business continuity incidents requiring implementation of corporate and localised clinical group plans. Elements of BCP are invoked frequently to ensure critical services operate with minimal impact. The following BCP incidents are recorded to have occurred within the past 12 months:

- Bleep System Failure
- Medical Gas (Air) Failure
- Localised area electrical failure
- Various ICT systems failures
- Extreme weather issues (Heat/Cold)
- Interruption to mains water supply
- Localised ventilation system failure
- Localised heating failure
- Suspect package

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

As a major trauma centre the Trust is heavily involved with local and regional planning and exercises aimed at testing the resilience and preparedness of not only our organisation but also our partner organisations.

The work undertaken in 2018/19 has ensured that we have robust, tested plans and that we have trained and enabled our staff to respond to incidents.

UHCW has adhered to the Department of Health and Social Care (DHSC), NHS England and NHS Improvement mandates in identifying the potential risks, and impacts associated with a 'no-deal' EU Exit, aligning to our business continuity and emergency preparedness, response and resilience plans.

Risk and self-assessments, along with plans have been discussed by our Trust Board, and at other committees to ensure the Trust can be as prepared as possible. Communication has been published internally to staff, and externally to our visitors to aid reassurance that UHCW continues to make every

effort to prepare for an EU exit, in whatever form this takes, with patient care, safety and the delivery at the centre to minimise any potential disruption to our services.

### Core Standards

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

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

The report highlighted UHCW is substantially compliant with only one outstanding action requiring to be addressed. The area that the Trust is not fully compliant sits within Business Continuity.

UHCW is reviewing all Business Impact Assessments (BIA) across all services to review criticality of functions and processes. BCP's can then be reviewed with each department. This is identified in the EPRR work programme to move UHCW to become fully compliant.

### Summary

The Trust continues to deliver against the requirements of the Civil Contingencies Act 2004 and the NHS EPRR Framework. Each year NHS England requests a submission against a set of Core Standards that provides guidance on the Emergency Planning Work Programme. The work generated from these assessments along with learning created through internal and external incidents and exercises ensures that UHCW meets regional and national plans, guidance, and best practice.

## CQC REGISTRATION

The Trust is registered with the CQC to provide nine regulated activities on our two sites and we have maintained registration throughout 2018/19 without any compliance conditions being imposed.

The Chief Nursing Officer is the CQC nominated responsible person for the services.

In order to maintain registration, the Trust is required to demonstrate compliance with the CQC's Fundamental Standards of Quality and Safety. CQC assesses compliance with the standards through various types of inspections.

The CQC continues to make unannounced responsive inspections where they have concerns about quality or safety and thematic reviews to evaluate the quality of a care pathway or a specific area of service provision.

During April and May 2018 the CQC undertook a comprehensive inspection of all core services including follow up unannounced inspections of University Hospital and the Hospital of St Cross Rugby. An additional inspection was carried out by NHS Improvement for 'use of resources'.

Further detailed information is available within the Quality Account.





## NHS LITIGATION AUTHORITY

The NHS Resolution (NHSR) is the operating name of the NHS Litigation Authority (NHSLA) which operates risk pooling schemes to which the Trust pays an annual contribution. In return the NHSLA pays the costs of all clinical negligence claims from the NHS annual budget. We are a member of the following NHSLA schemes:

- Clinical Negligence Scheme for Trusts (CNST)
- Liabilities to Third Parties Scheme (LTPS)
- Property Expenses Scheme (PES)

The Trust reported 120 clinical negligence claims to NHSR in the financial year 2018/19 to date. 24 new Personal Injury claims have been opened in the year to date.

The Trust is committed to minimising the opportunity for harm to patients and staff. In keeping with our open and honest culture staff are encouraged to report adverse events in a timely manner so that they can be investigated to identify opportunities for future learning and improvement. Action plans are implemented, seeking to avoid similar incidents occurring again. The Trust's Legal Department works closely with the Complaints and Patient Safety departments to identify learning opportunities and mitigate risk.

## PRINCIPLES FOR REMEDY

Patients are at the heart of everything we do and we view complaints as an opportunity to learn and improve treatment, care and services we provide. We have a dedicated Patient Advice and Liaison Service (PALS) which provides a seven day services offering face to face support for patients and carers who have a concern or need advice, information or support. The Complaints Team supports patients wishing to make a complaint and our complaints and PALS policies ensure that any concerns are thoroughly investigated in accordance with the NHS Complaint Handling Regulations.



**Professor Andrew Hardy**  
**Chief Executive Officer**



## STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the trust;
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.



Signed.....Chief Executive

Date 28.05.19

## MODEL STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts;
- assess the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and
- use the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board



28.05.19 Date.....Chief Executive



28.05.19 Date.....Chief Finance Officer

## ANNUAL GOVERNANCE STATEMENT

### SCOPE OF RESPONSIBILITY

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

#### The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of University Hospitals Coventry and Warwickshire NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in University Hospitals Coventry and Warwickshire NHS Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

#### Capacity to handle risk

I am accountable for risk management across all activities within the Trust and have delegated this responsibility to the Chief Medical Officer, who has overall responsibility at Board level.

A Risk Management Strategy has been implemented, which provides a clear framework for managing risk across the organisation. It sets out a systematic approach to the identification and management of risks in order to ensure that risk assessment is an integral part of clinical, managerial and financial decision making. It also sets out the role of the Board and its standing committees, together with individual responsibilities.

The Trust's Risk Management Policy is in place and this provides guidance on the implementation of the Risk Management Strategy and on operational risk management.

Training is provided to all managers to ensure they are aware of their roles and responsibilities within the framework. The two-hour workshop allows managers to review and discuss risks relevant to their area and practice using the risk management software. All staff are informed of the risk management practices in the Trust at induction.

#### The risk and control framework

Effective risk management requires the involvement of all staff who are expected to identify and manage risk. The risk management team within the Quality Department is responsible for providing risk management training and a programme of training has been rolled out across the organisation during the year to help managers assess and evaluate risk. Staff are also provided with training in incident investigation and in undertaking root cause analyses.

The risk management process starts with risk assessments that are carried out at all levels of the organisation using a 5x5 matrix using a combination of consequence and likelihood; these risks are then documented on the risk register. A risk register is in place and is utilised across the organisation to capture risks at clinical group and corporate level. The risk register is split into the local risk registers (group and speciality level), the corporate risk register and the Board Assurance Framework for

reporting and monitoring purposes. Low scoring risks are managed within the area in which they arise, whilst higher scoring risks are managed at either clinical group level or through the corporate meeting structure commensurate with their score.

The Risk Committee, which I chair, considers whether any individual risk should be escalated to the corporate risk register. The Quality Governance Committee receives a regular report from the Risk Committee.

Group leadership teams attend meetings of the Risk Committee on a rotational basis to provide details of the risks in their areas, together with assurance in relation to their management and mitigation. Chief Officers also present the risks relating to their portfolios at the Committee in order that the same assurances can be given.

Risks are discussed at Clinical Group level as part of the Quality Improvement and Patient Safety (QIPS) meetings that take place each month and are also an area of focus in the Trust's performance framework. Information obtained from the QIPS meetings is collated centrally by the Quality Department.

The Board is responsible for the identification and management of risks to the achievement of the objectives that it has agreed and has a Board Assurance Framework (BAF) that is monitored three times per year. The BAF was reviewed in April 2018 to take account of the refreshed organisational strategy and identified six risks to the delivery of the strategic objectives.

The BAF includes:

- Definition of the risk
- Assessment of potential likelihood and impact to give an overall risk rating
- Key controls by which the risk is managed
- The means through which the effectiveness of the controls are assured
- Any gaps in controls or assurance
- Action plans to ensure improvement in controls and assurances

The Audit Committee also has oversight of the BAF in line with its responsibility for assessing the overall system of internal control. The internal audit annual plan is driven by the Board Assurance Framework and provides an independent source of assurance around the effectiveness of the key controls that are in place. The plan is reviewed in light of any changes to the BAF, to assess whether additional audit activity is required. A number of contingency days are held each year to accommodate changes to the risk profile.

The BAF is a dynamic document that is monitored by the Board three times per year; the Board approves proposed changes in risk ratings as mitigating actions take effect throughout the year or as other factors affect the likelihood or consequence of any particular risk.

Independent assurance in relation to the rigour of the BAF is provided by internal audit, who undertake both an interim and full review of the BAF each year and the overall conclusion in 2018/19 was that the BAF meets requirements (level A) and provides reasonable assurance that there is an effective system of internal control to manage the risks identified by the Trust. Following the review, further developments have been introduced to provide more detail around the assurance for controls so that these can be assessed by the Audit Committee in order to give further assurance to the Board about the robustness of the BAF.

Quality governance is managed through the various committees and processes that report into the Quality Governance Committee (QGC). These committees are responsible for overseeing key performance and other information in order to gain provide assurance through regular reporting to QGC and to ensure the Trust fulfils its obligations for CQC registration. This reporting has been improved

during 2018/19 with the introduction of new templates that explicitly describe how committees are fulfilling their terms of reference and ensuring appropriate escalation of issues and assurance.

During 2018/19 there were three internal audit reviews of key performance and safety metrics. These were for referral to treatment times (RTT), cancer waiting times (two week wait and 62 day targets) and the four hour target that applies to patients visiting the emergency department. All three reviews provided significant assurance regarding the quality of data for these key metrics.

The Anti-Fraud Specialist undertakes a programme of work for the Trust which includes awareness/deterrence training; fraud detection and prevention; and investigations. The Audit Committee receives regular reports relating to the Counter Fraud Annual plan and the Trust actively seeks redress and legal sanctions where appropriate.

The major risks that the Trust faced in 2018/19 were as follows:

- Referral to treatment times – the Trust has worked hard to mitigate the risk of failing to meet the NHS Constitution target of 92% of patients treated within 18 weeks and avoiding any patients waiting 52 weeks or more
- EPR Procurement Timetable – there has been a challenge throughout the year of securing a robust EPR timetable that mitigates the risks of some critical systems that need replacing and the timetable to effect this through the implementation of an electronic patient record
- Delays to admission to mental health unit for patients with serious mental health issues – the Trust continues to work with system partners to ensure that patients receive specialist mental health care in an appropriate setting
- Income from activities – there have been challenges to secure the income from commissioners for the activity carried out and the consequent risk of non-payment affecting the Trusts financial position
- Cost improvement programme (CIP)– the Trust's ability to hit its control total was dependent on achieving its CIP and this has been a constant focus throughout the year

The Trust complies with the 'Developing Workforce Safeguards', recommendations and regularly assesses its short, medium and long term workforce strategies in order to assure the Board that staffing processes are safe, sustainable and effective. The ways that it does this, include;

- Quarterly reports to the Nursing and Midwifery Committee and six-monthly reports to Trust Board on safe staffing
- Services specified in alignment with Royal College of Physician recommendations for safe staffing, European Working Time regulations and deanery requirements
- Integrated performance report to Trust Board includes workforce information such as, mandatory training, vacancies, agency etc.
- Silver command assesses staffing levels on a daily basis to ensure staffing levels are safe, escalating to chief officers as necessary
- The Guardian for Safe Working provides a report to the Board three times per year to provide assurance about the working hours and staffing levels for junior doctors in training
- Business continuity plans are place to mitigate risks to staffing levels

The Trust is fully compliant with the registration requirements of the Care Quality Commission. During 2018/19 the Trust continued to implement its policy for managing conflicts of interests and identified decision making staff from whom explicit declarations of interest were required. In January 2019, the Board replaced this policy with a Code of Business Conduct policy which widened the definition of 'decision making staff' and explicitly referenced how personal relationships at work would be managed.

The trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.



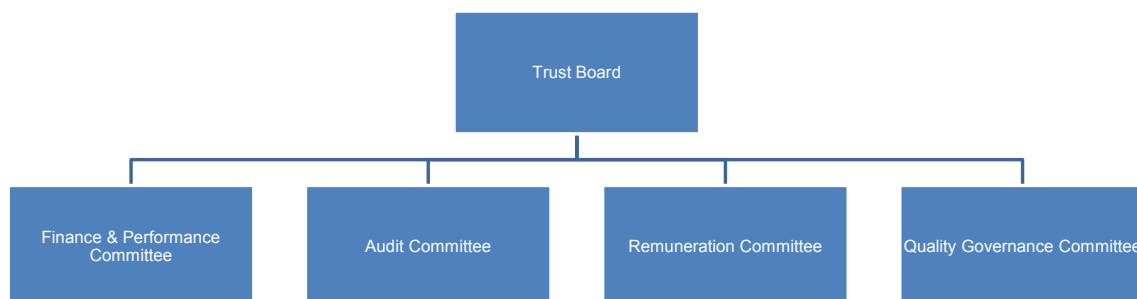
As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

## TRUST BOARD AND COMMITTEE STRUCTURES

The formal board and committee structure of the Trust is shown below



### Trust Board

The role of our Trust Board is to govern the organisation and ensure that it is well managed. Its primary functions are:

- Setting the overall strategic direction of the organisation within the context of NHS priorities and policy
- Regularly monitoring performance against objectives
- Providing financial stewardship through value for money, financial control and financial planning
- Ensuring high quality, safe and effective services and patient focused service provision through clinical and quality governance
- Ensuring high standards of corporate governance, personal conduct and compliance with statutory duties
- Promoting effective dialogue with the local communities we serve

We aspire to the highest standards in corporate governance and our corporate governance framework is set out in our Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation, which we review on a biennial basis. During 2018/19 the Trust adopted a managing conflicts of interest policy in line with national guidance. The policy applies to all staff but requires 'decision making staff' to make a declaration at least once a year, even if that is a 'nil' declaration. Decision making staff are defined as being the following:

- Board members (Chief Officers and Non-Executive Directors)
- Clinical Directors
- Group Directors of Operations
- Corporate directors
- Medical consultants
- Other senior managers of band 8d and above



### Audit Committee

The Audit Committee comprises four Non-Executive Directors and is responsible for:

- Reviewing systems of integrated governance, risk management and internal control
- Approving the annual work plans for the Trust's internal and external auditors and monitoring progress against these
- Monitoring the performance of the Trust's management in responding to agreed actions
- Reviewing the draft Annual Report, draft Quality Account and financial statements before submission to the Trust Board
- Ensuring adequate arrangements in place for counter fraud and security that meet the standards set by NHS Protect
- Reviewing and monitoring the external auditors' independence and objectivity and the effectiveness of the audit process
- Monitoring the integrity of the financial statements of the Trust and any formal announcements relating to its financial performance
- Reviewing the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns and ensure that any such concerns are investigated proportionately and independently; and
- Ensuring that policies, procedures, systems and processes are in place to ensure effective clinical and corporate governance

During the course of the year the Audit Committee has:

- Received a number of reports from Internal Audit arising out of the Annual Internal Audit Plan for the year
- Received a number of follow up audit reports in respect of previous assignments with a limited assurance conclusion
- Received updates from External Audit
- Overseen improvement in the number of outstanding actions arising out of internal audit recommendations
- Approved proposals for the write-off of debt following scrutiny and challenge
- Monitored the effectiveness of the Board Assurance Framework
- Reviewed the Trust's arrangements for Raising Concerns (Whistleblowing)

### Remuneration Committee

The Remuneration Committee is responsible for determining the remuneration and terms of service of the Executive Directors and a small number of senior managers. It comprises all the Non-Executive Directors of the Trust Board and its principle areas of responsibility are:

- To determine Trust policy on all aspects of salary, including any performance related elements and bonuses
- To review the provision of other benefits including pensions and lease cars; and
- To determine contractual arrangements including severance packages for directors in the event of termination of their employment

During the course of the year the Remuneration Committee has:

- Agreed the appointment process for Chief Finance Officer, Chief Operating Officer and Chief Strategy Officer
- Agreed arrangements for the appointment of a replacement Chief Medical Officer and approved a new post of Chief Quality Officer.
- Appointed the Chief Workforce and information Officer as Deputy Chief Executive
- Noted the appointment of a new Audit Committee chair (appointment made by NHS Improvement)



- Approved the appointment of two associate non-executive directors (one of whom became a non-executive director, as Audit Committee Chair from 1 April 2019)

### Quality Governance Committee

The Quality Governance Committee provides a principal source of additional assurance to the Board that the Trust is delivering high quality, safe services to patients. The Committee oversees and monitors the corporate delivery of patient safety, clinical effectiveness, patient experience, risk management, education and training, information governance and regulatory standards to ensure that the Trust has the appropriate strategies, processes, systems, policies, and procedures in place to deliver the necessary standards of care by:

- Providing a forum for scrutiny of any of the Trust's quality indicators or priorities at the request of the Board
- Providing assurance to the Board that arrangements are in place for identifying, prioritising and managing risk and that risks are escalated to the Board as appropriate
- Promoting safety, quality and excellence in patient care
- Ensuring the effective and efficient use of resources through the evidence-based clinical practice;
- Protecting the safety of employees and all others to whom the Trust owes a duty of care;
- Ensuring that effective systems and processes are in place to support high quality care through an effectual training and education and ICT infrastructure
- Ensuring that the Health and Safety Committee has an overarching view of health and safety and provide assurance that non-clinical risks are effectively managed on behalf of the Trust

The Committee comprises of four Non-Executive Directors and receives reports from its sub-committees as detailed below on a regular basis:

- Patient Safety and Clinical Effectiveness Committee
- Risk Committee
- Patient Experience and Engagement Committee
- Strategic Workforce Committee
- Information Governance Committee
- Health and Safety Committee
- Quality Standards Committee

During the course of the year the Quality Governance Committee has received reports relating to the following:

- The risk register and details of the actions that are being undertaken to strengthen risk management arrangements across the Trust
- Serious incidents and never events
- Mortality data
- Infection control
- Outcomes and actions arising from the Care Quality Commission (CQC) inspection report, published in August 2018
- Reports and action plans following Deanery visits
- Emergency planning
- Preparation for implementing 7 day services

### Finance and Performance Committee

The Finance and Performance Committee plays a key role in supporting the Board in their responsibilities for effective financial management by:

- Monitoring monthly income and expenditure variance to provide assurance to the Board and escalate any emerging issues of concern
- Monitoring delivery of key access targets and operational delivery plans to provide assurance to the Board and escalate any emerging issues of concern
- Providing a forum for scrutiny of any of the Trust's performance indicators at the request of the Board, referring any potential impact on quality to the Quality Governance Committee
- Reviewing the performance management arrangements for each Group, scrutinising the arrangements in place to meet financial and operational targets
- Reviewing the performance of Service Providers within the PFI contract
- Providing effective oversight of all major capital and development projects including associated risks with the projects
- Ensuring adequacy of the Trust's Strategic Financial Planning

The Committee comprises of three Non-Executive Directors and receives reports from its sub-committees as detailed below on a regular basis:

- Private Finance Initiative (PFI) Liaison Committee
- Sustainability Development Management Group
- Procurement Steering Committee

Key areas of concern for the Committee during 2018/19 included:

- Financial performance, especially the delivery of productivity and CIP schemes
- Spend on agency and temporary staffing
- Meeting operational performance targets

### Attendance at Meetings

In accordance with our Code of Conduct, attendance at Trust Board and Committee meetings is monitored and forms part of the appraisal process for the members. The attendance for individual members for Trust Board and its committee are set out on the next page:



## Trust Board Attendance

Name	Position	Possible Meetings	Meetings Attended	Attendance Rate %
<b>Non-Executive Directors</b>				
Mr A Meehan	Chairman	6	5	83%
Mr I Buckley	Vice Chair	6	5	83%
Mr E Macalister-Smith	Non-Executive Director	6	6	100%
Mr D Poynton	Non-Executive Director	6	6	100%
Mrs B Beal	Non-Executive Director	6	3	50%
Mrs B Sheils	Non-Executive Director	6	6	100%
Prof S Kumar	Non-Executive Director	6	6	100%
Mr J Gould (January 2019 onwards)	Associate Non-Executive	2	0	0%
Mrs J Mawby-Groom (January 2019 onwards)	Associate Non-Executive	2	2	100%
<b>Executive Directors</b>				
Prof A Hardy	Chief Executive Officer	6	6	100%
Prof M Pandit (until December 2018)	Chief Medical Officer	4	2	50%
Mrs S Rollason	Chief Finance Officer	6	6	100%
Mr R de Boer (January 2019 onwards)	Chief Medical Officer	2	2	100%
Mrs N Morgan	Chief Nursing Officer	6	4	67%
Mrs K Martin	Chief Workforce and Information Officer	6	6	100%
Ms L Kelly	Chief Operating Officer	6	5	83%
Mrs J Richards (September 2018 onwards)	Chief Strategy Officer	4	4	100%

## Audit Committee Attendance

Name	Position	Possible Meetings	Meetings Attended	Attendance Rate %
<b>Non-Executive Directors</b>				
Mr D Poynton	Non-Executive Director (Chair)	6	6	100%
Mr E Macalister-Smith	Non-Executive Director	6	4	67%
Mr I Buckley	Non-Executive Director	6	6	100%
Mrs B Beal	Non-Executive Director	6	3	50%

The above table includes one extraordinary meeting being held in May 2018 to approve the Annual Report and Accounts.

## Remuneration Committee Attendance

Name	Position	Possible Meetings	Meetings Attended	Attendance Rate %
<b>Non-Executive Directors</b>				
Mr A Meehan	Chairman	3	3	100%
Mr D Poynton	Non-Executive Director	3	3	100%
Mr I Buckley	Non-Executive Director	3	1	33%
Mr E Macalister-Smith	Non-Executive Director	3	2	67%
Mrs B Beal	Non-Executive Director	3	1	33%
Prof S Kumar	Non-Executive Director	3	3	100%
Mrs B Sheils	Non-Executive Director	3	3	100%
<b>Executive Directors</b>				
Prof A Hardy	Chief Executive Officer	3	3	100%
Mrs K Martin	Chief Workforce and Information Officer	3	3	100%





## Finance and Performance Committee Attendance

Name	Position	Possible Meetings	Meetings Attended	Attendance Rate %
<b>Non-Executive Directors</b>				
Mr I Buckley	Non-Executive Director (Chair)	10	10	83%
Mr D Poynton	Non-Executive Director	10	10	100%
Mrs B Sheils	Non-Executive Director	10	8	80%
<b>Executive Directors</b>				
Mrs K Martin	Chief Workforce and Information Officer	10	9	90%
Mrs S Rollason	Chief Finance Officer	10	8	80%
Ms L Kelly	Chief Operating Officer	10	9	90%

## Quality Committee Attendance

Name	Position	Possible Meetings	Meetings Attended	Attendance Rate %
<b>Non-Executive Directors</b>				
Mr E Macalister-Smith	Non-Executive Director (Chair)	11	9	81%
Prof S Kumar	Non-Executive Director	11	5	45%
Mrs B Beal	Non-Executive Director	11	7	64%
Mrs B Sheils	Non-Executive Director	11	11	100%
<b>Executive Directors</b>				
Prof M Pandit (until December 2018)	Chief Medical Officer	8	7	87%
Mr R de Boer (January 2019 onwards)	Chief Medical Officer	3	3	100%
Ms L Kelly	Chief Operating Officer	11	4	36%
Mrs N Morgan	Chief Nursing Officer	11	10	91%
Mrs K Martin	Chief Workforce and Information Officer	11	10	91%

## REVIEW OF ECONOMY, EFFICIENCY AND EFFECTIVENESS OF THE USE OF RESOURCES

We began our year with a control total of a £9.7 million deficit, backed with £13.3 million of Provider Sustainability Funds (PSF). The underlying control total for the Trust was therefore a £25.2 million deficit. Finances for the year remained challenged for whole NHS, and operational pressures and the slippage in the construction of car park have resulted in an under delivery against our Trust activity plans.

The Trust regularly reviews the economic, efficient and effective use of resources with a range of arrangements in place to set objectives and targets and manage their achievement. These arrangements include;

- Approval by the Board of the Trust's strategy and annual approval of the operational plan
- Regular reviews of performance at the Board through the integrated performance report
- More detailed reviews of performance at the monthly Finance and Performance Committee meetings
- Quarterly performance reviews by the Chief Officers with Group management teams
- Scrutiny of cost improvement schemes
- Internal audit programme

The Trust commenced 2018/19 with the following major financial challenges:

- To identify and deliver £37.5 million of savings to achieve the underlying control total. To secure external financing to support the Trust's capital expenditure programme
- To ensure that we delivered the activity outlined in the plan

These challenges have resulted in the Trust delivering a £28.3 million deficit, which is an underperformance of £18.6 million against the underlying control total. A total of £30.2 million cost improvement schemes was delivered, but the Trust narrowly missed the agency ceiling of £22.8 million, spending £23.1 million,

To cover a shortfall in revenue financing arising from the deficit for the year, the Trust drew down new revenue loans of £36.8 million, whilst repaying £3.1 million of revenue loans drawn down in prior years. Under the Single Oversight Framework for 2018/19 the Trusts liquidity metric continued to be poor and stood at -26.8 days – further deterioration of this metric was avoided by the receipt of revenue financing support. However, notwithstanding the challenge presented by this, the Trust was able to maintain good performance against the better payments practice code (92% of invoices by value were paid with 30 days of receipt of a valid invoice), meet all of its debt servicing commitments and maintain the agreed minimum cash balance of £1 million.

The year saw a continued growth in income, operating expenditure (excluding impairments). Capital investment; (on the Trust's estate, medical equipment and IT infrastructure); were lower than the previous year, primarily driven by the delays in approval to spend.

The Trust is a very active participant in the Coventry and Warwickshire Sustainability and Transformation Plan (STP). Without a number of pathway changes coupled with some service rationalisation it is difficult to see how the local health economy will be able to deliver the required level of provision within the resources available to it over the current planning period.

## CONTROL ISSUES

We are required to meet a 92% standard for the RTT measurement for incomplete pathways. This means that 92% of patients on our total waiting list should be treated within 18 weeks.

The Trust improved its performance against this measure during 2018/19 from 82.3% in April 2018 to 85.1% in March 2019. Whilst this performance is still not in line with the NHS Constitutional target, the numbers of patients waiting has reduced to below 5,000. Throughout the year, actions have been taken to achieve this, including weekly patient level tracking and setting clear targets for each of our Clinical Groups and monitoring performance against them. We have no patients waiting longer than 52 weeks for their treatment and this has been addressed in a sustainable way, ensuring that our longest waiters are managed before they get close to breaching the 52 week limit.

The Trust improved its performance against the 4 hour standard in the emergency department from 84.8% in April 2018 to 86.9% in March 2019 although this is below the national target of 95%. There were no 'never events' during 2018/19. The Trust's incident management framework is well established and robust and includes a Patient Safety Response team who attend immediately a potential serious incident is identified to get early intelligence on what happened, to support staff and to initiate a root cause analysis. This process helps to ensure that serious incidents are managed within the statutory timescales, maximises learning and ensures patients and their families are kept informed.

The Trust's finances have been challenged during 2018/19, posting a deficit of £28.3 million, caused in part by a lack of delivery of the cost improvement programme.

## INFORMATION GOVERNANCE

The Trust takes risks to data security seriously and the Information Governance Committee (IGC) is charged by the Quality Governance Committee to oversee this as part of its remit. The implementation of GDPR (subsequently the Data Protection Act 2018) was a key focus during year and the Trust received positive feedback from internal audit about its compliance to the new standards in the new Data Security and Protection toolkit.

Data security incidents are reported to the IGC to ensure learning takes place and risks on the register are regularly reviewed.

There have been two Information Governance breaches in 2018/19 that have required reporting to the Information Commissioner (ICO), as follows:

Number of Incidents	Breach Type	Summary of Incident
One	Unauthorised access	Inappropriate access to the health records of a staff member by a colleague.
One	Theft of paperwork	Member of staff had their house burgled; a bag containing an encrypted laptop and some papers were stolen.

The ICO did not take any action as a result of these breaches.

## ANNUAL QUALITY ACCOUNT

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

The development of the Trust's Quality Account has been led by the Director of Quality in close liaison with the Chief Medical Officer and the Chief Nursing Officer. The Board has oversight of the Trust's quality performance during the year as part of the Integrated Quality, Performance and Finance Report and takes assurance from the Quality Governance Committee on specific areas covered by that Report, including the progress with achieving quality priorities.

Elective waiting times and other key data are subject to external audit and other scrutiny through, for example, the Finance and Performance Committee. Internal audits and other reviews are also commissioned to test data quality.

## PERFORMANCE

As set out in the performance analysis there have been some performance challenges for the Trust in 2018/19, particularly in relation to the accident & emergency four-hour target, referral to treatment (RTT) and delayed transfers of care (DTOC).

The Trust has an Elective Access Training Strategy which provides a training framework for clinical and non-clinical staff to be fully knowledgeable in national elective care standards, and competent in the application of referral to treatment times (RTT) rules in managing patients along their elective care pathways.

We have an RTT Team whose function is to govern the correct application of the RTT rules and track patient pathways to ensure we have correct data collection and provide validation guidance. There are always risks with data recording accuracy however we have implemented validation reports to identify errors and omissions enabling corrective actions to take place. A monthly audit timetable is undertaken to constantly ensure accurate application of rules and results to drive an action plan for improvements.

## REVIEW OF EFFECTIVENESS

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. The opinion of the Head of Internal Audit for 2018/19 in relation to the system of internal control is one of significant assurance with only one significant control issue highlighted, relating to financial delivery in year, including CIP delivery

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Quality Governance Committee and by other groups, such as the Risk Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The following key processes have been applied to test the effectiveness of the system of internal control on which I base my review.

- The Board Assurance Framework (BAF) provides evidence of the effectiveness of controls to manage risks to the organisation achieving its key objectives. This is reviewed regularly by the Board and is managed by Chief Officers through the Risk Committee.

- Internal auditors have a risk-based plan of reviews to test the major control systems across the Trust in order to provide assurance about the rest of the internal control system
- External auditors have reviewed the annual accounts and annual report, including the quality account
- Audit Committee scrutinises the financial and other controls in place as part of their work programme
- Quality Governance Committee reviews clinical governance processes, including the management of serious incidents and clinical effectiveness
- The CQC carried out an inspection during 2018/19 which reviewed the Trust across all five domains.

## CONCLUSION

The following significant internal control issues have been identified;

- A&E 4 hour performance
- 18 week referral to treatment
- Financial delivery, including the delivery of the cost improvement programme.

As stated within the control issues there have been no never events during 2018/19.



**Professor Andrew Hardy**  
**Chief Executive Officer**  
Date 28.05.19

## REMUNERATION AND STAFF REPORT

### SENIOR MANAGERS' REMUNERATION AND PENSIONS

The Chief Executive Officer (as the Trust's accountable officer) has confirmed that those chief officers and non-executive directors who regularly attend Trust Board meetings should be regarded as the Trust's senior managers for the purpose of disclosing remuneration and pensions in the annual report.

The senior managers' remuneration disclosures for 2018/19 (and 2017/18) and pensions disclosures are included on the next few pages of this report.

#### Remuneration Policy

The Remuneration Committee, whose membership comprises exclusively of Non-Executive Directors, has reviewed the Remuneration Policy for the Executive Directors and has determined that national benchmarking will be used as a determinant for Executive Pay and that remuneration will, as a principle, be set in the upper quartile to reflect the aspirations of the organisation.

#### Fair Pay Multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/Member in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director/Member in University Hospitals Coventry and Warwickshire NHS Trust in the financial year 2018-19 was £232,500 (2017/18, £217,500). This was 7.8 times (2017/18, 7.3) the median remuneration of the workforce, which was £29,956 (2017/18, £29,967).

In 2018/19, seven (2016/17, nine) employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £6,157 to £328,723 (2017/18, £6,453 to £324,620).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Total remuneration excludes bank and agency staff for which annualised costs are not readily available.

The pay multiples ratio for 2018/19 has increased from 2017/18, due to the median annualised remuneration decreasing slightly by £10 to £29,956. This is due to an increase in the number of staff employed at Band 5 or below and a decrease in the average value of premium payments compared to 2017/18.

The information provided in these tables is subject to audit.





## Senior Managers' Remuneration 2018/19

Name	Title	2018/19					TOTAL (bands of £5,000) £'000
		Salary (bands of £5,000) £'000	Expense payments (taxable) and benefits in kind (to nearest £100) £	Performance pay and bonuses (bands of £5,000) £'000	Long term performance pay and bonuses (bands of £5,000) £'000	All pension-related benefits (bands of £2,500) £'000	
Andrew Hardy	Chief Executive Officer	225 - 230	6,200	0	0	75.0 - 77.5	305 - 310
Meghana Pandit	Chief Medical Officer/Deputy Chief Executive Officer (to 31/12/18)	150 - 155	0	0	0	0	150 - 155
Richard de Boer	Chief Medical Officer (from 01/01/19)	45 - 50	0	0	0	400.0 - 402.5	445 - 450
Lisa Kelly	Chief Operating Officer	130 - 135	100	0	0	102.5 - 105.0	235 - 240
Justine Richards	Chief Strategy Officer (from 17/09/18)	60 - 65	100	0	0	35.0 - 37.5	95 - 100
Susan Rollason	Chief Finance Officer	120 - 125	6,000	0	0	122.5 - 125.0	250 - 255
Karen Martin	Chief Workforce and Information Officer/Deputy Chief Executive Officer	150 - 155	0	0	0	27.5 - 30.0	180 - 185
Antonina Morgan	Chief Nursing Officer	130 - 135	6,300	0	0	92.5 - 95.0	230 - 235
Andrew Meehan	Chairman	35 - 40	2,100	0	0	0	40 - 45
Ian Buckley	Non Executive Director	0 - 5	2,300	0	0	0	0 - 5
Edward Macalister-Smith	Non Executive Director	0 - 5	2,500	0	0	0	0 - 5
Brenda Shells	Non-Executive Director	0 - 5	1,600	0	0	0	0 - 5
Barbara Beal	Non-Executive Director	0 - 5	0	0	0	0	0 - 5
David Poynton	Non-Executive Director	0 - 5	400	0	0	0	0 - 5
Sudhesh Kumar	Non-Executive Director	0 - 5	0	0	0	0	0 - 5
Jeremy Gould	Associate Non-Executive Director	0 - 5	0	0	0	0	0 - 5
Jenny Mawby-Groom	Associate Non-Executive Director	0 - 5	0	0	0	0	0 - 5

1. The Trust is recharged by Warwick University for the services of Sudhesh Kumar (the amounts shown are the recharged sums)
2. Meghana Pandit's remuneration includes sums payable in respect of clinical duties in addition to her duties as a director of the Trust up to 31st December 2018.
3. Richard de Boer's remuneration includes sums payable in respect of clinical duties in addition to his duties as a director of the Trust from 1st January 2019.
4. Susan Rollason was initially engaged as Chief Finance and Strategy Officer. This role was separated into two separate roles for Chief Finance Officer and Chief Strategy Officer during the current year. Su Rollason's remuneration includes sums payable under both the Chief Finance and Strategy Officer and Chief Finance Officer.
5. The role of Chief Strategy Officer was newly created during the current year.
6. In certain circumstances pension related benefits may be negative in which case they are recorded above as nil.

## Senior Managers' Remuneration 2017/18

		2017/18						
Name	Title	Salary	Expense payments	Performance pay and bonuses	Long term	All pension-related	TOTAL (bands of	
		(bands of £5,000)	(taxable) and benefits in	(bands of £5,000)	performance pay and	benefits (bands of	£5,000)	
		£'000	£	(bands of £5,000)	(bands of £5,000)	£'000	£'000	£'000
Andrew Hardy	Chief Executive Officer	210 - 215	6,200	0	0	75.0 - 77.5	305 - 310	
Meghana Pandit	Chief Medical Officer/Deputy Chief Executive Officer	205 - 210	0	0	0	0	150 - 155	
David Eltringham	Chief Operating Officer (to 03/12/17)	85 - 90	200	0	0	55.0 - 57.5	145 - 150	
Lisa Kelly	Chief Operating Officer (from 04/12/17)	35 - 40	0	0	0	0	35 - 40	
David Moon	Chief Finance Strategy Officer (to 31/01/18)	130 - 135	100	0	0	0	130 - 135	
Susan Rollason	Chief Finance Officer and Strategy Officer (from 22/01/18)	20 - 25	2,300	0	0	5.0 - 7.5	30 - 35	
Karen Martin	Chief Workforce and Information Officer	145 - 150	100	0	0	20.0 - 22.5	165 - 170	
Antonina Fraser	Chief Nursing Officer	125 - 130	5,300	0	0	40.0 - 42.5	170 - 175	
Andrew Meehan	Chairman	35 - 40	1,800	0	0	0	40 - 45	
Ian Buckley	Non Executive Director	5 - 10	2,000	0	0	0	5 - 10	
Edward Macalister-Smith	Non Executive Director	5 - 10	2,700	0	0	0	5 - 10	
Brenda Shells	Non-Executive Director	5 - 10	1,500	0	0	0	5 - 10	
Barbara Beal	Non-Executive Director	5 - 10	0	0	0	0	5 - 10	
David Poynton	Non-Executive Director	5 - 10	400	0	0	0	5 - 10	
Sudhesh Kumar	Non-Executive Director	5 - 10	0	0	0	0	5 - 10	

1. The Trust is recharged by Warwick University for the services of Sudhesh Kumar (the amounts shown are the recharged sums)
2. Antonina Fraser was engaged on secondment from Bedford Hospital NHS Trust during April 2017 and joined the Trust substantively from 1st May 2017.  
The table above includes both the sum recharged by Bedford Hospital NHS Trust and Trust salary payments.
3. Meghana Pandit's remuneration includes sums payable in respect of clinical duties in addition to her duties as a director of the Trust.
4. Both Lisa Kelly and Susan Rollason were engaged in other roles for the Trust prior to becoming a chief officer. The table above excludes earnings prior to becoming a chief officer.
5. David Eltringham was seconded to another NHS organisation from 4th December 2017. The table above therefore only shows his remuneration for the period to 3rd December 2017.
6. In certain circumstances pension related benefits may be negative in which case they are recorded above as nil.

## Senior Managers' Pensions 2018/19

Name	Title	2018/19							Employers contribution to stakeholder pension £'000
		Real increase in pension at pension age (bands of £2,500) £'000	Real increase in pension lump sum at pension age (bands of £2,500) £'000	Total accrued pension at pension age at 31 March 2018 (bands of £5,000) £'000	Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5,000) £'000	Cash equivalent transfer value at 1 April 2018 £'000	Real increase in cash equivalent transfer value £'000	Cash equivalent transfer value at 31 March 2019 £'000	
Andrew Hardy	Chief Executive Officer	5.0 - 7.5	2.5 - 5.0	65 - 70	160 - 165	1,005	175	1,242	0
Justine Richards	Chief Strategy Officer (from 17/09/18)	0.0 - 2.5	2.5 - 5.0	30 - 35	75 - 80	454	56	591	0
Susan Rolason	Chief Finance Officer	5.0 - 7.5	10.0 - 12.5	30 - 35	70 - 75	323	132	481	0
Karen Martin	Chief Workforce and Information Officer	0.0 - 2.5	5.0 - 7.5	70 - 75	210 - 215	1,371	170	1,604	0
Antonia Morgan	Chief Nursing Officer	5.0 - 7.5	5.0 - 7.5	25 - 30	10 - 15	268	66	362	0
Lisa Kelly	Chief Operating Officer	5.0 - 7.5	0	5 - 10	0	0	34	37	0
Richard de Boer	Chief Medical Officer (from 01/01/19)	17.5 - 20.0	30.0 - 32.5	75 - 80	120 - 125	0	310	1,287	0

### Non-Pensionable Directors

Non-executive directors are not in pensionable employment and therefore are excluded from the above disclosure.

Similarly, executive directors not in pensionable employment during their term as a director during the year are also excluded.

### Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with the Occupational Pension Schemes (Transfer Values) Regulations 2008.

### Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

The information provided in these tables is subject to audit.

## STAFF REPORT

### Engaging Our Staff

Improving staff engagement is a key priority for the organisation. We recognise the benefits this brings for increased productivity, better staff health and wellbeing and excellent patient safety/experience and have introduced the role of the Employee Engagement Officer to show our commitment to this. In addition over 135 staff have embraced the role of Change Maker since its introduction as a way of improving engagement in local areas.

During the year we held our first Blooming with Pride event where staff were invited to share why they were proud to work at UHCW and over 500 pride cards were displayed.

Surveys are an effective tool to engage, seek views and, most importantly, respond and make improvements based on feedback.

### Exit Packages

There have been no exit packages agreed in 2018/19.

### Off Payroll Engagement

In common with most other NHS bodies the Trust engages staff on an “off-payroll” basis. The main reasons for this are as follows:

- Recharges from other bodies (mainly other NHS organisations or universities) for staff who hold joint appointments; and
- Temporary workers to cover vacant positions or staff absences.

With effect from 6th April 2017, the Government introduced new rules for off-payroll working in the public sector which placed the responsibility with the public sector engager rather than the worker to determine whether or not the engagement was captured by the intermediaries regulations (often known as IR35). With the implementation of these new rules, the Trust changed its approach to the engagement of off-payroll workers and ceased contracting directly with personal service companies (PSCs) and set up an outsourced payroll function to pay such workers.

The Trust is required to disclose certain information in connection with such arrangements as set out in the three tables below. The information provided in these tables is not subject to audit and specifically excludes (with the exception of the Trust Board members table) those staff recharged from other bodies captured by the Government’s new rules for off-payroll working in the public sector\*.

*\* Other NHS bodies and universities are also responsible for seeking assurances around workers engaged on an “off-payroll” basis under the new rules for public sector bodies.*



Table 1: For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last for longer than six months

No. of existing engagements as of 31 March 2019	4
Of which...	
No. that have existed for less than one year at time of reporting.	0
No. that have existed for between one & two years at time of reporting.	4
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019, for more than £245 per day and that last for longer than six months

No. of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	7
Of which...	
No. assessed as caught by IR35	7
No. assessed as not caught by IR35	0
No. engaged directly (via PSC contracted to department) and are on the departmental payroll	0
No. of engagements reassessed for consistency / assurance purposes during the year.	0
No. of engagements that saw a change to IR35 status following the consistency review	0

The table below provides information on board members who have been engaged under an off-payroll arrangement:

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019

	Number
No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year	1
No. of individuals that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both off-payroll and on-payroll engagements	17

The one “off-payroll” engagements of Trust Board members and/or senior officers with significant financial responsibility during the year related to one of the Trust’s non-executive directors - assurance has been received that the individual concerned is employed on the payroll of Warwick University and is subject to PAYE. The arrangement has been reviewed and approved by the Trust’s Chief Executive Officer (note this individual is excluded from tables 1 and 2 above on the basis that the University is subject to the public sector off-payroll rules).

## Consultancy Services

NHS Improvement operates strict controls over expenditure on consultancy services by NHS Bodies, including the requirement to seek approval before signing contracts for consultancy projects over £50,000.

The Trust spent £99,000 on consultancy services during 2018/19, compared with £2,625,000 in 2017/18.

Please note that this is not subject to audit and this also applies to sections Staff Sickness, Staff Engagement and Consultation and Equality and Diversity.

## Staff Costs

Our pay bill represents the highest proportion of our expenditure and equated to £ 396,361 in 2018/19. Staffing costs are therefore, a key consideration for the Trust Board and each Specialty Group management team. Our workforce is categorised into those that we substantively employ, those that work flexibly through our internal Temporary Staffing Service (TSS) and those engaged through external staffing agencies.

The figures below also include those staff engaged under the Retention of Employment model (ROE) e.g. ISS staff.

Average Staff Numbers 2018/19	Permanently Employed WTE	Other WTE
Medical and dental	931	133
Ambulance staff	4	0
Administration and estates	637	43
Healthcare assistants and other support staff	2,328	86
Nursing, midwifery and health visiting staff	2,279	572
Scientific, therapeutic and technical staff	748	32
Healthcare Science Staff	367	19
Total	7,294	885



Staff Costs 2018/19	Permanently Employed £000	Other £000	Total £000
Salaries and wages	280,518	27,254	307,772
Social security costs	26,998	2,263	29,261
Apprenticeship levy	1,588	0	1,588
NHS Pension costs	32,403	2,720	35,123
Other pension costs	48	0	48
Agency staff	0	23,149	23,149
	341,555	55,386	396,941
Recoveries in respect of seconded staff	-580	0	-580
<b>Total</b>	<b>340,975</b>	<b>55,386</b>	<b>396,361</b>

The information provided in these tables is subject to audit.

## Staff Policies applied for People with Disabilities

We ensure that people with disabilities are given full and fair consideration in their application for employment and as appropriate provide guaranteed interviews.

The Trust has signed up to the Government's 'Disability Confident Employer' scheme which is designed to help support organisations in the recruitment and retention of people with disabilities. We also actively support all disabled employees, providing appropriate training, career development and promotion. Our policies are equally applied to those members of staff that become disabled whilst in our employment.

Our policies of Managing Attendance, Recruitment and Selection, Equality, Diversity and Human Rights and Dignity at Work all set out our commitments in this regard. Our Head of Equality provides a comprehensive range of training, support, advice and initiatives to support disabled people including our Supported Internship programme.

## Staff Sickness

The Trust works hard to support staff to become and stay healthy through a comprehensive Health and Wellbeing programme and to meet its target of 4% sickness absence. As at 31 March 2019, sickness performance was 4.57%.

Robust management of sickness absence has been an area of continual focus and we have put into place a number of supporting actions that are aimed at meeting the target, with a view to further reducing it in the longer term including a dedicated attendance management team which ensures that a consistent approach is taken to manage attendance and a Health and Wellbeing Lead. Our Occupational Health service provides a range of services to support staff including lifestyle and cholesterol assessments, immunisation and vaccinations, physiotherapy, stress management and psychological support.

NHS bodies are required to report upon sickness absence figures using measures specified by the Cabinet Office on a calendar year basis. The relevant sickness absence data for the Trust for the 2018 calendar year with comparatives for 2017 is provided below:

	2017	2018
Total days lost (adjusted to the Cabinet Office measure)	63,911	72,401
Total full time equivalent staff years	7,026	7,279
Average days lost per staff year	9.1	9.9

## National Staff Survey

Each year, NHS staff are invited to take part in the NHS Staff Survey, the largest survey of staff opinion in the UK. It gathers views on staff experience at work around key areas including Appraisals and Development, Health and Wellbeing, Raising Concerns and Staff Engagement and Involvement.

The 2018 this survey ran from 1 October 2018 to 30 November 2018 and all staff were invited to participate. Conducting a full staff census ensured data was gathered across all staff groups, departments and demographic groups which led to greater staff engagement and increased trust in the results because everyone had the opportunity to participate. 37% of staff completed the survey which was administered online this year and was supported by a series of "One-Stop Clinics where staff could access a computer to complete the survey whilst at the same time getting their flu vaccination.

This year the data is being reported under Ten Themes, a shift from last year where the data was reported as Key findings (see figure 1). The themes are scored on a scale of 0-10.

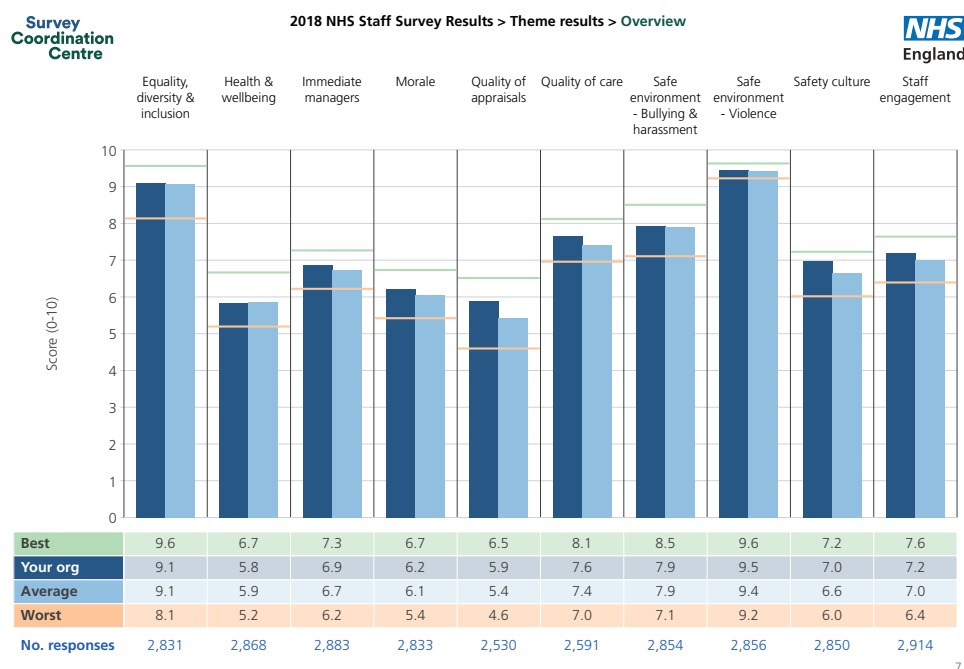
Themes	2018	2017	Change
Equality, diversity & inclusion	9.1	9.1	No change
Health & wellbeing	5.8	5.8	No change
Immediate managers	6.9	6.8	Improved
Morale	6.2	0	New
Quality of appraisals	5.9	5.8	Improved
Quality of care	7.6	7.5	Improved
Safe Environment - Bullying & Harassment	7.9	8	Dropped
Safe Environment - Violence	9.5	9.4	Improved
Safety Culture	7.0	6.8	Improved
Staff Engagement	7.2	7.0	Improved

Figure 1

The Survey measures staff engagement which at 7.2 has shown statistically significant improvements from 2017. This is along with significant improvements in quality of care and safety culture which is testament to the focus of our improvement journey in these areas.

An overview of our results by theme, against our comparator organisations is presented below.

Figure 2



Our areas of focus are in respect to health & wellbeing and bullying & harassment, both of which are lower than our comparators. We already have concerted efforts and dedicated teams working on these identified areas of focus.

## Staff Friends and Family Test

The Staff Friends and Family Test (SFFT) measures staff recommendations of the Trust as a place to work or be treated. We are required to undertake an SFFT each quarter (with quarter 3 being included in the NSS). We are required to ask all staff the SFFT questions on an annual basis, with the opportunity to undertake identified samples in the remaining periods.

The results of the SFFT for 2018/19 is shown below:

2018/19	April-June 2018	July-Sept 2018	Oct-Dec 2018	Jan-Mar 2019
	Q1	Q2	Q3*	Q4
Recommending as a place of work	74%	72%	65.30%	64%
Recommending as a place of treatment	90%	87%	76.30%	86%

\*Q3 results are derived from the National Staff Survey

### Staff Impressions

Our First Impressions survey is sent to all new starters, to help us as an organisation to understand their recruitment and induction experience. Whereas our Last Impressions survey is sent to all staff who leave the organisation. Results from First and Last Impressions are shared with Clinical Groups each quarter, so that they can identify areas for improvement and ensure that all new staff are supported appropriately, whilst leaver feedback is used to make improvements where possible and improve our retention levels.

### Developing / Empowering our Staff

All staff participate in an annual appraisal where they have an opportunity to discuss their performance, demonstrate how they live our values, have a talent conversation and agree a personal development plan. We provide access to all mandatory training to ensure our staff are safe to work and can deliver the required level of patient care.

We are committed to developing our diverse staff and support them in delivering the best care possible to our patients. This commitment spans the delivery of clinical skills training, CPD and personnel development, and involves supporting newly qualified nurses through dedicated preceptorships programmes and Healthcare Support Workers to undertake a dedicated development programme entitled Effective Care Practice.

In 2018/2019 we supported over 180 numbers of staff to undertake their Care Certificate, whilst also supporting over 100 apprenticeships across the organisation.

The Trust recognises that effective leadership is key to achieving our strategic vision, mission and objectives. Our in-house leadership programme, Leading Together, is now in its fifth year and has supported over 850 leaders at all levels to develop their leadership capacity and capability, with our first leadership conference held in December 2018. We have also worked collaboratively with partner organisations to support our first cohort of BAME Leaders to complete the prestigious Stepping Up programme.

As part of our UHCW Improvement System we have supported over 200 leaders through our Lean for Leaders programme, to introduce our lean improvement methodology and provide them with the knowledge and skills to utilise the method in their everyday work. In addition we have seen over 1,000 staff go through the UHCWi Passport Sessions which are designed for all staff to introduce the method and improvement tools.

In 2019/20 we will continue to focus on the development of our leaders through the design and implementation of a multi-professional programme for aspirant leaders, alongside our continued commitment to work with partner organisations to support leadership development across our local healthcare system.

### Transforming Our Staff

In conjunction with the transformation of care pathways and system, our workforce is transforming with the introduction of new roles and innovative staffing models. In 2018/2019 this has included the continued introduction of the Trainee Nurse Associate role and continued support for Healthcare Support Worker apprentices, supporting our nursing and midwifery teams.

The Trust has worked collaboratively with partner organisations to develop Advanced Clinical Practice across Coventry and Warwickshire, helping to transform the delivery of care from traditional medical models. The continued introduction of new roles will continue throughout 2019/20 with the first Nurse Associates commencing in role and as we build our Clinical Fellowship programme and our long term reciprocal benefit scheme with international partners.

## Recruiting Our Staff

Our values-based recruitment approach ensures that all our staff are committed to upholding our values from day one of their employment. We use the latest technology to provide an efficient recruitment service for candidates and managers alike and we continue to utilise all opportunities to recruit staff from open day events, comprehensive marketing campaigns and international recruitment through to the use of social media.

- Monitoring of job applications shows that 43.8% of applications received in 2018/19 were from black and minority ethnic (BME) applicants
- Of those short-listed, 47.20% were BME applicants and of those successfully appointed 38% were BME applicants
- Of the total job applicants 70.4% were female and 29.3 % were male
- Of those short listed 68% were female and 31.7% were male; of those candidates successfully appointed, 64.8% were female and 35.2% were male
- Of the total job applications, 4.2% were from those declaring that they had a disability and 93.5% were from those declaring that they did not have a disability; 2% chose not to declare either way
- Of those short-listed, 4.3% declared that they had a disability against 93.9% who declared they did not; 1.9% did not declare

## Valuing / Recognising Our Staff

We recognise the contribution our staff make through our annual OSCA's (Outstanding Care Awards) and this year there were over 800 nominations. Staff are also able to nominate for our World Class Colleague award which is presented quarterly. The annual Long Service Awards are held for those staff achieving 25 years of NHS service.

Appreciation cards are promoted throughout the year for staff to recognise a colleague's contribution and a chance to say thank you.

## Looking After our Staff

The Trust recognises the importance of staff health and wellbeing, and has a wide range of interventions and support systems in place to support the mental, physical and financial well-being needs of our staff, including the provision of outdoor gyms, mindfulness programmes, fast track physiotherapy support and fast track physiological support, alongside regular activity challenges and provision of healthy food and drink options in place for all staff.

UHCW is privileged to have been recognised as finalists in the national Healthcare People Management Associate Awards 2018 and are proud to hold The Workplace Wellbeing Charter, a sign of our commitment to this area.

During the 2018 flu campaign we successfully vaccinated 78.07% of front-line staff, achieved through partnership working with over 120 peer vaccinators.

There is a dedicated multidisciplinary health and wellbeing group in place, supporting the development of new initiatives, with current focus areas including prompting rest and hydration; well-being resources for our leaders and review of mental health support. Through a partnership programme with staff-side colleagues, we have undertaken a dedicated review of bullying and harassment with the Trust, with 2019/2020 activities focussed on a strategic approach to kindness and review of our processes and policies designed to support staff that are subject to bullying and harassment.

We have introduced a dedicated attendance team to help support staff and managers remain in work and returning to work following ill health. Staff, managers and staff side partners have commented on the positive contribution that this team and approach has made in its first twelve months.

## Partnership Working

We value our staff and take a partnership approach to working with them through our Partnership and Engagement Forum (PEF), Joint Consultative and Negotiating Committee (JNCC) and Medical Negotiation Committee (MNC). These forums are attended by members of our Chief Officers Group and include representatives from our staff side colleagues and trade union representatives. These meetings focus upon consulting with staff in a constructive manner in relation to key service changes across the organisation, as well as discussing and seeking approval of policies and procedures. In accordance with the Trade Union (Facility Time Publication Requirements) Regulations 2017, the Trust will publish details on its facilities time in July 2019.

We are working with our STP partners to collaborate on key workforce challenges.

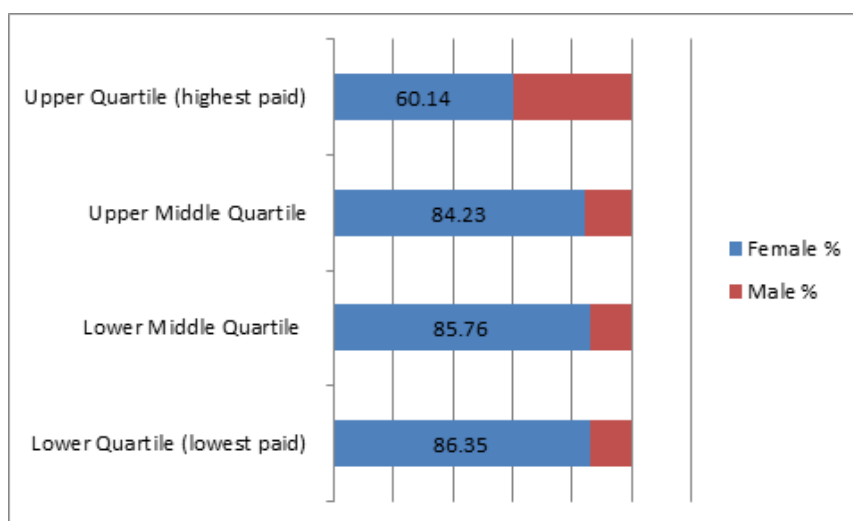
## Gender Pay Gap

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 requires employers to report their gender pay gaps for any year where they have a headcount of 250 or more employees.

It is important to note the difference between gender pay gap and equal pay as being:

- Equal pay relates to men and women earning equal pay for the same, or similar work
- Gender pay gap refers to the difference between men and women's average pay within an organisation

The graph below shows the proportion of males and females when divided into highest and lowest pay quartiles. Our gender split remains 79% women and 21% men.



Graph: Proportion of males and females divided into highest and lowest pay quartiles.

Within the Trust, women's mean hourly rate is 34.65% lower than men's. This means that when comparing mean hourly rates, women earn 65p for every £1 that men earn.

Women's median hourly rate is 25.90% lower than men's and when comparing median hourly rates, women earn 74p for every £1 that men earn.

Of the Trust's total staff, 0.54% of women and 5.22 % of men received a bonus. Women's mean bonus pay is 46.18% lower than men's and the median bonus pay is 55.75 % lower than men's.

## INTERNAL COMMUNICATIONS

We use a number of ways to ensure our staff are kept informed about what is happening within the Trust and other relevant local and national NHS information. We provide information through a weekly e-bulletin Your Week, monthly e-magazine In Touch, a staff intranet 'TrustNav' as well as staff noticeboards and events to raise awareness for particular issues. During 2018/19 we undertook a survey of our staff to look at how we could improve internal communications. Using the feedback and recommendations, we developed new and improved ways of sharing information with colleagues. Recognising that staff need their news 'on the move', this has included launching a more interactive weekly e-bulletin [ThisWeek@UHCW](#) in early February, available from any digital device (i.e. mobile, tablet) and provides us with important feedback on which items are popular. A new corporate team brief 'UHCW Brief' has been introduced ensuring that there is effective two way leadership messages reaching the whole organisation with valuable feedback reaching our leadership teams. A more in-depth quarterly In Touch magazine launches in 2019 providing more details on teams and services.

The Trust continues to be very active on social media to ensure our patients, residents and staff are informed about local news. The Trust reaches over 15,000 on Facebook, 10,000 on Twitter and 3,000 on Instagram with very strong engagement and reach into these audiences. Our most popular Facebook posts are the ones which mark achievements by teams or individuals.

Following suggestions from our staff, we have continued to increase the opportunities for them to meet face to face with members of the Executive Team. A range of engagement events has been facilitated during 2018/9 to provide an opportunity for staff to meet with the leadership team and Trust Board. These have included the monthly Chief Officer's Forum involving nearly 200 senior leaders in UHCW receiving regular information updates and opportunity to ask questions. The regular Trust Board Rounds involve Trust Board members spending time on a ward or with a service to find out what is working well and any barriers for improvement. During 2018 we consulted with our staff and launched our organisational strategy in June 2018.

Our Chief Officers continue to work alongside our staff through our 'Day in the Life Of' programme, which involves them working a shift in different areas of the organisation and allows them to engage with staff and experience first-hand what it is like to work in the Trust. The Chief Officers are then encouraged to write a blog about their experiences, which is shared on TrustNav and in the weekly e-bulletin [ThisWeek@UHCW](#).

Our 'World Class Colleagues' scheme to recognise staff who are performing well or who have gone above and beyond has now been running for over two years. Two colleagues (one clinical and one non-clinical) are now chosen each quarter to receive a special badge and certificate at the Trust Board. We are also continuing to recognise our staff and volunteers at our annual Outstanding Service and Care Awards (OSCAs), which have been running for over 10 years. 2018 saw the highest number of nominations ever with 800 people put forward for awards. During 2018 we celebrated the 70th anniversary of the NHS with a range of events including an online resource centre telling stories of our people and displays around both hospital sites.



## EQUALITY AND DIVERSITY

### Equality and Diversity

The Trust continues to work towards meeting its legal obligations as set out under the Public Sector Equality Duties of the Equality Act 2010. We recognise the importance of ensuring our services are fair and equitable to all.

Everyone is unique and the Trust values the contribution that individual experiences, knowledge and skills make in delivering quality healthcare and becoming a model employer.

All service users and members of staff inclusive of age, disability, gender, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, sexual orientation and religion or belief are welcomed and celebrated at UHCW.

The relevant equality data is published annually on our website; additionally all policies, business cases and significant changes in the organisation are assessed for impact on protected characteristic groups in accordance with the Equality Act 2010.

### Independent Advisory Group (IAG)

The Independent Advisory Group (IAG) acts as a source of expertise and reference point for the Trust on Equality, Diversity and Human Rights related matters.

The IAG continues to monitor progress against the equality agenda for the Trust. The group has explored issues in partnership with Coventry & Warwickshire Association from the Deaf, Organisational Development Team, Workforce Department, Electronic Patient Records and the Ophthalmology Department to advance how equality can be further embedded across the organisation.

### Equality Objectives

#### Strategy

In order to align the Equality and Diversity action plan to the Trust's refreshed Organisational Strategy, a development event was organised to look at issues specifically relating to equality matters. With representatives from the IAG, community organisations, patient partners, external partners as well as staff, a number of actions were identified which have been included in the Equality and Diversity action plan. These actions have been designed to support the Organisational Strategy whilst ensuring that we meet our statutory obligations and contribute to positive patient experience.

### Valuing Our Diverse Workforce

In order to support our diverse workforce and to build on their equality knowledge, additional training has provided, such as:-

- Unconscious Bias
- Dignity at Work
- Transgender
- Good Mental Health at Work
- Mindfulness sessions

The IAG receives regular workforce reports regarding informal and formal investigations where equality is referenced. Equality support has been provided on a number of campaigns including 'Breaking the HABIT (Harassment and Bullying Isn't Tolerated)' as a response to matters raised through our staff surveys.

## Engagement

The Trust recognised NHS Equality, Diversity and Human Rights Week with its third “Embrace Equality Enhance the Experience” event. Community and voluntary organisations, external partners and internal departments came together to celebrate diversity. This was an opportunity for staff to engage with representatives from a wide range of organisations to understand how they can improve patient experience by sign posting to services available in order to support patient wellbeing.

## Patient Experience

The Equality & Diversity Team has developed a Religion, Faith and Beliefs Handbook with input from the Trust’s Department of Spiritual Care. The handbook provides relevant information covering topics such as diet, organ donation, traditions and supporting those at the end of life. It is designed to help our staff meet and understand the religious needs of our patients.

The team has worked in partnership with the Trust’s Head of Volunteers to ascertain how to reduce isolation of patients with specific communication needs and help our staff understand how best to support them. In January, a campaign was launched to recruit volunteers who are able to befriend deaf patients. Once in place volunteers who can support other patients with specific needs, for example, the visually impaired and non English speakers will be recruited and added to our pool of befrienders.

## Workforce Race Equality Standard (WRES)

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations. The WRES is designed to address disparities in the number of BME (Black Minority Ethnic) people in senior leadership positions across the NHS, as well as lower levels of wellbeing amongst the BME population.

To progress this, a partnership approach was adopted with local NHS Trusts to run the Stepping Up leadership programme for BME (Black Minority Ethnic) staff. There were 13 participants, a combination of Nurses, ICT, Governance, Radiographer, Biomedical engineer and Technologist staff, from UHCW and this was the first national NHS BME Leadership Programme delivered in the Coventry and Warwickshire region. Due to the success of the first programme the Trust will be delivering a second Stepping Up Programme this year.

## Diverse Workforce

We endeavour to ensure that our recruitment practices do not unwittingly discriminate against any of the protected characteristics groups for example anonymous shortlisting of applicants. The tables below give an indication of the composition of the organisation at a senior level in terms of ethnicity and gender.

BME				
	Band 8+,			
	Board Members	Clinical Directors & Medical Directors	All Others	Total
Not BME *	13	393	6106	6512
BME	0	58	1952	2010
<b>Totals</b>	<b>13</b>	<b>451</b>	<b>8058</b>	<b>8522</b>

\* Includes not stated

BME Percentage				
	Band 8+,			
	Board Members	Clinical Directors & Medical Directors	All Others	Total
Not BME *	100.00%	87.14%	75.78%	76.41%
BME	0.00%	12.86%	24.22%	23.59%
<b>Totals</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

\* Includes not stated

GENDER				
	Band 8+,			
	Board Members	Clinical Directors & Medical Directors	All Others	Total
Female	6	295	6454	6755
Male	7	156	1604	1767
<b>Totals</b>	<b>13</b>	<b>451</b>	<b>8058</b>	<b>8522</b>

GENDER PERCENTAGE				
	Band 8+,			
	Board Members	Clinical Directors & Medical Directors	All Others	Total
Female	46.15%	65.41%	80.09%	79.27%
Male	53.85%	34.59%	19.91%	20.73%
<b>Totals</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

\*Please note the Band 8+, Clinical Directors & Medical Directors figures have been based on pay bands above Band 8.

## ANNUAL ACCOUNTS

### STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the trust;
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.



Signed.....Chief Executive

Date 28.05.19



## STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, the directors are required to:


- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy

By order of the Board



28.05.19 Date.....Chief Executive



28.05.19 Date.....Finance Director

## INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF DIRECTORS OF UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

### REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

#### Opinion

We have audited the financial statements of University Hospitals Coventry and Warwickshire NHS Trust ("the Trust") for the year ended 31 March 2019 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2019 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as being relevant to NHS Trusts in England and included in the Department of Health and Social Care Group Accounting Manual 2018/19.

#### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

#### Going concern

The Directors have prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least a year from the date of approval of the financial statements. In our evaluation of the Director's conclusions we considered the inherent risks to the Trust's operations, including the impact of Brexit, and analysed how these risks might affect the Trust's financial resources, or ability to continue its operations over the going concern period. We have nothing to report in these respects.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

#### Other information in the Annual Report

The Accountable Officer is responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information. In our opinion the other



information included in the Annual Report for the financial year is consistent with the financial statements.

### **Annual Governance Statement**

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2018/19. We have nothing to report in this respect.

### **Remuneration and Staff Report**

In our opinion the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2018/19.

### **Directors' and Accountable Officer's responsibilities**

As explained more fully in the statement set out on page 91 the directors are responsible for: the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. As explained more fully in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, on page 90 the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

### **Auditor's responsibilities**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities).

## **REPORT ON OTHER LEGAL AND REGULATORY MATTERS**

### **Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources**

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in its use of resources.

### **Qualified conclusion**

Subject to the matters outlined in the basis for qualified conclusion paragraph below we are satisfied that in all significant respects University Hospitals Coventry and Warwickshire NHS Trust put in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources for the year ended 31 March 2019.

### **Basis for qualified conclusion**

The Trust reported a year end deficit of £28.3 million against a planned deficit of £9.7 million, which represents a £18.6 million adverse variance against the control total.

This reflects a deteriorating underlying deficit of £51.7 million, an increase from a £40.0 million underlying deficit reported at 31 March 2018.





The Trust's reported performance in 2018/19 continued to be underpinned by a number of non-recurrent measures including £13.0 million (43%) of non-recurrent Cost Improvement Programme schemes as part of the attainment of £30.0 million in 2018/19.

The Trust has a Cost Improvement Programme of £36 million as part of its 2019/20 plan, of which £28 million of schemes remained unidentified at commencement of 2019/20.

These issues are evidence of weaknesses in the Trust's arrangements for Sustainable Resource Deployment.

### **Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources**

As explained in the statement set out on page 90, the Chief Executive, as the Accountable Officer, is responsible for ensuring that value for money is achieved from the resources available to the Trust. We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017 as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

### **Statutory reporting matters**

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014.

We have nothing to report in these respects.

### **Other matters on which we report by exception - referral to Secretary of State**

We have a duty under the Local Audit and Accountability Act 2014 to refer the matter to the Secretary of State if we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

On 28 May 2019 we referred a matter to the Secretary of State under section 30(1)(a) of the Local Audit and Accountability Act 2014 as we had reason to believe that the University Hospitals Coventry and Warwickshire NHS Trust is, taking into account the Department of Health's *Guidance on Breakeven Duty and Provisions*, in the financial year ending 31 March 2019, in breach of the 'breakeven duty' set out at paragraph 2(1) of Schedule 5 to the National Health Service Act 2006.

The Trust reported a deficit of £28.3 million in 2018/19 and had a cumulative deficit of £45.5 million at 31 March 2019, which represents the fourth year of cumulative deficit. The Trust has approved a financial plan for 2019/20 to achieve break even, after the receipt of Provider Sustainability Funding (PSF), Financial Recovery Funding (FRF) and Marginal Rate Emergency Tariff



(MRET) income. As a result, the cumulative deficit will not be recovered within the five year breakeven period ending 31 March 2020.

#### **THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES**

This report is made solely to the Board of Directors of University Hospitals Coventry and Warwickshire NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Board of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

#### **CERTIFICATE OF COMPLETION OF THE AUDIT**

We certify that we have completed the audit of the accounts of University Hospitals Coventry and Warwickshire NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.



Andrew Bostock  
for and on behalf of KPMG LLP, Statutory Auditor  
Chartered Accountants  
One Snowhill  
Snow Hill Queensway  
Birmingham B4 6GH

28 May 2019



University Hospitals Coventry and Warwickshire NHS Trust

Annual accounts for the year ending 31 March 2019



## Statement of Comprehensive Income

		2018/19	2017/18
	Note	£000	£000
Operating income from patient care activities	3	576,609	542,948
Other operating income	4	91,437	87,703
Operating expenses	6, 8	(669,694)	(618,103)
<b>Operating surplus/(deficit) from continuing operations</b>		<b>(1,648)</b>	<b>12,548</b>
Finance income	11	148	56
Finance expenses	12	(29,217)	(26,647)
PDC dividends payable		(568)	(1,139)
<b>Net finance costs</b>		<b>(29,637)</b>	<b>(27,730)</b>
Other gains / (losses)	13	1,142	382
<b>Surplus / (deficit) for the year from continuing operations</b>		<b>(30,143)</b>	<b>(14,800)</b>
<b>Surplus / (deficit) for the year</b>		<b>(30,143)</b>	<b>(14,800)</b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairments	7	(162)	-
Revaluations	17	11,776	5,847
<b>May be reclassified to income and expenditure when certain conditions are met:</b>			
<b>Total comprehensive income / (expense) for the period</b>		<b>(18,529)</b>	<b>(8,953)</b>
<b>Adjusted financial performance (control total basis):</b>			
Surplus / (deficit) for the period		(30,143)	(14,800)
Remove net impairments not scoring to the Departmental expenditure limit		1,776	(3,554)
Remove I&E impact of capital grants and donations		37	76
<b>Adjusted financial performance surplus / (deficit)</b>		<b>(28,330)</b>	<b>(18,278)</b>



## Statement of Financial Position

		31 March 2019 £000	31 March 2018 £000
	Note		
<b>Non-current assets</b>			
Intangible assets	14	5,607	7,942
Property, plant and equipment	15	342,151	340,115
Investment property	18	9,695	8,575
Receivables	20	29,625	39,690
<b>Total non-current assets</b>		<b>387,078</b>	<b>396,322</b>
<b>Current assets</b>			
Inventories	19	14,261	13,446
Receivables	20	69,064	47,723
Cash and cash equivalents	21	1,020	1,472
<b>Total current assets</b>		<b>84,345</b>	<b>62,641</b>
<b>Current liabilities</b>			
Trade and other payables	22	(58,138)	(54,505)
Borrowings	24	(28,276)	(20,813)
Provisions	26	(12,332)	(5,707)
Other liabilities	23	(7,648)	(10,763)
<b>Total current liabilities</b>		<b>(106,394)</b>	<b>(91,788)</b>
<b>Total assets less current liabilities</b>		<b>365,029</b>	<b>367,175</b>
<b>Non-current liabilities</b>			
Borrowings	24	(320,109)	(305,515)
Provisions	26	(2,363)	(1,067)
<b>Total non-current liabilities</b>		<b>(322,472)</b>	<b>(306,582)</b>
<b>Total assets employed</b>		<b>42,557</b>	<b>60,593</b>
<b>Financed by</b>			
Public dividend capital		65,585	65,092
Revaluation reserve		48,895	37,370
Income and expenditure reserve		(71,923)	(41,869)
<b>Total taxpayers' equity</b>		<b>42,557</b>	<b>60,593</b>

The notes on pages 102-150 form part of these accounts.

Name



Position

Chief Executive

Date 28.05.19

**Statement of Changes in Equity for the year ended 31 March 2019**

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000
<b>Taxpayers' equity at 1 April 2018 - brought forward</b>	65,092	37,370	(41,869)
Surplus/(deficit) for the year	-	-	(30,143)
Impairments	-	(162)	-
Revaluations	-	11,776	-
Public dividend capital received	493	-	-
Other reserve movements	-	(89)	89
<b>Taxpayers' equity at 31 March 2019</b>	<b>65,585</b>	<b>48,895</b>	<b>(71,923)</b>

**Statement of Changes in Equity for the year ended 31 March 2018**

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000
<b>Taxpayers' equity at 1 April 2017 - brought forward</b>	61,278	31,608	(27,154)
Prior period adjustment	-	-	-
<b>Taxpayers' equity at 1 April 2017 - restated</b>	61,278	31,608	(27,154)
Surplus/(deficit) for the year	-	-	(14,800)
Revaluations	-	5,847	-
Public dividend capital received	3,814	-	-
Other reserve movements	-	(85)	85
<b>Taxpayers' equity at 31 March 2018</b>	<b>65,092</b>	<b>37,370</b>	<b>(41,869)</b>



**Information on reserves****Public dividend capital**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

**Revaluation reserve**

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

**Financial assets reserve / Available-for-sale investment reserve**

This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevivable election at recognition.

**Income and expenditure reserve**

The balance of this reserve is the accumulated surpluses and deficits of the trust.





## Statement of Cash Flows

		2018/19	2017/18
	Note	£000	£000
<b>Cash flows from operating activities</b>			
Operating surplus / (deficit)		(1,648)	12,548
<b>Non-cash income and expense:</b>			
Depreciation and amortisation	6.1	22,623	21,231
Net impairments	7	1,776	(3,554)
Income recognised in respect of capital donations	4	(249)	(191)
(Increase) / decrease in receivables and other assets		(10,463)	(13,011)
(Increase) / decrease in inventories		(815)	858
Increase / (decrease) in payables and other liabilities		7,210	5,432
Increase / (decrease) in provisions		7,911	2,813
<b>Net cash generated from / (used in) operating activities</b>		<b>26,345</b>	<b>26,126</b>
<b>Cash flows from investing activities</b>			
Interest received		148	56
Purchase of intangible assets		(483)	(2,005)
Purchase of property, plant, equipment and investment property		(18,959)	(19,928)
Sales of property, plant, equipment and investment property		22	37
Receipt of cash donations to purchase capital assets		249	191
<b>Net cash generated from / (used in) investing activities</b>		<b>(19,023)</b>	<b>(21,649)</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received		493	3,814
Movement on loans from the Department of Health and Social Care		29,720	25,095
Capital element of finance lease rental payments		(117)	(405)
Capital element of PFI, LIFT and other service concession payments		(7,988)	(5,445)
Interest on loans		(1,090)	(603)
Other interest		(2)	-
Interest paid on finance lease liabilities		(12)	(20)
Interest paid on PFI, LIFT and other service concession obligations		(28,020)	(25,914)
PDC dividend (paid) / refunded		(758)	(531)
<b>Net cash generated from / (used in) financing activities</b>		<b>(7,774)</b>	<b>(4,009)</b>
<b>Increase / (decrease) in cash and cash equivalents</b>		<b>(452)</b>	<b>468</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>		<b>1,472</b>	<b>1,004</b>
Prior period adjustments		-	-
<b>Cash and cash equivalents at 1 April - restated</b>		<b>1,472</b>	<b>1,004</b>
<b>Cash and cash equivalents at 31 March</b>	21.1	<b>1,020</b>	<b>1,472</b>



**Notes to the Accounts****Note 1 Accounting policies and other information****Note 1.1 Basis of preparation**

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

**Note 1.1.1 Accounting convention**

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

**Note 1.2 Going concern**

These accounts have been prepared on a going concern basis.

International Accounting Standard (IAS) 1 requires management to assess, as part of the accounts preparation process, the Trust's ability to continue as a going concern. The Government Financial Reporting Manual advises that the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern. An assessment of the Trust's position under the HM Treasury's Financial Reporting Guidelines (FReM), issued for the interpretation of paragraphs 25 to 26 of IAS1 for the public sector context, has been undertaken. It is the Trust's view under this guidance that these accounts can be prepared on a going concern basis.

The Board of Directors has carefully considered the principle of 'Going Concern' in the context of the Trust continuing to operate under the HM Treasury's Financial Reporting Guidelines (FReM). For the year ending 31 March 2019, the Trust is reporting a deficit of £28.3m on an adjusted financial performance (control total) basis, which represented an adverse variance from plan of £18.6m. In order to address the cash shortfall arising from the deficit for the year, the Department of Health and Social Care provided the Trust with new revenue loans of £36.8 million, whilst repaying £3.1 million of revenue loans drawn down in prior years.

For 2019/20, NHS Improvement has set a breakeven control total target, which includes the receipt of £25.4m of support funding in the form of Provider Sustainability Fund (PSF), Financial Recovery Fund (FRF) and Marginal Rate Emergency Tariff (MRET) income. The Trust Board has agreed a financial plan to deliver the control total and includes £36m of efficiencies to be delivered through its waste reduction programme. The financial plan also includes short term loans from the Department of Health and Social Care to cover in year deficits (which are expected to be repaid before the year end as the waste reduction programme accelerates) and temporary cash shortfalls arising from PSF/FRF/MRET income which is expected to be paid quarterly in arrears. In addition, the Trust is scheduled to repay existing revenue loans of £20.4m during 2019/20 – these will need to be replaced or repayment terms extended. Total revenue borrowing (including replacement or extension of existing loans) is forecast to be £49.4m with repayments of £43.1m – a net increase in revenue borrowing of £6.3m.

In addition, the Trust continues to have very low levels of internally generated funds to finance its capital expenditure programme and therefore capital loans of £19.6m are also included in the plan.

Whilst the Trust has a high degree of confidence that the required level of revenue loans will be made available, it is clear that national capital constraints may mean that the full value of capital loans will not be made available. In this eventuality, the Trust will re-prioritise its capital programme accordingly.

The Directors have concluded that whilst the financial position for 2019/20 is very challenging, based upon enquiries with NHS Improvement and the Department of Health and Social Care, they have a reasonable expectation that the Trust will have access to adequate resources (as in previous years) to continue in operational existence for the foreseeable future and continue to provide services to its patients. For this reason, the Trust continues to adopt the going concern basis in preparing the accounts.

**Note 1.3 Interests in other entities**

The Trust has no interests other entities, associates or joint ventures.



**Note 1.4.1 Revenue from contracts with customers**

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

**Revenue from NHS contracts**

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Revenue is recognised to the extent that eligibility for the receipt of consideration is probable. Where there is a significant risk that contract challenges from commissioners may be upheld or where significant commissioner affordability issues exist, the Trust reflects this risk as a credit loss.

Where the Trust is aware of a potential penalty based on contractual performance (including Commissioning for Quality and Innovation (CQUIN)), the Trust reflects this as a provision for liabilities and charges.

The Trust does not receive income where a patient is readmitted within 30 days of discharge from a previous planned stay. This is considered an additional performance obligation to be satisfied under the original transaction price. An estimate of readmissions is made at the year end this portion of revenue is deferred as a contract liability.

**Revenue from research contracts**

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. At contract inception, the Trust assesses the outputs promised in the research contract to identify as a performance obligation each promise to transfer either a good or service that is distinct or a series of distinct goods or services that are substantially the same and that have the same pattern of transfer. The Trust recognises revenue as these performance obligations are met, which may be at a point in time or over time depending upon the terms of the contract.

**NHS injury cost recovery scheme**

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

**Note 1.4.2 Revenue grants and other contributions to expenditure**

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

**Note 1.4.3 Other income**

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

**Note 1.5 Expenditure on employee benefits*****Short-term employee benefits***

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

***Pension costs******NHS Pension Scheme***

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

**Note 1.6 Expenditure on other goods and services**

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.



**Note 1.7 Property, plant and equipment****Note 1.7.1 Recognition**

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.
- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual cost provided that they have a collective cost of at least £5,000.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

**Note 1.7.2 Measurement****Valuation**

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.

The Trust engaged Avison Young (formerly known as GVA Grimley Ltd), a professional property valuer to undertake a desktop revaluation of its land, buildings, residences and investment properties as at 31st March 2019 in order to reflect current valuations of those assets. The valuer used national BCIS cost and tender price indices. Whilst this resulted in a net overall increase in asset values, some individual assets incurred impairment losses. The impact of the revaluation is reflected as appropriate in the Statement of Comprehensive Income including gains on investment assets, asset impairments (in excess of balances held in the revaluation reserve) and reversals of previous impairments charged to the Statement of Comprehensive income. The balance of the revaluation gain was credited to the revaluation reserve.

Properties in the course of construction for service or administration purposes are carried at cost (including professional fees), less any impairment loss. Assets are revalued and depreciation commences when the assets are brought into use.

All assets other than land and buildings, including IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

**Subsequent expenditure**

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

**Depreciation**

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

**Revaluation gains and losses**

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

**Impairments**

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

**Note 1.7.3 De-recognition**

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable ie:
  - management are committed to a plan to sell the asset
  - an active programme has begun to find a buyer and complete the sale
  - the asset is being actively marketed at a reasonable price
  - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

#### **Note 1.7.4 Donated and grant funded assets**

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

#### **Note 1.7.5 Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions**

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation (on the repayment of the liability and finance cost components of the unitary charge) is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

The contributions to the lifecycle replacement of components of the asset are initially recorded as a prepayment. Subsequently, as components of the asset are replaced, the cost is transferred from prepayments and recognised in property, plant and equipment

#### **Note 1.7.6 Useful lives of property, plant and equipment**

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	<b>Min life Years</b>	<b>Max life Years</b>
Land	-	-
Buildings, excluding dwellings	5	69
Dwellings	7	40
Plant & machinery	5	35
Transport equipment	7	7
Information technology	5	10
Furniture & fittings	5	25

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.



**Note 1.8 Intangible assets****Note 1.8.1 Recognition**

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

***Internally generated intangible assets***

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the trust intends to complete the asset and sell or use it
- the trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset and
- the trust can measure reliably the expenses attributable to the asset during development.

**Software**

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

**Note 1.8.2 Measurement**

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

**Amortisation**

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

**Note 1.8.3 Useful economic life of intangible assets**

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Software licences	4	7

**Note 1.9 Inventories**

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

**Note 1.10 Investment properties**

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

**Note 1.11 Cash and cash equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

**Note 1.12 Financial assets and financial liabilities****Note 1.12.1 Recognition**

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

**Note 1.12.2 Classification and measurement**

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

***Financial assets and financial liabilities at amortised cost***

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

***Impairment of financial assets***

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Further information on the basis for calculation of credit losses is provided at note 20.4

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

**Note 1.12.3 Derecognition**

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

**Note 1.13 Leases**

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

**Note 1.13.1 The trust as lessee****Finance leases**

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

**Operating leases**

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

**Leases of land and buildings**

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

**Note 1.13.2 The trust as lessor****Finance leases**

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

**Operating leases**

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

**Note 1.14 Provisions**

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

**Clinical negligence costs**

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust.

The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 26.2 but is not recognised in the Trust's accounts.

**Non-clinical risk pooling**

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.



**Note 1.15 Contingencies**

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 27 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 27, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

**Note 1.16 Public dividend capital**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for:

- (i) donated assets (including lottery funded assets);
- (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility;
- (iii) any PDC dividend balance receivable or payable; and
- (iv) any specific income allocations (e.g. PSF incentive allocations) specifically excluded from the dividend calculation.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

**Note 1.17 Value added tax**

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

**Note 1.18 Corporation tax**

The Trust has determined that it has no corporation tax liability on the basis that it is an exempt health service body as provided for by sections 985 and 986 of the Corporation Tax Act 2010.

**Note 1.19 Foreign exchange**

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

**Note 1.20 Third party assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

**Note 1.21 Losses and special payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

**Note 1.22 Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

**Note 1.23 Critical judgements in applying accounting policies**

The following is the judgement, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that has the most significant effect on the amounts recognised in the financial statements:

The most significant judgement around accounting policies has been the decision to account for the Trust's PFI hospital in the Statement of Financial Position. The key accounting standards used in assessing this were IFRIC 12, IFRIC 4, IAS 16 and IAS 17.

**Note 1.23.1 Sources of estimation uncertainty**

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year

- Valuation of property, plant and equipment (see notes 7 and 15) is based upon an assessment undertaken by professional property valuers which by its nature includes an element of subjectivity. It is impracticable to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period;
- Accrued income for partially completed spells at the end of the financial year (see note 3) is based upon an estimate of income receivable at the completion of an episode of care apportioned between activity completed and activity to be completed in the next financial year;
- Provision for the impairment of receivables (see note 20.2) is estimated on a risk based assessment of the likelihood of non payment which by its nature includes an element of subjectivity; and
- The calculation of provisions (see notes 26.1 and 27) which by their nature have an inherent nature of uncertainty.

**Note 1.24 Early adoption of standards, amendments and interpretations**

No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

**Note 1.25 Standards, amendments and interpretations in issue but not yet effective or adopted**

IFRS 16 Leases was due to be implemented for accounting periods beginning on or after 1st January 2019. For the Trust, this would mean applying the new standard from 1st April 2019 for the financial year 2019/20.

However, the Financial Reporting Advisory Board and HM Treasury have decided to defer implementation of this standard for most government departments (including the Department for Health and Social Care) until 1st April 2020 for the financial year 2020/21. In the meantime, HM Treasury is preparing application guidance for government departments and work will be undertaken during 2019/20 to fully assess the implications.

IFRS 17 Insurance Contracts requires application for accounting periods beginning on or after 1st January 2021, but has not yet been adopted by the FReM.





## Note 2 Operating Segments

The Trust Board is considered to be the chief operating decision maker of the organisation. The Trust Board is of the view that whilst it receives limited financial information broken down by division, the information received does not show the full trading position of that division. Furthermore the activities undertaken by these divisions have a high degree of interdependence and therefore the Trust Board has determined that is appropriate to aggregate these divisions for segmental reporting purposes.

The rationale for determining the chief operating decision maker and for aggregating segments is as follows:

### **Chief operating decision maker**

International Financial Reporting Standard 8: Operating Segments; states that the chief operating decision maker will have responsibility for allocating resources and assessing the performance of the entity's operating segments.

For the University Hospitals Coventry and Warwickshire NHS Trust, responsibility for these functions is set out in the Trust's Scheme of Reservation and Delegation. This document includes (amongst others) the following key decisions which are reserved to the Trust Board:

- The approval of strategies, plans and budgets;
- The agreement of the organisational structures, processes and procedures to facilitate the discharge of business by the Trust; and
- The monitoring and review of financial performance.

Consequently it has been determined that the Trust Board is the chief operating decision maker.

### **Operating segments**

IFRS 8 sets out the criteria for identifying operating segments and for reporting individual or aggregated segmental data. The Trust Board has considered the requirements of IFRS 8 and whilst it does receive budgetary performance information at a specialty group level based upon groups of services (including for example medical specialties, surgical specialties etc.), this information is limited in that:

- Income is not currently regularly reported by specialty;
- Costs associated with any one specialty or service provided by the Trust are split across several specialty groups;
- Cross charging for services between specialty groups is not widely undertaken; and
- Many services provided by the Trust are not operationally independent.

In addition to the above key factors, consideration has also been given to the principles around aggregation of operating segments set out in IFRS 8 which concludes that segments may be aggregated if the segments have similar economic characteristics, and the segments are similar in each of the following respects:

(a) The nature of the products and services:

The services provided are very similar in that they represent the provision of healthcare to ill/vulnerable people. Furthermore many of the services are interconnected with care for an individual being shared across different specialties and departments.

(b) The nature of the production processes:

Services are provided in very similar ways (albeit to differing extents) to the majority of patients including outpatient consultations, inpatient care, diagnostic tests, medical and surgical interventions.

(c) The type or class of customer for their products and services:

The Trust's customers are similar across all services in that they are ill/vulnerable people – whilst certain patient groups may be more susceptible to different healthcare needs, most services are provided to customers of all ages, gender etc.

(d) The methods used to distribute their products or provide their services:

The majority of services are delivered to customers through attendance at hospital as outpatients, day cases or inpatients.

(e) If applicable, the nature of the regulatory environment:

The regulatory environment in which the Trust's services are provided is NHS healthcare.



The Trust Board has therefore concluded that further segmental analysis is not appropriate and that the specialty financial information should be aggregated for the purpose of segmental reporting.

**Financial Performance Reporting**

The Trust Board receives reports on the Trust's financial performance based upon the Statement of Comprehensive Income (or Net Expenditure) which is adjusted in accordance with HM Treasury rules on measuring financial performance. These adjustments are set out below the Statement of Comprehensive Income (or Net Expenditure) and in note 51 relating to breakeven performance.

**Income Sources**

The Trust's main sources of income continue to be from NHS service commissioners as follows:

- Clinical Commissioning Groups (CCGs) from which £372.5 million (£350.8 million in 2017/18) was received; and
- NHS England from which £186.3 million (£179.3 million in 2017/18) was received.

There are no other sources of income which exceed 10% of the Trust's total revenue.

All income derives from services provided in England, although the source of a small part of this income will come from NHS bodies in other parts of the United Kingdom, the Isle of Man or from overseas visitors who are treated in the Trust's hospitals. However, income from such sources is not material.



**Note 3 Operating income from patient care activities**

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.1

<b>Note 3.1 Income from patient care activities (by nature)</b>	<b>2018/19</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>
<b>Acute services</b>		
Elective income	101,123	93,881
Non elective income	155,477	147,314
First outpatient income	47,953	43,067
Follow up outpatient income	37,588	35,334
A & E income	27,421	24,882
High cost drugs income from commissioners (excluding pass-through costs)	46,040	40,351
Other NHS clinical income	145,638	145,589
<b>All services</b>		
Private patient income	1,087	942
Agenda for Change pay award central funding	5,202	-
Other clinical income	9,080	11,588
<b>Total income from activities</b>	<b>576,609</b>	<b>542,948</b>

**Note 3.2 Income from patient care activities (by source)**

<b>Income from patient care activities received from:</b>	<b>2018/19</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>
NHS England	186,283	179,349
Clinical commissioning groups	372,519	350,844
Department of Health and Social Care	5,407	119
Other NHS providers	3,065	2,860
NHS other	93	-
Non-NHS: private patients	1,087	942
Non-NHS: overseas patients (chargeable to patient)	693	1,669
Injury cost recovery scheme	4,136	4,565
Non NHS: other	3,326	2,600
<b>Total income from activities</b>	<b>576,609</b>	<b>542,948</b>
<b>Of which:</b>		
Related to continuing operations	576,609	542,948



**Note 3.3 Overseas visitors (relating to patients charged directly by the provider)**

	2018/19	2017/18
	£000	£000
Income recognised this year	693	1,669
Cash payments received in-year	323	277
Amounts added to provision for impairment of receivables	(456)	1,004
Amounts written off in-year	1,077	106

**Note 4 Other operating income**

	2018/19	2017/18
	£000	£000
<b>Other operating income from contracts with customers:</b>		
Research and development (contract)	6,675	7,744
Education and training (excluding notional apprenticeship levy income)	24,826	25,531
Non-patient care services to other bodies	33,095	28,206
 Provider sustainability / sustainability and transformation fund income (PSF / STF)	13,275	11,155
Income in respect of employee benefits accounted on a gross basis	3,509	3,908
Other contract income	5,718	9,597
<b>Other non-contract operating income</b>		
Education and training - notional income from apprenticeship fund	-	41
Receipt of capital grants and donations	249	191
Charitable and other contributions to expenditure	221	136
Rental revenue from operating leases	1,242	1,194
Other (recognised in accordance with standards other than IFRS 15)	2,627	-
<b>Total other operating income</b>	<b>91,437</b>	<b>87,703</b>
<b>Of which:</b>		
Related to continuing operations	91,437	87,703



**Note 5.1 Additional information on revenue from contracts with customers recognised in the period**

	<b>2018/19</b>
	<b>£000</b>
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	<u>2,341</u>

**Note 5.2 Transaction price allocated to remaining performance obligations**

	<b>31 March 2019</b>
	<b>£000</b>
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	
within one year	2,000
after one year, not later than five years	1,004
after five years	-
<b>Total revenue allocated to remaining performance obligations</b>	<b><u>3,004</u></b>

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.



**Note 6.1 Operating expenses**

	2018/19 £000	2017/18 £000
Purchase of healthcare from NHS and DHSC bodies	1,241	1,501
Purchase of healthcare from non-NHS and non-DHSC bodies	3,915	4,409
Staff and executive directors costs	388,546	365,795
Remuneration of non-executive directors	88	89
Supplies and services - clinical (excluding drugs costs)	78,034	73,695
Supplies and services - general	2,640	2,818
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	57,719	53,563
Consultancy costs	99	2,625
Establishment	10,570	8,791
Premises	14,219	13,295
Transport (including patient travel)	1,113	773
Depreciation on property, plant and equipment	21,099	20,372
Amortisation on intangible assets	1,524	859
Net impairments	1,776	(3,554)
Movement in credit loss allowance: contract receivables / contract assets	641	-
Movement in credit loss allowance: all other receivables and investments	-	2,781
Increase/(decrease) in other provisions	8,462	2,951
Change in provisions discount rate(s)	(41)	-
Audit fees payable to the external auditor		
audit services- statutory audit <sup>*1</sup>	114	95
other auditor remuneration (external auditor only) (see note 6.2)	52	11
Internal audit costs	99	109
Clinical negligence	18,588	13,747
Legal fees	780	539
Insurance	421	362
Research and development	7,796	8,754
Education and training	6,039	5,642
Rentals under operating leases	2,082	344
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	40,428	35,736
Hospitality	-	101
Losses, ex gratia & special payments	-	179
Other	1,650	1,721
<b>Total</b>	<b>669,694</b>	<b>618,103</b>
<b>Of which:</b>		
Related to continuing operations	669,694	618,103

<sup>\*1</sup> Auditor remuneration for the statutory audit in 2018/19 was £95,415 (which includes £12,200 for extra work performed on the 2017/18 audit) excluding VAT (£79,215 in 2017/18). The sums disclosed above include irrecoverable VAT.



**Note 6.2 Other auditor remuneration**

	2018/19 £000	2017/18 £000
<b>Other auditor remuneration paid to the external auditor:</b>		
1. Audit-related assurance services * <sup>1</sup>	11	11
2. All taxation advisory services not falling within item 3 above * <sup>2</sup>	41	-
<b>Total</b>	<b>52</b>	<b>11</b>

\*<sup>1</sup> Audit related assurance services relate to review of the Trust's Quality Account (and include irrecoverable VAT).

\*<sup>2</sup> Taxation advisory services include £40,969 for specific VAT advice provided in connection with the recovery of overpaid VAT. This work was initiated in 2008 and concluded in 2018 following resolution of the Trust's claim once HMRC had resolved to no longer oppose claims. This work commenced, and was substantially complete, prior to NAO Auditor Guidance Note One requirements in respect of non audit services coming into effect and was therefore permissible to conclude in line with that guidance.

**Note 6.3 Limitation on auditor's liability**

The limitation on auditor's liability for external audit work is £2m (2017/18: £2m).

**Note 7 Impairment of assets**

	2018/19 £000	2017/18 £000
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
Unforeseen obsolescence * <sup>1</sup>	2,388	48
Changes in market price * <sup>2</sup>	(612)	(3,602)
<b>Total net impairments charged to operating surplus / deficit</b>	<b>1,776</b>	<b>(3,554)</b>
Impairments charged to the revaluation reserve	162	-
<b>Total net impairments</b>	<b>1,938</b>	<b>(3,554)</b>

\*<sup>1</sup> This relates to building and IT assets removed from operational use in 2018/19.

\*<sup>2</sup> The Trust engaged a professional property valuer to undertake a desktop revaluation of its land, buildings, residences and investment properties as at 31st March 2019 in order to reflect current valuations of those assets. This resulted in an increase in a net increase in values part of which was credited to the Statement of Comprehensive Income as a reversal of previous impairments charged there. The balance of the revaluation gain was credited to the revaluation reserve.





**Note 8 Employee benefits**

	2018/19	2017/18
	Total	Total
	£000	£000
Salaries and wages	307,772	288,860
Social security costs	29,261	27,634
Apprenticeship levy	1,588	1,442
Employer's contributions to NHS pensions	35,123	32,860
Pension cost - other	48	-
Termination benefits	-	88
Temporary staff (including agency)	23,149	22,299
<b>Total gross staff costs</b>	<b>396,941</b>	<b>373,183</b>
Recoveries in respect of seconded staff	(580)	-
<b>Total staff costs</b>	<b>396,361</b>	<b>373,183</b>
<b>Of which</b>		
Costs capitalised as part of assets	639	683

**Note 8.1 Retirements due to ill-health**

During 2018/19 there were 4 early retirements from the trust agreed on the grounds of ill-health (3 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £101k (£90k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.



**Note 9 Pension costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

**a) Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

**b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

**National Employment Savings Scheme (NEST)**

The Trust has joined the government operated National Employment Savings Scheme (NEST) pension scheme to offer pensions to those staff who are not eligible to join the NHS pension scheme.

NEST is a defined contribution scheme and as such, the cost to the Trust of participating in the NEST scheme is equal to the contributions payable into the scheme in the relevant accounting period (see Note 8 Employee benefits).

**Note 10 Operating leases****Note 10.1 University Hospitals Coventry and Warwickshire NHS Trust as a lessor**

This note discloses income generated in operating lease agreements where University Hospitals Coventry and Warwickshire NHS Trust is the lessor.

	2018/19 £000	2017/18 £000
<b>Operating lease revenue</b>		
Minimum lease receipts	1,242	1,194
<b>Total</b>	<b>1,242</b>	<b>1,194</b>

Operating lease revenue relates to the lease of land to the operator of a private hospital and the lease of facilities to a medical school.

	31 March 2019 £000	31 March 2018 £000
<b>Future minimum lease receipts due:</b>		
- not later than one year;	1,267	1,194
- later than one year and not later than five years;	2,353	2,222
- later than five years.	38,949	36,596
<b>Total</b>	<b>42,569</b>	<b>40,012</b>

**Note 10.2 University Hospitals Coventry and Warwickshire NHS Trust as a lessee**

This note discloses costs and commitments incurred in operating lease arrangements where University Hospitals Coventry and Warwickshire NHS Trust is the lessee.

The majority of the Trust's operating leases are short term fixed price leases and include:

- Lease cars
- Equipment (including medical and office equipment)
- Premises

	2018/19 £000	2017/18 £000
<b>Operating lease expense</b>		
Minimum lease payments	2,082	344
<b>Total</b>	<b>2,082</b>	<b>344</b>

	31 March 2019 £000	31 March 2018 £000
<b>Future minimum lease payments due:</b>		
- not later than one year;	739	351
- later than one year and not later than five years;	1,215	732
- later than five years.	378	499
<b>Total</b>	<b>2,332</b>	<b>1,582</b>



**Note 11 Finance income**

Finance income represents interest received on assets and investments in the period.

	2018/19	2017/18
	£000	£000
Interest on bank accounts	148	56
<b>Total finance income</b>	<b>148</b>	<b>56</b>

**Note 12.1 Finance expenditure**

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2018/19	2017/18
	£000	£000
<b>Interest expense:</b>		
Loans from the Department of Health and Social Care	1,173	706
Finance leases	12	20
Interest on late payment of commercial debt	2	-
Main finance costs on PFI and LIFT schemes obligations	14,514	14,858
Contingent finance costs on PFI and LIFT scheme obligations	13,506	11,056
<b>Total interest expense</b>	<b>29,207</b>	<b>26,640</b>
Unwinding of discount on provisions	10	7
<b>Total finance costs</b>	<b>29,217</b>	<b>26,647</b>

**Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015**

	2018/19	2017/18
	£000	£000
Amounts included within interest payable arising from claims under this legislation	2	-

**Note 13 Other gains / (losses)**

	2018/19	2017/18
	£000	£000
Gains on disposal of assets	22	37
<b>Total gains / (losses) on disposal of assets</b>	<b>22</b>	<b>37</b>
Fair value gains / (losses) on investment properties	1,120	345
<b>Total other gains / (losses)</b>	<b>1,142</b>	<b>382</b>

The gains on investment properties resulted from a desktop revaluation undertaken by a professional property valuer as at 31st March in each year.

**Note 14.1 Intangible assets - 2018/19**

	Software licences £000	Total £000
<b>Valuation / gross cost at 1 April 2018 - brought forward</b>	<b>11,002</b>	<b>11,002</b>
Additions	325	325
<b>Valuation / gross cost at 31 March 2019</b>	<b>11,327</b>	<b>11,327</b>
<b>Amortisation at 1 April 2018 - brought forward</b>	<b>3,060</b>	<b>3,060</b>
Provided during the year	1,524	1,524
Impairments	924	924
Reclassifications	212	212
<b>Amortisation at 31 March 2019</b>	<b>5,720</b>	<b>5,720</b>
<b>Net book value at 31 March 2019</b>	<b>5,607</b>	<b>5,607</b>
<b>Net book value at 1 April 2018</b>	<b>7,942</b>	<b>7,942</b>

**Note 14.2 Intangible assets - 2017/18**

	Software licences £000	Total £000
<b>Valuation / gross cost at 1 April 2017 - as previously stated</b>	<b>8,997</b>	<b>8,997</b>
Prior period adjustments	-	-
<b>Valuation / gross cost at 1 April 2017 - restated</b>	<b>8,997</b>	<b>8,997</b>
Additions	2,005	2,005
<b>Valuation / gross cost at 31 March 2018</b>	<b>11,002</b>	<b>11,002</b>
<b>Amortisation at 1 April 2017 - as previously stated</b>	<b>2,201</b>	<b>2,201</b>
Prior period adjustments	-	-
<b>Amortisation at 1 April 2017 - restated</b>	<b>2,201</b>	<b>2,201</b>
Provided during the year	859	859
<b>Amortisation at 31 March 2018</b>	<b>3,060</b>	<b>3,060</b>
<b>Net book value at 31 March 2018</b>	<b>7,942</b>	<b>7,942</b>
<b>Net book value at 1 April 2017</b>	<b>6,796</b>	<b>6,796</b>

## Note 15.1 Property, plant and equipment - 2018/19

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation/gross cost at 1 April 2018 - brought forward</b>	<b>20,883</b>	<b>256,620</b>	<b>807</b>	<b>6,898</b>	<b>149,241</b>	<b>202</b>	<b>39,209</b>	<b>160</b>	<b>474,020</b>
Additions	-	3,553	-	1,517	4,961	461	1,669	-	12,161
Revaluations	-	11,732	44	-	-	-	-	-	11,776
Reclassifications	-	2,491	311	(3,570)	121	-	647	-	-
Disposals / derecognition	-	-	-	-	(2,325)	-	-	-	(2,325)
<b>Valuation/gross cost at 31 March 2019</b>	<b>20,883</b>	<b>274,396</b>	<b>1,162</b>	<b>4,845</b>	<b>151,998</b>	<b>663</b>	<b>41,525</b>	<b>160</b>	<b>495,632</b>
<b>Accumulated depreciation at 1 April 2018 - brought forward</b>	<b>-</b>	<b>7,448</b>	<b>34</b>	<b>-</b>	<b>95,370</b>	<b>202</b>	<b>30,709</b>	<b>142</b>	<b>133,905</b>
Provided during the year	-	8,050	35	-	11,450	66	1,495	3	21,099
Impairments	-	867	727	-	407	-	254	-	2,255
Reversals of impairments	-	(1,241)	-	-	-	-	-	-	(1,241)
Reclassifications	-	-	-	-	(212)	-	-	-	(212)
Disposals / derecognition	-	-	-	-	(2,325)	-	-	-	(2,325)
<b>Accumulated depreciation at 31 March 2019</b>	<b>-</b>	<b>15,124</b>	<b>796</b>	<b>-</b>	<b>104,690</b>	<b>268</b>	<b>32,458</b>	<b>145</b>	<b>153,481</b>
<b>Net book value at 31 March 2019</b>	<b>20,883</b>	<b>259,272</b>	<b>366</b>	<b>4,845</b>	<b>47,308</b>	<b>395</b>	<b>9,067</b>	<b>15</b>	<b>342,151</b>
<b>Net book value at 1 April 2018</b>	<b>20,883</b>	<b>249,172</b>	<b>773</b>	<b>6,898</b>	<b>53,871</b>	<b>-</b>	<b>8,500</b>	<b>18</b>	<b>340,115</b>

## Note 15.2 Property, plant and equipment - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation / gross cost at 1 April 2017 - as previously stated</b>	20,883	239,280	777	8,959	141,297	202	35,339	160	446,897
Prior period adjustments	-	-	-	-	-	-	-	-	-
<b>Valuation / gross cost at 1 April 2017 - restated</b>	20,883	239,280	777	8,959	141,297	202	35,339	160	446,897
Additions	-	5,315	-	545	9,963	-	3,870	-	19,693
Impairments	-	(262)	-	-	-	-	-	-	(262)
Reversals of impairments	-	3,864	-	-	-	-	-	-	3,864
Revaluations	-	5,817	30	-	-	-	-	-	5,847
Reclassifications	-	2,606	-	(2,606)	-	-	-	-	-
Disposals / derecognition	-	-	-	-	(2,019)	-	-	-	(2,019)
<b>Valuation/gross cost at 31 March 2018</b>	20,883	256,620	807	6,898	149,241	202	39,209	160	474,020
<b>Accumulated depreciation at 1 April 2017 - as previously stated</b>	-	-	-	-	86,635	202	28,527	140	115,504
Prior period adjustments	-	-	-	-	-	-	-	-	-
<b>Accumulated depreciation at 1 April 2017 - restated</b>	-	-	-	-	86,635	202	28,527	140	115,504
Provided during the year	-	7,448	34	-	10,706	-	2,182	2	20,372
Impairments	-	(262)	-	-	48	-	-	-	(214)
Reversals of impairments	-	262	-	-	-	-	-	-	262
Disposals / derecognition	-	-	-	-	(2,019)	-	-	-	(2,019)
<b>Accumulated depreciation at 31 March 2018</b>	-	7,448	34	-	95,370	202	30,709	142	133,905
<b>Net book value at 31 March 2018</b>	20,883	249,172	773	6,898	53,871	-	8,500	18	340,115
<b>Net book value at 1 April 2017</b>	20,883	239,280	777	8,959	54,662	-	6,812	20	331,393



## Note 15.3 Property, plant and equipment financing - 2018/19

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Net book value at 31 March 2019</b>									
Owned - purchased	20,883	25,258	366	4,845	20,712	358	9,067	15	81,504
Finance leased	-	-	-	-	249	-	-	-	249
On-SoFP PFI contracts and other service concession arrangements	-	232,387	-	-	25,520	-	-	-	257,907
Owned - donated	-	1,627	-	-	827	37	-	-	2,491
<b>NBV total at 31 March 2019</b>	<b>20,883</b>	<b>259,272</b>	<b>366</b>	<b>4,845</b>	<b>47,308</b>	<b>395</b>	<b>9,067</b>	<b>15</b>	<b>342,151</b>

## Note 15.4 Property, plant and equipment financing - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Net book value at 31 March 2018</b>									
Owned - purchased	20,883	23,409	773	6,898	23,801	-	8,465	18	84,247
Finance leased	-	-	-	-	22	-	-	-	22
On-SoFP PFI contracts and other service concession arrangements	-	224,223	-	-	29,160	-	-	-	253,383
Owned - donated	-	1,540	-	-	888	-	35	-	2,463
<b>NBV total at 31 March 2018</b>	<b>20,883</b>	<b>249,172</b>	<b>773</b>	<b>6,898</b>	<b>53,871</b>	<b>-</b>	<b>8,500</b>	<b>18</b>	<b>340,115</b>

**Note 16 Donations of property, plant and equipment**

The Trust receives grant from Charities for the purchase of donated capital assets - mainly medical and surgical equipment.

**Note 17 Revaluations of property, plant and equipment**

The Trust engaged GVA Grimley, a professional property valuer to undertake a desktop revaluation of its land, buildings, residences and investment properties as at 31st March 2019 in order to reflect current valuations of those assets. The valuer used national BCIS cost and tender price indices. This resulted in a net increase in values, part of which was credited to the Statement of Comprehensive Income, as a reversal of previous impairments. The balance of the revaluation gain was credited to the revaluation reserve.

In light of ongoing restrictions on capital expenditure, the Trust undertook a review of asset lives for certain types of medical equipment including linear accelerators, and endoscopy equipment as it is expected that they will continue in use for longer than originally expected and accordingly the asset lives have been extended by 2-3 years. All of the assets are in good condition and the revised asset lives have been validated by the Trust's medical equipment manager.

**Note 18.1 Investment Property**

	2018/19	2017/18
	£000	£000
<b>Carrying value at 1 April - brought forward</b>	<b>8,575</b>	<b>8,230</b>
Prior period adjustments		-
<b>Carrying value at 1 April - restated</b>	<b>8,575</b>	<b>8,230</b>
Movement in fair value	1,120	345
<b>Carrying value at 31 March</b>	<b>9,695</b>	<b>8,575</b>

The gains on investment properties resulted from a desktop revaluation undertaken by a professional property valuer as at 31st March in each year.

**Note 18.2 Investment property income and expenses**

	2018/19	2017/18
	£000	£000
Direct operating expense arising from investment property which generated rental income in the period	(299)	-
Direct operating expense arising from investment property which did not generate rental income in the period	(20)	-
<b>Total investment property expenses</b>	<b>(319)</b>	<b>-</b>
Investment property income	355	1,194



**Note 19 Inventories**

	<b>31 March 2019 £000</b>	<b>31 March 2018 £000</b>
Drugs	3,824	3,715
Consumables	10,437	9,731
<b>Total inventories</b>	<b>14,261</b>	<b>13,446</b>
<b>of which:</b>		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £111,313k (2017/18: £106,227k). Write-down of inventories recognised as expenses for the year were £0k (2017/18: £0k).



**Note 20.1 Trade receivables and other receivables**

	<b>31 March 2019 £000</b>	<b>31 March 2018 £000</b>
<b>Current</b>		
Contract receivables*	59,596	
Contract assets*	-	
Trade receivables*		42,775
Accrued income*		4,393
Allowance for impaired contract receivables / assets*	(5,191)	
Allowance for other impaired receivables	-	(6,602)
Prepayments (non-PFI)	3,167	3,214
PFI lifecycle prepayments	11,039	-
PDC dividend receivable	50	-
VAT receivable	171	767
Corporation and other taxes receivable	-	-
Other receivables	232	3,176
<b>Total current trade and other receivables</b>	<b>69,064</b>	<b>47,723</b>
<b>Non-current</b>		
Contract receivables*	5,749	
Contract assets*	-	
Trade receivables*		-
Accrued income*		-
Allowance for impaired contract receivables / assets*	-	
PFI lifecycle prepayments	23,876	34,152
Other receivables	-	5,538
<b>Total non-current trade and other receivables</b>	<b>29,625</b>	<b>39,690</b>
<b>Of which receivables from NHS and DHSC group bodies:</b>		
Current	49,581	34,423
Non-current	-	-

\*Following the application of IFRS 15 from 1 April 2018, the trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.



**Note 20.2 Allowances for credit losses - 2018/19**

	Contract receivables and contract assets £000	All other receivables £000
<b>Allowances as at 1 Apr 2018 - brought forward</b>		<b>6,602</b>
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	6,602	(6,602)
New allowances arising	3,319	-
Reversals of allowances	(2,678)	-
Utilisation of allowances (write offs)	(2,052)	-
<b>Allowances as at 31 Mar 2019</b>	<b>5,191</b>	<b>-</b>

The Trust's policy for the impairment of receivables is as follows:

- Injury cost recovery income: subject to a provision for impairment of receivables of 21.89% as per DHSC guidance.
- Overseas visitors: invoices from 1/4/15 are subject to a 50% provision
- NHS commissioner receivables: individually assessed and an appropriate provision made where a risk of non-payment (due to disputes/queries/affordability) exists.
- Other receivables: future credit losses are estimated by calculating historic one year recovery rates for other categories of receivables by age profile

**Note 20.3 Allowances for credit losses - 2017/18**

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	All receivables £000
<b>Allowances as at 1 Apr 2017 - as previously stated</b>	<b>4,914</b>
Prior period adjustments	-
<b>Allowances as at 1 Apr 2017 - restated</b>	<b>4,914</b>
Transfers by absorption	-
Increase in provision	4,702
Amounts utilised	(1,093)
Unused amounts reversed	(1,921)
<b>Allowances as at 31 Mar 2018</b>	<b>6,602</b>

**Note 20.4 Exposure to credit risk**

The majority of the Trust's revenue comes from contracts with other public sector bodies and therefore the Trust would normally have low exposure to credit risk. However, in the challenging financial environment in which the NHS is currently operating, significant risks exist to the recoverability of receivables due to disputes and queries raised on invoices and issues concerning affordability to NHS commissioners.

Therefore the Trust has provided for these risks based upon an assessment of the risk for its main NHS commissioners.

In addition, the Trust charges significant sums to overseas patients who have received urgent care, however, the income from such patients is in effect underwritten by its local CCG commissioner and therefore the maximum exposure to risk is 50% and, given the high risk of non-recovery from overseas patients where charges are not collected at the time of treatment, the Trust provides for 50% of these receivables.

Injury cost recovery income is subject to a provision for impairment of receivables of 21.89% as per DHSC guidance.

For other receivables, future credit losses are estimated by calculating historic one year recovery rates for specific categories of receivables by age profile. The level of provisions for receivables as at 31 March 2019 are based on the following weighted percentages for outstanding invoices by age category:

Outstanding invoices aged 0 - 30 days:	5%
Outstanding invoices aged 31 - 60 days:	17%
Outstanding invoices aged 61 - 90 days:	17%
Outstanding invoices aged 91 - 180 days:	56%
Outstanding invoices aged over 180 days:	42%



**Note 21.1 Cash and cash equivalents movements**

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2018/19 £000	2017/18 £000
<b>At 1 April</b>	<b>1,472</b>	<b>1,007</b>
Net change in year	(452)	465
<b>At 31 March</b>	<b>1,020</b>	<b>1,472</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	50	59
Cash with the Government Banking Service	970	1,413
<b>Total cash and cash equivalents as in SoFP</b>	<b>1,020</b>	<b>1,472</b>
<b>Total cash and cash equivalents as in SoCF</b>	<b>1,020</b>	<b>1,472</b>

**Note 21.2 Third party assets held by the trust**

The trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2019 £000	31 March 2018 £000
Bank balances	40	35
<b>Total third party assets</b>	<b>40</b>	<b>35</b>



**Note 22.1 Trade and other payables**

	<b>31 March 2019 £000</b>	<b>31 March 2018 £000</b>
<b>Current</b>		
Trade payables	14,179	20,647
Capital payables	3,354	9,692
Accruals	25,709	13,517
Social security costs	4,434	4,227
VAT payables	805	217
Other taxes payable	4,145	512
PDC dividend payable	-	140
Accrued interest on loans*		214
Other payables	5,512	5,339
<b>Total current trade and other payables</b>	<b>58,138</b>	<b>54,505</b>
<b>Of which payables from NHS and DHSC group bodies:</b>		
Current	7,051	12,996

\*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note . IFRS 9 is applied without restatement therefore comparatives have not been restated.

**Note 22.2 Early retirements in NHS payables above**

The payables note above includes amounts in relation to early retirements as set out below:

	<b>31 March 2019 £000</b>	<b>31 March 2019 Number</b>	<b>31 March 2018 £000</b>	<b>31 March 2018 Number</b>
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved				-



**Note 23 Other liabilities**

	<b>31 March 2019 £000</b>	<b>31 March 2018 £000</b>
<b>Current</b>		
Deferred income: contract liabilities	7,648	10,763
<b>Total other current liabilities</b>	<b>7,648</b>	<b>10,763</b>

**Note 24 Borrowings**

	<b>31 March 2019 £000</b>	<b>31 March 2018 £000</b>
<b>Current</b>		
Loans from the Department of Health and Social Care	23,929	12,736
Obligations under finance leases	72	89
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	4,275	7,988
<b>Total current borrowings</b>	<b>28,276</b>	<b>20,813</b>
<b>Non-current</b>		
Loans from the Department of Health and Social Care	73,479	54,655
Obligations under finance leases	166	121
Obligations under PFI, LIFT or other service concession contracts	246,464	250,739
<b>Total non-current borrowings</b>	<b>320,109</b>	<b>305,515</b>



**Note 24.1 Reconciliation of liabilities arising from financing activities**

	Loans from DHSC £000	Other loans £000	Finance leases £000	PFI and LIFT schemes £000	Total £000
<b>Carrying value at 1 April 2018</b>	<b>67,391</b>	<b>-</b>	<b>210</b>	<b>258,727</b>	<b>326,328</b>
<b>Cash movements:</b>					
Financing cash flows - payments and receipts of principal	29,720	-	(117)	(7,988)	<b>21,615</b>
Financing cash flows - payments of interest	(1,090)	-	(12)	(14,514)	<b>(15,616)</b>
<b>Non-cash movements:</b>					
Impact of implementing IFRS 9 on 1 April 2018	214	-	-	-	<b>214</b>
Additions	-	-	145	-	<b>145</b>
Application of effective interest rate	1,173	-	12	14,514	<b>15,699</b>
<b>Carrying value at 31 March 2019</b>	<b>97,408</b>	<b>-</b>	<b>238</b>	<b>250,739</b>	<b>348,385</b>



**Note 25 Finance leases****Note 25.1 University Hospitals Coventry and Warwickshire NHS Trust as a lessee**

Obligations under finance leases where University Hospitals Coventry and Warwickshire NHS Trust is the lessee.

	31 March 2019	31 March 2018
	£000	£000
<b>Gross lease liabilities</b>	<b>249</b>	<b>230</b>
of which liabilities are due:		
- not later than one year;	78	98
- later than one year and not later than five years;	171	132
- later than five years.	-	-
Finance charges allocated to future periods	(11)	(20)
<b>Net lease liabilities</b>	<b>238</b>	<b>210</b>
of which payable:		
- not later than one year;	72	89
- later than one year and not later than five years;	166	121
- later than five years.	-	-
Total of future minimum sublease payments to be received at the reporting date	-	-
Contingent rent recognised as an expense in the period	-	-



**Note 26.1 Provisions for liabilities and charges analysis**

	Pensions: early departure costs £000	Pensions: injury benefits* £000	Legal claims £000	Other £000	Total £000
<b>At 1 April 2018</b>	<b>1,159</b>	<b>1,350</b>	<b>174</b>	<b>4,091</b>	<b>6,774</b>
Change in the discount rate	(10)	(31)	-	-	(41)
Arising during the year	199	72	104	11,863	12,238
Utilised during the year	(132)	(61)	(38)	(2,430)	(2,661)
Reversed unused	-	-	(71)	(1,554)	(1,625)
Unwinding of discount	6	4	-	-	10
<b>At 31 March 2019</b>	<b>1,222</b>	<b>1,334</b>	<b>169</b>	<b>11,970</b>	<b>14,695</b>
<b>Expected timing of cash flows:</b>					
- not later than one year;	132	61	169	11,970	12,332
- later than one year and not later than five years;	523	242	-	-	765
- later than five years.	567	1,031	-	-	1,598
<b>Total</b>	<b>1,222</b>	<b>1,334</b>	<b>169</b>	<b>11,970</b>	<b>14,695</b>

- Early departure costs are pensions relating to former staff are based upon actuarial estimates and are reviewed annually. Payments are made quarterly to the NHS Pensions Agency in respect of the Trust's liability.
- Injury benefits are payable by the NHS Pensions Agency and recharged to the Trust.
- Legal claims relate to employers'/third party liability claims. Cost estimates and timings are provided by the NHS Litigation
- Other provisions include: other employee related claims; and fines/penalties and contractual disputes.

**Note 26.2 Clinical negligence liabilities**

At 31 March 2019, £153,388k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of University Hospitals Coventry and Warwickshire NHS Trust (31 March 2018: £131,916k).

**Note 27 Contingent assets and liabilities**

	31 March 2019 £000	31 March 2018 £000
<b>Value of contingent liabilities</b>		
NHS Resolution legal claims	107	(79)
<b>Gross value of contingent liabilities</b>	<b>107</b>	<b>(79)</b>
Amounts recoverable against liabilities	-	-
<b>Net value of contingent liabilities</b>	<b>107</b>	<b>(79)</b>
<b>Net value of contingent assets</b>	<b>-</b>	<b>-</b>

**Note 28 Contractual capital commitments**

	31 March 2019 £000	31 March 2018 £000
Property, plant and equipment	1,225	985
Intangible assets	152	307
<b>Total</b>	<b>1,377</b>	<b>1,292</b>



**Note 29 On-SoFP PFI, LIFT or other service concession arrangements**

The Trust has entered into a PFI contract for the construction, operation and maintenance of a major acute hospital along with the provision of a significant proportion of medical and other equipment required for use in the hospital. The PFI contractor is also responsible for the provision of a number of services including estate maintenance, certain equipment maintenance and the provision of hotel / soft services to a required Trust specification. These services include catering, domestic, laundry / linen, portering, transport, switchboard, help desk, car parking and security. In addition as part of the PFI contract these services are also provided to the existing Hospital of St Cross.

The PFI consortium includes:

1. Principal contract party with the Trust, is Coventry & Rugby Hospital Company (CRHC)
2. Coventry & Rugby Hospital Company have contracts with:
  - a. Hard FM – Vinci Facilities
  - b. Soft FM – ISS Mediclean whose current contract is market tested under the PFI contract every seven years
  - c. Equipment – GE Medical Systems

The PFI contract terminates on 31st December 2042 at which point ownership of the buildings and equipment provided under the contract passes to the Trust for no additional consideration.

The PFI contract is a tripartite contract involving the provision of a University Hospital for UHCW NHS Trust, and also incorporates a Mental Health facility for Coventry and Warwickshire Partnership NHS Trust, all of which are on the same NHS PFI site and jointly contracted with CRHC.

Inflation on the PFI Unitary Payment is twofold. All costs except Soft FM pay are based upon the movement in the Retail Prices Index (RPI) over the previous 12 months on a February to February basis. Soft FM pay uplift is based mainly on Agenda for Change as a result of the Retention of Employment model being used, where the majority of staff are in effect seconded by the Trust to the soft services provider but remain on NHS conditions of service.

**Note 29.1 Imputed finance lease obligations**

University Hospitals Coventry and Warwickshire NHS Trust has the following obligations in respect of the finance lease element of on-Statement of Financial Position PFI and LIFT schemes:

	31 March 2019 £000	31 March 2018 £000
<b>Gross PFI, LIFT or other service concession liabilities</b>	<b>463,361</b>	<b>485,864</b>
<b>Of which liabilities are due</b>		
- not later than one year;	18,390	22,503
- later than one year and not later than five years;	76,714	79,497
- later than five years.	368,257	383,864
Finance charges allocated to future periods	(212,622)	(227,137)
<b>Net PFI, LIFT or other service concession arrangement obligation</b>	<b>250,739</b>	<b>258,727</b>
- not later than one year;	4,275	7,988
- later than one year and not later than five years;	23,938	25,309
- later than five years.	222,526	225,430

**Note 29.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments**

Total future obligations under these on-SoFP schemes are as follows:

	31 March 2019 £000	31 March 2018 £000
<b>Total future payments committed in respect of the PFI, LIFT or other service concession arrangements</b>	<b>2,072,986</b>	<b>1,984,307</b>
<b>Of which liabilities are due:</b>		
- not later than one year;	83,757	80,174
- later than one year and not later than five years;	335,028	320,696
- later than five years.	1,654,201	1,583,437



**Note 29.3 Analysis of amounts payable to service concession operator**

This note provides an analysis of the unitary payments made to the service concession operator:

	2018/19	2017/18
	£000	£000
<b>Unitary payment payable to service concession operator</b>	<b>83,718</b>	<b>77,590</b>
<b>Consisting of:</b>		
- Interest charge	14,514	14,858
- Repayment of finance lease liability	7,988	5,445
- Service element and other charges to operating expenditure	40,428	35,736
- Capital lifecycle maintenance	-	-
- Revenue lifecycle maintenance	-	-
- Contingent rent	13,506	11,056
- Addition to lifecycle prepayment	7,282	10,495
Other amounts paid to operator due to a commitment under the service concession contract but not part of the unitary payment	-	-
<b>Total amount paid to service concession operator</b>	<b>83,718</b>	<b>77,590</b>





**Note 30 Financial instruments****Note 30.1 Financial risk management**

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS organisation has with commissioners and the way those commissioners are financed, the NHS organisation is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS organisation has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing University Hospitals Coventry And Warwickshire NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors rather than being held to change the risks facing University Hospitals Coventry And Warwickshire NHS Trust in undertaking its activities.

***Currency risk***

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

***Interest rate risk***

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by the NHS Trust Development Authority. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

***Credit risk***

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables from customers, as disclosed in the trade and other receivables note.

***Liquidity risk***

The Trust's operating costs are incurred under contracts with clinical commissioning groups and NHS England, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.



**Note 30.2 Carrying values of financial assets**

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost £000	Total book value £000
<b>Carrying values of financial assets as at 31 March 2019 under IFRS 9</b>		
Trade and other receivables excluding non financial assets	60,343	<b>60,343</b>
Cash and cash equivalents at bank and in hand	1,020	<b>1,020</b>
<b>Total at 31 March 2019</b>	<b>61,363</b>	<b>61,363</b>

	Loans and receivables £000	Total book value £000
<b>Carrying values of financial assets as at 31 March 2018 under IAS 39</b>		
Trade and other receivables excluding non financial assets	48,804	<b>48,804</b>
Cash and cash equivalents at bank and in hand	1,472	<b>1,472</b>
<b>Total at 31 March 2018</b>	<b>50,276</b>	<b>50,276</b>



**Note 30.3 Carrying value of financial liabilities**

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost £000	Total book value £000
<b>Carrying values of financial liabilities as at 31 March 2019 under IFRS 9</b>		
Loans from the Department of Health and Social Care	97,408	<b>97,408</b>
Obligations under finance leases	238	<b>238</b>
Obligations under PFI, LIFT and other service concession contracts	250,739	<b>250,739</b>
Trade and other payables excluding non financial liabilities	48,754	<b>48,754</b>
Provisions under contract	12,139	<b>12,139</b>
<b>Total at 31 March 2019</b>	<b>409,278</b>	<b>409,278</b>

	Other financial liabilities £000	Total book value £000
<b>Carrying values of financial liabilities as at 31 March 2018 under IAS 39</b>		
Loans from the Department of Health and Social Care	67,391	<b>67,391</b>
Obligations under finance leases	210	<b>210</b>
Obligations under PFI, LIFT and other service concession contracts	258,727	<b>258,727</b>
Trade and other payables excluding non financial liabilities	54,505	<b>54,505</b>
<b>Total at 31 March 2018</b>	<b>380,833</b>	<b>380,833</b>

**Note 30.4 Maturity of financial liabilities**

	31 March 2019 £000	31 March 2018 £000
In one year or less	89,169	75,317
In more than one year but not more than two years	29,305	19,233
In more than two years but not more than five years	64,130	54,152
In more than five years	226,674	232,131
<b>Total</b>	<b>409,278</b>	<b>380,833</b>



**Note 31 Losses and special payments**

	<b>2018/19</b>		<b>2017/18</b>	
	<b>Total number of cases Number</b>	<b>Total value of cases £000</b>	<b>Total number of cases Number</b>	<b>Total value of cases £000</b>
<b>Losses</b>				
Cash losses	27	55	-	-
Fruitless payments	-	-	5	-
Bad debts and claims abandoned * <sup>1</sup>	448	1,110	131	132
Stores losses and damage to property	-	-	1	-
<b>Total losses</b>	<b>475</b>	<b>1,165</b>	<b>137</b>	<b>132</b>
<b>Special payments</b>				
Compensation under court order or legally binding arbitration award	3	25	2	34
Ex-gratia payments	23	3	32	13
<b>Total special payments</b>	<b>26</b>	<b>28</b>	<b>34</b>	<b>47</b>
<b>Total losses and special payments</b>	<b>501</b>	<b>1,193</b>	<b>171</b>	<b>179</b>
Compensation payments received		26		21

\*<sup>1</sup> The bad debts recorded above mainly relate to the provision of urgent/emergency care to overseas visitors and cases range in value from £24 to £148,186



**Note 32.1 Initial application of IFRS 9**

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £214k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in a £0k decrease in the carrying value of receivables.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classification of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £6,700k.

**Note 32.2 Initial application of IFRS 15**

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).



**Note 33 Related parties**

The Department of Health and Social Care is regarded as the Trust's parent department. During the year University Hospitals Coventry and Warwickshire NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

Those entities with which the Trust has had material transactions are listed below:

Coventry And Rugby CCG  
West Midlands Specialised Commissioning Hub  
Warwickshire North CCG  
Health Education England  
South Warwickshire CCG  
West Midlands Local Office  
South Warwickshire NHS Foundation Trust  
NHS England Core  
Department of Health  
NHS Resolution  
West Leicestershire CCG  
Nene CCG  
George Eliot Hospital NHS Trust  
Burton Hospitals NHS Foundation Trust  
East Leicestershire And Rutland CCG  
Coventry and Warwickshire Partnership NHS Trust  
Cheshire and Merseyside Local Office  
NHS Blood and Transplant  
East Midlands Specialised Commissioning Hub  
The Royal Wolverhampton NHS Trust  
Solihull CCG

In addition, the Trust also undertakes transactions with other government/public sector bodies and those with material transactions are listed below:

HM Revenue and Customs  
National Health Service Pension Scheme  
Coventry City Council

Professor Kumar, Non-Executive Director of the Trust holds the position of Dean of Warwick Medical School which is part of the University of Warwick and honorary appointments with Heart of England NHS Foundation Trust and George Eliot Hospital NHS Trust. The Trust has significant financial transactions with these organisations relating to the provision of services, education, training, research and staff recharges.

Three directors of the Trust and one senior manager of the Trust were also trustees of University Hospitals Coventry and Warwickshire Charity during 2018/19. The charity is independent from the Trust but the Trust has the right to appoint four out of the nine trustees of the charity. During the course of 2018/19, Trust appointed trustees of the charity have remained in the minority of the charity's trustees.

None of the other members of the Trust Board, or parties related to them, have undertaken any material transactions with the Trust.

Revenue and expenditure with the University of Warwick and the University Hospitals Coventry and Warwickshire Charity are as follows:

	Revenue with Related Party 2018/19 £000s	Expenditure with Related Party 2018/19 £000s
University of Warwick	1,644	4,004
University Hospitals Coventry and Warwickshire Charity	175	5

**Note 34 Events after the reporting date**

There are no significant non-adjusting events after the reporting date.

**Note 35 Better Payment Practice code**

	2018/19 Number	2018/19 £000	2017/18 Number	2017/18 £000
<b>Non-NHS Payables</b>				
Total non-NHS trade invoices paid in the year	122,100	393,001	120,108	374,349
Total non-NHS trade invoices paid within target	112,488	360,505	110,862	343,192
Percentage of non-NHS trade invoices paid within target	92.1%	91.7%	92.3%	91.7%
<b>NHS Payables</b>				
Total NHS trade invoices paid in the year	4,708	114,212	3,570	96,424
Total NHS trade invoices paid within target	3,010	107,457	1,990	90,804
Percentage of NHS trade invoices paid within target	63.9%	94.1%	55.7%	94.2%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

**Note 36 External financing**

The trust is given an external financing limit against which it is permitted to underspend:

	2018/19 £000	2017/18 £000
Cash flow financing	22,560	22,591
<b>External financing requirement</b>	<b>22,560</b>	<b>22,591</b>
External financing limit (EFL)	22,625	22,877
<b>Under / (over) spend against EFL</b>	<b>65</b>	<b>286</b>

**Note 37 Capital Resource Limit**

	2018/19 £000	2017/18 £000
Gross capital expenditure	12,486	21,698
Less: Donated and granted capital additions	(249)	(191)
<b>Charge against Capital Resource Limit</b>	<b>12,237</b>	<b>21,507</b>
Capital Resource Limit	12,546	23,159
<b>Under / (over) spend against CRL</b>	<b>309</b>	<b>1,652</b>

**Note 38 Breakeven duty financial performance**

	2018/19 £000
Adjusted financial performance surplus / (deficit) (control total basis)	(28,330)
IFRIC 12 breakeven adjustment	3,319
<b>Breakeven duty financial performance surplus / (deficit)</b>	<b>(25,011)</b>

**Note 39 Breakeven duty rolling assessment**

	1997/98 to 2008/09	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000
Breakeven duty in-year financial performance		10,234	4,162	1,465	1,916	214	(16,900)	(9,129)	703	(15,713)	(25,011)
Breakeven duty cumulative position	2,558	12,792	16,954	18,419	20,335	20,549	3,649	(5,481)	(4,778)	(20,491)	(45,502)
Operating income		465,211	472,923	484,816	509,163	528,881	550,196	585,157	608,790	630,651	668,046
Cumulative breakeven position as a percentage of operating income		2.7%	3.6%	3.8%	4.0%	3.9%	0.7%	(0.9%)	(0.8%)	(3.2%)	(6.8%)

The amount in the above table in respect of financial year 2008/09 (and earlier) has not been restated to IFRS and remains on a UK GAAP basis.



University Hospitals Coventry and Warwickshire NHS Trust

Quality accounts for the year ending 31 March 2019



## A WELCOME FROM OUR CHIEF EXECUTIVE OFFICER

Welcome to our Quality Account for 2018/19. This report highlights the quality of our services during the past 12 months and aims to give you a greater understanding of our Trust, our achievements and the ways in which we will continue to identify and implement further improvements.

University Hospitals Coventry and Warwickshire (UHCW) NHS Trust is a large busy Trust based across two hospital sites. In our latest Care Quality Commission (CQC) inspection, all ratings across both our hospitals had improved or been maintained since the last visit in April 2015. While overall the Trust's rating did not change from 'requires improvement', the majority of ratings awarded were 'good' or above. Inspectors found that the effectiveness of services, care and leadership organisation were 'good', with End of Life Care at the Trust receiving a rating of 'outstanding' for Caring and the Hospital of St Cross in Rugby receiving a rating of 'good' overall.

The Trust has been - and continues to be - on a journey of continuous improvement. Areas we have continued to develop during 2017/18 include reducing waiting times for patients being seen within our emergency department and continuing to recruit and train the staff we need to provide the best care possible. We strive to achieve excellence. We are an organisation that learns from mistakes, responds to constructive feedback about quality and safety and ensures our patients and carers are at the centre of everything we do.

This has been evidenced by our Patient Safety and Risk Team being named the Patient Safety Team of the Year by the Health Service Journal (HSJ). By embracing our mission statement of Care, Achieve and Innovate, incident reporting processes have been strengthened. Since the changes, the incident reporting rate at the organisation has increased from 31 to 44 incidents per thousand bed days – in the top 25 per cent nationally.

High quality care is reinforced by an organisational culture that embraces the Trust's values – Compassion, Openness, Improve, Respect, Partnership, Pride and Learn. Undeniably, the key to our success is our people. Without them a hospital is just bricks and mortar – meaning that it is paramount to ensure we have an engaged and empowered workforce with the right/up to date skills.

We have had the perfect opportunity to celebrate our extraordinary staff and thank them for the vital role they play as part of the 70th year anniversary of the NHS. This saw over 800 nominations – a record breaking number - put forward to recognise good practice in our Outstanding Service and Care Awards (OSCAs).

UHCW remains committed to being a safe organisation that provides high-quality care with the best possible clinical outcomes and experience. That will remain our focus through the coming year.

The information contained within this report has been subject to internal review and, where appropriate, external verification. Therefore, to the best of my knowledge, the information contained within this document reflects a true and accurate picture of the performance of the Trust.

I would like to thank all our staff, volunteers and patient support groups for their input and support in helping us to progress against our objectives.



**Professor Andrew Hardy**  
Chief Executive Officer



## INTRODUCTION TO QUALITY

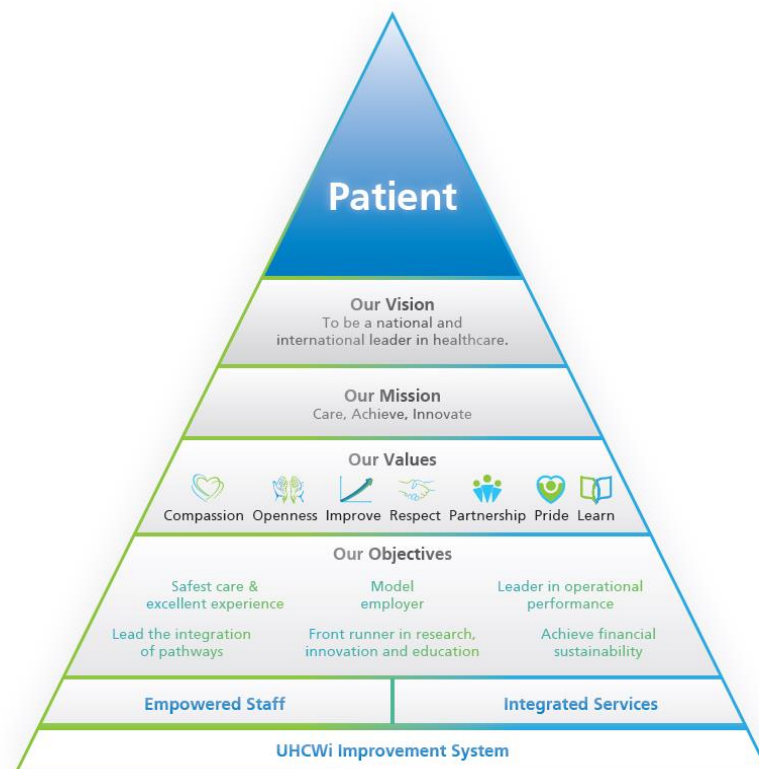
A Quality Account is a report about the quality of services by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public.

Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided.

### Introduction to the Annual Quality Account

The Trust is on a journey to become a world class health care provider by 2021, and is committed to putting patients first in everything we do. There are a number of building blocks that support this ambition; these are articulated within the aims and objectives which are illustrated within the strategic framework below:



Another way to think about this is we aim to:

- Put patients and their families at the heart of every decision we make.
- Be regarded as a great place to work.
- Be a centre of excellence for patient treatment and research.
- Strive for joined up services across the community.
- Ensure our staff have opportunities to learn, innovate and improve.
- Ensure our staff and resources add value to the patient's journey and work to remove any waste in our processes.

Our annual Quality Account provides an opportunity for us to take stock of achievements and progress to date and to look forward to the year ahead.

### 2018-2019 Quality Highlights

£14million awarded to UHCW to advance artificial intelligence cancer diagnosis

A £14m government grant to advance the use of artificial intelligence in cancer diagnosis was announced in November 2018.

It could bring to an end the misery of 'limbo' felt by thousands of people waiting for a cancer diagnosis.

Business Secretary Greg Clark confirmed that UK Research and Innovation will invest £14 million into a consortium led by the Trust - as part of the Industrial Strategy Challenge Fund.

The consortium 'PathLAKE' in partnership with University of Warwick and Philips will collaborate on a three year project that will involve experts from NHS hospitals and universities at; Belfast, Oxford and Nottingham.

The project will be hosted by the new UHCW Institute of Precision Diagnostics and Translational medicine to ensure rapid translation into clinical practice. Together they could revolutionise the future of cancer care by speeding up the detection of some cancers while being more accurate, as well as paving the way for personalised care.

### University Hospital Coventry Day Surgery Unit offers Sunday hand trauma surgery

Surgery for hand injuries is being offered to patients in Coventry and Warwickshire on Sundays in a pioneering move to further enhance the patient experience.

The Trust is offering the new Sunday surgery option as part of a push towards seven day working weeks for the NHS. The Sunday surgery option is being offered to patients who need urgent hand trauma operations and are also well enough to come in and go home on the same day. This means if a patient injures themselves on a Friday, they do not have to wait long for their operation if their surgery is urgent.

### NHS70: UHCW nurses named as national stars

Specialist nurses Hannah Martin and Paula Taylor from the Neurosciences Department have always been stars as far as staff and patients at the Trust are concerned, but now the two have received national recognition. The pair have both been named in a national list of 70 people and teams who have made an exceptional contribution to the NHS and the wider health and care sector.

Hannah, who cares for people living with Parkinson's, and Paula, who treats people with Adult Epilepsy, were named 19th and 21st respectively in a national poll by the NHS Confederation to mark the NHS' 70th birthday.

### National Award for Patient Safety

This year the Trust won the Health Service Journal's Patient Safety Team of the Year at the annual Patient Safety Congress which was held in Manchester. The award was given in recognition to an organisation that has made 'outstanding improvements to patient safety.' To read more on this award go to the Patient Safety pages in section three of this Account.

### Maternity staff presented with baby feeding award by Lord Mayor

The Lord Mayor of Coventry John Blundell and the Lady Mayoress Lindsey Blundell presented Maternity staff at the Trust with a plaque to celebrate being awarded Baby Friendly Accreditation from UNICEF.

The Trust has been awarded the accreditation as international recognition of its inspirational work to support infant feeding. The Baby Friendly Initiative, set up by UNICEF and the World Health Organisation, is a global programme which provides a practical and effective way for health services to improve the care provided for all mothers and babies. In the UK, the initiative works with public services to protect, promote, and support breastfeeding and to strengthen mother-baby and family relationships.

Please refer to UHCW NHS Trust's Annual Report 2018-19 for further updates on performance, i.e. Accident and Emergency and accountability reports. The Annual Report 2018-19 can be found: [www.uhcw.nhs.uk](http://www.uhcw.nhs.uk).

## QUALITY ACCOUNT IMPROVEMENT PRIORITIES 2017-18: A PROGRESS UPDATE

Below are details of our progress and achievements against the Quality Improvement Priorities for 2018-19, as outlined in the 2017-18 Quality Account.

**Priority 1A – Patient Safety: Year on year improvement against a baseline of (55%) for World Health Organisation (WHO) 5 moments for hand hygiene (ACHIEVED)**

### Rationale for inclusion:

Hand hygiene is an effective method to avoid transmission of dangerous pathogens, reducing incidents of healthcare associated infections (HCAI) (WHO, 2009).

Systematic reviews of HH suggest widely varying levels of behaviour. Boyce (2002) reported levels of between 5% and 81%, with an overall median rate of 40%, with similar findings reported in 2010 with levels of between 4% and 100% cited, again with an overall median rate of 40% (Erasmus et al, 2010). Influencing factors on rates of hand hygiene (HH) include type of ward, opportunity or 'moment' of care, and healthcare professional employee (WHO, 2009). Data is notoriously difficult to source and compare due to a lack of standardisation, and varying local, national, and international guidelines against which behaviour is measured (Braun et al., 2009).

However, as standard practice, WHO launched their SAVE LIVES: Clean Your Hands campaign in 2009 with the objective that all healthcare workers should clean their hands at the right time and in the right way. Their definitive report establishing that effective hand hygiene (HH) can be performed using soap and water or alcohol-based hand rub, especially during 'five key moments' of patient contact.

### In summary;

- The overall level of hand hygiene across the Trust, as measured by link staff, is 87.36%.
- When validated by the Infection Prevention Control (IPC) Specialist Team, compliance is 59.08%, noting the national mean average has remained around 40%

### This has been achieved by;

- Development of the 'link staff' role at ward and department level to provide improvement in hand hygiene practice and champion the WHO five moments of hand hygiene.
- In addition, the IPC Specialist Team have refocused their work to support and empower ward staff and provide high quality education, training and updates

### Current position

The Trust set itself a goal to increase its compliance to the WHO 5 moments of hand hygiene to 60% by 2018-2019 from a baseline of 55%. This was set to be achieved through: the use of bespoke educational resources, providing clear incremental targets identified for each clinical area, increasing the validity of our adherence data by using peer-level measurement, using cross-over observers, ad-hoc infection prevention control (IPC) measurements, and on-going hand hygiene measurement training.

The Trust have achieved 87.36% compliance with hand hygiene practice using the WHO 5 moments observation tool measured by link staff for 2018/19. This well exceeds the target of 60% compliance set for the year.

In support, there have been active campaigns throughout the year, to improve practice and share learning alongside a robust staff induction process. Such campaigns have helped to maintain focus on getting the basics right, which is critical in delivering safe care for our patients.

WHO 5 moments for hand hygiene audits are carried out across all clinical areas on a monthly basis to provide assurance of practice standards. In addition to link staff carrying out audits, independent reviews are carried out by the IPC Specialist Team to assure the reliability and validity of results throughout the year. The validated score for the year end was 59.08%.

Matrons and their teams review the results and take action locally where necessary to continuously improve practice and celebrate success.

### Priority 1B Patient Safety: - Reduce avoidable infections (PARTIALLY ACHIEVED)

#### Rationale for Inclusion:

A central line-associated bloodstream infection (CLABSI) is defined as a laboratory-confirmed bloodstream infection not related to an infection at another site that develops within 48 hours of a central line placement. Most cases are preventable with proper aseptic techniques, surveillance, and management strategies.

#### In summary;

- Key practice is to maintain a closed system; this is consistently above 98% compliance
- Preventing the spread of infection, consistently scores above 80%.

#### This has been achieved by;

- Increasing the availability of staff training
- IPC specialist team teaching on ward at the patient's bedside
- An established ward based audit programme to measure compliance and provide staff feedback for improvement

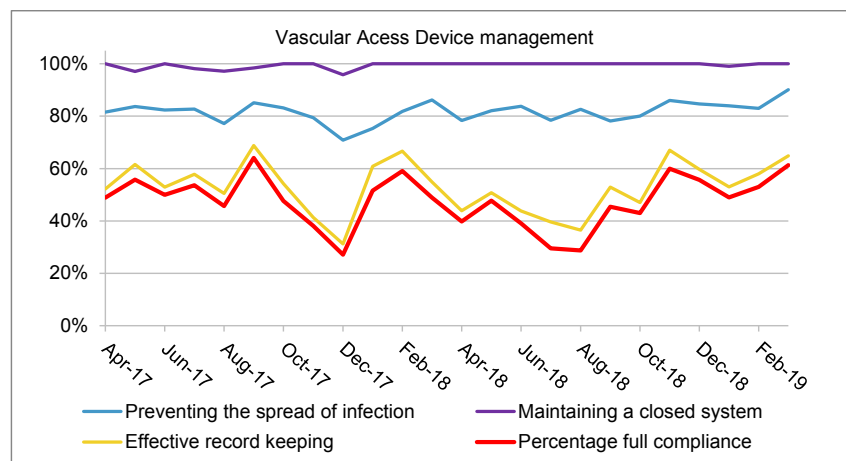
### Current position

The Trust set itself a goal to build on the existing strategy for catheter related blood stream infection prevention and reduction that have been achieved and to further deliver a reduction in the number and severity of harm avoidable hospital acquired central line associated blood stream infections (CLABSI).

The Trust has made progress on training staff, they are able to access either the High Dependency Unit workshop (HDU) or the Vascular Access workshop. Both courses are run bi-monthly and complement each other so every month one of the courses will be provided. In addition the infection control team undertakes teaching on ward areas as they audit, focusing on areas with poor compliance in order to support improvements.

Graph 1 shows sustained improvement against the Trust's own 70% compliance target. The full compliance figure averaged across the whole year was 47%, but reached 61% in March 2019. Full compliance is pulled down by poor scores for effective record keeping. The audit process has been improved to allow particular issues in record keeping to be identified and the areas thus identified will be the focus of further work over the coming year.

Graph 1



**Priority 2– Clinical Effectiveness: To provide care in line with national and local evidence based guidance (NOT ACHIEVED)**

#### Rationale for Inclusion:

Trust is committed to providing good quality care based on the latest available evidence. Developing and reviewing guidance both on a local and national level is important to the Trust as it helps provide assurance and evidence that the quality of care is of a high standard, and also highlights pathways where process and care can be improved to benefit patients. Reviewing and implementing evidence based clinical guidance helps fulfil two of the five domains set in the National Health Service Outcomes Framework:

- Preventing people from dying prematurely
- Treating and caring for people in a safe environment and protecting them from avoidable harm

The Trust uses an electronic record management system called eLibrary to support the accessibility of local guidelines across the organisation and shares National Institute of Clinical Excellence (NICE) guidance across the Trust to support the development of clinical practice. Monitoring the review process and implementation of clinical guidance helps the Trust to identify areas for potential improvement.



#### Achievements:

- The status of clinical guidance is reported live on the Trust Intranet site. It allows clinical groups to view their performance and identify which guidelines are due for review.
- Clinical Specialties receive monthly status reports outlining which guidelines have expired and which are under review along with the implementation of NICE guidelines within the specialty. The reports are discussed across the Trust via Quality Improvement and Patient Safety meetings. Evidence summaries outlining the latest clinical evidence relating to guidance are produced by the Trust Library and Knowledge services and distributed to authors of guidelines to support evidence based practice when guidelines are updated.

#### Current position

The Trust set itself a goal to have a  $\leq 4\%$  yearly average of expired guidelines by 2018 (baseline 4.75%) and 90% compliance with NICE Guidance by 2019 (baseline 61.8%).

#### Local Clinical Guidelines:

Between April 2018 and March 2019 the mean percentage of expired clinical guidelines was 5.83%. The number of guidelines uploaded to the Trust eLibrary system varies month on month due to documents being added and removed. Calculation of the mean uses the monthly status of the number of expired guidelines and the total number of guidelines on eLibrary. This figure sits above the Quality Account priority of 4%.

#### NICE guidelines:

All newly released guidance from NICE is shared across the Trust each month to support clinical areas to assess the implementation of guidance. Currently the Trust reports that 77% of NICE guidance has been fully implemented and 15% partially implemented based on assessment tools provided by NICE.

**Priority 3: Patient Experience: Establish a process for reviewing the patient environment and acting upon issues effectively with support from the process of Patient Led Assessments of the Care Environment (PLACE) (ACHIEVED)**

#### Rationale for inclusion:

The maintenance of a high standard of patient environment is linked closely to minimising hospital acquired Infections (HAI). Any reduction in the patient environment will have a direct impact on the experience of patients using the service. The annual PLACE score feeds into the CQC, a reduction in current standards would have a detrimental effect on the outcome of CQC assessments undertaken at the Trust.

#### Achievements:

- Established mini PLACE programme across the Trust
- Established task and finish groups to drive improvements
- Providing funding to support developing a dementia friendly environment

#### Current position

The Trust set itself a goal to improve and maintain the required standards across both hospital sites University Hospital Coventry and the Hospital of St Cross, Rugby.





## MINI PLACE ASSESSMENT PROGRAMME:

A Mini PLACE assessment programme commenced in the Trust in November 2018, The Trust's programme includes undertaking mini PLACE assessments with patients as partners six times a year to support the national PLACE process. Two mini assessments have taken place to date; 29th November 2018 and 23rd January 2019. The feedback from the groups assessed has been positive.

### PLACE 2019:

NHS Improvement have advised that the review of the PLACE collection is well underway and on track for completion in March 2019. Individual working groups have been established to look at process, questions, design, dementia, patient experience and communication and changes are anticipated that will refresh and make a positive difference.

Progress from the Annual PLACE Task and Finish Groups:

- Work continues with small working groups looking at each element of the PLACE audits
- Redecoration of public areas continues – these areas are being painted on a forth bridge approach
- The electronic menu ordering system at St Cross was well received and this has been implemented on three wards at University Hospital
- Dementia:
  - The building work in relation to the dementia friendly ward at St Cross is complete – the next step will be the provision of vinyl covering
  - Extra funding was provided in 2018/19 from the Capital Programme to fund projects
  - The Estates Team are in the process of preparing a Guide to Enhancing Your Environment; (developed with the Dementia Strategy Group). This aims to ensure all future works are: dementia friendly, within a selected colour palette, using dementia friendly fixtures and fittings. The guide will also encourage any improvements to future Trust spaces to reflect upon the principal of this guide as standard practice going forward

### National Cleaning Standard (NCS) Audit Scores:

The contractual and performance monitoring system baseline for auditing cleanliness is a measurement against the 2004 NCS. Audits are based on an assessment of 49 individual elements that fall under the responsibility of either healthcare cleaning, nursing or estates. During the December 2018 reporting period the ISS team has audited a total of 93 areas at Coventry and 30 areas at Rugby St Cross across the various risk categories. The results are displayed in the table below.

Type of Area	NCS target	Trust Stretch target	Oct-18	Nov-18	Dec-18	Jan 19	Feb 19	Mar 19
Very High Risk	NCS 2004 Target – 95%	Improvement Target – 97.34%	97.53%	97.86%	97.88%	98.13%	97.74%	97.43%
High Risk	NCS 2004 Target – 90%	Improvement Target – 96.75%	94.65%	95.14%	95.47%	96.15%	95.33%	94.78%
Significant Risk	NCS 2004 Target – 85%	Improvement Target – 96.75%	94.44%	94.31%	93.77%	93.99%	92.87%	93.59%
Low Risk	NCS 2004 Target – 75%	Improvement Target – 94.66%					90.92%	85.71%

## QUALITY IMPROVEMENT PRIORITIES FOR 2019-20

The Trust invited staff, patients and local stakeholders to take part in a deliberative event to support, identify and shape the 2019/20 Quality Account priorities. The event took place in November 2018. Those represented at the included:

- Staff members
- UHCW Patient Partners
- Healthwatch Coventry
- Healthwatch Warwickshire
- The Carers Trust
- The Light House Trust
- West Indian Heritage Community Group

The priorities identified using a deliberative (co-development) approach for 2019 -20 are:

### Priority 1 – Patient Safety

- A) It is recognised that organisations who report more medication incidents have a greater opportunity for learning with the aim of reducing medication incidents.

The Trust will increase the reporting of medication incidents by 5% by the end of March 2020

- B) A number of patients admitted to the hospital have medication that has been prescribed by their GP prior to admission that they have been self-administrating at home before admission to hospital. To support those patients to continue to self-administer their prescribed medication.

The Trust will develop and implement a Trust Policy that ensures the safe use and management of medicines that helps patients to participate in the self-administration of their prescribed medicines from home during their hospital admission by the end of March 2020

### Priority 2 – Clinical Effectiveness

The SHMI (Summary Hospital-level Mortality Index) is a national indicator that measures the number of patients who have died following admission to hospital, or 30 days after discharge from hospital, against the number of expected deaths based on characteristics of the patients treated.

The Trust will reduce the number of patients who die to fall in line with or below the number of expected deaths for our organisation.

### Priority 3 – Patient Experience

Patient information supports patients to make informed decisions about care and treatment; it's recognised that early access to patient information helps to support decision making and patient choice. The Trust will audit all of its current patient information and make it accessible from the Trust website by the end of March 2020



## STATEMENTS OF ASSURANCE FROM THE BOARD

### Review of Services

During 2018-19, the Trust was commissioned by Clinical Commissioning Groups (CCGs) to provide 66 General Acute Services, in addition to a range of specialised services commissioned by NHS England that fall within NHS England's Programmes of Specialised Care. The Trust has reviewed the quality of care of these services, with its Commissioners, in accordance with its contractual obligations.

### Participation in Clinical Audits

During 2018-19, 63 national clinical audits and 7 national confidential enquiries covered relevant health services that the Trust provides.

During 2018-19 the Trust participated in 100% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in during 2018-19 are listed in the table below.

The table below shows the enquiries participated in, and the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Did UHCW participate in 2018-19?	Participation 2018-19
Adult Cardiac Surgery Audit (CABG and Valvular Surgery)	✓	100%
Adult Community Acquired Pneumonia BTS	✓	Data collection currently in progress. Participation expected to be 100%.
British Association of Urological Surgeons (BAUS) Cystectomy Audit Nephrectomy Audit Percutaneous Nephrolithotomy (PCNL) Radical Prostatectomy Audit Urethroplasty Audit Female Stress Urinary incontinence Audit	✓	Data collection currently in progress. Participation expected to be 100%.
Cardiac Rhythm Management (CRM) (Cardiac Arrhythmia)	✓	100%
Case Mix Programme (Adult critical care)	✓	100%
NCEPOD Child Health Clinical Outcome Review Programme: Long-term Ventilation in Children, Young People and Young Adults	✓	Currently in process of identifying patient sample, awaiting start date for data collection.
NCEPOD Child Health Clinical Outcome Review Programme: Young People's Mental Health	✓	100% data submitted during 2017/18, awaiting publication of national report
Falls and Fragility Fractures Audit Programme (FFFAP): National Hip Fracture Database (NHFD)	✓	100%
Falls and Fragility Fractures Audit Programme (FFFAP): National Audit of Inpatient Falls	✓	Data collection currently in progress, submission due June 2019. Participation expected to be 100%.

Feverish Children (care in emergency departments) RCEM	✓	100%
Inflammatory Bowel Disease (IBD) Programme	✓	100%
Learning Disability Mortality Review Programme (LeDeR)	✓	100%
Trauma Audit & Research Network (TARN) (Major Trauma Audit)	✓	100%
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	✓	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) - previously CEMACH	✓	100%
NCEPOD Cancer in Children, teens and young adult study	✓	No applicable cases identified for inclusion during 2018/19
NCEPOD Acute Heart Failure Study	✓	100% data submitted during 2017/18, national report published November 2018
NCEPOD Perioperative Diabetes Study	✓	100%
NCEPOD Pulmonary Embolism	✓	100%
NCEPOD Acute Bowel Obstruction	✓	Data collection currently in progress, data submission April 2019. Participation expected to be 100%.
Myocardial Ischaemia National Audit Project (MINAP)	✓	100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Adult Asthma Secondary Care	✓	Data collection currently in progress, submission due May 2019.
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Chronic Obstructive Pulmonary Disease (COPD) Secondary Care	✓	92%*
National Audit of Breast Cancer in Older People (NABCOP)	✓	100%
National Audit of Cardiac Rehabilitation	✓	100%
National Audit of Care at the end of Life (NACEL)	✓	100%
National Audit of Dementia (care in general hospitals)	✓	100%
National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty) (Adult Cardiac Interventions Audit)	✓	100%
National Audit of Seizures and Epilepsies in Children and Young People	✓	100%
National Bariatric Surgery Registry (NBSR)	✓	100%
National Bowel Cancer Audit Programme (NBOCAP)	✓	100%
National Cardiac Arrest Audit (NCAA)	✓	50%*

National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	✓	Data collection currently in progress. Participation expected to be 100%.
National Comparative Audit of Blood Transfusion Programme: Use of Fresh Frozen Plasma and Cryoprecipitate in neonates and children	✓	100%
National Comparative Audit of Blood Transfusion Programme: Management of Massive Haemorrhage	✓	100%
National Diabetes Footcare Audit (NDFA)	✓	100%
National Diabetes Inpatient Audit (NaDIA) – Organisational Questionnaire	✓	100%
National Diabetes Audit - NaDIA Harms	✓	100%
National Pregnancy in Diabetes Audit (NPID)	✓	100%
National Core Diabetes Audit (NDA)	✓	Data collection currently in progress, submission due in May 2019. Participation to be confirmed.
National Emergency Laparotomy Audit (NELA)	✓	100%
National Heart Failure Audit	✓	100%
National Joint Registry (NJR)	✓	100%
National Lung Cancer Audit (NLCA)	✓	100%
National Maternity and Perinatal Audit (NMPA)	✓	100%
National Mortality Case Record Review Programme	✓	Data collection currently in progress. *Participation expected to be 100%. *(for inpatient deaths over 18 years of age)
National Neonatal Audit Programme (NNAP)	✓	100%
National Oesophago-gastric (NAOGC) Cancer Audit	✓	100%
National Ophthalmology Audit	✓	100%
National Paediatric Diabetes Audit (NPDA)	✓	100%
National Prostate Cancer Audit	✓	100%
National Vascular Registry (NVR)	✓	87%*
Neurosurgical National Audit Programme	✓	Participation to be confirmed in March 2019
Non-Invasive Ventilation – Adults BTS	✓	Data collection currently in progress. Participation expected to be 100%.
Reducing the Impact of Serious Infections (Antimicrobial Resistance and Sepsis): Antibiotic Consumption	✓	100%
Reducing the Impact of Serious Infections (Antimicrobial Resistance and Sepsis): Antimicrobial Stewardship	✓	100%
Sentinel Stroke National Audit Programme (SSNAP)	✓	100%

Serious Hazards of Transfusion (SHOT) – UK Haemovigilance Scheme	✓	100%
Seven Day Hospital Services	✓	100%
Surgical Site Infection Surveillance Service	✓	Data collection currently in progress. Participation expected to be 100%.
UK Cystic Fibrosis Registry	✓	100%
Vital Signs in Adults (care in emergency departments) RCEM	✓	100%
VTE Risk in Lower Limb Immobilisation (care in emergency departments) RCEM	✓	100%

\* The Trust has investigated why the participation rate was lower than expected in the audits that have been identified with an asterix. The reasons why this occurred have been provided in the table below.

Audit title	Participation Rate	Rationale for low participation rate
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Chronic Obstructive Pulmonary Disease (COPD) Secondary Care	92%*	Participation has increased from 70% (reported in 2017/18) to 92% this year due to some data being collected prospectively. However, participation is low due to issues with obtaining patient health records for the retrospective data collection. In addition, there have been cases coded as COPD and upon further review it has been found that they did not meet the audit criteria and this has led to a high number of exclusions and also impacted upon the specialty's time in collecting the data.
National Cardiac Arrest Audit (NCAA)	50%*	The Trust has achieved 100% participation from 1st April 2018 to 30th September 2018; however no data has been submitted for the period 1st October 2018 to 31st March 2019 due to a lack of staff resourcing available for the audit.  However, data has been captured locally and the Trust will be able to submit the missing data retrospectively.
National Vascular Registry (NVR)	87%*	Whilst the Trust is participating in this national audit, it has been identified that not all cases, which meet the national criteria, have been submitted. This is being escalated locally and steps are being taken to ensure full participation. The Trust will also explore with the national body if any data that has been missed can be submitted retrospectively.

The table below identifies the national clinical audits included on the Quality Account list for 2018-2019; however the Trust did not participate, even though eligible, for the reasons outlined below:

Eligible audits applicable to UHCW as published in the Department of Health's Quality Account List	Rationale for Non-participation during 2018-2019
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Paediatric Asthma Secondary Care	New audit commences June 2019. UHCW to participate during 2019/20.
National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)	100% of cases submitted in 2017/18. No data collection during 2018/19. Project closed June 2018 as reflected within the Healthcare Quality Improvement Partnership (HQIP) National Clinical Audit and Enquiries Directory.
Medical and Surgical Clinical Outcome Review Programme: Dysphagia in Parkinson's Disease (NCEPOD)	New study commences in 2019/20, start date to be confirmed by NCEPOD. No data collection during 2018/19.
Medical and Surgical Clinical Outcome Review Programme: In-hospital management of out-of-hospital cardiac arrest	New study commences in 2019/20, start date to be confirmed by NCEPOD. No data collection during 2018/19.

The table on the next page details the nineteen clinical audits included in the Quality Account list published by the Department of Health in which the Trust did not participate due to eligibility.

Of these nineteen audits, UHCW does not provide the relevant service in twelve audits, in two of the audits the Trust does not perform the procedure, the other five audits are not applicable to Acute Trusts.

Audit Title	Rationale for Non-participation
Elective Surgery (National PROMs Programme) (HSCIC)	Not eligible – service not provided at UHCW
Fracture Liaison Service Database (RCP London)	Not eligible – service not provided at UHCW
Mental Health Clinical Outcome Review Programme: Suicide, Homicide & Sudden Unexplained Death	Not eligible – not applicable to Acute Trusts
Mental Health Clinical Outcome Review Programme: The Assessment of Risk and Safety in Mental Health Services	Not eligible – not applicable to Acute Trusts
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Asthma (Adult and Paediatric) and COPD Primary Care	Not eligible – not applicable to Acute Trusts
National Chronic Obstructive Pulmonary Disease (COPD) – Pulmonary Rehabilitation Work stream	Not eligible – service not provided at UHCW
National Audit of Intermediate Care (NAIC)	Not eligible – service not provided at UHCW
National Audit of Pulmonary Hypertension (HSCIC)	Not eligible – service not provided at UHCW
National Cardiac Audit Programme (NCAP): National Congenital Heart Disease (CHD) (Adult & Paediatric)	Not eligible – procedure not performed
National Clinical Audit of Anxiety and Depression (NCAAD): Core Audit	Not eligible – service not provided at UHCW
National Clinical Audit of Anxiety and Depression (NCAAD): Psychological Therapies Spotlight	Not eligible – service not provided at UHCW
National Clinical Audit of Psychosis: Core Audit	Not eligible – not applicable to Acute Trusts
National Clinical Audit of Psychosis: EIP Spotlight Audit	Not eligible – not applicable to Acute Trusts
Paediatric Intensive Care Audit Network (PICANet)	Not eligible – procedure not performed
Prescribing Observatory for Mental Health (POMH-UK): QIP 19a Prescribing antidepressants for depression in adults	Not eligible – service not provided at UHCW
Prescribing Observatory for Mental Health (POMH-UK): Assessment of side effects of depot and LAI antipsychotic medication	Not eligible – service not provided at UHCW
Prescribing Observatory for Mental Health (POMH-UK): Monitoring of patients prescribed lithium	Not eligible – service not provided at UHCW
Prescribing Observatory for Mental Health (POMH-UK): Rapid tranquilisation	Not eligible – service not provided at UHCW
Prescribing Observatory for Mental Health (POMH-UK): Prescribing clozapine	Not eligible – service not provided at UHCW



The table below outlines participation in the National Clinical Audit and Patient Outcomes Programme (NCAPOP).

Participation in the National Audit and Patient Outcomes Programme	
2010 – 2011	100%
2011 – 2012	95% (non-participation in 1 audit)
2012 – 2013	98% (non-participation in 1 audit)
2013 – 2014	97% (non-participation in 1 audit)
2014 – 2015	98% (non-participation in 1 audit)
2015 – 2016	100%
2016 – 2017	100%
2017 - 2018	96%
2018 - 2019	100%



### National Clinical Audits – Key Actions Taken in 2018-19

The table below provides brief summaries of some of the key actions the Trust has taken to improve the quality of healthcare as a result of the review of national clinical audit reports.

Audit Title	Key Actions
National Audit of Dementia 2017 Spotlight Audit: Content of delirium screen and delirium assessment	A working party is in place to oversee and fully implement delirium screening within the Trust. This will ensure all patients with delirium are properly treated in accordance with Trust Delirium Guidance
National Diabetes Transition Audit	A new Transition Pathway Guideline, developed and implemented within the Trust, ensures that paediatric patients with diabetes transition to adult care smoothly, and also ensures continuity of care as appropriate.
National Diabetes Inpatient Audit (NaDia)	Expansion of nursing/diabetes educator role ensures continuing training on diabetes care within the Trust. This helps to ensure that staff are fully informed on the appropriate treatment for patients with diabetes and that patients' needs are met.
Sentinel Stroke National Audit Programme (SSNAP)	The Speech and Language Therapy Team provide support to patients at meal times to help increase their confidence and provide guidance and assistance in meeting personal needs as part of their rehabilitation treatment pathway.
NCEPOD Non-Invasive Ventilation (NIV) Study	The Trust has had a clinical lead for their acute non-invasive ventilation (NIV) service for a number of years. The clinical lead has now been given allocated time in their job plan with clear objectives, including audit and governance for this service to ensure a high level of service for NIV patients.
National Comparative Audit blood use in patients with lower GI bleeding	A local guideline 'Management of Acute Upper Gastrointestinal Bleeding' has been created and implemented within the Trust. This guideline ensures there is a formal and consistent approach in treating patients with lower gastrointestinal bleeding.
National Paediatric Diabetes Audit (NPDA)	<p>For patients newly diagnosed with diabetes, there is a new structured education programme which provides patients with information regarding the condition and how to manage it.</p> <p>For patients with pre-existing diabetes there are educational sessions regarding ongoing management of diabetes which are split into 3 categories according to the age of the patient to enable sessions to be more tailored to their needs.</p> <p>In addition to this there are pre-pump education sessions, transition from primary to secondary school education sessions and a 2 year Programme 'A day in the life of...' which is split into 6 sessions across UHCW, GEH and SWFT in order to provide patients with information relating to ongoing management of diabetes.</p>

Audit Title	Key Actions
National Comparative Audit of Transfusion Associated Circulatory Overload (TACO)	Mandatory training for staff has been amended to ensure that it is clear that patients who have an episode of Transfusion Associated Circulatory Overload (TACO) should be considered at high risk of further events and measures should be taken to prevent future episodes of TACO. This ensures effective and timely management of patients with this condition.
Adult Asthma	The Trust has implemented an asthma discharge care bundle to help patients with asthma manage their condition effectively.
National Audit of Seven Day Services - April 2017	<p>The Trust is working with NHS England (which leads the NHS) on a national seven day services programme which is designed to ensure patients that are admitted as an emergency, receive high quality consistent care, whatever day they enter hospital.</p> <p>The audit helps the Trust to identify what patient care services, across the whole organisation, need to be in place over seven days a week. Work continues to provide direction and drive to help different services in prioritising, developing and implementing actions to improve services for patients.</p>
RCEM Procedural Sedation in Adults 2017/18	<p>A process is now in place for procedural sedation within the Emergency Department which involves the allocation of three distinct roles to ensure the presence of a separate seditionist, procedurist and nurse on all occasions to improve patient safety and effectiveness of care provided.</p> <p>A sedation checklist is in place to ensure patients are treated in accordance to best practice and they receive written discharge advice following this procedure.</p>
Tamba Maternity Engagement Project	Patients now have a multiple pregnancy antenatal care plan in their medical notes, which ensures that all the relevant information before and during pregnancy is clearly recorded and to be seen by a midwife who specialises in multiple pregnancy in a midwife-led clinic. This ensures patients are given the appropriate care by a midwife with expertise in multiple pregnancies.

## Local Clinical Audits – Key Actions Taken in 2018-19

The table below provides brief summaries of some of the key actions the Trust has taken to improve the quality of healthcare as a result of the review of local clinical audit reports.

Audit Title	Key Actions
Audit of adherence to Spinal Marking Guidelines	<p>Findings from this audit have been shared with the Radiology Department and a process is now in place to clarify the counting method in a patient's spine, with ambiguous levels, to ensure the correct level of the spine is treated as appropriate. In addition, uploads of relevant/all images of the spine are discussed which ensures all X-Rays and scan reports are completed efficiently and a high standard of care is maintained.</p> <p>The findings from this audit have been shared and discussed with administration/preoperative staff on the neurosurgical ward and with theatres to ensure 'Blue Forms' and consent forms are filed correctly in patient healthcare records. This ensures patient records are kept up to date and a high standard of care is maintained.</p>
Re-audit of thrombolysis	<p>Training is provided to the out of hours nursing team in regards to being involved in decision making to drive changes in local practice. This reduces un-necessary delays in waiting times, admission and transfers by providing guidance to medical teams out of hours resulting in a more effective service for patients.</p>
Re-audit of the accuracy of Parkinson's disease medication prescribing during hospital admission	<p>A Parkinson's Disease Nurse Specialist (PDNS) has been appointed to the Trust, allowing early review of patients suffering from symptoms of Parkinson's Disease.</p> <p>On-going training for Parkinson's Disease is provided to Nursing staff on the wards and Junior Doctors during induction. The training focuses on the hospital areas A&amp;E and AMU as patients admitted to these have a higher prevalence of Parkinson's Disease.</p>
Audit of Venous Thromboprophylaxis in Stroke Patients	<p>Regular stock check of Flowtron to ensure availability, therefore reducing delays in patients receiving this treatment. This ensures the best care is provided and patient's needs are met.</p> <p>Teaching and supervision has been provided to stroke junior doctors on importance of early Venous thromboembolism assessment. This improves patient safety as it reduces the chance of Venous thromboembolism in stroke patients post admission.</p> <p>Teaching and supervision has been provided to ward nursing staff to highlight the importance for early application of Flowtron. This ensures that best care is provided and patient's needs are met.</p>
An audit of the management of patients with pelvic fractures.	<p>Redesign of patient information leaflet on pelvic fractures, to reflect updated information and ensure patients are fully informed.</p> <p>Development of new protocol for head to toe scanograms, to ensure that the Trust is meeting the full guidelines and those patients are treated in accordance with best practice.</p>
Audit of safety net advice given to parents/carers in the Children's Emergency Department at the time of discharge.	<p>The current Children Emergency Department clerking proforma now includes a safety net subsection. Providing clear and appropriate safety netting can empower and reassure parents/carers, prevent delays in warranted re-presentation and avoid unnecessary re-presentation.</p>

Audit Title	Key Actions
Audit of Acute Medicine Clerking Proforma Documentation and Audit of Urinary Tract Infection	<p>The Acute Medicine Clerking Proforma has been reviewed and updated by a working group including doctors, nurses and a pharmacist to improve clinical effectiveness and documentation.</p> <p>The update to the clerking proforma ensures that urine dipsticks test results are included on the clinical examination section of the clerking proforma. This will improve clinical effectiveness.</p>
Audit to assess the implementation of Personalised Asthma Action Plans for children admitted with asthma	<p>Salbutamol Reducing Regime now prints off with the discharge checklist on a separate page to allow this to be filed in the patients' healthcare records. This will improve clinical effectiveness.</p>
Re-audit of Completion of ReSPECT Forms	<p>UHCW provide training to healthcare professionals to reinforce why and how the ReSPECT forms should be completed. This covers the importance of the ReSPECT form when the patient is discharged from the hospital as the patient will be required to take the form with them. This ensures patients understand what they should do with the form in order to receive continuity of care in the community. This will improve patient experience both within and outside the hospital.</p> <p>There is now a link to the Mental Capacity Assessment on the Trust intranet homepage. This improves clinical effectiveness by ensuring the Mental Capacity Assessment is more accessible to staff.</p>
Re-Audit of Cardiac Arrest Trolley Equipment	<p>An annual re-audit will be carried out to ensure the cardiac arrest trolleys and grab bags have appropriate stock and to ensure daily checks on expiry dates and the contents are being undertaken. This ensures that all equipment is readily available for patients who require it.</p>
Audit of entitlement for Non Medical Referrers and GPs	<p>Improved levels of awareness amongst Non-Medical Referrers about the importance of compliance with the protocol and the consequences of not adhering to the protocol have been distributed throughout the radiology department. This ensures standards are not breached and a high standard of care is maintained for patients.</p> <p>The findings of this audit have been presented at the Breast Screening Monthly Meeting and discussed with the Ultrasound Lead, Governance Lead and Administration Manager where it was agreed that Ultrasound Scan requests should be vetted to ensure compliance. This ensures a high standard of care is maintained.</p>
Radiology Practitioners and Operators adherence to authorisation protocols	<p>Authorisation protocols have been updated to include additional clinical indications and appropriate projections for specific examinations. More comprehensive protocols allows for more streamlined care for patients. This ensures radiographers can be compliant with IRMER without 'reading into' requests. This has been communicated throughout the radiology department to ensure all staff are aware of the updates. Radiographers have been reminded that if a request does not offer enough information in order for it to be authorised as per the protocol, it should either be taken to a radiologist or more information should be obtained from the requesting physician. This improves compliance with IRMER and ensures that enough information is provided in order for the request to be authorised.</p>

Audit Title	Key Actions
Infection Screen Compliance within the Emergency Department	<p>Improvements in Patient Safety and Effectiveness to ensure patients suspected with Sepsis have early intervention and those without sepsis are not given antibiotics inappropriately.</p> <p>Appropriate use of tests leading to better use of resources and avoiding unnecessary treatment given to patients.</p>



## PARTICIPATION IN CLINICAL RESEARCH

Research is an integral component of providing world-leading excellence in clinical care. It enables the Trust to lead development which enables us to provide the highest quality patient care. It ensures that we are a leader rather than a follower in healthcare provision and allows us to attract and maintain highly skilled and motivated staff. We are committed to establishing our Trust as an internationally recognised centre of excellence through supporting our staff, working in world class facilities and conducting leading edge research focused on the needs of our patients.

The number of patients receiving relevant health services provided or sub-contracted by UHCW during financial year 2017-2018, that were recruited to participate in research (approved by a Research Ethics Committee and the Health Research Authority) was 4653 total. The portfolio of trials available to recruit into, and their complexity, change each year, as such, our recruitment target for 2018-2019 is 4083 patients; we are currently at 126% of this target.

We are one of the leading research centres within the West Midlands, with a proven track record of delivering high quality research. We have developed our research base in recent years, moving from a position of little research activity to becoming very research active. We have actively developed our external collaboration with academic and industry partners thereby attracting significant research income. During 2018, the Trust was involved in 134 research grant applications submitted to external funders. Currently, 31 (23%) of these have been funded (with total value of more than £20 million) but this will rise as the outcome of applications becomes known (the outcomes for 30 grant applications are still outstanding as the decision making and award process can take many months).

A key award this year was a £14 million government grant to advance the use of artificial intelligence in cancer diagnosis into a consortium led by University Hospitals Coventry and Warwickshire NHS Trust as part of the Industrial Strategy Challenge Fund. The consortium, 'PathLAKE', in partnership with University of Warwick and Philips will collaborate on a three year project that will involve experts from NHS hospitals and universities at Belfast, Oxford and Nottingham. The project will be hosted by the new UHCW Institute of Precision Diagnostics and Translational medicine to ensure rapid translation into clinical practice. Together they plan to revolutionise the future of cancer care by speeding up the detection of some cancers while being more accurate, as well as paving the way for personalised care. This new Centre for Artificial Intelligence (AI) will be based at University Hospital in Coventry where digital pathology was first used to diagnose cancer and the project will focus on breast, prostate, lung and colon cancers. The funding will also be used to establish a 'Data lake' where anonymous patient data will be collected and used in research to look for patterns and trends – helping to further advance cancer care and other treatments.

Our Research and Development team were recognised nationally this year as finalists in the Pharmatimes NHS Clinical Research Site of the Year, judged by the National Institute for Health Research (NIHR) and Association of British Pharmaceutical Industries. They were also 'Highly Commended' in the Health Service Journal Value awards and received a Silver award in the national 'Healthcare Heroes' awards.

Research activity continues to increase at the Trust with over 100 clinicians leading research. They are supported by research nurses, midwives, allied health professionals and administrators and increasing numbers of staff are undertaking research, clinical academic internships, higher degrees and PhDs. The Trust provides free research training for all staff now including a Principal Investigator masterclass, which is NIHR accredited course. This increasing level of participation in clinical research demonstrates UHCW NHS Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

In April 2017 the Coventry and Warwickshire Clinical Research Facility (CWCWF) became a designated National Institute for Health Research (NIHR) CRF, and will receive £750k over a five year period to fund infrastructure and support costs associated with conducting experimental medicine and translational studies. To maintain our CRF status we are required to increase our portfolio of



experimental medicine and translational studies, which we are confident we will achieve. Our first Phase I study is due to commence in 2019. The CRF is also supporting the Arthritis Therapy Acceleration Programme (A-TAP), which is a prestigious partnership between the Trust and the Universities of Oxford and Birmingham.

Patient and Public Involvement and Engagement (PPIE) in research has further expanded this year. The Patient and Public Research Advisory Group (PRAG) currently has 36 members (patient, carers and members of the public who use their own experiences and perspectives to advise researchers) who have advised on twelve research projects in the last year. Members of the Patients in Pregnancy Research (PIPR) group have continued to contribute to Reproductive Health research. We are also supporting a national Bile Acid Diarrhoea (BAD) support group to set-up a national Patient and Public Involvement (PPI) group for BAD. In addition, we continue to work with four Patient Research Ambassadors (PRAs) who raise awareness of research amongst patients, the public and healthcare staff. To ensure that PPIE in research is implemented and delivered in line with national standards and in conjunction with the Trust Patient Experience and Engagement Delivery Plan a Patient and Public Involvement Research Steering Group (PPIRSG) has been established. The steering group consists of lay members and Trust staff who have an active involvement in PPIE and reports to the Trust Patient Experience Delivery Group and Research & Development Strategy Committee.

In the last three years, (Jan 2016 to date) 896 publications have resulted from our involvement in research, helping to improve patient outcomes and experience across the NHS. The Trust's mission, Care - Achieve - Innovate, is explicit in that we will deliver the best care for our patients, achieve excellence in education and teaching and innovating through research, development and learning. As such, we have a clear strategy to develop research. By delivering on our research strategy, we also contribute to the delivery of the other Trust strategic priorities.

## GOALS AGREED WITH COMMISSIONERS

In 2018/19, £11.4 million (c2%) of the Trust's Contracted Revenue for its Commissioners was conditional upon achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) framework. Performance against the 2018-19 schemes has yet to be ratified with Commissioner's at the time of writing. Further details of the agreed goals can be found in Appendices 1 and 2 of this Quality Account.

## CARE QUALITY COMMISSION (CQC)

The Trust is required to register with the CQC and its current registration status is Registered (without any compliance conditions) and licensed to provide services.

The CQC has not taken enforcement action against the Trust during 2018-2019.

The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The Trust has made the following progress since a comprehensive CQC inspection visit in April 2018.

During April and May 2018 the CQC undertook a comprehensive inspection of all core services including follow up unannounced inspections of University Hospital Coventry and The Hospital of St Cross, Rugby. An additional inspection was carried out by NHS Improvement for use of resources. Following the inspection:

- On 31st August 2018 the CQC report was published. The Trust received an overall rating of 'Requires Improvement'. The hospital of St Cross Rugby received a rating of 'Good'.
- No services provided by the Trust were rated as 'Inadequate' and the End of Life Care service received a rating of 'Outstanding' for the Caring domain.
- The Trust have developed an action plan to address four 'must do' recommendations and additional 'should do' recommendations to continue to improve patient care.



The table below shows the improvements made since the since 2015 CQC inspection for University Hospital across the core services inspected.

2015	Safe	Effective	Caring	Responsive	Well Led	Overall	2018	Safe	Effective	Caring	Responsive	Well Led	Overall
Urgent & Emergency Care							Urgent & Emergency Care						
Medical Care							Medical Care						
Surgery							Surgery						
Critical Care							Critical Care						
Maternity & Gynaecology							Maternity						
Children & Young People							Children & Young People						
End of Life Care							End of Life Care						
Outpatients & imaging							Outpatients						
<b>Overall</b>							<b>Overall</b>						
							Diagnostic imaging						
							Neurosurgery						

The table below shows the improvements made since the since 2015 CQC inspection for Hospital of St Cross across the core services inspected.

2015	Safe	Effective	Caring	Responsive	Well Led	Overall	2018	Safe	Effective	Caring	Responsive	Well Led	Overall
Urgent & emergency care							Urgent & emergency care						
Medical care							Medical care						
Surgery							Surgery						
Outpatients & imaging							Outpatients						
<b>Overall</b>							<b>Overall</b>						

### CQC Ratings:

University Hospitals Coventry and Warwickshire NHS Trust

### CQC Inspection Area Ratings (Latest report published on 31 August 2018)

Safe	Requires improvement
Effective	Good
Caring	Good
Responsive	Requires improvement
Well-led	Good

## Hospital of St Cross, Rugby

Overall  
Good

Read overall  
summary

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Requires improvement ●
Well-led	Good ●

## University Hospital, Coventry

Overall  
Requires  
improvement

Read overall  
summary

Safe	Requires improvement ●
Effective	Good ●
Caring	Good ●
Responsive	Requires improvement ●
Well-led	Good ●

## DATA QUALITY

A number of the requirements of the Data Security and Protection Toolkit encompass data quality. To ensure that we meet the required standards, the data quality team provides training and advice to users of the Patient Administration System that is used to record patient information to support the provision of patient care and data submissions.

A suite of data quality reports for data reported both internally and externally are routinely produced. These are reviewed, with areas of concern highlighted and appropriate actions taken to rectify any issues.

The trust submitted records from 2018/19 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data for April 2018 to December 2018: which included the patient's valid NHS number was:

- 99.5% for admitted patient care
- 99.8% for outpatient care
- 96.9% for accident and emergency care

Which included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care
- 100% for outpatient care
- 99.7% for accident and emergency care

Data quality is high on the Trust's agenda to improve patient safety and experience.

To further support this agenda and improve data quality the following work streams are embedded:

- Data Quality and Performance Assurance Steering Group.
- Published Data Quality Policy and Data Quality (DQ) Framework
- Standard Operational Procedures for administration duties developed with comprehensive training packages.

Further to the above below are the key data quality priorities:

- Data quality performance dashboards are to be created targeting specific areas of poor data quality at group level
- Standardised processes embedded throughout the Organisation via effective training plans.
- Central administration training and regular meetings led by a central function.
- One central platform for all DQ reports and communication in development.

#### Data Security and Protection Toolkit

The Data Security and Protection (DSP) Toolkit is an online assessment tool that enables organisations to measure their compliance against the law and central guidance and to assess whether information is handled correctly and protected from unauthorised access, loss, damage and destruction. It also provides a key performance measure against data security and Information Governance requirements which reflect current legislation and national health and social care policies. The DSP Toolkit is the successor framework to the previous Information Governance Toolkit. It has been developed in response to the National Data Guardian's (NDG) Review of Data Security, Consent and Opt-Outs published in July 2016 and the government response published in July 2017.

The DSP Toolkit is split into 10 sections against the NDG 10 Data Security Standards. It comprises of 40 assertions and 140 evidence items; 32 of the assertions and 100 items of evidence are mandatory and are the focus of the assessment for 2018-19. Currently the DSP Toolkit functionality only allows organisations to publish a 'Standards Met' or 'Standards Not Met' 'performance measure where they have provided the relevant evidence for all the mandatory assertions and confirmed them complete. UHCW has met all 32 of the 32 mandatory assertions.

#### Clinical Coding Error Rate

All the primary and the secondary diagnostic and procedure figures exceed the recommended 95% for primary diagnoses and procedures as well as the 90% accuracy for secondary diagnoses and procedures required to achieve the highest level for Data Security and Protection Toolkit purposes at Advisory Level, this is an excellent result for the Trust.

Primary diagnosis correct	Secondary diagnosis correct	Primary procedures correct	Secondary procedures correct
97.00%	96.17%	95.92%	92.43%

The overall Healthcare Resource Group (HRG) error rate for this audit was seven episodes (six spells). The value of the HRG changes was £7,897 gross and £367 net which is an overall change of 3.0% absolute and just 0.1% net.

There are a number of areas where good practice was identified which supported accurate coding, these include:

- An excellent structure in the department has been introduced by the Clinical Coding Manager and Deputy Clinical Coding Manager which supports and encourages both the clinical coding process and staff development
- Staff rotate areas of responsibility to ensure they have experience of coding in all areas and specialities
- Regular meetings are held within the department to discuss any training issues or coding queries, after which notes or slides are kept on the hard drive for future reference
- Nine members of staff including the Clinical Coding Manager and Deputy Clinical Coding Manager have successfully passed the National Clinical Coding Qualification UK examination to attained Accredited Clinical Coder status and another four members of staff are planning to undertake the qualification this year
- All clinical coding staff are up to date with standards refresher training (other than one newly appointed member of staff)
- The Trust has also attained the highest level, Advisory Level, for Data Security and Protection Toolkit purposes for Clinical Coding Training which again is another excellent result for the Trust
- Coding staff are able to communicate with clinicians at all levels as and when required
- The coding for deceased patients is reviewed by clinicians either at meetings or by individual emails and Clinical Coding Staff also attend specialty departmental meetings

The department has a comprehensive Policy and Procedure Document, which was updated in January 2018.

## LEARNING FROM DEATHS GUIDANCE 2017

The National Quality Board published Guidance on learning from deaths in March 2017 based on a CQC review into 'Learning, Candour and Accountability' December 2016.

The Department of Health and Social Care published the NHS (Quality Accounts) Amendment Regulations 2017 in July 2017 adding new mandatory disclosure requirements relating to "Learning from Deaths" to Quality Accounts.

The Trust has an in-depth mortality review process where each death of an inpatient aged 18 and above is subjected to an initial review of their care and graded according to the standard of care they received. Further, secondary reviews are conducted by an appropriate consultant or team if potential problems in care have been identified. This is to encourage learning from patient outcomes.

The number of deaths of inpatients who have died during 2018/2019 (year to date) is 2168. The number of in hospital deaths of patients over the age of 18 per quarter is illustrated overleaf.

2018/2019	Number of Deaths
Q1	522
Q2	474
Q3	528
Q4	644

(Data correct at 30/4/2019)

The number of deaths which have been subjected to an initial review of care to determine what problems (if any) there were in the care provided to the patient is:

Time Period	Completed	Incomplete	Total
<b>2018/2019</b>	<b>1555</b>	<b>311</b>	<b>1867</b>
Quarter 1	456	9	465
Quarter 2	399	14	414
Quarter 3	389	59	448
Quarter 4	311	229	540

(Data correct at 30/4/2019)

In cases where possible problems in care have been identified from the primary mortality review, a secondary review is conducted and shared with the multidisciplinary team to review the case and identify areas for improvement. Cases where care was less than satisfactory are reported to the Mortality Review Committee for discussion and identification of actions to improve care.

The number of deaths during 2018/2019 for which a secondary mortality review or investigation has been carried out, which was judged at primary review or investigation as more likely than not to have been due to problems in the care provided to the patient is illustrated in the table on the following page.

Time Period	Completed	Incomplete	Total
<b>2018/2019</b>	<b>129</b>	<b>41</b>	<b>170</b>
Quarter 1	43	3	46
Quarter 2	40	8	48
Quarter 3	36	13	49
Quarter 4	10	17	27

(Data correct at 30/4/2019)

The learning identified from the Trust wide mortality review process is shared within the organisation through specialty led Quality Improvement and Patient Safety or Morbidity and Mortality meetings. This allows a multidisciplinary approach to sharing learning from deaths and dissemination across teams. Sharing of learning themes also takes place through the Mortality Review Committee and wider organisation through forums such as Grand Round and the Learning from Deaths Newsletter.

Learning themes identified from the Trust wide mortality review process include communication and handover of information between colleagues and teams and appropriate transfer of patients to other clinical areas.

The review of inpatient deaths and sharing of the learning identified has enabled improvements in the delivery of care for patients. The Trust has developed a number of evidence-based care bundles to support patient care with high risk conditions. The Sepsis Six assessment tool and care bundle has been implemented within the Trust along with others, supporting the treatment of patients with pneumonia, acute kidney injury and heart failure.



The delivery of patient care has been improved with the development of advanced practice teams to deliver quality evidence-based care in areas including hip fracture and acute kidney injury.

Specific patient pathways have been implemented to support the diagnosis and care of patients with conditions such as hip fracture and abdominal aortic aneurysm.

The Trust has also worked to improve the documentation of patient's co morbidities, which has had an impact on communication of information and data quality within the organisation.

## SEVEN DAY SERVICES

The seven day services programme is designed to ensure patients that are admitted as an emergency, consistently receive high quality care, whatever day of the week they enter hospital.

To provide this, all hospitals are required to work towards 10 Clinical Standards, which are list below:

- **Standard 1 - Patient Experience** - Where appropriate families and carers, must be actively involved in shared decision making
- **Standard 2 - Time to First Consultant Review** - All patients admitted as an emergency must have a consultant review within 14 hours.
- **Standard 3 - Multi-disciplinary Team (MDT) reviews** – All emergency inpatients must be assessed for complex or on-going needs within 14 hours by a multi-professional team.
- **Standard 4 - Shift handovers** – Handovers must be led by a competent clinical decision maker and take place at a designated time and place, with multi-professional participation.
- **Standard 5 - Diagnostics** - inpatients must have scheduled seven-day access to diagnostic services.
- **Standard 6 - Intervention / Key services** - Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions e.g. critical care.
- **Standard 7 - Mental health** - Liaison mental health services should be available to respond 24 hours a day, 7 days a week.
- **Standard 8 - On-going review** - Ppatients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY
- **Standard 9 - Transfer to community, primary and social care** - Services, both in the hospital and in primary, community and mental health settings must be available seven days a week to ensure that the next steps in the patient's care pathway
- **Standard 10 - Quality improvement** - All those involved in the delivery of acute care must participate in the review of patient outcomes to drive care quality improvement.

Of the 10 Clinical Standards, 4 standards (Standards 2, 5, 6 and 8) have performance targets of 90% required to be in place by April 2020. The Trust reports on some or all of these twice yearly. The reaming 6 standards (Standards 1, 3, 4, 7, 9 and 10) require the Trust to demonstrate the progress it is making towards achieving them.

The results of the Trusts 7 Day Services Audit against clinical standards 2, 5, 6 and 8 are reflected in the table below:

- **Standard 2 - Time to first consultant review.** We are presently underperforming against this standard (66% against the 90% target). We are challenging specialty teams with putting plans in place to improve our performance.
- **Standard 5 - Diagnostics.** We consistently achieved this standard.
- **Standard 6 - Consultant directed interventions.** We consistently achieved this standard.
- **Standard 8 - Ongoing clinical review.** Shows that when combining the weekday (96%) and weekend (78%) audit results, overall we achieve the 90% standard, but we do need to improve our weekend performance to meet the aim of consistent high quality care 7 days a week.

Overall 7 Day Results				Weekday Results				Weekend Results			
Std 2	Std 5	Std 6	Std 8	Std 2	Std 5	Std 6	Std 8	Std 2	Std 5	Std 6	Std 8
66%	100%	100%	90%	66%	100%	100%	96%	65%	100%	100%	78%

Although the remaining 6 clinical standards (Standard 1, 3, 4, 7, 9 and 10) are not mandated for introduction by April 2020, the Trust continues to make good progress against them as follows:

- **Standard 1 - Patient Experience** – Is at the centre of the work of the newly established PEEC (Patient Engagement and Experience Committee), but specifically: The Trust receives direct feedback from patients via the Impressions Survey every day (including Saturdays and Sundays); and, the Patient Liaison and Advice Service has been extended until 8pm in the evenings and between 12:00 and 17:30 on Saturdays and 13:00 and 17:30 on Sundays.
- **Standard 3 - Multi-Disciplinary Team (MDT) review** – This is standard work within the Trust with each patient being the subject of established Board Rounds from which management plans and estimated date of discharge are provided and then further matured through the consultant ward rounds. There are local documented guidelines to ensure all assessments are completed as per the required standard.
- **Standard 4 - Shift Handovers** – Each clinical area has established shift handovers led by an appropriate clinician and the handovers have access to records and electronic boards. Nursing handover is done through an electronic handover system at changeover of all shifts; Multi-disciplinary Teams attend handover at twice daily board rounds. We are presently producing the documented policy.
- **Standard 7 - Mental Health** – As a system we are focused on improving mental health provision and liaison mental health services for adults and children and young people; these services are established. However, as a system we have recognized that improvements can and should be made towards an 'All Age' 24/7 service by 2020/2021. To that end there are established working groups for the Arden Mental Health Assessment Team (AMHAT) as well as for our Child and Adolescent Mental Health Services (CAMHS) and UHCW plays an active central role in designing and delivering these services.
- **Standard 9 - Transfer to community, primary and social care** – Again UHCW is central to this requirement and is working closely with partners through the Clinical Commissioning Groups to identify out of hospital provision and to determine whether it is provided on an appropriate basis. This work overlaps with some of that under the umbrella of the Sustainability and Transformation Partnership (STP).
- **Standard 10 - Quality Improvements** – The Trust has a robust quality agenda which falls directly from its stated Strategy, Vision, Mission and Values. However, more specifically: mortality data is reported for weekday and weekends on a monthly basis through the Trust's governance structure and regularly to the Board; the Trust is reviewing how best to analyze complaints, incidents and other data to identify inconsistencies between weekends and weekdays.

## LEARNING DISABILITY IMPROVEMENT STANDARDS

All Trusts across England were invited to take part in NHS Improvement's (NHSI) preparation for the Learning Disabilities Standard in November 2018, as part of the process all trusts were asked to answer a number of questions relating to the delivery of services to people with a learning disability.

Trusts were provided with a template which consisted of pre populated drop down boxes, and standardised response boxes e.g. agree, strongly agree, disagree and yes, no answers etc. along with some free text boxes. An online portal was set by NHSI for the collection of all trust responses. The table below is the Trusts uploaded submission. (The submission in the table below is presented in full, as it was uploaded to the portal, for completeness this includes the prepopulated responses).

NHSI Question	Trust Response
<b>Trust overview</b>	
Trust/UHB turnover 2017/18	618.1 Million
Total number of beds at 31/03/2018	1106 General & Acute 70 Maternity 116 Daycase 1292 Total
Total number of admissions 2017/18	169,028
Total number of occupied bed days 2017/18	383,273 General & Acute based on KH03 submission, 416,474 Total based on KH03 submission
Total number of A&E attendances 2017/18	190,028
Total number of outpatient attendances 2017/18	665,209
<b>Respecting and protecting rights</b>	
Does your organisation have policies which require staff to regularly contact service users who have a learning disability (and referrers) on the waiting list and be flexible regarding scheduling?	No
If no, when will your organisation expect to have the above policies in place?	Will be compliant within a year
Does your organisation have procedures in place to ensure that the pathways of care for people with learning disabilities, autism or both are concordant with all current and contemporary guidance?	Y for LD and dual diagnosis - N for Autism alone
To what extent do you agree or disagree with this statement: Our organisation routinely monitors waiting times for people with learning disabilities and reports waiting list size and length of waiting times to the board.	1. Strongly Disagree
When will the organisation expect to be fully compliant with the above?	Will not be compliant within a year
Do you currently hold a list of people with learning disabilities waiting for assessment and/or treatment?	No
How many people currently have a learning disability flag on the electronic patient record within your Trust?	1910 patients who have a record on PAS
What percentage of patients currently on your electronic patient record have a learning disability?	0.15% of active PAS records



Please describe how your organisation engages with people with learning disabilities and their carers/ families.	The Trust has a service level agreement with a specialist provider to deliver a range of services to support patients with learning disabilities; this includes supporting women to access Breast Screening Service, to enable women with Learning disabilities to be given a longer appointment time. We also check attendance and uptake to provider additional support if needed. An easy read letter is sent out with an easy ready leaflet, both produced by the Service's Nurse Practitioner. The leaflets have local pictures on depending on which area they are being screened at. This invite is sent in addition to the normal invite. We also request that women call if they can't get up the stairs onto the mobile units; we then offer a more accessible appointment at the Trust or City of Coventry Health Centre. Nurse Practitioners emails the relevant
Does your organisation operate any forums/meetings to engage with people with learning disabilities and their carers/families to inform service planning? Please describe.	The Trust's has an Independent Advisory Group, led by the Head of Diversity; it has representation from Grapevine, an organisation which helps people with learning disabilities. The Trust also has a Patient Partners Programme as part of its wider public patient involvement which includes quarterly We Care events held in the community.
Does your organisation have any service delivery outcome measures in place in order to understand how effective your services are for people with learning disabilities?	Not at present
If required, is your organisation able to isolate/disaggregate specific outcome data regarding patients with learning disabilities?	Yes - any patient registered with an learning disability is placed on the trust Pas
If no, when will your organisation expect to be fully compliant with the above?	The organisation is fully compliant
Please provide a description of any current service delivery outcome measures.	Deaths of patients with a learning disability are reviewed as part of the Trust wide Mortality Review process along with all deaths over the age of 18 years old. The learning from the mortality review is shared within the clinical areas and reported through Mortality Review Committee. The Mortality Review Process enables mortality outcomes data from Dr Foster intelligence to be linked to the Trust review process and learning disability data to identify further trends. Mortality review data is also shared with the LeDeR programme to support reviews.
To what extent do you agree or disagree with this statement: Service users in hospital should always have access to statutory and/or general advocacy services.	5. Strongly Agree
When will your organisation expect to be fully compliant with the above?	Fully compliant

Does your organisation regularly audit any restrictions and deprivations of liberty it places on people?	Yes
If so, is this supported by local policy within trust-run services?	Yes
When was the date of your last audit?	Deprivation of Liberty Safeguards are monitored on a weekly basis and discussed at the safeguarding team safety huddle. There is a bi-monthly report that is shared through the safeguarding committee in relation to the number of applications the trust has made.
Number of incidences of use of physical restraint specifically applied to people with learning disabilities in 2017/18.	The Trust did not have a specific system in place to capture this data. A manual check was undertaken which identified no patients with LD had been restrained.
How many people with learning disabilities experienced use of restraint in 2017/18?	This data is not captured
Does your service conduct post incident reviews and debriefs following incidents where restrictive interventions including physical restraint have been used?	Yes: When a patient safety incident form has been submitted there is always a post incident review completed as part of the safety huddle.
How many adverse incidents did your organisation record relating to people with learning disabilities in 2017/18?	Learning disabilities are not recorded on Datix, however we are going to link this to the Pas system within the next 12 months which will allow Learning disabilities status to be recorded against the incident
Please describe any changes made to your service which emerged from the post-incident reviews.	We do not record in our incident management system whether a patient has learning disabilities so we are unable to identify specific cases to show learning
Does your organisation ensure that those staff, who have trained to be LeDeR reviewers, are actively released to undertake these reviews?	Yes all train reviewers actively take part in LeDeR reviews
Is your organisation currently meeting the commitment to ensure that staff trained to deliver LeDeR reviews, undertake the minimum of 2/3 reviews per year?	Yes the organisation is fully compliant
Does your organisation ensure it has representation at your local LeDeR strategy group?	Yes the organisation is fully compliant the Trust lead for safe guarding is the Trust representative
Does your organisation ensure LeDeR reviewers are afforded timely access to case notes in order to conduct LeDeR reviews?	Yes the organisation is fully compliant.
How many people with learning disabilities died whilst on an active caseload or within 3 months of case being closed or discharge in 2017/18?	9

How many deaths of people with learning disabilities took place in your organisation 2017/18 as a result of choking incidents, sepsis, epilepsy, gastrointestinal obstructions and pneumonia?	1 Aspiration pneumonia, 3 sepsis (based on diagnosis, not cause of death)
Following reviews, does your organisation implement actions to reduce preventable deaths?	Yes the organisation is fully compliant
How many action plans relating to deaths of people with learning disabilities were implemented in 2017/18?	All LD deaths that took place in the trust would have received a mortality review as part of the trust wide learning from death governance programme, all actions would have been addressed within that programme
Please provide examples of any best practice helping your organisation to learn from deaths.	The deaths of patients with Learning disabilities who die within the Trust are reviewed as part of the Trust wide mortality review process. No action plans specific to Learning disability deaths have been implemented and we have not received a complete review from an LeDeR review with actions. We are now undertaking LeDeR reviews.
Please describe any changes to your organisation's services as a result of learning from deaths.	No action plans specific to Learning disability deaths have been implemented and we have not received a complete review from an LeDeR review with actions. We are now undertaking LeDeR reviews.
<b>Inclusion and engagement</b>	
Do you have a dedicated post/position for a person(s) with learning disabilities or their carers/families on your Trust council of governors and/or any of your Trust Board sub-committees?	No, we do have a patient partners programme which provides opportunities for partners to be on a number of committees which is being rolled out across the Trust, partners currently sit on a number of committee
Does your organisation have any dedicated forums to engage the views of people with LD and their carers/ families?	The Trust does not currently have a dedicated forum; however it seeks the views of people with LD through the Trust equality committee which has LD representation. The Trust also a supported internship programme which provides opportunities for learning
If yes, how often does this forum meet?	The IAG meets bi monthly, the supported internship formal meetings are s times per year
If other, please describe.	N/A
Which reasonable adjustments are offered by your organisation:	This would be considered on a case by case basis
Does your organisation's triage processes prioritise people with learning disabilities in distress?	No (awaiting content from Rob and Roz)
Does your organisation provide a low stimulus area/waiting area?	No, not at present, although the trust has recently developed sensitive communication rooms in some ward areas.

Does your organisation provide a changing places toilet facilities?	No not at the moment, although support would be provided on a case by case basis.
Does your organisation produce accessible information regarding the services it provides?	Yes
Does your organisation produce accessible appointment letters?	Not at present, however work is underway as part of the Accessible Information Standard, which has recently been implemented across the trust which identifies communication support needs, and provides patients access to a communication support passport which identifies patient needs.
Does your organisation have facilities to support carer involvement?	Yes the trust has a published patient experience and engagement delivery plan, which provides opportunities for patient and carer involvement in a range of activities across the trust.
Is your organisation able to accommodate carers overnight on site (acute hospitals)?	Yes - on some wards
Does your organisation provide home visits (out patients) for people with learning disabilities instead of an outpatient appointment?	No, not at the moment
Does your organisation provide discounted/free parking for people?	No
How many designated learning disability Liaison Nurses do you employ (WTE)?	0: No directly employed individuals
Do you have a partnership agreement with another Trust to access learning disability liaison nurse services?	Yes
Does your organisation undertake Equality Impact Assessments (EIAs) and consider the impact on people with learning disabilities when planning changes to the way services are delivered?	At present a process is in place to ensure all policies have an EIA, work is to take place over the next 12 months to look at the business planning process
Please describe any learning/ best practice examples from undertaking EIAs for people with learning disabilities.	The Trust uses Grapevine. A representative attends the Independent Advisory Group meetings. We have called upon them for their views on a number of projects (i.e. the patient top 10 leaflets and the Trust's new website)/ They have also provided some training delivered by the H team (Grapevine).
To what extent do you agree or disagree with this statement: Members of the executive team regularly meet with and take advice from people with learning disabilities who use services; and with front line workers.	Disagree - exec engagement with supported interns programme
Does your Trust employ people with learning disabilities?	Yes

If yes, what is the WTE of workforce employed with a learning disability (paid employment only)	4.92% - all disabilities - ESR National have been contacted
If yes, what is the pay banding for workforce employed with a learning disability?	Not available
To what extent do you agree or disagree with this statement: Our organisation makes reasonable adjustments to complaints processes, to avoid people with a learning disability having excessive form filling or having to write excessive amounts of detail during the complaints process.	5. Strongly Agree - We accept complaints verbally. We have a dedicated Patient Advice and Liaison Service who will help service users access the complaints process. We have a dedicated Patient Relations Liaison Officer who establishes any accessibility requirements at the point of acknowledging a complaint. Through our contact with Language Line (easy read) we have the ability to make reasonable adjustments where required. We signpost to independent and specialist support services.
Number of formal complaints regarding/ received by people with learning disabilities during 2017/18.	7 had made a PALS enquiry or a Formal Complaint
<b>Workforce</b>	
Does your organisation have a clearly identified operational lead(s) for improving service delivery to people with learning disabilities?	No
Does your organisation have a board level lead responsible for monitoring and assuring the quality of service being provided to people with learning disabilities?	Yes
Are people with learning disabilities, who have multiple long term conditions, assigned an identified coordinator/lead practitioner, either from your Trust, or from another NHS provider, on basis of a service level agreement?	Yes
If no, when will your organisation expect to be fully compliant with the above?	0-6 months/ 6-12 months/ Will not be compliant within a year
Does your workforce plan include data on current and future issues arising from retention / recruitment difficulties relating to the learning disabilities workforce?	No
Does your workforce plan include provisions to support the development of new roles in LD care such as: advanced practitioners, nursing associates, apprenticeships, consultant AHPs and nurses, medical prescribers and experts by experience / peer workers?	No
Please describe any other roles developed in relation to workforce planning for learning disabilities.	We have a service level agreement - Natalie
Please describe any good practice around workforce planning for learning disabilities.	We have a service level agreement - Natalie

Does your organisation provide internal training to help those who provide day to day care and support to understand how to recognise and respond to signs of emerging health problems for people with learning disabilities?	Yes - training provided through SLA agreement with a specialist provider
To what extent do you agree or disagree with this statement: Our staff is trained to recognise their responsibilities to make, record, report and share reasonable adjustments to the delivery of care and support, when working with people with learning disabilities.	Tend to Agree
Does your organisation actively involve people with learning disabilities and their families to check the quality of the services being provided and develop improvement plans as a result?	Yes - Work is undertaken with Grapevine to ensure that services are developed in a sensitive manner
Please describe the types of involvement people with learning disabilities and their families have within the organisation (e.g. Quality Checker).	Grapevine is an integral part of the IAG Group and can offer advice when requested.
Does your Trust induction programme invite people with learning disabilities to contribute to staff training?	Yes
Are staff trained in the use of a range of health screening tools which are adapted to the needs of people with learning disabilities?	Yes
If yes, please provide examples of the adapted health screening tools used.	Examples include the mii PAS-ADD to screen for mental health problems; or the DISDAT tool to assess for signs of pain or distress.
To what extent do you agree or disagree with this statement: Our staff are trained to identify a person at risk of abuse and help the person to understand and make sense of safeguarding processes and procedures.	5. Strongly Agree - Safeguarding Mandatory Training and Induction for all new starters
Do staff receive up-to-date training covering learning disabilities / autism awareness?	No
If yes, does this training include how to modify communication for people with learning disabilities/ autism?	Not Applicable
If yes, what percentage of staff were trained in this in 2017/18?	Not Applicable
Are staff trained on the Human Rights Act and anti-discriminatory practice?	Yes
To what extent do you agree or disagree with this statement: Our staff feel empowered to raise concerns about medication, in order to ensure that people are not over medicated.	Tend to Agree

## PERFORMANCE AGAINST NHS OUTCOMES FRAMEWORK 2018-19

There are five domains within the NHS outcomes framework. These are areas of performance for which there are agreed national indicators. The Trust provides information to the Health and Social Care Information Centre which, in turn, provides us with a comparison against other Trusts. By publishing these figures you can compare our performance with the best, the worst and the average performing trusts in the NHS.

The Five Domains are:

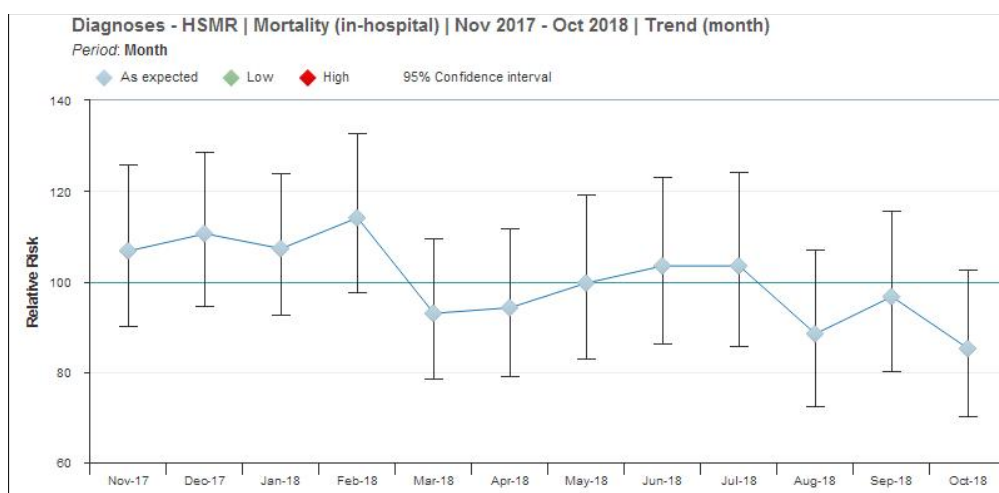
1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long-term conditions
3. Helping people to recover from episodes of ill health or following injury
4. Ensuring that people have a positive experience of care
5. Treating and caring for people in a safe environment and protecting them from avoidable harm

Related NHS Outcomes Domain 1						
Indicator: Mortality Rates [source: NHS Digital]	July 2016- June 2017	October 2016- September 2017	January 2017- December 2017	April 2017 - March 2018	National Average	Lowest and Highest reported Trust April 2017- March 2018
a) The value and banding of the summary hospital-level mortality indicator ("SHMI") for the trust for the reporting period	1.0950 (Band 2) Within expected	1.9028 (Band 2) Within expected	1.0921 (Band 1) Higher than expected	1.1333 (Band 1) Higher than expected	1.00	0.6994 (Band 3) 1.2321 (Band 1)
b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.	38.7%	36.7%	34.1%	33.0%	32.5%	12.58% 59.02% (Peer acute providers)

At UHCW:

- The Trust monitors mortality rates using the national Hospital Standardised Mortality Ratio (HSMR: Provided by Dr Foster Intelligence) and Summary Level Hospital Indicator (SHMI: provided by NHS Digital), which measure mortality as to whether it is higher or lower than that which would be expected.
- Both SHMI and HSMR are not definitive measures of quality of care. They act as a warning system for deviance from the 'norm' and can provide indication for areas to investigate. They provide the Trust with 'alerts' when there has been significantly more deaths than expected. All alerts received from both monitoring reports are reviewed and discussed at the Trust's Mortality Review Committee.
- The SHMI uses a benchmark of 1 to monitor performance. If the value is higher than 1, then it implies that there have been more deaths than expected. If the value is below 1, then there have been fewer deaths than expected. An alert will only be generated if there have been significantly more or fewer deaths than expected. If there are significantly more deaths or fewer deaths than expected, a mortality alert (either negative or positive) will be created.
- The HSMR uses a benchmark of 100 to monitor performance. If the value is higher than 100, then there have been more deaths than expected. If the HSMR is below 100, it means that there are fewer deaths than expected. If there are significantly more deaths or fewer deaths than expected a mortality alert (either positive or negative) will be created.
- For November 2017- October 2018 (latest available data), the HSMR is 100.6, which is within the 'expected' mortality range. The HSMR for October 2018 is 85.1, which is also within the expected range. The chart below shows the Trust's mortality performance trend over 12 months. It highlights a positive decreasing trend, but remains within the expected range.





Graph: UHCW HSMR performance trend over 12 months

The Trust intends to continue to take the following actions to improve this percentage, and so the quality of its services:

- Palliative care is important to the Trust as it focuses on providing patients with relief from the symptoms, pain and stress of a serious illness. The national average for palliative care coding during this time is 2.4%. The Trust continues to monitor its position against the national average as an indicator of the delivery of palliative care services.
- The Trust has taken on board recommendations from the CQC and National Quality Board in relation to learning from deaths and has fully implemented a peer review process for reviewing case notes to learn from deaths across the Trust.
- The Trust has delivered improvements in the recording, identification and treatment of sepsis for both inpatients and those in the Emergency Department.
- The Trust routinely investigates diagnosis groups with higher than expected mortality to ensure data quality and review clinical care for areas of improvement and learning. This compliments the Trust policy to review deaths of all inpatients over the age of 18 years.

Related NHS Outcomes Domain 2					
Indicator: Patient Reported Outcome Measures Scores (PROMS) [source: NHS Digital]	2016-17	2017-18 Provisional	2018-19 Apr-Sep provisional	National Average 2018-19 Apr-Sep provisional	Lowest and Highest Reported Trust Average 2018- 19 Apr-Sep provisional
Hip replacement surgery	0.453	0.484	0.468	0.481	-0.052 – 1.016
Knee Replacement surgery	0.348	0.332	0.319	0.343	-0.266 – 0.724

*\*Indicates the information is not available on the NHS Digital portal*

The PROMS table has been updated with the latest available data from the NHS Digital PROMS website.

The Trust considers that this data is as described for the following reasons: Patients are asked to complete a feedback form post-operatively following a nationally agreed protocol.

The Trust intends to improve the score and so the quality of its services by sharing feedback and liaising with the relevant clinical areas to ensure information about the questionnaire is given to patients and patients are encouraged to participate



Related NHS Outcomes Domain 3					
Indicator: emergency readmissions to hospital [source: NHS Digital, UHCW]	Year	UHCW	NHS England Average	Lowest Reported Trust	Highest Reported Trust
The percentage of patients aged 0 to 15 readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period	2017-18	8.36	*	*	*
	2018-19	9.32	*	*	*
the percentage of patients aged 16 or over readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period	2017-18	7.64	*	*	*
	2018-19	6.95	*	*	*

\*Indicates the information is not available on the NHS Digital portal

Related NHS Outcomes Domain 4					
Indicator: A positive experience of care [source NHS Digital]	2016-17	2017-18	2018-19	National Average 2018-19	Lowest and Highest Reported Trust
The Trust's responsiveness to the personal needs of its patients during the reporting period.	65.0	68.2	65.3	68.6	60.5 lowest 85.0 highest
The percentage of staff employed by, or under contract to, the trust during the reporting period who said if a friend or relative needed treatment they would be happy with the standard of care provided by this organisation	74%	72.4%	76.3%	70.9%	Benchmark group Worst Result: 39.8%* Best Result : 87.3%*

\* Indicates Benchmark group of Best and Worst result group and are not scores of any specific trust.

The Trust considers that this data is as described for the following reasons:

Trust adopted full census survey of all staff for the 2018 NHS Staff Survey. Conducting a full staff census allowed us to ensure we gathered data across all staff groups, departments and demographic groups. 2921 staff participated in the staff survey and the response rate was 37.5%. We had adopted electronic mode for the survey this year for all staff except those on long term absence. We also conduct the Staff Friends & Family Test 3 times per year, where we continue to ask about staff's confidence in recommending trust as a place for treatment. The above scores are results of the national staff survey.

Some of the highlights from the National Staff survey 2018 are:

- Questions pertaining to Safety culture have consistently improved over past four years and the progress is encouraging. Questions pertaining to Staff engagement have also shown consistent improvement.
- The results are being reported as ten themes this year and Trust results are better than the National average for 8 of the 10 themes. Health & Wellbeing and Bullying & Harassment are two areas that are marginally lower than the National results.

The Trust has already identified and set in motion a team to focus on:

- Bullying and harassment and Health & Well Being.

Trust will sustain the efforts and monitor the progress through the year.



Related NHS Outcomes Domain 5				
Indicator: avoiding harm [source NHS Digital]	Year by quarters	UHCW	National average	Trust with highest/lowest score
<p>The percentage of patients who were admitted to hospital and who were risk assessed for Venous Thromboembolism (VTE) during the reporting period</p> <p><i>The indicator is expressed as a percentage of all adult in-patients that have received a VTE risk assessment upon admission to the Trust using the clinical criteria of the national VTE tool</i></p>	2016-17			
	Q1	96.7%	95.7%	100%
				80.61%
	Q2	97.2%	95.5%	100%
				72.14%
	Q3	96.7%	95.6%	100%
				76.48%
	Q4	96.5%	95.5%	100%
				63.02%
Indicator: avoiding harm [source NHS Digital]	Year by quarters	UHCW	National average	Trust with highest/lowest score
<p>The percentage of patients who were admitted to hospital and who were risk assessed for Venous Thromboembolism (VTE) during the reporting period</p> <p><i>The indicator is expressed as a percentage of all adult in-patients that have received a VTE risk assessment upon admission to the Trust using the clinical criteria of the national VTE tool</i></p>	2017-18			
	Q1	96.12%	95.20%	100%
				51.38%
	Q2	97.01%	95.25%	100%
				71.88%
	Q3	96.95%	95.36%	100%
				76.08%
	Q4	97.30%	95.23%	100%
				67.04%
	2018-19			
	Q1	96.95%	95.62%	100%
				75.84%
	Q2	96.72%	95.49%	100%
				68.67%
	Q3	96.97%	95.65%	100%

The Trust considers that this data is as described for the following reasons: the consistency and accuracy of the data collection is routinely monitored by the Trust's Performance and Informatics Department.

The Trust intends to take the following actions to improve this percentage; continue to monitor compliance and identify gaps, putting in corrective action where necessary.

Related NHS Outcomes Domain 5					
Indicator: Reducing Infection [source NHS Digital]	2016-17	2017-18	2018-19	National Average	Lowest to Highest Reported Trust
<p>The rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.</p> <p><i>The Trust is deemed responsible for a case where the sample was taken on the fourth day or later of an admission to that trust (where the day of admission is day one)</i></p>	7.4	8.7	8.9	*	*

\*National averages are not available from PHE until mid-July. It will then be available on the PHE website.

Please note that the 2018-19 rate has been calculated using C Difficile reported cases available on the PHE website and KH03 bed day data (35/391,159 x100,000).

The Trust considers that this data is as described for the following reasons: Reporting of data on C.difficile infection is mandatory; data quality is monitored through infection control and subject to audit and reporting to commissioners. UHCW has submitted its mandatory return, but this has not yet been published nationally.

The Trust intends to take the following actions to improve this percentage by continuing to implement its infection control and prevention strategy.

Indicator: Incident reporting [source NRLS]	Oct 17 – Mar 18	Apr 18 – Sep 18	National Median (Acute non-specialist Trusts) Apr 18 – Sep 18	Lowest and Highest reported Trusts Apr 18 – Sep 18
The number of Patient Safety Incidents reported within the Trust in the reporting period	8751	8846	4,822	Lowest - 566 Highest – 23,692
Rate of Patient Safety Incidents reported within the Trust in the reporting period (per 1000 bed days)	44.6	45.71	42.4	Lowest – 13.1 Highest – 107.4
The number of such incidents that resulted in severe harm or death	2	8	7	Lowest - 0 Highest - 74
**Percentage of such Patient Safety Incidents that resulted in severe harm or death	0.02%	0.09%	0.2%	Lowest - 0.0% Highest – 0.9%

*\*\*The patient safety indicator is expressed as a percentage of patient safety incidents reported to the National Reporting and Learning Service (NRLS) that have resulted in severe harm or death.*

A patient safety incident is defined as 'any unintended or unexpected incident(s) that could or did lead to harm for one or more person(s) receiving NHS funded healthcare'.

The 'degree of harm' for patient safety incidents is defined as follows:

- 'severe' – the patient has been permanently harmed as a result of the incident
- 'death' – the incident has directly resulted in the death of the patient

The Trust considers that this data is as described for the following reasons:

- UHCW assesses data quality before submission to NHS England's National Reporting and Learning System (NRLS). The NRLS monitors the data and informs UHCW of any anomalies or errors.

## OVERVIEW OF ORGANISATIONAL QUALITY

### Patient Safety and Risk

The aim of incident reporting is to capture themes and trends from the low level incidents and resolve them, to avoid the potential for failures that can cause patients a higher degree of harm. The Trust online incident reporting system (Datix) allows any member of staff to report an incident and enables the early detection of trends and alerts to the Patient Safety Team of any Serious Incidents, enabling escalation and investigation.

The process for incident reporting is taught at Trust induction for all staff (clinical and non-clinical), further Datix training is given at levels appropriate to individual staff members' roles and responsibilities.

The last twelve months have seen an increase in the reporting of patient safety incidents (PSI) from 16,832 to 18,282 in the last financial year. The reporting of all incidents is encouraged across the Trust regardless of the degree of harm, or no harm. All reported incidents are investigated according to the type of incident and their potential for harm. Serious incidents are investigated using root cause analysis methodology.

The majority of patients within the Trust involved in a safety incident incur minor or no harm, which is an indication of an open, learning culture. We share the outcomes of investigations and trend analysis across the organisation as well as with our commissioners, other local providers and with NHS England.

Patient Safety Incidents can be classified in a number of different ways namely; by actual harm, by incident type and by the criteria for reporting as a Serious Incident to the Clinical Commissioning Group (CCG).

All patient safety incidents reported are summarised in a bi-monthly report to the Patient Safety and Effectiveness Committee (PSEC), in addition, a quarterly report detailing all Serious Incidents and Never Events is submitted to the Trust Board.

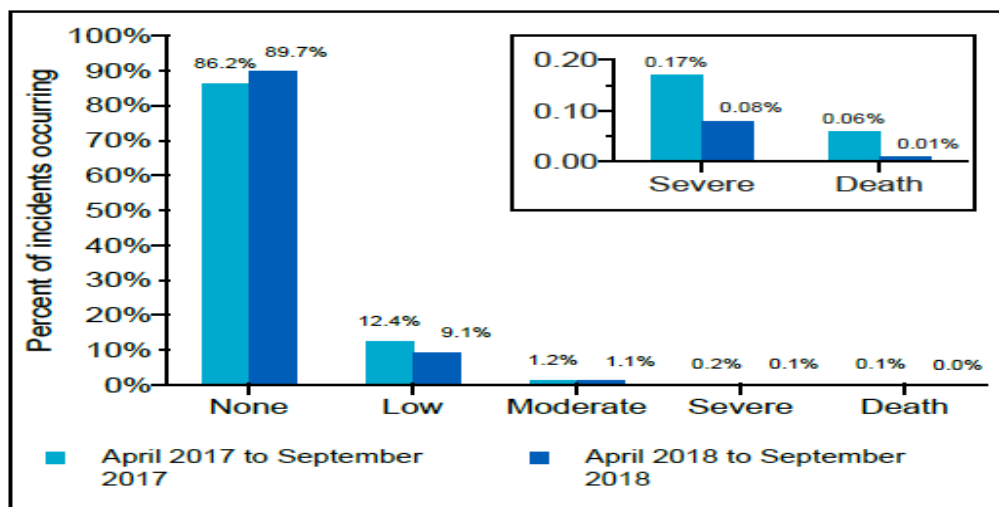
When published the NRLS Trust report for UHCW is shared with the PSEC.

The National Reporting and Learning System (NRLS) have an eligibility criteria for upload data from NHS trusts, this excludes Deaths reported which have been determined 'Not as a Result of a Patient Safety Incident'.

The Trust have a robust investigation process for mortality review and patient safety incident investigations which together determine whether or not the death is as a result of a patient safety incident. The Trust operates a live reporting system which means that data regarding SI will be entered into the system at varying times during the investigation process, once confirmed.

The Risk Management software utilised by the Trust (Datix) is a live tool, all data extracted is at a moment in time and the data is continually re-based, this means that looking back retrospectively may not represent the same data. Likewise NRLS have what is known as cut off period for data submission, so data submitted after that time does not show in the published report.

The graph on the next page provides a comparison of incidents reported by degree of harm for Acute (non-specialist) Organisations (April 2017 – September 2017 and April 2018 – September 2018).



**Degree of harm, April 2018 to September 2018**

None	Low	Moderate	Severe	Death
7,935	806	97	7	1

Source - Data extracted from National Reporting and Learning Systems (NRLS)

The NRLS data above reports only one death had been confirmed as a result of a patient safety incident at the Trust at the time the NRLS extracted data for its report (30th November 2018). However, the Trust reported a further 11 deaths (Total 12) and 3 severe harm (Total 10) which were uploaded to NRLS. These are not captured in the snap shot NRLS report above due to the date of the data extraction. (NRLS do not issue any subsequent versions of reports after they are published).

The improvement work of the Trust within the Patient Safety domain was recognised by the Health Service Journal in 2018 when the Trust was awarded Patient Safety Team of the Year 2018.

### Serious Incidents (SI)

In March 2015 NHS England (NHSE) published the revised Serious Incident Framework. This document defines Serious incidents in broad terms as 'events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. Serious incidents can extend beyond incidents which affect patients directly and include incidents which may indirectly impact patient safety or an organisation's ability to deliver ongoing healthcare. We reported 128 SI incidents in 2018-19 (Data from STEIS).

### Never Events

Never Events are defined as "serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers".

During 2017-2018 regrettably UHCW reported five Never Events. We have responded to these incidents with robust investigations and scrutiny of our processes and procedures.

Zero never events have been reported for 2018/19.

The Trust has supported South Warwickshire NHS Trust with the review and investigation of a Wrong Site Surgery (Dental) incident reported by SWFT.

We continue to take active steps to try to eradicate the occurrence of Never Events in the organisation.

### Duty of Candour

The Duty of Candour became part of a regulatory registration package which was implemented in October 2014. A Policy for Duty of Candour for keeping patients and their relatives informed of any investigation of incidents which have caused moderate harm and above has been implemented within the Trust.

The policy includes information for staff on what they should do when they are involved in a serious incident and the support available to them to deal with the consequences of what happened and how to communicate with the patients or service users, their families and carers.

In October 2018 the Patient Safety Team utilized the UHCWi framework to host the Trusts first Kaizen event. The two day event reviewed the current process for Duty of Candour with Staff and Patients, this resulted in the rebranding of Duty of Candour to “Saying Sorry” and an action plan implemented to further support the organisation in meeting this regulatory requirement.

In 2019/20 the trust will focus on the education and training in place for our staff to support the effective delivery of this regulation.

### Claims

The Trust reported 102 clinical negligence claims to NHS Resolution (NHSR) in the financial year 2018-2019 to date. In the financial year to date, NHSR, on behalf of the Trust, settled 30 claims.

The Trust is committed to minimising the opportunity for human error in medicine. In keeping with our open and honest culture staff are encouraged to report clinical adverse events in a timely manner so that they can be investigated to identify opportunities for future learning and improvement. Action plans are implemented seeking to avoid similar incidents occurring again.

## INFECTION CONTROL

UHCW continues to perform well against Department of Health (DH) targets. Compared to a group of 35 large teaching NHS Trusts the combined unweighted rank of UHCW for outbreaks of MRSA, MSSA and C. difficile and E coli is 2nd reflecting the Trust's excellent performance in infection prevention and control across the board.

### Clostridium difficile (C. diff)

UHCW continues to perform well against Department of Health (DH) targets. Compared to a group of 35 large teaching NHS Trusts the combined unweighted rank of UHCW for outbreaks of MRSA, MSSA, C. difficile and E. coli is 2nd, reflecting the Trust's excellent performance in infection prevention and control across the board.

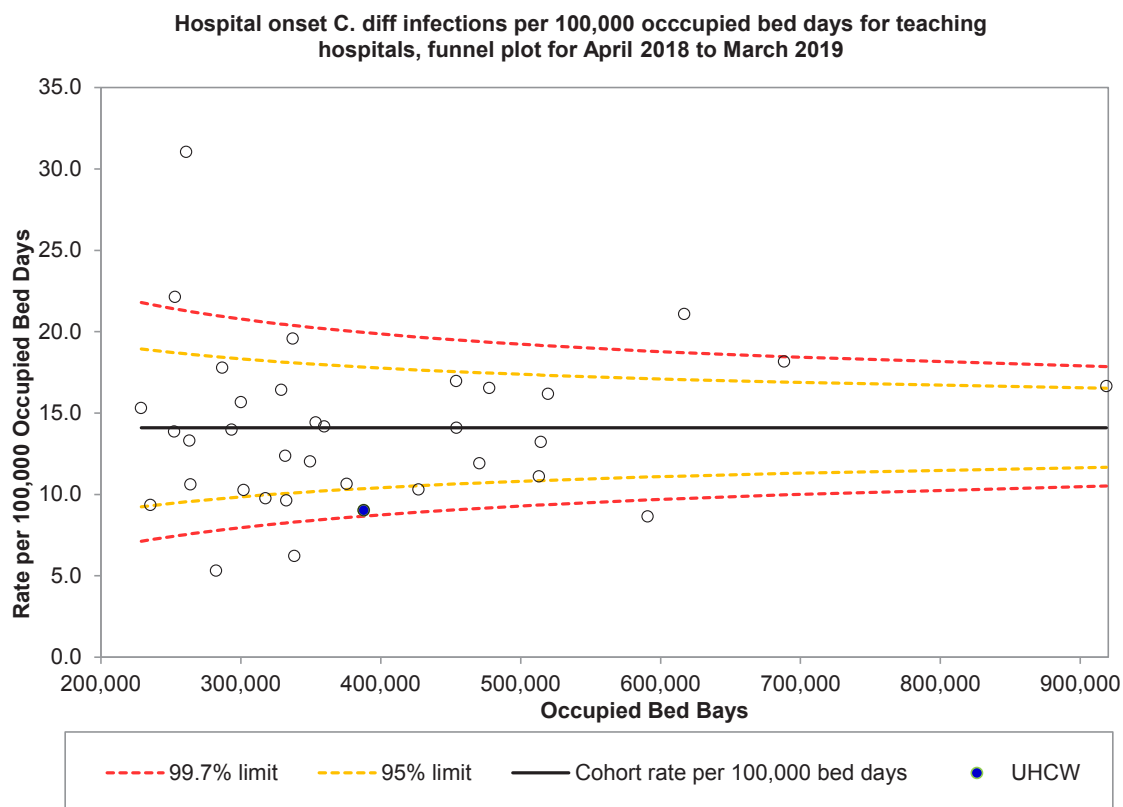
UHCW reported 34 cases of C. diff against a DH set aim of having less than 41.

DH Target	Internal Target	Total cases Trust apportioned
41	37	35



The graph below (graph 2) shows the UHCW NHS trust position when compared to a group of 35 acute teaching Trusts trust apportioned cases of *C. diff* at the end of January 2019. This represents a significant improvement locally and places UHCW amongst the best performing Trusts of its kind. Across a group of 35 acute teaching trusts the rate for Trust apportioned cases of *C. diff* per 100,000 bed days was 14.1. UHCW had a rate of 9.02. Against this group UHCW's rate ranked fourth.

Graph 2

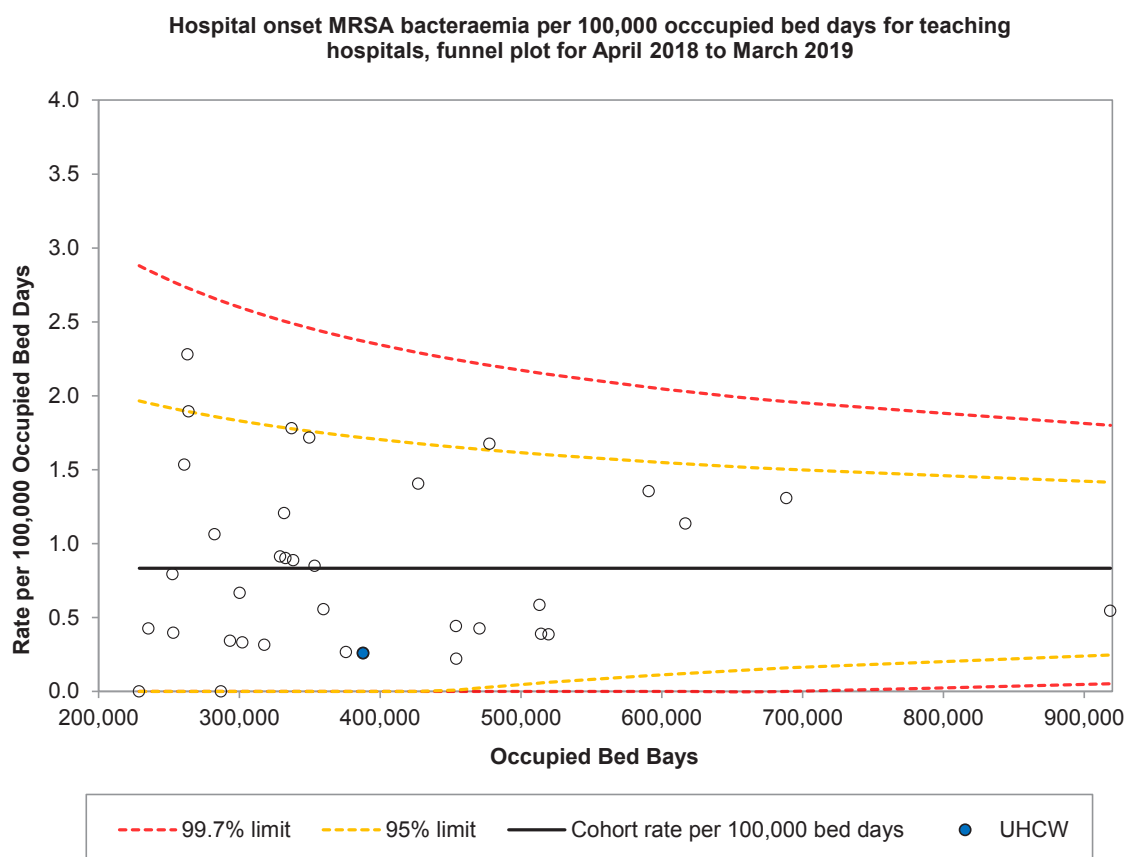


### Methicillin Resistant *Staphylococcus aureus* (MRSA)

The Trust declared one case of MRSA bacteremia for 2018-19. Across a group of 35 acute teaching trusts the average rate per 100,000 bed days is 0.83. The rate at UHCW is 0.26. The single case was deemed to be unavoidable as the patient was admitted with the infection, but there was a delay in taking the blood culture which breached the NHSi definition for community required and it was technically a hospital acquired bacteremia.

The graph below shows the Trust position when compared to 35 large acute teaching trusts, for MRSA bacteremia, within the 2018-19 financial years.

Graph 3

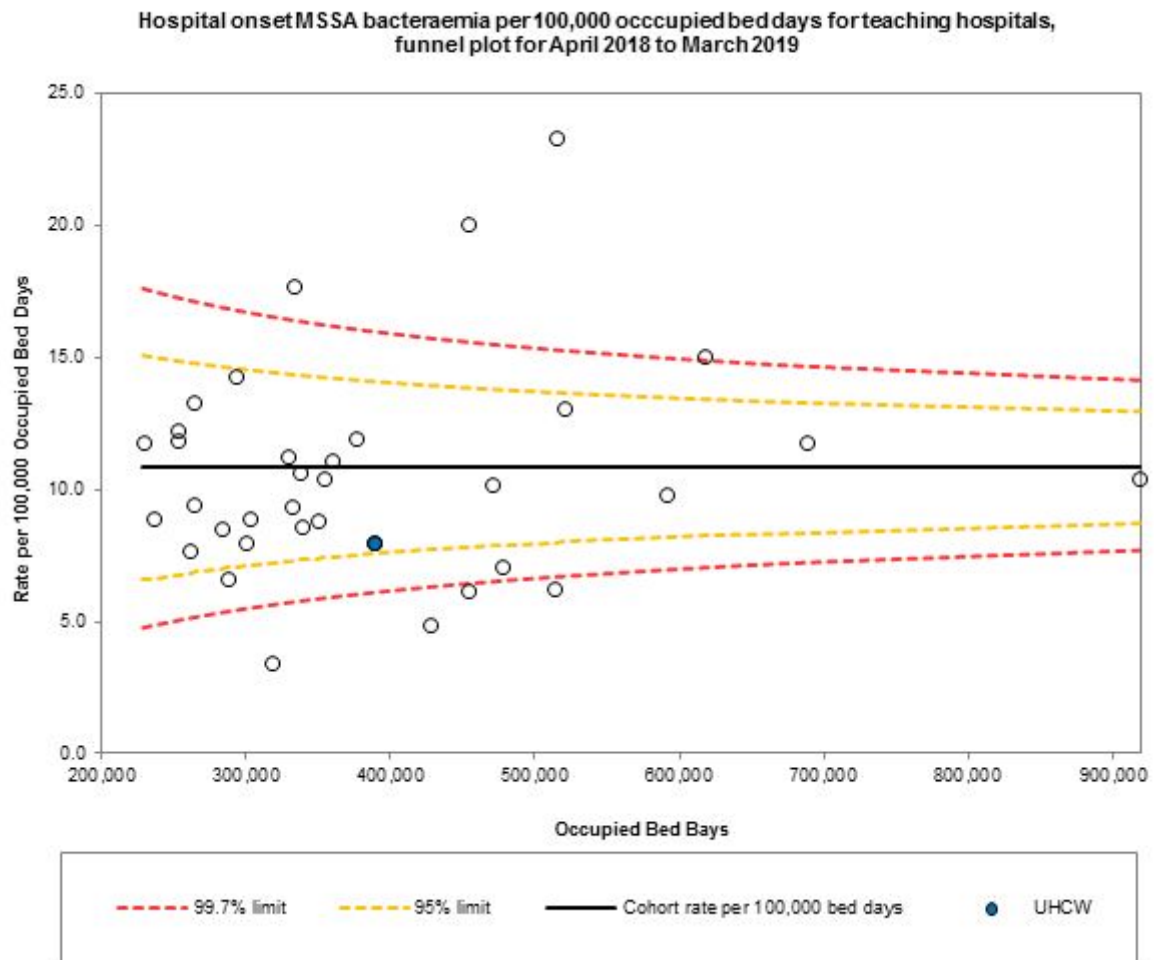


### Methicillin Sensitive *Staphylococcus aureus* (MSSA)

The Trust continues to perform well when compared to other trusts. Across a group of 35 acute teaching trusts the average rate of Trust apportioned MSSA bacteremia per 100 000 bed days was 10.8. UHCW's rate is 7.99, ranking 8th.

Graph 4 shows the Trust position when compared to these 35 acute teaching trusts.

Graph 4



### Influenza and Norovirus

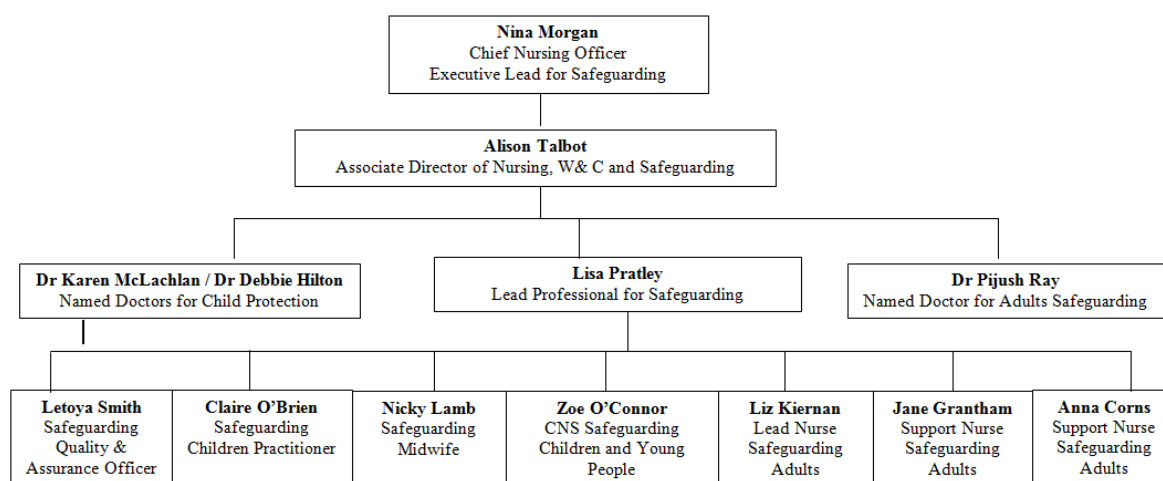
During 2018-19 national levels of both influenza and Norovirus were lower than the previous year. The Trust reported high levels of swabbing and positive detection of respiratory virus. Despite this, there was very little disruption to operational work and only a small number of incidents where an organism appears to have spread. This reflects positively on the infection prevention and control practices of staff throughout the Trust. UHCW were amongst the best performing Trusts for vaccine uptake by our staff. In line with the national and international picture the Trust saw mainly Influenza A strains which causes more illness amongst the younger age groups and Paediatrics was particularly affected by influenza like illness this year.

### SAFEGUARDING AND CHILD PROTECTION

The Trust continues to work collaboratively with partner agencies in order to ensure statutory safeguarding arrangements are met within children and adult services. The Trust is represented at both the Local Safeguarding Children Board and the Safeguarding Adult Boards. The Lead Professional for Safeguarding, the Named Nurse for Safeguarding Adults or the Named Doctor represent the Trust on all Safeguarding Board Subcommittees. The Serious Case Review Subcommittee is chaired by UHCW's Named Doctor for Child Protection and the Workforce and development sub group by the Named Nurse for Safeguarding Adults.

The Trust Safeguarding Team consists of a Lead Professional for Safeguarding, a Named Nurse for Safeguarding Adults, two Support Nurses for Safeguarding Adults, a Clinical Nurse Specialist for Safeguarding Children and Young People, a Safeguarding Children Practitioner, a Safeguarding Midwife and a Safeguarding Quality and Assurance Officer. The team is co-located and this allows for seamless safeguarding advice and support to be available. In addition there is a named doctor for safeguarding adults and two named doctors for child protection.

#### Organisational Structure – Safeguarding



The Safeguarding Team offer support, advice and guidance to all staff within the Trust, including volunteers and students. They also facilitate various learning opportunities for safeguarding adults and children, mental capacity and PREVENT.

Bespoke learning events are organised following serious case reviews and safeguarding incidents in order to share the findings and improve practice. The learning may also be shared in a newsletter format.

#### Training

All Trust employees are required to be competent in safeguarding children and safeguarding adults however there are different competencies depending on their job role. For the majority of staff they require safeguarding children level two and safeguarding adults level one, therefore this is delivered face to face on induction to the Trust. The Safeguarding Team aim to facilitate individual training needs by offering a range of training methods as detailed below.

Competency	Training offered via
Safeguarding Children level 1	<ul style="list-style-type: none"> <li>Workbook</li> <li>E-Learning via ESR</li> <li>Bespoke face to face</li> </ul>
Safeguarding Children level 2	<ul style="list-style-type: none"> <li>E-Learning via ESR</li> <li>Face to face</li> </ul>
Safeguarding Children level 3	<ul style="list-style-type: none"> <li>Monthly face to face</li> <li>Attendance at Local Safeguarding Children's Board training</li> </ul>
Safeguarding Adults level 1	<ul style="list-style-type: none"> <li>Workbook</li> <li>E-Learning via ESR</li> <li>Face to face</li> </ul>
Safeguarding Adults level 2	<ul style="list-style-type: none"> <li>E-Learning via ESR</li> <li>Monthly face to face</li> </ul>

Working Together to Safeguard Children (2018) and the Intercollegiate Document (2014) have both been incorporated into all safeguarding children training.

### PREVENT Training

PREVENT training forms part of the Government's agenda to prevent vulnerable people being drawn into terrorism. The Government has outlined a duty that all health workers will receive PREVENT training. The NHS is one of the best placed sectors to identify individuals who may be groomed in terrorist activity, with 1.3 million people employed by the NHS and 315,000 patient contacts per day in England alone. Staff must be able to recognise signs of radicalisation and be confident in referring individuals who can then receive support.

The safeguarding team has led this training throughout the trust with support from other cascade trainers. This training is included on induction for all new starters.

### References

Department for Education (2018). Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children. London: HM Government.

Royal College of Paediatrics and Child Health (2014). Safeguarding Children and young people: roles and competencies for healthcare staff: intercollegiate document. 3rd ed. London: RCPCH.

## MEDICAL REVALIDATION

Medical Revalidation is a statutory requirement by which licensed doctors must demonstrate they are up-to-date and fit to practice.

It is based primarily on the outcome of annual appraisal through a doctor's connection with an organisation, known as a Designated Body. Each Designated Body has a Responsible Officer who is responsible for ensuring processes are in place to support medical appraisal and revalidation along with submitting recommendations to the General Medical Council. For UHCW this is Chief Medical Officer, Doctor Richard De Boer and to date 600 recommendations to revalidate have been submitted to the General Medical Council.

In line with NHS England's Framework for Quality Assurance the Trust is obligated to externally report Quarterly Appraisal Rates. Snapshots of compliance for the appraisal year 1st April 2018 - 31st March 2019 are as follows:

- Quarter 1 – 86.97%
- Quarter 2 – 91.14%
- Quarter 3 – 95.31%
- Quarter 4 -- 71%

Achievements to strengthen and standardise the revalidation and appraisal process made during this year include:

- The introduction of database to validate ESR and RMS data with the Performance and Informatics team. This now eliminates the need of time consuming -manual cross referencing of data.
- The introduction of an Educational Appraisal Audit along-side Quality Assurance.

Trust objectives for 2019-2020 to continue to progress medical appraisal and revalidation are to:

- Increase medical appraisal rates by at least 2% for continued alignment with Key Performance Indicators.

- Support medical appraisers with the re-establishment of Appraiser Forums (formerly Appraiser Support Groups) and ensuring Appraiser feedback is shared with the Appraiser.
- Explore means of obtaining more supporting information in relation to Quality improvement activity to be prepopulated into a doctor's portfolio, specifically in relation to audit data and mortality reviews. This is to make the process of data collation less onerous on doctors.
- Develop and deliver online appraiser top-up training and a form of new starters training.

The Trust will continue to work to embed revalidation across the organisation to ensure it is viewed as a tool by which doctors can reflect on and develop their practice, and in turn deliver a higher quality of care to patients.

## INNOVATION TO IMPROVE PATIENT CARE

The Trust continues to grow and expand the role of Innovation with our approach outlined in the Organisational Development, Workforce & Innovation Strategy supporting our corporate objective of being a 'front runner in innovation'. To support this we have recently appointed Mr Joseph Hardwicke, Consultant Plastic Surgeon, as our new Clinical Lead for Innovation.

The key work streams are:

### Innovation Ideas

Innovation Ideas is the work stream through which we offer an open channel to all members of the Trust to submit their ideas – with potential Innovation value. This is inclusive of the pre-established Innovation Call, Clinics and Den activities.

The activity of the Call, Clinic and Dens has continued to be streamlined and as such, the Call (our engagement with the Trust to submit ideas) is now continuously open. Our Clinics (supporting idea assessment for feasibility and viability) are done on a case by case basis (where appropriate UHCW teams are invited to meet with the Ideas person as and when they come through to us). Finally, the Den continues to be the channel through which viable ideas are presented to a senior panel for oversight of the Innovations.

As part of the work stream we offer a 'client lead consultancy' based approach to supporting that individual to make successful their innovation idea.

Our consultancy lead approach is inclusive of: Supporting the individual to make their idea both feasible and viable; Protecting the idea, ensuring a full Intellectual Property Right (IPR) service is offered through our embedded commercial management service, provided by MIDtech.

Working with the client and idea we support to connect them internally within the organisation to form working groups and champions to support their idea becoming a success. This approach is also inclusive of 'disrupting' the way we operate as an organisation – opening up dialogue to look at alternative methods of working. An example of such is our recent approval by the CEO and CWIO to look at options for App development both internally and externally to the Trust, after the previous Den – this work is ongoing.

The Innovation Team then also supports the Ideas person to connect with external collaborators, where appropriate, with Industry and commerce, academia, or the AHSN to form commercial relationships to successfully look at commercialising/producing their idea. The Innovation Team may also support with proof-of-concept for this.

2018/19 has seen two Innovation Dens dates, with a third planned for the end of the Financial Year:

- July 2018 – Success winner – Physiotherapy App, by Dr T Osicki
- December 2018 – Mandated to look at the options for Mobile Application Development and Adoption; following recognition of 60% of all ideas for Applications

- March/April 2019 - tbc

The team have also worked internally, with the Communications Teams and the Employment Engagement Officer to enable a number of news and engagement pieces to entice and inform all staff on the ongoing work in innovation. This has included:

- A revamping of the Innovation intranet (TrustNav) Pages
- A brand new newsletter – published quarterly
- The re-establishment of the Teams Twitter page
- Attendance at recruitments Market Place events
- A planned succession of Masterclasses for both Innovation and IPR – working with Leading

Together to include within the Masterclass programme

The team have hosted five masterclasses: three in Innovation and two in IPR. (Current progress for numbers of ideas and their status can be found in figure 1.0 below.)

### Innovation Adoption

The Innovation Adoption stream looks at how we can adopt in market ready innovations and/or innovations from Academia or Industry. To do this we work in collaboration with the AHSN.

2018 saw the AHSN change their approach to supporting Trusts to be aware of what Innovations there are available, of which included partial or full subsidy tariffs. Many of these have been backed by the NHS-E, and subsequently funded.

The Innovation Team have been working within the Trust to look at implementing new Innovation Adoptions which are subsidised through the Innovation Technology Payment covered by NHS-E, until March 2019. These are, with their current status:

- Ethicon Plus Antibacterial Sutures – antibacterial sutures to reduce surgical site infection. These are being used across the Trust despite not meeting the criteria (our surgical site infection rates are lower than those required to be part of this adoption)
- Endocuff Vision – to increase adenoma detection during endoscopy procedure implemented across the Trust
- SecurAcath – a device for securing catheters without adhesives or stitches implemented across our vascular services.
- Heartflow – A non-invasive procedure that creates a personalised, digital 3D model of the patient's coronary arteries to simulate blood flow and assess the impact of blockages on coronary blood flow. Work to implement this innovation is ongoing.
- PneuX – a ventilation tube and cuff pressure monitor, which is designed to stop ventilator-associated pneumonia (VAP), which is of the leading causes of death in intensive care units (ICU). UHCW already using a product called Intellicuff – which was found to be more feasible as a product, in regards to its functionality, costs and similarity

### Innovation Reconfiguration

Innovation reconfiguration looks at how we are implementing Innovation into our clinical pathways and services.

A first step towards this was the transfer of the Innovation Team function to the Chief Workforce and Information Officer portfolio in 2017. We have since reaped the benefits of working more closely with IT, UHCWi and the Organisational Development Team as well as colleagues from the Electronic Patient Record Programme now under the auspices of Transformation. Although much broader than purely technology, the Trust has recognised that Transformation in the 21st century will require our organisation and therefore our staff to truly engage with and embrace technology to allow us to grow and improve as an organisation.

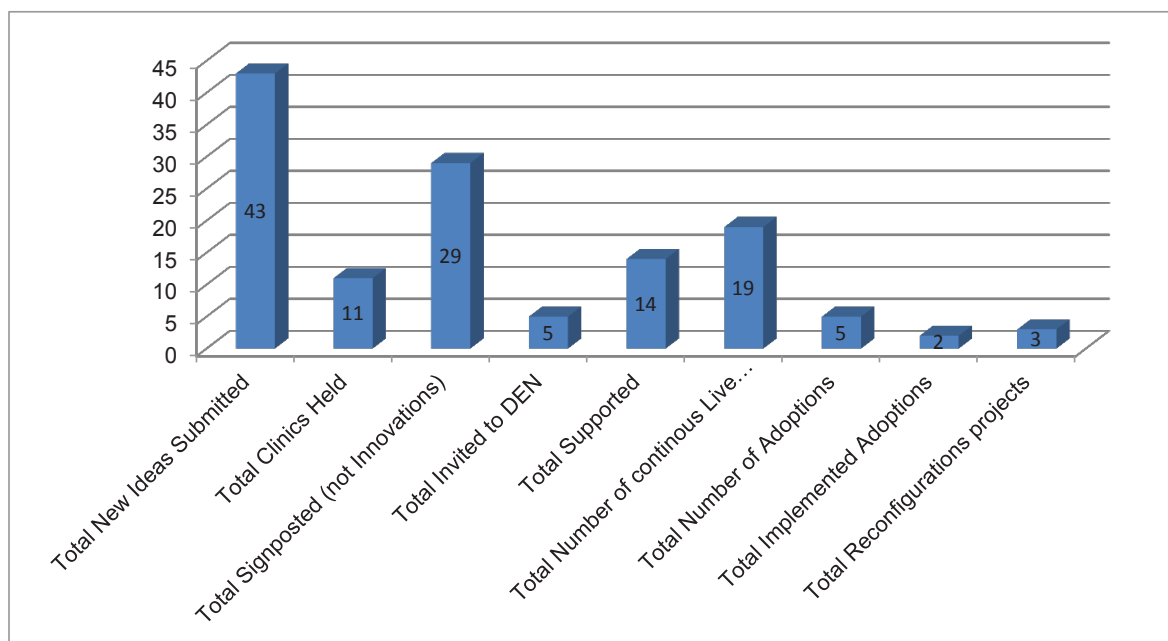


Continuing from the work that began in 2017/18 – the team have continued to work on the Innovation Blueprints of Video Virtualisation blueprint, Artificial Intelligence Blueprint, and then a Telehealth Blueprint.

This year the team have been involved in moving forward with these three innovation reconfigurations which are looking at:

- Video Virtualisation in UHCW@Home – looking at the use of consultations occurring through video conferencing technologies. A project group has been formed to take forward this project between Innovation, Enablement, ICT and Consultants in the UHCW@Home team and Infection control. This project is ongoing.
- Artificial Intelligence within our Gynaecological service – looking at the possibilities of AI potentially within the teams scheduling process. A project team has been established in Gynaecology. Collaboration has been achieved between the University of Warwick and Fetch.A.I. This project is ongoing.
- Telehealth through the development of an Internal Application group to support such activity. A working group has been established to look at the possibilities of forming an Applications group, through which Apps can be successfully adopted and/or developed both internally and externally to UHCW. This project is ongoing.

The below chart shows the numbers of Innovation Idea, Innovation Ideas, Innovation Reconfigurations from April 2018 to January 2019.



### Innovation Hub

The Trust opened our brand new Innovation Hub in December 2018. Designed to facilitate transformational activity, the flexible space includes WeBex conference board facilities, improved Wi-Fi, data and electrical outputs, movable white board facilities that also act as dividing walls. The space encourages social interaction and provides an inspiring change of scenery for people to work together in, creating a culture of innovation. (Further information is contained in the performance section of the Annual Report)



## LIBRARY AND KNOWLEDGE SERVICES (LKS)

The Secretary of State for Health has a duty, under the Health and Social Care Act 2012, to ensure “the use in the health service of evidence obtained from research”.

Health Education England published Knowledge for Healthcare: a Development Framework for NHS Library and Knowledge Services in England in December 2014 which sets out the clear vision:

“NHS bodies, their staff, learners, patients and the public use the right knowledge and evidence, at the right time, in the right place, enabling high quality decision-making, learning, research and innovation to achieve excellent healthcare and health improvement.”

The contribution of healthcare library and knowledge services to education, lifelong learning, research and evidence-based practice is widely valued, supplying the evidence base to the service to make decisions on treatment options, patient care and safety, commissioning and policy, as well as to support lifelong learning, undertake research and drive innovation.

Introducing the framework Prof. Ian Cumming, Chief Executive of Health Education England also noted:

Our ambition is to extend this role so that healthcare knowledge services become business-critical instruments of informed decision-making and innovation.

To this end, and in accordance with the principles of the NHS Constitution, Health Education England has agreed the following policy:

To ensure the use in the health service of evidence obtained from research, Health Education England is committed to:

- Enabling all NHS workforce members to freely access library and knowledge services so that they can use the right knowledge and evidence to achieve excellent healthcare and health improvement.
- Developing NHS librarians and knowledge specialists to use their expertise to mobilise evidence obtained from research and organisational knowledge to underpin decision-making in the National Health Service in England
- Developing NHS library and knowledge services into a coherent national service that is proactive and focussed on the knowledge needs of the NHS and its workforce.

Library & Knowledge Services at the Trust offer a wide range of services to meet the needs of the organisation and to fulfil the statutory requirements of the use of evidence based in research. Library & Knowledge Services is quality assured under the NHS Library Quality Assurance Framework (LQAF). For 2018-19 the Trust achieved 99% compliance with LQAF which is a celebrated achievement for the Trust.

**Library Services:** The Library underwent a refurbishment which resulted in a temporary closure and reallocation of staff and some of the library services. The planned work took place of the summer period. (To limit disruption to medical students using the facilities). The library reopened in October 2018 during National Libraries Week and hosted a One Stop Clinic. The clinic aimed to give staff one place at which to get their flu jabs, complete the staff survey, talk to occupational health as well as joining the Library with a tour of the refurbished facilities including the new Quiet Room - a direct response to user requirements.

In 2018-2019 the Library issued 4213 books for loan; obtained 276 books and 2172 journal articles from other sources all within 48 hours of the request received; completed a stock take and weeded the collection, adding 804 new books to the stock as well as 207 eBooks. The 24/7 access to the Library allows staff to undertake their statutory and mandatory training on the 16 networked Trust computers and 35 open access computers as well provided an ambient environment for completing revalidation and quiet study for all staff.

**Health & Wellbeing:** As part of the refurbishment of the Library a health & wellbeing space was created for all staff to use and access 24 hours a day in response to the comments received in the national staff survey. With evidence showing how important reading is to mental health wellbeing we asked staff for their interest in joining a book club; so overwhelming was the response that we are running two clubs each month. The jigsaw puzzle table was so popular that we now have two puzzles on the go at any time as well as other activities which include mindful colouring and mind puzzles. We also host a Knit & natter, crochet & chatter yarn club which ran monthly but by popular demand is now meeting every 2 weeks; the first batch of items have already been dispatched to the neonates.

**eResources:** The usage of eResources continues to grow providing value for money as we take advantage of consortia purchasing with other Trusts and the NICE Electronic and Print Content Framework Agreement. The wide range of eResources available through the Library can be found here <http://tinyurl.com/uhcwlib>; free OpenAthens registration is required to enable remote access to electronic resources. There were 2009 active OpenAthens accounts in 2018-2019 20% of total staff employed at UHCW NHS Trust. This is a decrease of 256 from the previous year following a review of expired and inactive accounts. In this period there were 31,919 OpenAthens logins compared to the previous year of 42,634, which is a 25% decrease; this may be related to the four months of the Library closure due to refurbishment. However, the data shows that users were spending longer on the resources once they had logged in showing the increased use of the evidence base.

**Knowledge & Skills Training:** In 2018-2019, we trained 200 individuals on a one to one basis and 418 staff in groups of 2 or more over 37 group sessions. This totaled 338 hours of training in Literature Searching, Critical Appraisal Skills, Introduction to eResources, Preparing for Interviews; Writing for Publication etc. This does not take into account any ad hoc training sessions or Market Place sessions covered at Trust Induction.

**Patient Information Leaflets:** During 2018-19, The Trust published 804 Patient Information Leaflets on eLibrary (new and updated). The Trust target of 90% compliance of Patient Information Leaflets being reviewed and in date has been achieved. Work has commenced on reviewing how we provide leaflets in larger print and in accessible formats for people with communication support needs.

**Clinical Guidelines:** 556 evidence summaries were provided to authors of clinical guidelines which support the quality of the evidence being provided within the evidence summaries for clinical guidelines.

#### Clinical Evidence Based Information Service (CEBIS):

The CEBIS team completed 243 referrals (1st April 2018 - 31st March 2019).

44 customers responded to the CEBIS impact survey, indicating that they felt CEBIS work had impacted, and/or was likely to impact in future, on multiple areas of Trust work:

Did/will the information provided on this occasion contribute to:	Number of respondents	%
Decision making and evidence-based practice	42	95.5%
Patient experience, patient-centered care, or health care	41	93.2%
Quality of care, innovation and service development	41	93.2%
Research, learning or continuing professional development	41	93.2%
Efficiency, financial management, safety or risk	37	84.1%

## CEBIS Case Study

### Research into emergency hospital admissions for palliative care patients

#### Reason for enquiry:

- Researchers were planning to investigate whether and how palliative care patient admissions to hospital can be avoided: what factors lead palliative care patients to attend emergency departments?

#### What Did CEBIS Do?

The CEBIS Specialists searched the existing literature to find out what research had been done already, and set up email alerts so researchers could keep up-to-date with new publications in this area. They found that:

- A UK study very similar to the one being planned at UHCW had recently been published.
- Much of the work in this area is from overseas and there is not much research focusing on clinicians' decision-making.

#### Impact:

- Provided the initial information needed for research planning: "a first leg-up to support research"
- "Modified the original research idea as some of the work is already being undertaken by other researchers. Excellent service."
- Saved the time of the research team, who were originally working in their own free time, until funding was secured.
- The project has received about £28,000 funding so far, and avoiding duplication of research means this money has not been wasted.
- Having this support available at the early stages of a project may encourage more people to undertake research in future.

## PATIENT EXPERIENCE

The Trust launched its Patient Experience and Engagement Five Year Delivery Plan in February 2018. The plan was developed following three co-development events with patients, staff and local stakeholders. The plan follows the priorities set at the co-development events which identified five key objectives for the Trust to deliver:

- Objective One: Improve the way we listen, respond and use patient feedback to support improvements.
- Objective Two: Improve the way we develop and manage patient information leaflets.
- Objective Three: Ensure our staff place the Trust values at the centre of care improvements.
- Objective Four: Ensure that patient voice is at the centre of care improvements.
- Objective Five: Improve the patient care environment.

The full plan can be found at [www.uhcw.nhs.uk](http://www.uhcw.nhs.uk).

### Friends and Family Test (FFT)

The Trust has implemented the Friends and Family Test (FFT) in line with national guidance and it is used throughout all its services.

Patients responding to the Friends and Family Test indicated the highest and lowest levels of satisfaction in the following elements of the Trust's services:



Highest:

- Kindness and Compassion Shown
- Cleanliness
- Privacy and Dignity

Lowest:

- Parking
- The standard of food and drink
- Doing things on time

The following table's show how the Trust has compared nationally with both its FFT recommender and response rates for Inpatients A&E all four Maternity touchpoints by 2018-19 quarters:

Quarter One data:

	April 18 Recommender %	May 18 Recommender %	June 18 Recommender %
Inpatients	92.16%	93.08%	92.43%
A&E	82.65%	83.99%	83.83%
Antenatal (after 36 weeks)	94.17%	91.92%	96.63%
Birth/Labour Experience	97.33%	94.34%	100%
Postnatal (hospital) Experience	96.51%	88.10%	92.16%
Postnatal (community)	97.37%	98.18%	97.44%

	April 18 Response Rate%	May 18 Response Rate%	June 18 Response Rate%
Inpatients	22.3%	20.5%	20.8%
A&E	13.6%	12.2%	10.5%
Antenatal (after 36 weeks) Experience	22.34%	19.57%	18.74%
Birth/Labour Experience	16.27%	20.95%	10.74%
Postnatal (hospital) Experience	18.66%	16.60%	21.47%
Postnatal (community) Experience	17.72%	11.83%	17.61%

Quarter Two data:

	July 18 Recommender %	August 18 Recommender %	September 18 Recommender %
Inpatients	92.73%	92%	91.28%
A&E	84.91%	82.70%	83.05%
Antenatal (after 36 weeks) Experience	88%	92.86%	78.05%
Birth/Labour Experience	96.72%	94.55%	78.87%
Postnatal (hospital) Experience	95.61%	88.24%	89.83%
Postnatal (community) Experience	96.39%	100%	96.43%
	July 18 Response Rate%	August 18 Response Rate%	September 18 Response Rate%
Inpatients	20.2%	19.3%	22.06%
A&E	9.7%	10.4%	10.8%
Antenatal (after 36 weeks) Experience	13.49%	11.09%	8.38%
Birth/Labour Experience	10.97%	10.89%	14.52%
Postnatal (hospital) Experience	20.50%	6.73%	24.13%
Postnatal (community) Experience	15.90%	10.58%	12.20%

## Quarter Three data:

	October 18 Recommender%	November 18 Recommender%	December 18 Recommender %
Inpatients	90.96%	91.78%	91.45%
A&E	83.29%	83.59%	83.36%
Antenatal (after 36 weeks) Experience	92.73%	93.10%	92%
Birth/Labour Experience	85.71%	80.85%	77.61%
Postnatal (hospital) Experience	81.37%	87.04%	93%
Postnatal (community) Experience	97.96%	100%	100%
	October 18 Response Rate%	November 18 Response Rate%	December 18 Response Rate%
Inpatients	20.31%	20.31%	17.84%
A&E	9.9%	9.9%	9.3%
Antenatal (after 36 weeks) Experience	11.22%	12.75%	10.62%
Birth/Labour Experience	11.43%	10.33%	14.23%
Postnatal (hospital) Experience	20.82%	11.87%	21.23%
Postnatal (community) Experience	10.58%	6.05%	7.83%

## Quarter Four data:

	January 19 Recommender%	February 19 Recommender%	March 19 Recommender %
Inpatients	92.07%	91.71%	91.92%
A&E	78.94%	77.22%	79.46%
Antenatal (after 36 weeks) Experience	92.73%	90.70%	90.14%
Birth/Labour Experience	77.42%	86.25%	84.71%
Postnatal (hospital) Experience	90.18%	92.06%	94.12%
Postnatal (community) Experience	100%	100%	95.59%
	January 19 Response Rate%	February 19 Response Rate%	March 19 Response Rate%
Inpatients	21.44%	21.6%	23.6%
A&E	11.6%	12.9%	12.6%
Antenatal (after 36 weeks) Experience	12.14%	10.24%	14.79%
Birth/Labour Experience	6.84%	19.05%	17.71%
Postnatal (hospital) Experience	24.72%	15%	24.79%
Postnatal (community) Experience	13.59%	8.03%	15.56%



### Improving the results and findings of the Friends and Family Test

The Trust is committed to improving the response and recommender rate of the Friends and Family Test. A new questionnaire to supplement the FFT has been co-developed with patients, staff and local stakeholders. The questionnaire is based around the Trust values through the lens of the patient. This has now been implemented in outpatients. Plans to roll out to inpatients have been placed on hold while we wait for new for new national guidance on FFT, we expect to complete the values base FFT questionnaire roll out across inpatients by the end of 2019.

The Trust's real time feedback system, Impressions, has continued to capture feedback about the Trust services from patients, relatives, carers and visitors. The Patient Insight Team have commenced the use of an Action Log on Impressions which enables the trust to look at every verbatim comment left as part of the FFT survey process and act on all negative comments, through working with matrons and ward managers on all wards and in all patient facing areas. This ensures that the Trust is able to evidence how it is making changes based on patients and relatives feedback. This is monitored and managed by a dedicated member of the team to ensure feedback is listened and responded to in a timely and effective manner.

### Surveys undertaken as part of the national NHS Patient Survey Programme

The National Patient Survey Programme is a mandatory overseen by the CQC. The Programme currently consists of the annual Inpatient survey, and bi annual surveys for: A&E Survey, Maternity Survey and Children and Young People's Survey. The Trust commissions Quality Health Ltd to carry out the surveys on its behalf. During 2017-18, the results of four national patient surveys were received as part of the Care Quality Commission's NHS Patient Survey Programme. The Trust has a robust action plan process, and has developed a thematic plan to support greater joined up working across the clinical groups.

The Trust took part in the 2018 Inpatient Survey and the 2018 NHS Urgent and Emergency Care Survey, once the results have been provided to the trust work will commence on developing a robust plan for any improvements required.

The Women's Experience of Maternity Care Survey was undertaken between April and August 2018. Results to be confirmed

### Overview of the Patient Story Programme 2018-2019:

The Patient Story Programme is a tool which is used to share positive and negative patient stories with the Trust Board on a bi-monthly basis. We aim to get stories from different specialties each time so that Trust Board has the opportunity to hear about patient experiences across the Trust.

This year a range of patient stories have been shared with Trust Board, positive action has been taken as a result of the stories in a number of Groups. A brief summary has been captured in the table below.

Month	Overview of Story	Action Taken
May 2018	Mr H shares his hospital experience when he was cared for by the Trust's Critical Care Team. He highlights many individuals from the Critical Care Team and the wider multi-disciplinary team who made a difference and impacted on his experience positively.	This was shared with the Critical Care Team and wider multi-disciplinary teams and formed part of QIPS discussions to share good practice.
July 2018	Mrs H had suffered a second stroke so was understandably frightened to be back in hospital. Unfortunately her experience particularly in Ward 41 was not up to the standards the Trust strives to deliver.	Her daughter and husband shared her experiences through the Trust's formal Complaints Process and have also met with the leads from the areas. They also met with Chief Nurse, Nina Fraser after Trust Board and the Team of Ward 41 to ensure change.
September 2018	Mrs V's daughter was born at the end of May this year. It was a sensitive pregnancy, due to a foetal anomaly in a previous pregnancy, and naturally both parents were anxious. However, the care that they received from every team with Maternity they came into contact with was as they describe "excellent."	The Maternity Team shared this experience with all staff in Huddles and also shared this story with external parties when they came to review the service. The Team took this action to boost staff morale and to help ensure all staff strives to deliver these standards.
November 2018	Mrs W has been under the care of Mr Foguet since 2007 for the problems with her hip. Recently she went through a five hour operation to move a mass growth and a hip rescession by the team that miraculously seen her walk without crutches after three weeks. She details that Mr Foguet's team is first class and provides top class surgery and care.	This story of good practice was shared with the Orthopaedic Team involved in Mrs W care and Mrs W has also shared her story with patient groups she is involved with.
January 2019	Ms C was diagnosed with diabetes 39 years ago and she shared her story of being a patient of the Trust for a number of years. She has been cared for in General Surgery, the Wisdem Centre, Ophthalmology, Radiography, Outpatients, Breast Clinic, Gastroenterology, Hepatology and gave her views of what it is like to be a patient with a long term condition such as diabetes.	This patient is now part of the Patient Partner Panel and the theme of this story has formed the basis of the Patient Safety priority for 2019-20.
March 2019	Two daughters currently face a difficult race between their mum's end of life and a family wedding and even in this terrible predicament they have taken the time to thank the three consultants Dr Andrew Chan, Dr Beshar Allos, Dr Jas Bhogal and Ward 35 for the care their mum has received and for the support they have offered to the family at this difficult time. This story illustrates that these three individuals go above and beyond to give the best patient and family hospital experience they can give in this family's darkest time.	This story of good practice was shared with all teams involved.

### Patient Partner Programme

The Trust involvement model was co-developed through three events with patients, staff and stakeholders. The Patient Partners Programme (PPP) has been established as a direct result of the events. In July 2018 the CEO and CNO officially launched the Trust's Patient Partner Programme.



There are three levels within the PPP each offering a wide variety of interesting tasks: Partners can choose to get involved in activities across all three levels and be active at both of our hospitals. Thirty five Partners have been recruited to date and below are examples of some of the activities they have been involved in during the past 12 months:

- Asking patients about their experience of care using the Friends and Family Test cards;
- Taking part in Rapid Process Improvement Workshops (RPIWs) run by the Trust's Kaizen Promotion Office;
- Leading on the Patient Led Assessments of the Care Environments (PLACE) on wards and departments of the Trust;
- Advised on the wording of new questions, based on the Trust's Values, on our Friends and Family Test cards;
- Partner members of a variety of Trust Committees and Groups, including the Healing Arts Committee, Patient Experience & Engagement Committee, Patient Experience Delivery Group, Patient Insight and Safety Learning Group and End of Life Care Committee.

### We Care Events

Through the co-development process participants highlighted the Trust needed to have a process for sharing with the public and local stakeholders the improvements that it had made to services following feedback from patients, as a result of this 'We Care' Events and a 'We Care' newspaper we established to provide different mechanisms for people to get to know how the Trust had listened and responded to their feedback.

Three We Care Events were held in June, September and January. The Events, held at both our hospitals as well as at a central location in Coventry, are designed to showcase back to the community we serve, developments and new initiatives at the Trust.

This year, staff enjoyed presenting and providing poster displays to the audience made up of over 70 patients, members of the public and voluntary organisations across Coventry and Warwickshire. Presentations included:

- The latest on the implementation of the Electronic Patient Record;
- A new sleep service being provided at the Hospital of St Cross;
- Car parking developments at University Hospital;
- Improving treatment adherence for young kidney patients.
- Outpatients Kitchen table event feedback
- Rehabilitation services for Parkinson's disease



## We Care Newspaper

Following requests through the co-development events, for the Trust to be more transparent and responsive a newspaper was developed to keep patients and local stakeholders up to date with the changes and improvements being made to services and care quality across the Trust.



## Patient & Public Involvement Panel

A Patient and Public Involvement Panel, for those patients and members of the public who would like to be kept informed of patient improvement initiatives, events, and opportunities to be involved at the Trust was established in 2018, as part of the feedback from the patient experience co-development events

## Involvement Hub

The Trust launched its first patient and public Involvement Hub at the University Hospital site in 2018, to date over 22,000 surveys have been completed by patients and relatives using the kiosks. Staff and voluntary sector organisations also use the Hub to engage with patients and the public on a range of topics'



## COMPLAINTS

During 2018-2019 the Trust received 680 formal complaints 450 of the 680 complaints were responded to within 25 Working days of receipt of the complaint.

In the same period, the Trust responded to 647 formal complaints and of these 131 were upheld 296 were partially upheld and 219 not upheld.

### Parliamentary and Health Service Ombudsman (PHSO)

- 4 New requests received in 2018-2019:
- The PHSO decided 5 cases which were not upheld and 4 partially upheld

The table below shows the total number of complaints received by the Trust in 2018-19.

Total Number of Complaints	2015-16	2016-17	2017-18	2018-2019
University Hospital, Coventry	537	570	619	641
Hospital of St. Cross, Rugby	36	35	27	35
Other	1	1	4	4
<b>Totals</b>	<b>574</b>	<b>606</b>	<b>650</b>	<b>680</b>
Referred to the PHSO	25	30	19	4
Ratio of complaints to activity	0.65%	0.66%	0.69%	0.68%

### The top 5 subjects of complaint (data below is subject for final data checks)

Clinical Treatment - Surgical Group	98
Communications	89
Clinical Treatment - Accident & Emergency	60
Clinical Treatment - General Medicine Group	58
Appointments	55
<b>Totals:</b>	<b>360</b>

For further information about complaints please access the Complaints and PALS Annual Report on the Trust's website: [www.uchw.nhs.uk](http://www.uchw.nhs.uk) which will be available from July 2019.

## STAFF EXPERIENCE

### Engaging Our Staff

Improving staff engagement is a key priority for the organisation. We recognise the benefits this brings for increased productivity, better staff health and wellbeing and excellent patient safety/experience and have introduced the role of the Employee Engagement Officer to show our commitment to this. In addition over 135 staff have embraced the role of Change Maker since its introduction as a way of improving engagement in local areas.

During the year we held our first Blooming with Pride event take place where staff were invited to share why they were proud to work at UHCW – over 500 pride cards were displayed.

Surveys are an effective tool to engage, seek views and, most importantly, respond and make improvements based on feedback.

### National Staff Survey

Each year, NHS staff are invited to take part in the NHS Staff Survey, the largest survey of staff opinion in the UK. It gathers views on staff experience at work around key areas including Appraisals and Development, Health and Wellbeing, Raising Concerns and Staff Engagement and Involvement.

The 2018 survey ran 1st October 2018 – 30th November 2018 and we invited all staff to participate. Conducting a full staff census ensured data was gathered across all staff groups, departments and demographic groups led to greater staff engagement and increased trust in the results because everyone had the opportunity to participate. 37% of staff completed the survey which was administered online this year and was supported by a series of “One-Stop Clinics where staff could access a computer to complete the survey whilst at the same time getting their flu vaccination.

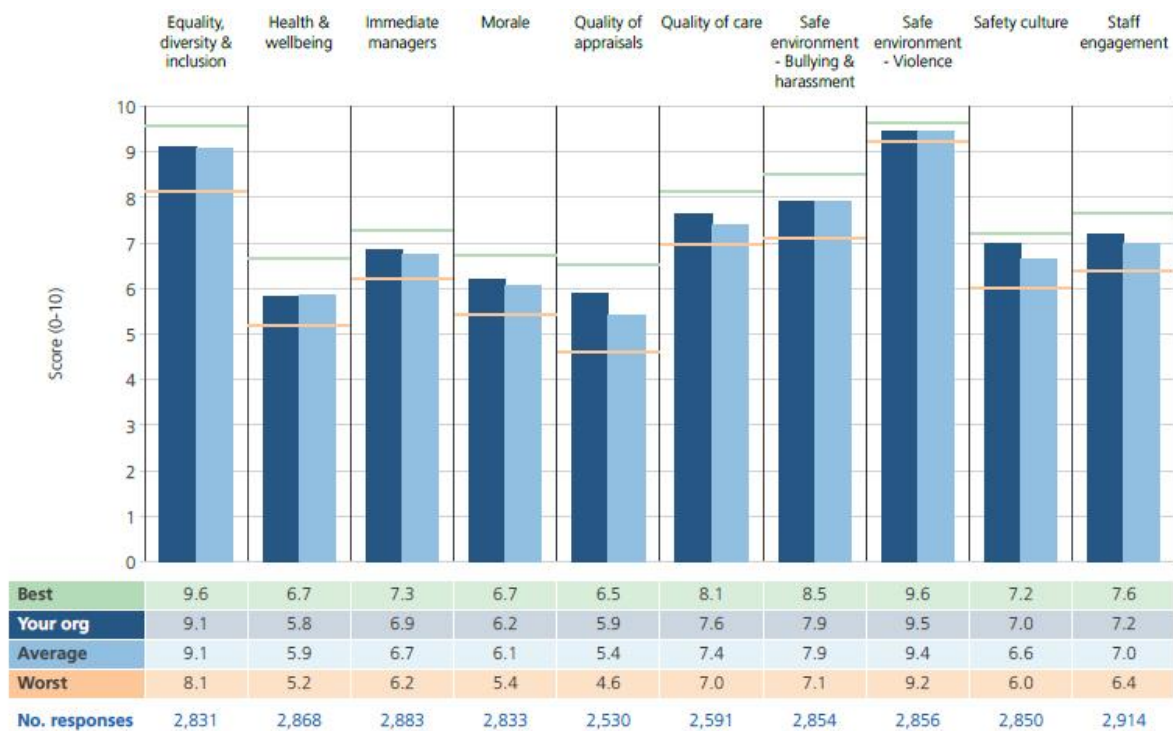
This year the data is being reported under Ten Themes, a shift from last year where the data was reported as Key findings (see figure 1). The themes are scored on a scale of 0-10.

Themes	2018	2017	Change
Equality, diversity & inclusion	9.1	9.1	No change
Health & wellbeing	5.8	5.8	No change
Immediate managers	6.9	6.8	Improved
Morale	6.2	0	New
Quality of appraisals	5.9	5.8	Improved
Quality of care	7.6	7.5	Improved
Safe Environment - Bullying & Harassment	7.9	8	Dropped
Safe Environment - Violence	9.5	9.4	Improved
Safety Culture	7	6.8	Improved
Staff Engagement	7.2	7.0	Improved

■ Statistically Significant changes

The Survey measures staff engagement which at 7.2 has shown statistically significant improvements from 2017. This is along with significant improvements in quality of care and safety culture which is testament to the focus of our improvement journey in these areas.

An overview of our results by theme, against our comparator organisations is presented below.



Our areas of focus are in respect to Health & Wellbeing and Bullying & Harassment, both of which are lower than our comparators. We already have concerted efforts and dedicated teams working on these identified areas of focus.

### Staff Friends and Family Test

The Staff Friends and Family Test (SFFT) measures staff recommendations of the Trust as a place to work or be treated. We are required to undertake an SFFT each quarter (with quarter 3 being included in the NSS). We are required to ask all staff the SFFT questions on an annual basis, with the opportunity to undertake identified samples in the remaining periods.

The results of the SFFT for 2018/19 are shown below.

2018/19	April-June 2018	July-Sept 2018	Oct-Dec 2018	Jan-Mar 2019
	Q1	Q2	Q3*	Q4
<b>Recommending as a place of work</b>	74%	72%	65.30%	64%
<b>Recommending as a place of treatment</b>	90%	87%	76.30%	86%

\*Q3 results are derived from the National Staff Survey

### Staff Impressions

Our First Impressions survey is sent to all new starters, to help us as an organisation to understand their recruitment and induction experience. Whereas our Last Impressions survey is sent to all staff who leave the organisation. Results from First and Last Impressions are shared with Clinical Groups each quarter, so that they can identify and areas for improvement and ensure that all new staff are supported appropriately, whilst leaver feedback is used to make improvements where possible and improve our retention levels.

### Developing & Empowering our Staff

All staff participate in an annual appraisal where they have an opportunity to discuss their performance, demonstrate how they live our values, have a talent conversation and agree a personal development plan. We provide access to all mandatory training to ensure we staff are safe to work and can deliver the required level of patient care.

We are committed to developing our diverse staff and support them in delivering the best care possible to our patients. This commitment spans the delivery of clinical skills training, CPD and personnel development, and involves supporting newly qualified nurses through dedicated preceptorships programmes and Healthcare Support Workers to undertake a dedicated development programme entitled Effective Care Practice.

In 2018/2019 we supported over 180 numbers of staff to undertake their Care Certificate, whilst also supporting over 100 apprenticeships across the organisation.

We recognise that effective leadership is key to achieving our strategic vision, mission and objectives. Our in-house leadership programme, Leading Together, now in its fifth year, has supported over 850 leaders at all levels to develop their leadership capacity and capability, with our first leadership conference held in December 2018. We have also worked collaboratively with partner organisations to support our first cohort of Black and Minority Ethnic (BAME) Leaders to complete the prestigious Stepping Up programme.

As part of our UHCW Improvement System we have supported over 200 leaders through our Lean for Leaders programme, to introduce our lean improvement methodology and provide them with the knowledge and skills to utilise the method in their everyday work. In addition we have seen over 1,000 staff go through the UHCWi Passport Sessions which are designed for all staff to introduce the method and improvement tools.

In 2019/20 we will continue to focus on the development our leaders through the design and implementation of a multi-professional programme for aspirant leaders, alongside our continue commitment to work with partner organisations to support leadership development across our local healthcare system.

### Valuing & Recognising Our Staff

We recognise the contribution that our staff make through our annual OSCA's (Outstanding Care Awards) – this year we had over 800 nominations. Staff are also able to nominate for our World Class Colleague award which is presented quarterly. The annual Long Service Awards are held for those staff achieving 25 years of NHS service.

Appreciation cards are promoted throughout the year for staff to recognise a colleague's contribution and a chance to say thank you.

## DEMENTIA CARE

There are currently 850,000 people living with dementia in the UK, with numbers set to rise to over 1 million by 2025 and 2 million by 2051 (Alzheimer's Society 2018). This increase is also expected to be reflected in the number of people with dementia who are admitted to acute hospitals. For those patients who are admitted to the Trust the dementia team have continued over the last 12 months to provide support, guidance and advice to not only patients with dementia, but also their carers and staff.

It is clearly evident that all too often hospitals are frightening and disorientating for people with dementia, as well as being places where their overall health and wellbeing often deteriorates rather than improves. However, providing care and support can be a complex process mainly due to the



large number of people living with dementia and the variation in symptoms each person faces. A dementia-trained workforce working within dementia-friendly hospital environments can dramatically improve someone's stay in hospital (Fix Dementia Care Hospitals 2016).

In response to the Prime Minister's Challenge on Dementia 2020 and the 2015-16 mandate from the Government to Health Education England (HEE) the Trust are actively facilitating the development of an informed and effective workforce that can respond effectively to the specific needs of people living with dementia.

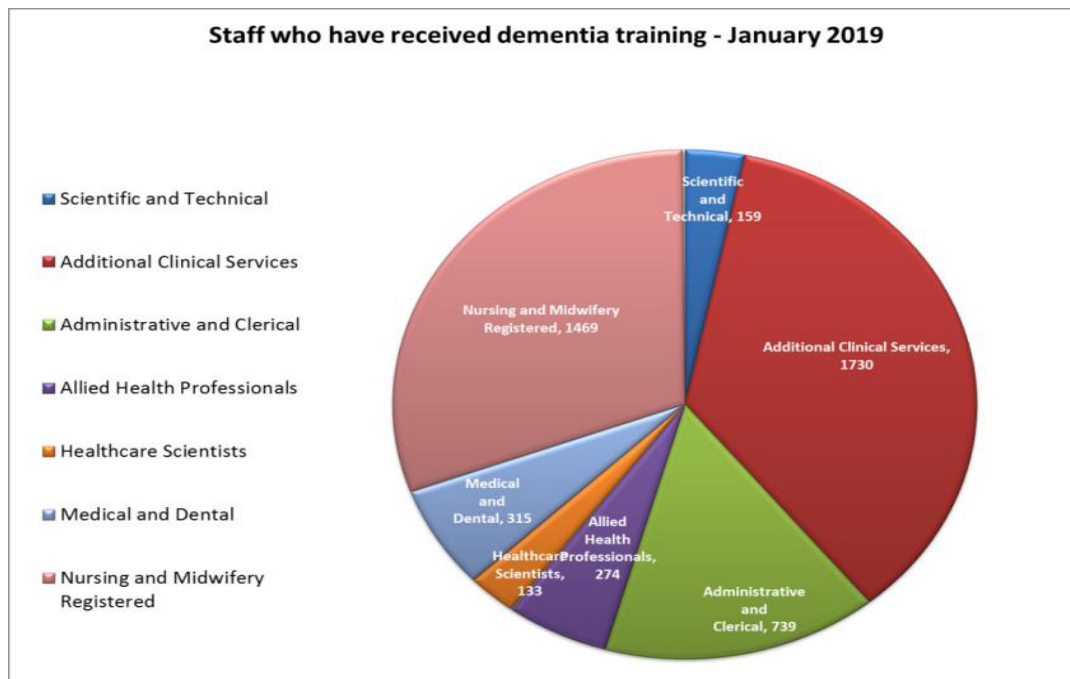
The Trust has a diverse work force with numerous roles that will have regular contact with service users who may have dementia. This therefore necessitates that such roles (including domestic staff, portering services, administrative staff, nursing and medical staff) should have the necessary skills to provide the best quality dementia care in their roles thus improving patient experience and our Trust vision to provide world class care to all. Education, training and skill acquisition are a hallmark of good dementia care. This year the team has developed an Educational Strategy to support and underpin these objectives based on The Dementia Core Skills Education and Training Framework (2015). This is a comprehensive resource to support health care staff who work with and care for people living with dementia which sets out the essential skills and knowledge necessary for all staff involved in the dementia care pathway.

The framework is structured into three distinct tiers (Tiers one-three) which provide a clear and structured approach to dementia education and training. Tier One Awareness is aimed at raising dementia awareness, in terms of knowledge, skills and attitudes for all those working in our hospital setting and is therefore relevant to the entire health- care workforce including ancillary, maintenance and administration staff. Tier two training is a more advanced level of training aimed at people who undertake more of a management role in caring for people with dementia. It includes specific sessions relating to medications used in dementia, the Mental Capacity Act and End of Life care. Although the Framework also refers to a Tier three level of training the target audience for this is key healthcare staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care. The learning outcomes and objectives for this Tier have therefore been reviewed to ensure all members of the dementia team and members of the Dementia strategy group possess the required skill and knowledge base.

The Dementia Team aim to facilitate staff training needs by offering a range of training methods as detailed below.

Competency	Training available via
Tier 1 training	<p>Face to face fortnightly in house sessions bookable via ESR</p> <p>Within the newly qualified staff nurse preceptorship programme.</p> <p>Within the enhanced care programme for new Health Care Support Workers (HCSW).</p> <p>Within the medical induction for new Medical staff within the Trust</p> <p>Within the monthly ISS Induction sessions for new ISS staff</p> <p>Via E- learning packages in conjunction with North Warwickshire and Hinckley College</p> <p>Bespoke sessions are also negotiable within clinical areas for those unable to attend fortnightly sessions</p>
Tier 2 training	<p>Face to face full day study available 3 times a year (January, May and September)</p>

In line with our aim of facilitating the development of an informed and effective workforce that can respond effectively to the specific needs of people living with dementia, training and education is on-going. The chart below highlights the groups and number of staff who have already accessed training to January 2019.

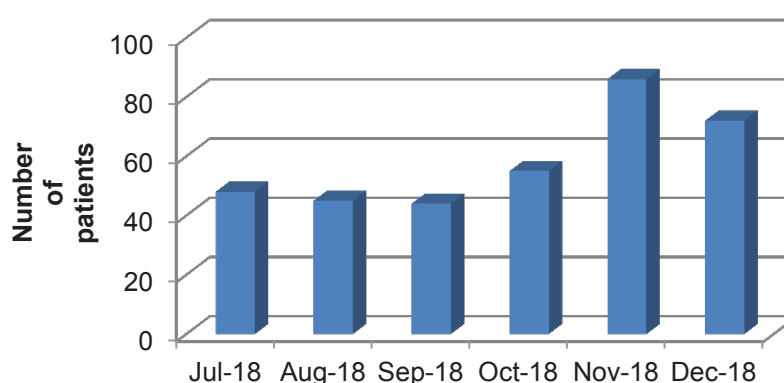


In July 2018 electronic referrals were introduced within the Trust. This has made the referral process much simpler, more efficient and less time consuming for all staff and enabled the Dementia Team to prioritise patient referrals based on clinical need, in the first four months the team received 182 electronic referrals.

Patient referrals from clinical areas may be purely for advice and general support, however many others require a full comprehensive assessment and formulation of a detailed and sometimes complex plan of care. Consideration of the Mental Capacity Act (2005) is often an integral part of the assessment of patient need. Advice and support is often sought from the team when decisions maybe complex and unclear. In addition to this a significant amount of the team's time is spent supporting and signposting families and carers to additional support networks.

Referrals to the Dementia Team originate from throughout the hospital but as may be expected, the highest number of referrals often comes from those areas with a higher percentage of frail elderly patients, which is in line with the higher incidence of dementia and delirium in this group.

**Referrals to the Dementia Team**



In addition to raising awareness of dementia through education the team has undertaken significant work towards embedding the Forget Me Not care bundle across the organisation. This care bundle enhances the application of person centred care.

For our Trust this information has been captured via completion of the individualised 'Getting to Know Me Form'. Although this document has been in use for several years the team has recently redesigned it making it more encompassing of the needs of people with dementia. It is designed to provide staff with an individualised care plan keeping the person at the centre of all care and thus promoting person centred care. In addition to this across the Trust the use of a blue pillowcase to aid easier identification of patients who may need extra assistance due to confusion.

As part of our commitment to providing world class care based on National guidance during the last 12 months the Trust participated in the National Audit of Dementia (care in general hospitals) – Round 4. Data collection has now been completed and results are awaited. Recent publication of NICE Guidance 'Dementia: assessment, management and support for people living with dementia and their carers' (2018) has required the team to map our current service delivery model against the newly published guidance. It is reassuring that our current provision which aims to put patients first in everything we do, every decision we make, every process we design and redesign in line with our trust organisational strategy indicates we are achieving 98% of the recommendations without any additional action required. Current work in progress relating to delirium accounts for the limited number of actions required.














Following on from extensive environmental work undertaken across the Trust 2017/2018, the team is now working collaboratively with the Trust's Estates department to facilitate PLACE. This work is based on developing and ensuring dementia friendly environments throughout the Trust. Activity coordinators have been employed on many of our wards. Their support for people with dementia has been invaluable in introducing meaningful person centred activities thereby improving social inclusion and a sense of wellbeing.

## PERFORMANCE AGAINST NATIONAL PRIORITIES 2018-2019








Quality and Patient Safety Indicators give Trusts, Commissioners and the general public, comparable data on how we are performing. Because the indicators are standardised, and have to be measured in specific ways, they provide an opportunity for performance to be compared over time and across the NHS. The local indicators are agreed by the Trust Board and where appropriate agreed with our Commissioners. The below table of indicators are ones where the Trust is required to submit information nationally.





INDICATORS	TARGET 2018/19	2018/19	2017/18	2016/17	Rating
CQC Fundamental Standards	n/a	Licensed without conditions	Licensed without conditions	Licensed without conditions	
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	85.1%	82.3%	86.5%	
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	86.9%	80.1%	82.37%	
Cancer: two week wait from referral to date first seen, comprising: - all urgent referrals (cancer suspected)	93%	94.1%	95.6%	96.0%	
- for symptomatic breast patients (cancer not initially suspected)	93%	94.3%	97.6%	97.5%	
All cancers: 31-day wait from diagnosis to first treatment	96%	97.1%	98.9%	99.4%	
All cancers: 31-day wait for second or subsequent treatment, comprising: - surgery	94%	96.8%	98.4%	97.2%	
- anti cancer drug treatments	98%	99.8%	100%	100%	
- radiotherapy	94%	97.7%	96.7%	96.2%	
All cancers: 62-day wait for first treatment from: - from urgent GP referral for suspected cancer	85%	82.2%	85.1%	83.3%	
- from NHS cancer Screening Service referral	90%	94.4%	95.5%	94.0%	
Clostridium Difficile – meeting the Clostridium Difficile objective	41	35	34	29	
Methicillin-resistant Staphylococcus Aureus (MRSA) bacteraemia – meeting the MRSA objective	0	1	1	1	

## Performance against locally agreed priorities

INDICATORS	TARGET 2018/19	2018/19	2017/18	2016/17	Rating
<p>Numbers of acquired avoidable Pressure Ulcers</p> <p><i>This reports the number of incidences of grade 3 and 4 avoidable pressure ulcers acquired by inpatients in the care of the organisation</i></p>	<p>Grade 3: 12</p> <p>Grade 4: 0</p>	<p>Grade 3: 22</p> <p>Grade 4: 0</p>	<p>Grade 3: 27</p> <p>Grade 4: 1</p>	<p>Grade 3: 13</p> <p>Grade 4: 1</p>	
<p>Harm Free Care</p> <p><i>This is the % of inpatients treated that experienced 'harm free' care that were audited as part of the Patient Safety Thermometer. That is care free from pressure ulcers, falls, urinary catheter infections and VTE</i></p>	95%	96.1%	95.3%	96.3%	
<p>Number of Serious Incidents</p> <p><i>This is the total number of Serious Incidents that were reported to Steis within the month. These are the Serious Incidents as monitored by the QPS – Quality and Patient Safety Team</i></p>	180	132	124	135	
<p>Delayed transfers of care</p> <p><i>For 2018/19 this indicator is now measured by the number of days delayed within the month as a percentage of the total occupied bed days.</i></p> <p><i>% of medically fit patients who can be discharged but who are delayed due to one of the following reasons: A). Completion of assessment. B) Public Funding. C). Further non acute NHS care. D). Care Home Placement. E). Care package in own home. F). Community Equipment/adaptions. G). Patient or family choice. H). Disputes. I). Housing</i></p>	3.5%	4.00%	4.94%	6.95%	
<p>Breaches of the 28 day readmission guarantee</p> <p><i>This reports the number of patients whose operation was cancelled, by the hospital, for non-clinical reasons, on the day of or after admission, who were not rescheduled within 28 days</i></p>	0	100	194	142	
<p>Friends and Family Test inpatient recommenders</p> <p><i>The % is worked out by taking the number of respondents who chose the response "likely" or "extremely likely" against the total number of all types of responses</i></p>	95%	91.9%	92.4%	85.7%	
<p>Friends and Family Test A&amp;E recommenders</p> <p><i>The % is worked out by taking the number of respondents who would recommend the service (response being "likely" or "extremely likely") against the total number of all types of responses</i></p>	87%	79.5%	81.1%	79.3%	

Due to significant pressures that are being experienced nationally including our A&E Departments, the statutory 95% target has not been achieved in any month this financial year, with the best reported performance being 91% in September 2018. Our performance against this standard for 2018/19 was 86.9% which equates to 31,807 patients out of a total of 242,949 attendances at A&E being seen outside of the four hour standard. However, although this is 8.1% below the national 95% target, it is an improvement of 4.9% on the position from the previous year. In addition to which the Trusts minors pathway has significantly improved throughout the year and with the exception of February, has achieved the 95% four hour standard each month from November onwards.

Demand on the trusts A&E services based at the University Hospital and Rugby St Cross sites continues to increase with an additional 5763 patients being seen during the year; a 4.7% increase on the previous year. The Trusts Type 1 facilities exhibit a 5.5% increase and the adult ED facility a growth of 5.7%.

The Trust continues to take a number of actions during the year to improve the A&E performance including the further development of the resilience of the minors pathway to meet a local stretch target of 99% of patients admitted or discharged within four hours and also the further development of both medical and surgical pathways supported by NHS ELECT to provide high quality and efficient care for our ambulant patients. The Trust is also progressing the Patient Flow work stream which is working to improve length of stay, AM discharge profile, processes around ward/board rounds and the development of ward production boards.

Unfortunately, due to our performance challenges a continued number of patients waited longer than 18 weeks for their treatment and thus we have not met the 92% standard for the referral to treatment (RTT) measurement for incomplete pathways. Throughout the year, actions have been taken to try to reduce this, including weekly patient level tracking and setting clear targets for each of our Clinical Groups and monitoring performance against these.

Despite not delivering the 92% target, we have made significant progress against the 52 week wait performance measure. There were 27 breaches reported in April 2018 which, following targeted monitoring and action plans, resulted in no patients waiting over 52 weeks in December, a significant achievement. The Trust has continued to deliver against the 6 week wait for diagnostic tests and is performing better than the national average and peer Trusts for this performance indicator.

Performance against the 85% cancer 62 day standard was on target for the early part of the year; however the standard has not been met since September. This has been primarily due to inadequate theatre capacity in Urology to carry out prostate biopsies and robot assisted surgery. Actions are being taken to improve Urology performance. Late referrals from other trusts are also a contributory factor to underachievement of this standard and we are working with partners to ensure that late referrals to the Trust are minimised.

The Trust has enhanced its weekly patient level tracking meeting which includes additional support for tracking patients on an urgent suspected cancer pathway, resulting in improved patient pathways.

## RAISING CONCERNS

The Trust's "Raising Concerns: Freedom to Speak Up" policy was adopted by the Trust in May 2017 and highlights two key features;

- "Speak up, we will listen"
- "Feel safe to raise your concerns"

Staff are encouraged to raise concerns about patient safety; bullying or harassment, fraud or other issues that they feel are to the detriment of patients, staff or the public.



Whilst staff are encouraged to raise concerns with their line manager in the first instance, where this is not possible, practical or has been unsuccessful, they are encouraged to contact any of the following;

- Freedom to Speak up Guardian
- Confidential Contacts
- Any chief officer
- The named non-executive director for speaking up
- The chairman of the Trust
- The local counter-fraud specialist

Contact is maintained by the Freedom to Speak up Guardian or Confidential Contacts with anybody raising concerns to ensure that they are kept informed and do not suffer detriment as a result of speaking up.

The Trust's policy is clear about respecting the confidentiality and, if necessary, anonymity of the person raising concerns and they are thanked for their feedback. Where possible (e.g. where this does not breach other people's right to confidentiality) feedback on action taken is shared and fed back.

## AN INVITATION TO COMMENT AND OFFER FEEDBACK

### Your Views - Your Involvement

Thank you for taking the time to read our annual Quality Account. We hope you have found it an interesting and enjoyable read. If you would like to comment on any aspect of this Account or give us feedback on any aspect of our services, please write to:

Patient Insight Team  
Quality Department  
University Hospitals Coventry and Warwickshire NHS Trust  
Clifford Bridge Road  
Coventry  
CV2 2DX

You can also share your views:

- emailing us at [patientinsight@uhcw.nhs.uk](mailto:patientinsight@uhcw.nhs.uk) or
- by visiting our website [www.uhcw.nhs.uk](http://www.uhcw.nhs.uk) and completing the Impressions survey or
- by visiting NHS Choices website at [www.nhs.uk](http://www.nhs.uk)

We look forward to hearing your comments and suggestions.



## COMMENTARY FROM JOINT QUALITY ACCOUNT TASK GROUP

The Quality Account Task Group consists of Healthwatch Coventry, Healthwatch Warwickshire, and Coventry City Council Scrutiny (HOSC). The Group held a meeting with Trust to discuss progress on last year's quality priorities and potential priorities for 2018-19 and members found updates on work undertaken very helpful. The Task Group provided input into the quality priorities for the coming year and was pleased that a suggestion from Healthwatch Coventry was included.

We look forward to continuing to work with the trust in the coming year and hearing about progress on the 2019-20 quality priorities.

After receipt of the draft quality account document we fed back suggestions for editing and changing the text to make it easier to understand. We also asked for missing information about complaints data and staff survey information. UHCW responded to these suggestions and requests.

The Trust is planning a summary public facing document but one of the aims the full quality account is to provide information for a public audience. It is possible to produce a document which is both easy to read and meets the requirements of the content which is specified by the regulations.

### Last year's priorities

For the hand hygiene priority it is difficult to interpret what the Trust is saying within the document about how much has been achieved and the impact on patient care.

The Trust has partly achieved its priority of reducing avoidable infections which is disappointing. The Trust reports progress on staff training and compliance.

The clinical effectiveness priority of improving compliance with national guidance has not been achieved; with 77% of NICE guidelines fully implemented against a target of 90%. Some next steps around this would be helpful.

The patient experience priority of putting in place mini patient environment inspections on wards involving volunteers has been achieved. This is piece of work which Healthwatch Coventry has advocated following involvement in the national patient environment inspections known as PLACE. The next step will be reporting on outcomes/changes arising as a result.

### Priorities for 2019-20

Two of the three priorities relate directly to patient experience. For the first time the trust held a workshop to enable patients/partners to discuss potential quality account priorities. This is indicative of a willingness to listen to patients and is welcomed.

Inclusion of a priority regarding supporting patients to take own medication on wards is a positive step as Healthwatch Coventry has received feedback from patients regarding management of their own/ existing medication.

It is also important that patient information is reviewed and made as accessible as possible and existing information leaflets are not always easy to read/understand. Appointment letters are another area where work should be done around accessibility.

### Other quality information

CQC rating showed improvement in individual service areas whilst the overall Trust rating remained 'requires improvement'.

The management of Parkinson's disease for in-patients has been identified an issue through an audit and there is synergy with feedback to Healthwatch here.

The Trust's work to address priorities set by its commissioners (CQUINs) would have benefited from more information to show what had or had not been achieved in the way the other trusts include this information.

The trust reports 76 serious incidents but no trend information was supplied. They report a drop in Never Events i.e. things that should never happen.

The Trust included information aimed at showing progress on expanding to 7 day services/working. This shows work to do regarding 7 day working and time to first consultant review and weekend availability of clinical review.

The learning disability section shows there are gaps with regards to how the trust is able to track care for patients with learning disability. Some actions are identified but there are other areas where actions should be developed for example around involvement.

UHCW is missing national targets for A&E treatment and referral to treatment times; for pressure ulcers and for readmission within 28 days.

Staff survey data shows improvement for many indicators and the trust highlights work to do regarding health and wellbeing and bullying and harassment.

The document describes how the Trust is seeking to build a culture of innovation.

### Involvement of patients and public

Initiatives such as the Patient Partners Programme recruiting 35 volunteers, 'We Care Events' and the creation of the Involvement Hub show that the issue of Patient Involvement is being taken seriously. The Trust also describes how patient public involvement in research has been expanded.

The 5 year delivery Plan, Friends and Family Test, and the Patient Survey are further indications that UHCW is proactively seeking out patient voice. It is a shame roll out of new values based FFT survey has not happened for inpatients.

However, patients and public are not very evident in the quality account document. The document would benefit from more examples of where patient voice has actually changed things.

Patient stories to the Trust board described 4 positive experiences, one negative experience and one neutral. A balance would be an improvement.

The Trust dealt with around 66% of complaints within its target 25 day response time a drop from previous years. Healthwatch Coventry has also raised concerns regarding the responsiveness of the PALS service.

### Missing information

There is little more than passing reference to equalities in the document. Healthwatch Warwickshire are engaged conversations with the Trust about cultural sensitivity in some of their activities, this should be reflected.

### UHCW Response:

We welcome the response from the Joint Quality Account Task Group. The Trust is pleased to receive positive feedback about its process for developing the quality account priorities and the work it has undertaken to develop patient voice across the Trust. The Trust looks forward to working with NHSi on the learning disability standard once this is published.

### Missing elements

The Trust is engaged in a number of equality initiatives, and these are documented in a section of the annual report 2018-19. The Quality Account forms part of the Annual Report and references the equality section of the annual report for further information on the progress being made in this area.

## COMMENTARY FROM COVENTRY AND RUGBY CLINICAL COMMISSIONER GROUP AS LEAD COMMISSIONER

NHS Coventry and Rugby Clinical Commissioning Group (CCG) welcome the opportunity to comment on University Hospitals Coventry and Warwickshire NHS Trust's (UHCW) Quality Account.

From the draft account provided, the CCG believe that the Quality Account for 2018-2019 contains an accurate reflection of the quality of services provided by the Trust, and whilst not all the data fields were complete in the draft, the CCG has reviewed the information presented against data sources available to the CCG through the quality, contracting and performance management of the contract, and confirm these as accurate.

The Trust has worked in the spirit of openness, candour and transparency with the CCG over the last year to further develop and strengthen relationships. Examples of this include the Trust invitations for the CCG participation in a range of quality and patient safety reviews, quality and safety learning forums and Trust Quality Committee's in order to promote transparency and an internal culture accepting of challenge.

The CCG is pleased to report that the timeliness and quality of responses to concerns raised by the CCG with the Trust has been of a consistent high standard and has improved on the previous year.

Increasing demand on Accident and Emergency (A&E) Services has again been a key challenge for the Trust this year although the CCG recognises the overall year on year improvement compared to 2017-2018. The CCG has conducted a number of unannounced assurance visits to the A&E Department throughout the year. Whilst the CCG was assured that the Trust has robust processes in place to ensure patients are managed safely, it is recognised that the experience of patients and their families and/or carers is an area that requires consistent focus. The CCG acknowledges the Trust's drive and commitment to improving the overall users experience by focusing on reducing waiting times for patients to be seen within the department, ensuring incidents are reported in a timely manner, investigated and lessons learnt disseminated, and promoting an open culture which aspires to fulfil their mission statement of Care, Achieve and Innovate. This emergent open culture committed to patient safety is evidenced by the Trust's Patient Safety and Risk Team being named as the Patient Safety Team of the Year 2018.

The Trust continues to build on and refresh their strategy to improve the patients' experience and environment. The CCG commend the Patient Partner Programme, the "We Care" events and newsletter and the Involvement Hub as great initiatives in-year to give service user a louder voice. The Trust has also introduced a mini PLACE programme which includes six patient partners to help improve the patient environment which is linked to minimising Hospital Acquired Infections, the need to build a dementia friendly environment and give the patient a positive experience. This is an area that will be monitored with interest by the CCG in 2018-2019.



The annual PLACE score feeds directly into the Care Quality Commissioners (CQC) annual audit result. The CQC undertook a comprehensive inspection in 2018/19 resulting in an overall rating of "Requires Improvement" with The Hospital of St Cross, Rugby being rated as "Good". The CCG recognises the significant improvements the Trust has made across the five CQC domains in the last three years. The CCG have reviewed the Trust action plan and been assured that all actions are progressing as required.

Maintaining service delivery in the context of increasing urgent care demands and system wide pressures has contributed to the Trust failing to consistently achieve the national 18 weeks Referral to Treatment Time (RTT) performance target. The CCG expects the Trust to continue to improve patient pathways and provide ongoing assurance over the coming year, to robustly identify, assess and report patient harms caused as a direct consequence of RTT delays.

The Trust has worked hard to embed robust processes for the identification, reporting, review and learning from deaths in line with the recommendations in the national guidance (National Guidance on Learning from Death March 2017). The CCG is pleased to see the progress made with regard to engagement with the Learning Disabilities Mortality Review (LeDeR) programme and the progress made to improve the Hospital Mortality Standardised Ratio. It is expected that this work will continue to be embedded into the Trusts' mortality review process in 2019-2020.

The CCG is surprised that the Quality Account 2018-2019 does not contain more detail showcasing the work the Trust is involved in in relation to addressing health inequalities and how its contribution is positively impacting on the prevention agenda across each area of the local sustainability and transformation plan's (STP's).

Last year the CCG set out the expectation that it would look forward to seeing positive improvements in the Trust response to feedback from General Practice, and the Trust have put on place a new reporting system and process, that has been agreed with General Practice. Whilst in its early stages of implementation the CCG recognises the positive action taken by the Trust.

In conclusion, we recognise that the Trust has made positive progress in a number of areas last year and can confirm that we fully support the priorities identified by the Trust in their Quality Account for 2019-2020.

#### UHCW Response:

The Trust thanks its Commissioner colleagues for their considered response again this year and for supporting this year's priorities. It is pleasing to hear that the CCG has commended the Patient Partner Programme, and wider Trust Patient Experience and Engagement Programme. We value the contribution our Patient Partners have made this year, and will be building on the success of the wider Patient Experience and Engagement Programme for 2019-20.

The Trust recognises and takes seriously that a number of patients have had to wait longer than 18 weeks for their treatment or an initial outpatient appointment. We are continuing to work on this and would like to reassure our Commissioner Colleagues that we are committed to further improving patient pathways in 2019-20.

The Trust recognises the important work undertaken on equality and diversity and this is fully reported in Trust Annual Report. The Quality Account forms part the Annual Report and to avoid duplication a reference to the equality and diversity work undertaken by the Trust has been placed in the Quality Account rather than the full report. We recognise this will need to be made clearer in future Quality Accounts and will work with the commissioner to achieve this.



### Statement of Director's Responsibilities in Respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011 and the National Health Service (Quality Accounts) Amendment Regulations 2012).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- The Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board



Chair

24/05/2019



Chief Executive Officer

28/05/2019

## EXTERNAL AUDITORS: EXTERNAL ASSURANCE REPORT

### INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT TO THE DIRECTORS OF UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

We are required to perform an independent assurance engagement in respect of University Hospitals Coventry and Warwickshire NHS Trust's Quality Account for the year ended 31 March 2019 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

#### Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following indicators:

- Percentage of patient safety incidents resulting in severe harm or death; and
- Percentage of patients risk-assessed for venous thromboembolism (VTE).

We refer to these two indicators collectively as "the indicators".

#### Respective responsibilities of the Directors and the auditor

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.



We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2018 to May 2019;
- papers relating to quality reported to the Board over the period April 2018 to May 2019;
- feedback from the Commissioners dated 14 May 2019;
- feedback from Local Healthwatch dated 14 May 2019;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009;
- the latest national patient surveys dated between June 2018 and January 2019;
- the latest national staff survey dated February 2019;
- the Head of Internal Audit's annual opinion over the trust's control environment dated April 2019;
- the annual governance statement dated May 2019;
- the Care Quality Commission's inspection report dated August 2018; and

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of University Hospitals Coventry and Warwickshire NHS Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and University Hospitals Coventry and Warwickshire for our work or this report save where terms are expressly agreed and with our prior consent in writing.

#### Assurance work performed

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

### Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by University Hospitals Coventry and Warwickshire NHS Trust.

### Basis for qualified conclusion on the Percentage of patients risk-assessed for venous thromboembolism (VTE) indicator

The scope of VTE indicator is in relation to those patients who have received a risk assessment on admission. The Trust does not define a time period for 'on admission' within its local VTE policies. Therefore, the Trust's indicator records all patients who have received a risk assessment, as opposed to distinguishing those who have received a risk assessment on admission.

### Qualified Conclusion

Based on the results of our procedures, except for the effects of the matters described in the 'Basis for qualified conclusion on the Percentage of patients risk-assessed for venous thromboembolism (VTE) indicator' section above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations and supporting guidance;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.



KPMG LLP  
Chartered Accountants  
One Snowhill  
Snow Hill Queensway  
Birmingham  
B4 6GH

28 May 2019



## APPENDIX 1

## COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN) SCHEMES: 2018-19

The CQUIN Programme was introduced in April 2009 as a national approach for creating financial incentives to facilitate quality improvement. The programme enables Commissioners to reward excellence by linking a proportion of healthcare provider's income to the achievement of quality improvement goals. The Framework aims to embed quality within commissioner-provider discussions and create a culture of continuous quality improvement, with stretching goals agreed in contracts on an annual basis.

For further information on the CQUIN Schemes, please contact a member of the UHCW Contracting Team on 02476 968398.

Clinical Commissioning Group (CCG) schemes
Improving staff health and wellbeing
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)
Improving services for people with mental health needs
Offering advice and guidance
Tobacco and Alcohol Screening and Advice
Improving the uptake of flu vaccinations for front line staff
Sustainability and Transformation Plan (STP) Engagement
NHS England Specialised Service schemes
Enhanced supportive care
Chemotherapy Dose banding
Medicines optimization
Cardiac Device Utilisation
Palliative Chemotherapy
Paediatric Networked Care
Neonatal community outreach
Cost Effective Prescribing of Products for Haemophilia A Patients
Paediatric Long Term Ventilated Patients
NHS England Dental and Screening schemes
Secondary Care Dental, Breast and Bowel Screening

## APPENDIX 2

# PROPORTION OF THE INCOME DURING 2018-19 CONDITIONAL ON ACHIEVING QUALITY IMPROVEMENT AND INNOVATION GOALS THROUGH THE CQUIN PAYMENT FRAMEWORK.

\*January 2019 Forecast

Clinical Commissioning Group (CCG) schemes	£000s
Improving staff health and wellbeing	565
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	847
Improving services for people with mental health needs	847
Offering advice and guidance	847
Tobacco and Alcohol Screening and Advice	847
Improving the uptake of flu vaccinations for front line staff	282
Sustainability and Transformation Plan (STP) Engagement	4,236
<b>Total</b>	<b>8,472</b>
NHS England Specialised Service schemes	£000s
Enhanced supportive care	216
Chemotherapy Dose banding	324
Medicines optimization	378
Palliative Chemotherapy	324
Cardiac Device Utilisation	216
Paediatric Networked Care	152
Neonatal community outreach	324
Cost Effective Prescribing of Products for Haemophilia A Patients	216
Paediatric Long Term Ventilated Patients	324
<b>Total</b>	<b>2,476</b>
NHS England Dental and Screening schemes	£000s
Secondary Care Dental, Breast and Bowel Screening	438
<b>Total</b>	<b>438</b>
<b>Total value of programme*</b>	<b>11,386</b>

## GLOSSARY

### Appraisal

The process by which a manager or consultant examines and evaluates an employee's work behaviour by comparing it with preset standards, documents the results of the comparison, and uses the results to provide feedback to the employee to show where improvements are needed and why.

### Benchmark

A standard or set of standards used as a point of reference for evaluating performance or level of quality. Benchmarking is used to compare one organisation with others

### Board (of Trust)

The role of the Trust's Board is to take corporate responsibility for the organisation's strategies and actions. The Chair and non-executive directors are lay people drawn from the local community and are accountable to the Secretary of State. The Chief Executive is responsible for ensuring that the board is properly supported to govern the organisation and to deliver its clinical, quality and financial objectives. Capacity – see Mental Capacity Act (MCA)

### Care Bundles

A bundle is a structured way of improving the processes of care and patient outcomes: a small, straightforward set of evidence-based practices that, when performed collectively and reliably, have been proven to improve patient outcomes.

### Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. It makes available reports and information on all healthcare providers, and anyone can use their website to comment on services. Visit [www.cqc.org.uk](http://www.cqc.org.uk) From August 2013 the CQC began to change the way that it assesses the quality of hospital services. Longer inspections with larger teams (including professionals and patients) evaluate quality and contribute to the 'Rating'; ultimately every health and social care service will have such a rating.

### Chief Inspector of Hospitals (CiH)

CQC appointed Ted Baker as the first Chief Inspector of Hospitals, tasked with implementing the CQC's new way of inspecting hospitals. He is responsible for leading the inspection service and assessing the extent to which hospitals are delivering quality care.

### Clinical Audit

Clinical audit measures the quality of care and of services against agreed standards and suggests or makes improvements where necessary. It tells us whether we are doing what we should be doing

### Clinical Coding

Clinical coding translates the medical terminology written by clinicians to describe a patient's diagnosis and treatment into standard, recognised codes. The accuracy of coding is an indicator of the accuracy of the patient health records. Incorrect coding can have potentially serious consequences for the commissioning of health services, as well as misleading managers and clinicians by falsely representing the prevalence of particular health problems. The Trust is assessed annually on the accuracy of its coding system.



### Clinical Commissioning Group (CCG)

Since 1 April 2013 CCGs have been responsible for ensuring adequate care is available for their local population by assessing need and purchasing services. They commission services (including acute care, primary care and mental healthcare) for the whole of their local population, with a view to improving health and well-being. CCGs commission emergency and urgent care, including ambulance and out-of-hours services. See also Commissioning

### Clostridium Difficile (C.diff)

A species of Gram-positive bacteria that causes severe diarrhoea and other intestinal disease when competing bacteria in the gut flora have been wiped out by antibiotics.

### Commissioning

Commissioning is the process of ensuring that health services meet the needs of the population. It is a complex process that includes assessing the needs of the population, procuring health care services and ensuring that services are safe, effective, patient-centred and of high quality.

*NHS Specialised Services* is a national organisation responsible for the commissioning of specialised services that help to improve the lives of children and adults with very rare conditions. See also Clinical Commissioning Group

All primary care is commissioned by **NHS England**

### Commissioning for Quality and Innovation (CQUIN)

*High Quality Care for All* included a commitment to make a proportion of providers' income conditional on quality and innovation, through the Commissioning for Quality and Innovation (CQUIN) payment framework. The Trust has to meet agreed national and local performance targets; a proportion of our budget is only handed over by Commissioners if the Trust can show that it has met the targets.

### Dashboard

A visual tool that gives clinicians relevant and timely information they need to inform those daily decisions that improve quality of patient care. The tool gives clinicians easy access to a wealth of data that is captured locally, whenever they need it. It also provides straightforward comparisons between local and national performance for some activities

### DATIX

Online incident reporting tool to record patient safety incidents, complaints, claims and risks.

### Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.

### Discharge

**Complex discharge** concerns patients' who have continuing healthcare needs after leaving hospital and who may have social care needs requiring specialist equipment to support them in a community environment

**Simple discharge** concerns patients going home or to residential care that need intermediate care services, renewed short term packages of care and access to rehabilitation facilities in the community.

### Duty of Candour

Every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress.

### Dr Foster

An independent provider of healthcare information in the United Kingdom; it monitors NHS performance and provides information on behalf of the public. *Dr Foster Intelligence* is a joint-venture with the Department of Health and was launched in February 2006. Visit [www.drfoosterhealth.co.uk](http://www.drfoosterhealth.co.uk) for more information

### The Friends and Family Test (FFT)

Launched on 1 April 2012, the FFT is part of a national initiative requiring that patients are asked whether they would recommend the ward or department to their friends and family. The trust already has an established patient experience feedback process, but this national requirement asks the key national question on which we will be compared with other hospitals across the UK.

The new Friends and Family Test question is: *How likely are you to recommend our ward/Minor Injury Unit to friends and family if they needed similar care or treatment?* Answers chosen from the following options: Extremely likely; Likely; neither likely nor unlikely; Unlikely, Extremely Unlikely or don't know.

The Friends and Family Test gives patients the opportunity share their views of the care or treatment they have received providing us with valuable feedback. We use the feedback, alongside other information, to identify and tackle concerns at an early stage, improve the quality of care we provide, and celebrate our successes. From July 2013, and monthly thereafter, our FFT results will be published on NHS Choices allowing the public to compare us with other hospitals and assess whether we are improving over time.

For more information on the Friends and Family Test, please visit [www.nhs.uk/friendsandfamily](http://www.nhs.uk/friendsandfamily)

### General Medical Council

Independent regulator for doctors in the UK. The purpose is to protect, promote and maintain the health and safety of the public by making sure that doctors meet our standards for good medical practice. [www.gmc-uk.org](http://www.gmc-uk.org)

### Healthcare

Healthcare includes all forms of healthcare provided for individuals, whether relating to physical or mental health, and includes other procedures that are not necessarily provided as a result of a medical condition such as cosmetic surgery.

### Healthwatch

Healthwatch is the consumer champion for the NHS and social care services. Local Healthwatch enables local people and voluntary groups to work for the improvement of NHS and social care services by collecting the experiences of the local community and make recommendations to service providers.

### High Quality Care for All

*High Quality Care for All*, published in June 2008, was the final report of the NHS Next Stage Review, a year-long process led by Lord Darzi, a respected and renowned surgeon, and around 2000 frontline staff, which involved 60,000 NHS staff, patients, stakeholders and members of the public. It was this report that described quality as having three components: Patient Safety, Clinical Effectiveness and Patient Experience.

### Hospital Standardised Mortality Ratio (HSMR)

The Hospital Standardised Mortality Ratio is the ratio of observed deaths to expected deaths for a basket of 56 diagnosis groups which represent approximately 80% of in hospital deaths. This subset represents about 35% of admitted patient activity. HSMR is quoted as a percentage and is equal to 100; this means the number of observed deaths equals that of expected. If higher than 100, then there is a higher reported mortality ratio.

### Human Factors

Traditional safety tools such as policies, protocols and clinical training play a vital role in improving patient safety, but the complexity of healthcare makes it impossible to eliminate risk and error. Human Factors focuses on the creation of resilient systems to prevent error leading to harm.

### Information Governance Toolkit

The IG Toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards.

### Intellectual Property

Broad description for the set of intangibles owned and legally protected by a company from outside use or implementation without consent. Intellectual property can consist of patents, trade secrets, copyrights and trademarks, or simply ideas.

The concept of intellectual property relates to the fact that certain products of human intellect should be afforded the same protective rights that apply to physical property.

### ISS

ISS Facility Services manage the recruitment of cleaning, patient hospitality, security, portering and catering staff and provide these services at UHCW

### IV (Intravenous)

A procedure in which a hypodermic needle inserted into a vein provides a continuous supply of blood plasma, nutrients, or medicine directly to the bloodstream

### Key Performance Indicator (KPI)

A type of performance measurement, KPIs are commonly used by an organisation to evaluate its success or the success of a particular activity in which it is engaged

### Lean Methodology

Maximising customer value while minimising waste.

### Major Trauma

Defined as multiple, serious injuries that could result in death or serious disability, these might include serious head injuries, severe gunshot wounds or road traffic accidents.

### Mental Capacity Act (MCA)

Legislation designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment.

### MRSA and MSSA Bacteraemia

*Staphylococcus aureus* is a bacterium found on the skin and a proportion (up to 30%) of the healthy population carry *Staph. aureus* in their nose or in other moist parts of the body.

Commonly *Staphylococcus aureus* causes infections such as boils and infected skin wounds. It can cause pneumonia, urinary tract infections and bacteraemia both in the community and in hospital practice.

Some types of *Staph. Aureus* have become resistant to various antibiotics. These are known as methicillin resistant *Staph. Aureus* or MRSA. Those types that are not resistant to certain antibiotics are known as methicillin sensitive *Staph. Aureus* or MSSA.

### National Patient Safety Agency (NPSA)

The National Patient Safety Agency was an arm's-length body of the Department of Health, responsible for promoting patient safety wherever the NHS provides care. Its role has been taken over by NHS England.

### National Reporting and Learning System (NRLS)

The system enables patient safety incident reports to be submitted to a national database. This data is then analysed to identify hazards, risks and opportunities to improve the safety of patient care.

### National Research Ethics Service

The National Research Ethics Service is part of the National Patient Safety Agency. It provides a robust ethical review of clinical trials to protect the safety, dignity and wellbeing of research participants as well as ensure through the delivery of a professional service that it is also able to promote and facilitate ethical research within the NHS.

### National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

Confidential enquiries help maintain and improve standards of medical and surgical care for the benefit of the public. Using anonymised data from confidential surveys and research, they review the clinical management of patients, publishing reports and making recommendations for improvement. By respecting confidentiality, they maximise the compliance of medical and surgical staff in sharing information on clinical outcomes.

### NHS England's National Programmes of Specialised Care

Specialised care commissioned by NHS England rather than by local Clinical Commissioning Groups. The six NPOCs are:

- Internal medicine – digestion, renal, hepatobiliary and circulatory system
- Cancer
- Mental health
- Trauma – traumatic injury, orthopaedics, head and neck and rehabilitation
- Women and children – women and children, congenital and inherited diseases
- Blood and infection – infection, immunity and haematology

### Never Event

Never Events are serious, often preventable patient safety incidents that should not occur if available preventative measures have been implemented. NHS England publishes a full list of Never Events each quarter. See <https://www.england.nhs.uk/patientsafety/never-events/> for a list.



### NHS Choices

A website for the public containing extensive information about the NHS and its services; go to [www.nhs.uk](http://www.nhs.uk)

### NHS Digital

NHS Digital is a data, information and technology resource for the health and social care system. It provides support to everyone striving for better care, improving services and the best outcomes for patients. It supports the delivery of IT infrastructure, information systems and standards helping to ensure that clinical and organisational information flows efficiently and securely through health and social care systems. Visit <https://digital.nhs.uk/>

### NHS Litigation Authority (now NHS Resolution)

Manages negligence and other claims against the NHS in England on behalf of the Trust.

### NHS Next Stage Review

A review led by Lord Darzi. This was primarily a locally led process, with clinical visions published by each region of the NHS in May 2008 and a national enabling report, *High Quality Care for All*, published in June 2008.

### NICE - National Institute for Health and Care Excellence

NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Clinicians are generally expected to follow guidance unless they have good cause.

### Parliamentary and Health Service Ombudsman (PHSO)

The role of PHSO is to investigate complaints of individuals that have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England.

### Pathway

A tool used by all healthcare professionals in treating patients, in which the different tasks involved in the patient's care are defined. A pathway will clarify staff roles and responsibilities, and what factors should be considered in determining when and how patients move to the next stage of care and treatment. Healthcare can be more effective and efficient when well-designed and patient-centred pathways are used.

### Patient and Advice Liaison Service (PALS)

Offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.

#### Patient-led assessments of the care environment (PLACE)

A new system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections. The assessments will apply to hospitals, hospices and day treatment centres providing NHS funded care. They will look at how the environment supports patient privacy and dignity, the meeting of dietary needs, cleanliness and general building maintenance.

Results from the Annual assessments are reported publicly to help drive improvements in the care environment; they will show how we are doing locally and by comparison with other Trusts across England. For more information visit [www.england.nhs.uk/ourwork/qual-clin-lead/place](http://www.england.nhs.uk/ourwork/qual-clin-lead/place)

### PPMO (Performance and Programme Management Office)

Trust department comprising clinical coding, data quality, performance information and analysis, and corporate reporting to relevant bodies, such as NHS Improvement and NHS Digital.

### Pressure Ulcer

Also sometimes known as bedsores or pressure sores, they are a type of injury that affects areas of the skin and underlying tissue. They are caused when the affected area of skin is placed under too much pressure. Pressure ulcers can range in severity from patches of discoloured skin to open wounds that expose the underlying bone or muscle.

**Avoidable pressure ulcer:** The person receiving care developed a pressure ulcer and the provider of care did not do one of the following: evaluate the person's clinical condition and pressure ulcer risk factors; plan and implement interventions that are consistent with the persons needs and goals, and recognised standards of practice; monitor and evaluate the impact of the interventions; or revise the interventions as appropriate.

**Unavoidable pressure ulcer:** means that the individual developed a pressure ulcer even though the individual's condition and pressure ulcer risk had been evaluated; goals and recognised standards of practice that are consistent with individual needs has been implemented. The impact of these interventions had been monitored, evaluated and recorded; and the approaches had revised as appropriate.

- **Inherited pressure ulcer:** A patient is admitted to the Trust with pressure damage and this is identified or becomes apparent within 72 hours of admission
- **Acquired pressure ulcer:** the patient develops a pressure ulcer whilst a hospital in patient after the first 72 hours of admission
- **Grade 1 pressure ulcer:** The skin at this point is red and on the application of fingertip pressure the skin remains red.
- **Grade 2 pressure ulcer:** the superficial layer of the skin is damaged. It presents as a blister, abrasion or shallow crater and any of these can have blue / purple / black discoloration.
- **Grade 3 pressure ulcer:** full thickness skin loss involving damage or necrosis to subcutaneous tissue
- **Grade 4 pressure ulcer:** full thickness skin loss with extensive destruction extending to underlying structures; i.e. bone, muscle, tendon, or joint capsule.

### Prescribed Connection

A licensed doctor with a formal connection (e.g. contract of employment) to the organisation for the purposes of regular appraisal and supporting them in the process of revalidation.

### Private Finance Initiative (PFI)

A method of providing funds for major capital investments where private firms are contracted to complete and manage public projects.

### QIPS - Quality Improvement Patient Safety

Meetings at which improvements to quality and patient safety are discussed.

### RAG Rate

Traffic light system is used as a coding system for good or bad performance - usually known as a 'RAG rating'. For example in relation to the workload performance, red would mean inadequate, amber would mean reasonable, and green would mean ideal. The letters R, A and G are used in addition to swatches of colour.

### Rapid Process Improvement Workshops (RPIWs)

Part of UHCWi, where staff remove waste and streamline services for a particular process, such as discharge.

### Registration – license to provide health services

From April 2009, every NHS Trust that provides healthcare directly to patients must be registered with the Care Quality Commission (CQC). UHCW is licensed to provide healthcare services without conditions

### Research

Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve people in good health as well as those undergoing treatment. Research and Trials help clinical staff learn the best ways of treating patients, but can also be useful in showing what works less well, or not at all.

### Root Cause Analysis (RCA)

Every day a million people are treated safely and successfully in the NHS. However, when incidents that result in harm to patients (or that are 'near misses') do happen, it is important that lessons are learned to prevent the same incident occurring again. Root Cause Analysis investigation is an established way of doing this.

Investigations identify *how* and *why* patient safety incidents happen. Analysis is used to identify areas for change and to develop recommendations which deliver improved services to our patients. The Trust has clinicians trained in the use of RCA techniques.

### Secondary Uses Service

The Secondary Uses Service is designed to provide anonymous patient-based data for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development. The Trust can use this information to compare performance with other similar Trusts.

### Serious Incident Requiring Investigation (SIRI)

A serious incident requiring investigation is defined as an incident that occurred in relation to NHS-funded services and care resulting in one of the following:

- Unexpected or avoidable death of one or more patients, staff, visitors or members of the public
- Serious harm to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm (this includes incidents graded under the NPSA definition of severe harm);
- A scenario that prevents or threatens to prevent a provider organisation's ability to continue to deliver healthcare services, for example, actual or potential loss of personal/organisational information, damage to property, reputation or the environment, or IT failure;
- Allegations of abuse;
- Adverse media coverage or public concern about the organisation or the wider NHS;
- One of the core set of 'Never Events,' see <https://www.england.nhs.uk/patientsafety/never-events/>





### Sign up to Safety

Sign up to Safety is a national initiative to help NHS organisations and their staff achieve their patient safety aspirations and care for their patients in the safest way possible. At the heart of Sign up to Safety is the philosophy of locally led, self-directed safety improvement.

### Special Review

A special review is conducted by the Care Quality Commission (CQC). Special reviews and studies are projects that look at themes in health and social care. They focus on services, pathways of care or groups of people. A review will usually result in assessments by the CQC of local health and social care organisations. A study will usually result in national-level findings based on the CQC's research.

### Summary Hospital Mortality Indicators (SHMI)

The SHMI is like the HSMR, a ratio of the observed number of deaths to the expected number of deaths. However, this is only applied to non-specialist acute providers. The calculation is the total number of patient admissions to the hospital which resulted in a death either in hospital or within 30 days post discharge. Like all mortality indicators, the SHMI shows whether the number of deaths linked to a particular hospital is more or less than expected, and whether that difference is statistically significant.

### Teaching Trusts

A hospital that is affiliated to a medical school and provides the students with teaching and supervised practical experience; UHCW has close ties with the University of Warwick Medical School

### Trust

A Trust is an NHS organisation responsible for providing a group of healthcare services. An Acute Trust provides hospital services (but not mental health hospital services, which are provided by a Mental Health Trust).

### UHCWi

UHCW Improvement System. A structured approach to removing waste and puts the patient first. It involves front-line staff making improvements in their workplace.



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