NHS
South Warwickshire
NHS Foundation Trust

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Annual Report & Accounts
for **2018/19**

safe, effective, compassionate, trusted

South Warwickshire NHS Foundation Trust

Annual Report and Accounts for 2018/19

Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006

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Overview

The purpose of the Overview is to give the user a short summary that provides them with sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

The Board of Directors has prepared this annual report to provide a fair, balanced and understandable analysis of the Trust. This includes the strategy moving forward as well as a review of last year's progress.

After making enquiries, the directors have a reasonable expectation that the NHS foundation trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

The accounts have been prepared under a direction issued by NHS Improvement (previously known as Monitor) under the National Health Service Act 2006.

Approved by the Board of Directors and signed on their behalf:

Glen Burley, Chief Executive   **Date:** 24/05/19

Chairman's message

2018/19 has been another tough year for the whole of the NHS. Demand for services continues to grow as our population increases and ages. Over the last three years, visits to A&E departments have grown by nearly 20% and the NHS has performed approximately 10% more hip operations.

Locally we have seen similar increases, but whilst the NHS in general has struggled to meet some of its performance targets I am pleased to report that the Trust has been amongst the best performers in the country. Performance for the national four hour A&E target has been met, we have achieved the 92% national standard on the 18 week referral to treatment target and we are the only general acute in the West Midlands to have achieved a financial surplus, which is reinvested back into local health services. Indeed last year's performance was amongst the very best in the Trust's history.

This is very pleasing but we must continue to innovate and improve if we are to maintain our strong performance. There are three key building blocks which we are focusing on to ensure this happens.

The first is actively embedding our strategy of "Helping You to Help Yourself". The focus of this is prevention, enabling people to take control of their own health and wellbeing. Through education and support on important topics such as diet, exercise and the management of long term conditions, our populations will be more empowered to lead healthier lifestyles and in turn help to reduce demand for NHS services. Our co-ordinated "Helping You to Help Yourself" strategy is designed to address some of these issues and I am delighted that as part of this local authorities in Coventry and Warwickshire have named 2019 as the Year of Wellbeing.

Secondly, we need to continue to develop our culture of innovation within our workforce, ensuring what we do is efficient and outcomes focussed. A great example of this in 2018/19 was the redesign of our frailty pathway led by consultants and nurses. It has changed the way we treat frail patients arriving at A&E and helps to avoid unnecessary admissions so that patients are treated in the most appropriate place. Working across the 'Foundation Group' (South Warwickshire NHS Foundation Trust, Wye Valley NHS Trust and George Eliot Hospital NHS Trust) will help us to identify and implement best practice from each organisation.

Finally, we must do more to adopt integrated ways of working across Coventry and Warwickshire. We are starting to make progress with our partners and it was very pleasing to see Sir Chris Ham become Chair of Coventry and Warwickshire's sustainability and transformation partnership, he will play a key role in driving this agenda forward.

We still have many challenges as a Trust and as a healthcare system. One of the most critical is recruitment and maintaining a sustainable workforce. However, we are very fortunate to have such a strong team under the leadership of Glen Burley, Chief Executive. Thanks to their passion and dedication, I am confident that the Trust will find solutions to these challenges and ensure it remains one of the best of performers in the NHS.

I would like to thank everyone at the Trust for all their hard work; this includes my Non-Executive Director colleagues and the Council of Governors, who play an often unseen role in ensuring our success.

Russell Hardy, Chairman

Date: 24/5/19

Chief Executive's message

The NHS celebrated its 70th anniversary during 2018/19. This milestone enabled so many of us to reflect on the progress made since the creation in 1948, of what I regard to be best healthcare system in the world.

I have worked in the NHS for half of its life and the majority of mine. During my time I have seen many improvements despite coping with ever increasing demand. Each year when I write this piece for our annual report I look back on our successes and challenges and sometimes wonder whether we can keep the momentum up.

I am very pleased to say though, that yet again we are looking back on another extremely successful year for the Trust, one in which we have further developed our national reputation as one of the best trusts in the world's best healthcare system. Meeting key national standards and targets, creating financial surpluses to invest in better facilities and equipment and further improving our impressive staff survey scores are all indicators that show how well the Trust is performing.

Our system performs well for many reasons but one of the most important is the way that our hospital and community services work together. Our integrated approach enables community teams to provide more care at home, which is often the most appropriate setting for patients. To support our community based workforce we have improved their access to clinical records by investing in enhanced mobile technology. This is a key achievement of the year which will significantly help the secure sharing of information across the whole patient pathway, making care safer and more efficient.

Our hospital services have also continued to implement innovations and improvements. There have been a number of milestone projects for the organisation, including the development of the Bluebell Birth Centre, introducing a dedicated Frailty Assessment Area on site and improving access to diagnostics by introducing a new MRI scanner at Stratford Hospital.

As well as successes within the Trust during 2018/19 it has been pleasing to see our subsidiary company, SWFT Clinical Services Ltd, achieve key milestones including the execution of the new outpatient pharmacy contract for key areas including the Rigby and Aylesford Units and the Coronary Care Unit, as well as other inpatient areas at Warwick Hospital. In February 2018 SWFT Clinical Services Ltd also received the outcome of the Care Quality Commission's (CQC) latest report for the Stratford Clinic, which rated services as 'good' overall. This is a great achievement, highlighting the services provided at the clinic are safe, effective, caring, responsive and well-led.

The key to all of these successes are the people that we employ. Despite the recruitment challenges facing the wider NHS we are lucky that our reputation enables us to attract and retain the very best staff. We also have some excellent partnership working with primary care colleagues, social care, our local hospices and care homes and all of our amazing volunteers.

So as the NHS turned 70, I for one was very optimistic that it has many more years of excellence left in it with staff like ours leading the way to provide first class care for local communities.

I hope that you enjoy reading this report.

Glen Burley, Chief Executive   Date: 24/05/19

Please note throughout this annual report and accounts;

- 'Trust' refers to information regarding South Warwickshire NHS Foundation Trust

- If information is relevant to both South Warwickshire NHS Foundation Trust and SWFT Clinical Services Ltd, this will be referenced as the 'Group'

- If content is regarding Foundation Group activities (incorporating South Warwickshire NHS Foundation Trust, Wye Valley NHS Trust and George Eliot Hospital NHS Trust) this will be referred to as the 'Foundation Group'

About the Trust

The Trust employs approximately 4,382 members of staff and delivers services to half a million people across Warwickshire. In addition Young People and Family services are provided in Coventry and Solihull.

• Ellen Badger Hospital – Continuing rehabilitation, help with medicines management and assistance for those with reduced mobility is provided across Ellen Badger Hospital's rehabilitation ward and day hospital. A First Aid Centre is also located on site to treat a range of minor injuries and illnesses. Major redevelopment work is planned following approval by the Trust in early 2018.

• Leamington Spa Hospital – Adult rehabilitation services are provided to inpatients from Feldon Ward and a number of outpatient clinics are also offered. Also located on the site, the Central England Rehabilitation Unit (CERU) offers state-of-the-art facilities to enable patients with acquired brain injuries to receive specialist neuro-rehabilitation. A national centre of excellence, CERU contains 42 beds across Campion and Chadwick wards.

• Out of Hospital Services – In support of the Trust's strategy, an increasing focus is placed on providing care in the heart of communities and reducing the need to admit in to acute hospitals. Staff provide a broad mix of care throughout Warwickshire, treating patients through home visits and clinics at locations such as Cape Road Clinic, Camp Hill Clinic and the Orchard Centre. In Coventry and Solihull a range of services are offered to children, young people and families.

• Stratford-upon-Avon Hospital – Following major redevelopment work, the hospital has been expanded to consist of two buildings. Building One is spread across three floors and houses an ophthalmology unit, The Rigby Cancer Unit, an outpatient pharmacy and health and wellbeing hub Café Lomas. An Outpatients Department and a Minor Injuries Unit, together with the Nicol Unit, is located in Building Two.

• Warwick Hospital – Acute services provided at Warwick Hospital include Accident and Emergency, Diagnostic and Pathology, Main and Day Surgery Theatres in addition to an Intensive Care Unit and Coronary Care Unit. Maternity care is also provided at Warwick Hospital, including a Special Care Baby Unit and the Bluebell Birth Centre, a midwifery-led birthing unit. These, along with a large number of other services, make the hospital the Trust's largest site.

SWFT Clinical Services Ltd
SWFT Clinical Services Ltd is an established wholly owned subsidiary of the Trust which when awarded Foundation Trust status in 2010 became one of the first in the country to set up a limited company as a business subsidiary.

The company commenced its operations in March 2011. The company has been founded using a traditional business sector model which gives it the ability to identify and deliver a flexible approach across a range of non-clinical estates and facilities services and private health provision.

All surpluses made by the company's trading activities are either reinvested in to the business, gifted to charitable organisations or returned to the Trust.

Vision - *"Together with others we will use all of our expertise and resources to support and improve the wellbeing of our communities."*

Values

Safe - We put safety above everything else

- Keep patients, service users and staff safe
- Take personal responsibility
- Deliver high quality care
- Listen, value and support our staff

Effective - We will do the right thing at the right time

- Proactively seek to make improvements
- Work in partnership
- Deliver evidence based care
- Engage and involve

Compassionate - We offer compassionate care to everyone

- Friendly, helpful and courteous
- Sensitive to individual needs
- Respect privacy, dignity, diversity and choice
- Offer care we would want for ourselves and our loved ones

Trusted - We will be open and honest

- Treat everyone with openness, honesty and respect
- Decisions driven by our local communities and a public service ethos
- Commitment to excellence
- Maintain professional standard

Strategy

In April 2018 the Trust launched a revised version of our strategy. The strategy continues to focus health not illness with an emphasis 'Helping You to Help Yourself' and is delivered through our engaged and passionate workforce.

The revised strategy identifies key partnerships to support our vision of achieving integration and is a visual representation how more care is being delivered outside of hospitals. This collaborative approach is supporting us to promote prevention and move away from being an illness service.
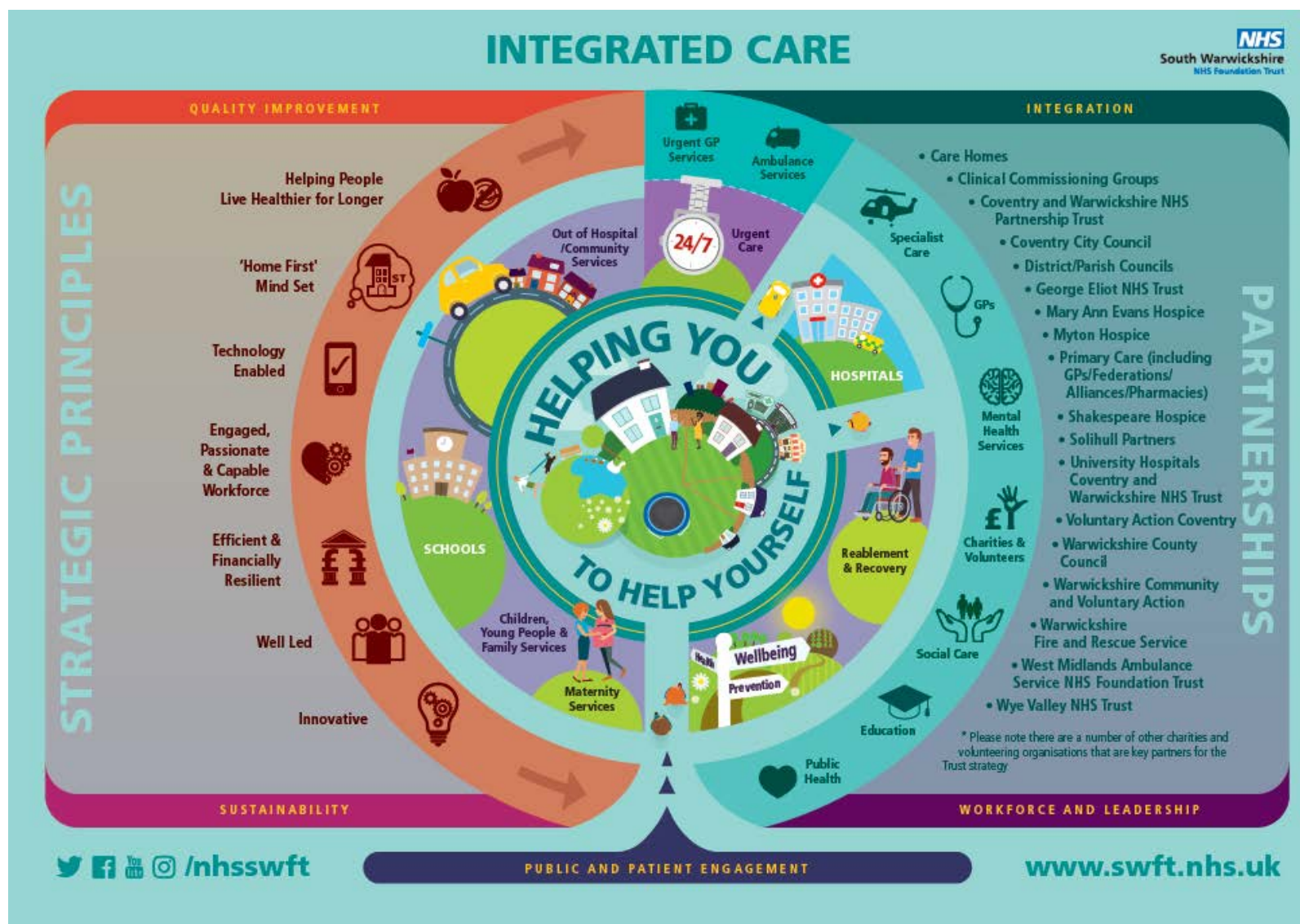
Trust Structure

South Warwickshire NHS Foundation Trust (SWFT) is an integrated organisation that provides acute and community NHS health services across the whole of Warwickshire and children's services in Coventry and Solihull. The Trust is comprised of four operational divisions - elective care, emergency care, support services and women's and children's, as well as the Out of Hospital Care Collaborative and a social enterprise named SWFT Clinical Services Ltd.

The Trust is regulated by a separate independent body, NHS Improvement (previously known as Monitor), who awarded the organisation a licence to operate as a Foundation Trust (FT) on 1 March 2010. This was done under terms of authorisation which outline the core services provided by the Trust. Monitor oversees the work of the Trust to ensure it is meeting all of its commitments.

The Trust is accountable to a Membership base made up of employees and members of the public. The Membership has an input into the Trust's activities by electing a Council of Governors to whom the Board of Directors is accountable.

The Board of Directors consists of a Chairman, six voting and one non-voting Non-Executive Directors and six voting and three non-voting Executive Directors. Further information on the Board of Directors and details about the Council of Governors is in the Accountability Report.

In 2013 SWFT Clinical Services Ltd was formally registered as a Social Enterprise and received the Social Enterprise Mark in January 2014. Its Board of Directors is made up of; Tony Boorman, Chair, Kim Li, Ann Pope, John Coyne, Andy Phalp and David Moon. Jayne Blacklay stood down as Chairman/Non-Executive Director on 26 November 2018.

Since 2017/18, SWFT Clinical Services Ltd accounts have been consolidated into the Trust's overall financial statements.

The Foundation Group
In June 2018, George Eliot Hospitals NHS Trust (GEH) joined the 'Foundation Group' that was formed in 2017 when South Warwickshire NHS Foundation Trust (SWFT) formalised its collaboration with Wye Valley NHS Trust (WVT). All three organisations face similar challenges and have a common strategic vision for how these can be solved. While all three trusts will continue to operate independently from one another and retain their identities, the 'Foundation Group' model strengthens the opportunities available to secure a sustainable future for local health services.

Glen Burley is the Chief Executive at all three trusts, with Managing Directors in post whom are responsible for each individual organisation; Jayne Blacklay is Managing Director at SWFT, David Eltringham at GEH and Jane Ives at WVT.

Since the 'Foundation Group' was established, a significant number of benefits have been realised for each organisation. The increase in scale enables strengthened negotiating abilities when procuring new systems or services, as well as increasing each individual trust's access to strategic advice and support. More importantly it has created a wider platform to share learning and best practice to improve patient care in hospital and community settings. A collaborative approach is already underway in a number of areas, including; Procurement and Information, Service Improvement, Digital Strategy, Communications and Business Planning.

Organisational Structures

South Warwickshire NHS Foundation Trust

- Operational Divisions
  - Elective
  - Women & Childrens's
  - Emergency
  - Support Services
- SWFT Clinical Services Ltd
- Out of Hospital Care Collaborative

FOUNDATION GROUP

- Council of Governors
- Stakeholder Council
- Stakeholder Council

- SWFT Clinical Services Ltd
- South Warwickshire NHS Foundation Trust
- Wye Valley NHS Trust
- George Eliot Hospital NHS Trust

Foundation Group Strategy Sub Committee

Service Profile/Principal Activities

Services provided by the Trust are shown below.

Elective Care Division	- Acquired Brain Injury Services - Acute & Chronic Pain Services - Anaesthetics - Audiology - Cancer Services - Community Neuro-Rehabilitation - Critical Care - Dental - Dermatology - Endoscopy - Intensive Care Unit - Opthalmology - Orthopaedics - Pain Service - Pre-operative Assessments - Theatres - Urology - Gastroenterology - South Warwickshire Integrated MSK Service*
Emergency Care Division	- A&E - Acute Medicine - Ambulatory Care - Cardiology - Care of the Elderly - Diabetes - Endocrinology - Medical Measurement - Minor Injuries Unit - Radiology - Respiratory - Resuscitation Service - Rheumatology - Specialities - Endocrinology
Support Services Division	- Back Pain Management - Chaplains Corner - Clinical Psychology - Dietetic Service - Electro-Biomedical - Engineering (EBME) - Facilities - Occupational Therapy - Outpatients - Pharmacy - Physiotherapy - Podiatry - Speech & Language Therapy - Stoma and Internal Pouch Care - Stroke Outreach - Wheelchair Services
Out of Hospital Care Collaborative	- Adult Community Teams - Community Hospitals

	- Community Tissue Viability - Complex Discharge Team - Continence - Coventry Family Health and Lifestyle Service** - Diabetes Nursing - Discharge 2 Assess - District Nursing - Family Nurse Partnership - Falls Service - Health Visiting - Heart Failure Nursing - HomeFirst – CERT - Integrated Health Teams - Palliative Care Nurse Specialists - Parkinson Disease Nurse Specialists - Place Based Teams - School Nursing - Solihull Healthy Child Programme***
Women's and Children's	- Maternity - Paediatrics - Gynaecology and Obstetrics - Community Paediatricians - Safeguarding Adults & Children - Community Children's Nursing - Child and Adolescent Community Cardiac Nurse Specialist - Looked After Children - Paediatric Occupational Therapy - Paediatric Physiotherapy - Child Development - Birth to Three Portage - Paediatric Speech and language Therapy

* This is a muscular skeletal triage service which was launched in January 2019.

** This service includes Health Visiting, Family Nurse Partnership, Infant Feeding, Stop Smoking In Pregnancy, School Nursing Services and Family Weight Management Services.

*** This service includes Health Visiting, Healthy Start Vitamins Scheme, Infant Feeding, Family Nurse Partnership and School Nursing.

Services provided by SWFT Clinical Services Ltd are shown below.

Property, Estates & Facilities Management (FM) Division	- Property Ownership of Health & Social Care Premises - Building Services - Building Maintenance - Building Services Innovations - Capital Projects - Hard and Soft FM Services - FM Helpdesk and Out of Hours - Cleaning and Housekeeping - Grounds and Gardening - Waste Management - Pest Control - Security - Energy and Environment - Procurement and Vendor Management
Pharmacy Division	- Outpatient Pharmacy Provision (Warwick and Stratford Hospitals) - Outpatient Parenteral Antimicrobial Therapy (OPAT) prescriptions - All Oral Chemotherapy prescriptions inclusive of clinical screening - All Warwick Hospital To Take Out (TTOs) prescriptions across 26 wards - All genitourinary medicine clinic prescriptions (Stratford Hospital) - South Warwickshire Out of Hospital Care Collaborative Continence Service - Retail Pharmacy Shop including over the counter advice (Warwick Hospital) - Stop Smoking Service
Health Division	Operates The Stratford Clinic providing expert medical care in a modern, well equipped day surgery clinic in the heart of Stratford-upon-Avon, Warwickshire. Our Specialties include: - Cosmetics - Dermatology - Harley Street Ear Clinic - Gastroenterology - Health and Medical Assessments - Ophthalmology - Orthopaedics - Rheumatology - Varicose Veins - Warwickshire Fertility
Consultancy Division	- SWFT Clinical Services Consultancy Division is set up to offer expert compliance and advisory services around financial management, savings and IT provision and management.

Objectives 2019/20

The performance of each Trust objective is monitored throughout the year. A status update for each objective goes to the Council of Governor meetings and Business Performance and Investment Committee quarterly and there is a six month and full year Board review of performance.

As well our own organisation objectives for 2019/20, there are joint 'Foundation Group' objectives. These shared objectives will focus on the bigger group level work we can achieve. They will be launched alongside the Trust objectives in April 2019.

South Warwickshire NHS Foundation Trust Objectives 2019/20

1. Develop frailty pathways across all of our services that co-ordinate care for our local communities
2. Working with our users, mobilise our digital strategy including a system-wide shared health and care record and patient portal
3. Create sufficient capacity to maximise the delivery of ambulatory emergency care
4. In partnership with primary care, develop new ways of working to ensure that clinical and non-clinical services are delivered in the best setting in our healthcare system
5. Develop and start to implement a joint estates strategy with primary care and partners to support local people to remain healthy within their own community
6. Develop a framework that supports decision making and patient centred care at a local (Place) level
7. Increase car parking and staff training capacity
8. Work with the Coventry and Warwickshire Integrated Care System and the wider provider alliance to ensure that key services are clinically and financially sustainable

Foundation Group Objectives 2019/20

1. Implement a group wide strategy to develop capacity and capability for service/quality improvement
2. Actively increase our role in prevention with our local communities
3. Deliver group opportunities available by working more closely in IT and procurement and use SWFT Clinical Services Ltd to explore other areas
4. Develop a consistent 'Foundation Group' approach to capacity planning to improve clinical productivity
5. Implement a 'Foundation Group' wide leadership approach and give teams the time and support to operate effectively

Partnerships/Stakeholders/Key Strategic Relationships

- To support the implementation of the Out of Hospital (OOH) Programme in Rugby, North Warwickshire and South Warwickshire, there are three Working Together Boards in place.

  The boards have membership from a wide range of partners including:
  - Care homes representatives
  - The Clinical Commissioning Groups
  - GPs
  - Coventry and Warwickshire Partnership NHS Trust
  - George Eliot Hospital NHS Trust
  - University Hospitals Coventry and Warwickshire NHS Trust
  - Warwickshire Community and Voluntary Action (CAVA)
  - Warwickshire County Council Public Health
  - Warwickshire County Council Social Care
  - West Midlands Ambulance Service
  - South Warwickshire GP Federation
  - Coventry and Rugby GP Alliance
  - Myton Hospice
  - Shakespeare Hospice
  - Mary Ann Evans Hospice

- In 2017 a 'Foundation Group' was created in partnership with South Warwickshire NHS Foundation Trust (SWFT) and Wye Valley NHS Trust (WVT). In June 2018 George Eliot Hospitals NHS Trust (GEH) joined the Group. The 'Foundation Group' model retains the identity of each individual trust whilst strengthening the opportunities available to secure a sustainable future for local health services. To support the development and implementation of the 'Foundation Group's' common strategic vision, a 'Foundation Group Strategy Sub Committee' meets bi-monthly. The committee is accountable to all three trusts' Board of Directors and recommendations from the committee are taken to the individual boards for approval.

- The NHS and local authorities in Coventry and Warwickshire are working together to meet the 'triple challenge' of providing better health, transformed quality of care and sustainable finances, as part of the Better Health, Better Care, Better Value programme.

  The aims are to improve the overall health of the local population, help stop people becoming ill in the first place wherever possible and make sure that everyone receives the same high-quality care.

  Since our local plan was originally published in December 2016, local health and care partners have been working hard to bring about improvements through the programme's nine work streams.

  Some highlights of the programme in 2018/19 include:
  - being awarded £350,000 funding for suicide prevention in May 2018

- launching Coventry and Warwickshire's Year of Wellbeing 2019 to improve health and wellbeing for everyone in our area
- nearly £700,000 funding from West Midlands Cancer Alliance to ensure best practice is followed for four key cancers
- the introduction of Consultant Connect which gives local GPs a direct line to hospital consultants reducing unnecessary referrals
- continuity of carer for pregnant women and new mums beginning to be rolled out across Coventry and Warwickshire

In January 2019, Professor Sir Chris Ham took up his role as Independent Chair of Better Health, Better Care, Better Value after stepping down from the role of Chief Executive at The King's Fund. Chris brings a wealth of experience and knowledge to Coventry and Warwickshire and will play an important role as we look to integrate services more closely across our health and care system.

The new NHS Long Term Plan, launched in January 2019, gives us an opportunity to review our local plan to consider the additional funding the NHS will receive over the next five years. We expect a revised version of our local plan to be published later in 2019.

To ensure our plan meets the needs of local people we will be engaging with those who know health and care services the best – patients, staff and the public. We will be seeking their views on how to improve health and care and how we can best use our combined resources. This will include working closely with our local authorities, and with local voluntary and community groups.

Patients, staff and local residents can find out more about opportunities to get involved by emailing info@bettercarecovwarks.org.uk, liking 'Better Health, Better Care, Better Value' on Facebook, or following the programme on Twitter at @BetterCareCW.

- To support provider collaboration the Coventry and Warwickshire Provider Alliance has been created. This will help to build more formal partnerships between providers to develop new models of care for the system.

  The alliance is still being developed, but will include health and social care organisations across Coventry and Warwickshire. In order to maintain and develop specialist services, the Provider Alliance will also extend to neighbouring trusts outside of our immediate system.

- In 2018 we developed a partnership with Warwickshire Fire & Rescue Service to help get patients home within the hour. The 'Hospital 2 Home' scheme operates between 10am-10pm, 7 days a week.

- The Trust has been working closely with Warwickshire 4x4 drivers. The volunteer organisation offered crucial support to the Trust during winter 2017/18 so a more formalised partnership was established ahead of winter 2018/19 in anticipation of any adverse weather. The volunteers help the Trust to provide effective healthcare services whatever the weather by transporting staff to work at hospital sites or to visit patients in the community during heavy snowfall.

Additional partnerships:

- There are a number of network arrangements that continue to operate across Coventry and Warwickshire including the Pathology Network and Arden Cancer Network.
- There are a number of strategic boards that the Chief Executive is a full member of including the Better Health, Better Care, Better Value board which has representation from all partners.
- ISS are the Trust's hotel services provider, for catering, cleaning, portering and security services.

Trends and factors affecting the Trust

- South Warwickshire continues to have a growing elderly population. This increase in frail patients with complex, multidisciplinary care needs is a challenge for the organisation, particularly during the winter months. To support this in December 2018 the Trust implemented a Frailty Assessment Area at Warwick Hospital. The aim is to assess a patient for frailty upon arrival at hospital. This is to ensure specific needs are met straight away which has a beneficial impact on their recovery. The Trust is fully committed to changing perceptions of how elderly patients are cared for and is collaboratively working with community services to develop a joined up approach. This ensures people are cared for in the right place, whether this is at home, in hospital or in a care home.

- Treating patients in the right place is a core element of the Trust's strategy and results in the best outcomes for patients. Often this is not a hospital setting, so we have reviewed how patients move through the health and care system and have identified a number of ways that we can be more efficient. One of the key ways the Trust is doing this is with speciality assessments such as our Frailty Assessment, Cardiology and Gynaecology Ambulatory Areas. These teams assess patients before they are admitted to wards to save time and identify where the most appropriate place for the person's care is. The Trust has also extended the hours of the Acute Decisions Unit (ADU) to support this streamlined approach.

- In January 2019 the NHS Long Term Plan was published. The plan outlined key areas and priorities for all healthcare providers over the next 10 years. It highlights how colleagues in all health and social care settings can work together to ensure the right services are provided for our local populations. There is a strong alignment between the national plan and the Trust's strategy. A number of areas highlighted as best practice have already been implemented locally, with the plan focussing heavily on prevention, integration and developing care outside of the hospital setting.

- Healthcare has come a long way and there are more opportunities available to change the way we care for people through technological advancements, embracing new dynamic solutions to secure a sustainable future for NHS services. As part of this the Group is exploring how digital technology could be used to make access to clinicians easier, particularly for our more rural communities, through the implementation of virtual clinics.

  In February 2019 a Digital Strategy was signed off, which sets out the overarching approach that the Trust will take to its digital development in the coming years. It brings together engagement from across the organisation with industry knowledge and combines the potential needs of the wider 'Foundation Group' with the specific needs of each trust.

- Sustainability and transformation partnerships (STP) across the country are evolving to form integrated care systems. In an integrated care system, organisations will work in partnership to take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve. In order to ensure that we meet the different needs of the separate sub-systems of the STP, we have identified that much of the delivery of integrated care will happen at a 'place' level. We have identified 4 'places' in Coventry and Warwickshire, namely South Warwickshire, North Warwickshire, Coventry and Rugby. The work to develop Integrated Care Systems in both Coventry and Warwickshire and Herefordshire and Worcestershire has led to the suggestion that the main providers should create a

Provider Alliance. The West Midlands south area is served by two STPs, one covering Herefordshire and Worcestershire and one covering Coventry and Warwickshire. Through the Alliance, the main NHS providers in these areas will take on delivery risk and coordinate care across the system, recognising the unique requirements of each 'place'. It is proposed that the provider CEOs will form the Alliance Board and in addition each 'place' will have a forum where all significant providers of health and social care meet to coordinate delivery.

- In October 2018 the Secretary of State for Health and Social Care announced additional funding for social care. The funding was made available to alleviate winter pressures by supporting the discharge of patients from hospital. The Trust engaged with the local authority and other partners to discuss how these monies could be best used, with a focus on maintaining the good progress that has been made on reducing Delayed Transfers of Care (DTOC).

- In June 2018 the NHS Staff Council formally ratified the 3-year pay deal and changes to the NHS Terms and Conditions of Service handbook (Agenda for Change). It is intended that the new pay structure will help the NHS attract and recruit new staff, whilst also supporting retention of current employees. The new pay rates were implemented in July 2018 and backdated to 1 April 2018.

Risks and uncertainties

- There continues to be workforce challenges nationally for the NHS. Locally this continues to be a risk; however the Trust has undertaken a number of recruitment initiatives in order to recruit more clinical and nursing staff. This includes attracting Nurses from overseas as well as recruiting newly qualified and experienced Nurses from within the UK. In addition to this the Trust has been training and recruiting more Nursing Associates, Assistant Practitioners, Clinical Support Workers and Apprentices. The Trust has also streamlined the recruitment process to get some of the critical professions in to post as quickly as possible.

  Workforce issues also impact SWFT Clinical Services Ltd. To support recruitment SWFT Clinical Services Ltd are designing roles that appeal to a wider market, as well as the development of positions to support administration functions in clinical settings.

- Winter is always an extremely challenging time in healthcare. In January 2019 a neighbouring hospital, Worcestershire Royal Hospital, was exceptionally busy and experienced high levels of demand for their services. To support patient care and ensure those patients that needed continuing hospital treatment were able to receive it, we opened extra capacity at Warwick Hospital to accommodate appropriate patients. The Trust was in a position to do this thanks to dedicated winter planning sessions, which highlighted a '50 bed challenge'. This is where we looked at how many beds have been needed in previous years and forecasted how demand will grow during winter. Understanding the number of additional beds we could need enabled us to identify flexible beds to meet the capacity we predicted. More importantly, we have found new ways of working such as our Frailty Assessment Area to support the '50 Bed Challenge'.

- The outcome of Brexit, in particular the impact on the NHS, has been a national uncertainty throughout 2018/19 and continues into 2019/20. The Group have prepared for a possible 'no deal' outcome to ensure no disruption to services. A Brexit planning group is established to identify key actions and implement the guidance issued from the Department of Health and Social Care. The Group also continue to work closely with partners, NHS England and NHS Improvement around preparations for the EU exit process to ensure contingency plans are robust.

- In November 2018 Healthwatch England published new figures to demonstrate that for the second year in a row the numbers of emergency admissions have not only continued to grow but have risen faster than before. Despite this increase in demand, data that was also published in November 2018 showed that the Trust ranked second out of 130 A&E departments nationally. This is a reflection of the Trust's system wide approach and success is based on effective working in all parts of the hospital and the local health and care system. Working in a way that connects the different elements of this system, such as hospitals, community and social care, means patients can get the right care, in the right place, at the right time.

- In May 2018 changes to data protection laws were enforced. The General Data Protection Regulation (GDPR) is the law that protects individuals and their data. All industries have been affected by GDPR and in order for the Trust to provide high quality health care services it is required to collect and make use of personal data. To support clinical duties this data can sometimes be shared with relevant departments within the Trust, with other NHS organisations and authorities where required and, at

times, it may also be used for training and auditing purposes. The Trust is committed to processing personal data in accordance with the law and is fully GDPR compliant.

- Financial uncertainty continues to be a risk for the Trust. The 2019/20 income and expenditure target will require a realistic income settlement through contract discussions with commissioners as well as a further cost improvement programme. To support this, the Trust is working with our main commissioner South Warwickshire Clinical Commissioning Group to identify potential demand reduction schemes, which will help reduce costs. National changes to performance payments are also likely to have an impact on the Trust financially. Incentive payments are significantly lower than previous years and going forward the tariff gain will be held as a surplus. Delivering this surplus, as well as a challenging cost improvement plan, will be an additional pressure. However, on the assumption that we receive income consistent with our activity plan, the Trust is confident that the target set is achievable.

  SWFT Clinical Services Ltd are supporting the Trust by generating profitable returns and acting as a delivery agent for the cost improvement programme.

- SWFT Clinical Services Ltd is a wholly owned subsidiary company of South Warwickshire NHS Foundation Trust. During 2018/19 there was a move to standardise the way trusts can create a wholly owned subsidiary and this could impact the way in which SWFT Clinical Services Ltd operates.

Key Developments in 2018/19

The Bluebell Birth Centre
Warwick Hospital's new midwife led birthing unit opened for women and their families in July 2018.

The Bluebell Birth Centre offers expectant parents the opportunity to have their babies in a comfortable, homely environment, rather than a more clinical setting. With its own separate entrance, the new facility offers four birthing rooms, with birthing pools available in all of them. To help create a welcoming and calming environment there is also a separate room for parents to relax in, as well as a private garden. To see photos and a video of the Bluebell Birth Centre please visit: www.swft.nhs.uk

Lead provider for Out of Hospital services
In April 2018 the Trust became lead provider for Out of Hospital services across Warwickshire.

The purpose of the Out of Hospital Programme is to reconfigure both the provision of services and the culture of care to enable our population to live safe, happy and healthy lives at home for as long as possible. There are lots of work streams that are contributing to the programme and moving it forward. Working Together Boards, with representatives from all organisations including; primary care, social care, the third sector and patient representatives, are well established in south Warwickshire, north Warwickshire and Rugby.

The programme has achieved a significant amount to date, including improving access to Out of Hospital services. The Integrated Single Point of Access (ISPA) takes all referrals and calls into the service from health professionals, patients and families. Changes made to ISPA introduced in October 2018 have resulted in a single contact replacing 13 individual numbers.

Access to diagnostic services in Stratford
A state-of-the-art MRI scanner was delivered to Stratford Hospital in April 2018.

The £2 million scheme means that patients in Stratford and the surrounding areas can access diagnostic services closer to home. The scanner is housed in a new MRI suite, which has its own reception area and staff facilities.

Official opening of Stratford Hospital
In September 2018 her Royal Highness The Princess Royal officially opened Stratford Hospital.

The Trust's new hospital treated its first patients in July 2017, following a £22million development creating an advanced healthcare facility. The building is approximately twice the size of the old hospital and houses a cancer services unit on the top floor, known as The Rigby Unit. The first floor of the hospital is a dedicated eye unit which includes a cutting edge operating theatre to make day procedures, such as cataracts, much more accessible. The ground floor is home to an MRI suite and Café Lomas, a health and wellbeing hub. Café Lomas provides information and advice on a range of health and wellbeing services.

New Frailty Assessment Area (FAA)
The Trust reviewed how patients move through the health and care system and identified a

number of ways to be more efficient. One of the key developments to support this was opening an FAA at Warwick Hospital in December 2018.

The new FAA assesses patients before they are admitted to wards to save time and identify where the most appropriate place for their care is. A nurse practitioner is based in A&E to identify frail patients. Once identified and initial investigations organised, patients are transferred to the FAA where a dedicated team of therapists are waiting to provide a rapid, bespoke assessment alongside a geriatrician. This results in the right care beginning as soon as possible and provides better outcomes for patients.

EMIS Web supporting Out of Hospital services
The 'EMIS Web' clinical IT system supports the standardisation of processes and forms across the Out of Hospital programme.

Thanks to EMIS Web, teams are able to work in a more agile and efficient way with the ability to complete records without returning to a base. They now have a single, shared patient record everywhere around the county.

The system was implemented in a phased approach. HomeFirst, District Nurses, Diabetes Specialist Nurses, Specialist Palliative Care, Heart Failure Nurses, Continence Services, Parkinson's Specialist Nurses and Speech and Language Therapy all went live in 2018/19.

New provider of Coventry Family Health and Lifestyle Service
In September 2018 the Trust began a five year contact as the provider of Coventry's Family Health and Lifestyle Service.

The service innovatively brings together Health Visiting, Family Nurse Partnership, Infant Feeding, Stop Smoking in Pregnancy, School Nursing and Family Weight Management Services to form one new service. The team also benefit from integration with Mamta', a specialist child and maternal health project service for BME communities.

A key priority in this new contract is health and wellbeing and how teams work with families and partners to support better health across Coventry. As provider of similar services in Warwickshire and Solihull, it also enables the team to use this wider learning to make improvements across all of these areas.

New musculoskeletal triage and treatment service
The Trust worked with South Warwickshire Clinical Commissioning Group to develop a newly commissioned musculoskeletal (MSK) triage and treatment service for all non-urgent MSK conditions. The service is known as South Warwickshire Integrated MSK Service (SWIMS).

From January 2019 there has been a single point of access for all Orthopaedic, Pain, Rheumatology and Spinal Neurosurgery non-urgent referrals. This improves access for patients to receive timely treatment whilst providing holistic care with a focus on empowering patients to improve their own outcomes via education and lifestyle improvements.

Patients trained to administer antibiotics at home
An initiative to train patients to administer their own intravenous antibiotics is helping people in south Warwickshire to receive medical treatment at home.

The programme launched in December 2018 is known as outpatient parenteral antimicrobial therapy (OPAT). Staff use OPAT to treat patients who need medicines to be delivered intravenously, but are stable and well enough not to be in hospital.

Teams made up of a mix of healthcare professionals meet up regularly to carry out thorough reviews, ensuring the safety of patients is maintained at all times. Lots of benefits are already being realised with patients being discharged more quickly or not admitted in the first place.

Expansion of outpatient pharmacy services
Outpatient pharmacy services, run by SWFT Clinical Services Ltd, were opened within the new Stratford Hospital and an expansion of existing pharmacy services at Warwick Hospital commenced in 2018.

Care Quality Commission (CQC) rating for The Stratford Clinic
The Stratford Clinic, which is run by SWFT Clinical Services Ltd, received an overall CQC rating of 'Good' in February 2019. All five of the areas that were inspected; safe, effective, caring, responsive to people's needs and well-led, were rated as 'Good'.

New consultancy services
February 2018 marked SWFT Clinical Services Ltd expansion into providing consultancy services. Initially focused on providing financial consultancy services so that the 'Foundation Group' and other NHS providers are able to improve patient care and secure long-term sustainability.

Performance Analysis
Review of 2018/19 objectives

Please note the following tables are RAG (Red, Amber, Green) rated.
Green – Achieved, Amber – Partially achieved, Red – Not achieved

Improve staff retention rates	• The national NHS Staff Survey highlighted the Trust as one of the best employers for staff retention with only 9.8% of respondents saying that they were actively looking for another job outside of the organisation – the highest score when compared to the results of similar trusts
Work with partners to improve the pathways for adults and children who experience a mental health crisis	• A working group with partners has been established to address the issues of mental health in adults and children. The remit of this group includes the links with acute hospitals • Progress is being made and the publication of the NHS Long Term Plan, with a focus on mental health, is anticipated to take this further forward
Agree integration opportunities with Warwickshire County Council (WCC) using the out of hospital contract and WCC transformation plans	• Prevention, early intervention and self-care have been key areas for collaboration • This work enables more individuals to look after their own health and wellbeing which has reduced demand on both health and social care services • Working in partnership with WCC to reduce delayed transfers of care has also been successful. This has improved system flow
Work with primary care to streamline pathways and develop a more efficient referral process	• A pilot has been undertaken to improve the GP expected surgical pathway • Successful triage systems are now in place to assess and redirect patients from the Medical Assessment Unit, Clinical Decisions Unit and Ambulatory Care Unit, to the most appropriate settings • GP e-referral system is operational
Introduce and embed technology across the organisation;	
• Develop a patient portal	• The Trust has been working with an external supplier to develop a dedicated patient portal, delivery is expected in 2019/20
• Implement digital strategy	• The digital strategy has been approved by the Board and now will be aligned to the wider Electronic Patient Records strategy
• Embed technology to deliver out of hospital model	• EMIS web has been widely implemented across community services and new equipment has been issued to all Coventry Family Health and Lifestyle Service (0-19 years). Further work required on patient facing technology
• Enhance mobile working	• EMIS Web system has been successfully rolled out to Out of Hospital teams enabling access to a single, shared patient record anywhere

Explore and implement plans to increase non- NHS income generation	• The Trust's financial plan has been delivered including the contribution from non-NHS income. This includes a data sharing agreement with Sensyne Health which will also deliver returns in future years
Further implement integrated care across Warwickshire including the development of a specification for a population health system	• A suitable system has been scoped which will identify the top 15% of users within the out of hospital programme to target with prevention strategies • The Trust is still waiting for funding from NHSI before being able to purchase the system, this will be carried forward to 2019/20
Work with partners to improve end of life care	• In North Warwickshire a successful overnight rapid response service for end of life patients has been established in partnership with Mary Ann Evans hospice • A similar service is being developed for Rugby and South Warwickshire
Embed a culture of innovation throughout the whole organisation	• The Foundation Group Strategy Sub-Committee has approved the development of a 'Foundation Group' approach to quality and service improvement • As part of the NHS 70th birthday celebrations in July 2018, special awards were presented to highlight innovative staff ideas • The Trust not only maintained, but improved, on the previous year's staff survey scores, featuring in the best rated categories for retention, morale, staff engagement and health and wellbeing
Develop a strategy for volunteering across the organisation	• The Trust is part of the national 'Helpforce' programme, which supports the future of volunteering in the NHS • A volunteering steering group has been established and initial engagement with staff has been undertaken to identify levels of interest in volunteering • To support this, a bid has been submitted to secure additional funding
Increase capacity in the following areas;	
• Radiology	• An action plan is in place to address current resource gaps in ultrasound and other modalities. Diagnostic access times have improved
• Theatre	• Construction work for the new theatre at Warwick Hospital commenced in March 2019 and is planned to be complete by the end of 2019
• Maternity Services	• A new midwifery led unit, the Bluebell Birth Centre, opened to women and their families in July 2018
• Beds	• To support capacity during winter, demand was forecasted and the need for 63 additional beds was predicted. Work was done to improve flow and productivity and to identify flexible beds to ensure the Trust had the capacity needed
• Car parking for patients, visitors and staff	• A preferred option has been identified and negotiations are currently underway • The development of the car park will commence in 2019/20

Trust performance against national targets

18 weeks referral to treatment target (>92%)	**Achieved – 92.1%**
A&E patients should be admitted, transferred or discharged within four hours (>95%)	**National performance requirement achieved** The national performance requirement was to be above 95% up to December 2018 and to achieve 95% or more during March 2019. The Trust achieved both these targets. There has been increased demand on our services and the A&E department at Warwick Hospital has been exceptionally busy. However, thanks to our system wide approach, the Trust continued to be one of the top performers in the West Midlands throughout the year, including being one of only a handful of organisations nationally to meet the target in quarter 4.
31-Day Decision to treat to first definitive treatment for patients with diagnosed cancer (>96%)	**Achieved – 97.7%**
62-Day Urgent GP referral for suspected cancer to first treatment (>85%)	**Not achieved – 80.3%** Meeting the cancer performance targets is a significant priority for the organisation. Although performance has been improving month on month and the Trust achieved 85.3% in February 2019, there were particular challenges for all cancer services earlier in the year which impacted on performance. The Trust has seen a large increase in the number of patients requiring treatment and complex testing. This, combined with delayed biopsy reports resulting from technical issues experienced by partner laboratory services, has impacted on performance.
Reduction in C.Difficile cases	**Achieved – 0 cases**
Reduction in hospital acquired MRSA cases	**Achieved – 0 cases**

Activity for the Trust over the last three years

Activity	2018/19	2017/18	2016/17
A&E Attendances	79,464	75,052	70,394
Ambulatory First Attendances	3,792	3,881	3,392
First Outpatients Attendances	90,018	91,482	90,107
Follow-up Outpatients Attendances	199,081	184,230	180,178
Non-elective (Emergency) Admissions	26,485	24,623	23,536
Elective (Planned) Inpatient Admissions	4,139	4,364	4,314
Elective (Planned) Day Cases	31,537	30,418	28,137

Births	2,866	2,861	2,863
Community Contacts – Adult and Children Services	719,745	615,632	609,692
Community Therapy Contacts – Adult and Children Services*	80,278	100,300	109,047

*Community Therapy Contacts: Over the past couple of years the attribution of activity within the community contacts section has been amended to reflect changes within the structure of the services. To consolidate some of these changes, the Community Therapy Contacts now incorporates both Adult and Children's services. Please note Physiotherapy and Occupational Therapy community children's joint assessments are now counted once; previously these were counted as two contacts.

The Outpatient numbers above exclude Physiotherapy, Occupational Therapy, Orthotics, Podiatry and Dietetics; however these numbers are shown below:

Activity	2018/19	2017/18	2016/17
Therapy - First Outpatient Appointment	39,261	35,202	34,892
Therapy – Follow up Outpatient Appointment	105,239	88,020	84,188

Financial Performance Review

South Warwickshire NHS Foundation Trust's financial position is based on a consolidated financial position of the Trust and its wholly owned subsidiary, SWFT Clinical Services Ltd. Therefore throughout this financial performance review the information will be referred to as the 'Group'.

The Group delivered a £18.913m control total surplus for 2018/19. This is a tremendous achievement for the Group and enables continued investment into services and capital developments, which benefit our local communities. The table below reconciles the surplus position reported in the Group's Statement of Comprehensive Income (SOCI) to the performance against its Department of Health and Social Care control total surplus:

	£'000
Retained surplus for the year (per SOCI)	**18,130**
Control total adjustments:	
Add back I&E impairments	1,366
Remove donated assets income and depreciation	-583
Control total surplus (including PSF)	**18,913**
Provider Sustainability Funding (PSF)	14,010
Control total surplus excluding PSF	**4,903**

Within the control total £18.913m surplus, the Group received a total of £14.010m Provider Sustainability Funding from NHS England. The purpose of the Provider Sustainability Fund (PSF) is to provide the NHS with the resources it needs as part of the Five Year Forward View to sustain services. In prior years the PSF was known as Sustainability and Transformation Funding (STF). The Trust's control total surplus excluding PSF monies was £4.903m.

Statement of Financial Position (Balance Sheet)
During the year the Group increased its net assets by £9.2m (7.1%) from £121.3m to £130.5m. This increase is primarily explained by the Group's £18.1m retained surplus for the year, offset by a £10.5m valuation decrease in the value of the Group's property. The valuation decrease was a result of i) a review by the Group of the gross internal area used within its alternative site MEA valuations, which identified additional areas that would not be required in these valuations; and ii) a valuation indices reduction on buildings of 5% during the year.

Income
The Group earned income of £320.9m in 2018/19 (which includes £14m of PSF), a rise of £31.3m, (or 10.8%) compared to the previous year (2017/18, £289.6m). Of this, £275.0m arose from patient care activities, with the remaining £45.9m generated as other operating income. The majority of the Group's income is sourced from its main commissioner, South Warwickshire Clinical Commissioning Group. The following chart shows the split of income by main source:

Income from operating activities and other income 2018/19

- Warwickshire CCGs
- Other CCGs and NHS England
- Local authorities
- NHS Trusts/FTs
- Health Education England
- Other
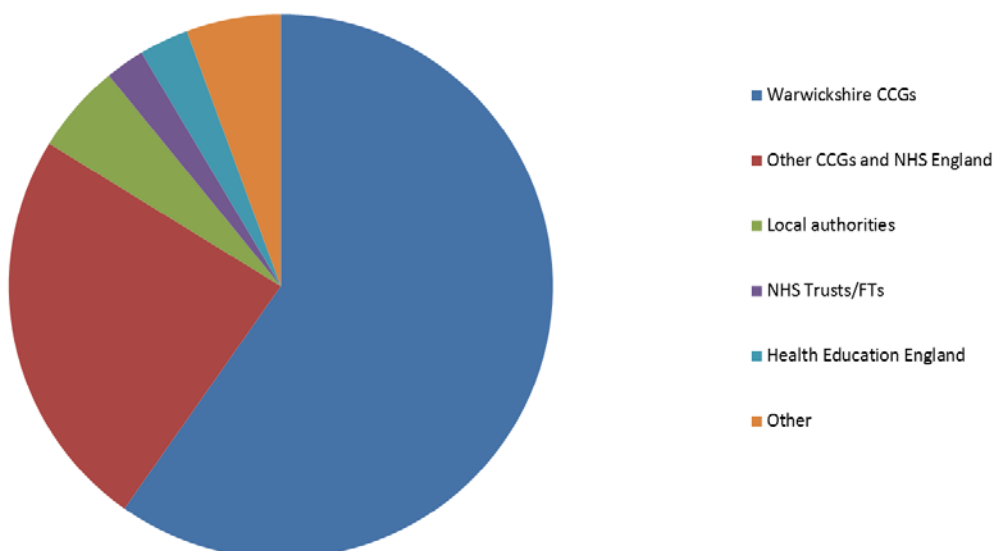
Operating Expenditure

The Group incurred operating expenses of £298.8m in 2018/19, a rise of £25.0m (or 9.2%) compared to the previous year (2017/18, £273.8m). Pay costs continue to account for the majority of expenditure, with £188.0m (or 63%) in 2018/19 (2017/18, £173.4m and 63%).

Operating Expenditure 2018/19

- Clinical Supplies
- CNST
- Education & training
- General Supplies
- Other
- Pay
- Premises (Inc Depreciation/Impairments)
- Purchase of healthcare from NHS and DHSC bodies
- Purchase of healthcare from non NHS bodies
- Transport
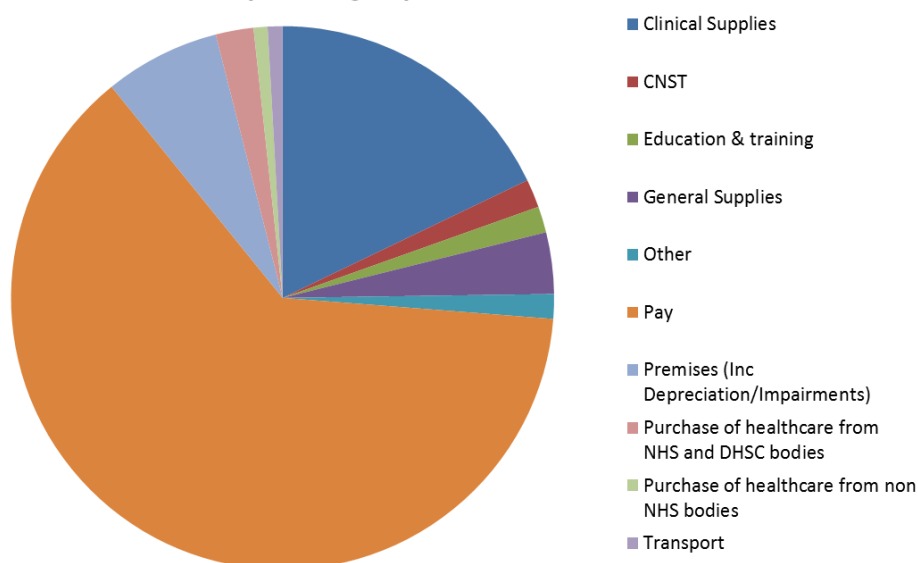
Capital Expenditure

The Group incurred £13.0m of capital expenditure for 2018/19. The main items of spend were: £3.0m IT programme (which includes £1.7m capitalisation of IT devices such as laptops, pcs, tablets); £2.3m Out of Hospital community Electronic Patient Record; £1.8m medical equipment replacement; £0.9m completion of midwifery led unit; £0.9m completion of Stratford MRI scheme; £0.7m replacement CT scanner; and £0.6m on essential backlog maintenance.

Financial Viability

Unlike many other NHS providers the Group has continued to generate a surplus in 2018/19 and plans to generate a further surplus, again, in 2019/20. The continued widely reported

challenges around NHS finances requires more focus on reducing waste, waiting and variation in service delivery and the securing of acceptable contractual arrangements with commissioners.

National Cost Index

Each June/July, every NHS Trust and Foundation Trust is required to calculate and submit the unit cost of each activity to the Department of Health and Social Care. Costs are reconciled to the annual Financial Statements. The Department of Health and Social Care uses this data to calculate a national average Reference Cost Index (RCI), which is published each autumn. An RCI of 100 is the national average. Our services remain at lower cost than national average, implying that we continue to be a relatively financially efficient provider. This is backed up by the Group's continued delivery of planned surpluses against a challenging backdrop of rising costs, a national shortage of qualified health care professionals and significant investment in the Group's infrastructure. The chart below shows the Group's RCI performance over the last 6 years.
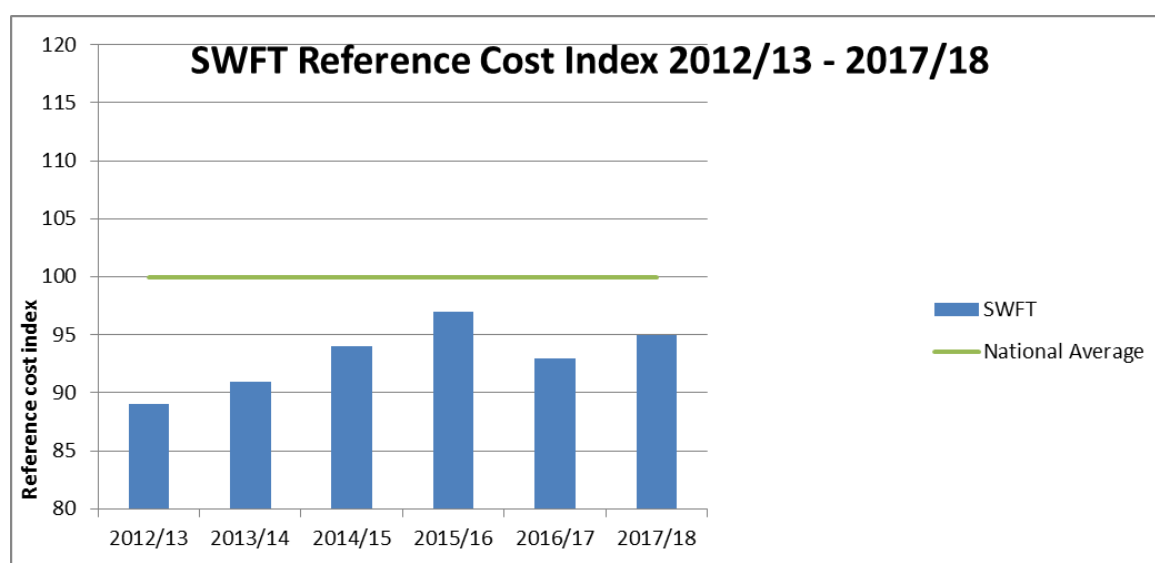
The cost data submitted is used to inform NHS Improvement's NHS Model Hospital benchmarking tool, which allows the Group to compare performance and cost across all Trusts and to identify potential opportunities for improvement in productivity and efficiency.

Cost Improvement Programme

The Cost Improvement Programme (CIP) for 2018/19 amounted to £9.2m (2017/18, £8.7m). The Group delivered £8.0m of savings, but achieved financial balance through underspends and overachievement of income not formally identified as CIP. As in previous years, the Group relied on non-recurrent means to deliver its CIP; only 18% was delivered recurrently (2017/18, 50% achieved recurrently). The CIP for 2019/20 is set at £8.1m.

The Group is engaged in a number of productivity and efficiency schemes both within the Group and engaging with the wider health and social care organisations across the region in order to help the Group deliver its CIP for 2019/20. Schemes include Out of Hospitals transformation plans, Hospital Pharmacy Transformation Programme; the Procurement Transformation Plan; and the Estates and Facilities Productivity and Efficiency Project. In addition, data from the NHS Improvement Model Hospital portal and internal Service Line Reporting is utilised to identify opportunities for potential efficiencies.

Section 106 Contributions

During 2018/19 the Trust received section 106 contributions from Warwick District Council of £1.481m and Stratford District Council of £0.151m. Note the Trust recognises section 106

income on an accruals basis based on when properties are built. Within the 2018/19 income position the Trust has recognised £0.68m of section 106 income.

Current and Future Developments

Ellen Badger Hospital development
In 2018 the Trust shared exciting plans regarding developments to Ellen Badger Hospital.

The hospital is a key part of the Trust's future healthcare delivery and it is recognised that due to population growth and demographics, as well as the aim of delivering services closer to home, there is a need to expand service provision and ensure Ellen Badger Hospital is the best it can be for residents of Shipston-on-Stour and the surrounding communities.

To ensure the right plan is developed the Trust has been working with key stakeholders to identify which services should be included in the newly developed site to benefit the local community. A design of the site will be completed by the end of 2019.

Placed Based Teams in the Out of Hospital Care Collaborative
Place Based Teams are designed to be the heart of Out of Hospital services. They deliver services to people close to their place of residence and work in partnership with GPs and primary care. They operate with a multi-disciplinary approach, initially focussing on the top 5% of the population i.e. individuals with long term conditions.

Alcester, Atherstone, Rugby, Bedworth and North and South Leamington all have operational Placed Based Teams and there are plans to launch in Camp Hill, Nuneaton, Stratford, Shipston and Warwick throughout 2019/20.

New theatre extension at Warwick Hospital
The new theatres will be additional to the current suite of theatres at Warwick Hospital. The development is part of a full extension which includes the new operating theatres and additional space in the Acute Decisions Unit. The construction work commenced in March 2019 and is planned to be complete by the end of 2019.

Re-design of triage and assessment areas at Warwick Hospital
As a result of the theatre extension, there is also an opportunity to develop the area that will be underneath theatres. This is known as the hospitals 'front door' and includes triage and assessment areas that patients go to before either being admitted or referred to more appropriate services.

The re-design of this area will include the relocation and refurbishment of the Acute Decisions Unit, creating two 6 bedded bays, with ensuite toilet facilities and a dedicated staff base. A new Surgical Assessment Unit with its own staff base will also be developed.

The construction work will follow the same programme as the theatres project.

New Model of Care for Maternity Services
Following the National Maternity Strategy, the Trust made changes to the model of care for maternity services across South Warwickshire. Antenatal and postnatal clinics will be centralised into five Children and Family Hubs.

The new service places families at the centre, with every mother having a named Midwife and a small team of known Midwives to provide care throughout the pregnancy journey.

The first Children and Family Hub to go live was Lillington in September 2018. The next four hubs go live over a phased 12 month period. The hubs are: Warwick, Lighthorne Heath, Stratford and Kingsway.

Development of the Aylesford Unit

The Aylesford Unit at Warwick Hospital is undergoing development work, which will be completed in a phased approach. The first phrase includes a replacement of the chemotherapy chairs and the visitors seating, a refurbishment of the staff bases, enhanced storage facilities for patients undergoing chemotherapy and new artwork within the chemotherapy suite.

The second phase will include the development of a new outpatient sub-waiting area giving patients more privacy. This is work is expected to start in May 2019 and will be completed by November 2020.

Environmental and Sustainability

A sustainable health and care system delivers high quality healthcare within the available social, economic and environmental resources. The Trust recognises our environmental obligations and we are committed to minimising our impact on the local environment. We have taken significant actions to reduce our carbon footprint, investing in spend to save schemes and collaborating with local partners to ensure our services and team are fit for the future.

2018/19 Highlights

Sustainability Lead
After an interim period of the post being unoccupied, a new Sustainability Lead joined the Trust in April 2018.

Energy Metering
Automated meter reading has been installed in all fiscal electricity and gas meters (water meters are in progress), eliminating the need for estimated bills. Automated sub metering was added to the Lakin Road substation meaning actual consumption can be viewed remotely for Pharmacy, Hospital Sterilisation and Decontamination Unit, Support Services and Histopathology. This allows the Trust to track consumption and quickly tackle any unexplained increases in consumption.

LED Lighting
During the course of the year, the Trust installed LED lighting across all of car Park C at Warwick Hospital and also incorporated LED lighting schemes during the design of the new Bluebell Birth Centre and the recent refurbishment of Ellen Badger Hospital.

Electric Vehicles
Following a trial of five fully electric vehicles and four charge points thanks to a grant from the Department of Health's Ultra Low Emission Vehicle Readiness project, the Trust has taken on a new lease of three electric vehicles for three years with the aim of continuing to reduce travel costs, carbon emissions and local air pollution.

The vehicles have received great feedback and will now be opened to all staff across the support services division to increase their usage.

Cycling
As part of a summer BBQ event, the Trust had a promotional stand to encourage active travel through the cycle to work scheme. Following the event, five bicycles were ordered through the scheme by members of staff.

Multi-Functional Devices (MFDs)
A project to implement centralised printing devices across Warwick and Leamington Spa Hospitals was undertaken. Existing printers were replaced by the new MFDs with print, copy and scan functionality.

The new devices:

• Enhance security - by releasing documents only when logging into the printer
• Protect information - by keeping confidential material out of the wrong hands
• Reduce environmental impact - by eliminating unnecessary and unclaimed print

It is estimated the new devices will achieve savings of approximately £100k per annum including a 30% reduction in paper consumption.

Measured Mile Walks

As part of Sustainable Healthcare Week the Trust organised a led measure mile walk around Warwick Hospital to celebrate and promote sustainability and wellbeing. Staff, patients and visitors were all encouraged to join.

Food for Life Partnership

The Trust works in partnership with the Soil Association Food for Life, the catering services provider, Public Health, Warwickshire County Council and food suppliers to promote and develop better food provision for their staff, patients and visitors. Work carried out on food waste in 2018/19 saw the introduction of an electronic ordering system in some wards that allowed meals to be ordered closer to the time of serving and smaller pack sizes to be ordered. This resulted in food wastage being reduced from 38% to 13%.

In November 2018, the Trust agreed to be an early adopter of the new 'Good Food for Hospitals' award focusing on the theme 'I want my hospitals to care for my community'. As part of this work, the Trust has benchmarked current food related activities taking place in the community and engaged with partners to discuss how the offer can be expanded.

Waste Management

The Trust's waste management processes continue to look at alternative methods to divert its waste as opposed to using incineration and/or landfill. Our primary focus remains on ensuring that we can continue to apply the waste hierarchy where possible for all the waste produced.

Figures from 2018 show that from all the waste the Trust generated in 2017, approximately:
- 79% was sent to recovery processes
- 15% was sent to recycling processes
- 6% was sent to incineration & Landfill

For 2019 the Trust is aiming to reduce its waste to landfill by 2%. To support this reduction, we continue to work with our waste contractors, to further improve our compliance in the materials being provided to them.

Sustainability Projects for 2019/20

Project	Description
Sustainable Development Assessment Tool (SDAT)	Benchmark the Trust's sustainability performance using the SDAT tool as recommended by NHSI.
Sustainability Strategy	Redraft the Trust's Sustainability Strategy in line with the new guidance from NHSI.
SALIX LED Lighting	Further LED lighting upgrades across six wards at Warwick Hospital.
NHS Energy Efficiency Fund	Further LED Lighting upgrades across various areas at Warwick, Leamington and Stratford Hospitals.
Building Management System (BMS)	Improvement of BMS' including a maintenance contract that focuses on energy reductions.
Warwick Hospital Travel Plan	Re-draft Warwick Hospital's travel plan, including a staff survey.
Stratford Hospital Combined Heat and Power System (CHP)	Complete a business case to assess the viability of CHP at Stratford Hospital.

Emissions Report

The table below reports on the Trust's annual position with regard to non-financial and financial information pertaining to utilities use. Utility consumption is related to Scope 1, 2 and 3 emissions of carbon dioxide. The report is sectioned into areas of emission sources, type of utility used/generated, and the resulting carbon footprint measured in tonnes. Also included is the cost of consumption per utility for each reporting year. In future years, other Scope 3 emissions sources will be reported on once data collection is verified, including emissions from waste management and business mileage.

		Reporting Year		
		2016/17	2017/18	2018/19
Greenhouse Gas Emissions				
Scope 1 (Direct) GHG Emissions. This includes gas used in combustion (heating, hot water and CHP unit)	Consumption (kWh)	16,111,885	23,590,906	23,338,414
	Emissions (Ton CO_{2e})	2,964	4,341	4,769.67
	Annual spend (£)	434,719	467,099	610,354
Scope 1 (Direct) GHG Emissions. This includes Fuel Oil (used for backup power generation)	Consumption (litres)	Not reported	Not reported	23,633
	Emissions (Ton CO_{2e})	63	81	62
	Annual spend (£)	Not Available	17,670	17,328
Scope 2 (Electricity Indirect) Emissions. This includes purchased electricity from the national grid.	Consumption (kWh)	8,419,787	5,072,378	4,576,825
	Emissions (Ton CO_{2e})	3,743	2,637	1,296
	Annual spend	1,014,283	532,599	647,655
Scope 3 (Other Indirect) Emissions. This includes water supply and sewage treatment	Consumption (m3)	89,433	85,461	83,732
	Emissions (Ton CO_{2e})	0.05	0.04	0.04
	Annual spend (£)	216,042	206,388	192,730
On site Energy Generation				
Solar PV	Consumption (kWh)	148,027	134,383	157,572
	Emissions (Ton CO_{2e})	N/A	N/A	N/A
	Annual spend (£)	12,370	11,153	12,555
CHP Electric	Consumption (kWh)	N/A	3,174,479	3,801,135
	Emissions (Ton CO_{2e})	N/A	Inc. in Scope 1	Inc. in Scope 1
	Annual spend	N/A	173,360	199,225
Total emissions	**Emissions (Ton CO_{2e})**	**6,770**	**7,059**	**6,127**

Notes:
1. Emissions do not contain data from Stratford Hospital (administered by SWFT Clinical Services Ltd) or community sites and relate to emissions arising from activities in Warwick, Leamington Spa and Ellen Badger Hospitals.
2. The CHP Unit was commissioned in July 2017.
3. The lower electricity emissions are due to a reduction in the carbon factor emission for grid electricity.

Access to Information

Freedom of Information (FOI) requests
The Freedom of Information Act 2000 (FOIA) is intended to provide and give the public the right of access to information held by or on behalf of public authorities, the Trust is classed as a public body under this Act.

Public authorities are accountable for their actions as they spends taxpayer's money on decisions that affect the population, the FOI act allows the public access to information held by the Trust, this promotes a culture of openness, accountability and confidence in public bodies.

There are two functions for placing information in the public domain, firstly to inform in writing whether or not the authority holds the information sought, to provide the information subject to certain exemptions and secondly to make available information that is held. Information held includes printed documents, computer files, letters, email, photographs, and sound or video recordings.

During 2018/19 the Trust saw an increase in FOI's from the previous year. The Trust received 440 requests in 2018/19 compared to 402 requests in 2017/18 reflecting an increase of 8%.

During 2018/19 417 (95%) of requests were responded to in the 20 working days timeframe set out by the Freedom of Information Act 2000.

Subject Access Requests (SARs)
Subject Access Request (SAR) enables individuals the right to access and obtain their personal data and other additional information held by an authority.

In May 2018 the General Data Protection Regulation (GDPR) was implemented, changing the rules for dealing with subject access requests. Article 15 of the regulation outlines the Rights of Access by the Data subjects. The Trust has adopted and updated processes providing compliance with the new regulation and updated Data Protection Act (DPA) 2018.

The significant changes to the process consist of confirmation as to whether or not personal data is being processed and where that is the case, access to the personal data and the purposes of processing. Personal data relates to a living individual and allows entitlement to their own personal data and not information relating to other people, unless acting on behalf of that person, exercised by an authorised representative on the individual's behalf; in this case proof would be required in the form of consent or evidence of entitlement.

There continues to be a large number of Subject Access Requests from individuals, police, solicitors, insurance companies, other third parties (for children, adults and deceased patients) and other health professionals, all requests are comprehensively checked to ensure compliance with the GDPR and the DPA 2018.

During 2018/19 there was an increase in SAR's from the previous year. The Trust received 1,317 requests in 2018/19 compared to 1,114 requests in 2017/18 reflecting an increase of 15%.

During 2018/19 1,252 (95%) of requests we responded to in the 30 calendar days. The increase of 203 requests is due to the changes implemented by GDPR, where an organisation can no longer charge a fee to process requests.

Prompt Payment Code and the Better Payment Practice Code

The Department of Health and Social Care requires that Trusts pay their non-NHS trade creditors in accordance with the Confederation of British Industry (CBI) Prompt Payment Code and Government Accounting Rules. The Trust's payment policy is consistent with the CBI Prompt Payment Code and Government Accounting Rules and its measure of compliance is:

Categories	2018/19		2017/18	
	Number	£'000	Number	£'000
Total Non-NHS trade invoices paid in the year	53,282	140,034	50,795	98,668
Total Non-NHS trade invoices paid within target	40,147	101,552	41,919	82,393
Percentage of Non-NHS trade invoices paid within target	75%	73%	83%	84%
Total NHS trade invoices paid in the year	1,260	30,234	969	22,512
Total NHS trade invoices paid within target	958	12,994	686	20,147
Percentage of NHS trade invoices paid within target	76%	43%	71%	89%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of the receipt of goods or valid invoice, whichever is later. In March 2010 the Trust signed up to the Prompt Payment Code where the Trust will try and ensure that all suppliers are paid within agreed terms.

The Trust complies with the cost allocation and charging guidance issued by HM Treasury.

Payroll engagements

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

Number of existing engagements as of 31 March 2019	10
Of which...	
No. that have existed for less than one year at time of reporting.	5
No. that have existed for between one and two years at time of reporting.	5
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

Number of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	22
Of which:	
Number assessed as within the scope of IR35	22
Number assessed as not within the scope of IR35	0
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	19
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

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 of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	19

Patient Experience

The Trust works closely with service users to continuously to improve the experience of our patients. Patients are represented by the Trust's Patient Forum, Governors and Members. Staff are also encouraged to engage with the patients and visitors that they encounter during their work, seeking their feedback in order to identify areas of the patient experience that can be improved. Evidence of this can be seen in the feedback from the Trust's patient feedback that is detailed within the Quality Report.

Patient Safety and Risk Management
Providing safe care is one of the Trust's main priorities and as a result is included in our values. Patient safety is an important element that affects all of our work and is stringently monitored. Initiatives aimed at improving patient safety are implemented, supported and evaluated by the Trust's Patient Safety Surveillance Group and dedicated Patient Safety Team. These have focussed on incident management, reducing the number of avoidable hospital acquired pressure ulcers and infections and minimising falls. CHKS, a leading provider of healthcare intelligence and quality improvement services, is used by the Trust to identify mortality indices and conditions where the Trust is an outlier when compared with a peer group of similar sized hospitals. This work is also supported by the Patient Safety Team. Further information on the Trust's patient safety initiatives have been detailed in the Quality Report.

NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)
For the financial year 2018/19 the Trust has declared that it is substantially compliant, declaring full compliance with 60 standards, and partial compliance with 4 standards out of a total of 64 standards.

In addition to the core standards there is a deep dive, which this year is concerned with Incident Control Centres and Command and Control Structures. These standards are not included in the overall assessment. The Trust has declared compliance with 7 out of 8 standards.

The wording of each standard has changed this year, so it is not possible to compare directly with last year's results. The action plan to ensure full compliance with this year's standards was presented to the Board of Directors in September 2018 and an update was given in January 2019.

Business continuity plans – the focus has been on Out of Hospital teams and the Emergency Planning Lead has visited team leaders within the community to review their business continuity plans.

Continual review of business continuity plans is well supported by the Associate Directors of Operations in each division, and updates reflect issues identified through incident reporting.

Current focus is ensuring that business continuity is in place regarding the possible outcomes of Brexit. This work is ongoing.

Other Emergency Planning Activity
Strategic and Tactical Incident Management Training
The Emergency Planning Leads for the three acute trusts (George Eliot Hospitals NHS Trust, University Hospitals Coventry and Warwickshire NHS Trust and SWFT), three CCGs and Coventry and Warwickshire Partnership NHS Trust have combined to develop a Strategic and Tactical Incident Management Course. The purpose of this is to ensure that staff who undertake on call duties are fully trained to manage a major incident. The course

has been delivered monthly. The requirement is for on call executives and managers at each Trust to attend the training once every two years, and then attend a refresher session. The training is mapped to the requirements stipulated for on call staff within the Skills for Justice National Occupational Standards and the NHS England Framework for Emergency Preparedness, Resilience and Response.

Loggist Training
The Emergency Planners have attended loggist training sessions. During incidents the role of loggists is focussed on effectively logging any information received such as the nature and time of any decisions made and actions taken. Following this training the loggists are able to deliver further in-house training to others in order to support an incident control room. There are now 11 trained loggists who would be available in the event of a major incident.

Chemical, Biological, Radioactive or Nuclear incident (CBRN) suits
The personal protective suits required in the event of a CBRN incident require staff to be trained to put the suits on and take them off. The Trust has 6 staff trained to deliver this training.

Setting Up Major Incident Control Room
Training is available to ensure on call staff are able to set up the incident control room which is based in the General Management Meeting Room at Warwick Hospital.

University of Buckingham/ University of Warwick Major Incident Course – Medical Students
For the past two years the Trust has participated in the major incident course delivered to third year medical students by the Universities of Warwick and Buckingham. This year, the live exercise was held at Coventry Airport in September 2018. The Emergency Planning Lead is also delivering an Emergo training session to the students, which enables them to respond to an incident in a safe environment.

Exercise Oscar is a communication exercise which was held twice in August and November 2018. A message is sent to Out of Hospital managers requiring them to contact each member of their team, determine their location and report back their findings within 30 minutes. The results are then checked against the Health Roster for that day, to ensure that all staff have been contacted.

Managing Claims against the Trust
The Trust is committed to managing all clinical and non-clinical claims in accordance with NHS Resolution (NHSR) requirements.

The NHSR schemes relevant to the Trust are:

• the Clinical Negligence Scheme for Trusts (CNST), covering clinical negligence claims; and
• the Liabilities to Third Parties Scheme (LTPS) and the Property Expenses Scheme (PES) - known collectively as the Risk Pooling Schemes for Trusts (RPST), covering non-clinical risks.

The Trust's Legal Services Co-ordinator submits monthly reports to the Trust's Audit and Operational Governance Groups (AOGGs) and Risk, Health and Safety Groups. These reports detail new claims, settled or withdrawn claims, and on-going claims. Also included are lessons learnt from settled or withdrawn claims. An annual report is submitted to the confidential section of the Board of Directors meeting. As well as detailing new claims, settled or withdrawn claims, on-going claims and any lessons learnt, this report also provides details of associated costs.

Concerns and Complaints

The Trust views concerns and complaints positively and is committed to having effective procedures in place to handle all issues brought to the attention of staff. Listening to our patients and learning from complaints is the best way to improve our service provision and to be confident we are delivering the care our patients need. The Patient Experience Team comprises Patient Experience Officers and PALS/Bereavement Officers. The team works together to ensure that concerns and complaints are approached on an individual basis, making sure our focus is on our patients and families, to do the very best we can. Formal complaints are managed in accordance with NHS Complaints Regulations while offering support and listening to what our patients want to say. For a full analysis of the Trust's processes and performance in 2018/19 please see the Quality Report.

Community Engagement

Patient Forum

The Patient Forum has acted as an independent body that represents Trust patients since it was established ten years ago. The Forum currently has 15 Members and is always open to new members.

Each member of the Forum is linked with a particular area so they are a familiar face to staff. Much of the Forum's work revolves around improving the patient experience therefore projects include carrying out cleanliness inspections, food audits, patient surveys, interviews and observations.

Members of the Forum attend the following Trust meetings:

- Patient Care Committee
- Clinical Practice Group
- Dementia and Elderly Care Action Alliance
- Car Park Group
- Patient Experience Group
- Hotel Services Quarterly meetings
- Ethnicity and Diversity Group
- End of Life Strategy meetings
- Patient Accessibility Group
- Meetings with Directors and Trust Chairman
- Community and Hospital Information Exchange Forum (CHIEF)
- Board of Directors

This year the Forum has been involved in the Patient Led Assessment of the Care Environment (PLACE) inspections, cleanliness inspections and the Council of Governors' Patient Care Committee.

The Chair and Vice Chair of the Forum also meet with Trust Directors to exchange information and updates on projects and also separately with the Trust Chairman.

Volunteers

Volunteers make a vital contribution to the Trust, assisting in many different areas to improve the experience of our service users. Volunteers are often the first faces people see when they enter our hospital sites, greeting visitors and providing directions if necessary.

The Trust has Ward Volunteers to support the patients and staff by assisting with drinks, meal times and any other light duties under the direction of the Ward Manager. Volunteers engage with patients, helping to alleviate boredom and loneliness that can occur whilst in hospital. Ward Volunteers are in place at Warwick, Stratford and Ellen Badger Hospitals.

Dedicated Pharmacy Volunteers deliver prescriptions to the wards, which supports discharge.

The Trust's Home Support Volunteer programme, launched in January 2016, has had further success throughout 201/19 with the team growing to over 30 volunteers. Our Children's Community Nursing Team volunteers support families who have a child with a complex healthcare need or life limiting condition. The volunteers carry out a range of different

assignments such as sibling support, transport, shopping and helping around the home with tasks such as gardening or decorating.

Within the community the Trust has Breast Feeding Support Volunteers covering Solihull, Rugby and Stratford, working alongside the Infant Feeding Team.

There is a committed team of volunteers at Leamington Spa Hospital who play an important part in the rehabilitation of patients. Part of their role is facilitating social interaction. This can be aligned to clinical care, where volunteer assistance results in group therapy and activity sessions, including; movement group, art therapy and gardening. Volunteers also provide hand massages weekly for the patients and their visitors.

Community and Hospital Information Exchange Forum (CHIEF)
CHIEF provides members of the local community the opportunity to hear about the Trust's activities, providing advice and feedback to help shape services while finding out about developments. During 2018/19 CHIEF have had a good cross section of speakers, including the Chief Executive on the future of the Trust, two District Nurses on their role in the community, a large meeting in Shipston on the future of the Ellen Badger Hospital and the Trust Chairman on the future of the NHS.

Radio Warneford
Radio Warneford broadcasts 24 hours a day with programmes for patients, staff and visitors at Warwick Hospital. Accessed through the Trust's patient Wi-Fi service, the station is available on devices such as mobile phones and tablets. As a free service, Radio Warneford is staffed by volunteers who also fundraise for equipment where necessary.

League of Friends
Each of the hospitals; Warwick Hospital, Stratford Hospital, Leamington Spa Hospital and Ellen Badger Hospital has a League of Friends. These groups support their hospital by volunteering and organising fundraising activities. The funding they provide enables equipment to be purchased and provides a valuable resource to support staff and enhance patient care.

SWFT Charity
Fundraising through SWFT Charity enables the Trust to "sprinkle magic" on services that are above the NHS' core service offerings, enabling a greater experience for patients, service users, staff and visitors to the Trust's sites and throughout the local community.

During 2018/19 one of the main focusses for fundraising was to support a new midwifery led birthing centre being developed at Warwick Hospital. The Birth and Babies appeal launched in April 2017 and aimed to raise £200,000. The Bluebell Birth Centre opened in July 2018 and the fundraising continued after this.

The Birth and Babies appeal has enabled the Trust to purchase specialist equipment, enhanced furnishings and birthing pools in each room. It has also supported additional building features that mean we are providing a less clinical feel for women and their families.

Throughout 2018/19 there has also continued to be donations and on-going fundraising for a number of other charitable funds within the Trust, including;

Special Care Baby Unit (SCBU) – A pair of pro-active community fundraisers organised a year-long calendar of events to raise money for the department and the fundraising team has been working with them, providing support to help promote, manage and coordinate these events. In July 2018 they held a 'fun day' which raised over £3,000.

MacGregor Ward – Morrison's Foundation donated £3,539 towards MacGregor Ward following a grant application. This is for the development of an outdoor play area. Other items from their wish-list have been donated in kind by local companies, including a parasol worth £1,500 and ride on toys.

Feldon Ward – The fundraising team worked closely with a former patient's husband to purchase new televisions and specialist shower chairs for stroke patients and received a donation of over £4,000 through his links to a local Masonic Lodge.

Avon and Farries Wards – Thanks to donations to SWFT Charity, the wards received eight new 'fall alarm' beds, costing £42,000. The specialist equipment supports the Trust's ongoing commitment to falls reduction and patient safety by having built-in alarms that will alert staff and family members when a patient is getting out of bed without supervision or equipment. They also have under bed lights which provide patient and staff with a clear view of the floor and around the bed.

Accountability Report

Statement of Disclosure to the Auditor
Each of the individuals that were a Director at the date of this report has confirmed that:
So far as the Director is aware, there is no relevant audit information of which the NHS Foundation Trust's auditor is unaware, and the Director has 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 Foundation Trust's auditor is aware of that information.

Board Composition
The Board of Directors comprises a Non-Executive Chairman, seven other Non-Executive Directors (six with voting rights) and six Executive Directors, one of whom is the Chief Executive.

In attendance at Board meetings, without voting rights, were the seventh Non-Executive Director, three non-voting Executive Directors; the Director of Human Resources, the Managing Director for the Out of Hospital Care Collaborative, and the Acting Director of Development; and the Trust Secretary.

Appointment and Roles
The key Non-Executive roles within the Board are as follows:

- Chairman – Russell Hardy (from 1 June 2015)
- Vice-Chairman – Bruce Paxton (term of appointment to 31 January 2020)
- Senior Independent Director – Simon Page (term of appointment to 8 February 2020), and
- Audit Committee Chair – Rosemary Hyde (to 31 December 2019)

Chief Executive

Date: 24/05/19

Board Member Profiles

Russell Hardy
Chairman

Russell Hardy joined the Trust as Chairman of the Board of Directors and Council of Governors from 1 June 2015.

Russell started his career as a business economist for Unilever and then moved into strategy and planning consultancy at Deloitte Haskins & Sells. He then joined retail conglomerate Kingfisher, where he held a number of roles including Deputy Finance Director for Comet. He then joined Safeway as Financial Planning Director before being promoted to become Fresh Food Director. At Safeway he played a key part in the turnaround of the business, which led to an invitation to run Dollond and Aitchison opticians as Chief Executive, ultimately taking that business through to a sale. Following that he joined Blacks Leisure Group as Group Chief Executive Officer leading that business for three years. Russell was appointed Chair of the Board of Governors of Nuffield Health in 2012 and has set up and operated a number of private businesses mainly in the healthcare market.
As well as his role at the Trust, Russell is also Chairman and owner of Maranatha 1 Ltd (trading as Fosse Healthcare Limited and Fosse ADPRAC) and is Chairman of Your Cherished, a social enterprise that helps teenage girls with self-esteem issues.

Term of Appointment: until 31 May 2019
Declared Interests: Chairman of Nuffield Health, Chairman and majority owner of Maranatha 1 Ltd (trading as Fosse Healthcare Limited and Fosse ADPRAC), Chair of 'Cherished' and Chairman of Wye Valley NHS Trust.

Glen Burley
Chief Executive

Glen began his NHS career in 1983 as a finance trainee, qualifying as a Chartered Public Finance Accountant in 1990. After reaching the position of Director of Finance for South Warwickshire Mental Health Services NHS Trust, he moved into an acute operational role when he became Director of Operations for the Surgical Division of University Hospitals Coventry and Warwickshire NHS Trust. In 2003 he was appointed as Deputy Chief Executive to Worcestershire Acute Hospitals NHS Trust and joined South Warwickshire in 2006, initially as interim Chief Executive. Since his formal appointment in 2008 the Trust has developed its local and national reputation moving through financial turnaround, achieving Foundation Trust status in 2010, and in 2011 completing the successful acquisition of Warwickshire Community Services.

Declared Interests: **Chief Executive of Wye Valley NHS Trust and George Eliot NHS Trust, spouse is Chair of Governors at Myton School and Practice Nurse at Rother House, Medical Centre.**

Dr Charles Ashton
Medical Director

Dr Charles Ashton joined the Trust from Worcester Acute Hospitals NHS Trust, where he held the post of Medical Director for 14 years. From a clinical perspective Dr Ashton was a Consultant Physician with a special interest in care of the elderly, stroke and clinical pharmacology. As well as the acute sector he has worked in stroke rehabilitation at Evesham community hospital and has also worked closely with primary care providing clinics at local health centres.

Declared Interests: Medical Director of Wye Valley NHS Trust until 31 March 2019.

Geoff Benn
Non-Executive Director (non-voting until 30 November 2018, then voting from 1 December 2018)

Geoff has spent all his working life in service businesses, firstly in the hospitality business, training and working in many of the finest hotels in the UK and then opening his own award winning hotel and restaurant in North Devon and secondly, spending almost 30 years working at a senior level in the health and social care system.

He became a specialist in creating new models of care often working across the public and private sectors and in delivering innovative commercial projects (including the building and construction of assets), change management (including the re-design of systems of work), and strategy (working at a local and national level).

Geoff retired from full time work in October 2014 and now has a portfolio Non-Executive Director career.

Term of Appointment: until 1 October 2021
Declared Interests: Owner and Director of Summergangs Ltd, Non-Executive Director of ECL, Non-Executive Director of the Harwich Haven Authority, Non-Executive Director and Interim Chairman of EKMS Ltd

Jayne Blacklay
Managing Director (from 1 August 2018)

Jayne qualified as a pharmacist, holding a number of senior clinical and managerial posts before moving into NHS management. In her role as Director of Strategy for SWFT she led the development of a clear approach to Strategic Planning and Capacity Planning at a point when this was unusual within most Trusts. Jayne was a part of the team leading the Foundation Trust application process and has developed the five year plans for SWFT. She also led the three year joint programme with the Health Foundation focussed on Improving Flow within the emergency patient pathways. As her portfolio expanded she took on responsibility for the Capital and Estates Planning and led the delivery of large-scale capital projects. This included projects such as the new hospital in Stratford upon Avon which opened in 2017.

Jayne has taken on a number of Non-Executive Roles. She was the founding Chair of SWFT CS Ltd, a wholly-owned subsidiary company and Social Enterprise. She remained in this

position as the company expanded and developed over seven years until 2018 when she stood down to take on the role of Managing Director for SWFT. Jayne is also a Non-Executive Director of Helpforce, an organisation leading the national programme to promote the role and value of volunteering within hospitals, and deliver volunteer-centred innovation and improvement across the UK. Jayne is also involved in a number of charities and has taken on voluntary work in other countries such as Ghana.

Declared Interests: Director of Helpforce.

Tony Boorman
Non-Executive Director (retired on 30 November 2018 at the end of his term of office)

Tony Boorman has wide ranging experience of consumer and regulatory issues. He is presently Managing Director Promontory Financial UK a specialist compliance and governance consultancy. Previously he was the Deputy Chief Executive and Deputy Chief Ombudsman, Financial Ombudsman Service. The Ombudsman, which is based in London's docklands, provides a national service which handles over 600,000 customer complaints and enquiries about financial services issues. He appears regularly on TV and radio programmes dealing with consumer and financial issues. Prior to joining the Ombudsman Service in 2000 Tony was Managing Director of Ofgem, the gas and electricity market regulator. He started his career in the electricity sector working in a variety of posts in the industry and, following a period with a consumer organisation, he became a founding Director of OFFER - the electricity regulator. Tony joined South Warwickshire GH Trust as a non-executive director in 2007. Previously he was a commissioner for judicial appointments overseeing the process used to appoint judges across England and Wales.

Term of Appointment: retired on 30 November 2018
Declared Interests: **Director of SWFT Clinical Services Ltd (a wholly owned subsidiary of South Warwickshire NHS Foundation Trust) and employed in a senior position by a subsidiary company of IBM plc.**
Spouse is trading as Thinkvivid (a market research consultancy) and is on the Advisory Board of Coventry Rape and Sexual Abuse Centre Ltd.

Dr Angela Brady
Non-Executive Director

Angela is a GP and brings clinical expertise to the board. Angela also has a master's degree in Medical Leadership, as well as extensive knowledge regarding patient safety and improving local services. Angela joined the Trust as a Non-Executive Director in January 2014.

Term of Appointment: **extended to 31 December 2019**
Declared Interests: **Member of political Party and voluntary officer of local association, Employed GP at Budbrooke Medical Centre, Part-owner of Lisle Court Medical Centre (premises only), Spouse is a GP partner at Croft Medical Centre, Clinical Director for mental health at Birmingham and Solihull Clinical Commissioning Group, Trustee of Hatton Park Residents' Association, GP mentor at South Warwickshire Clinical Commisssioning Group.**

Fiona Burton
Director of Nursing (from 1 October 2017 to 30 September 2019)

Fiona commenced a 2 year secondment as Director of Nursing for the Trust on 1 October 2017. She has worked at the Trust since 2013 and previously worked as the Deputy Director of Nursing and Head of Acute Nursing. Prior to that Fiona worked as Head of Nursing at Heart of England NHS Trust and a Nurse Consultant at University Hospitals Coventry and Warwickshire NHS Trust. Fiona has also worked at NHS Improvement and as Acting Director of Nursing at Wye Valley NHS Trust for a short period of time.

Declared Interests: None

Rosemary Hyde
Non-Executive Director

Rosemary is a Chartered Accountant, and a former partner with PricewaterhouseCoopers. She left the partnership in 2001, since then she has built up a portfolio career, combining community roles with part time finance director and consulting assignments, and Non-Executive roles. Rosemary joined the Trust as a Non-Executive Director in January 2014.

Term of Appointment: **extended to 31 December 2019**
Declared Interests: **Director and Shareholder of RPR Consultants Ltd.**
Spouse is Director and Shareholder of Brian Hyde Ltd, Spouse is Director of RPR Consultants Ltd.

Helen Lancaster
Director of Operations (from 1 October 2017 to 30 September 2019)

Helen commenced a 2 year secondment as Director of Operations for the Trust on 1 October 2017. Helen held the position of Director of Nursing between 1 January 2011 and 30 September 2017 after previously being the Associate Director of Nursing. She has worked in the Trust since 2004. Helen also worked at the Department of Health as the development lead for 'patient and service user experience'. Helen started in the NHS as a student nurse and later trained as a midwife at University Hospitals of Leicester. She has held a number of Board level positions across the Midlands.

Declared Interests: Board Member of West Midlands Quality Review Service and Specialist Adviser for the Care Quality Commission.

Christine Lewington
Non-Executive Director (non-voting)

Educated to degree level with a BA (Hons) in Applied Health and Social Care Christine has worked in social care for over 30 years. The initial years focussed on National Government Programmes within the voluntary sector which led to a career in Local Government for over 20 years. As Head of Commissioning with Warwickshire County Council Christine worked across both adults, children and health as either joint or lead commissioner. She has extensive experience of chairing multiple programmes and led a number of redesigns to create new models of social care. She also has an in depth knowledge and understanding of market conditions for care providers including the formation of strategic place based planning, market opportunities and pricing for care. Christine chaired the Regional West Midlands Commissioning Network for both Adults and Childrens, respectively, producing national and regional reports for Directors of Social Care.

Term of Appoointment: until 1 October 2021
Declared Interests: Associate of the National Development Team for Inclusion, Associate of Innovation Efficiencies West Midlands (currently commissioned by West Midlands NHS Executive and West Midlands ADASS to produce papers on the future of residential and nursing care homes in the West Midlands), Sister is a Clinical Tutor at the Trust, Sister and Niece are employed by Wye Valley NHS Trust.

Kim Li
Director of Finance

Kim is a Business Studies graduate and began her public sector career with the Audit Commission as an external auditor. Kim qualified as a Chartered Public Finance Accountant in 1995 and joined Worcestershire Acute Hospitals NHS Trust a year later, working in a number of finance roles, including their Private Finance Initiative business case for a new hospital. Kim joined South Warwickshire NHS Foundation Trust as Deputy Director of Finance in 2006 and had a key role in the Trust's financial turnaround, its successful Foundation Trust application and the integration of Community services.

Declared Interests: Director of SWFT Clinical Services Ltd (a wholly owned subsidiary of South Warwickshire NHS Foundation Trust) and Chair of the West Midlands Branch of the HFMA.

Simon Page
Non-Executive Director

Simon has over 20 years of wide ranging leadership experience in the private sector as Chairman, Managing Director and Director. Simon's career has centred around retailing and manufacturing businesses operating within the consumer and building products markets. He has a strong background in marketing, sales and commercial leadership, working for some very well-known blue-chip brands, in both the prestige branded and mass-market arenas; these include Aga, Fired Earth, Villeroy & Boch and Rangemaster. This has given him a clear insight into working for complex international organisations, change management, strategy development and delivery, and of the importance of delivering success with and through others, especially in periods of change.

Term of Appointment: until 8 February 2020
Declared Interests: Owner and Director of Weathervane Consulting.

Bruce Paxton
Non-Executive Director

Bruce graduated from Bristol University with a BSc (Hons) in engineering in 1975 and joined Unilever's packaging business in the UK. After several jobs with the ice cream business and head offices, he moved to a leadership role with United Biscuits. His first factory manager role was running a microbiologically secure chocolate refinery, followed by an operations development remit across five factories in four European countries. After time as a business unit general manager and in a strategic development role, Bruce joined PepsiCo's snacks business in the UK, Walkers. This rapidly expanded into an operations role across more than a dozen countries, adding facilities and capacity with a team based in five countries.

More recently, Bruce has been managing director of a machinery business supplying the pharmaceutical, food and healthcare devices sectors. He retired from full-time business late in 2011, and now supplies strategic advice part-time to sectors such as packaged goods, technology development and engineering.

Term of Appointment: until 31 January 2020
Declared Interests: Lay Member of the Admissions Steering Group at Warwick Medical School and spouse is an employee of the Trust.

Sue Whelan Tracy
Non-Executive Director

Sue joined the Trust as a non-voting Non-Executive Director in February 2016 and became a voting Non-Executive Director on 1 June 2017.

Sue has a background in retail and corporate banking in the UK, Europe, the Caribbean and Australia. Her last executive post before embarking on a non-executive career was Marketing and Customer Engagement for Barclays in the UK. Her specialisms are customer experience and marketing, along with commercial leadership of products and channels, including digital. As a Non-executive Director Sue works nationally, across sectors, with organisations committed to delivering high standards of customer experience.

Term of Appointment: until 8 February 2020
Declared Interests: None

The Register of Interests is available on the Trust's website or by writing to the Trust Secretary. The Register now includes declared interests from non-voting Board members Ann Pope, Director of Human Resources, Anne Coyle, Managing Director of the Out of Hospital Care Collaborative and Sophie Gilkes, Acting Director of Development.

Please note that:
- Jane Ives was Director of Operations until 30 September 2017 due to a secondment to Wye Valley NHS Trust. Helen Lancaster was appointed as Director of Operations from 1 October 2017 for a two year secondment.
- Helen Lancaster was Director of Nursing until 30 September 2017, Fiona Burton was appointed as Director of Nursing from 1 October 2017 for a two year secondment.
- The appointment of Bruce Paxton as Vice-Chair was ratified by the Council of Governors on 17 May 2018.
- The appointment of Simon Page as Senior Independent Director (SID) was supported at the Council of Governors meeting on 17 May 2018 and the appointment was made at the Board meeting on 23 May 2018.
- Jayne Blacklay was appointed as the Managing Director on 1 August 2018.
- Sophie Gilkes was appointed as the Acting Director of Development on 1 August 2018.

SWFT Clinical Services Ltd Board Member Profiles

Tony Boorman **Chairman** **Date of Appointment:** 2 March 2011 **Declared Interests**: Managing Director of Promontory Financial (a subsidiary company of IBM plc.) and Non-Executive Director of South Warwickshire NHS Foundation Trust until November 2018.
Dr Charles George Anderson Phalp (Andy Phalp) **Non-Executive Director** **Date of Appointment:** 5 July 2017 **Declared Interests:** Trustee of South Warwickshire Welfare Trust and retired partner of Rother House Medical Centre (no financial interest).
Kim Li **Non-Executive Director** **Date of Appointment:** 27 July 2011 **Declared Interests:** Director of Finance at South Warwickshire NHS Foundation Trust, Chair of the West Midlands Branch of the HFMA.
Ann Pope **Non-Executive Director** **Date of Appointment:** 27 July 2011 **Declared Interests:** Director of Human Resources (non-voting) at South Warwickshire NHS Foundation Trust.
John Coyne **Managing Director** **Date of Appointment:** 9 January 2017 **Declared Interests:** Appointments with Integrated Facilities Management Bolton, Saint Nicholas Owen Multi Academy and Choices Housing Association. Investments with Coyne Associates and Fitzgerald Holdings.
David Moon **Director of Finance** **Term of Appointment:** 1 February 2018 **Declared Interests:** Trustee of Shipston Home Nursing (Treasurer) and Advisor to Medicor Ltd.

Please note that:
  Jayne Blacklay stood down as a Chairman/Non-Executive Director of the Company on 26 November 2018. Tony Boorman was appointed as Chair on 26 November 2018.

Executive Structure

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                          Glen Burley
                         Chief Executive

        Jayne Blacklay                      Anne Coyle
       Managing Director              Managing Director of the
                                    Out of Hospital Care Collaborative
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Kim Li	Fiona Burton	Sophie Gilkes	Helen Lancaster	Ann Pope	Charles Ashton	Danny Roberts	Meg Lambert
Director of Finance	Director of Nursing	Acting Director of Development	Director of Operations	Director of Human Resources	Medical Director	Chief Technology Officer	Trust Secretary

SWFT Clinical Services Ltd - Board Structure

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                       Tony Boorman
                         Chairman
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John Coyne	David Moon	Sarah Collett	Kim Li	Andy Phalp	Ann Pope
Managing Director	Director of Finance	Company Secretary	Non Executive Director	Non Executive Director	Non Executive Director
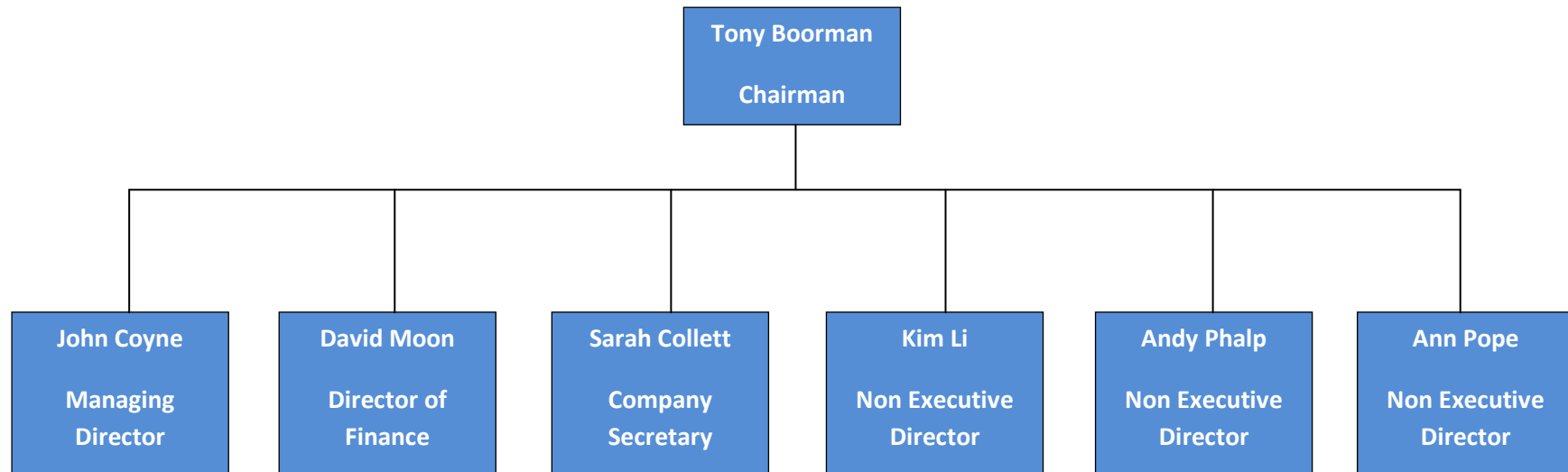
Foundation Trust Code of Governance –

Disclosure of Corporate Governance Arrangements

South Warwickshire NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis.

Statutory Requirements
The Code of Governance contains a number of statutory requirements, which the Trust is compliant with and which do not require disclosure statements in the Annual Report.

Provisions Requiring a Supporting Explanation
The Code of Governance contains a number of provisions that requires the Trust to give a supporting explanation whether the Trust is compliant or not. The relevant disclosure statements are detailed below.

Balance, Completeness and Appropriateness of the Board of Directors
As previously stated the Board of Directors comprises both Non-Executive and Executive Directors. The Executive Directors comprise the Chief Executive, Director of Finance, Medical Director, Managing Director, Director of Operations and Director of Nursing.

The Non-Executive Directors comprise one appointment with financial expertise whom is a qualified Accountant; four with business expertise, one of whom has particular marketing and customer service expertise and another one who is a Registered GP. The Chairman has a private sector background at Board/Chief Executive level.

Taking the wide range of experience of the Board of Directors as a whole, the balance and completeness of the Board is felt to be appropriate.

Fit and Proper Persons Requirements
All Directors (both Executive and Non-Executive) and direct-line reports to the Chief Executive (Chief Technology Officer and Trust Secretary) have made their self-declarations against the Fit and Proper Person requirements which came into force under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Statement of Operation of the Board of Directors and Council of Governors
The primary role of the Board of Directors is to lead the Trust within the context of its strategy, whilst ensuring successful financial stewardship of the organisation. In order to achieve this, the Board receives regular reports on all aspects of its business to enable appropriate decisions to be taken. In addition the Board has a schedule of reserved decisions, which lists out those decisions which only the Board can make and a scheme of delegation which details those areas of responsibility delegated to committees and individual Directors/Managers. One of the key roles of the Council of Governors is to hold the Non-Executive Directors to account. The Board and Council have therefore agreed a statement that defines how each will operate and how any disagreements will be resolved which would be through the Chairman who is both Chair of the Board and Council.

Independence of the Non-Executive Directors
The Board reviewed the NHS Foundation Trust Code of Governance at its meeting on 3 April 2019 and took the view that four out of the six Non-Executive Directors (excluding the Chairman and non-voting Non-Executive Director) could be deemed independent. Bruce Paxton (Non-Executive Director) was deemed not to be fully independent as his partner is a Consultant at the Trust. Chris Lewington was also deemed not be fully independent as she

was in the last 3-years a senior employee at Warwickshire County Council, with whom the Trust has a material business relationship.

These interests are declared in the Directors' Register of Interests and should any conflict arise the individuals would be excluded from any discussion and decision relating to the matter in question.

As for all Board Members, Non-Executive Directors declare their interests in the Register of Directors' Interests, which is available on the Trust's website and in paper form from the Trust Secretary. Any conflicts arising would be handled as above.

Board of Directors Meetings and attendance
From 1 April 2018 to 31 March 2019, the Board of Directors met in both private and public sessions on a monthly basis (except in January 2019).

Meetings of the Non-Executive Directors
In accordance with the Foundation Trust Code of Governance, the Chair and Non-Executive Directors have continued to meet outside of the normal Board meetings during 2018/19, with the Chief Executive in attendance as requested.

Appointment and Removal of Non-Executive Directors
In accordance with the Trust's Constitution, the Council of Governors has the power to appoint and remove the Chair and Non-Executive Directors of the Trust. Although authority for the final decision cannot be delegated, much of the business of appointment or removal is carried out by the Council's Nominations and Remuneration Committee.

Trust Secretary
Meg Lambert was appointed as Trust Secretary in August 2007 and is also Secretary to the Council of Governors. Meg is a Chartered Secretary, holds a Masters in Public Administration (MPA) from the University of Warwick and is an Associate Member of the Institute of Chartered Secretaries and Administrators. From 1 May 2017 to 30 June 2018, Meg was on maternity leave and Sarah Collett was appointed as Acting Trust Secretary during this period.

Significant Commitments of the Trust Chairman
Russell Hardy, Trust Chairman, has other significant commitments as Chair of Nuffield Health and Chair/majority owner of Maranatha 1 Ltd (trading as Fosse Healthcare Limited and Fosse ADPRAC) and Chairman of Wye Valley NHS Trust and George Eliot Hospital NHS Trust, which were fully disclosed to the Nominations and Remuneration Committee/Council of Governors prior to appointment and in the Directors' Register of Interests.

Directors' Remuneration
The Appointments and Remuneration Committee of the Board of Directors is responsible for setting the remuneration of the Executive Directors. The Nominations and Remuneration Committee of the Council of Governors is responsible for setting the remuneration of the Chairman and Non-Executive Directors.

Performance Evaluation of the Board, Directors and Committees
The Chairman is responsible for the appraisal of the Non-Executive Directors and the Senior Independent Director is responsible for the appraisal of the Chairman in association with the Council of Governors. The Chief Executive is responsible for the appraisal of the Executive Directors, with the Chairman appraising the Chief Executive and these appraisals are reported to the Appointments and Remuneration Committee.

Board Effectiveness

Given the extensive nature of the board development undertaken in 2017/18 and the CQC 'Well-Led' review; for 2018/19 the Board agreed to undertake the Insights Colour Energies Diagnostic for the two new Non-Executive Directors, incorporated this into the whole Board profile, and updated the Board Non-Executive skills matrix.

The Audit Committee has undertaken a self-assessment of its performance in line with the provisions of the latest NHS Audit Committee Handbook.

All other Board Sub-Committees are currently in the process of undertaking self-assessments of their own performance.

The Trust's key performance measures are detailed in the Integrated Performance Dashboard, which is presented at Board of Directors on a monthly basis. These include; A&E four hour wait targets, 18 weeks referral to treatment target, diagnosis to treatment cancer targets and diagnostic waiting times. Other key performance measures include; local performance targets and measures, access, patient experience, clinical outcomes, reducing harm and workforce measures. Any key performance measures which are of concern would be highlighted to the Board of Directors, a risk assessment would be developed and the risk would either be added to the Board Assurance Framework or a Divisional Risk Register to ensure actions are implemented to mitigate the risk. In addition Corporate Risk Groups remit is to highlight areas of concern to either the Divisional Risk Management Groups or Board of Directors, for mitigating action to be undertaken.

NHS Improvement's Well-Led Framework

The Trust has robust processes in place to ensure that services are well-led in accordance with NHS Improvement's Well Led Framework. These processes are discussed in more detail within the Annual Governance Statement and the Quality Report.

As an overview the performance of the Trust is monitored monthly by the Board of Directors through the Integrated Performance Dashboard report. Each division has an Audit and Operational Governance Group which oversees the clinical quality and safety performance and reports into the Clinical Governance Committee. Finance and performance is monitored at the monthly Finance and Performance Committee meetings.

Risks are monitored through the department, divisional and Trust risk registers and through into the Board Assurance Framework (BAF), an audit of the BAF demonstrated that there is an Assurance Framework in place, covering all of the required key components, which is designed and operating to meet the requirements of the Annual Governance Statement.

There have been further assessments of the board effectiveness against NHS Improvement's Well-Led Framework as detailed in the Board Effectiveness section above.

The Trust has a 5 year strategy in place supported by annual Trust Objectives. These are developed through engagement across the organisation and with the Governors.

The annual staff survey has provided a positive picture in relation to leadership and engagement year on year.

Council of Governors – Directors' Attendance
The Chief Executive, Director of Finance and Director of Nursing attend all Council of Governors meetings, and other Executive Directors of the Trust attend Council meetings as required. In addition all Non-Executive Directors are invited to attend each Council meeting.

During 2018/19 the Governors have not exercised their power under paragraph 10C of Schedule 7 to the NHS Act 2006 to formally require one or more of the Directors to attend a governors' meeting for the purpose of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties.

Board Communication with Governors
During the year the Board and in particular the Non-Executive Directors, have ensured that they are aware of the views of the public by liaising with the Governors that represent their constituency areas and Members through a number of activities, including:

- Two round table meetings between the Board of Directors and the Council of Governors
- Attendance by the Non-Executive Directors and Executive Directors at Council meetings
- Attendance by Governors at the Board of Directors meetings, including an opportunity to ask questions
- Attendance by the Non-Executive Chairs of the Audit Committee and Finance and Performance Committee at the Governors' Business Oversight Committee. Allowing the Governors of that Committee to hold the Non-Executive Directors to account
- Attendance by the Non-Executive Chair of the Clinical Governance Committee, Director of Nursing and Director of Operations at the Governors' Patient Care Committee. Allowing the Governors of that Committee to seek assurance on behalf of the Council of Governors around all aspects of patient care and the patients' experience.
- Informal meetings between the Governors, Chair and Non-Executive Directors before each Board of Directors meeting
- Regular informal meetings between the Lead Governor and the Chair
- Informal meetings between individual Governors and the Chair

Accounts 2018/19
The accounts for the accounting period 1 April 2018 to 31 March 2019 have been prepared in accordance with paragraphs 24 and 25 of Schedule 7 of the National Health Services Act 2006 in the form which the Independent Regulator of NHS Foundation Trusts (Monitor) has, with the approval of the Treasury, directed.

Quality Governance
A description of the Trust's arrangements in relation to Quality Governance is included in the Quality Report.

Financial Instruments
The Trust's use of financial instruments is in the Annual Accounts.

Provisions Requiring Supporting Information to be made Publicly Available
The Trust is required to make the following information available to the public and does so either on its website or by request:

- Objectives of the Trust – on the website
- A description of each Director's expertise and experience – contained in the Board profile section and on the Trust's website

- Clear statement of the Board's balance, completeness and appropriateness – contained in this chapter
- Main role of the Appointments and Remuneration Committee and the Nominations and Remuneration Committee – contained in this section and in the section on the Council of Governors. Terms of reference, available on request
- Membership Strategy – available on request
- Contact arrangements for Directors and Governors – available on the website

Provisions Requiring Supporting Information to be made available to Governors
The Trust is required to make the following information available to Governors and does so through the Nominations and Remuneration Committee:

- For any Non-Executive Director seeking re-appointment a report from the Chairman confirming the effectiveness of their performance and their commitment to the role

Provisions Requiring Supporting Information to be made available to Members
The Trust is required to make the following information available to Members and does so in the voting packs issued to Members during the course of the election process for any elected Governor position:

- Biographical details and other relevant information of those members submitting themselves for election/re-election.

Other Provisions
For the other provisions of the Code of Governance there are no special disclosure requirements and the Trust is required to 'comply' or 'explain'. The Board therefore reviewed these provisions of the Code at its meeting on 3 April 2019 and has confirmed its compliance, with the following exceptions, for which an explanation is provided:

Provision B.1.2 – *At least half of the Board of Directors, excluding the Chairman, should comprise non-executive directors determined by the Board to be independent.*

At the Board meeting on 3 April 2019, the Board reviewed the independence status of the Non-Executive Directors (NEDs) and agreed that of the six (excluding the Chairman and non-voting Non-Executive Director), four were independent and two were not as follows:

Bruce Paxton – not independent, as his wife is a senior employee (Consultant) at the Trust, And should any conflict of interest arise during Board business, this would be managed in the usual way through withdrawal from any relevant discussions, in accordance with the Trust's Constitution.

Chris Lewington – not independent, as she was in the last 3-years a senior employee at Warwickshire County Council, with whom the Trust has a material business relationship.

Should any conflict of interest arise during Board business, this would be managed in the usual way through withdrawal from any relevant discussions, in accordance with the Trust's Constitution.

Provision D.2.3 - *The council should consult external professional advisers to market-test the remuneration levels of the chairperson and other non-executives at least once every three years and when they intend to make a material change to the remuneration of a non-executive.*

The Trust bench-marks the remuneration of the Non-Executive Directors (including the Chair) on an annual basis using the NHS Providers national remuneration survey of NHS Trusts and Foundation Trusts and consider any readjustments as appropriate. Any changes are recommended to the Council of Governors who then take the final decision. As a policy decision the Council of Governors agreed that remuneration would only be reviewed in detail every two years.

Board Committees

The Board has five Committees: the Audit Committee, Clinical Governance Committee, Appointments and Remuneration Committee, Finance and Performance Committee (previously known as the Business Performance and Investment Committee) and the Foundation Group Strategy Sub-Committee.

The Non-Executive Directors have opportunities to challenge the views of executive management through each Committee and, through the Committee Chair's report, and report to the Board on any areas of concern.

There are occasions when the Trust's Directors access independent financial and legal advice in accordance with the Trust's procurement processes.

Audit Committee
Remit - The Audit Committee provides the Board with assurance on the establishment and maintenance of an effective system of integrated governance, risk management and internal control. It is advised and supported by representatives from Deloitte (the Trust's external auditor), CW Audit Services (the Trust's internal auditor), a representative from CW Anti-Fraud Services (the Trust's Anti-Fraud Specialist) and the Director of Finance and Trust Secretary.

The Audit Committee has considered three broad areas of risk during the year, concerning; financial systems that underpin the financial processing, operational reporting of the organisation and also work driven largely by the principal risk areas identified in the Board Assurance Framework (BAF). The Trust has particularly asked internal audit to focus on areas where it was felt improvements were required, to ensure the best value was made of their input, as follows:

- Financial Reporting – significant assurance
- Contracted Out Payroll – significant assurance
- Financial Ledger – significant assurance
- Charitable Funds – significant assurance
- Conflict of Interest – significant assurance
- Controlled Drugs – moderate assurance
- Hand Hygiene – moderate assurance
- Accounts Payable – moderate assurance
- Access to Healthcare for People with a Learning Disability – moderate assurance
- Receivables and Debt Recovery – moderate assurance
- Data Quality Diagnostics Waiting Times – moderate assurance
- Budget Setting and CIP – moderate assurance
- Acute Stroke Care Data Quality – limited assurance

Action plans have been agreed as appropriate and the implementation of these plans will continue to be monitored by the internal auditors over the coming months. In addition all outstanding audit actions are reported at each meeting of the Audit Committee and the Committee takes a proactive approach to monitoring the outstanding actions and requesting follow up audits where there are areas of concern.

The Internal Auditors reported their overall audit opinion to the Audit Committee on 15 May 2019 that they felt significant assurance could be given that the Trust had a general sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently.

External Audit - External Audit Services are provided by Deloitte LLP, who were appointed by the Council of Governors, following a full competitive tender exercise. The tender process was led by a working group, comprising Audit Committee members, Governors and members of Trust staff, who agreed the audit specification, and evaluated all submitted tenders. The group also interviewed each shortlisted tenderer in order to further test their suitability to the Trust. The group's recommendation to appoint Deloitte was presented to the Council of Governors at its meeting on 18 May 2017 who made the final decision.

The Audit Committee assesses the effectiveness of the external audit process through the progress reports they submit to each Committee meeting and through key performance indicators.

Internal Audit - The Trust has an internal audit function which is provided by CW Audit Services. The Audit Committee, advised by the Director of Finance, agrees a plan of work for internal audit, with a defined number of days' work. As the year progresses internal audit present their findings of the audits into each of the areas listed in the plan. Audit Committee monitors management responses to the recommendations and actively reviews outstanding actions.

Membership and attendance of the Audit Committee during 2018/19 is indicated in the following table.

Member	No. of meetings	No. of attendances
Rosemary Hyde (Chair)	7	7
Tony Boorman	5	5
Bruce Paxton	7	7
Simon Page	7	7
Geoff Benn	2	2

Clinical Governance Committee

Remit - The Clinical Governance Committee provides the Board with assurance on clinical governance and compliance with related national standards and local objectives. Membership and attendance during 2018/19 of the Committee is indicated in the table.

Member	No. of meetings	No. of attendances
Bruce Paxton (Chair)	12	11
Dr Angela Brady	12	10
Christine Lewington	5	5
Sue Whelan Tracy	12	8
Rosemary Hyde	12	11

Appointments and Remuneration Committee

Remit - This Committee advises the Board on the remuneration and terms of service of the Chief Executive and Executive Directors, and monitors and evaluates their performance. It is also responsible for the appointment of the Chief Executive in conjunction with the Council of Governors. The Trust Secretary provides advice in relation to governance and administrative support to the Committee. The Director of Human Resources provides professional HR support and advice, and the Chief Executive also attends this Committee. Information to support discussion and decisions around Senior Managers' (i.e. Executives) pay is taken from benchmarking exercises undertaken by NHS Providers. This data looks at roles in relation to headcount and turnover of Foundation Trusts. The Committee uses data from Trusts of a similar size as a benchmark for these discussions.

All Executive Directors are on substantive contracts with a 3 month notice period. There have been no termination payments but contracts do allow for notice to be paid in lieu.

During 2018/19 there have been no significant awards made to past senior managers. There are no plans for Directors remuneration policy changes in 2019/20. Membership and attendance at the committee is indicated in the table below.

Member	No. of meetings	No. of attendances
Russell Hardy	4	4
Tony Boorman	3	1
Bruce Paxton	4	4
Angela Brady	4	3
Rosemary Hyde	4	4
Geoff Benn	1	1
Simon Page	4	4
Sue Whelan Tracy	4	4
Chris Lewington (in attendance)	1	0

Business Performance and Investment Committee
(Dissolved by the Board on 2 May 2018)

Remit - This Committee undertakes on behalf of the Board objective scrutiny of the Trust's business/financial strategy, related plans and major investment decisions.

Member	No. of meetings	No. of attendances
Simon Page (Chair)	1	1
Bruce Paxton	1	1
Sue Whelan Tracy	1	0

Finance and Performance Committee
(established by the Board on 2 May 2018)

Remit - The Committee undertakes on behalf of the Board of Directors objective scrutiny of the Trust's financial and operational performance. The Committee provides assurance on the delivery of financial plans agreed by the Board and has an oversight on the regulatory Key Performance Indicators (KPIs) covered by the Single Oversight Framework.

Member	No. of meetings	No. of attendances
Simon Page (Chair)	10	10
Geoff Benn	5	2
Rosemary Hyde	7	7
Sue Whelan Tracy	10	9
Bruce Paxton	7	5

Foundation Group Strategy Sub-Committee

Remit - This Committee advises the Boards of the Trust, Wye Valley NHS Trust and George Eliot Hospital NHS Trust on all matters relevant to the development and implementation of strategy.

Members (for SWFT)	No. of meetings	No. of attendances
Russell Hardy (Chair)	5	5
Simon Page (up to 5 December 2018)	3	2
Chris Lewington (from 5 December 2018)	3	3

Terms of Reference
The Board of Directors has approved all Committee terms of reference, and these are reviewed on a regular basis, and amended as and when required.

Board and committee membership table

Members/ Attendees	Audit Committee	Finance and Performance Committee	Clinical Governance Committee	Foundation Group Strategy Sub-Committee	Appointments and Remuneration Committee	No. of Board of Directors meetings	No. of Board of Directors meetings attended
Russell Hardy Chairman				✓ Chair	✓ Chair	11	11
Tony Boorman Non Executive Director (retired 30 Nov 2018)	✓				✓	8	8
Geoff Benn Non Executive Director	✓	✓			✓	5	4
Bruce Paxton Non Executive Director	✓	✓	✓ Chair		✓	11	10
Rosemary Hyde Non Executive Director	✓ Chair	✓	✓		✓	11	11
Dr Angela Brady Non Executive Director			✓		✓	11	9
Glen Burley Chief Executive				✓	✓	11	10
Jayne Blacklay Managing Director		✓		✓		11	11
Helen Lancaster Director Director of Operations		✓	✓			11	9

Members/ Attendees	Audit Committee	Finance and Performance Committee	Clinical Governance Committee	Foundation Group Strategy Sub-Committee	Appointments and Remuneration Committee	No. of Board of Directors meetings	No. of Board of Directors meetings attended
Fiona Burton Director of Nursing			✓			11	11
Christine Lewington Non Executive Director			✓	✓ (from 5 Dec 2018)	✓	5	5
Dr Charles Ashton Medical Director			✓	✓		11	10
Kim Li, Director of Finance	✓					11	10
Simon Page Non Executive Director	✓	✓ Chair		✓ (up to 5 Dec 2018)	✓	11	11
Sue Whelan Tracy Non Executive Director		✓	✓		✓	11	9

Please note: No Board of Directors was held during January 2019. Also in attendance at the Board meetings during 2018/19 were Ann Pope, Director of Human Resources, Anne Coyle, Managing Director Out of Hospital Care Collaborative, Sophie Gilkes, Acting Director of Development and Meg Lambert, Trust Secretary (from 1 May 2017 to 30 June 2018 Meg was on maternity leave and during this time Sarah Collett, Acting Trust Secretary was in attendance),

SWFT Clinical Services Ltd Board and Board Committees

The Board has three Committees: the Audit Committee, Clinical and Quality Governance Committee, and Remuneration Committee.

Audit Committee

Remit - The Audit Committee provides SWFT Clinical Services Board with assurance on the integrity of the financial statements, internal financial controls and the general internal control and risk management systems, and monitors and reviews the effectiveness of the internal audit function. Also reviews and monitors the external auditors' independence and objectivity and the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements.

On 31 January 2019, SWFT Clinical Services Board considered and approved a proposal to disband the Audit Committee and approved the recommendation for the Trust's Audit Committee to have responsibility for SWFT Clinical Services audit business. This was subsequently considered, approved and ratified by the Trust's Audit Committee in February 2019 and Board of Directors in March 2019. Therefore the remit of the Company's Audit Committee has transferred to the Trust's Audit Committee.

Clinical and Quality Governance Committee

Remit - The Clinical and Quality Governance Committee provides assurance to the SWFT Clinical Services Board of Directors that the company is fulfilling its statutory duties, complying with NHS and other national standards and achieving its own strategic objectives in respect of the provision of its clinical care.

Remuneration Committee

Remit – The Remuneration Committee is authorised by the SWFT Clinical Services Board to set the remuneration policy for all Executive Directors to determine the total individual remuneration package of each Executive Director, other designated senior executives and senior management. (Senior Management is defined as those employees that report directly to the Managing Director.) Set the level and structure of remuneration for senior management, to review the on-going appropriateness and relevance of the remuneration policy, to approve the design of, and determine targets for, any performance-related pay schemes operated by SWFT Clinical Services and approve the total annual payments made under such schemes. To determine the policy for, and scope of, pension arrangements for each Executive Director, other designated senior executives and designated senior managers. To ensure that contractual terms on termination, and any payments made, are fair to the individual, and the company, and that the duty to mitigate loss is fully recognised. To also over see any major changes in employee benefit structures throughout the company and agree the policy for authorising claims for expenses from the Directors.

Terms of Reference

All Committees have terms of reference which have been approved by the SWFT Clinical Services Board of Directors, and these are reviewed on an annual basis, and amended as and when required.

SWFT Clinical Services Board and committee membership table

Members/ Attendees	Audit Committee	Clinical and Quality Governance Committee	Remuneration Committee	No. of Board of Directors meetings	No. of Board of Directors meetings attended
Tony Boorman Chairman	✓Chair		✓Chair	6	6
Jayne Blacklay Chairman/Non-Executive Director (until 26 November 2018)		✓		4	4
Andy Phalp Non-Executive Director	✓	✓Chair		6	6
Kim Li Non-Executive Director	✓			6	6
Ann Pope Non-Executive Director			✓	6	6
John Coyne Managing Director		✓		6	6
David Moon Director of Finance				6	5

Please note:

As the remit of SWFT Clinical Services' Audit Committee was transferred to the Trust's Audit Committee, the Managing Director, Director of Finance, Company Secretary and appropriate Internal and External Auditor representatives are invited to attend the Trust's Audit Committee meetings when discussing SWFT Clinical Services' audit business.

The Managing Director and Director of Finance are invited to attend the Remuneration Committee as required.

The Company Secretary is also in attendance at the Board of Directors, Remuneration Committee and Trust Audit Committee meetings as required.

Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care

- Finance and use of resources

- Operational performance

- Strategic change

- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation
As at 31 March 2019, the Trust was in segment 1.

Finance and Use of Resources
The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2018/19 Score
Financial Stability	Capital service Capacity	1
	Liquidity	1
Financial Efficiency	I&E margin	1
Financial Controls	Distance from Financial Plan	1
	Agency Spend	1
Overall Scoring		**1**

Directors' Remuneration

Name and title	2018/19					
	Gross salary paid during the financial year (bands of £5,000)	All taxable benefits (to the nearest £100)	Annual Performance related bonuses (in bands of £5,000)	Long-term performance related bonuses (in bands of £5,000)	All pension-related benefits - the annual increase in pension entitlement (in bands of £2,500)	Total (bands of £5,000)
Mr G Burley, Chief Executive*	130-135	3,400				130-135
Mrs K Li, Director of Finance	125-130	5,200				130-135
Mrs J Blacklay, Director of Development until 31st July 2018, Managing Director from 1st August 2018	125-130	5,200			110.0-112.5	245-250
Miss S Gilkes, Director of Development from 1st August 2018	50-55					50-55
Dr C Ashton, Medical Director* **	175-180	4,100			72.5-75.0	255-260
Mrs H Lancaster, Director of Operations	100-105	5,200			30.0-32.5	135-140
Mrs F Burton, Director of Nursing	95-100	5,200			52.5-55.0	155-160
Mrs A Pope, Director of Human Resources	95-100	5,200			37.5-40.0	140-145
Mrs A Coyle, Managing Director Out of Hospital Care Collaborative from	95-100				32.5-35.0	130-135
Mr R Hardy, Chairman	40-45					40-45
Mr G Benn, Non Executive Director from 1st November 2018	5-10					5-10
Mr T Boorman, Non Executive Director until 30th November 2018	5-10					5-10
Mr B Paxton, Non Executive Director	10-15					10-15
Mrs R Hyde, Non Executive Director	10-15					10-15
Dr A Brady, Non Executive Director	10-15					10-15
Mr S Page, Non Executive Director	10-15					10-15
Mrs S Whelan Tracy, Non Executive Director	10-15					10-15
Ms C Lewington, Non Executive Director from 1st October 2018	5-10					5-10

*Remuneration in relation to additional responsibilities at Wye Valley NHS Trust (WVT) and George Eliot Hospital NHS Trust (GEH) has been recharged to WVT and GEH and is therefore excluded from this table but is an additional £70-75k for Mr G Burley and £30-£35k for Dr C Ashton.

**Included in the Medical Director's Remuneration is £35-£40k in respect of clinical duties.

Name and title	2017/18					
	Gross salary paid during the financial year (bands of £5,000)	All taxable benefits (to the nearest £100)	Annual Performance related bonuses (in bands of £5,000)	Long-term performance related bonuses (in bands of £5,000)	All pension-related benefits - the annual increase in pension entitlement (in bands of £2,500)	Total (bands of £5,000)
Mr G Burley, Chief Executive*	155-160	4,100				160-165
Mrs K Li, Director of Finance	125-130	5,200				130-135
Mrs J Blacklay, Director of Development	110-115	5,200			77.5-80.0	195-200
Dr C Ashton, Medical Director* **	170-175	4,100			172.5-175.0	350-355
Mrs J Ives, Director of Operations from 1 April 2017 to 30 September 2017*	25-30	1,000			162.5-165.0	190-195
Mrs H Lancaster, Director of Nursing until 30 September 2017, Director of Operations from 1 October 2017	95-100	5,200			37.5-40.0	140-145
Mrs F Burton Director of Nursing from 1st October	45-50	2,600				50-55
Mrs A Pope, Director of Human Resources	90-95	5,200			50.0-52.5	150-155
Mrs A Coyle, Managing Director Out of Hospital Care Collaborative from	85-90					85-90
Mr R Hardy, Chairman	40-45					40-45
Dr A Harrison, Non Executive Director until 21 February 2018	10-15					10-15
Mr T Boorman, Non Executive Director (non-voting from 1 June 2017)	10-15					10-15
Mr B Paxton, Non Executive Director	10-15					10-15
Mrs R Hyde, Non Executive Director	10-15					10-15
Dr A Brady, Non Executive Director	10-15					10-15
Mr S Page, Non Executive Director	10-15					10-15
Mrs S Whelan Tracy, Non Executive Director (voting from 1 June 2017)	10-15					10-15

*Remuneration in relation to additional responsibilities at Wye Valley NHS Trust (WVT) has been recharged to WVT and is therefore excluded from this table but is an additional £35-£40k for Mr G Burley, £30-£35k for Dr C Ashton, £100-£105k for Mrs J Ives (1 April 2017 to 30 September 2017 at SWFT, 1 October to 31 March 2018 fully recharged to WVT).

**Included in the Medical Director's Remuneration is £35-£40k in respect of clinical duties.

ilen Burley, Chief Executive

Date: 24/05/19

The banded remuneration of the highest-paid director in South Warwickshire NHS Foundation Trust in the financial year 2018/19 was £175k-£180k (2017/18, £175k-£180k).This was 5.97 times (2017/18, 6.15) the median remuneration of the workforce, which was £29,608 (2017-18, £28,779). In 2018/19, 6 employees (2017/18, 6) received remuneration in excess of the highest paid director.

Remuneration ranged from £11k to £211k (2017/18 £10k to £199k). Total remuneration includes salary, non-consolidated performance related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. There have been no significant changes to the calculation of the ratio between 2018/19 and 2017/18. It has not been possible to include the whole time equivalent annualised cost of agency as the data is not held in a format that allows this detail of analysis.

Directors' Expenses

Name and title	Expenses 2018/19 £
Mr G Burley Chief Executive	135
Mrs K Li Director of Finance	216
Mrs J Blacklay Director of Development	0
Mrs J Blacklay Managing Director	0
Miss S Gilkes Acting Director of Development	397
Dr C Ashton Medical Director	0
Mrs J Ives Director of Operations	0
Mrs H Lancaster Director of Operations	0
Mrs F Burton Director of Nursing	110
Mrs A Pope Director of Human Resources	640
Ms A Coyle Managing Director Out of Hospital Care Collaborative	1,561
Mr D Roberts Chief Technology Officer	1,202
Mr R Hardy Chairman	0
Mr G Benn Non Executive Director	0
Mr A Boorman Non Executive Director	0
Dr A Brady Non Executive Director	0
Mrs R Hyde Non Executive Director	0
Ms C Lewington Non Executive Director	0
Mr S Page Non Executive Director	658
Mr B Paxton Non Executive Director	598
Mrs S Whelan-Tracy Non Executive Director	0

Any travel by rail booked via rail warrants is paid directly by the Trust and is therefore excluded from the table above; all other rail travel submitted as an expense is included above.

The following Executive Directors receive an allowance for expenses which is included within their salary:

- Mr G Burley, Chief Executive
- Mrs J Blacklay, Managing Director
- Mrs K Li, Director of Finance
- Dr C Ashton, Medical Director
- Mrs H Lancaster, Director of Operations
- Mrs F Burton, Director of Nursing
- Mrs A Pope, Director of Human Resources

Pension Benefits

£ '000 Bandings

Name and title	a Real increase in pension at pension age (bands of £2,500) £000	b Real increase in lump sum at pension age (bands of £2,500) £000	c Total accrued pension at pension age at 31 March 2019 (bands of £5,000) £000	d Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5,000) £000	e Cash Equivalent Transfer Value (CETV) at 1 April 2018 £000	f Real increase in Cash Equivalent Transfer Value (CETV) £000	g Cash Equivalent Transfer Value (CETV) at 31 March 2019 £000	h Employer's contribution to stakeholder pension £000
Mrs J Blacklay Director of Development then Managing Director	5.0-7.5	20.0-22.5	50-55	155-160	889	225	1140	19
Mrs H Lancaster Director of Operations	2.5-5.0	5.0-7.5	40-45	130-135	771	131	925	15
Mrs A Pope Director of Human Resources	2.5-5.0	5.0-7.5	30-35	95-100	641	115	775	14
Dr C Ashton Medical Director	5.00-7.5	12.5-15	95-100	295-300				30
Mrs C Li Director of Finance	0	0	35-40	110-115	681	75	776	17
Mrs F Burton Director of Nursing	2.5-5.0	7.5-10	30-35	90-95	431	115	559	14
Mrs A Coyle Managing Director Out of Hospital Care Collaborative	0-2.5	5.0-7.5	20-25	60-65	309	82	400	14
Mr D Roberts Chief Technology Officer	0	0	10-15	30-35	167	25	197	13
Miss Sophie Gilkes Acting Director of Development*	7.5-10.0	0	5-10	0		81	81	8

* CETV value for 1 April 2018 not available

Staff Report

NHS 2018 Staff Survey
The results of the national staff survey were released in February 2019. The staff survey is commissioned by the Department of Health and invites a variety of staff to answer questions anonymously about the Trust, as an employer and healthcare provider.

Led by the Chief Executive the Trust regularly engages with staff at all levels. During 2018/19 engagement sessions focused on specific themes such as innovation and living the organisational values. In addition, the Organisational Development team supported by line managers, have regularly checked the experience of staff in their teams through a range of face to face sessions and the gathering online feedback. The results of these have been fed into development and action plans. In response to the 2018 staff survey a number of 'sense making' sessions are planned with staff across the Trust to hear more about the results of the survey and what the Trust will be doing following the results. The Trust is pleased to note that staff engagement remains a significantly positive part of the staff survey.

Response rate
The Trust's response rate was 50%, compared to 48% in 2017.

Summary of performance
The table below shows the scores the Trust achieved against each of the 10 themes within the Staff Survey. This is compared against the average scores from the Trust's comparator group.

All scores are an average across the questions that make up the theme and are out of a maximum of 10.

	2018/2019		2017/2018		2016/2017	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, Diversity and Inclusion	9.4	9.2	9.2	9.2	9.5	9.3
Health and Wellbeing	6.4	5.9	6.4	6.0	6.6	6.1
Immediate Managers	6.9	6.8	7.0	6.8	7.2	6.8
Morale	6.5	6.2	n/a	n/a	n/a	n/a
Quality of Appraisals	5.3	5.4	5.5	5.3	5.6	5.4
Quality of Care	7.6	7.4	7.5	7.5	7.8	7.5
Safe Environment – Bullying and Harassment	8.3	8.1	8.2	8.1	8.3	8.2

Safe Environment – Violence	9.6	9.5	9.5	9.5	9.5	9.5
Safety Culture	6.8	6.7	7.0	6.7	7.0	6.7
Staff Engagement	7.4	7.0	7.3	7.0	7.5	7.0

Of the 10 themes reported in the 2018 national NHS Staff Survey the Trust scored among the best in Health and Wellbeing, Morale and Staff Engagement. Of the remaining themes all bar one theme were scored as above average or average, with one theme being just below average for the comparator group. Of these themes staff particularly noted the opportunities for flexible working, reductions in their perceptions of work related stress, choice in how they conduct their work, positive working relationships with colleagues, respect and encouragement from managers and colleagues. The survey also showed improvements in the numbers of staff that would recommend the Trust as a place to work. Staff also reported positive progress in making improvements to their area of work and the levels of enthusiasm for their work.

Of the areas to develop the Trust will be focused on reviewing and revising the appraisal process to ensure that the Trust is consistent in discussing the Trust values in appraisals and making the overall process a developmental and positive experience for all staff. The Trust will also be working with line managers to ensure consistency in the high quality of management capability.

Action plan
In response to the staff survey the Trust will specifically:

- Refresh and revise the appraisal process for all staff
- Create new and exciting development opportunities for line managers
- Continue to develop the range of staff support networks launched in 2018/19
- Continue to embed the Trust's leadership charter into our organisational culture
- Ensure staff are given every opportunity and support to maximise their individual health and wellbeing

Throughout 2019/20 the Trust will continue to engage its workforce by hosting specific feedback sessions with staff at all levels. This will highlight which particular elements of staff experience could be improved and identify any actions to make a positive difference.

Practice Development
During 2018/19 the Learning and Practice Education Development teams have been working together with three main functions; the provision of statutory, mandatory and essential training, pre graduate development support, and post graduate professional development. The team's objectives support staff recruitment, retention and ongoing career development and are linked to the national agenda Get In, Get On and Go Further.

Appraisal
For all staff appraisal plays a key role in measuring and recognising their success. Setting objectives, identifying development opportunities and supporting staff with their knowledge and behaviours all positively contributes to career progression. The Trust continues to achieve the expected level of 85% compliance. In the coming year the Trust will be reviewing the appraisal process and documentation in line with the new agenda for change pay award.

Postgraduate Medical Education
The Trust continues to deliver education to doctors in training allocated to us by Health Education England, from those who have just qualified to those who are in the final year of training and are preparing to apply for hospital consultant or general practitioner posts. The number of training posts increased from August 2018 with the addition of two acute medical training posts.

The network of General Medical Council accredited trainers and supervisors has been strengthened over the last 12 months, with new Consultants undertaking training to become supervisors of doctors in training. This role is essential to ensure that the doctors in training are well supported, and that the training provided by the Trust meets national standards.

Undergraduate Medical Education
The Trust continues to provide high quality teaching to medical students during their studies. Students in all four years of the MB ChB from the University of Buckingham are now joining those from the University of Warwick in receiving their undergraduate education. Work continues to ensure that facilities are in place to meet all aspects of the curriculum.

Apprenticeships
The Trust increased the number of new apprenticeships in 2018/19 with 60 new apprenticeships, including; intermediate, advanced and higher apprenticeships with many staff now on a career pathway through the apprenticeship standards.

The emphasis particularly for the apprenticeship team has been on accessing new standards and procurement of training as well as engaging managers and staff in the benefits of apprenticeships. One of the key national drivers being delivered locally is the new Nursing Associate role. In 2018/19 the Trust had 28 trainees, with19 on the apprenticeship standard programme. This new role aims to bridge the gap between Clinical Support Workers (CSW's) and Registered Nurses.

The Coventry and Warwickshire Apprenticeship Hub, which was launched in 2018/19, is hosted by the Trust. The aim of the initiative is for health and care partners to work together to communicate what health and care apprenticeships are, how best to utilise the apprenticeship levy and deliver apprentice programmes successfully.

The Learning and Development teams have continued to provide and deliver excellent induction programmes for CSW's and Newly Qualified Practitioner Preceptorship Programmes. All CSW's are supported to complete the Care Certificate and the majority of CSW staff are now focused on achieving a higher education qualification through an apprenticeship or undergraduate course.

Work Experience
During 2018/19 162 work experience placements have been offered. The team have also attended various careers events showcasing job opportunities within the Trust.

The Trust will be taking a lead role as part Coventry and Warwickshire wide Next Generation Pipeline initiative supported by the Local Workforce Action Board and Health Education England Funding. Bringing together local Health , Social Care and Education to focus on three key themes; engaging young people in their own health and wellbeing, being able to navigate successfully around health and care systems and promoting health and care careers. This work will enable young people, teachers and careers advisors to be supported to make informed decisions about a various job roles and careers on offer and understand how they can be accessed though different routes. This initiative links closely with the apprenticeship agenda and the local apprenticeship hub.

Internal Communications and Staff Engagement

Important information and updates are shared across the Trust through internal communications. The Trust Communications Team use digital channels and traditional print media to connect the workforce across acute and community settings and facilitate their input.

Each month our Employment Services team host events to welcome new members of staff, engaging with them early on to provide an insight in to the Trust's values and culture. They are provided with information on the Trust through presentations and a 'market place' hosted by existing staff.

Important information, events and development opportunities, positive news stories and patient feedback is shared across the organisation via ePulse, an electronic bulletin which is emailed to all staff on a weekly basis. Pulse, the Trust's staff and Members' magazine is also published three times a year with 2018 editions featuring articles on things such as the official opening of Stratford Hospital by HRH Princess Anne, NHS 70th birthday celebrations, details of our Going the Extra Mile and Innovation award winners and a range of projects aimed at improving our services.

The Trust intranet is an online hub with content covering most of our services and departments. It is only available via a secure network connection, making it a suitable place to store a wide range of information. Staff can access systems, policies, procedures and resources, request annual leave and book on to training courses. Also accessed through the intranet is the Rumour Mill. This is a platform that provides staff with the opportunity to ask questions on work-related topics. Questions are forwarded on to the relevant individuals or teams to answer with responses posted on the Rumour Mill for others to see. The option to remain anonymous results in a widely used communications channel where issues can be addressed openly, promoting an honest culture.

Screen savers are used as a responsive method for quickly sharing brief messages with staff. These can be targeted to specific locations to ensure they are applicable to the viewer.

A growing number of individuals and teams are utilising social media as a way to engage with each other, service users and partner organisations. Social media accounts associated with the Trust are monitored for appropriate use by the Communications Team who also manage the overarching corporate Facebook, Instagram and Twitter accounts. Staff are encouraged to engage with the Trust by following @nhsswft. Glen Burley, Chief Executive, uses the corporate Twitter account to engage with staff as well as partners and the public. The hashtag #CEOGlen is added to this content as a way of identifying Glen's messages.

Utilising these channels amongst others, a number of successful campaigns have been delivered to staff. This includes the staff flu vaccination campaign where screen savers, information stored on the staff intranet and regular updates shared via ePulse, helped to encourage staff to receive their flu vaccine. Another example of a successful campaign is the work to engage staff in the #EndPJParalysis initiative. The Communications Team worked with clinicians to create graphics that illustrated the principles of the project and explained the things staff can do to help patients mobilise and avoid hospital associated deconditioning.

Recognition Group

The Recognition Group is responsible for the corporate level acknowledgement of staff effort and achievements. Staff from acute and community teams meet quarterly to discuss recognition activities, a significant element of which is the GEM Awards (Going the Extra Mile). The group scores GEM Award nominations, against set criteria to ensure fairness, following submission from members of staff or the public. The resulting shortlists are

subsequently reviewed by Glen Burley, Chief Executive and Ann Pope, Director of HR who pick winners in three categories - non-clinical, clinical and team. Winners are presented with a certificate by senior leaders who thank them for their contribution and highlight some of the reasons they were nominated and selected as a winner.

A selection of the GEM Award winners in 2018/19 were:

Conrad Pryke, Therapy Assistant: Conrad was awarded the clinical GEM award for being an 'outstanding member' of the North HomeFirst therapy team. Conrad, who is dedicated to his patients and their needs, has been personally named on friends and family feedback for being so caring, kind and thoughtful.

Malins Ward: The team were recognised for being a successful early implementationr of The Learning Zone - a mentorship support model for student nurses in clinical practice. The nominator commented that Malins Ward were flexible, open to change and recognised the value of investing in and supporting student nurses of the future.

Krzysztof Rog, Web Developer: Krzysztof was nominated for developing a new data system for Psychology which has been tailored to meet their needs. During this project he was always willing to go above and beyond to help the team. His patience and support gave the team the confidence to adapt to the new way of working.

Social, Community and Human Rights

Workforce Health and Wellbeing

The Trust recognises that the health and wellbeing of our people is central to the delivery of high quality, safe and effective patient care. The Trust has signed the Department of Health and Social Care's national health and wellbeing pledges covered under the responsibility deal scheme and was independently assessed against the national workplace charter where it achieved excellence across every indicator. The Trust has also been working with colleagues locally across the health and social care system to maximise the opportunities as part of Coventry and Warwickshire's Year of Wellbeing 2019.

Health and wellbeing priorities have been developed in partnership with Trade Unions, Warwickshire Public Health Department and the Staff Health and Wellbeing Group. They focus on:

- Ensuring that leaders and managers actively support the health and wellbeing of themselves and their team

- Ensuring we regularly gather and use data to make evidence based decisions on staff Health and Wellbeing

- Ensuring that key messages regarding health and wellbeing are made regularly and often

- Ensuring we provide options, effectively signpost to resources, role model and encourage staff across the Trust to do something in relation to their health and wellbeing

The staff Health and Wellbeing Group is responsible for developing an annual action plan that supports the implementation and integration of health and wellbeing related policies, training, campaigns, health checks and Public Health initiatives.

During 2018/19 health and wellbeing campaigns continue to include Five Ways to Wellbeing, Mental Health First Aid, Stress Management and Support, Leadership Development Programmes, and Management Development Training initiatives and support programmes.

Coventry and Warwickshire's Year of Wellbeing is taking place in 2019 and Trust staff have been ensuring they do their part in improving the health and wellbeing of themselves, their teams and their communities. This has included staff making pledges and commitments for example completing Park Runs, long distance hiking challenges, drinking more water and ensuring their teams take regular breaks.

In 2018/19 the Trust created Speak Up and Wellbeing Ambassador roles. These are staff volunteers from across the organisation who aim to signpost fellow team members to resources which can help them in ensuring they remain safe and well at work. In November 2018 the Staff Health and Wellbeing Group supported the delivery of a conference to provide support and encouragement for people in these roles. These ambassadors now form a core part of the Staff Health and Wellbeing Group sharing their successes and projects they have launched locally in their work areas.

This year the group plans to support the Trust is ensuring a greater link between our leadership behaviours in creating cultures which nurture health and wellbeing of our staff. We believe that if our staff are well the care they can deliver will be safe, effective and compassionate. This will include commitments to how we recruit and develop our leaders and managers and how our operational divisions prioritise the wellbeing of their staff through their objectives.

Promoting equality and equity is at the heart of the Trust's values
As a Trust we strive to promote equality through the services we deliver, whilst focusing attention on groups or sections of the community where improvement in health and life expectancy outcomes does not reflect that of the wider community.

Our Equality and Inclusion Strategy outlines the Trust's commitment to understanding the cultural diversity of the communities it serves and the importance of building a diverse workforce that is representative of those communities.

We will do this by:

- Promoting an equality, diversity and human rights based approach in the delivery of health services;
- Reducing the health inequalities that affect communities and ensuring that everyone receives the health care they need;
- Valuing and respecting differences;
- Challenging discrimination and prejudice.

During 2018/19 there have been many local initiatives taken forward to improve accessibility and remove barriers for patients, visitors and carers. Our local partners and the Patient Forum have worked with us to identify six new equality objectives. The objectives listed below will help us build a diverse workforce that will improve the experience and outcomes for patients, relatives and carers.

- Accessible information and communication for patients, carers and visitors
- Deliver services that meet the needs of users from protected groups and deprived communities
- To provide excellent, accessible services that meet the needs of all our patients, visitors and workforce
- To recruit a diverse workforce that is representative of our local communities
- To improve the employment experience of our staff
- To implement the Workforce Disability Equality Scheme

Joint Carer's Strategy
There are currently six work streams in the Carer's Strategy joint with Warwickshire County Council and the Trust currently takes a lead in three areas which are:

- Implementing the redesigned support service for carers
- Empowering carers
- Early identification of carers

European Health Diversity Project
This three year project involves seven partners from six European countries and has successfully attracted funding from the European Union. The aim of the project has been to improve the capacity of health professionals and institutions in meeting the needs of culturally diverse patient groups, thereby reducing the barriers to accessing services and alleviating different forms of discrimination within the health sector. The project has now finished and we are currently working closely with Equality and Inclusion Partnership (EquIP) to develop plans to roll out learning from the project in our Trust.

Accessibility Audit
A programme of local accessibility audits continues to be carried out across Trust sites to identify barriers faced by service users, carers and visitors. The Trust is very fortunate to have expert knowledge from two members of the Equality and Diversity Steering Group who carry out an annual programme of site visits each year and identify actions for the work plan.

The Accessible Information Standard (AIS)
The Trust is committed to making sure that people who have a disability, impairment or sensory loss get easily accessible and understandable information, as well as any communication support that they need. The Trust has put processes in place to identify record, flag, share and meet the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

The Trust accessible information task and finish group is chaired by the Director of Nursing, the group is responsible for the implementation of AIS, British Deaf Association Charter and improving accessibility in our buildings and clinics. The group provides regular progress reports to the equality and diversity steering group who are responsible for monitoring compliance with the standard.

Implementation of the standard will lead to improved outcomes and experiences, and the provision of safer and more personalised care and services to those individuals who come within the scope of this national standard

Staff networks
The Trust recognise that its workforce is its greatest asset and when members of staff feel supported and happy in work this positivity reaches service users. The Trust is committed to creating a more diverse and inclusive organisation.

One of the ways we wish to support this is through the development of staff networks that contribute to addressing and solving problems for all under-represented and disadvantaged groups and individuals within our organisation. There are currently three established networks:

- Black and Minority Ethnic (BME) network
- Disability and Carers Network
- Speak up Health and Wellbeing Ambassadors

These networks offer a place for staff to come together, share experiences and facilitate learning and development. All of our networks will assist us in the shaping and delivery of organisational strategy and policy, working with us to improve staff experience on specific issues relating to each network.

International Nurse Recruitment
During 2018/19 the Trust made the decision to re-introduce international nurse recruitment on a limited scale. Due to the UK leaving the European Union the employment market for Nurses from EU countries coming to work in the NHS had been non-existent; therefore we decided to recruit Nurses from India. We are only doing this on a limited scale in the first instance due to the increased work and support required for Nurses to obtain Nursing and Midwifery Council Registration in the UK. If this pilot scheme proves effective we will look to increase supply based on the decision by the Director of Nursing, HR Director and Director of Finance.

A summary of the Trust's equality and diversity data is below.

Please note this table measures the average whole time equivalent (WTE) between 1 April 2018 – 31 March 2019.

Reporting staff group	2018/19	2018/19	2018/19	2017/18	2017/18	2017/18
	Total	Permanent	Other	Total	Permanent	Other
Medical and dental	374	336	38	335	303	32
Administration and estates	1,045	983	62	942	865	77
Healthcare assistants and other support staff	880	748	132	875	743	132
Nursing, midwifery and health visiting staff	1,459	1,319	140	1,393	1,236	157
Nursing, midwifery and health visiting learners	13	13		21	21	
Scientific, therapeutic and technical staff	590	568	22	572	529	43
Healthcare science staff	21	19	2	16	16	
Total average numbers	**4,382**	**3,986**	**396**	**4,154**	**3,713**	**441**
Number of employees (WTE) engaged on capital projects	42	30	12	3	3	0

The equality and diversity information in the tables below is a breakdown of the total headcount of staff at the year-end (31 March 2019).

Type	Male	Female
Executive Director	3	7
Senior Manager	29	58

Age band	2018/19	%	2017/18	%
16-24	162	3	217	5
25-44	2232	47	1962	44
45-64	2301	48	2200	49
65+	104	2	92	2

Ethnicity	2018/19	%	2017/18	%
White	4008	83	3773	84
Mixed	80	2	68	2
Asian or Asian British	443	9	379	8
Black or Black British	124	3	117	3
Chinese or other Ethnic Group	48	1	51	1
Not Disclosed	96	2	83	2

Disabled	2018/19	%	2017/18	%
No	3948	82	3579	80
Not declared	669	14	733	16
Yes	182	4	159	4

Gender	2018/19	%	2017/18	%
Female	4107	86	3818	85
Male	692	14	653	15

The Trust prides itself on having a robust recruitment process which highlights values based recruitment in addition to assessing for technical skills. We always look to recruit people who demonstrate safe, effective, compassionate and trusted values.

In the recruitment process, candidates have the opportunity to declare a disability on the application form whether they apply on NHS Jobs or directly to the Trust's careers page or via the Trust intranet page (internal vacancies).

Current data shows that 4.6% of people who apply for positions in the Trust declared a disability on their application form, 4.5% of shortlisted candidates declared a disability and 4.9% of those appointed declared a disability.

The Trust has obtained the status of Disability Confident Employer which is level 2 of the Disability Confident Scheme. We are working towards the highest level of level 3 Disability Confident Leader and hope to have this in place during 2019.

By being a Disability Confident Employer, we ensure we promote opportunities throughout the Trust for people with disabilities and ensure candidates with a disability are offered an interview if they meet the personal specification of the role applied for.

The Trust also has a Workforce Disability Network. This is a forum for staff that either has a disability or long term condition themselves or care for someone with a disability or long term condition to raise issues and make positive changes whilst working at the Trust.

The Trust has a sickness absence management policy which refers to how we support our employees who have or acquire a disability. We also have a study leave policy and the Learning and Development team discuss with employees any additional training they may require to undertake their role within the organisation. Our training policies are equality impact assessed to ensure that no staff group is disadvantaged.

A summary of SWFT Clinical Services Ltd equality and diversity data is below.

Age band	2018/19	%	2017/18	%
16-24	2	6	1	4
25-44	13	42	11	40
45-64	16	52	16	56
65+	0	0	0	0
Ethnicity	**2018/19**	**%**	**2017/18**	**%**
White	26	84	25	90
Mixed	0	0	0	0
Asian or Asian British	4	13	2	7
Black or Black British	0	0	0	0
Chinese or other Ethnic Group	1	3	1	3
Not Disclosed	0	0	0	0

Disabled	2018/19	%	2017/18	%
No	0	100	0	100
Not declared	0	0	0	0
Yes	0	0	0	0

Gender	2018/19	%	2017/18	%
Male	11	35	8	29
Female	20	65	20	71

Staff costs

	2018/19 Total £000	2018/19 Permanently employed total £000	2018/19 Other total £000		2017/18 Total £000	2017/18 Permanently employed total £000	2017/18 Other total £000
Salaries and wages	153,488	150,247	3,241		140,925	137,546	3,379
Social security costs	14,393	14,393			13,149	13,149	
Apprenticeship levy	740	740			673	673	
Pension cost - defined contribution plans employer's contributions to NHS pensions	18,122	18,122			16,751	16,751	
Pension cost - other	43	43			7	7	
Temporary staff	6,090		6,090		5,659		5,538
TOTAL GROSS STAFF COSTS	192,876	183,545	9,331		177,043	168,126	8,917
Recoveries in respect of seconded staff	(278)	(278)			(294)	(294)	
TOTAL STAFF COSTS	192,598	183,267	9,331		176,749	167,832	8,917
of which capitalised	1,443	1,012	431		100	100	

Disclosures on Trade Union Facility Time

Relevant union officials	
Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
6	1.8
Percentage of time spent on facility time	
Percentage of time	Number of employees
0%	0
1-50%	4
51%-99%	1
100%	1
Percentage of pay bill spent on facility time	
Provide the total cost of facility time	£81,574
Provide the total pay bill	£185,874,000
Percentage of the total pay bill spent on facility time	0.04%
Paid trade union activities	
Time spent on paid trade union activities as a percentage of total paid facility time hours	34%

The Trust spent £922k on consultancy costs in 2018/19 (£721k in 2017/18).

Early retirement on ill health

During 2018/19, there were four early retirements from the Trust on the grounds of ill health.

Policies

The Trust has a rolling programme for review of its human resource policies, in partnership with staff side, through the Joint Negotiation and Consultative Committee Policy Sub Group. All human resource policies include a section related to monitoring and compliance. The Joint Negotiation and Consultative Committee (JNCC) receive a twice-yearly report on the application of the disciplinary, grievance, performance and capability, sickness absence management and dignity at work policies.

Sickness Data
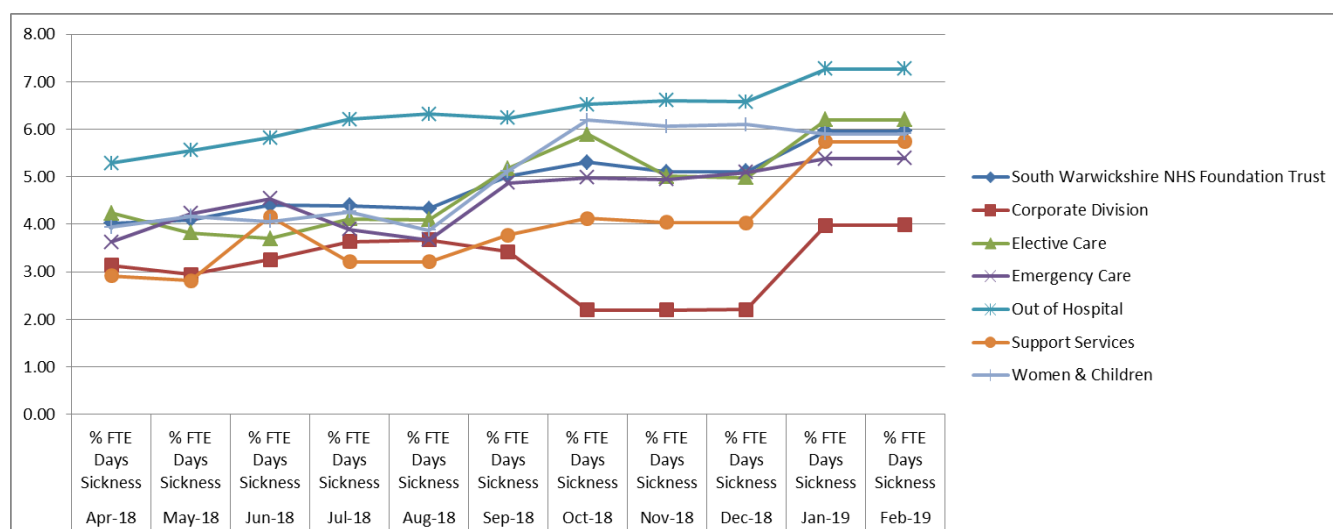
Health and Safety

The Trust has a robust health and safety culture and processes are embedded in our risk management approach.

The Trust continues to review its health and safety management system to ensure legal compliance and appropriate governance arrangements are in place to assure the Board of Directors that good health and safety standards for the protection of staff and others are afforded. This can be evidenced by the self-assessment against the Workplace Health and Safety Standards, with any gaps being reported to the Health and Safety Committee on a bi-annual basis.

Departmental bi-annual audits are used to highlight any health and safety issues. These audits have demonstrated extremely high levels of compliance with health and safety legislation. The Associate Directors of Operations report into the Health and Safety Committee on a range of issues, including monitoring of their Division's health and safety performance which includes information on incidents and lessons learnt.

Tackling Fraud

The Trust continues to be committed to the elimination of any form of fraud, bribery or corruption, and adheres to the NHS Counter Fraud Standards for Providers. The Trust employs a Counter Fraud Specialist (CFS) to raise awareness and promote the counter fraud, bribery and corruption culture and investigate allegations.

This year the emphasis has continued to be on raising staff awareness on fraud, bribery and corruption. The CFS has continued to attend monthly staff induction sessions to inform new

staff about fraud issues, and reporting routes for concerns and deliver departmental face to face fraud awareness sessions. The CFS has worked closely with the HR department, and also alongside the Trust's Freedom to Speak Up Guardian, producing a joint leaflet. Newsletters and screen savers have been distributed, and a staff fraud awareness survey has been circulated for completion. The CFS has also undertaken a further joint cyber fraud awareness session with a local bank.

Prevention arrangements are a key part of an organisation's defence against fraud, bribery or corruption. Therefore deterring and preventing dishonesty is a key component in combating internal or external fraud, bribery and corruption.

The CFS has investigated all potential fraud related concerns that have been reported within the Trust taking any necessary action, and reported back through the Trust's Audit Committee.

Anti-bribery
All employees of the Trust are required to ensure they fully understand the Trust's Fraud, Bribery and Corruption Policy and the procedure for reporting suspicions or matters of possible concern. The CFS reports to the Director of Finance and works with staff in the NHS Counter Fraud Authority in accordance with the NHS Counter Fraud Manual.

The CFS provides bi-monthly written progress reports, and an annual report on counter fraud work within the Trust which includes compliance of the Trust's Fraud and Corruption policy.

The Trust has a Whistle Blowing Policy which details the mechanism to report any suspected or actual fraud, bribery or corruption matters and internally publicise this, together with the national fraud and corruption reporting line provided by NHS Counter Fraud Authority. This policy was ratified by the Policy Review Group.

Other related policies are the Managing Conflicts of Interest Policy and Gifts, Hospitality and Sponsorship Policy. Compliance against these two policies is reported to the Audit Committee on a six monthly basis.

Name	Constituency	Elected or Appointed Governor

Council of Governors and Membership

Council of Governors

Structure and Members

The Council of Governors comprises a total of 28 members; 16 of these members are duly elected to represent public constituencies, 7 members are elected as staff representatives, and 5 members are appointed from key local stakeholders and partners.

In accordance with the Constitution, Public and Staff Governors were elected through a formal election process and appointed Governors were nominated by their respective organisations. Elected and appointed Governors hold office for a period of up to 3 years.

On 28 February 2019 all elected Governors came to the end of their term of office. From November 2018 to February 2019 the Trust therefore held formal elections, managed by Electoral Reform Services, an independent election company, to elect both public and staff Governors. The new Council of Governors has been in post since 1 March 2019 and their first meeting is scheduled for 16 May 2019. New Governors have been highlighted in bold text in the table below. A further election will be held in 2019/20 for the vacant Staff Governor position.

The role of a Governor is an important one, providing a direct link between the Trust, local communities and staff. Governors engage with their Members to gather feedback and views to ensure their voice is heard by the Trust. They have the opportunity, as part of the Council of Governors, to work with the Board of Directors to help shape the Trust's plans for the future.

Key aspects of the Governors' role include:

- Engaging with the local community and staff to represent their views
- Contributing to the development of the Trust's Annual Plan
- Appointing Non-Executive Directors and the Chair of the Trust and setting their terms and conditions, and
- Contributing thoughts, views and opinions at the Council of Governors meetings

Cllr Susan Adams	Stratford District Council	Appointed
Mrs Jean Arrowsmith	Warwick District and Borders	Elected
Mr Robert Ashby	Warwick District and Borders	Elected
Mr Jon Bolger	West Stratford and Borders	Elected
Cllr Felicity Bunker	Warwick District Council	Appointed
Mr Norman Byrne	Warwick and Leamington Towns	Elected
Cllr Les Caborn	Warwickshire County Council	Appointed
Mrs Ruth Cowan	Warwick and Leamington Towns	Elected
Miss Helena Darcy-Cope	Staff (Nursing and Midwifery Community)	Elected
Mr David Gee	East Stratford and Borders	Elected
Mr Peter Gregory-Hood	East Stratford and Borders	Elected
Dr Richard Grimes	Warwick District and Borders	Elected
Dr Cally Harrison	Northern Warwickshire and Rugby	Elected
Mr Phil Harvey	Warwick District and Borders	Elected
Mrs Pamela Hemsley	Staff (Nursing and Midwifery Acute)	Elected
Mrs Jagjit Kaur Kholi	Northern Warwickshire and Rugby	Elected
Mr Roger Lloyd	West Stratford and Borders	Elected
Mrs Mary Malloy	West Stratford and Borders	Elected
Mrs Jane Mason	Staff (Clinical Support)	Elected
Mrs Lara McCarthy	University of Warwick	Appointed
Dr Adrian Parsons	GP rep SWCCG	Appointed
Dr Shirley Rigby	Staff (Medical and Dental)	Elected
Ms Penny Smith	Warwick and Leamington Towns	Elected
Mr Matthew Statham	Warwick and Leamington Towns	Elected
Miss Kathy Wagstaff	Staff (Nursing and Midwifery Acute)	Elected
Ms Sue Warner	Staff (Nursing and Midwifery Community)	Elected
Mrs Jane Wheelan	Staff (Non- Clinical Support Staff)	Elected
Mr Mike Wells	East Stratford and Borders	Elected

Council of Governors up to 28 February 2019

Council of Governors from 1 March 2019

Name	Constituency	Elected or Appointed Governor
Cllr Susan Adams	Stratford District Council	Appointed
Mrs Jean Arrowsmith	Warwick District and Borders	Elected
Chris Baker	**Warwick and Leamington Towns**	**Elected**
Rachel Barnes	**Warwick and Leamington Towns**	**Elected**
Sophie Black	**University of Warwick**	**Appointed**
Cllr Felicity Bunker	Warwick District Council	Appointed
Cllr Les Caborn	Warwickshire County Council	Appointed
Karen Callender	**Northern Warwickshire and Rugby**	**Elected**
Michael Coker	**Warwick District and Borders**	**Elected**
Mrs Ruth Cowan	Warwick and Leamington Towns	Elected
Miss Helena Darcy-Cope	Staff (Nursing and Midwifery Community)	Elected
Mr David Gee	East Stratford and Borders	Elected
Alex Grieve	**West Stratford and Borders**	**Elected**
Dr Richard Grimes	Warwick District and Borders	Elected
Dr Cally Harrison	Northern Warwickshire and Rugby	Elected
Jane Knight	**Warwick and Leamington Towns**	**Elected**
Mr Roger Lloyd	West Stratford and Borders	Elected
Alexandra Mann	**East Stratford and Borders**	**Elected**
Mrs Mary Malloy	West Stratford and Borders	Elected
Jane Mason	Staff (Clinical Support)	Elected
Dr Adrian Parsons	GP rep South Warwickshire CCG	Appointed
Dr Najmi Qureshi	**Staff (Medical and Dental)**	**Elected**
Patricia Scott	**Warwick District and Borders**	**Elected**
Miss Kathy Wagstaff	Staff (Nursing and Midwifery Acute)	Elected
Carl Walker	**Staff (Non-Clinical Support)**	**Elected**
Sue Warner	Staff (Nursing and Midwifery Community)	Elected
Mike Wells	East Stratford and Borders	Elected
Vacancy	Staff (Nursing and Midwifery Acute)	Elected

New Governors highlighted in bold text and returning Governors in standard text.

Public Governors	Name	Number of CoG meetings	Number of CoG meetings attended	Expenses 2018/19

		required to attend between 1 April 2018 – 31 March 2019	between 1 April 2018 - 31 March 2019	£
East Stratford and Borders	Mr David Gee	4	4	531
East Stratford and Borders	Mr Peter Gregory-Hood	4	3	0
Warwick and Leamington Towns	Mr Norman Byrne	4	4	0
Warwick and Leamington Towns	Mrs Ruth Cowan	4	3	0
Warwick and Leamington Towns	Ms Penny Smith	4	4	0
Warwick and Leamington Towns	Mr Matthew Statham	4	4	0
Warwick District and Borders	Mr Robert Ashby	4	2	0
Warwick District and Borders	Mrs Jean Arrowsmith	4	3	71
Warwick District and Borders	Dr Richard Grimes	4	4	0
Warwick District and Borders	Mr Phil Harvey	2	2	0
West Stratford and Borders	Mr Jon Bolger	4	3	0
West Stratford and Borders	Mr Roger Lloyd	4	4	913
West Stratford and Borders	Mrs Mary Malloy	4	4	310
Northern Warwickshire and Rugby	Mrs Jagjit Kaur Kholi	4	4	0
Northern Warwickshire and Rugby	Dr Cally Harrison	4	3	330

Staff Governors	Name	Number of CoG meetings required to attend between 1 April 2018 – 31 March 2019	Number of Attendances at 4 CoG meetings between 1 April 2018 - 31 March 2019	Expenses 2017/18 £
Nursing and Midwifery Acute	Mrs Pamela Hemsley	4	2	0
Nursing and Midwifery Acute	Miss Kathy Wagstaff	4	3	0
Non-Clinical Support	Mrs Jane Wheelan	4	3	0
Clinical Support	Mrs Jane Mason	4	4	0
Medical and Dental	Dr Shirley Rigby	4	4	0
Nursing and Midwifery Community	Miss Helena Darcy-Cope	4	3	0
Nursing and Midwifery Community	Ms Sue Warner	4	4	0
Appointed Governors	**Name**	**Number of CoG meetings required to attend between 1 April 2018 – 31 March 2019**	**Number of Attendances at 4 CoG meetings between 1 April 2018 - 31 March 2019**	**Expenses 2018/19 £**
Stratford District Council	Cllr Susan Adams	4	2	**0**
Warwick District Council	Cllr Felicity Bunker	4	3	**0**
University of Warwick	Mrs Lara McCarthy	4	3	**48**
GP Consortium Rep SWCCG	Dr Adrian Parsons	4	4	**0**
Warwickshire County Council	Cllr Les Caborn	4	2	**0**

Contact Details
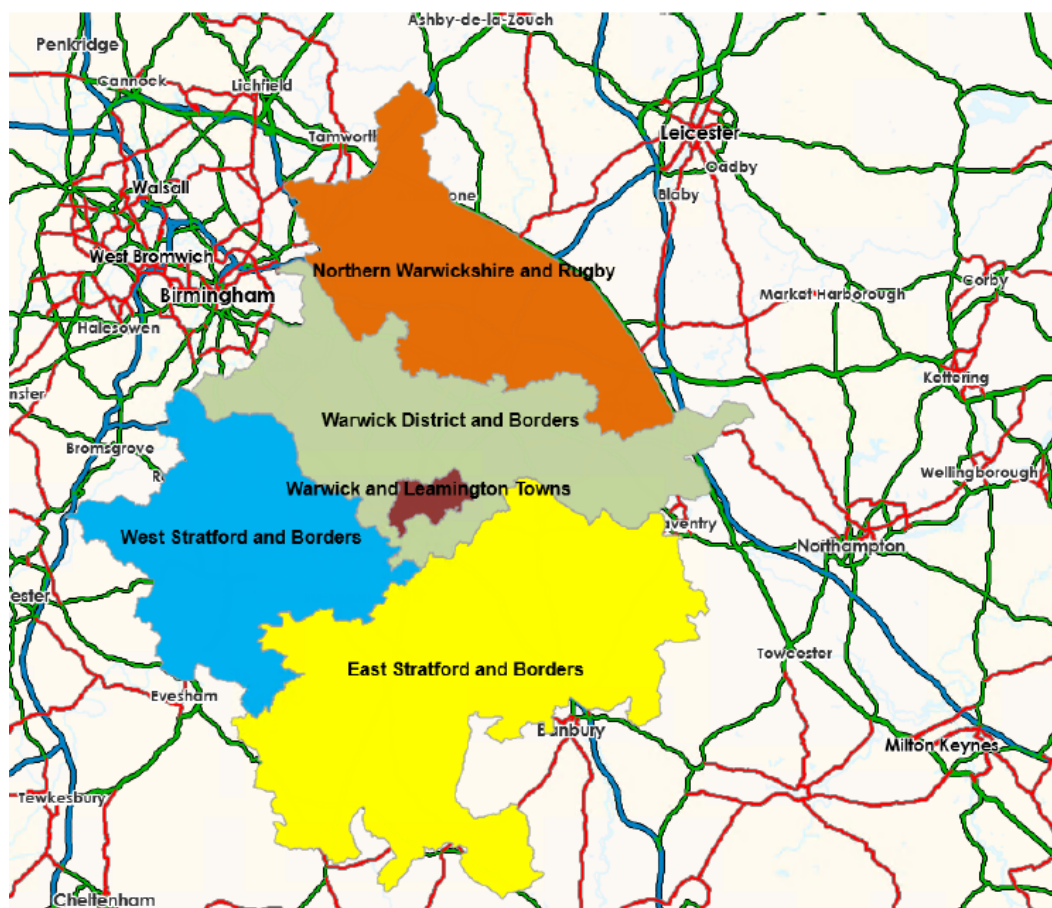Governors can be contacted in the following ways:
Call: 0800 085 2471
Post: Freepost RRUR-BBAH-CAJA
Email: Governors@swft.nhs.uk

To access the Governors' Register of Interests please visit www.swft.nhs.uk or alternatively contact the Trust Secretary at Warwick Hospital on 01926 495 321 ext 8040.

Constituency Map

Meetings of the Council of Governors

During the period 1 April 2018 to 31 March 2019 the Council of Governors has met on five occasions including the Annual Members' Meeting. A summary of its business is outlined below.

17 May 2018

At this meeting the Council received:
- the Patient Experience, Finance and Operational Assurance Reports;
- Governor requested assurance on the Lorenzo system and Electronic Prescribing, Infection prevention and control and the Care Quality Commission (CQC) inspection
- Reports from other Committees, including the Patient Care Committee
- Recommendations for the Appointment of a Vice-Chair and Senior Independent Director
- The Governors' register of Interests, and the Council's schedule of business.

This meeting was also attended by the Chairman, Chief Executive, Acting Trust Secretary, Director of Finance, Director of Nursing and four Non-Executive Directors.

5 July 2018 (Annual Members' Meeting)

The Council of Governors met for the 2018 Annual Members' Meeting, which was attended by members of the public. The meeting received presentations on the Annual Report Summary Accounts and Auditor's Statement for 2017/18.

The Council presented the Annual Report of the Council of Governors 2017/18.

The Council and the public received a presentation of GEM Awards and Best Clinical Practice Awards.

13 September 2018

At this meeting the Council received:
- A presentation on the fraility pathway redesign
- the Patient Experience, Finance and Operational Assurance Reports.

- Governor requested assurance on preparations for Winter 2018/19 and a foundation group update
- External Audit's outcome of work for the year
- the Annual Report from the Lead Governor and a proposed appointment process for the Lead Governor
- Reports from other Committees

This meeting was also attended by the Chairman, Chief Executive, Trust Secretary, Director of Finance, Director of Nursing, Director of Development, the Trust's external auditor and three Non- Executive Directors.

15 November 2018
At this meeting the Council received
- the Finance Report and Operational Assurance Report
- the Audit Committee Annual Report
- Reports from Committees including the Business Oversight Committee, Patient Care Committee and Nominations and Remuneration Committee
- A summary report on the appraisals of the Non-Executive Directors
- A proposal on contract renewals for the Non-Executive Directors

This meeting was also attended by the Chairman, Trust Secretary, Director of Finance, Director of Nursing, and five Non-Executive Directors.

14 February 2019
At this meeting the Council received
- A presentation on diabetes services
- the Patient Assurance Report, Finance Report and Operational Assurance Report
- A report on carparking at the Trust
- Reports from committees

This meeting was also attended by the Chairman, Chief Executive, Trust Secretary, Director of Finance, Managing Director, Director of Nursing and four Non-Executive Directors.

Sub-Committees of the Council of Governors
At the inaugural meeting on 4 March 2010, the Council of Governors appointed four sub-committees to help the Council discharge its functions. These Committees were reappointed at the inaugural meeting of the new Council of Governors on 7 March 2013. At the Council of Governors meeting on 16 November 2017, it was agreed to disband the Membership Development Committee and membership recruitment would be overseen by the General Purposes Committee.

Nominations and Remuneration Committee
The Nominations and Remuneration Committee makes recommendations to the Council of Governors on the appointment or re-appointment of the Chairman and Non-Executive Directors, and on the terms of appointment and remuneration for these positions. The Nominations and Remuneration Committee considers appropriate recruitment support for the appointment of the Chairman and Non-Executive Directors. The recommendations take into account the views of the Board and the Nominations and Remuneration Committee on the qualifications, skills and experience required for each position. The Committee then makes recommendations to the Council of Governors for approval.

For the period April 2018 – March 2019 the Chair of the Committee was:
- Matthew Statham (Public Governor: Warwick District and Borders)

Other members of the Committee included:

- Jean Arrowsmith (Public Governor: Warwick District and Borders)

- Felicity Bunker (Appointed Governor: Warwick District Council)
- Norman Byrne (Public Governor: Warwick and Leamington Towns)
- David Gee (Public Governor: East Stratford and Borders)
- Mary Malloy (Public Governor: West Stratford and Border)

The Committee is advised by the Director of Human Resources, Trust Secretary and Trust Chairman who attend the meetings but are not members of the Committee.

General Purposes Committee
The General Purposes Committee is responsible for overseeing the arrangements for the conduct of business of the Council of Governors. The Committee has agreed to meet at least three weeks before a Council of Governors' meeting, to review the business conducted at the last Council meeting and to consider and agree the agenda items for the next meeting. The Committee also considers the format and content of reports received by the Council and the Council agreed that the membership of its Committees would be agreed by the General Purposes Committee. Following the decision at the Council of Governors meeting on 16 November 2017 to transfer the remit of the Membership Development Committee to the General Purposes Committee, the Committee also reviews the Membership and Engagement report.

The Chair of this Committee was Mary Malloy (Public Governor: West Stratford and Borders).

Other Members of this Committee include:
- Norman Byrne (Public Governor: Warwick and Leamington Towns)
- David Gee (Public Governor: East Stratford and Borders)
- Richard Grimes (Public Governor: Warwick District and Borders)
- Cally Harrison (Public Governor: Northern Warwickshire and Rugby)
- Roger Lloyd (Public Governor: West Stratford and Borders)
- Lara McCarthy (Appointed Governor: University of Warwick)
- Matthew Statham (Public Governor: Warwick and Leamington Towns)

The Chairman and Trust Secretary also attend these meetings but are not Members of the Committee.

Patient Care Committee
The Patient Care Committee has been established by the Council of Governors to scrutinise patient care, quality and dignity within the Trust. Representatives of the Patient Forum and the Trust's senior nursing and operational teams are also members of the Committee.

The Chair of this Committee was Penny Smith (Public Governor: Warwick and Leamington Towns)

Other Members of this Committee include:
- Jean Arrowsmith (Public Governor: Warwick District and Borders)
- Ruth Cowan (Public Governor: Warwick District and Borders)
- Peter Gregory-Hood (Public Governor: East Stratford and Borders
- Dr Cally Harrison (Public Governor: Northern Warwickshire and Rugby)
- Pamela Hemsley (Staff Governor: Nursing and Midwifery Acute)
- Charles Hart (Patient Forum Member)
- Ronald Grant (Patient Forum Member)
- William Hall (Patient Forum Member)
- Mary Malloy (Public Governor: West Stratford and Borders)
- Sue Warner (Staff Governor: Nursing and Midwifery Community)
- Jane Wheelan (Staff Governor: Non – Clinical Support Staff)
- Geoff Raine (Patient Forum Member)
- Bruce Paxton (Non-Executive Director)

- Fiona Burton (Director of Nursing)
- Helen Lancaster (Director of Operations)

The Trust Secretary also attends these meetings but is not a Member of the Committee.

Business Oversight Committee
The Business Oversight Committee has been established by the Council of Governors to receive assurance from the Trust in relation to performance issues. The Committee receives assurances from Non–Executive Directors.

The Chair of this Committee is:
- Felicity Bunker (Appointed Governor: Warwick District Council)

Other Members of this Committee include:
- Roger Lloyd (Public Governor: West Stratford and Borders)
- Penny Smith (Public Governor: Warwick and Leamington Towns)
- Sue Warner (Staff Governor: Nursing and Midwifery Community)
- Mike Wells (Public Governor East Stratford and Borders)

The Trust Secretary and two Non-Executive Directors support these meetings but are not Members of the Committee.

Membership and Engagement

During 2018/19 the Trust has made efforts to continuously develop its engagement strategy and collaborate with the wider community.

Our Membership includes people who fall into the following categories:

- Over 16 years of age and living within our constituencies
- Any employee of the Trust (i.e. staff who have a permanent contract)

Work has taken place to ensure the Trust is compliant with the new General Data Protection Regulations (GDPR). To support this new membership forms have been developed. These were simplified to ensure clear communications with our Members using their preferred methods of contact. MES, our database suppliers, have also added a new feature to our system which enables Members to review and edit their own data and communication preferences. This will further ensure that they receive any information by their preferred method. They will also be able to terminate their membership at any time, giving them greater access and control of their personal data. These changes will also help to reduce costs in postage and bounce backs caused by out of date information.

Staff Membership

All eligible Trust staff automatically become Members unless they opt out. Bank, contractors and registered volunteers are not included but are invited to become a Member. Eligibility to become a member is based on the following:

• Staff on a permanent contract

• Staff on a fixed-term contract of 12 months or more

• Staff who have been employed continuously for 12 months, and

• Staff employed by an independent contractor working on the Trust's behalf who have done so for 12 months or more

Public Membership and Constituencies

The Trust Membership is made up of five public constituencies:

- East Stratford and Borders
- Northern Warwickshire and Rugby
- Warwick and Leamington Towns
- Warwick District and Borders
- West Stratford and Borders

Public Membership has increased from 6,361 at the beginning of April 2018 to 6,536 at 31 March 2019.

Public Membership analysis as at 31 March 2019 is as follows:

Age Group	Total Membership (public) as at 31 March 2019
Not specified	63
16-21	57
22-29	407
30-39	410
40-49	681
50-59	880
60-74	1911
75+	2127

Total	6536

Gender	Total Membership (public) as at 31 March 2019
Male	2622
Female	3906
Transgender	1
Unspecified	7
Total	**6536**

Ethnicity	Total Membership (public) as at 31 March 2019
White (incl British White and Other)	5686
Mixed (including Other)	64
Asian or Asian British	323
Black or Black British	48
Chinese or Other Ethnic Group	50
Any other Ethnic Group	17
Not supplied	348
Total	**6536**

Constituency	Total Membership (public) as at 31 March 2019
East Stratford and Borders	1100
Northern Warwickshire and Rugby	472
Warwick and Leamington Towns	1966
Warwick District and Borders	1545
West Stratford and Borders	1393
Out of Trust Area	60

Total	6536

Membership Engagement

A new post was created in 2018 responsible for engagement with Foundation Trust Members. The Engagement Officer is a key member of the wider Communications Team leading on activities to enhance engagement with local communities.

One of the main focusses for Membership engagement has been to maximise the value of each Member for the Trust. Ensuring that each contact is relevant and specific to the reasons the Member has joined.

Membership has been embedded within other activities and communication channels, utilising the Trust's social media platforms to engage with existing and potential Members on a weekly basis, showcasing the benefits of Membership through easy to understand designs. To support this, a new suite of simple graphics has been developed. These are visual representations of how the Trust's services can support you at all stages of your life, demonstrating why it is important to be involved in local healthcare.

Membership Recruitment

The Trust has focussed on increasing our younger Membership base. To target this demographic, we have been working closely with the Recruitment, Apprenticeship and Work Experience teams, highlighting the diverse careers available at the Trust.

Another target group has been volunteers and in 2019/20 we plan to link in with the work of the Trust's Volunteer team to see how we can better incorporate the Trust's volunteers into our Membership.

Further work is also going to take place to explore the options around developing Membership engagement at a Foundation Group level. There are opportunities to work closely with George Eliot Hospital NHS Trust and develop a more joined up approach to engaging with North Warwickshire constituents.

During February 2019, the Trust ran a campaign to encourage the community to join the Foundation Trust. People joining during the month of February were entered into a prize draw and the winner was randomly selected from any new Members joining during that month. This campaign was successful and during February 117 Members were recruited.

Quality Report

Part 1: Statement on Quality

I have great pleasure in introducing this year's Quality Report. Despite the significant challenges with the operating environment of the NHS our report demonstrates another year of improvement across the Trust. We are now considered as one of the leading Trusts in the NHS on improving and sustaining patient flow whilst ensuring high quality care. In addition to meeting the majority of the national standards and targets we have continued to focus on local priorities, steered by our Governors and Members making significant progress against our quality priorities. In a year in which the quality of the NHS has been under the spotlight it is very reassuring to see such positive performance against markers of quality, but also through the direct feedback from patients, through mechanisms such as the Friends and Family Test. On this particular indicator, it has been extremely reassuring that throughout the year a tremendous volume of our patients continued to recommend the Trust.

The Trust had a formal CQC inspection during December 2017 and January 2018 and received an overall rating of 'good'. This was a significant achievement giving the challenges of an extremely difficult Winter. There were several examples of best practice identified, however some recommendations for improvement were also made and the Trust is currently implementing action plans against these. Evidence of progress against these recommendations has been submitted to the CQC. This information has also been used to determine next year's quality priorities.

Infection control continues to be at the core of the Trust and it is pleasing to report that there were no Trust acquired cases of MRSA during 2018/19 and we also saw a reduction in the number of Clostridium Difficile infection. There are also a number of other positive improvements in this report, such as reduction in the number of pressure ulcers reported with a notable number of teams and wards now reporting over 1,000 days free of pressure ulcers. In addition it is pleasing to report that performance against the Safety Thermometer, which is a nationally used tool for analysing and reducing harm to patients, continues to be better than the national average and is still improving.

Safety and good patient outcomes are vital components of quality, but patient experience can often relate to wider factors. Evidence shows that the most significant factor is the level of staff engagement and staff satisfaction. This year's Staff Survey results placed the Trust amongst the best performing Trusts in the country demonstrating positive staff morale and engagement.

Our full annual report and accounts show that we were one of only a small number of providers of acute services who did not breach the duty to manage within our public expenditure limits. We feel that this demonstrates that by getting things right first time and by meeting patients' needs and expectations we also operate efficiently.

I hereby state that to the best of my knowledge the information contained within the Quality Report is accurate.

Glen Burley, Chief Executive   **Date:** 24/05/19

Part 2: Priorities for Improvement for 2019/20

Each year the Trust sets annual objectives and within these objectives, a selection of quality priorities are agreed. These are detailed below and progress will be reported against these quality priorities in next year's Quality Report (2019/20).

Patient safety

- Enhance our safe staffing processes by implementing the recommendations of the national workforce safeguards guidance document
- Improve the organisational falls prevention strategy by strengthening partnership working across this agenda.
- Increase capacity within our ambulatory care pathways to support care out of hospital.

Patient experience

- Improve our patient experience by developing a patient portal system.
- Improve the experience of patients with a learning disability and those who lack capacity to make healthcare related decisions by developing a system of gathering feedback from this group of patients and then implementing actions to improve.
- Further develop innovative patient experience feedback systems to engage a wider group of patients to enable a better understanding of our patient experience across all services.

Patient outcomes

- Actively increase our focus on the prevention of ill health and improvement of wellbeing across our communities by recruiting a public health consultant and developing a system of population health measures.
- Improve organisational learning from mortality reviews, complaints, incidents, claims and best practices.
- Fully implement the continuity of care model in maternity services.

How these priorities were decided and why they are our priorities

In 2018/19 a number of Round Table events occurred with our Council of Governors. During these sessions the key quality priorities and objectives for the Organisation were identified,and discussed. The views of patients, public and staff are also obtained through these events via our Council of Governors. Other sources of information that are used to help us identify and agree our quality priorities are our annual members questionnaire,feedback from external sources, such as the Care Quality Commission and our patient forum.

How we measure, monitor and report quality

Our Board of Directors receive a monthly integrated performance dashboard from the Executive Directors which contains a broad range of performance measures including progress against the annual objectives and the quality priorities. The Board Assurance Framework provides assurance to the Board of delivery of all key objectives inclusive of our quality priorities. Each objective has a lead director who is accountable for the delivery of that objective. Our management and governance structures provide a mechanism for measuring and reporting progress against these priorities, implementing change and assurance on risk.

As part of strengthening quality and visibility of the board at team, ward and department level, the 'Board to Ward' initiatives have continued throughout the year. The Board of Directors visit wards and departments across hospital and community settings on a regular basis to improve communication. Members of the Executive Team also visit areas across the organisation on a regular basis outside of 'Board to Ward' activities, however this is not formally recorded.

As part of these visits patient safety, incidents, complaints and issues that impact on the quality of care are discussed. As a result of these discussions, action is taken by either the Executive Team or by the ward and department managers to ensure the high quality of care.

Where applicable performance against these priority indicators will be discussed with system wide partners and commissioners.

High Level Committees

Organisational Structure High Level Committees – Updated April 2019

Organisational Structure Divisional Risk Groups – Updated April 2019
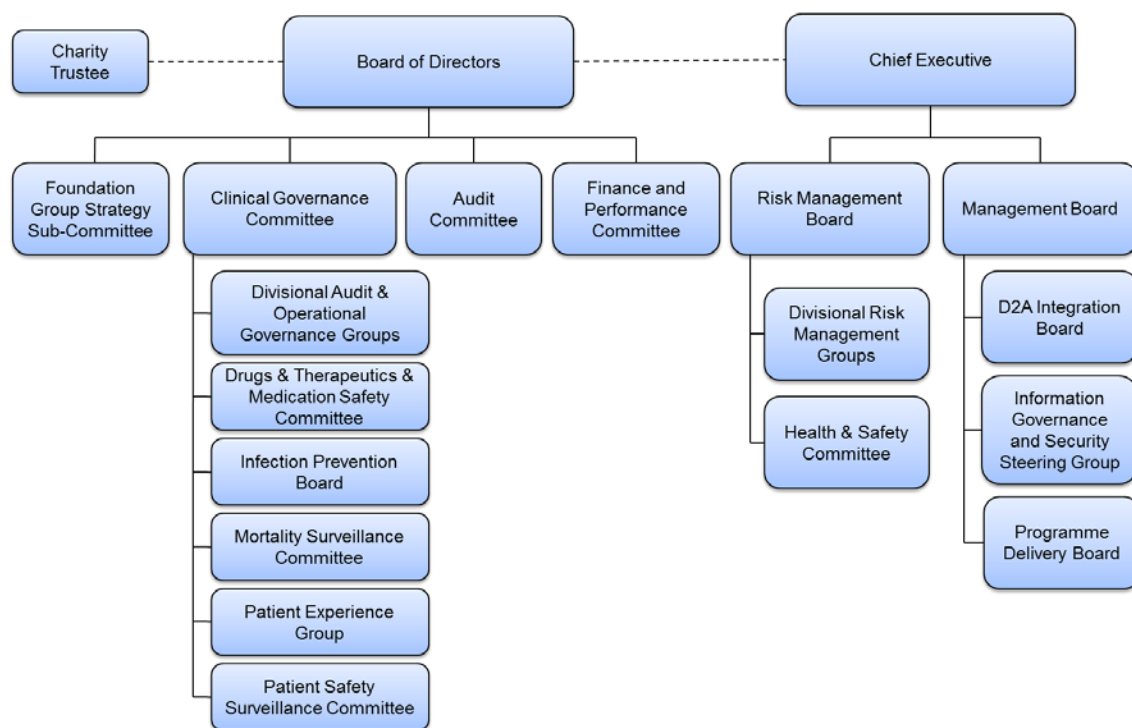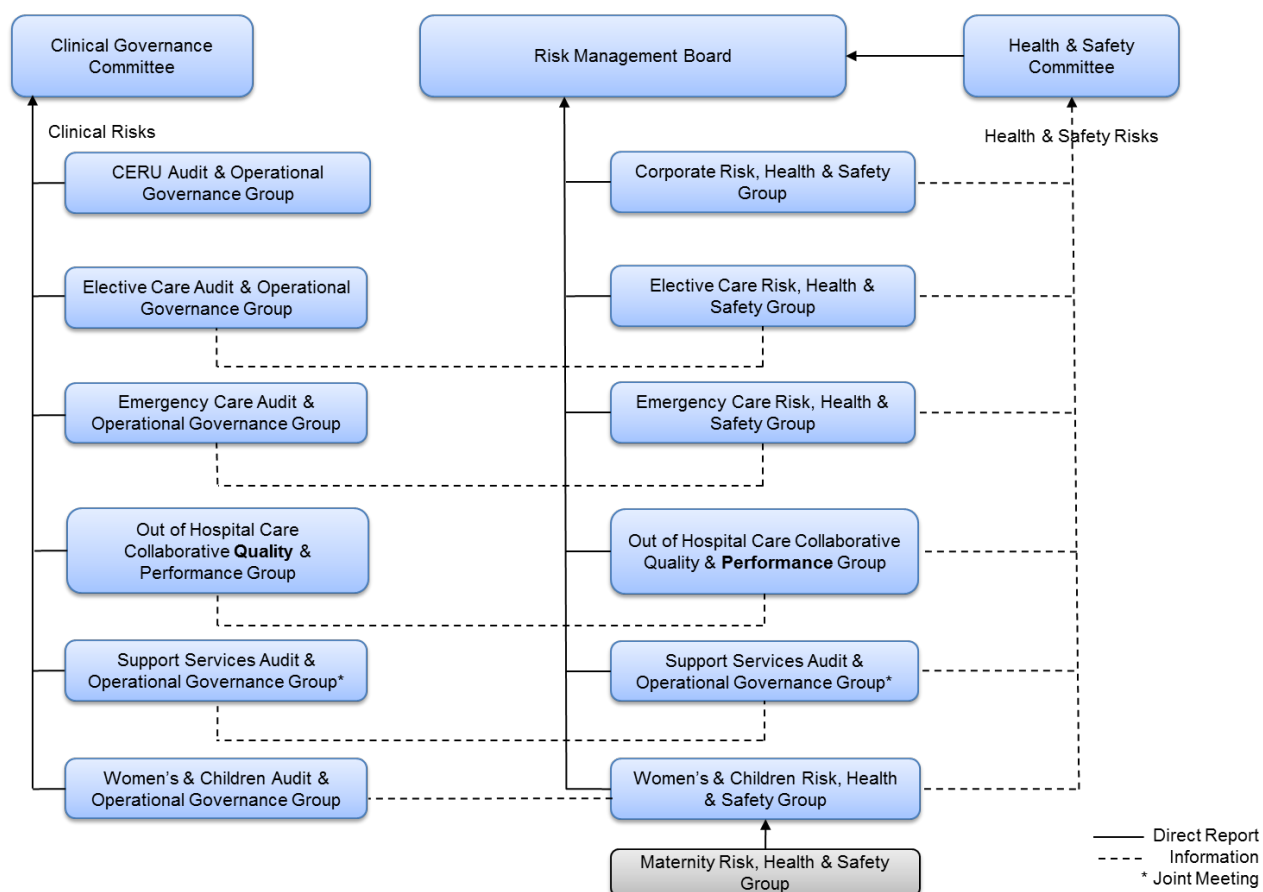
Statements of Assurance from the Trust

Review of Services

During 2018/19 the Trust provided and/or sub-contracted 71 NHS services.

The Trust has reviewed all the data available to them on the quality of care in 100% of these NHS services.

The income generated by the relevant NHS health services reviewed in 2018/19 represents 94% of the total income generated from the provision of NHS services by the Trust for 2018/19. This marks a drop from 96% of the total generated in 2017/18 due to changes in contracts, subcontractors and tenders won.

Participation in Clinical Audits

During 2018/19, 43 national clinical audits and 5 national confidential enquiries covered services that the Trust provides.

During that period the Trust participated in 42 (98%) national clinical audits and 5 (100%) national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The National Clinical Audits that SWFT were eligible to participate in 2018/19	National Clinical Audits that SWFT were eligible for and participated in 2018/19	National Clinical Audits that SWFT participated in and for which data collection completed, % completion
Emergency Department (ED)		
Feverish Children	✓	100%
Vital Signs in Adults	✓	100%
Venous thromboembolism (VTE) risk in lower limb immobilisation	✓	100%
Acute Care		
Cardiac Arrest (National Cardiac Arrest Audit)	✓	100%
Case Mix Programme (CMP)	✓	100%
National Emergency Laparotomy Audit (NELA)Year 5	✓	100%
Blood Transfusion		
National Comparative Audit of Blood Transfusion Programme:	✓	100%
Audit of Massive Haemorrhage	✓	100%
Audit of 'O' Negative Maternal Anaemia	✓	100%
Cancer		
Lung cancer (National Lung cancer Audit)	✓	100%

The National Clinical Audits that SWFT were eligible to participate in 2018/19	National Clinical Audits that SWFT were eligible for and participated in 2018/19	National Clinical Audits that SWFT participated in and for which data collection completed, % completion
Bowel cancer (National Bowel Cancer Audit)	✔	100%
Oesophago-gastric cancer (National O-G Cancer Audit)	✔	100% (Initial diagnosis and referral to University Hospitals Coventry and Warwickshire (UHCW))
National Prostate Cancer audit	✔	100%
National Audit of Breast Cancer in Older Patients (NABCOP)	✔	100%
Cardiology		
Acute Myocardial Infarction and other ACS (MINAP)	✔	100%
Heart Failure (Heart Failure Audit)	✔	100%
Cardiac arrhythmia (Cardiac Rhythm Management Audit)	✔	100%
National Audit of Cardiac Rehabilitation	✔	100%
Elective Procedures		
Elective surgery (National PROM's Programme)	✔	100%
National Joint Registry	✔	100%
End of Life		
National Audit of Care at the End of Life (NACEL)	✔	100%
Learning Disabilities		
Learning Disability Mortality Review Programme (LeDeR)	✔	100%
Infection Prevention		
Mandatory Surveillance of Bloodstream infections and Clostridium Difficile Infection	✔	100%
Reducing the Impact of serious infection (Antimicrobial Resistance and Sepsis)	✔	100%
Surgical Site Infection Surveillance Service	✔	100%
Intermediate Care		
National Audit of Intermediate Care (NAIC)	✔	100%
Long Term Conditions		
National Diabetes Audit Programme: National Diabetes Audit National Inpatient Audit Diabetes in Pregnancy	✔ ✔ ✔	100% 100% 100%

The National Clinical Audits that SWFT were eligible to participate in 2018/19	National Clinical Audits that SWFT were eligible for and participated in 2018/19	National Clinical Audits that SWFT participated in and for which data collection completed, % completion
Audit Diabetes Foot Care Audit	✔	100%
National Audit of Dementia	✔	100%
Inflammatory Bowel Disease(National IBD Audit)	✔	100%
Maternity and Paediatrics		
Neonatal Intensive and Special Care (NNAP)	✔	100%
National Audit of Seizures and Epilepsies in Children and Young People	✔	100%
Diabetes (RCPH National Paediatric Diabetes Audit)	✔	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRACE-UK)	✔	100%
National Maternity and Perinatal Audit (NMPA)	✔	100%
Mortality		
National Mortality Case Record Review Programme	x	Not yet. Planned for 2019.
Older People		
Falls and Fragility Fractures Programme: National Hip Fracture Database	✔	100%
National Inpatient Falls audit	✔	100%
Sentinel Stroke National Audit Programme (SSNAP)	✔	100%
Ophthalmology		
National Ophthalmology Audit	✔	100%
Rheumatology		
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	✔	100%
Rehabilitation		
Specialist rehabilitation for patients with complex needs	✔	No data collection required in 2018-19
Respiratory		
National Asthma and COPD Audit Programme: COPD Adult Asthma Paediatric Asthma	✔ ✔ ✔	Up until October 2018 Data collection is on-going Data collection not due to commence until June 2019
Adult Community Acquired Pneumonia	✔	Data collection is on-going

The National Clinical Audits that SWFT were eligible to participate in 2018/19	National Clinical Audits that SWFT were eligible for and participated in 2018/19	National Clinical Audits that SWFT participated in and for which data collection completed, % completion
Non-Invasive Ventilation-Adults	✓	Data collection is on-going
Serious Hazards of Transfusion (SHOT)		
Serious Hazards of Transfusion (SHOT); UK national haem vigilance scheme	✓	All required data submitted directly
Seven Day Services		
Seven Day Hospital Services	✓	100%

National Confidential Enquiries that South Warwickshire Foundation Trust is eligible to participate in 2018-19	National Confidential Enquiries that South Warwickshire Foundation Trust were eligible for and participated in 2018-19	National Confidential Enquiries that SWFT participated in and for which data collection completed, % completion
Peri-operative Diabetes	✓	100%
Pulmonary Embolism	✓	100%
Long Term Ventilation	✓	Data collection in Progress
Acute Bowel Obstruction	✓	Data collection in Progress
Dysphagia in Parkinson's patients	✓	Data collection in Progress

The reports of 13 National Clinical Audits were reviewed by the provider in 2018/19 and the Trust is taking the following actions to improve the quality of healthcare provided.

National Bowel Cancer Audit
- Continue to audit the numbers of lymph nodes excised during each major surgical procedure for bowel cancer.
- Continue to refer to clinical nurse specialists at time of colonoscopy.
- Consider appointment of additional medical staff to undertake outpatient clinics, arrange investigations in order to reduce cancer waiting times of bowel cancer patients.

National Prostate Cancer Audit
- Improve completion of key data items.
- Continue with appropriate referrals to Specialist Multi-Disciplinary Team.

National Lung Cancer Audit
- Data Quality Review meetings to continue.
- New Cancer pathways currently under development and to be rolled out.
- Review of the current treatment policies.

National Joint Registry (NJR) Data Quality Audit
- Continue monitoring our systems to ensure Minimum Data Set (MDS) forms are completed and submitted to the NJR.
- Re-evaluate our systems for robustness and improve check systems to highlight any missing/incorrect data.
- Continue to remind and reinforce the importance of correctly completing MDS forms for all eligible NJR procedures, including joint replacements performed as a result of acute trauma and excisions/Girdlestones. Consultants, registrars, theatre staff and ward clerks to be targeted.

- Request theatre staff are trained regarding NJR requirements.
- Train new ward clerk on elective ward to check post-op notes for NJR form.

National Emergency Laparotomy Audit (NELA) Year 4
- Data about P-POSSUM, urgency, NELA pseudo-anonymization to be entered in theatre booking form.
- To learn from examples of good practice in the region from West Midlands Academic Health Science Network (WMAHSN).

National Diabetes Audit
- Increase foot screening further.
- Look at attainment of treatment targets especially HbA1c and Cholesterol. Work towards cholesterol targets of 80% achieving <5mmol/L and 40% <4mmol/L across both populations.

National Diabetes Inpatient Audit
- Further reduce prescribing errors by introduction of electronic prescribing, ongoing education for all staff, FY1 training, and diabetes study days for nursing staff.
- Reduce the number of errors relating to insulin by relaunching the e-learning for insulin safety, new ways of working within Diabetic Specialist Nurse (DSN) team to allow more time on the ward training and educating staff on managing insulin.
- Address and drive down the occurrence of hypoglycaemic episodes during hospital stays by taking part in a 'harm' audit, relaunch of hypo boxes incorporated into hypo awareness week and producing Trust wide screensavers to provide snapshot education on hypos and draw attention to guidelines.

National Audit of Intermediate Care
- Use of Electronic Patient Records (EPR) reports to ensure comprehensive data collection.
- Ensure vacancies are actively recruited and skill mix as appropriate.
- Ensure exit interviews are used to identify issues.
- Pressure Ulcers - Teams to have a link Tissue Viability nurse to ensure staff are kept up to date with evidence based practice.
- Band 7 Care Practitioners attending training which incorporates screening for cognitive impairment.

Royal College of Emergency Medicine (RCEM) Procedural Sedation Audit
- Use of sedation sheet/checklist to be highlighted during induction.
- Nursing staff encouraged to promptly complete form/sheet. Also highlight during the senior Nurse meetings.
- Procedural sedation forms made easily assessable in the resuscitation bay.

RCEM Pain in Children
- Ongoing training/discussion with the triage and charge Nurses.
- Analgesia to be routinely offered at triage – Nurse Patient Group Direction (PGD) training and sign off for triage nurse to administer analgesia at triage and pain score box completed.
- Emergency Department manager to add a tick box for analgesia offered or not when updating new Emergency Department cards
- Include analgesia teaching on departmental training programme

RCEM Fractured Neck of Femur
- Senior Emergency Department Nurse to be nominated to work with the proposed nurse led fast track checklist protocol/pathways from the Orthopaedic Department.

National Neonatal Audit Programme (NNAP)
- Ensure data is correct by reviewing notes and maternal 'Badger' for babies with missing data or no consultation.

- Contacting similar units with high compliance to determine how they achieve and maintain compliance.
- Arrange meeting with community team managers to implement community follow up.

National Ophthalmology Audit
- The Trust complication rate was very low especially when compared to similar size trusts, our outcomes were very good. The Trust will continue to contribute data to the three year audit.

The reports of 92 local clinical audits were reviewed by the provider in 2018/19 and the Trust intends to take the following actions to improve the quality of healthcare provided.

- Explore electronic methods for care bundles.
- Compare outcomes of patients with Community Acquired Pneumonia (CAP), Sepsis and Acute Kidney Injury (AKI) on care bundles with similar group of patients without care bundles.
- Remind all staff with regard to their responsibilities on correct documentation on ReSPECT forms at induction and mandatory updates. To liaise with Nurse Consultant responsible for training and supporting Advanced Care Practitioners (ACP), Medical Nurse Practitioners (MNP) and Community Advanced Practitioners to include enhanced ReSPECT training within their development programme.
- Education in use of new transfusion form for Victoria Ward, MacGregor Ward and Theatres.
- Starting consent process at initial consultation if patient is to be booked for an Orthopaedic operation.
- Catheter care bundle is being redesigned and will be re-launched with an education programme.
- Education and training for all medical and ward staff to realise the benefits of using the 'Holistic Assessment and Individual Plan of Care for the Dying Person' (HAIPCDP) and of anticipatory prescribing.
- Reminding pharmacists to challenge prescriptions of broad spectrum antibiotics that are outside of antibiotic guidelines.
- Ensure where applicable Occupational Therapy patients/clients are given a service leaflet about home visits prior to completion of the assessment.

Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee as part of the Health Research Authority was 805.

Participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

The Trust was involved in conducting 71 clinical research studies during 2018/19. Of these, 60 were supported by the National Institute for Health Research (NIHR) through its research networks. The Trust aims to approve 100% of studies within the 40 day benchmark set by the NIHR/Clinical Research Network West Midlands (CRNWM).

NIHR Portfolio Studies Speciality	Number of Studies	Total Number of Patients Recruited
Cancer and haematology	17	28
Diabetes	6	43
Musculoskeletal	5	36
Anaesthetics and Critical Care	5	268
Reproductive Health and Childbirth	6	248
Gastroenterology and Hepatology	6	2
Injuries & Emergencies	1	2
Health Services and Delivery Research	2	83
Cardiology	3	58
Dermatology	1	0
Neurology	1	7
Surgery	1	5
Children	4	1
Respiratory	1	8
Primary Care	1	16

Non- Portfolio Studies	Number of	Total Number of

Speciality	Studies	Patients Recruited
Educational (PhD, MSc etc.)	1	n/a
Genetics	1	n/a
Other	9	n/a

The Trust continues to partake in multi-centred studies supporting high quality research for the benefit of our patients. Our involvement in research has resulted in over 20 publications in the past three years, helping to improve patient outcomes and experience across the NHS.

Goals Agreed with Commissioners

A proportion of the Trust's income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between the Trust and South Warwickshire Clinical Commissioning Group (SWCCG), through the Commissioning for Quality and Innovation payment framework (CQUINs). The total value of income in 2018/19 conditional upon achieving quality improvement and innovation goals was £4,112,206 for acute services and £439,471 for community services. The value of income for the associated payment in 2017/18 was £3,619,223 for acute services and £1,169,987 for community services. Further details of the agreed goals for 2018/19 and for the following 12 month period are available electronically at https://www.england.nhs.uk/nhs-standard-contract/cquin

Whilst all the final quarter 4 CQUIN results are not available at time of reporting, the Trust has made very good progress with the CQUIN Scheme expectations and so far been successful in achieving most of the quarter 1, 2 and 3 milestone expectations.

Care Quality Commission (CQC)

The Trust is required to register with the CQC and its current registration status is registered without conditions. The CQC has not taken enforcement action against the Trust during 2018/19.

The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Registration confirms that the Trust meets all regulations and standards stipulated by the CQC. It also confirms that the Trust is authorised to provide all registered services across all locations registered under the Trust.

The Trust was last inspected in December 2017 and January 2018 and was awarded an overall rating of 'good' with no enforcement actions stipulated. Examples of outstanding practice were reported in maternity and community and acute end of life services. There were areas identified for improvement across the Trust for which the Trust has taken action to improve. Evidence of progress against the action plans was submitted to the CQC, NHS Improvement and the lead Commissioners (SWCCG); progress is now monitored internally through the Trust's Journey to Outstanding Group at which the CQC are regular attenders.

Data Quality

The Trust submitted records during 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 which included the patient's valid NHS Number was:		
	Trust Performance	**National Average**
Admitted patient care	99.8%	99.4%
Outpatient care	100%	99.6%
Accident and Emergency care	99.1%	97.6%

The percentage of records in the published data which included the patient's valid General Practitioner Registration Code was:		
	Trust Performance	**National Average**
Admitted patient care	100%	99.9%
Outpatient care	100%	99.8%
Accident and emergency care	100%	99.3%

For NHS number compliance the Trust exceeded the previous year's position for all categories and remained above the national and regional average.

Clinical Coding

The Trust was not subject to the Payment by Results (PbR) clinical coding audit during 2018/19 by NHS Improvement. We did however undertake an annual coding audit in support of information governance requirements during November 2018. There were 200 episodes of care audited which covered five specialties; Ear, Nose, & Throat (ENT), Gastroenterology, General Medicine, Paediatrics and Trauma & Orthopaedics.

Audit Findings

There were seven Healthcare Resource Groups where payments would have changed; this in general related to issues with documentation.

The overall financial value of the errors identified would have led to an increase in income to the Trust of £5,003 from the sample size of £250,503.

Provider episodes tested in sample	200
% episodes changing payment	4.2%
Pre audit commissioner payment	£250,503
Post audit commissioner payment	£255,006
Net change in payment – undercharge	£5,003
Net change in payment %	2%

This was an improvement from the previous year where the percentage of episodes changing payment was 9%, with the net payment change being 6%. Overall performance had fallen slightly from the previous report;

Key Metrics		
	% correct 2018/19	**% correct 2017/18**
Primary Diagnosis	95.0%	96.5%
Secondary Diagnosis	95.2%	98.9%
Primary Procedure	94.3%	96.5%
Secondary Procedure	93.3%	98.6%

Report Conclusions

The audit report was very positive, with the Trust being acknowledged as demonstrating an excellent standard of coding accuracy.

There were a number of areas where good practice was identified which supported accurate coding, these include:
- All clinical coding staff are fully up to date with clinical coding standards refresher training.
- All new staff attend the full Clinical Coding Standards Course and have individual training plans to support their development.
- Four members of staff have attained Accredited Clinical Coder (ACC) status and all clinical coding staff are fully supported to study towards the qualification.
- The source documentation for coding is the complete set of case notes whenever possible.
- A well-structured EPR.
- Good attention to detail in coding.

There were also a few areas identified for focus on improvement:
- The recording of a large number of documents under the heading of legacy documents.
- Some unnecessary recording of signs and symptoms.
- Multiple versions of discharge summaries currently in use.

These will be reviewed by the data quality and coding team with additional training provided. It was also noted that the Trust has continued to experience issues regarding recruitment and retention of qualified coding staff over the last two years and as a result continues to rely heavily on external contract coding resources. Although we have been successful in recruiting coding trainees, we currently have more trainees than qualified coders. Five of these trainees will be undertaking the formal coding qualification during March 2019.

Our plan remains to be fully staffed, needing minimal additional input from external support by March 2020.

The clinical engagement strategy continues to make progress and we are reviewing any additional opportunities to discuss issues and concerns with clinical staff ensuring that clinical documentation is full and complete to accurately derive codes.

Out of Hospital Care Collaborative

The division began implementation of EMIS Web as the Adult Community Services EPR in June 2018.

Achieving full reporting from this new system has been challenging and has resulted in a change of provider for the data warehouse provision.

A number of data quality issues have been identified, but these are being worked through as each team goes live. It is anticipated that the division will be able to produce performance and data quality reporting from June 2019.

Reporting has also been developed to integrate hospital and community data to support the clinical teams to identify "at risk" patients and to target higher acuity patients in two key residential sites within the county; this will reduce hospital attendances and admissions.

Elective Division

The new Referral to Treatment (RTT) monitoring and reporting tool is now in full use and has helped support the operational teams to achieve and maintain the national standard for waiting times for a number of months; generally being able to formally submit performance one week earlier.

Emergency Division

Following the introduction of the Emergency Care Data Set (ECDS) in October 2017, the division continues to work through plans to improve the quality and completeness of the coding for Emergency Department activity.

Additional reporting is also now in place to support patient "flow". These include performance dashboards for "Stranded" patients and the Red to Green initiative.

Reporting has been introduced to support the further integration of hospital and community care for frail and elderly patients linking with South Warwickshire Council, West Midlands Ambulance Service (WMAS) and the Warwickshire Fire Service.

Women's and Children's Division

There have been improvements in the quality of the data recorded within the maternity system, 'Badger', and the division is about to embark on a Sustainability and Transformation Partnership (STP) wide project to ensure that there is consistency in reporting for ante-natal, delivery and post-natal care when mothers change organisations.

The Trust will be taking the following actions to improve data quality
Data quality continues to be a high priority within the Trust. There will always be numerous errors made within the data, but many of them will not and cannot be identified unless every transaction is manually reviewed by a third party.

We do however continue to introduce more reporting processes to identify where data items do not appear to be consistent with expected values.

A range of new reports have recently been established to support the contract monitoring process to ensure that challenges are not received from our commissioners. These include patients who have had joint replacements who have been coded as "clinically obese", attendances where the referral appears to be from a GP but has not been booked using the e-RS (electronic referral system).

To improve the awareness and importance of data quality across the organisation, the divisional data quality reviews and meetings are to be combined with the new finance based feedback meetings supporting the continued roll out of SLR (service line reporting) and PLICS (patient level costing) as many of the real data quality issues have a direct impact on accurate costing of our clinical services.

It is anticipated that by combining to two work-streams it will provide a more interesting and rounded discussion with the clinical divisions where they will see the importance of data quality on a much broader basis.

In addition to this operational view of data quality, we also have a more strategic assurance review of either deteriorating performance or new emerging issues that are presented to the trust Finance and Performance Executive Board Meeting. This board is held monthly and is chaired by a Non-Executive Director and reports directly to the Trust Board.

Information Governance (IG)

IG is the management of information and sits alongside all other governance initiatives that covers the way the NHS and their employees' process and handles information, by ensuring the necessary safeguards and the appropriate use of all data. Information is a vital asset and IG provides a framework to ensure that personal information is dealt with legally, securely, efficiently and effectively in order to deliver best possible care.

IG encompasses previously separate but related initiatives that improve information security, quality, processing and the handling of data, providing a consistent and logical framework which brings together the listed guidance, standards and best practice that apply to the handling of personal information;

- Information Quality Assurance
- The NHS Code of Confidentiality
- Information Security Assurance
- General Data Protection Regulation 2018 (GDPR)
- The Data Protection Act 2018 (DPA)
- Records Management

The guidance, standards and best practice allows organisations to implement the Department of Health and Social Care (DHSC) and the Information Commissioners Office (ICO) advice; guidance which ensures compliance with the law.

In July 2016 Dame Fiona Caldicott the National Data Guardian (NDG) and the CQC were asked to develop new data security standards and the method of testing compliance against the standards; the 10 Data Security Standards were developed and implemented into the new Data Security and Protection Toolkit (DSPT) which was launched on 1st April 2018.

On the 1 April 2018 NHS Digital introduced the redesigned Information Governance Toolkit (IGTK) called the DSPT. The Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. All organisations that have access to NHS patient data and systems must use the toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

The DSPT brings together the legal rules and the Information Governance mandatory standards/requirements in an online database. There are 10 data security standards with 100 mandatory evidence items required to be completed by NHS organisations these are;

- Personal confidential data
- Staff responsibilities
- Training
- Managing Data Access
- Process Reviews
- Responding to Incidents
- Continuity Planning
- Unsupported Systems
- IT Protection
- Accountable Suppliers

The DSPT has included reference to the new EU 2016 General Data Protection Regulation (GDPR), which the European Parliament, the European Council and the European Commission have implemented to strengthen and unify data protection for individuals within

the European Union. GDPR became directly applicable as law in the UK from May 2018 and the Data Protection Act 2018 fills in the gaps of the GDPR ensuring continuity in the UK pre and post Brexit.

The DSPT will help evidence the Trust's compliance with data protection legislation, GDPR, the Data Protection Act 2018 (DPA) and as CQC Key Lines of Enquiry (KLOEs) and demonstrates that the organisations can be trusted to maintain confidentiality and security of personal information; this in turn gives added confidence to the public that NHS organisations can be trusted with personal data.

The Trust's Information Governance Assessment Report for 2018/19 has achieved a "Standards Met" rating against version 15 of the Data Security Protection Toolkit.

The final publication assessment submission reported by organisations will be used by the CQC when identifying how well organisations are meeting the fundamental standards of quality and safety, and are implementing the 10 Data Security Standards by meeting their statutory obligations on data protection and data security. This comes under the well-led, key line of enquiry W6 "Is appropriate and accurate information being effectively processed and acted on". The CQC does not directly assess GDPR compliance or make detailed, technical assessment of Data Security; inspectors will however refer to compliance against the 10 Data Security Standards during inspections.

Hospital Mortality Rates

Mortality rates have been described as "a smoke alarm" which should always be checked even if the trigger is thought to be already known. A variety of mortality indicators have been developed, which take in to account patient factors such as age, gender, whether an admission was emergency or elective, diagnosis when first admitted to hospital, important co-morbidities, whether receiving palliative care, and any socioeconomic deprivation in the area where the patient lived.

During April 2018 – February 2019, 745 of the Trust's patients died in hospital (as opposed to community patients dying outside of hospital) (of which 5 were people with learning disabilities and nil had a severe mental illness). During this period there were 2 neonatal deaths and 3 still births.

This comprised the following number of deaths which occurred in each quarter of that reporting period:
- 211 in the first quarter (of which 1 was a person with learning disabilities and nil had a severe mental illness). During this period there were nil neonatal deaths and 2 still births.
- 155 in the second quarter (of which 2 were people with learning disabilities and nil had a severe mental illness). During this period there were 2 neonatal deaths and nil still births.
- 229 in the third quarter (of which 1 was a person with learning disabilities and nil had a severe mental illness). During this period there were nil neonatal deaths and nil still births.
- 150 in the fourth quarter excluding March (of which 1 was a person with learning disabilities and nil had a severe mental illness). During this period there was 1 neonatal death and 1 still birth.

By 31 March 2019, 358 case record reviews (mortality reviews) and 19 investigations (follow-up incidents/mortality review, initial management review or serious incident) had been carried out in relation to the 745 deaths*.

* Not all deaths require a case record review - deaths for mortality reviews are selected in line with the criteria specified in the National Guidance on Learning from Deaths
https://www.england.nhs.uk/wp-content/uploads/2017/03/nqb-national-guidance-learning-from-deaths.pdf

The number of deaths in each quarter for which a case record review or an investigation was carried out was:
- 118 in quarter 1
- 79 in quarter 2
- 119 in quarter 3
- 42 in quarter 4 (excluding March)

Two, representing 0.27% of the patient deaths during the reporting period are judged to more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of: 1 (representing 0.13%) for the first quarter; nil (representing 0%) for the second quarter; 1 (representing 0.13%) for the third quarter; and nil (representing 0%) for the fourth quarter.

These numbers have been estimated using the serious incident investigation process which includes a root cause analysis investigation and a mortality review.

Two investigations completed after 31 March 2018 related to deaths which took place before the start of the reporting period (e.g. they took place in 2017/18).

Of these, one was judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the serious incident investigation process which included a route cause analysis investigation and a mortality review.

Trends for the Trust are similar on all these indicators, and over the last year there has been an encouraging reduction in the overall mortality rates for the Trust which continue to remain within the expected range for NHS trusts in England.

What is a Standardised Mortality Ratio?

A simple count of deaths alone does not take in to account the difference in size of hospitals. Unadjusted mortality is a calculation created by dividing the number of deaths by the number of patients treated in a given hospital, for a given period, which generates a percentage rate of patients who die in that hospital. This is perhaps the simplest way to judge hospital mortality performance.

Unadjusted mortality has only a limited role in looking at deaths within hospitals. Apart from the obvious differences in size between hospitals, it also depends on the seriousness of the conditions that patients are admitted with, commonly referred to as case mix. This has led to the development of a number of models which adjust for this to help understand an organisation's comparative position. Collectively these models produce a statistic known as a Hospital Standardised Mortality Ratio (HSMR). Another example of a hospital standardised mortality ratio which is widely used is the Risk Adjusted Mortality Indicator (RAMI).

Standardised mortality ratios have been used for a long time in public health medicine, often to examine regional variations in death for specific causes. They produce a figure by comparing the number of actual deaths (often referred to as 'observed deaths') with the number of deaths that the statistical model would predict after adjusting for the population characteristics (often referred to as 'expected deaths'). Hospital standardised mortality ratios adjust for a wider range of variables which take into account the patient factors described in the first paragraph above. A trust's standardised mortality ratios are often compared with those of its peer group of similar trusts.

Using a Mortality Ratio:

HSMR & RAMI

The Department of Health and Social Care has said that, "A high HSMR is a trigger to ask hard questions. Good hospitals monitor their HSMR data actively and seek to understand where performance may be falling short and action should not stop until the clinical leaders and the Board at the hospital are satisfied that the issues have been effectively dealt with." The Trust monitors trends in mortality, and discusses contributing factors at the monthly Mortality Surveillance Committee (MSC). The MSC reports to the Trust's Clinical Governance Committee and Board of Directors.

The Trust HSMR initially rose since last year's figures peaking around February 2018; since when there has been a consistent fall with the latest monthly values falling below the Trust's peer group, as discussed in more detail below. Over the last year the Trust RAMI has remained stable and falls below the Trust's peer group.

Of note is that there has been a spike in the crude mortality for the Trust in January 2018. There have been considerable winter pressures in the NHS this year mirrored in a mortality rise of 12% in the first seven weeks of 2018 across England and Wales http://dx.doi.org/10.1136/bmj.k1090. It is a positive reflection on patient safety in the Trust that the RAMI has remained steady at 75 in January 2018 during this challenging period;

HSMR: SWFT vs Peer Group

Monthly rolling values:

KEY
SWFT = Blue
Peer = Green

12 Monthly Rolling Values:
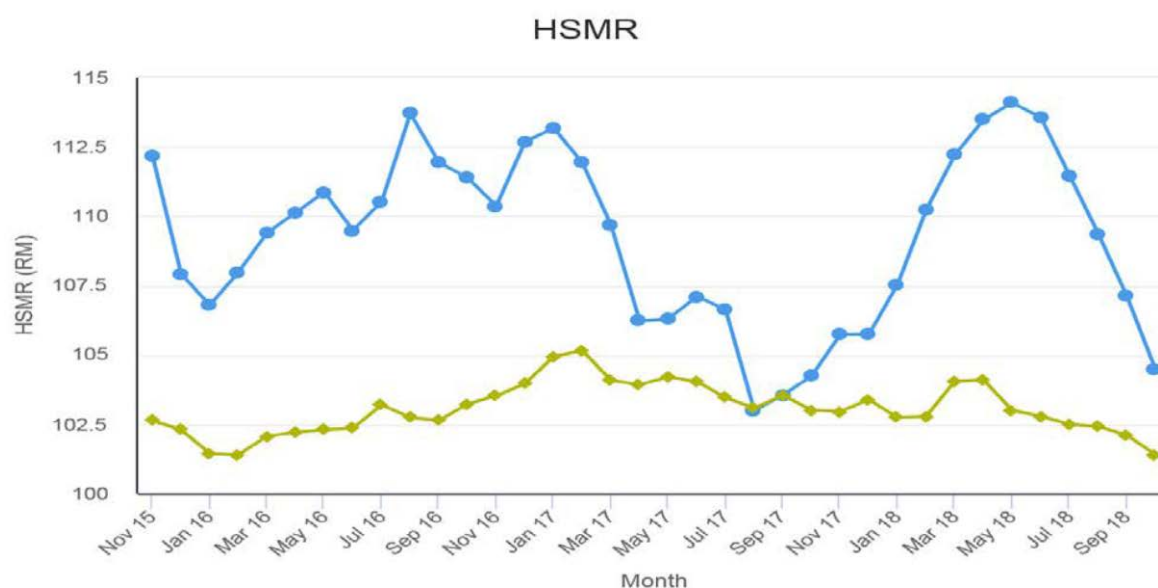
HSMR

KEY
SWFT = Blue
Peer = Green

CUSUM:
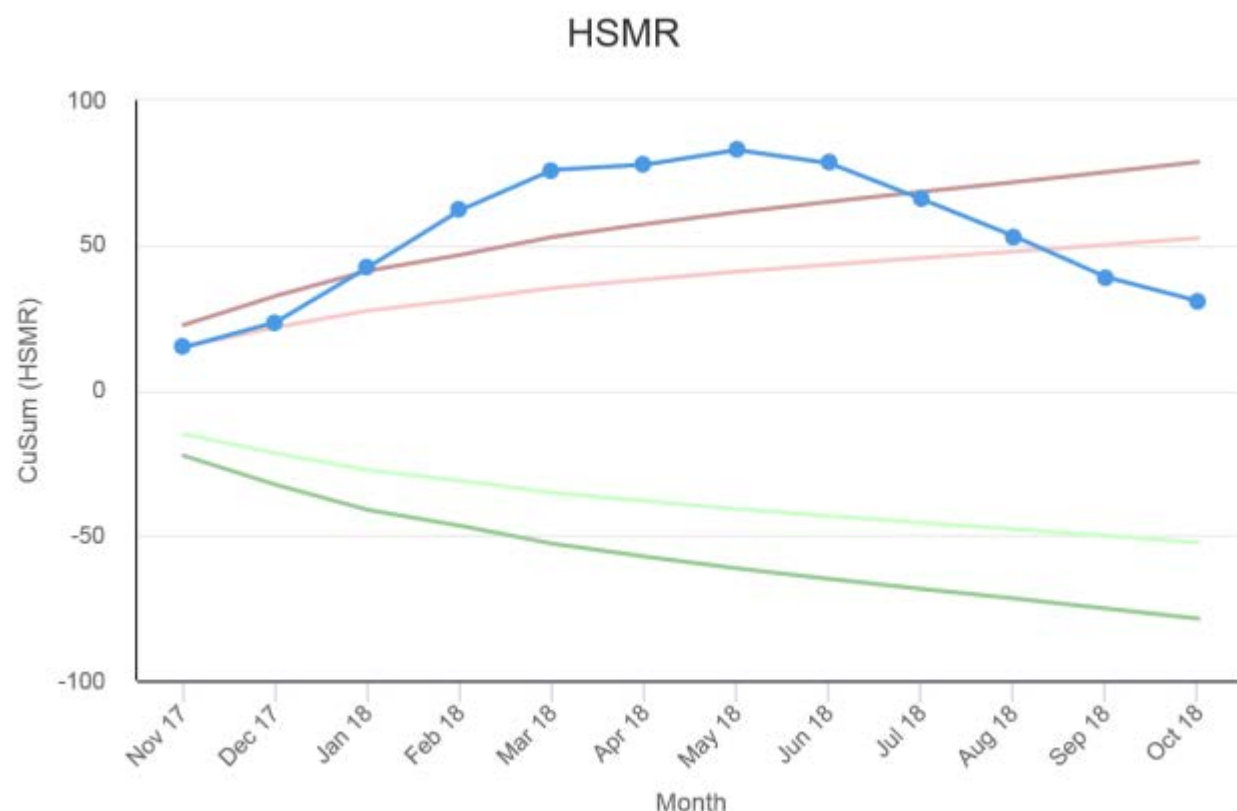
HSMR

KEY
SWFT = Blue
Peer = Green

The HSMR has been rising since last year's figures peaking around February 2018, and has been falling since then. September 2018 is the latest figure available and is at the Trust's lowest level for some time.

The rolling average has turned in the right direction.

Reasons for the rise in HSMR:
- The effect of palliative care coding on HSMR and RAMI. While HSMR is sensitive to the level of palliative care coding while RAMI is not to the same degree. The Trust has been found to have a comparatively low level of palliative care coding and a correspondingly high level of end of life care coding which is likely to have had a negative impact on the HSMR.
- The Trust has relatively high levels of 'Sign and Symptoms as Primary Diagnosis' which again could contribute to a higher HSMR.

There have been learning initiatives around the recording of the primary diagnosis and coding to help address these.

RAMI: SWFT vs Peer Group
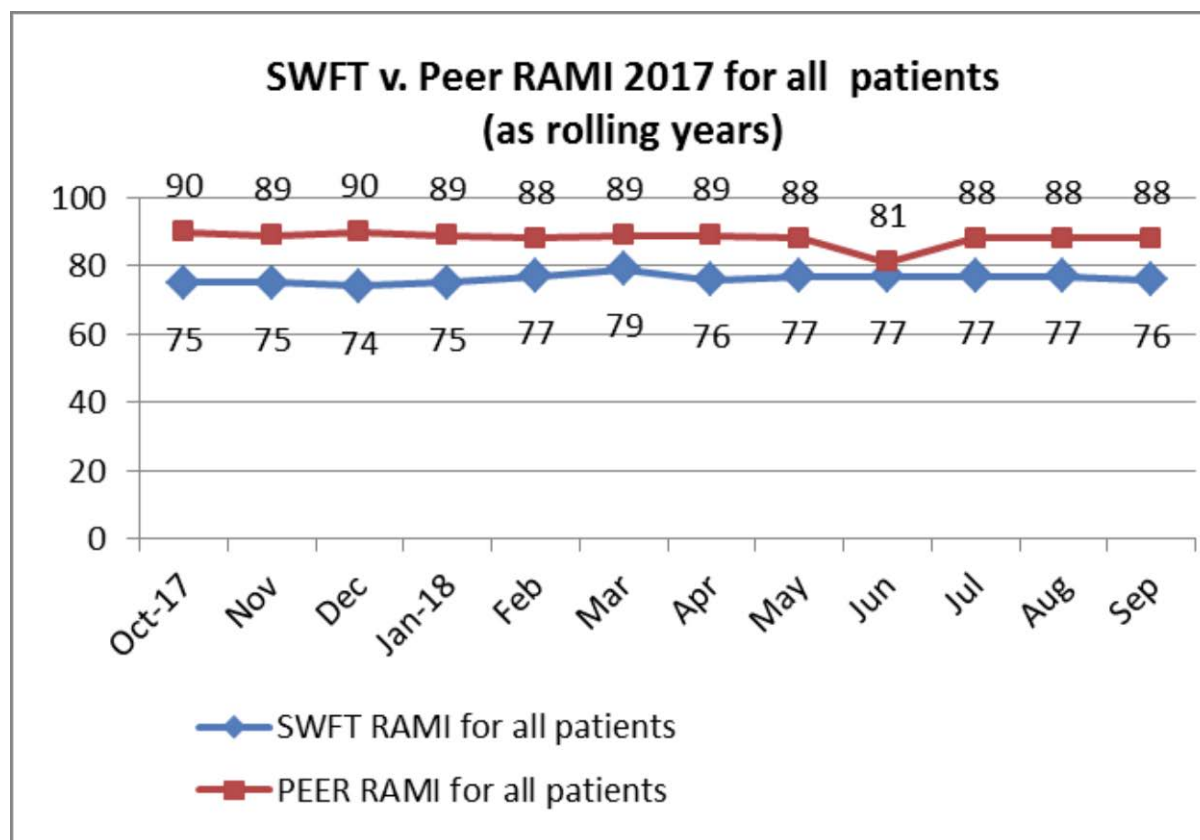
Summary Hospital-Level Mortality Indicator (SHMI)

SHMI is the ratio between the actual number of patients who die following a treatment at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

It covers all deaths reported of patients who were admitted to acute, non-specialist trusts and either die while in hospital or within 30 days of discharge.

The data used to produce the SHMI is generated from data the Trust submits to the Secondary Uses Services (SUS) linked with data from the Office for National Statistics (ONS) death registrations to enable capturing of deaths which occur outside of hospitals. Additional contextual indicators are also published alongside the SHMI to add some context to the interpretation of the SHMI.

The Trust's latest SHMI value for the 12 months (October 2017 to September 2018) is 0.99 which is "as expected" and which has fallen over the year. The preceding latest values for SHMI are:

- July 2017 to June 2018   1.00   (Lower 0.89, Upper 1.13)
- April 2017 to March 2018   1.01   (Lower 0.89, Upper 1.13)
- January 2017 to December 2017 1.01   (Lower 0.89, Upper 1.13)
- October 2016 to September 2017 1.03   (Lower 0.89, Upper 1.12)
- July 2016 to June 2017   1.05   (lower 0.89, Upper 1.13)
- April 2016 to March 2017   1.06   (lower 0.89, Upper 1.13)
- January 2016 to December 2016 1.07   (Lower 0.89, Upper 1.12)
- October 2015 to September 2016 1.06   (Lower 0.89, Upper 1.13).

How to use the SHMI

The SHMI requires careful interpretation, and should not be taken in isolation as a headline figure of the Trust's performance. The SHMI is an indication of whether individual trusts are conforming to the national baseline of hospital-related mortality. Mortality within a trust is described as being either "as expected", "lower than expected" or "higher than expected". All trusts are encouraged to explore and understand the activity which underlies their SHMI from their own data collection sources.

What the Trust has achieved:

The Trust monitors trends in mortality, and discusses contributing factors at the monthly MSC. The MSC reports to the Trust's Clinical Governance Committee and Board of Directors and in its latest quarterly report has provided assurance that:
- Mortality rates for all deaths remain in the "As Expected" range with a continuing fall in HSMR, RAMI and SHMI.
- Of particular note is that the HSMR which was rising has peaked around February 2018, and has since been falling as discussed further in the Report.
- The MSC continues to monitor risk adjusted mortality at speciality and diagnosis level, and commissions further detailed work when appropriate.
- Resulting learning is shared - the single most common theme for learning emerging from not only local but also regional and national mortality reviews, is that of the earlier identification of patients who are End of Life.
- The Trust complies with the National Guidance on Learning from Deaths, and is working to further improve the mortality review process with the introduction of the medical examiner role under discussion.

The MSC is chaired by the Trust's Medical Director, and includes external representation from the CCG. The MSC monitors risk adjusted mortality at speciality and diagnosis level and commissions further detailed work when appropriate e.g. it has recently received assuring reports in the following categories of deaths; all general surgery, heart failure, and acute kidney injury.

The MSC has the following standard agenda items enabling discussion and triangulation of any lessons learned from patient deaths to improve care:
- The mortality scorecard is monthly data which compares mortality rates by condition with other similar sized organisations and with past performance. The Trust compares well in most areas. Where mortality rates for specialties are high compared

to the previous year or with peers, the Trust has undertaken specialty mortality reviews, and developed comprehensive action plans, leading to reductions in mortality rates.

- The mortality page from the patient safety monthly report details the lessons learned from mortality reviews to improve patient care, and monitoring the completion of mortality reviews and the numbers of any preventable deaths.
- Junior Doctor feedback.
- Reports from the Elective and Emergency Divisions Audit and Operational Governance Groups (AOGGs).
- Serious Incident Root Cause Analyses (SI RCAs) with reference to any potentially avoidable deaths.
- Initial Management Review (IMR) minutes for unexpected deaths (non-serious incidents).

Mortality Reviews and Learning from Deaths:

The Trust complies with the standards for mortality reviews set by the National Guidance on Learning from Deaths and is working to further improve the mortality review process by developing a local medical examiner model. Systems to support compliance with these standards have been introduced, as well as making participation in mortality reviews part of Consultants' job plans and an essential requirement for revalidation. This has allowed Consultants the time to complete mortality reviews and participate in departmental morbidity/mortality meetings, facilitating learning from deaths.

Any areas identified by these reviews where patient care may be improved are widely shared within the Trust and actions taken. Oversight of mortality reviews through our AOGGs which report monthly to the MSC have been strengthened, ensuring greater surveillance of deaths and the sharing of learning. The AOGGs and MSC report to the Clinical Governance Committee on a quarterly basis, which reports to the Board of Directors. The Board of Directors also receive a monthly report of mortality figures in the integrated quality dashboard, and a quarterly mortality update.

Recent Learning from Mortality Reviews:

- To complete the overall risk box on the VTE form.
- To treat hyperglycaemia actively unless end of life related.
- To document prognosis to facilitate the consideration of palliative care.
- To use the AMBER bundle when recovery is uncertain, and prescribe anticipatory medications alongside any active treatment.
- That the ReSPECT form is to be countersigned by a Consultant at the first opportunity.
- To document the escalation of NEWS, and cascade to support staff with the cessation of the recording of observations after a decision for end of life care.
- That the earlier recognition and initiation of end of life care may avoid inappropriate medical interventions.
- To ensure that fluid balance has been recorded fully when reviewing patients.
- To document capacity assessments and family discussions.
- To use and fully complete ReSPECT forms.
- To document clearly and update treatment arrangements and follow up.

Lessons from coding:
- Case notes and discharge summaries must clearly state the patient's primary diagnosis or describe the treatment plan in terms of 'treat as....' Or 'probable....' The use of terms such as 'likely', 'possible' or '?' or using the heading 'impression' cannot be used to code patients and therefore should be avoided.

- Mortality indicators such as SHMI or HSMR are compiled using the coding of the primary diagnosis for the first consultant episode and therefore may not reflect the final diagnosis of the cause of death as recorded on the death certificate for example.

The learning regarding advanced care planning/end of life care planning has fed in to the Trust's ongoing end of life work streams, and has influenced the appointment of new Consultants in Palliative Medicine.

The learning around the escalation of the deteriorating patient has led to the successful implementation of an electronic observation system, Oxford SEND, which is embedded in use across wards.

A review of deaths with acute kidney injury (AKI) in the admission diagnosis has resulted in work to improve the identification of high risk patients preoperatively, and continuing education around the treatment of AKI and use of the AKI care bundle. More recently, there has been working with UHCW to develop a shared AKI care bundle, and develop a business case for an AKI nurse in the Trust integrated with the UHCW team which is ongoing. The development of an electronic AKI care bundle is ongoing.

The lessons from coding have encouraged the departments of General Surgery, and Diabetes and Endocrinology to work together with the information department to review the coding of deaths under their care.

Root cause analyses of any deaths judged to be more likely than not to have been due to problems in the care provided to the patient, identify learning. The most recent following a patient's fall has identified learning for a clinical area which has been actioned.

The learning from mortality reviews has informed work to further improve the mortality review process by developing a local medical examiner model.

The mortality review process has facilitated working with primary care to jointly review deaths and share learning. Since May 2018 the CCG Mortality Lead attends the MSC quarterly meetings to review the deaths of a sample of patients who have died within 30 days of hospital discharge. The latest meeting to jointly review a sample of these deaths took place on 19 December 2018 and the findings presented at the MSC meeting in January 2019 and shared with the CCG.

Learning from the deaths of patients with a learning disability (LeDeR) has highlighted areas where care may be improved:
- Early Mental Capacity Act assessments, best interest meetings and Deprivation of Liberty Safeguards (DOLs).
- Prompt referrals to the Multi-Disciplinary Team and other healthcare professionals.
- Family involvement and sharing information.
- Early recognition of the dying person.
- A link to respiratory illness was also noted, with patients with a learning disability being noted to be in a group with higher risk factors for developing aspiration pneumonia.

An educational programme is underway in the Trust with the promotion of the lessons from the LeDeR reviews disseminated within the Trust via the standard processes which include the monthly Patient Safety Report which will be championed by the Safeguarding Team.

The learning from mortality reviews is shared within the Trust via the AOGGs, grand rounds, multidisciplinary mortality meetings, speciality department governance meetings, patient safety monthly reports, patient safety newsletters and via internal communication channels. Action plans from IMRs and SI RCAs are monitored by the Patient Safety team and reported to the relevant AOGG, and Clinical Governance Committee.

Learning from mortality reviews is to be shared more widely across the West Midlands through the West Midlands Mortality Leads Meetings, with feedback through the MSC.

Learning from the two patient deaths during the reporting period which are judged to more likely than not to have been due to problems in the care provided to the patient has highlighted:
- Staff were not always completing. documentation accurately and fully.
- A newly revised Intentional rounding chart which enables Fall Prevention Assessment checking to be recorded at every intervention was not available on the ward.
- The falls prevention cushion sensor pad was not dated when it was first commissioned.
- The Fall Prevention Assessment cushion sensor pad was not working.
- Trust's Post Fall Protocol was not followed.
- There must be consideration given to the continence needs of patients with reduced mobility.

Actions Proposed following the Reporting Period:

- To implement the medical examiner model in the Trust following approval of the proposed model at Management Board in February 2019.
- Early orthogeriatric input may improve outcomes for patients particularly those with frailty, with fractures of the neck of femur and other fractures. A business case to appoint further orthogeriatricians is under development.

A review of deaths with AKI in the admission diagnosis, have resulted in work to improve the identification of high risk patients preoperatively, and further continuing education around the treatment of AKI and use of the AKI care bundle. More recently, there has been work with UHCW to develop a shared AKI care bundle, and develop a business case for an AKI nurse in the Trust integrated with the UHCW team.

The actions taken in relation to the two patient deaths during the reporting period which are judged to more likely than not to have been due to problems in the care provided to the patient were:
- Findings and recommendations from both investigations shared with the Ward team and wider Trust staff
- Training to include:
  - The completion of the post fall protocol
  - Fall Prevention Assessment documentation
  - Reminder of the importance of taking lying and standing blood pressure
  - Safe set up of alarms
- Falls prevention training to be conducted on the clinical areas as well as the classroom setting.
- Falls prevention training to be mandated as essential for key groups of staff.
- Ensure processes are implementation to enable nurses to attend training/meetings
- Monthly audit of falls alarm safe set up being undertaken with results reported to individual wards and Divisional audit meetings.
- Ensure current documentation is utilised and staff are reminded of the importance of full completion.
- Falls reduction plan to be reviewed and strengthened.

The assessment of the impact of the above actions in relation to the 2 in hospital deaths is that there is much improved Trustwide awareness of falls and the need for robust falls prevention methods. The Trust has better and regular monitoring of falls prevention processes at ward level. There has been a reduced rate of falls and harmful falls across the last 10 months.

Reporting against core indicators

Since 2012/13 NHS foundation trusts have been required to report performance against a core set of indicators using data made available to the Trust by NHS Improvement (NHSI) and NHS Digital (NHSD).

For each indicator the number, percentage, value, score or rate (as applicable) for at least the last two reporting periods should be presented in a table. In addition, where the required data is made available by the HSCIC, a comparison should be made of the numbers, percentages, values, scores or rates of each of the NHS foundation trust's indicators with:

- The national average for the same
- Those NHS trusts' and NHS foundation trusts' with the highest and lowest for the same

Indicator	Performance of two reporting periods	National average	Highest score and lowest score
The value and banding of the summary hospital-level mortality indicator ('SHMI') for the trust for the reporting period; and	October 16 – September 17 – 1.03 October 17 – September 18 – 0.99	1.0 1.0	Not traceable on NHSI or NHSD
(b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.	October 16 – September 17 – 20.5% October 17 – September 18 – 16.55%* *This is the most recent data	Not traceable on NHSI or NHSD	Not traceable on NHSI or NHSD
	The Trust considers that this data is as described for the following reasons: • The Trust acknowledges that these percentages are within the expected range. **The Trust has taken the following actions to improve these percentages, and so the quality of its services by:** • Any areas identified by mortality reviews where patient care may be improved will be widely shared across the Trust. Oversight of mortality reviews through our AOGG which report monthly to the Mortality Surveillance Committee will continue and the process will be consistently reviewed for improvement. The AOGGs and the Mortality Surveillance Committee will report to the Clinical Governance Committee on a quarterly basis, which reports to the Board of Directors of Directors. Mortality figures will continue to be reported to Board of Directors on a monthly basis in the Integrated Quality dashboard		

The Trust's patient reported outcome measures (PROM) scores for:

groin hernia surgery
(ii)   varicose vein surgery
(iii)   hip replacement surgery and
(iv)   knee replacement surgery during the reporting period.

*Note data shown is latest released. It was decided nationally that from Oct 2017, PROMs data would no longer be collected for Varicose Veins and Groin Hernias

Procedure	Year	Measure	Trust – Adjusted Average Health Gain	England – Adjusted Average Health Gain
Hip Replacement	15/16	EQ-5D	0.430	0.438
		EQ VAS	10.960	12.404
		Oxford Hip	21.360	21.607
	16/17	EQ-5D	0.442	0.437
		EQ VAS	13.047	13.137
		Oxford Hip	20.584	21.382
	17/18	EQ-5D	0.444	0.458
		EQ VAS	13.088	13.877
		Oxford Hip	21.595	22.210
Knee Replacement	15/16	EQ-5D	0.309	0.320
		EQ VAS	5.485	6.222
		Oxford Hip	15.592	16.365
	16/17	EQ-5D	0.290	0.323
		EQ VAS	5.885	6.892
		Oxford Hip	16.009	16.392
	17/18	EQ-5D	0.346	0.337
		EQ VAS	7.618	8.153
		Oxford Knee	16.920	17.102
Groin Hernia	15/16	EQ-5D	0.131	0.088
		EQ VAS	1.114	-0.817
	16/17	EQ-5D	0.101	0.086
		EQ VAS	1.099	-0.241
	17/18	EQ-5D	*Not available	
		EQ VAS		
Varicose Vein	15/16	EQ-5D	0.106	0.096
		EQ VAS	-0.237	-0.430
		Aberdeen VV Qu	2.823	-8.626
	16/17	EQ-5D	No adjusted average health gain available - If there are very low numbers in some areas, NHS digital have to suppress this to ensure no one would be able to identify a particular patient.	0.092
		EQ VAS		0.081
		Aberdeen VV Qu		-8.248
	17/18	EQ-5D	*Not available	
		EQ VAS		
		Aberdeen VV Qu		

	The Trust considers that this data is as described for the following reasons: The Trust acknowledges the results vary across the four procedures. **The Trust has taken the following actions to improve these scores, and so the quality of its services by:** The Trust regularly monitors and audits the pre and postoperative healthcare of all patients. Surgical operative outcomes are consistently of high quality and safety, with excellent patient satisfaction for these procedures. The health gains that PROMs measure are of a more generic nature and are not exclusively linked to secondary healthcare provision and will need the consideration of a health economy-wide group to influence. PROMS data will be reported to the Clinical Governance Committee on an annual basis next year.		
The percentage of patients aged: (i) 0 to 15 and (ii) 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: (i) 0-15 years 4.5% (ii) 16 years and over 3.2% 2018/19 (i) 0-15 years 1.4% (ii) 16 years and over 3.6%	Not traceable on NHSI or NHSD	Not traceable on NHSI or NHSD
	The Trust considers that this data is as described for the following reasons: • Since the national published figures (across) are considerably historical, we have looked at our recent data the overall Trust average for all ages groups is comparable to our peer group of similar hospitals. Based on data from Caspe Healthcare Knowledge System (CHKS). • The Trust intends to take the following actions to reduce the percentage of readmissions: Continue to develop ambulatory care, acute decisions unit to include medical and surgical patients. Continue to expand 7 day services, work across the trust to implement the agreed OOH Clinical Delivery model**.**		
The Trust's responsiveness to the personal needs of its patients during the reporting period.	2015 – 6.5 (latest data) 2016 – 6.1 2017 – 8.1 (not directly comparable to previous years as question was amended in 2017) The latest in-patient survey CQC data relates to 2017.	Not traceable on NHSI or NHSD	Not traceable on NHSI or NHSD
	The Trust considers that this data is as described for the following reasons: • Performance is on-par with national data published and is within expected range. **The Trust has taken the following actions to improve these scores, and so the quality of its services by:** • The survey identified some areas where patients were less satisfied. The trust has compiled these into an action plan and these will be monitored by the Patient Experience group.		
The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	2016: 83% (latest data period released by NHSE at time of reporting) 2017: 80% *(81.0 according to this year's full report on national staff survey) 2018: 80.7%	69%	Not traceable
	The Trust considers that this data is as described for the following reasons: As part of the NHS Staff survey Staff are required to respond to the FFT questions within the survey.		

	The Trust has taken the following actions to improve these scores, and so the quality of its services by: The staff survey report contains a detailed breakdown of each of the key findings by division and occupational staff group, which will allow us to produce targeted action plans to address areas of concern; these will be incorporated into the Trust's Workforce Action Plan. Clearly the Trust will be focusing on its lowest ranking scores, in particular the patient experience measures but also will be focusing on improving the scores which relate to staff wellbeing which in turn impacts on quality of care.		
The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	2017/18 – 86.4% 2018/19 - 95.62	Not traceable on NHSI or NHSD	Not traceable on NHSI or NHSD
	The Trust considers that this data is as described for the following reasons: The Trust targeted the improvement of this indicator and has seen great improvement as a result . **The Trust has taken the following actions to improve these scores, and so the quality of its services by:** • Continuing the educational sessions with each junior doctor intake • Continuing with a variety of promotional activities to staff and patients • Implementing the use of technology to assist in the recording of the risk		
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.	2017/18 – 9.69 2018/19 – 6.07	Not traceable on NHSI or NHSD	Not traceable on NHSI or NHSD
	The Trust considers that this data is as described for the following reasons: • Please refer to Infection Control section of the Quality report **The Trust has taken the following actions to improve these scores, and so the quality of its services by:** • Please refer to Infection Control section of the Quality Report		
The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	2017/18 A total of 8299 patient safety incidents, of which 0.20% resulted in severe harm/death 2018/19 A total of 8314 patient safety incidents, of which 0.28% resulted in either severe harm or death	According to NHS Improvement (NHSI) recent reporting we have higher reporting than previous years, and our reporting is well above 50%	Not traceable on NHSI or NHSD
	The Trust considers that this data is as described for the following reasons: • As organisations that report more incidents usually have a better and more effective safety culture, the Trust is pleased to note it has higher than average reporting rates for one of the reporting periods specified. **The Trust has taken the following actions to improve these scores, and so the quality of its services by:** • Continual raising of awareness of what constitutes as an incident and how to report. • Continual improvement of quality investigations and learning. • Reviewing the severity coding of all incidents to ensure accuracy and consistency of reporting. Please refer to the Patient safety section of the Quality report for reporting rates and the initiatives taken to encourage reporting.		

Part 3: Review of Quality Performance

The Trust agreed 9 priorities for quality improvement for 2018/19 and in this section of the report we review the performance of the Trust against these priorities. As an integrated Trust providing both acute and community services, this report covers progress across the Trust, unless specifically identified as either acute or Out of Hospital.

Overview of Quality Priorities Achievements

Patient Safety

- Enhance patient safety through the use of technology to record venous thromboembolisms risk assessments

- Improve medicines management, efficiency and safety through the implementation of an electronic prescribing system

- Implement an Out of Hospital electronic patient record system

Patient Experience

- Improve patient satisfaction levels of those who use our end of life care

- Improve the experience of our patients with a mental health concern

- Improve our patients' experience when booking visits, appointments or operations

Patient Outcomes

- Embed the integrated care delivery model currently in place with social care to deliver improved outcomes for patients

- Increase normal birth rates

- Enhance patient safety and organisational learning by implementing the national learning from deaths process

Data sources: All data provided in the Quality Report derives from internal data systems managed by the Trust. Where data has been sourced from an external source, this has been stated.

Patient Safety

Patient safety concerns everyone in the NHS, whether you work in a clinical or a non-clinical role. Every day more than a million people are treated safely and successfully across the NHS, but the evidence tells us that in complex healthcare systems things will and do go wrong, no matter how dedicated and professional the staff. When things go wrong, patients are at risk of harm. The effects of harming a patient are widespread. There can be devastating emotional and physical consequences for patients and their families. For the staff involved too, incidents can be distressing and members of clinical teams can become demoralised and disengaged. Safety incidents also incur costs through litigation and extra treatment.

Patient safety incorporates broad ranges of areas from using the latest technology such as electronic prescribing to washing hands correctly. Many of the features of patient safety do not involve financial resources; they involve commitment from individuals to practise safely. Individual staff members can improve patient safety by engaging patients and their families, checking procedures, learning from errors and communicating effectively with the health care team.

Safety Culture

A safety culture is one where safety is embedded in all activities and where staff have a constant and active awareness of the potential for failure. Staff are able to acknowledge their mistakes, learn from them and take action to put things right.

The Trust recognises the importance of encouraging a climate of openness in which all employees and other workers within the Trust can freely express their concerns without any fear of reprisal. This can contribute constructively to the development and continuous improvement of the Trust's services. As a result, if a member of staff raises such a concern the matter will be dealt with positively, quickly and reasonably.

As part of open and transparent working which is supported with the Being Open Policy, staff are encouraged to report incidents on the Trust's electronic system which permits an effective risk management mechanism. There will be no adverse consequences for a member of staff who raises a concern in accordance with the Being Open policy unless the concern was raised with malicious intent. By following this Policy staff will be eligible for the protection set out in The Public Interest Disclosure Act 1998.

Freedom to Speak Up

The Trust provides various ways in which staff can speak up and raise their concerns within the Trust.

There is:
- "Rumour Mill"; an electronic, internal application for asking anonymous questions and queries.
- Datix / incident reporting.
- Line management and team leader channels.
- Directors' open door sessions.
- Trade unions.
- Human Resources (HR).
- Occupational health.
- Chaplaincy.
- Staff support

They can also talk directly to the Freedom to Speak Up Guardian (FTSUG). The Trust has appointed a Freedom to Speak Up Guardian, to support staff to raise a concern. The Trust's Freedom to Speak Up Guardian is Sue Pike. Staff can contact Sue by emailing ftsug@swft.nhs.uk.

When staff speak directly to the FTSUG, the guardian keeps in touch with that individual to give feedback on what is happening with the concern raised, including who the concern has been escalated to and what to expect. The expectation is that the investigating officer or responsible manager gives direct feedback to the individual that raises a concern through the Whistleblowing Policy. However, if the concern was raised anonymously or confidentially with the FTSUG, then the guardian will relay that feedback. The Dignity at Work and Grievance Policy is used if there are any issues with bullying and harassment and the individual is supported through this process by their trade union representative (if they are in a trade union).

The FTSUG keeps in touch with the individual who raised the concern and sends a follow up questionnaire to the individual that asks if that individual feels as though they have suffered a detriment after speaking up. If individuals perceive they have suffered a detriment after speaking up, the FTSUG raises this with a senior board member, usually the Director of HR, Chief Executive, Senior Independent Director or Medical Director.

The quarterly FTSUG report highlights to the Board of Directors how many cases involve perceived bullying and harassment, patient safety concerns or quality of care issues and if any staff perceive a detriment.

Rota Gaps

The Trust is creative in seeking to reduce and minimise gaps on its medical staffing rotas. Work has already taken place and continues to do so in providing rotas that are both compliant with the new junior doctor contract as well as the educational and training requirements set down by Health Education England.

The Trust has a second on call 'shadow' rota in medicine, which allows a team member to step into a rota slot at short notice. This significantly reduces the need for locum cover whilst maintaining service continuity and good governance. The Trust has expanded the number of doctors available on rotas to reduce onerousness and provide a positive work life balance. This is reflected in surveys and feedback.

Rotas in surgical specialties have been combined to create larger and more sustainable cover arrangements whilst ensuring that the competencies required to maintain services are being met with additional support from the middle and senior grade level staff.

Regular monitoring of rotas and engagement with junior doctors through a junior doctors' forum creates the opportunity to raise any concerns and take appropriate action if needed. A Guardian of Safe Working Annual Report including rota gaps information is produced and presented to the Board of Directors incorporating narrative to explain how we fill the gaps to minimise any impact on service delivery.

Patient Safety Initiatives

Patient Safety Newsletter

The Patient Safety Team compiles a bi-monthly newsletter which is published electronically and made available to all staff. It includes examples of good practice, lessons learnt and changes in practice that occur as the result of an incident investigation. It contributes to the feedback that staff receive from incident reporting, and demonstrates that reporting incidents does result in changes in practice for the benefit of patients.

Monitoring Patient Safety

To ensure patient safety is at the core of the Trust's business, the following processes are in place:

- Data is triangulated to all appropriate committees or groups as part of the reporting structure.
- National data regarding patient safety is validated by cross-checking against data released in the public domain by any governing health body.
- Board reports depict ward level performance and are required to facilitate data and performance monitoring.
- Ward to Board dashboards have been introduced across the organisation, which depict ward performance against a range of quality and safety measures.
- Dashboards comprise of validated data and are benchmarked against any national targets or Trust agreed targets.

The Safety Thermometer

The Safety Thermometer is a tool for analysing and reducing harm to patients. It records any harm which patients in a ward or team have suffered and is carried out on a specific date, every month. This focuses on four key areas, which have been identified by NHS England as areas of preventable harm detailed below;

Falls – records the severity of any fall that the patient has experienced within the previous 72 hours.

Pressure ulcers – records the patient's worst old pressure ulcer and worst new pressure ulcer.

Catheter-acquired urinary tract infection (UTI) – records information about any UTI acquired whether the patient had a urinary catheterisation or a urinary catheter in place.

Venous thromboembolism assessment, prophylaxis and treatment – records whether the patient has had a VTE assessment completed and if applicable, the patient is receiving treatment.

The Patient Safety Team, Compliance Team and the Matrons have provided training to Ward Managers and Professional Team Leaders throughout the year and have assisted with the data collection. Each team receives a copy of their data, which they must analyse, share with colleagues and develop interventions to improve their rate of harm-free care.

The data is published monthly and is available to the public. The Trust sets a quality priority to achieve 96% harm free care against the Safety Thermometer. This Trust level target is slightly above the national target of 95%. It is pleasing to report that during the course of the year, the Trust has consistently performed better than the national average. As performance has consistently been over national average, the Trust has agreed with SWCCG to collect data on a 6 monthly basis, instead of a monthly basis, with time freed up being used for quality improvement projects. This change took effect from the start of 2019,

with data last being collected in January 2019 and is reflected in the graphs below. The next data collection is planned for July 2019.

Safety Thermometer

Harm Free Care (National and Trust performance)

2018/19

Harm Free Care
(2018-19)
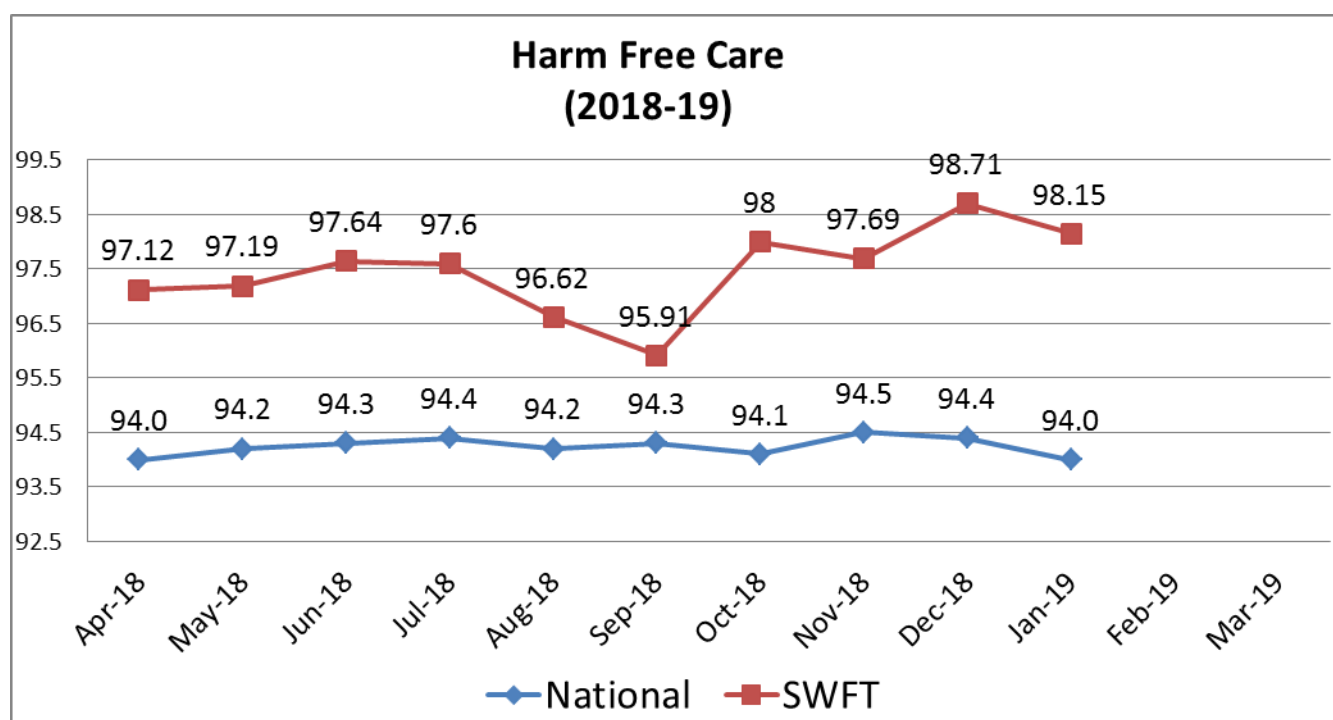
During 2018/19 the largest rate of harm was in connection with those pressure ulcers that are acquired from outside of the Trust. The safety thermometer has been successfully embedded across the Trust and its importance has been further evidenced by the overall achievement of 96% harm free care.

The Trust uses specific national Safety Thermometer data collection tools for maternity and for children and young people. These were rolled out in 2016/17 and ensure that information collected in these areas is targeted to the needs of these particular groups.

Children and Young People's Safety Thermometer Harm Free Percentage (April 2018 - March 2019)
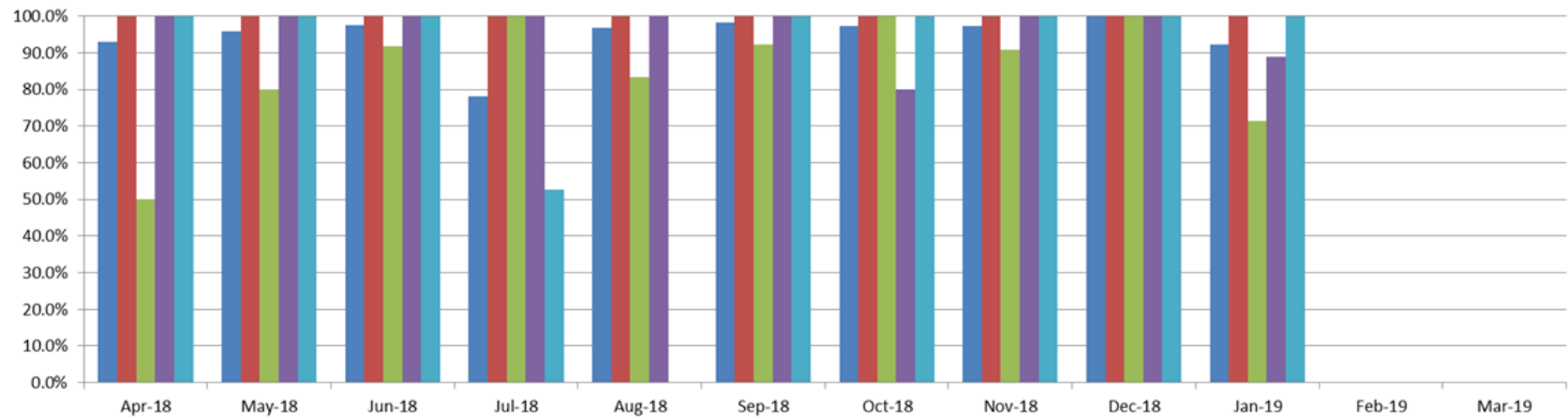
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
ALL TEAMS	93.0%	95.7%	97.6%	78.0%	96.8%	98.2%	97.3%	97.2%	100.0%	92.3%		
Children's Community Nursing	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
Macgregor	50.0%	80.0%	91.7%	100.0%	83.3%	92.3%	100.0%	90.9%	100.0%	71.4%		
SCBU	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%	88.9%		
Swan (babies)	100.0%	100.0%	100.0%	52.6%		100.0%	100.0%	100.0%	100.0%	100.0%		

**Maternity Safety Thermometer Harm Free %
(April 2018 - March 2019)**

Maternity (Labour & Swan) values: 74.1%, 71.2%, 72.6%, 71.2%, 74.6%, 73.3%, 73.8%, 73.8%, 76.2%, 75.3%, 78.8%, 74.6%

National values: 84.6%, 70.6%, 84.6%, 68.2%, 71.4%, 64.7%, 66.7%, 81.8%, 72.0%, 69.2%

Legend: ── Maternity (Labour & Swan)   ── National
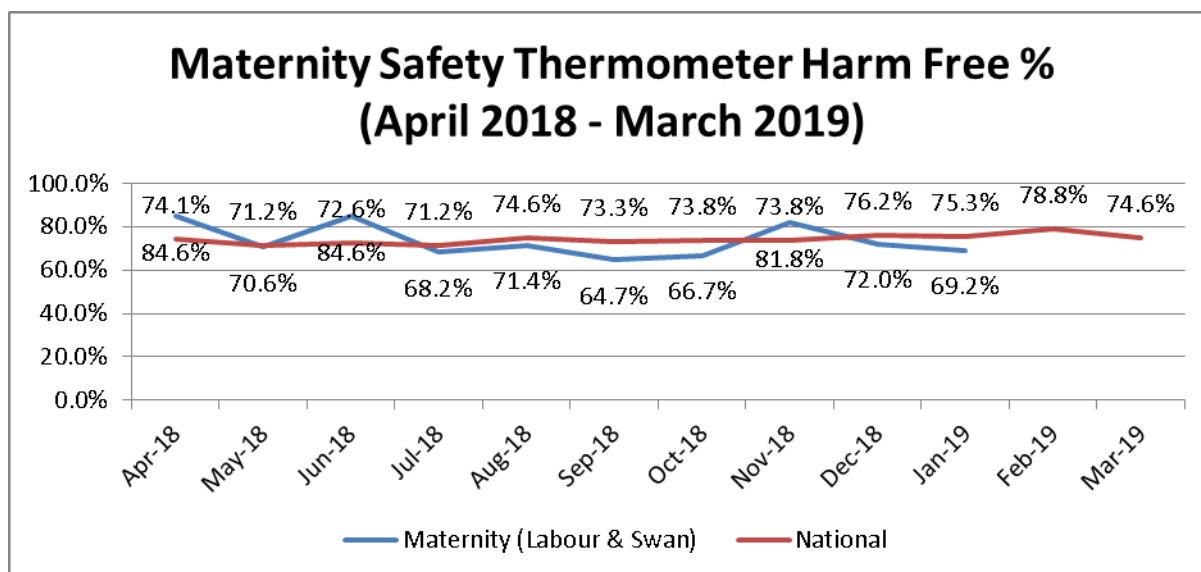
Patient Safety Incidents

"A patient safety incident is any unintended or unexpected incident, which could have or did lead to harm for one or more patients receiving NHS care." *Definition from the National Patient Safety Agency (NPSA).*

The Trust monitors these incidents at the Patient Safety Surveillance Committee which has continued to meet on a regular basis throughout 2018/19. This multi-disciplinary group co-ordinates, supports and monitors the implementation of the associated patient safety work-streams. The group also monitors the implementation of patient safety alerts and provides assurance to the Clinical Governance Committee through monthly quality and safety reports.

Incident Reporting

The overall aim is to reduce incidents resulting in patient harm and increase incident reporting in a fair and no blame culture. As per national requirements, NHS organisations should have a centralised system for collecting data on patient safety incidents. This enables organisations to analyse the type, frequency and severity of the incidents and to use this information to improve systems and clinical care. For such systems to be effective, organisations need to encourage and support staff to report patient safety incidents.

There are three types of incidents that should be reported:
- Incidents that have occurred
- Incidents that have been prevented (also known as near misses)
- Incidents that might happen (usually followed up via risk assessment)

Information from all these incidents and from risk assessments can identify potential problem areas and lead to preventative strategies to protect patients. In line with national requirements to have a centralised system for collecting data on patient safety incidents, the Trust's electronic incident reporting system, 'Datix' is the single reporting system across the organisation and has been continuously improved by the Trust since its implementation in November 2012. This electronic system enables real-time monitoring of incidents and prompt action to be taken.

Since the introduction of electronic incident reporting in November 2012, incident reporting has been embedded across the Trust with staff reporting incidents actively. Back in 2017/18

the Trust saw the 50,000th incident being reported electronically. This indicates that there is a strong patient safety culture across the organisation and that being open and honest is at the heart of the Trust.

Monthly divisional patient safety reports are presented to each of the divisional AOGGs. A monthly Trust wide patient safety report summarises the data collected and is presented to the Patient Safety Surveillance Committee and Clinical Governance Committee.

Serious Incidents

A serious incident (SI) requiring investigation is defined as an incident that occurred in relation to NHS services and care resulting in:

- The unexpected or avoidable death of one or more patient, staff member, visitor or member of the public.
- Permanent harm to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention or major surgical/medical intervention, or will shorten life expectancy (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 health care services, for example, actual or potential loss or damage to property, reputation or the environment.
- A person suffering from abuse.
- Adverse media coverage or public concern for the organisation or the wider NHS.

SIs in healthcare are relatively uncommon, but when they do occur the NHS has a responsibility to ensure that there are systemic measures in place for safeguarding of people, property, NHS resources and reputation. This includes the responsibility to learn from these incidents in order to minimise the risk of them happening again.

Following a thorough investigation of all SIs, it may be deemed that the cause of the incident is not as initially recorded or reported; therefore the incident is then downgraded. For example; an incident initially reported as a pressure ulcer, may be downgraded from SI status if there is found to be a moisture lesion and not pressure damage following investigation.

During 2018/19, there have been 44 serious incidents (SIs) reported. Following investigation, 5 of these incidents were downgraded, leaving 39 SIs.

The table below illustrates the categories of reported incidents:

Serious Incidents		Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	TOTAL
Serious Incidents	Slip, Trip and Fall	1		2	1	1	1	3	3	2	1	2			17
	Grade 3 Pressure Ulcer		2			1		2	1		2				8
	Delayed Diagnosis	1		1						2			1		5
	Communicable Disease and Infection Issue	1				1						1			3
	Maternity Services - Unexpected admission to NICU							1						1	2
	Surgical Error			1	1										2
	Unexpected Death												2		2
	Wrong Site Surgery				1					1					2
	Screening Issues													1	1
Downgraded	Slip, Trip and Fall									1	1				2
	Delayed Diagnosis										2				2
	Maternity Services - Unexpected admission to NICU		1												1

At the Trust, once the incident has been closed by the assuring committee (e.g. Clinical Governance Committee), the lessons learnt are included in the patient safety report for each of the AOGGs. Themes are then monitored by the Patient Safety Team.

The actions arising from SIs are monitored by the Patient Safety Team, and a monthly report is reviewed by the Clinical Governance Committee to ensure that actions are completed and root cause analysis (RCA) are reviewed and monitored for implementation of actions.

Duty of Candour

The Trust is required to demonstrate that a duty of candour has been applied to all SIs reported from April 2013. The Trust reports against the Duty of Candour for service users and their families and is part of our governance process and 'Being Open' policy. Families should be informed by the Trust of any severe harm or death to a service user. This information has been made mandatory for all patient safety incidents.

NB a number of investigations are ongoing so these incidents are excluded at this time.

	Compliance	
Duty of Candour Requirement	Target	2018/19
Patient/ Next of kin/carers were informed	100%	100%
Statutory requirement to confirm discussion in writing	100%	100%

Never Events

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. Once an incident is categorised as a Never Event, the Trust follows a formal thorough investigation process to understand the root causes and to put actions in place to prevent it happening again in the future. During 2018/19, the Trust reported two wrong site surgery Never Events (local anaesthetic injection into wrong toe during podiatry procedure, exploration of wrong area of jaw in dental surgery). Both incidents were reported and investigated as Serious Incidents, with Duty of Candour principles being followed. Learning was identified and embedded in practice.

'Sign up to Safety' – national programme update

'Sign up to Safety' is a campaign introduced by NHS England in 2015 with the ambition to reduce avoidable harm in the NHS over the next three years and to build on the recommendations of the Berwick Advisory Group.

As part of the 'Sign up to Safety' campaign NHS Trusts are encouraged to submit pledges under the mandated categories which comprised of:

Pledge 1 - Put safety first
Commit to reduce avoidable harm in the NHS by half and make public the goals and plans developed locally.

We will: aim to reduce harm in the following key areas, by strengthening existing patient safety initiatives around:
- Medication errors, in particular where harm occurs
- Analysis of Nurse staffing gaps and measures to address these gaps
- Patient falls in hospital - understanding why and developing appropriate prevention strategies
- Pressure Ulcers – reasons these happen and how to help staff, patients and partner organisations to help avoid these
- Improving care for certain conditions through the use of documentation specific for each type of condition

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Pledge 2 - Continually learn
Make our organisation more resilient to risks, by acting on the feedback from patients and by constantly measuring and monitoring how safe our services are.

We will: continue to review the measurement and validation of patient safety incidents using the following mechanisms;
- Report – Utilise local and national reporting systems to report incidents providing assurance to patients that safety issues are acted upon and reported

- Recognise – Monitor and investigate incidents to identify themes and trends involving patients and families in the process

- Respond – Act on findings from investigations to improve processes and procedures to improve patient outcomes and experience

- Relay- Ensure that the outcomes of investigations and complaints will be shared with both staff and patients as necessary and explain how the Trust is working to avoid future incidents

- Reduce- Continue to educate staff to ensure they are up to date with both national and Trust guidelines and provide staff, patients and families with information about interventions to reduce harm and how they can help achieve this

- Review – Through continuous improvement and education with staff and patients, review processes and establish if these have had an impact in the reduction of harm associated incidents

Pledge 3 - Honesty
Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.

We will:
- Through discussion with patients and their families, ensure transparency by providing information about patient safety and risk

- Ensure that wards and departments have an open and honest culture, by displaying information about how they are performing in relation to patient safety measures

- As a Trust, publicise accurate information that impacts on the safety of our patients and ensure this is accessible, in a format that patients can understand

Pledge 4 - Collaborate
Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.

We will:
- Share lessons learned by forging collaborative working with local partners, to improve care

- Improve engagement with community forums led by third sector organisations, patients and carers to ensure care provisions reflect the needs of our population

- Continue to engage with lead commissioners, the community, primary and social care services and actively contribute to the evolving strategies relating to urgent care, dementia and long-term terms conditions and end of life care

Pledge 5 - Support
Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress.

We will:
- Develop and sustain the necessary culture to support delivery of the highest standards of care and treatment through a strong organisation focus on improvement

- Strengthen existing mechanisms to communicate and share good practice and learning
- Through our Board to Ward programme of work, we continue to promote a culture of patient safety
- Improve the support we offer to patients who have been involved in Serious incidents
- Reinforce our culture of learning and leading change to equip leaders at every level to change care for the better

The Trust reviewed the current safety work programme and gave full commitment to reducing avoidable harm by making safety pledges as part of the Sign up to Safety campaign. This will build on existing safety improvement activities and achievements identified by the Trust.

The key areas for improvement identified are listed below. The Trust's performance and progress against these are reported in the Trust's internal monthly Patient Safety Report;

1. Medication Errors
Through the analysis of medication related incidents, in particular those with associated harm to patients, the Trust will continue to work with staff to ensure guidance and best practice is adhered to. In addition, the Trust has built on existing improvement work to identify rate and causation of incidents and implement further prevention strategies. As a result, the Trust is pleased to see an improvement in the volume of harm events and a downwards trend is noted. Work is on-going to ensure best practice is adhered to and future occurrence is minimal.

2. Nurse Staffing
The Trust continuously assesses the gap between the planned staffing levels and the actual levels to identify trends and ensure measures are put in place to address any risks identified on a continuous basis. Data is closely scrutinised and reviewed at board level as staffing levels are an integral element of operational and quality discussions. Significant in roads have been made and better analysis of data has enabled the Trust to continuously monitor staffing levels and maintain the patient safety and quality of care.

3. Falls
Through the analysis of incident reporting and working with stakeholders, the Trust is further developing and implementing its falls prevention strategy. Significant improvements have been made with the rate of injury monitored closely to identify prevention and interventions.

4. Pressure Ulcers
The Trust continues to learn from incidents of pressure ulcers by identifying themes and trends. This information is then used to further inform staff, patients and families. Work continues with our partner organisations to develop a prevention strategy. We are pleased to note that a downwards trend has been noted in avoidable pressure ulcers (measured by per 1,000 bed days for the Acute and by per 10,000 contacts for the Out of Hospital Care Collaborative), with these nominal cases being investigated thoroughly to identify learning.

5. Care Bundles
We have introduced care bundles for a selection of conditions and have embedded processes to monitor the usage and compliance and more significantly, to monitor outcomes related to specific conditions. Significant progress has been made to develop and implement care bundles and we have continued to see improvements in completion and accuracy. Continuous review of the care bundles continues through the Deteriorating Patient Group to identify learning and improvements to practice.

Monitoring Progress and Improvements

These five improvement areas enable the measuring and monitoring of how safe the Trust's services are. Progress and outcomes are closely monitored for delivery at the Patient Safety Surveillance Committee as part of an assurance process. This campaign builds on the work already on-going in the Trust and compliments upcoming patient safety campaigns, as part of the 'Board to Ward' engagement weeks.

Infection Prevention

The Trust prides itself in its strong commitment to reducing harm to patients. Recent years have seen quite significant reductions in overall rates of healthcare associated infections (HCI), and improving outcomes for those patients who have infections.

The Root Cause Analysis (RCA) process has proved invaluable in helping us learn from infection incidents, develop action plans, improve care for future patients and ensure our strategy for reducing infections is a targeted one. Therefore, RCA continues to be rigorously applied by the Infection Prevention Team and their clinical colleagues, for the investigation of cases of Methicillin-Resistant *Staphylococcus Aureus* (MRSA) blood infections, Methicillin-Sensitive *Staphylococcus Aureus* (MSSA) blood infections, Clostridium Difficile (C.diff) outbreaks, every case of Trust-attributed C.diff and other outbreaks of infection.

Clostridium Difficile (C.diff)

Since 2014, the DHSC has recognised that as antibiotics and other interventions are required to treat certain conditions, some patients may still develop or acquire C.diff infection. Therefore, we must ensure that any care we deliver to our patients is appropriate, in line with policy, delivered in a safe and clean environment and evidence based. In essence, we must identify if any "lapses in care" did lead to, or may have led to, the development of this episode of C.diff.

Each case of C.diff identified as occurring more than 2 days after admission to the Trust was thoroughly investigated by the Trust in conjunction with infection prevention experts from SWCCG.

Using the East and West Midlands Joint Tripartite Group's "Lapse in Care/Quality Assessment tool", we identified where lapses of care may have led to the patient developing C.diff associated disease. We were also able to identify if any other lapses in care, which did not directly lead to the C.diff episode were identified.

A maximum of 5 C.diff cases associated with one or more Lapses in Care, was set for the Trust in 2018/19 and we are extremely proud to report this target was met as there were zero lapses in care cases identified. We are delighted to be able to assure our patients that the Trust is taking necessary steps to protect them from avoidable infection, whilst under our care.

South Warwickshire NHS Trust
Avoidable C.diff cases year on year comparison

A bar chart showing avoidable C.diff cases by year:
- 2011-12: 42
- 2012-13: 31
- 2013-14: 18
- 2014-15: 2
- 2015-16: 3
- 2016-17: 5
- 2017-18: 5
- 2018-19: 0
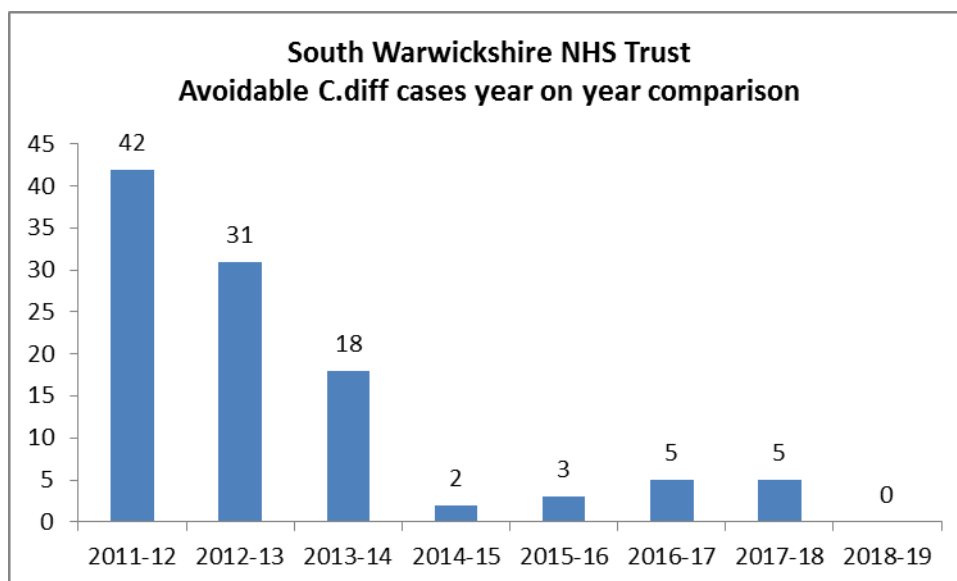
MRSA bacteraemia

MRSA is a bacterium responsible for several difficult to treat infections in humans.

The DHSC continues to drive a Zero-tolerance approach to MRSA bacteraemia. This means that any *avoidable* MRSA bacteraemias are deemed unacceptable.

We are pleased to report that there were no Trust attributed MRSA bacteraemias identified in 2018/19.

South Warwickshire NHS Trust
MRSA (Trust acquired) year on year comparison

A bar chart showing MRSA (Trust acquired) cases by year:
- 2011-12: 2
- 2012-13: 2
- 2013-14: 1
- 2014-15: 0
- 2015-16: 1
- 2016-17: 0
- 2017-18: 0
- 2018-19: 0
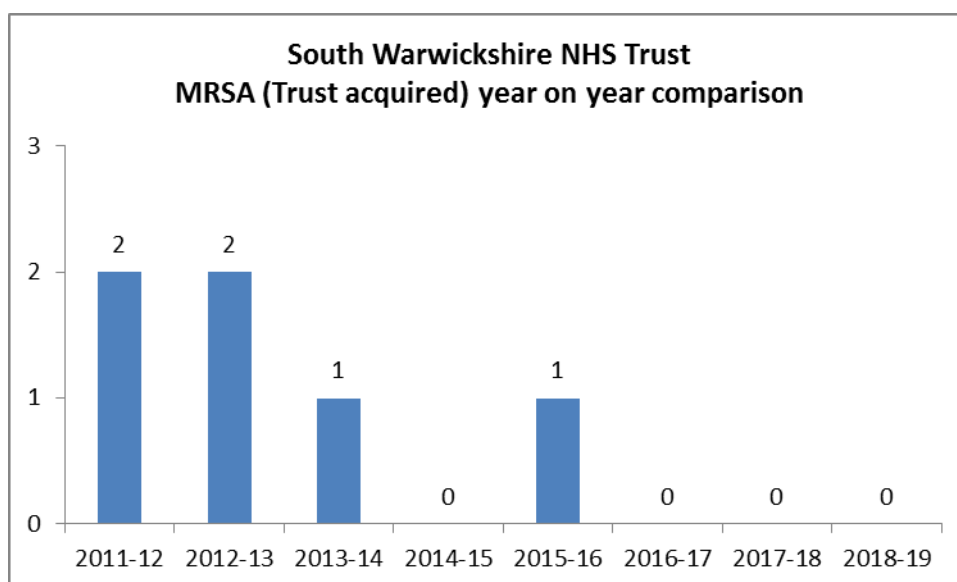
Methicillin-Sensitive Staphylococcus Aureus (MSSA)

Surveillance and monitoring of MSSA bacteraemias shows that rates of these remain low when compared nationally, however a total of 8 Trust attributed MSSA bacteraemias were identified in 2018/19. As with MRSA and C.diff, each case of MSSA bacteraemia was investigated and analysed, with no themes or trends identified.

**South Warwickshire NHS Trust
MSSA (Trust acquired) year on year comparison**

Year	Value
2011-12	15
2012-13	4
2013-14	11
2014-15	9
2015-16	4
2016-17	6
2017-18	9
2018-19	8
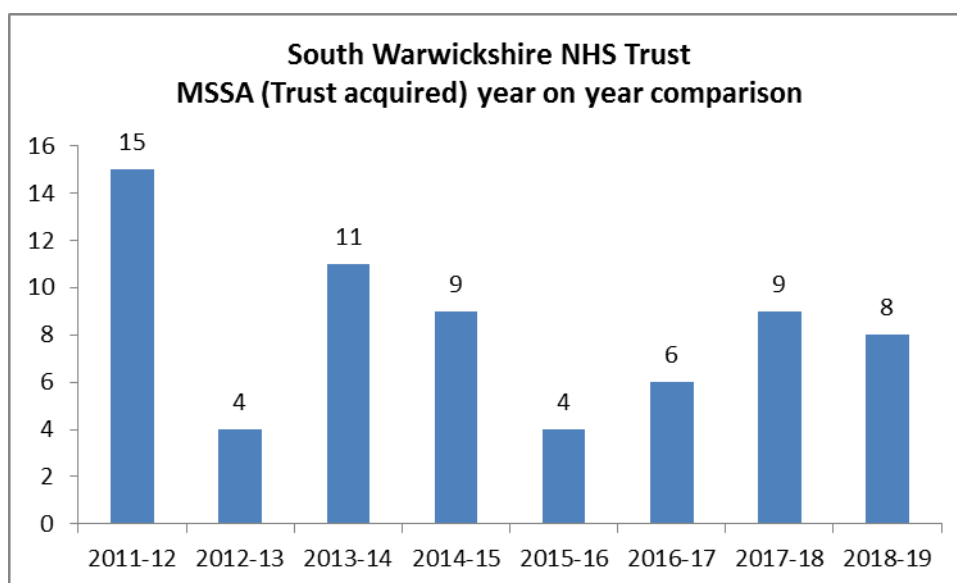
E.coli bacteraemia

Unfortunately, E.coli bacteraemias are quite common, especially in the elderly, and usually associated with infections of the urinary tract. Community acquired cases with no previous healthcare interventions represent the largest percentage nationwide. 2017/18 marked the launch of the DHSC's ambition to halve healthcare-associated E.coli bacteraemias by 2021.

A large national programme of work, targeted at reducing cases as a health-economy commenced. Despite the Trust working closely with community and regional colleagues to develop a strategy for reducing cases, there were 33 Trust-attributed E.coli bacteraemias identified in 2018/19, compared to 27 cases in 2017/18. Clearly, more work is required to achieve this ambition as a health-economy.

**South Warwickshire NHS Trust
E-coli (Trust acquired) year on year comparison**

Year	Value
2011-12	22
2012-13	26
2013-14	29
2014-15	30
2015-16	18
2016-17	21
2017-18	27
2018-19	33
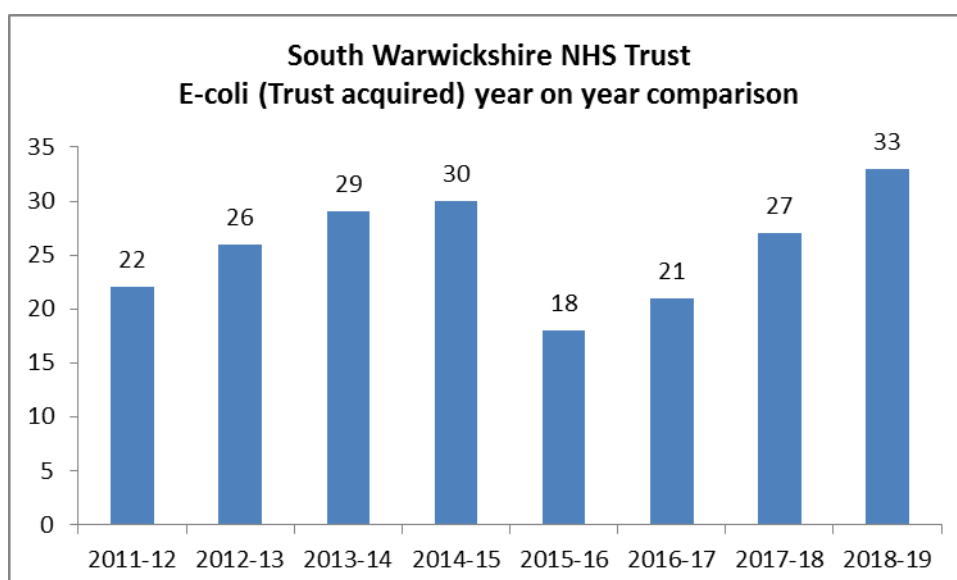
Sources of Healthcare associated E.coli bacteraemias 2018/19

E-coli

Legend: E-coli Bacteraemia - Hospital onset

Category	Value
Bone and joint	1
Gastrointestinal	6
Hepatobiliary	5
Respiratory tract	1
Unknown	3
Urinary tract	6
Urinary tract with Cath	11
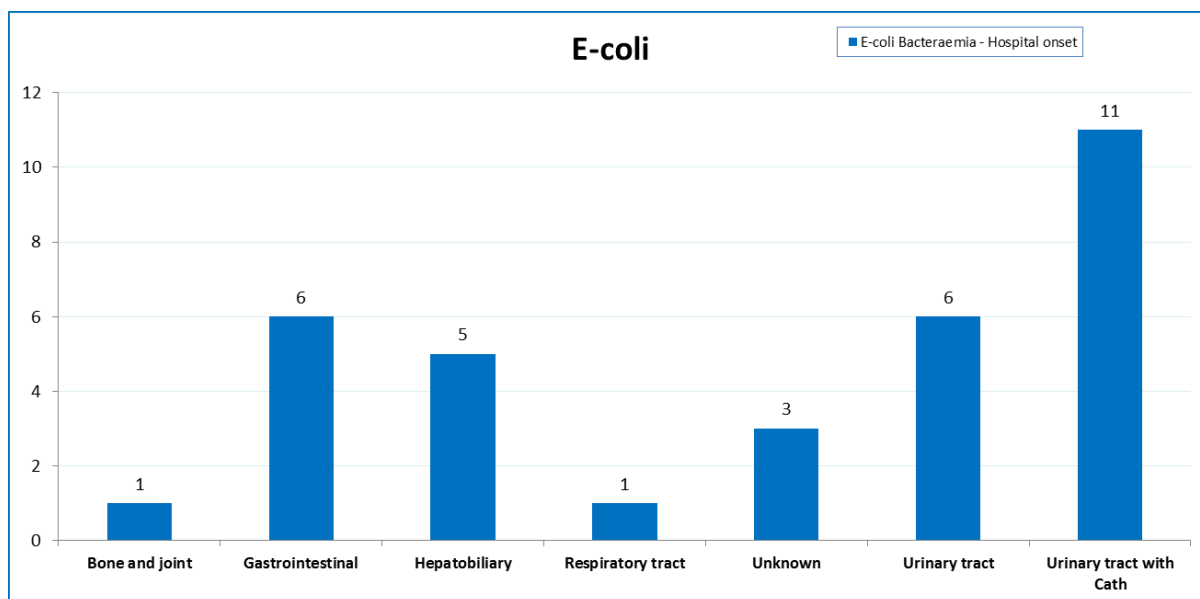
Pressure Ulcers

Pressure ulcers (PU) continue to be high on the DHSC agenda this year. New NHSI guidance on definition and measurement of pressure ulcers has been published and following review by the tissue viability (TV) and governance teams recommendations have been made to the Trust and commissioners on roll out and adoption. The guidance encompasses 30 recommendations, many of which are already embedded in practice across the Trust. A consensus exercise involving a range of stakeholders was used to produce the new guidance which the TV team participated in. The SI framework regarding PU's will be followed when reporting harm to patients and decisions will continue to be made jointly with commissioners at the Pressure Ulcer Review Group (PURG) meetings.

Pressure ulcers are also known as bed sores or decubitus ulcers and occur when the skin and underlying tissue is damaged by being put under pressure, usually from lying in bed or sitting in chairs for long periods of time without moving. They can range in severity from areas of discoloured skin to very deep open wounds that expose underlying bones or muscle and can be very painful, foul smelling and cause long term suffering and in some cases death. All the internal grade 3 and 4 pressure ulcers developed in the Trust have an RCA completed and are presented to the PURG. A final decision is made about whether the Trust has done everything that should have been done for that patient, if not the harm is attributed to the Trust and a duty of candour letter is sent to the patient.

Out of Hospital Care Collaborative (OHCC)
The following charts show the total number of reported pressure ulcers by grade and the avoidable pressure ulcers for the community division for the past seven years. There have now been 8 avoidable pressure ulcers in OHCC during 2018/18 (these numbers may change once all investigations have been completed). 5 cases were in the south of the county and 3 in the north of the county. 5 cases were due to issues with equipment and 3 were down to missed opportunities. These should be considered alongside the 30,000 contacts a month seen by community services. Contacts have steadily increased from 20,000 contacts in 2013, yet incidents of pressure ulcers have remained static at around 420 a year equaling a comparable decrease in incidents compared to contacts.

Total Reported Pressure Ulcer by Grade/Year

— Total reported Pressure Ulcer by Grade/Year Grade2

— Total reported Pressure Ulcer by Grade/Year Grade3

— Total reported Pressure Ulcer by Grade/Year Grade4

	2014/15	2015/16	2016/17	2017/18	2018/19
Grade2	373	415	379	361	394
Grade3	52	48	53	48	70
Grade4	7	5	1	0	1

Total No. of Pressure Ulcers Unavoidable/Avoidable (OHCC)
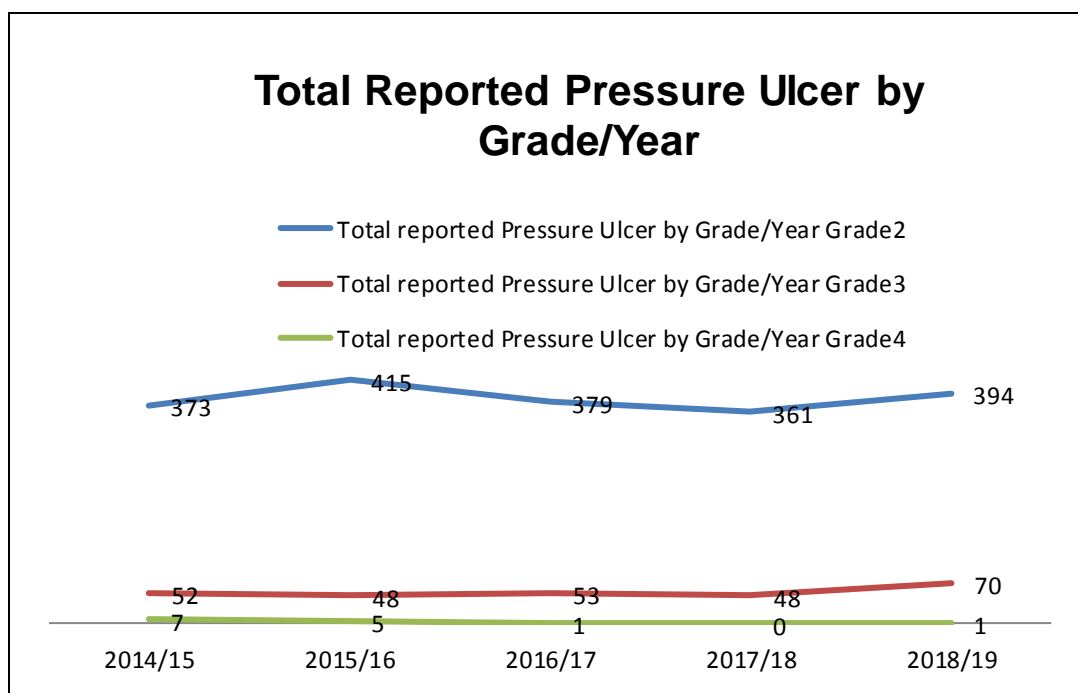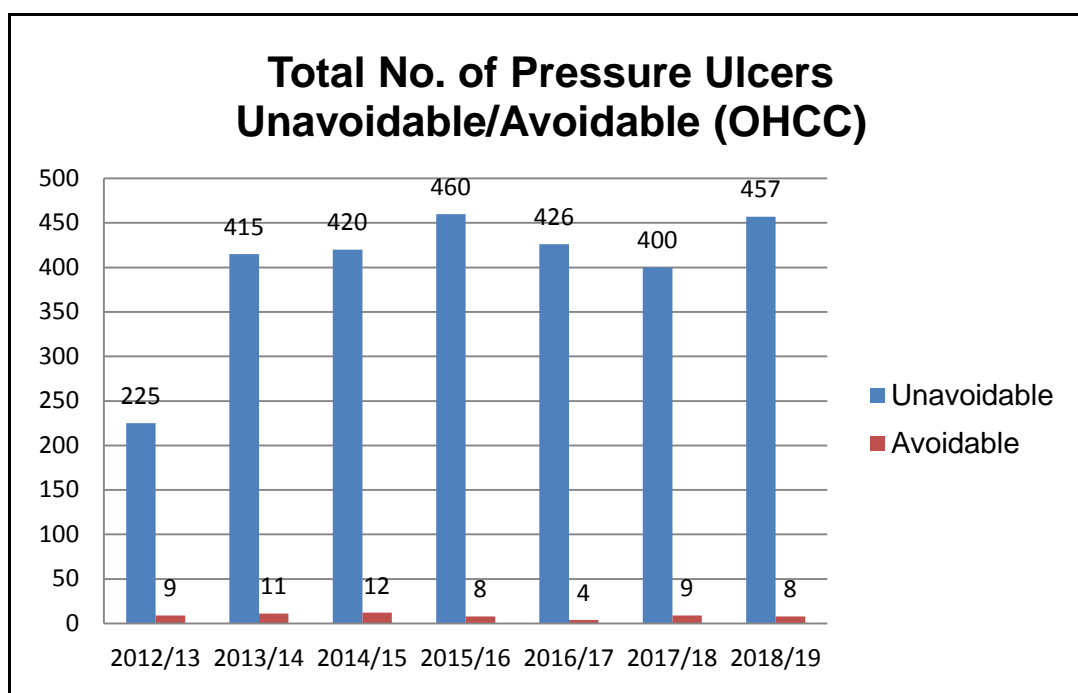
Acute

The following charts reflect the numbers of pressure ulcers that have occurred in the Trust acute care. The acute Trust have had a total of 4 avoidable pressure ulcers so far in 2018/19 - 1 'category 2' and 3 'category 3'. There have been no incidents of 'category 4' pressure ulcers. The themes reflected in the RCA investigations were primarily around inaccurate or incomplete documentation including inadequate skin checks.

The total number of pressure ulcers has risen by one from last year however the number of avoidable has decreased.

The figures for this year may change as some are still under investigation.

No of days since last pressure ulcer (Acute)
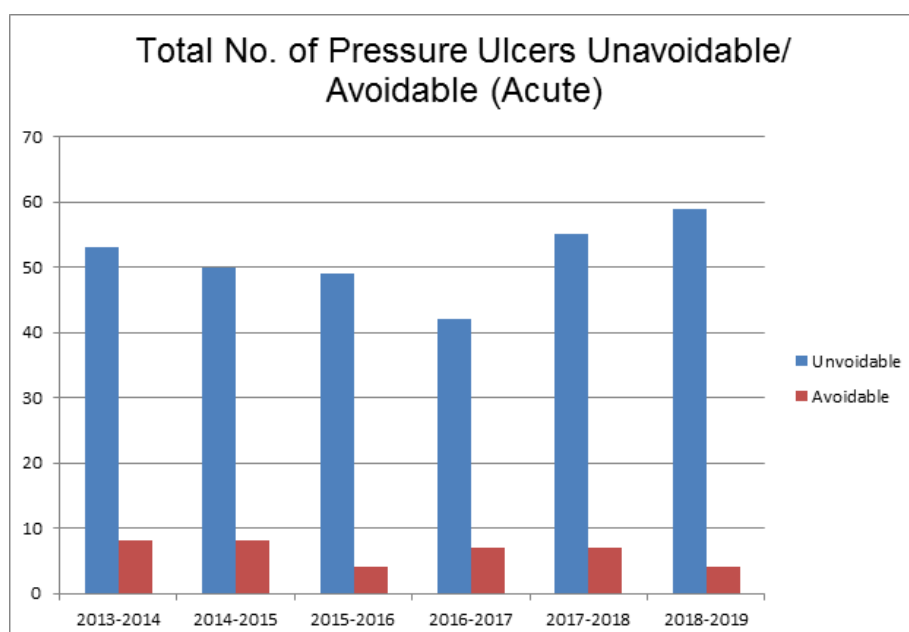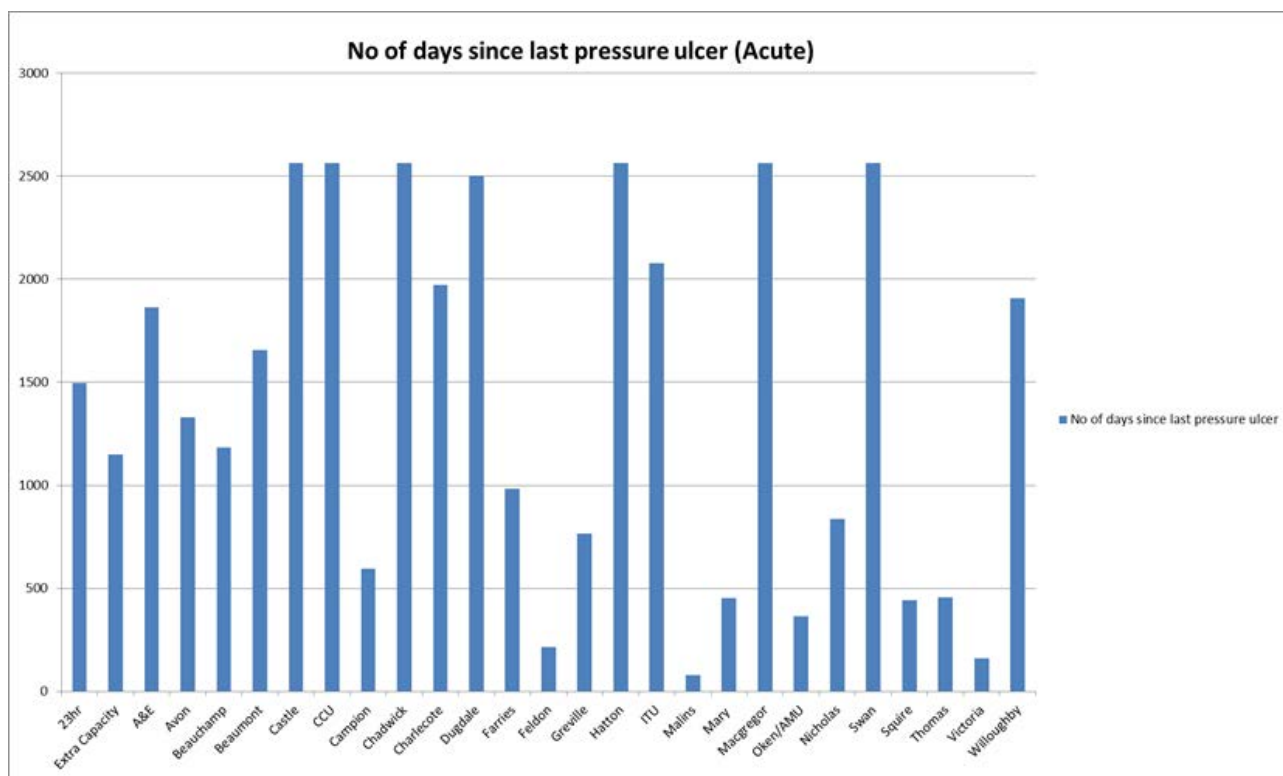
Overview of achievements and initiatives by the Acute and OOHCC TV team 2018/19

- The TV team run two pressure ulcer awareness weeks in April and November each year. These include educational study events, posters and information in various formats. Each pressure ulcer awareness week focuses on a different topic. In April 2018 the focus was on less common areas to acquire pressure damage, and less obvious pre-disposing factors. This included blast training to wards, integrated health teams and a weeklong social media campaign. In November 2018, a joint study day was held for acute and community teams including Allied Health Professionals (AHP) to raise awareness regarding pressure ulcer prevention.
- Deliver pressure ulcer prevention training to staff and extended health care community including residential and nursing homes - face to face, on line e-learning programme and equipment days.
- Roll out of Surface, Keep Moving, Incontinence, Nutrition/Surface, Skin Inspection, Incontinence, Nutrition (SSKIN) checks to appropriate residential homes in Warwickshire.
- As part of the winter pressure plan to cover any shortages of air mattresses, repose companions were introduced into the department as a short term measure for patients.
- Inpatient care records for pressure ulcer prevention have been reviewed and updated following recent RCA investigations.
- Review of NHSI guidelines and implementation plan devised.
- A leg ulcer awareness week was run in May 2018 and first line leg ulcer care in emergency areas was developed.
- Shared records were developed between acute and community leg ulcer services and medical measurements to share assessments and communication between the teams.

- Dedicated link nurse training for TV link nurses including a Warwickshire link nurse day where staff from acute and community settings across Coventry and Warwickshire met together in July and October 2018 to focus on various topics, including motivation in the current health climate.
- TV team attended regional group and managed the Stop the Pressure website http://www.nhsstopthepressure.co.uk/ in collaboration with the West Midlands Tissue Viability Nurses Association.
- The second year of CQUIN 10 audit continues 'Improving the outcome of chronic wounds'. An initial audit was carried out in Q2 July - September 2017 of chronic wounds that had failed to heal within 4 weeks of occurring in community teams. Following the baseline audit, areas were noted for improvement and an action plan developed including feedback to teams, training, review of documentation and monthly local audits carried out by the teams to monitor progress. May 2018 showed a 26% improvement from baseline and September 2018 showed a 76% improvement from baseline. The final report is due in May 2019.
- All wound care documentation moved to electronic system EMIS Web.
- Regular TV newsletters continue to share good practice and highlight concerns, new initiatives, training etc.
- Risk tool for theatres to address frequency of skin assessments was developed.
- Professional leads collate their own pressure ulcer incidents and learning from RCA's in collaboration with TV teams and present and share learning at quality meetings each month.
- The community wound care dressing evaluations commenced to inform review of formulary. Following the last review of the community formulary, a cost saving of £500,000 has been achieved.
- The community nurses have a 94% compliance to the wound care formulary which is outstanding.
- Review TV equipment in the Millbrook's stores catalogue.

Current projects

Antimicrobial

- The project used antimicrobial wound dressing prophylactically to see if healing rates would improve and the chronicity of wounds reduce. Conclusion, the use of antimicrobial dressings from first contact with a health care professional through to healing can improve healing times and reduce the risk of the wound becoming chronic.
- A skin tear pilot is currently taking place; four residential homes are being taught to manage their residents' skin tears and only refer to the District Nurse, for a scheduled visit if the wound is not progressing, this pilot will finish in March 2019.
- Joint working between vascular consultant TV teams and leg ulcer clinics commenced to standardise leg ulcer care across Warwickshire.

Work planned for the year ahead:

- Roll out of NHSI pressure ulcer consensus recommendations across the trust from April 2019.
- Further development of leg ulcer care across Warwickshire.
- Two year review of wound care formulary planned.
- A pressure ulcer awareness week planned for April 2019 and international pressure ulcer prevention day planned for November 2019.
- Essential, wound and pressure ulcer prevention training is planned for staff. Training days developed for extended health care community including residential and nursing homes - face to face, online e-learning programme and equipment days.

- Dedicated link nurse training for TV link nurses including two Warwickshire link nurse days planned.
- TV team attending regional group. SWFT Tissue Viability Nurse (TVN) secretary for group and another leading on an away day for all West Midlands TVN's in July. The group also manage the Stop the Pressure website: www.nhsstopthepressure.co.uk in collaboration with the West Midlands Tissue Viability Nurses Association.
- Complete the 2 research projects reviewing the use of antimicrobials and the use of compression in healing rates and disseminate findings to the Trust and wider health community if applicable.
- Evaluation of new products and devices in partnership with industry to advance wound healing for patients.

Medication Safety

The Trust has commenced the introduction of designated medication safety modules via SCRIPT (an online e-learning tool).

Ongoing work from Drugs and Therapeutics & Medication Safety Committee and Pharmacy teams include:

- Building on the allergy awareness work from 2017/18, and in response to the National Institute for Health and Care Excellence (NICE) Drug Allergy Quality statement, there is work to produce a Trust-wide 'Assessing and Recording of Allergic Reactions and Serious Adverse Reactions to Medicinal and Other Products' policy. This has formalised documentation practices across the Trust around drug allergy, and form the basis of improving induction training for medical, nursing and pharmacy staff. The first Audit against this guidance was completed earlier in the year and continues to be honed for future audits.
- Regular audits of delayed and omitted doses at the Trust, and participation in region wide benchmarking and quality improvement.
- The medication safety month for 2018/19 was focused on Parkinson's medication and was run by the pharmacy department and multi-disciplinary teams.
- New drug chart was successfully introduced to the Trust.
- The VTE assessment was incorporated into the current drug chart. Compliance was significantly improved regarding assessing patients for risk of VTE and prescribing.
- A new anticoagulation prescription chart is under design and will be introduced into the Trust in coming months, in response to high reporting of incidents relating to low molecular weight heparins and anticoagulants.
- Paediatric services are reviewing the introduction of partnership in paediatrics (PIPS) guidelines, to ensure consistency of guidelines across the region.
- The Trust has worked closely with external suppliers and with internal groups to respond to potential medication shortages in preparation for leaving the EU.
- The pilot for Electronic Prescribing and Medicines Administration (EPMA) commenced in March 2018. Following evaluation from the pilot, the roll out of EPMA was completed in all community hospital sites including the Central England Rehabilitation Unit (CERU). The roll out at Warwick Hospital is planned for commencement in April 2019.

In addition, the following national patient safety alert relating to medications is under review and action plans will be drawn up for local implementation:

- Resources to support safe and timely management of hyperkalaemia (high level of potassium in the blood).

The Pharmacy Department continues to manage a programme of audit and monitoring that reviews performance in the following areas, results of which are regularly reported to both the Drugs and Therapeutic Committee and Divisional AOGG meetings:

- Full medicines reconciliation for patients by a Pharmacist or Pharmacy Technician within 24 hours of admission to hospital
- Controlled drugs
- Medicines storage and handling
- Omitted and delayed doses
- Antibiotic Snapshot audit

Medication incidents 2018/19

	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019
No Harm	88	81	93	69	108	104	92	105	75	82	84	85
Low harm	2	10	4	9	9	4	4	3	4	4	5	3
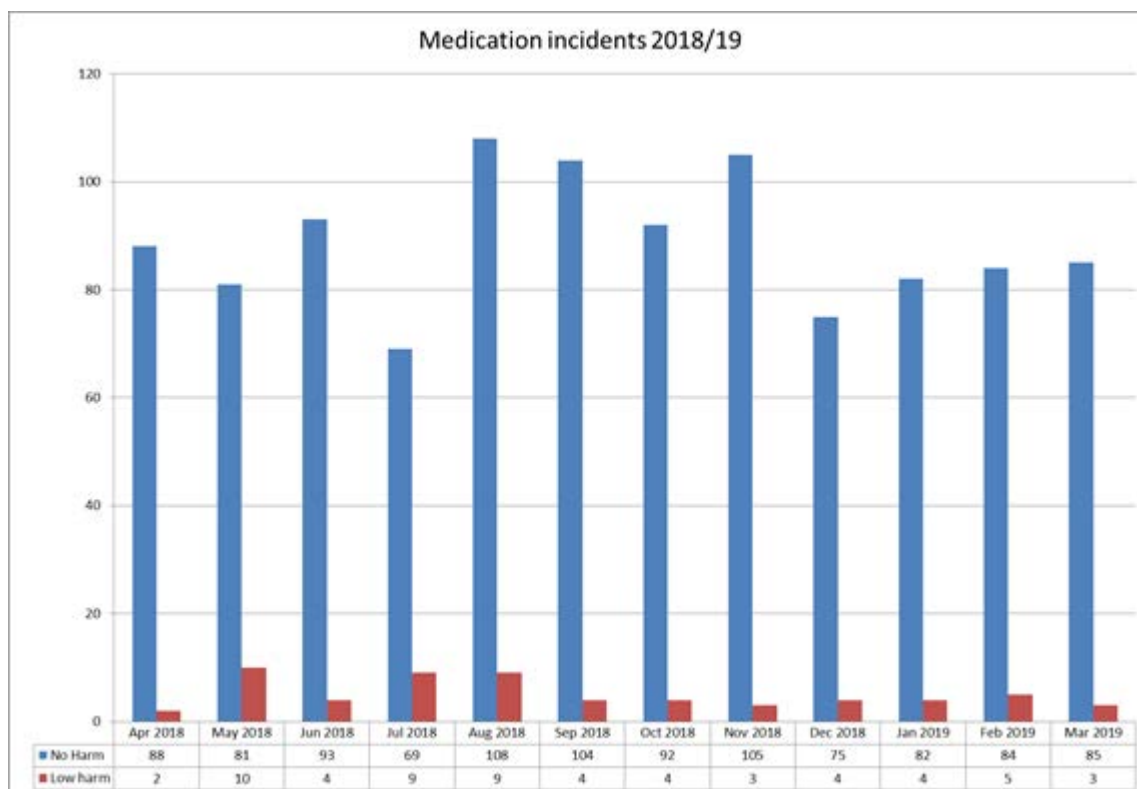
Patient Care Indicators (PCI)

The monthly PCI audits remain a key element of measuring quality across the clinical wards. Over the last 12 months performance has dipped following the change in indicators in May 2018 and introduction of new nursing documentation. The National target is 95% however the Trust has set an internal stretch target of 97% and within the last 9 months this has been achieved by the community hospitals and intensive care every month. The elective division met the 97% internal stretch target three times in May and October 2018 and February 2019. The Emergency and Women's and Children's Divisions met the national target of 95% on multiple occasions but failed to meet our own target of 97%.
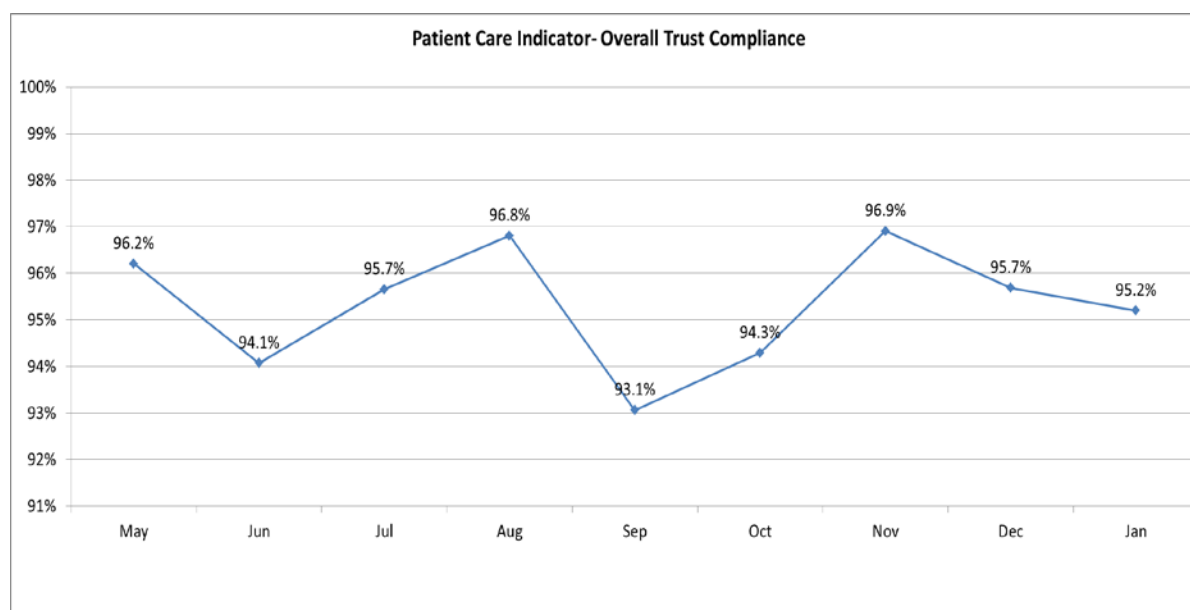
The nursing documentation review is complete for emergency admissions and post 48hr booklet following several pilots and feedback from staff. The final version was launched in November 2018. The new documents have been designed to ensure the assessment, reassessment tools and care plans remain relevant.

Additional indicators have been introduced to capture data which will assist and influence current and future practice. This includes the smoking and alcohol CQUIN.

The Intensive Care Unit and Ellen Badger Hospital have remained consistently good, achieving 100% throughout the year. From October 2018 onwards the Nicol Unit at Stratford Hospital achieved 100% each month.

Accident and Emergency Patient Care Indicators

A&E had the implementation of a new admission booklet in November 2018 to ensure rapid risk assessments and clear documentation of interventions during each hour of their stay. The total A&E indicators are broken down into A&E observation unit which has seen a great improvement in compliance from previous years and has been over 97% in August 2018 and January 2019. A&E adults and paediatrics remains below the national and Trust targets and are unfortunately variable. Work is still taking place with A&E to address gaps in documentation with a new clinical lead nurse now in post we hope to see improvements.

A&E Patient Care Indicator- Overall Compliance
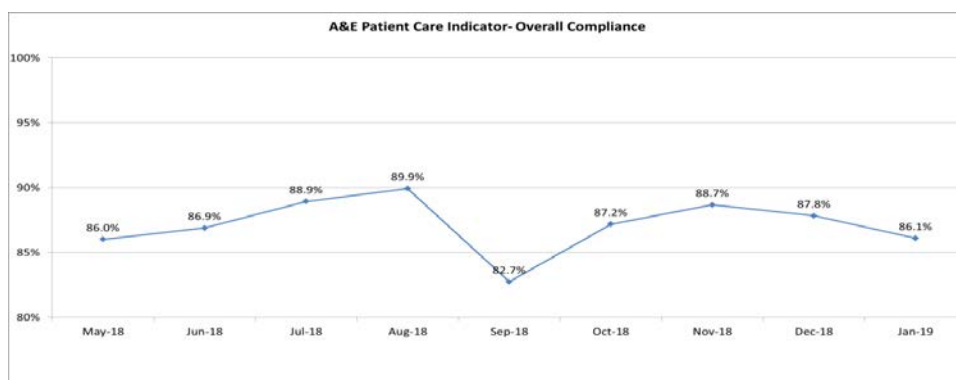
Women's and Children's Patient Care Indicators

In the Women's and Children's Division, the Special Care Baby Unit (SCBU) have maintained 94-100% each month. Beaumont ward have only dropped slightly below the 97% 3 times in the last year. Swan Ward and children's community teams have been variable causing the division's overall position to drop below 97%.

Womens and Childrens- Overall Compliance
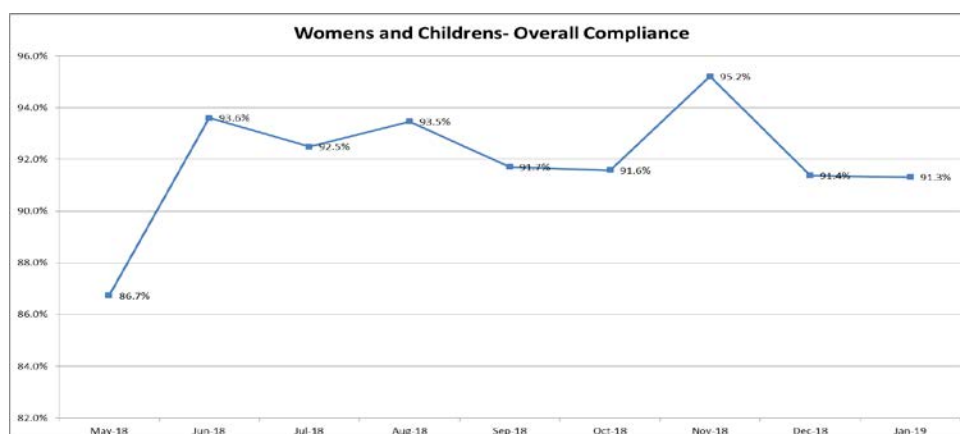
The Compliance Unit, Heads of Nursing/Midwifery and Matrons continue to monitor performance and discuss results regularly with the ward teams. Those areas that have a sustained drop in compliance have been invited to attend the Patient Safety Surveillance Committee to provide assurance to the committee on the actions being taken to improve. The continued overall aim is maintaining good quality and safe outcomes for our patients.

Patient Safety

Improving Patient Flow

The Flow Programme learning principles have been embedded throughout the Organisation.

We now have pathways in:
- Frailty
- Cardiology Ambulatory Care
- Early Pregnancy Assessment
- Orthodontic Outpatients

All participants in Cohort 3 Flow graduated and the Trust is in the process of implementing a further three programmes, applying new tools and techniques:
- Ambulatory Pleural Pathways
- Acute Surgery
- End of Life (North Warwickshire)

Seven Day Services - What we have achieved:

Assess before admission
- Given the effectiveness of our ambulatory emergency care we have established a Frailty Assessment Area (FAA). Patients are referred to the FAA by GP's or they are 'pulled' from ambulance arrival in the Emergency Department by the Frailty team and transferred to the FAA. Here they are assessed and either discharged home - following a comprehensive geriatric assessment, along with a full assessment by therapists if required, or admitted to the Frailty Unit for care. This has helped to deliver a reduction in emergency Admitted Length of stay (LOS) for > 75s of 1.2 days, from 9.6 days to 8.4 days (12.5%). This currently runs for 5 days/ week with a view to extend to 7 days by winter 2019.
- GPs can discuss patients with a Frailty consultant or Advanced Care Practitioner 5 days a week.
- The Trust's out of hospital services are working with the Frailty unit to develop a follow up service for Frailty attenders arriving as a result of a fall or a UTI. A clear pathway has been developed which means these patients have at least a phone contact or are added to caseload depending on meeting set eligibility thresholds. This is intended to reduce re-attendance.
- A WhatsApp group for GPs and Frailty team has been established to support GPs with non-patient identifiable queries. This has resulted in a wider understanding of alternative management plans for patients, other than referral to the acute teams.
- We have established a Cardiology Ambulatory and Treatment Service (CATS). Patients are referred to the clinic by the acute physicians or GP's or Emergency Department or bought back for review to expedite discharge if they are safe to be cared for in a non-bedded environment. This currently runs 5 days a week.
- A surgical Plan, Do, Study, Act (PDSA) is planned to run in May 2019 with a view to establish a Surgical Assessment Unit in summer 2019. This will enable patients to be referred to the unit by the GP's or ED or bought back for review to expedite discharge if they are safe to be cared for in a non-bedded environment. It is anticipated this will run initially 5 days a week to enable evaluation of the process.

Early Access to Senior Clinicians

- We have emergency department consultant presence on site 7 days a week and provide on-call cover 24/7.
- We have a team of consultant acute physicians on site 7 days a week providing consultant led care for all emergency patients.
- We have a specialist frailty assessment unit for older patients admitted as an emergency with care provided by a multi-disciplinary team of old age specialists, with plans to reach 72hrs per week by September 2019.
- There is on the day access to all our specialist teams on weekdays.

Standardised care process in hospital wards

- All medical wards now have a consultant of the week model to ensure continuity of patient care.
- We have set a standard that all diagnostic tests will be completed within 24 hours of request.
- We run weekly joint health and social care stranded patient meetings to ensure potential delays are identified earlier in the patient journey to improve patient experience and reduce LOS.
- We have undertaken quarterly Multi Agency Discharge Events throughout the year to help to understand the blocks in the systems and work with all health and social care colleagues to improve discharge. This has resulted in a reduction of 32% of patients with a LOS >21 days across the whole of the organisation.
- We run a yearly Point Prevalence Audit to understand what our capacity should look like. The outcome from the November Audit was the commissioning of 2 pathways from the Better Care Fund to support discharge for patients who were either non weight bearing (NWB pathway) or had a Thoracic Lumber Sacro Orthosis brace or upper limb plaster of paris with short term health needs (POP/TLSO brace pathway). This supported earlier discharge for patients who had social care needs but due to the short term health need did not qualify for social care support.
- Biannual audits are carried out to help understand alternate pathways to be explored to support admission prevention and early discharge.
- Intense Red 2 Green days are held throughout periods of intense demand and capacity pressures to support in the identification and escalation of flow blocks and enable flow throughout the organisation to be restored. Using a buddy system this also provides clinical staff with managerial support to raise concerns for delays.
- We have implemented a 'frequent flyers' workstream for patients who are attending the organisation a multitude of times, to explore if there is scope to provide an intervention before the patient attends the emergency department or if an alternative patient management programme needs to be developed to address individual patient requirements, using a multiagency approach. The 'revolving door' approach is not helpful to vulnerable and unwell patients. In the past year SWFT has 52 patients who have attended A&E 881 times and spent almost 3,000 hours in the department.
- Criteria Led Discharge has been effectively embedded on one of the medical wards and is due to be rolled out across the organisation over 2019/20. This not only focuses the teams on discharge, resulting in reduced LOS but also enables medical teams working at the weekend to focus on the less well patients, expediting their progress/ improvement.
- On average 316 new patients a month are now seen in the ambulatory emergency clinic and 90% are discharged home on the same day.
- Almost 50% (47.4%) of patients admitted as an emergency are now discharged home within 48 hours.
- Over 95% of patients referred for a specialist opinion or diagnostic test are seen within 24 hours of referral.

- Emergency Admitted Length of stay continues to fall and has reduced by over 1 day since 2014/15 (6.5 to 5.46 in 2017/18); improving further in 2018/19 to a 4.9 day LOS. This is equivalent of reducing LOS by 25.9% over 3 years; and means on average patient's length of stay was 17.5 hours less this year compared to 16/17 (this equates to 18,700 less bed days – or 4% taken from occupancy).
- LOS has reduced by 0.82 days (6.58 compared to 7.40) compared to previous year.
- In 2018/19 the final figure for seeing and discharging patients within 4 hours was 94.3%. The target was narrowly missed in Q1 (93.8%), but achieved in Q2 (95.7%), and also despite rising attends in Q3 (95.1%); Q4 represented the busiest Q4 ever experienced at the trust; despite this a rate of 92.5% was achieved and March signed off with 96.1%.
- A record volume of people passed through the emergency department. A total of 70,446 attendances presented at the emergency department; this is an increase of 3,608 patients on last year – a rise of 5.4% on 2017/18.

Quality Priorities Achievements – Patient Safety

Quality Priority – Enhance patient safety through the use of technology to record venous thromboembolisms risk assessments **–Partially Achieved**

Achievements at a glance:

Patient Safety has improved with the implementation of a revised VTE Risk Assessment process and 97% of patients are now risk assessed for their risk of developing a venous thrombosis

What we have achieved:

- An electronic VTE risk assessment form has been developed and is in use in Community Hospitals alongside an electronic prescribing system.
- In Warwick Hospital, a paper risk assessment has been adapted and this has proved successful in increasing VTE Risk assessments, which are now consistently above 97%, compared to 85% previously.

Work planned for the year ahead:

- THE VTE Policy document is being updated to take in to account new NICE guidance.
- The Electronic Prescribing System will go live in Warwick Hospital from April 2019 and the electronic VTE risk assessment form will be implemented alongside this system.
- Revise and improve Trust wide audit methodology to provide added assurance of VTE risk assessment compliance.

Quality Priority - Improve medicines management, efficiency and safety through the implementation of an Electronic Prescribing System **– Partially Achieved**

Achievements at a glance:

Following successful pilot of Electronic Prescribing and Medicines Administration (EPMA), roll out to community sites is nearing completion, with planned roll out to acute commencing in April 2019.

What we have achieved:

- This year saw increased focus on "medication incidents with harm" in the Trust, with a number of deep dives into review of, and learning from incidents.
- External Audit of our Controlled Drug Management and Audits (for the pharmacy department and wards), with a moderate assurance on our audits.
- Update and review of our Controlled Drugs Policy and associated documents, to enable updates to policy, in view of legal changes.
- Update of the medicines management handbook completed.
- A permanent Medication Safety Officer (MSO) has now been appointed and is in post.
- Work against 'NICE NG-5: Medicines optimisation: the safe and effective use of medicines' to enable the best possible outcomes and associated quality statements, was completed and action plan created.
- Allergy guidance and work against action plan completed.
- CQC controlled drug (CD) baseline audit completed and submitted to local Controlled Drug Local Intelligence Network (CDLIN).
- Pharmacy Aseptic service completed the EL (97)52 external audit to a satisfactory level and also obtained an Medicines and Healthcare Products Regulatory Agency (MHRA) license. This license will allow the unit to produce batches of products and allow commercialisation of the unit.
- A number of medicines optimisation benchmarking exercises were completed and action plans taken forward for internal review and work.

Work planned for the year ahead:

- A plan of work for medication safety to be agreed by MSO and Director of Nursing.
- The action plan from the external CD audit will continue to be monitored and associated gaps will continue to be closed.
- Continue with the work to ensure as a Trust, we are ready for the new emerging roles and their interaction with medicines management - such as Paramedics in the Emergency Department and Nursing Associates.
- Action plan from base line work on 'NICE NG-5: Medicines optimisation: the safe and effective use of medicines' to enable the best possible outcomes and associated quality statements, will continue
- Review the pharmacy service against hospital pharmacy standards and ensure medicine management elements impacting the wider Trust are included into the work plan for next year, as this work was only partially completed in 2018/19.
- Updated safe and secure handling of medicines guidance (the previous Duthie Report) is being assessed and benchmarked against our current storage audits. The current audits will be updated and any identified gaps in our practice will be worked on.
- Medicines optimisation strategy to be refreshed and written.

Quality priority – Implement an Out of Hospital Electronic Patient Record system – **Achieved**

Achievements at a glance:

Implemented Electronic Patient Record for community teams.

HomeFirst teams and District Nurses now have a single, shared patient record everywhere around the county.

What we have achieved:

The EMIS Web system supports the standardisation of processes and forms across the Out of Hospital programme. It has been developed to meet the needs of all teams.

Now that HomeFirst teams and District Nurses have a single, shared patient record everywhere around the county they can see at a glance when each other is working with a patient and are also able to share key information.

Thanks to EMIS Web, staff are able to work in a more agile way with the ability to complete records without returning to a base. Feedback from teams using EMIS Web is that initial assessments take less time and scheduling and allocation is working well.

The ability to record preferred place of death (PPD) and preferred place of care is being built in to EMIS Web. This will help us to better understand whether patients achieve their PPD moving forwards.

Work planned for the year ahead

Feedback from patient's highlighted they would like to only tell their story once to health providers. To support this request the Trust will work collaboratively with GPs and partners to share information and systems with patient consent.

Patient Experience

Complaints, the Patient Advice Liaison Service (PALS) and the Bereavement Service

The Patient Experience Team comprises of Complaints, the Patient Advice Liaison Service (PALS) and the Bereavement Service. The PALS/Bereavement Officers work jointly across both roles and this has been very effective in providing cross cover and identifying concerns at a very early stage. It has been particularly relevant this year in enabling the Trust to comply with the National Guidance on Learning from Deaths.

The Patient Experience Team liaises with all staff across the Trust and assists with the implementation of innovations for the benefit of our patients' experience. At the forefront this year has been the introduction of the Video Interpreting System which includes British and American Sign Language, and should reduce the number of cancellations of appointments caused by the difficulties obtaining interpreters and also is a major improvement in ensuring patient confidentiality.

Complaints

Each year the Trust increases service provision and with developments in clinical care and the introduction of new treatments this can result in a substantial increase in the number of patients attending. By continuing with the Trust's active intervention when concerns and complaints are raised, we have been very successful in maintaining the number of formal complaints despite the increase in numbers of patients receiving services throughout the Trust. This year the Trust has emphasised learning outcomes as a result of concerns and complaints and listening and reacting to our patients and families, taking immediate action whenever possible.

Complaints – 2018/19 year at a glance
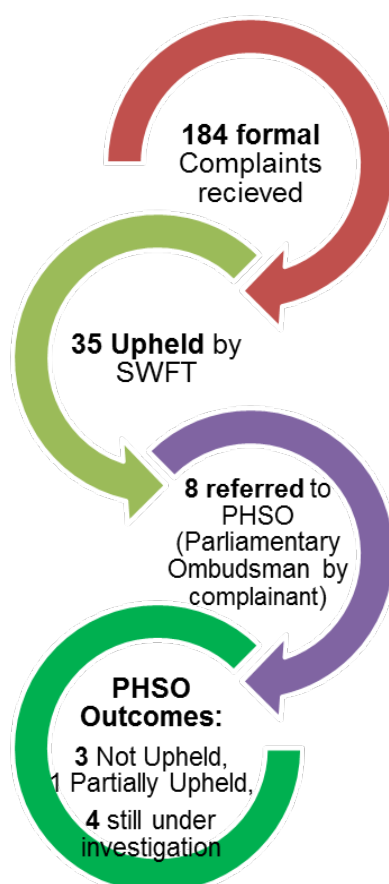
There were 184 formal complaints received in 2018/19, this compares to 173 received in 2017/18.

Complaints data overview

Number of Formal Complaints received
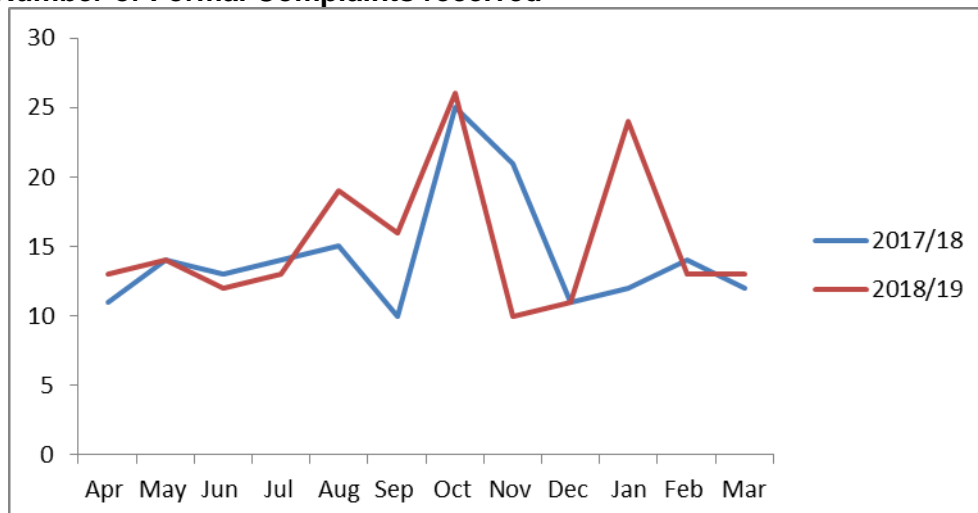
Complaints received by Division
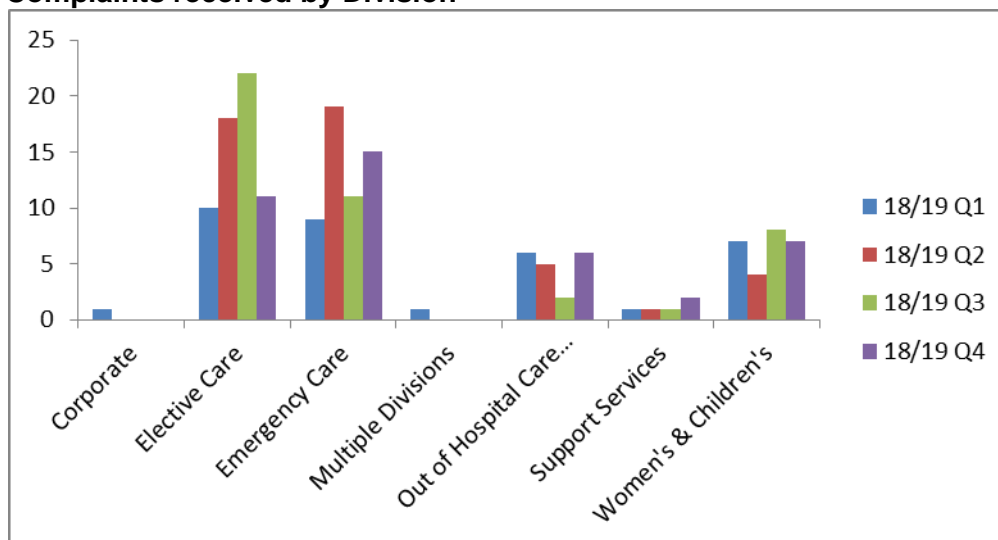
Parliamentary and Health Service Ombudsman (PHSO)

The emphasis of the NHS complaints procedure is to make every effort to resolve complaints at a local level. Despite all intervention, there are times when a complainant remains dissatisfied with the response from the Trust and in such cases the complainant should contact the PHSO to request a review of their complaint. The PHSO take an initial look at the complaint and will make a decision on if they should investigate the complaint. When the PHSO complete an investigation into a complaint they write a final report to the Trust advising us of the outcome and any recommendations they make.

There were 8 complaints referred to the PHSO during 2018/19. The Trust has received the PHSO outcome on 4 complaints; of these 1 was partially upheld and 3 were not upheld. The Trust continues to work very closely with the PHSO and responds immediately to any initial requests made or subsequent advice given.

PHSO Investigation Outcomes

Outcome	Count	Recommendations	Actions
Upheld	0	None	N/A
Part Upheld	1	None	Part upheld as frozen shoulder was not listed on the consent form, and therefore patient was not consented properly. The Ombudsman felt this is a learning point for the Trust but as there is no evidence this has had an impact on the patient no formal recommendations have been made to the Trust.
Not Upheld	3		

Patient Advice Liaison Service (PALS)

PALS provides 'on the spot' advice, support and information to patients, relatives and visitors, including personal concerns such as benefit applications.

PALS received enquiries regarding a range of issues which are logged on the 'Datix' Risk Management System in order to identify the subject, specialties and themes of enquiries received. PALS dealt with 1194 recorded contacts for the year 2018/19.

The PALS/Bereavement Officers liaise with staff involved in a patients' care to ensure early intervention to resolve concerns regarding their treatment. At times it is necessary to arrange a meeting with the family and treating clinicians so they can receive communication regarding the management plan.

PALS data overview

Number of PALS Contacts
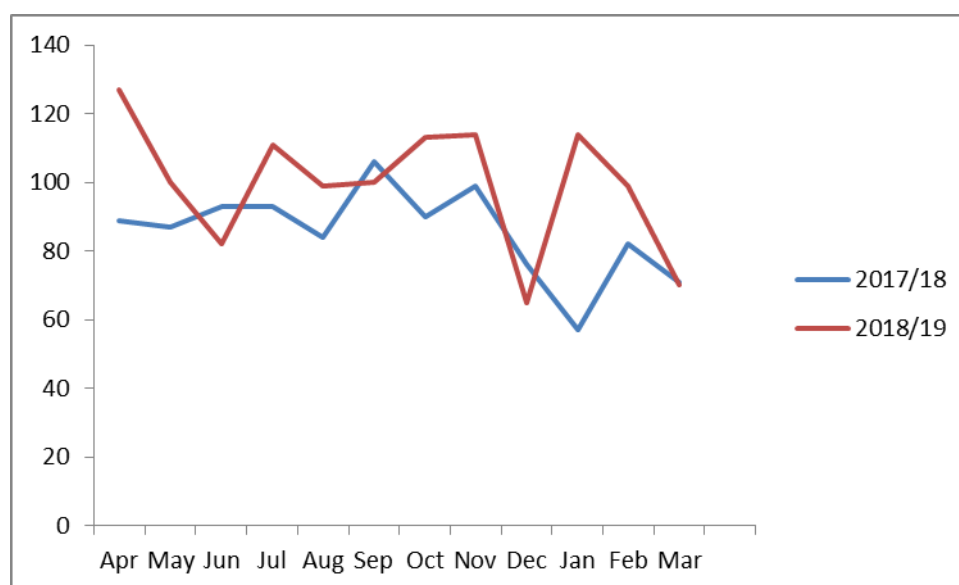
Top Subjects for PALS enquiries 2018-19
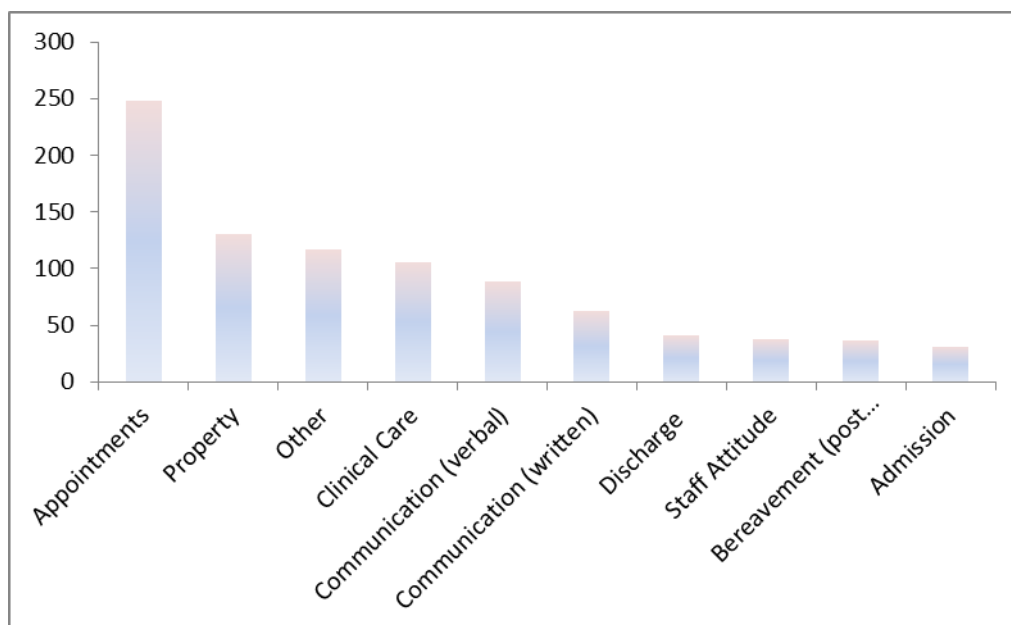
Bereavement

The Trust's Bereavement Service co-ordinates matters following the death of an inpatient. The PALS/Bereavement Officers meet with relatives to hand over the medical certificate of cause of death. During the meeting relatives are advised what has been recorded as the cause of death, and ensure this is understood by the family. The family is also asked if they have any concerns regarding the care the deceased received and if any concerns are raised, this is escalated to the clinical team so they can be addressed in the most appropriate way.

During 2018/19 the PALS/Bereavement Officers dealt with 757 hospital deaths.

iWantGreatCare (previously referred to as the 'Friends and Family Test')

iWantGreatCare is a feedback tool that provides the opportunity for patients and their families / carers to tell us '*how we did'* and what we could do better. The objective is to continuously improve the patient experience and to act on the issues that are raised. The Trust relaunched the new service in June 2018 and used a unique logo 'We Listen, We Care'; there was a dedicated Board to Ward Campaign during the month to promote the service and educate staff, patients and relatives about the benefits of receiving feedback which helps to inform changes and improvements to patient care.

The Patient Experience Group meets bi-monthly and is one of the meetings where the results and the comments from the survey feed into. The Friends and Family Test was, but no longer is a mandated CQUIN however the Trust decided to maintain this valuable feedback tool. The Trust has been working with a third party organisation to deliver the survey requirements, the data from which helps generate the following monthly reports:

- **Trust level report**: this includes a summary of feedback scores for each area by month, and helps identify top performers and outliers.
- **Ward level report**: This shows comparative scores across wards. Ward reports include all free text comments from patients.
- **An alert online review**: this is emailed to the co-ordinator for a response on any review that scores 2 or less in any one question.

Patients and their families/carers are asked '*How likely would you be to recommend this service to your friends and family if they needed similar care or treatment?'*

This means every patient that uses our services has the opportunity to give feedback on the quality of the care they receive providing us with a better understanding of their experience and where necessary enable improvements to be made.

Survey performance for 2018/19

From 1 April 2018 to 31 March 2019, 28,414 patients completed the survey and provided feedback on their experience. 95.3% of those patients would recommend the Trust.

This figure represents a 55.45% increase in the number of participants against the previous year. The Trust continues to investigate the different digital solutions available to enhance and complement the paper version of the survey and to capture a wider audience.

Each month the majority of the feedback is extremely complimentary on the positive attitude of the staff and the excellence of the care that has been received.

Positive themes	Improvement themes
High standard of care delivered	Car parking
Positive, friendly attitude of the staff	Long wait for discharge medication
Knowledge and professionalism of the team	Entertainment
Cleanliness	Communication between the staff
Genuine care and kindness shown	Basic repairs to bathrooms and blinds

Improvement actions taken

The Emergency Department

It has been challenging to find initiatives to support the Emergency Department to raise the profile of iWantGreatCare within the department. The third party organisation that provides the data used for reporting was called upon to assist in providing ways to improve their position. The challenges included:

- Promoting the benefits of receiving feedback to the staff
- Overcoming the barriers to patients completing and returning the survey forms
- Addressing the issues identified by the feedback

Car Parking

The lack of car parking is an on-going issue. The main concern for patients is that they are concerned that they will be late for their appointments due to searching for a car parking place as opposed to parking charges. The Trust continues to source a solution to this problem.

- The introduction of Automatic Number Plate Recognition (ANPR) to ease the flow by removing the congestion at the barriers
- To look at the option of multi storage parking
- To consider off-site parking

Décor

In one of the departments who perform daily procedures of a sensitive nature, the feedback identified that the walls of the department were incredibly bleak and in need of decoration. It was suggested that some nice paintings / pictures would greatly help to take patient's mind off the procedure. The Trust has started working in partnership with an art project and with local colleges to address this matter.

Night Time Drinks

One of the surgical wards received feedback that patients had not been offered a hot drink after supper until the following morning and felt this was a long time to wait. On investigation it transpired that the tea round had been omitted one evening when the ward was particularly busy and had never been reinstated.

This was a simple oversight that was easily addressed but that made a huge difference to the patient's experience.

Appointments

The Outpatient Department was experiencing difficulties with its appointment system resulting in some patients were being doubled booked resulting in increased waiting in the department to see the relevant consultant. In addition some appointments were being cancelled on the day which meant that patients had to be informed on arrival, and therefore there was a lot of negative feedback from service users and a number of poor comments resulted in providing a case for change.

The system has since been over hauled and within a short period of time the comments had gone from being very negative to extremely positive.

The Bluebell Birth Centre

Without doubt this new unit has been an absolute success with 100% of the reviewees recommending this service to their friends and family and praising the unit for its fantastic facilities and exemplary care from the Midwives.

Awards

Monthly awards were commenced in July 2018, which identify the most improved service of the month and a second recognition for the individual or the team who have been most successful in promoting the feedback survey in their area. The winners receive a certificate and a small team gift to celebrate their success and to acknowledge their hard work.

Comments

From being admitted to my discharge I have felt safe, listened to, been given information and totally treated with respect.

I found the staff very helpful and very understanding. Everyone was very friendly, attentive and kind. The whole team were professional, knowledgeable and kept me informed.

Very prompt service. The staff were fabulous, efficient, kept us involved,

Faultless care.

The biggest problem at this hospital is the car park. Everything was good about the care; nothing was good about the car park. It took me ¾ of an hour to find a space. Your appointment letter should include a sentence about coming by public transport or getting a friend to drop you off and pick you up.

Single Sex Accommodation (SSA)

During 2018/19 there has been a marked improvement across the Trust in awareness and management of SSA. This year saw the development of the Delayed Coronary Care Unit (CCU) Discharge and SSA Standard Operating Procedure (SOP) and updated the SSA in Day Surgery Unit SOP which has helped to identify the correct processes. In 2018/19 there were 4 incidences where single sex accommodation breaches occurred; this affected 7 patients in total, (compared to 5 incidences affecting 11 patients in 2017/18). The Trust carried out a full and extensive root cause analysis of these and ensured actions were taken. Details have been summarised as follows:

Date of breach	Recommendations / Actions	Status
03 April 2018 1 patient Emergency Care Division	• Amend Delayed CCU Discharges and SSA SOP to include documenting decisions, communication and actions taken in real time. • To share RCA and lessons learnt with Site Capacity management and cardiology nursing teams. • To ensure clear communication with site capacity team when notifying team of an SSA breach. • Need to be explicit about when a potential breach is being declared and time a breach will or has occurred and clearly documented.	Complete Complete Complete Complete
31st May 2018 1 patient Elective Care Division	• To share RCA and lessons learnt with capacity management team including operation manager and ICU. • No further action would have resulted in bed becoming available in SSA within the specified time frame.	Complete Complete
18th June 2018 1 Patient Emergency care Division	• Disseminated at handover and in cardiology communications book and at team meeting that the ward / unit staff need to hand over the SSA breach notification to next shift when one has occurred and keep doing so until the breach has been resolved. • Shared with the site capacity teams the need to keep handing over the fact that a breach is ongoing to the next shift until the breach has been rectified in order that the momentum to resolve the situation is maintained and not overlooked.	Complete Complete
2nd October 2018 1 patient Emergency Care Division	• For future incidents ward / unit staff need to hand over the same sex accommodation breach notification to next shift when one has occurred and keep doing so until the breach has been resolved. This has now been recorded on the handover sheet. • The site capacity teams also need to keep handing over the fact that a breach is ongoing to the next shift until the breach has been rectified in order that the momentum to resolve the situation is maintained and not overlooked. This is brought up at the bed meetings four times a day.	Complete Complete

	• The site capacity team need to consider 'same sex breach' avoidance when managing bed capacity.	Complete
	• Disseminate to all of the team to consider booking a special for patient to be nursed into a side room to avoid breach.	Complete
	• Share the learning from this incident with the site capacity team and the CCU nursing team.	Complete

Quality Priorities Achievements – Patient Experience

Quality Priority: Improve patient satisfaction levels of those who use our end of life care. **Achieved**

Achievements at a glance:

Focus on improved communication:
- New documentation developed
- Discharge letters from the team on discharge to community services
- Telecommunication call with the acute, south community team and Myton and Shakespeare Hospices
     * Working collaboratively with all hospices
     * New Electronic patient records

Focus on being responsive:
- Daily attendance board round
- New referral form for Palliative Care Team Rapid Response

Increase in teaching within the acute sector:
- Engagement with FY1 teaching
- Teaching sessions to the respiratory teams and acute medical team
- Grand round presentations
- Agreement to add palliative and end of life care to new doctors in training induction
- Providing a part of a teaching block to Buckingham University Medical Students
- Training programme developed for the year for all staff

Ongoing Care of the Dying Evaluation Tool (CODE) and National Audit of Care at the End of Life (NACEL) audit engagement

New post of End of Life care discharge facilitator

New post of Clinical Director for End of Life Care over the acute and community

What we have achieved:

Over the last year there has been a focus on procedures and improvements in communication with teams. Within this was a re-design of the palliative care notes for both face-to-face reviews and advice given and the resulting design of discharge letters for both discharges and deceased patients. In October 2018 the referral form for both acute and community were developed to ensure accurate triage and appropriate response by the team. A new procedure was adopted for 'same day' referrals (referral form and a telephone call with the Consultant in Palliative Medicine) allowing for early advice prior to clinical review.

A daily telecommunication conference call involving the acute team, the south community team, Myton Hospice admissions team and Shakespeare Hospice - 'Hospice at Home' team started in December 2018. This has allowed greater communication and integrated care for patients both in acute, community and hospice settings. It has improved discussion between

the teams to determine urgency of patients on the waiting list, improved handover and therefore safety of discharges, allowing feedback so the teams can learn from each other.

Several new teaching sessions have been given. In particular we have now been included on the FY1 teaching programme and have given presentations at the grand round, geriatric specialist registrar teaching, acute medical team teaching and sessions for all teams.

The CODE Survey in both acute and community settings with development of recommendations will continue. The CODE audit results have been presented at the end of life operations meeting and data collection for the NACEL audit is due in April 2019. A patient experience survey will be carried out in summer 2019. There is representation from the patient forum at the end of life operations meeting and the importance of ensuring that the patient voice is heard and has been recognised.

North Rapid Response Overnight Service started in November 1 2017 as a pilot for six months and was so successful that this is now business as usual. It initially started off as 10pm-8am but has been extended rom 8pm-8am.

This service is in partnership with Mary Ann Evans Hospice (MAE) in Nuneaton. It involves an experienced band 6 Nurse (SWFT) and a band 3 Health Care Support Worker (MAE) working as a pair overnight to support and visit end of life patients in north Warwickshire. They are contacted directly by a mobile phone number. We have had lots of positive feedback from patients, carers and stakeholders and it is a really valued service.

As a result from October 1 2018 we have started a pilot to also cover Rugby population from 12 midday to 8am. This will continue to run until end of September 2019 where we will then evaluate the pilot and consider the model moving forwards.

There is also a plan to start this in south Warwickshire where staff have been recruited and this is planned to go live in April 2019.

As a result we have been able to demonstrate how it supports preventing hospital admissions and patients to die in their own home as they wished.

Moving forward in north Warwickshire we are now planning to pilot a day time Rapid Response service for end of life patients in rural areas, again using a blended approach and we are currently recruiting staff for this.

A system impact dashboard which has been established for the Out of Hospital programme includes the key metric of 'number of patients known to be palliative who die in hospital'. This will now be reported on a quarterly basis for each area of Warwickshire and shared with partners to support ongoing developments.

Work planned for the year ahead

The end of life strategy for the Trust will be reviewed and re-drafted. The hope is that a unifying vision for all relevant organisations can be agreed upon, with each organisation separately focusing on their own challenges in end of life care. The subgroup for education is creating a strategy for teaching in palliative and end of life care. This work is being done with the learning and development team who are currently looking at essential training for SWFT staff and as well as our partner organisations.

The subgroup for medication is re-designing the community end of life medication charts to improve safety. The chart is very similar to the Coventry community chart with the aspiration that an service level agreement (SLA) can be created to allow the use of either chart in

particular for patients who are on the border of Warwickshire. The group is also working with pharmacy and the CCGs to improve the availability of end of life medicines in the community.

There is ongoing work to create a model or approach to social prescribing in end of life care. This work is being led by Warwickshire County Council and we are working with them to ensure a model that works well for our patients.

In the year ahead the role of Ward and Community End of Life Champions will be relaunched. The plan is to hold joint meetings to encourage integration across acute and community and enable teams to identify and tackle issues occurring in both settings.

Work with the Lorenzo team will continue with the aim of becoming paperless in the Acute. This should allow referrals to be sent and received via Lorenzo, palliative care notes to be accessible to all teams and the team to have an active list of all patients who have ever been referred to palliative care. This should improve how responsive the team can be for these patients and give admitting teams access to palliative care notes when a patient is present as an emergency, helping to guide management.

The acute Consultant in Palliative Medicine has been appointed as the Clinical Director for End of Life Care and started in post in March 2019.

A working group is being established to look at broadening the use of 'Care and Support Toward Life's End' (CASTLE) register. A trial of key staff working with end of life patients creating new records on the register, which is currently solely undertaken in primary care, is being planned.

Mental Health

Quality Priority: Improve the experience of patients with a mental health concern **- Partially Achieved**

Achievements at a glance;

Bi monthly multi-agency meeting at the Trust attended by Coventry and Warwickshire Partnership Trust (CWPT) and Warwickshire Police, which has improved communication and partnership working.

Close working with the Mental Health Act Administrators around Mental Health Sections.

Recruitment of Mental Health Nurse Liaison to Paediatrics.

Recruitment of full time Substance Misuse Practitioner.

Review of safe spaces in the Emergency Department and Paediatrics.

What we have achieved:

- The Trust employs a full time Substance Misuse Practitioner who supports with patient specific management plans and works with the emergency department and their frequent attenders. As part of this role they run a pre-operative screening programme receiving referrals for pre-operative alcohol reduction advice to optimise

recovery and prevent cancellations. The caseload often crosses boundaries with mental health and requires joint management plans.

- Anti-ligature assessments reviewed in high risk areas and plans for further work to enhance patient safety specifically in high risk areas like the Emergency Department and Paediatrics. All patients presenting with self-harm are risk assessed and one to one care is provided if required.

- A Paediatric Mental Health Nurse had been recruited to the Trust, although this position is currently vacant and being replaced, the post was of great benefit to Macgregor Ward in caring for their vulnerable and sometimes challenging patients with a mental health issue. CWPT has been able to recruit into and build their own Child and Adolescent Mental Health Service (CAMHS) team with an increase in the acute liaison service. This has enabled them to provide more support to the Trust having a regular ward presence to support patients and staff.

- A bi-monthly mental health partnership meeting is supported by stakeholders from Arden Mental Health Acute Team (AMHAT), CAMHS, Warwickshire Police, the leads for safeguarding, health and safety and security teams plus clinicians from Paediatrics and the Emergency Department. This enables constructive discussions around incidents or issues involving patients with a mental health concern and results in shared learning and understanding. CWPT have also supported in reviewing and providing a response to complaints encompassing mental and physical health care.

- A system of administrative and medical scrutiny for Mental Health Act Sections that take place at the Trust is in place with papers being scrutinised by the Mental Health Act Administrators and Psychiatry at CWPT, stamped and emailed back securely to the matron team. This ensures sections are completed correctly and also that the right people are aware that a Mental Health Section has taken place. It has also enhanced learning for clinicians involved in sections when corrections have been identified.

Work planned for the year ahead:

- The Trust continues to be part of the task and finish subgroup reviewing the AMHAT service model as a key stakeholder. It is anticipated that the outcome will result in increased and equitable AMHAT cover across UHCW, GEH and SWFT.

- Continuation of the work for the 'Improving services for people with mental health needs who present to the Emergency Department' CQUIN; the Emergency Department will work with the substance misuse practitioner, the Recovery Partnership and CWPT providing up to date management plans for frequent attenders.

- Corporate and Emergency Department attendance at the multi-agency meetings held by CWPT and the Mental Health Act Operational Group with dissemination of key messages through SWFT via the Mental Health Partnership Group held at the Trust.

- Anti-ligature and safe space work in A&E and Paediatrics. Comprehensive risk assessments have been carried out and further works identified and prioritised to provide safe spaces for people presenting with a risk of self-harm.

- CWPT has agreed to provide quarterly half day training sessions for all staff on mental health awareness as part of a full day that includes learning disabilities awareness. Paediatric staff have attended Level 3 conflict resolution training, all Emergency Department staff are being booked on this to enhance their ability to deal with and de-escalate challenging situations.

- The Trust will be monitoring the impact of CWPT initiatives such as the Psychiatric Assessment Unit Pilot and Street Triage on the attendance of people with a mental health issue and providing feedback via multi agency forums.

Booking visits, appointments or operations

Quality Priority: • Improve our patients experience when booking visits, appointments or operations – **Partially Achieved**

Achievements at a glance:

A lot of work has been carried out over the past 12 months to make general improvements to processes, formalise groups and to enhance the patient experience.

What we have achieved:

- The main appointment letters that are generated from Lorenzo have been reviewed and amended by a group (including patient representatives) to improve the tone, wording and format.
- IT are reviewing the unused letters in Lorenzo and removing as many of these as they can.
- There is ongoing work with Synertec (the Trust's outsourced printing company) to achieve accessible information format of letters (large print / braille / easy read). This will be tested by IT and Patient Access Teams.
- The reminder service within Netcall is now live in approximately one third of specialties. This service contacts patients on their home number and mobile number to remind them of their appointment and gives the patient the opportunity to respond if they need to reschedule or cancel their appointment.
- A Booking Best Practice and Knowledge Group has been set up and meets monthly.
- Competency sheets for Netcall have been implemented.
- Key Performance Indicators (KPIs) agreed and reported on monthly.

Work planned for the year ahead:

- Lorenzo letters – the reschedule letter and the Did Not Attend letter still need to be reviewed and amended within Lorenzo.
- IT continue to remove unused letter templates.
- Netcall improvement meetings to be scheduled regularly to progress more specialties moving onto the reminder service.
- Ongoing work with Synertec to ensure accessible information letters are available from Lorenzo.
- Booking Best Practice Group will be focussing on action plans for improving the Netcall KPI targets for each area and also focussed work on some data quality reports.
- Further customer service training (this has been identified within the learning needs analysis for Patient Access) – awaiting courses to book the teams onto.
- Set up a process to routinely review patient experience feedback through quarterly patient experience audits.

Quality Priorities Achievements - Patient Outcomes

Quality priority – Embed the integrated care delivery model we have with social care to deliver improved outcomes for patients – **Achieved**

Achievements at a glance:

In 2018/19 we engaged social care in multi-agency Working Together Boards as part of the governance of Out of Hospital transformation and established a strategic group between Out of Hospital services and Warwickshire County Council (WCC).

Trialed social workers attending weekly multi-disciplinary team meeting at a pilot Place Based Team (PBT). Social care providers are able to make a direct referral to access the PBT.

Closer working with WCC commissioners, care homes and domiciliary agencies to scope next year's plans to support early intervention of care. Agreed a regular Out of Hospital services slot at the Accommodation with Support Provider Forum.

Involved social care representatives in the development of patient pathways.

Continued co–location of Community Emergency Response Team (CERT) with Reablement services in two bases across Warwickshire as part of HomeFirst.

Reviewed HomeFirst workforce and ways of working to release capacity for Therapists and Nurses to respond same day and for Healthcare support workers to be able to offer short term care support.

What we have achieved:

- The involvement of social care in the Out of Hospital transformation programme has supported the development of whole system change, engaging staff at all levels to develop coherent patient pathways and multi-disciplinary ways of working.
- Learning from the trial of social workers attendance at weekly multi-disciplinary team meetings will inform the ongoing development of Place Based Teams and the establishment of locality hubs in the year ahead.
- Activities to release capacity of CERT and continued co-location with Reablement services are supporting the ongoing development of urgent response.
- Providers of social care services have been directly engaged with developments and will continue to help us shape the service model moving forwards. This will focus particularly on care homes in the year ahead.

Work planned for the year ahead:

- Development of shared training and engagement activities which will support the on-going culture change towards greater multi-disciplinary working.
- Continued social care involvement in the development and implementation of patient pathways.
- Development of an urgent response model, building on good practice already in place.

Quality Priority: Increase normal birth rates **– Partially Achieved**

The Trust has not consistently achieved an increase in their normal birth rates but since the opening of the Bluebell Birth Centre an upward trend is emerging.

Achievements at a glance:

The Bluebell Birth Centre opened in July 2018 and has averaged a total of 9.5% as a total percentage of all births at the Trust. This percentage puts the Trust's midwifery led births through a midwifery setting amongst the highest in the West Midlands region. The model is an 'opt' out approach, so all women who meet the criteria are automatically booked to birth in the Bluebell Birth Centre.

The home from home environment and care in the Bluebell Birth Centre has been a huge success with families leaving positive reviews through our feedback mechanism, I Want Great Care, with a consistent maximum 5 star rating.

In the same month of opening of the Bluebell Birth Centre the first of five main community hubs went live. The vision is to provide services from family hubs alongside other 0-5 providers. This will support multi-agency working, improve the co-ordination of community based assets, be a conduit between other services, such as perinatal mental health and to help women transition seamlessly from maternity to health visiting services. To date the Trust has 80% of service users accessing maternity care directly from the main hubs or one of the five satellite sites. The last hub is planned to go live in August 2019. The benefits of this new model are that all women will receive antenatal continuity and postnatal continuity from a named Midwife supported by a team. In phase one 26% of these women will receive intrapartum continuity, which is seen as the gold standard as it improves quality outcomes for both mums and babies. The Trust has exceeded the national KPI of achieving 20% of women booked on a continuity of care pathway and has been referred to as an exemplar of good practice nationally.

Within the month of March we have four community hubs up and running, this will give greater staffing flexibility and enable the midwives to more consistently follow women from the Bluebell Birth Centre to the Obstetric Unit should the need arise, consistency of staff at this time of transition should reduce anxiety at this time.

The birthing pool on the Obstetric Unit has been replaced and the room re-decorated to enhance the birthing environment.

Midwives continue to have sessions on supporting normality, as part of their mandatory training; many of the skills are drills are now run from the Bluebell Birth Centre for the multi-disciplinary team.

The percentage of Normal Vaginal Births (NVBs) achieved at SWFT over the last 2 financial years

	April	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
April 2017 – March 2018	62	63	51	60	58	58	55	56	59	53	54	60
April 2018 – March 2019	51	55	53	57	52	55	59	58	46	55	61	59
	↓	↓	↑	↓	↓	↓	↑	↑	↓	↑	↑	↓

The target on our dashboard for normal birth is 60%. In the 12 months from 1 April 2018 to 31 March 2019 the Trust achieved this target once. The range was from 51-61, variance of 10%. This overall rate has been negatively impacted by a seemingly low normal birth rate in December 2018, there were an unprecedented number of elective sections and an overall reduction in the number of births which further skewed the figures. Since the opening of the Bluebell Birth Centre there have been a higher number of overall increases in the percentage of NVB's. This is a trend we anticipate will continue throughout 2019, as the teams embed in the new hubs and an increasing number of women receive continuity of care.

The Trust has participated in the Getting It Right First Time (GRIFT) quality improvement pilot, which is a benchmarking data package which includes a wide range of relevant information about the clinical department and its performance. It is important to recognise that the data pack is not used to 'performance-manage' the unit but is expected to provide fresh insights into the way the department functions through the use of comparative data. The Trust sits on the lower control limit; however it is not an outlier.

Our slightly lower than expected normal birth rate maybe attributable to our higher acuity, especially in category III; (this categorisation is based on an acuity tool which looks at the amount of clinical time required to spend with a patient, the highest being a category V). This has not been repeated since the opening of the Bluebell Birth Centre, but in 2019/20 we hope to evaluate if the opening of the Bluebell Birth Centre has changed the acuity, positively rebalancing women in category I and II.

Category	I	II	III	IV	V
Warwick	5.7%	15.6	21.2	32.3	25.2
UHCW	5.0	14.2	19.9	26.0	34.9
GEH	12.7	27.2	18.4	22.2	19.5

Work planned for the year ahead will include:

- Continual monitoring of the NVBs on the maternity dashboard.
- Sustaining the training for Midwives and Obstetricians around supporting and promoting normal birth on the Bluebell Birth Centre and the Obstetric Unit.
- Continue with the implementation of a transformation plan with continuity of care at the core, scaling up from 26% -33% by September 2019. Continuity of Carer will then be incrementally upscaled.
- Implementation of parent education alongside the antenatal care, better preparing women for birth.
- Concurrently working alongside the action plan to reduce the rates of caesarean sections, ensuring that safe birth is at the core of any decision.

Learning from Deaths Process

Quality Priority: Enhance patient safety and organisational learning by implementing the national learning from deaths process – **Achieved**

Achievements at a glance:

The Trust's mortality indices have remained stable or are falling.

The learning from mortality reviews has informed the appointment of Consultants across several specialities.

The learning around the escalation of the deteriorating patient has led to the successful introduction of an electronic observation system, Oxford SEND, into the Trust.

Audits of deaths coded with specific conditions, and root cause analyses of any deaths judged to be more likely than not to have been due to problems in the care provided to the patient, have identified learning for the Trust.

The mortality review process has facilitated working with the CCG to jointly review deaths and share learning.

What we have achieved:

- The Trust's latest SHMI value for the 12 months (October 2017 to September 2018) is 0.99 which is "as expected" and has fallen over the year.
- Over the last year the Trust RAMI has remained stable and falls below the Trust's peer group.
- The HSMR initially rose during the year peaking around February 2018, and has been falling since following the actions detailed in, "Hospital Mortality Rates."
- The learning regarding end of life care planning has fed in to the Trust's ongoing end of life work streams, and has influenced the appointment of new Consultants in Palliative Medicine.
- The learning regarding care of the elderly and frailty has contributed to the appointment of two Consultants in Geriatric Medicine.
- The learning from mortality reviews has informed the appointment of additional Consultants in Urology to expand the service and include an out-of-hours on call rota.
- The learning around the escalation of the deteriorating patient has led to the successful introduction of an electronic observation system, Oxford SEND, into the Trust which is embedded in use across the wards.

- A review of deaths with acute kidney injury (AKI) in the admission diagnosis has resulted in work to improve the identification of high risk patients preoperatively, and continuing education around the treatment of AKI and use of the AKI care bundle. More recently, there has been ongoing work with UHCW to develop a shared AKI care bundle, and consider developing the role of an AKI nurse in the Trust integrated with the UHCW team. The development of an electronic AKI care bundle is ongoing.
- Root cause analyses of any deaths judged to be more likely than not to have been due to problems in the care provided to the patient, identify learning. The most recent following a patient's fall has identified learning for a clinical area which has been actioned.
- The learning from mortality reviews has informed work to further improve the mortality review process by work to develop a local medical examiner model.
- The mortality review process has facilitated working with primary care to jointly review deaths and share learning. The CCG Mortality Lead attends the Trust MSC. Quarterly meetings to review the deaths of a sample of patients who have died within 30 days of hospital discharge have been established from May 2018. The latest meeting to jointly review a sample of these deaths took place on 19th December and the findings presented at the MSC meeting in January 2019 and shared with the CCG.
- The last Learning from the Deaths of Patients with a Learning Disability (LeDeR) Steering Group was held on the 4th December 2018 and included a quarterly performance report, which was reviewed by the MSC at the January 2019 meeting. Learning from the deaths of patients with a learning disability (LeDeR) has helped to highlight areas where care may be improved.

Work planned for the year ahead:

- To implement the medical examiner model in the Trust following approval of the proposed model at Management Board in February 2019.
- Early Orthogeriatric input may improve outcomes for patients particularly those with frailty, with fractures of the neck of femur and other fractures. A business case to appoint further Orthogeriatricians is under development.
- A review of deaths with AKI in the admission diagnosis, have resulted in work to improve the identification of high risk patients preoperatively, and further continuing education around the treatment of AKI and use of the AKI care bundle. More recently, there has been work with UHCW to develop a shared AKI care bundle, and consider developing the role of an AKI nurse in the Trust integrated with the UHCW team which is ongoing.
- The learning around the escalation of the deteriorating patient has led to the successful introduction of an electronic observation system, Oxford SEND, into the Trust which is embedded in use across the wards. The embedding of NEWS 2 is planned for the year ahead.

Trust-wide Quality Performance Overview

This section of our quality accounts provides information on our compliance with national standards and targets and locally derived targets not covered elsewhere in the quality report.

Indicator	Threshold	Actual 2018/19
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway I	92%	91.9%
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge (D)	95%	94.3%
All cancers: 62-day wait for first treatment I from: - urgent GP referral for suspected cancer - NHS Cancer Screening Service referral	 85% 90%	 80.3% 87.9%
All cancers: 31-day wait for second or subsequent treatment (F), comprising: - surgery - anti-cancer drug treatments - radiotherapy	 94% 98% 94%	 92.5% 98.9% N/A
Cancer: two-week wait from referral to date first seen (H), comprising: - all urgent referrals (cancer suspected) - for symptomatic breast patients (cancer not initially suspected)	 93% 93%	 95.6% 96.9%
C. difficile – meeting the C. difficile objective (O) – avoidable cases	6	0
Outpatients appointments booked 3 weeks in advance	80%	75.8%

Data assurances and actions for improvement

A&E: The Trust acknowledges that although 96.1% was achieved in March, the Year to Date (YTD) was 94.3%. Information breakdown shows us that patient demand and acuity did not decrease during the summer months (as would normally be expected), we are showing an increase in adult attendances by 17% and paediatric attendances by 20% (since 2017). The local demographics also show rapid increasing population due to housing development. The non-achievement of 95% YTD demonstrates the need to implement systems that are sustainable throughout the year with regards to workforce, process and national guidance.

Our current actions for improvement are:-

- Continue to use business information analysis for guidance and predictions.
- Identify internal ED delays – nurse training, skills, communication, processes.

- Identify external delays and produce SOPs where needed, ie bed ready, ward handovers.
- Specialty referral and review – there is currently a Plan, Do, Study, Act (PDSA) for Surgical Assessment Unit and hopefully a further one for Paediatrics.
- Full workforce reviews in ED to ensure that staffing and process are able to meet demand and meet guidelines.
- Support seven day week working processes.
- Improve Obs Unit and make fit for ED purpose/pathways and mental health patient management.

All Cancers 31 & 62 day: Delivery of cancer standards has been particularly challenging during 2018/19 with performance being worst for a number of years. Key actions to improve this include revision of all tumour site pathways, creation of a cancer recovery board, additional clinical management input into cancer services including the development of an AMD for Cancer role and external support from the NHS Intensive Support Team (IST) to review the cancer service

Out patient appointments booked 3 weeks in advance: This remains a key areas of focus and the main deliverable will be to work with specialties to reduce the need for short notice waiting list initiative clinics (extra clinic put on for capacity reasons).

Glossary

ACC	Accredited Clinical Coder
ACP	Advanced Care Practitioners
AHP	Allied Health Professional
AMBER	Assessment Management Best practice Engagement Recovery uncertain (end of life patients)
ANPR	Automatic Number Plate Recognition
AOGG	Audit and Operational Governance Groups
C.diff	Clostridium Difficile
CAP	Community Acquired Pneumonia
CCG	Clinical Commissioning Group
CDLIN	Controlled Drug Local Intelligence Network
CERT	Community Emergency Response Team
CERU	Central England Rehabilitation Unit
CHKS	Caspe Healthcare Knowledge System
CODE	Care of the Dying Evaluation Tool
CMP	Case Mix Programme
CP	Care Practitioner
CQC	Care Quality Commission
CWPT	Coventry and Warwickshire Partnership Trust
DHSC previously DoH	Department of Health and Social Care previously Department of Health
DOLS	Deprivation of Liberty Safeguards
DPA	Data Protection Act
DSN	Diabetic Specialist Nurse
DSPT	Data Security and Protection Toolkit
E.Coli	Escheria Coli
ECDS	Emergency Care Data Set

ED	Emergency Department
EoL	End of Life
ENT	Ear, Nose, Throat
EPMA	Electronic Prescribing and Medicines Administration
EPR	Electronic Patient Records
GDPR	General Data Protection Regulation
HCAI	Healthcare Associated Infection
HSMR	Hospital Standardised Mortality Ratio
ICO	Information Commissioners Office
IGTK	Information Governance Toolkit
IMR	Initial Management Review
KLOE	Key Lines of Enquiry
MDS	Minimum Data Set
MHRA	Medicines and Healthcare Products Regulatory Agency
MNP	Medical Nurse Practitioners
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSC	Mortality Surveillance Committee
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NAIC	National Audit of Intermediate Care
NELA	National Emergency Laparotomy Audit
NEWS	National Early Warning Score
NHSI	National Health Service Improvement
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NJR	National Joint Registry
NPSA	National Patient Safety Agency
OHCC	Out of Hospital Care Collaborative (Community services)
PALS	Patient Advice Liaison Service

PDSA	Plan, Do, Study, Act
PHSO	Parliamentary Healthy Service Ombudsman
PGD	Patient Group Directions
PPD	Preferred Place of Death
PROM	Patient Reported Outcome Measures
RAMI	Risk Adjusted Mortality Indicator
RCA	Root Cause Analysis
RCEM	Royal College of Emergency Medicine
RCPH	Royal College of Paediatrics and Child Health
RTT	Referral to Treatment Targets
SHMI	Summary Hospital-Level Mortality Indicator
SI	Serious Incident
SIRCA	Serious Incident Root Cause Analyses
SOP	Standard Operating Procedure
SSKIN	Surface, Keep Moving, Incontinence, Nutrition/Surface, Skin Inspection, Incontinence, Nutrition
STP	Sustainability and Transformation Partnerships
SWCCG	South Warwickshire Clinical Commissioning Group
SWFT	South Warwickshire NHS Foundation Trust
TV	Tissue Viability
UHCW	University Hospitals Coventry and Warwickshire
VTE	Venous thromboembolism
WCC	Warwickshire County Council
WMAHSN	West Midlands Academic Health Science Network

Stakeholder engagement

Where 50% or more of the relevant health services that the NHS foundation trust directly provides or sub-contracts during the reporting period are provided under contracts, agreements or arrangements with NHS England, the trust must provide a draft copy of its quality accounts/report to NHS England for comment before publication and should include any comments made in its published report.

Where the above does not apply, the trust must provide a copy of the draft quality accounts/report to the clinical commissioning group which has responsibility for the largest number of people to whom the trust has provided relevant health services during the reporting period for comment prior to publication and should include any comments made in its published report.

NHS foundation trusts must also send draft copies of their quality accounts/report to their local Healthwatch organisation and overview and scrutiny committee (OSC) for comment before publication, and should include any comments made in their final published report.

The commissioners have a legal obligation to review and comment, while local Healthwatch organisations and OSCs will be offered the opportunity to comment on a voluntary basis.

Stakeholder statement from NHS South Warwickshire Clinical Commissioning Group – received 10.05.2019

Following our review of the draft version of the South Warwickshire NHS Foundation Trust Quality Account we are pleased to state that this is representative of the work the Trust has undertaken to further develop the quality of its services during 2018/19.

NHS South Warwickshire Clinical Commissioning Group (CCG) (as lead commissioner for the South Warwickshire NHS Foundation Trust contract) continues to work in partnership with the Trust with the overarching aim of ensuring that service users, carers and their families receive excellent quality of care and treatment throughout their healthcare experience, whether this is in the acute sector or in community services.

The Trust last had formal CQC Inspections in December 2017 and January 2018. It achieved an overall rating of 'good' for the quality of care that it provides and has since made a number of improvements as a result of continued delivery of its improvement plan which is now nearing completion. The Trust has also developed a CQC 'Journey to Outstanding' programme, with CQC engagement, that encourages teams/staff from their services to present and share good practice and learning with peers. The CCG is pleased that the Trust has requested representation from our quality team to support and further develop services collaboratively with frontline teams.

In respect of infection control targets, there were no Trust acquired cases of MRSA during 2018/19. The Trust has also been fully engaged in the health economy C. Difficile Reduction Strategy and Anti-Microbial Resistance group. The Trust acquired 8 cases of C. Difficile cases against a tolerance target of 6 during 2018/19 however no lapses of care were identified. This compares very favourably to 2017/18 where 11 cases of C. Difficile infection were acquired and 5 were deemed to have lapses in care.

The Trust will continue to utilise learning and training to reduce the number of Trust-attributed E.coli Bacteraemia infections as there were 33 cases attributed to them during 2018/19 compared to 27 cases in 2017/18.

Patient Safety is always a joint priority and the CCG is pleased to be an active member of the Trust's Serious Incident Review Group, supporting its role in assuring the quality of serious incident investigations and dissemination of learning within the Trust. The CCG has noted that staff engagement in the learning process has developed throughout 2018/19 with more staff attending the group to discuss incidents and take back learning to colleagues/staff.

Overall VTE risk assessment compliance at SWFT has remained above the national target of 95% between the period July 2018 to January 2019 and implementation of the reporting tool has supported maintaining this compliance. There have been no potentially preventable VTE readmissions reported by the Trust since January 2018, reflecting the work the Trust has engaged with throughout 2018/19. The VTE policy is part of the CQC improvement plan and is being updated to reflect the new NICE guidance.

The new Frailty Assessment Area has demonstrated effectiveness in reducing length of stay for patients, and the out of hospital service is currently developing a follow up service to further support this work. The Out of Hospital Collaborative group, comprising both Trust and CCG leads, has been meeting regularly during 2018/19 to develop the quality outcomes as part of the transformational change of community services and in order to ensure both organisations have assurance on delivery of these identified outcomes of care.

The NHS Friends and Family Test (FFT) remains a valuable opportunity for patients to provide feedback on the care and treatment received from their healthcare providers. The Trust launched its re-commissioned service in June 2018 with the new logo of 'We Listen, We Care' to promote patients to provide feedback. Recommendation rates for care received at SWFT have remained positive, being at or above the NHSE average for all months of the year. The not recommending care rate has remained well below the NHSE average during 2018/19. The CCG expressed concern during 2018/19 that response rates in the A&E department had reduced. The Trust has reassured the CCG that it considers the survey an important feedback mechanism and continues to take action to address this issue. We therefore remain optimistic that response rates will increase, giving greater confidence that the reported scores are representative of the overall patient view. Response rates in inpatient and maternity services have improved in 2018/19 compared to the previous year.

The Staff Friends and Family test continued throughout 2018/19 with the Trust scoring well against the NHSE average for the two questions: "how likely are you to recommend your organisation to your friends and family as a place to work?" and "how likely are you to recommend your organisation to your friends and family if they need care or treatment?" The 2018 National Staff Survey results were also very positive for the Trust. We remain assured that the Trust is seen as a good employer and a good place to work, giving confidence to us that quality of care is good, as 'happy staff' generally equate with 'happy patients'. The CCG has welcomed the introduction of the monthly awards for staff that commenced in July 2018 and which support and recognise the hard work of staff within services.

The Trust has worked hard to put sound processes in place to address recommendations in the national guidance on Learning from Deaths (published March 2017). Learning initiatives implemented include recording of primary diagnosis (to help address issues of incorrect coding), completing the risk box on the VTE form, and ensuring staff fully utilise ReSPECT forms. A CCG Governing Body GP attends the Trust's Mortality Group meeting both to seek assurance on processes and to support partnership working in respect of reviewing deaths of patients in primary care who have recently received secondary care (or vice versa), as appropriate. The CCG welcomes the Trust's plans to implement the recommended medical examiner model and notes recruitment is underway for this post.

The CCG would like to formally thank the Trust for its commitment to the Learning from Deaths of Patients with a Learning Disability (LeDer) programme, where the Trust has played an important role in supporting the completion of local reviews for national submission. The Trust has commenced an educational programme to look at the learning from these LeDeR reviews and is working in collaboration with other local providers in respect of wider learning.

2018/19 saw a 5.4% increase in demand on A&E services at SWFT compared to 2017/18 however, the Trust remained one of the best performers nationally against the A&E target.

Delivery of the Referral to Treatment Targets (RTT) during 2018/19 was inconsistent although the 92% target was achieved by year-end. The Trust continues to manage systems so that this improvement may be retained.

Trust performance against the 2 week cancer wait for first outpatient appointment following urgent referral by a GP target was good during 2018/19 however performance for the 62 day cancer wait target has been more variable. This is a key cause for concern for the CCG and we have been working collaboratively with the Trust to help rectify this. The CCG acknowledges there has been an improvement in timely completion of robust root cause analyses (RCAs) with independent reviewer input providing added assurance at the Clinical

Harm Reviews. Learning is disseminated internally and within both primary and secondary care in order to support improvement in delivery.

The CCG is pleased to note that Mixed Sex Accommodation Breaches have continued to reduce and have remained at zero for the last quarter. The Trust has a dedicated lead to support staff understanding and reporting these breaches in a timely manner. CCG staff are regularly invited to review meetings in respect of breaches and receives copies of relevant RCA reports.

The CCG is also pleased to note that since the opening of the Bluebell Birth Centre in July 2018 the Trust is one of the highest in the West Midlands in respect of midwifery led births. Alongside this a transformation plan is underway within the community for the development of 5 family hubs to support mothers and families across south Warwickshire.

During 2018/19 the Trust worked hard to deliver the national CQUIN schemes and has made very good progress to date against the majority of the relevant expectations. Tobacco and Alcohol screening and brief advice, along with Antimicrobial Resistance, will continue as national CQUIN goals for 2019/20.

To conclude, there is very good evidence that the vast majority of patients are happy with the services they receive, staff opinion of the Trust is high and patients feel able to raise issues of concern with the Trust, if and when required. The Trust continues to deliver high quality services and its quality priorities for 2019/20 in the areas of patient outcomes, patient experience and patient safety are welcomed by the CCG.

We look forward to a further year of partnership and cooperation and continued improvement in the quality of services for our local population.

Stakeholder statement from local Healthwatch organisation and overview and scrutiny committee (OSC)

For a number of years the County Council worked in partnership with each of the service providers and Healthwatch, to assist with the formulation of the Quality Account (QA) documents. In recent years, the Committee has focused instead on thematic reviews. This has meant it has not had the capacity to contribute to the QA process in such detail.

However, members are kept informed of developments by both commissioners and trusts, especially through the Public Health function and they receive periodic reports, for example when service reviews are planned.

Thank you again for the opportunity to comment on the Trust's Quality Account document.

There are no comments from Warwickshire County Council (WCC) to the document this year.

Senior Democratic Services Officer
Governance and Policy
Resources Directorate
Warwickshire County Council

Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. NHS Improvement has issued guidance to NHS Foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance
- The content of the Quality Report is not inconsistent with internal and external sources of information including:

  - board minutes and papers for the period April 2018 to March 2019
  - papers relating to quality reported to the board over the period April 2018 to March 2019
  - feedback from commissioners dated – 10.05.2019
  - feedback from governors dated - 16.05.2019
  - feedback from local Healthwatch organisations dated – 10.05.2019
  - feedback from Overview and Scrutiny Committee dated – 10.05.2019
  - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 22.05.2019
  - the latest national patient survey 2017
  - the latest national staff survey 2018
  - the Head of Internal Audit's annual opinion of the trust's control environment dated – awaiting report
  - CQC inspection report dated 05.03.2018

- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, 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 Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.
By order of the board

Chairman _____ Date 24/5/19

Chief Executive _____ Date: 24/05/19

Limited Assurance Report on the content of the Quality Reports and Mandated Performance Indicators

Independent auditor's report to the council of governors of South Warwickshire NHS Foundation Trust on the quality report

We have been engaged by the council of governors of South Warwickshire NHS Foundation Trust to perform an independent assurance engagement in respect of South Warwickshire NHS Foundation Trust's quality report for the year ended 31 March 2019 (the 'quality report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the council of governors of South Warwickshire NHS Foundation Trust as a body, to assist the council of governors in reporting South Warwickshire NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the council of governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the council of governors as a body and South Warwickshire NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter
The indicators for the year ended 31 March 2019 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge;

- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers, reported in accordance with the 2016 National Cancer Breach Allocation Guidance.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors
The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS foundation Trust annual reporting manual' issued by NHS Improvement.

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 report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation Trust annual reporting manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified below:
  - board minutes for the period April 2018 to May 2019;
  - feedback from NHS South Warwickshire Clinical Commissioning Group, dated 10th May 2019;
  - feedback from governors, dated 16th of May 2019;
  - feedback from Warwickshire County Council's Overview and Scrutiny Committee, dated 10th May 2019;
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 22nd May 2019;
  - the latest national patient survey, dated 13th June 2018;
  - the latest national staff survey 2018;
  - Care Quality Commission inspection report, dated 8th of March 2018; and

  o the Head of Internal Audit's annual opinion over the Trust's control environment, dated 29th of April 2019.

- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS foundation Trust annual reporting manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

We read the quality report and consider whether it addresses the content requirements of the 'NHS foundation Trust annual reporting manual' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with the documents listed above specified in 2.1 of the 'NHS Improvement Detailed requirements for external assurance for quality reports 2018/19' for foundation Trusts (collectively the 'documents').

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the documents. Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Assurance work performed
We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). 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 requirements of the 'NHS foundation Trust annual reporting manual' to the categories reported in the quality report; and
- reading the documents.

A limited assurance engagement is smaller 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 affect 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 of these

criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation Trust annual reporting manual'.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by South Warwickshire NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation Trust annual reporting manual';

- the quality report is not consistent in all material respects with the sources specified in 2.1 of the 'NHS Improvement Detailed requirements for external assurance for quality reports 2018/19' for foundation Trusts; and

- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation Trust annual reporting manual' and supporting guidance.

Deloitte LLP
Birmingham
United Kingdom
24 May 2019

Statement of the Chief Executive's responsibilities as the accounting officer of South Warwickshire NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require South Warwickshire NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of South Warwickshire NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance and
- 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 foundation trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Glen Burley, Chief Executive   Date: 24 | 05 | 19

Annual Governance Statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation 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 Foundation 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 Foundation Trust Accounting 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 South Warwickshire NHS Foundation 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 South Warwickshire NHS Foundation Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

The Board has conducted a review of the effectiveness of the Trust's system on internal controls.

Capacity to handle risk

As Accounting Officer I have overall responsibility for risk management and am accountable for the effective implementation of risk management and the internal control processes.

The capacity of the Trust to handle risk is achieved through the delegated responsibilities in place as defined in the Trust's Risk Management Strategy. The Strategy sets out the Trust's approach to risk, the accountability arrangements including responsibilities of the Board of Directors (Board) and its sub-committees, Directors, specialist leads and individual employees. It defines the risk management process including risk identification, analysis and evaluation, which will be undertaken to ensure delivery of the Strategy and the capacity to handle risk across the Trust.

Risk management training is mandatory for all new starters band 6 and above and is also provided for existing staff with designated responsibility for undertaking risk assessments. The training is designed to provide an awareness and understanding of the risk management strategy, process and experience of completing the risk assessment paperwork.

Board and Senior Managers are required to participate in risk management awareness training, pertinent to their needs, every two years. In the coming months NHS Digital will provide a session on Cyber Security. Additional training has been provided, to all levels of staff, covering areas such as fire safety, health & safety, moving and handling, resuscitation and conflict resolution. The Trust continues to provide the Institution of Occupational Safety and Health (IOSH) Managing Safely course to staff, Band 7 and above. All staff receive information on risk management and incident reporting during the Trust induction process.

The Trust has a number of measures in place to disseminate learning from good practice. The 7th Annual Clinical Conference in October 2018 focused on Innovation and Celebration. Guest speaker Rob Law designed Trunki the ride-on/carry-on hand luggage for children, his presentation focussed on continuing to pursue what you believe in and not to give up. Trust staff also displayed information and gave presentations. There is also a regular 'Grand Round' for doctors to discuss specific topics highlighting best practice. Best practice is also discussed at Board Workshops, where a patient story focuses on what went well and what could be improved. The Trust has also launched a 'Journey to Outstanding' forum, which is used to showcase best practice and learning as a means of sharing this across the organisation and supporting teams to learn from each other.

Through being part of the Foundation Group many of our teams have been able to share best practice with colleagues from the other two Trusts in the Group, Wye Valley NHS Trust and George Eliot Hospital NHS Trust.

The risk and control framework

A Trust wide Risk Management Strategy 2016-21 was approved by Risk Management Board and ratified by Board in January 2017. A minor amendment was made to the Risk Management Strategy in February 2018 and ratified by Risk Management Board in March 2018. The Strategy explains how risks are identified, evaluated, scored and monitored within the organisation. The Trust has in place a risk matrix, which is used to evaluate all risks, both clinical and non-clinical. Once agreed risks are included in the Divisional Risk Registers and monitored by the relevant Divisional Risk Management Group in accordance with the Strategy. In addition, all risks with a score of 8-12 (dark amber) and 15-25 (red) are presented, quarterly, via the Associate Director of Operations reports, to the Risk Management Board and risks scoring 15-25 (red) are also presented to the Board on a quarterly basis.

In the autumn and spring of each year the Board hold a 'Round Table' event with the Council of Governors which ensures that the Trust's annual plan meets national and local priorities and which also provides an opportunity to determine the organisation's risk appetite relevant to strategic challenges. The Board has rated its overall risk appetite as 15; therefore any risk of 15-25 (red) is reported to the Board. In relation to the Board Assurance Framework (BAF), the Board has requested sight of those risks rated 8-12 (dark amber) and 15-25 (red), these risks are submitted quarterly for consideration.

The Organisational Risk Register and BAF were subject to quarterly review by the Board to consider any gaps in either the assurance or controls. Where required, further action was taken by managers to mitigate the risk.

Extreme risks (risks scoring 15-25), with agreed mitigation plans, listed on the Trust's Risk Register during 2018/19 are outlined below:

- Failure to meet cancer targets due to delays in clinic capacity and diagnosis resulting in potential patient harm and financial penalties. End of year score 20;

- Patients not being seen in a timely manner due to under provision of Haematology Outpatient clinic slots, resulting in patients presenting with disease progression. End of year score was 16;

- Significant (70%) amount 2018/19 of Cost Improvement Programme (CIP), within the Elective Division, is non-recurrent and this will impact on the total amount of CIP carried forward into 2019/20. End of year score 16;

- Lack of and fluctuating management capacity within the Out of Hospital Care Collaborative is a level that day to day operational management is compromised. This affects delivery of Divisional objectives, HR management, Governance, Contractual performance across Adults and Children's services. End of year score 16;

- Temporary labour costs, within the Elective Care Division, continue to be high due to the volume of temporary labour costs leading to an overspend on divisional budgets. End of year score was 15;

- Lack of Maternity Outpatients clinic capacity due to an increase in demand and complexity resulting in increased waiting times, clinics over running and delay in plan of care. End of year score was 15;

Two Brexit risks have been identified, in relation to the supply of medicines, other medical and procured services, and included on the Corporate Risk Register. In addition, the Director of Finance has set-up Brexit Planning meetings with representatives from Finance, Pharmacy, Procurement, Emergency Planning, Information Governance, Communications, Employment Services and Risk Management Departments.

The Executive Team identify future corporate risks, which will be managed and mitigated as part of the Board Assurance Framework (BAF) process. Measures to assess whether the outcomes have been achieved have been linked to the organisational strategic objectives and the Quality Improvement Priorities.

Areas of risk identified to date are predominantly linked to the changing age profile of the population across Warwickshire. The demographic distribution is resulting in an increasingly elderly and frail population living with Long Term Conditions and Dementia. As a result the Trust is committed to delivering care in different and innovative ways for example with the introduction of Place Based Teams within the community, care is organised around populations and the place in which people live rather than around diseases. This has created person centred care, via integrated services, to support people in gaining and maintaining maximum independence.

The 2018/19 BAF has been updated, by the Executive Team and reviewed on a quarterly basis by the Risk Management Board and Board. The Audit Committee was responsible for providing independent assurance on the robustness of governance and risk management in the Trust. The BAF was the key process used by the Board to ensure that all principal risks were controlled, that the effectiveness of those key controls was assured and that there was sufficient evidence to support the Annual Governance Statement.

Internal Audit has undertaken a Year End Review of the BAF 2018/19, which reported the BAF provides sufficient evidence to support the Annual Governance Statement. It covers; the organisation's main objectives and risks to the achievement of these objectives, the controls in place and the assurance mechanisms relating to the controls and the actions being taken to address gaps in control and assurance. Internal Audit's testing, by sample, confirmed that the controls on which the Board rely are in place and made three minor recommendations, which will be implemented in the 2019/20 BAF.

The Trust has in place, a Programme Delivery Board (PDB) to oversee programmes/projects and manage programme/project risks. The PDB is a monthly meeting, administered by the Improvement Team and chaired by the Managing Director or Director of Development. The PDB monitors the progress of all programmes/projects across the Trust including Cost Improvement Plans and ensures alignment to Trust Objectives. This forum provides the opportunity to constantly evaluate programmes/projects, in particular any risks impacting on the delivery of the required outcomes and benefits.

Risk management is embedded within the Trust and this includes being open with patients, relatives and carers when patients are exposed to harmful events. The Trust has a formal process in place for Duty of Candour when a patient suffers moderate harm or worse. All patient safety incidents are reported nationally through the National Reporting Learning System (NRLS) and compared nationally with similar organisations. Any work programmes to reduce and learn from incidents are monitored by the Patient Safety Surveillance Committee.

The Care Quality Commission reported in their Intelligent Monitoring Report that staff reporting of errors, near misses and incidents is as expected and comparable with similar Trusts. All patient safety and non-clinical incidents are reviewed by the relevant manager, investigated where necessary and improvements implemented as required. The Board is assured that all incidents are reported and managed in a timely manner via the Trust's electronic incident reporting system and the internal

governance committee structure.

The Trust has an independent Patient Forum which works with the Trust's Council of Governors on patient related issues. Members of the Forum sit on the Council of Governor's Patient Care Committee to ensure the work of both bodies is aligned. Where possible the Trust proactively works with all stakeholders.

As a Foundation Trust, the organisation operates under a licence, dated 1 April 2013 by Monitor (now NHS Improvement), the independent regulator of Foundation Trusts. The existing control and reporting mechanisms described in this Annual Governance Statement are used to ensure that the Trust is compliant with the terms of its licence.

With respect to condition FT4 (NHS Foundation Trust governance arrangements) the Board reviews the terms of reference of its committees on an annual basis to ensure their effectiveness and last did so on 3 April 2019. In addition, the Audit Committee undertakes an annual self-assessment of its own effectiveness using a proforma from the NHS Audit Committee handbook, which is reported to the Board. The Audit Committee also submits an Annual Report to the Council of Governors. The terms of reference also serve to define the responsibilities, accountabilities and reporting lines of each Committee. The Board receives a report following each Committee meeting, written by the Non-Executive Director Chair, and is therefore able to both receive assurance but also challenge any of the decisions made. The responsibilities of the Board and its Directors are defined in the Trust's Constitution.

The Board has a detailed schedule of business, agreed annually, which defines when reports will be submitted, ensuring the Board can operate timely and effective scrutiny of its operations. Key performance reports covering quality of care, nurse staffing, finance and operational performance are received on a monthly basis to ensure sufficient rigour is applied.

Following on from the external review of the Board's skills and capabilities and the CQC 'Well-Led' Review in 2017/18, in 2018/19 the Board undertook the Insights Colour Energies Diagnostic for its two new Non-Executive Directors, incorporated this into the whole Board profile and updated the Non-Executive Directors Skills Matrix.

The Trust complies with the 'Developing Workforce Safeguards' recommendations by monitoring and mitigating any risks related to staffing on a daily basis within individual departments and at the operational capacity meetings. Any actual or potential risks associated with gaps in planned staffing numbers are reported as clinical incidents and investigated in line with the Trust's Incident Management Policy, including the Management of Serious Incidents (SWH 00020).

Nurse staffing key performance indicators and related patient outcome measures are reported to the Patient Safety Surveillance Committee, Clinical Governance Committee and the Board on a monthly basis to provide assurance that staffing processes are safe and sustainable. Medical and Allied Health Professional (AHP) staffing reviews are undertaken on an ongoing basis and assurance is provided through the Divisional Audit and Operational Governance Groups (AOGG) and Clinical Governance Committee.

The Trust undertakes patient acuity and roster reviews every six months across all inpatient wards and community teams. Quality impact assessments are undertaken when any changes are made to staffing establishments or skill mix and these are reported to Management Board.

The Trust has a Workforce Strategy and recruitment and retention plans which are monitored at the Workforce Strategy Committee, chaired by the Director of Nursing with the HR and Medical Directors in attendance.

CQC Compliance

The Foundation Trust is fully compliant with the requirements of registration with the Care Quality Commission.

The Trust is required to register with the Care Quality Commission (CQC) and is registered without conditions. Registration confirms that the Trust meets all regulations and standards stipulated by the CQC. It also confirms that the Trust is authorised to provide all registered services across all locations registered under the Trust.

The CQC carried out a formal inspection of the Trust in December 2017 and carried out an unannounced inspection of A&E, Medical Care (including older people's care), Maternity and End of Life Care. The CQC undertook a further planned visit in January 2018 to inspect Community End of Life Care. The Trust now has an overall rating of 'good'. The well led inspection report for the Trust was also rated as 'good'.

The CQC report identified many examples of excellent practice from our leadership team, our hospital services and our community teams. It also provided some recommendations for future improvement. Action plans were developed and monitored via the CQC Monitoring Group, chaired by the Director of Nursing. This group has since changed to the 'Journey to Outstanding Forum' with its focus on being more celebratory where teams and services share best practice and innovation.

Assurance Process and Reporting of Assessment

Assurance against compliance with CQC registration requirements is monitored through the Trust's CQC Monitoring Group where leads attend and submit evidence of compliance. In addition the Trust meets monthly with its CQC Inspectors where any concerns surrounding key performance data in the CQC's "Insights" report can be explored with the Trust.

- A compliance overview report is presented to Board, in accordance with an agreed reporting schedule. This includes the summary results of any ward inspections conducted. This report will provide assurance that any actions to improve compliance are being progressed.
- The Clinical Governance Committee receives the Action Plan (Post Inspection) report to inform the Committee of the Trust's compliance with the CQC standards and provides assurance to the Committee that appropriate actions and service improvements have been made or are in progress to ensure safe and high quality services are in place.
- The Clinical Governance Committee, in particular, reviews all aspects of the Trust's Clinical Governance arrangements, including CQC compliance, on behalf of the Board. The Non-Executive Chair of the Committee provides each Board meeting with a written report on the Committee's business, providing assurance and also highlighting issues of concern for the Board's attention.

The Foundation Trust has published an up-to-date register of interests for decision-making staff within the past twelve months, on its website, as required by the 'Managing Conflicts of Interest in the NHS' guidance. The Register continues to be updated on a regular basis, monitored by the Audit Committee.

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 Foundation 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.

Review of economy, efficiency and effectiveness of the use of resources

As Accounting 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, and the executive managers within the Trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on the content of the Performance Report contained within 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 performance of the organisation is monitored monthly at Board through the Integrated and Performance dashboards. Each division has an Audit and Operational Governance Group which oversees the clinical quality and safety performance and reports into Clinical Governance Committee. Finance performance is monitored monthly by the Finance and Performance Committee. A plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust gains assurance of quality and accuracy of elective waiting time data in a number of ways including:
- Monthly audit of Referral to Treatment (RTT) compliance using a sample of 100 patients
- Weekly performance management via Workload Planning meeting
- Monthly validation of all patients waiting over 18 weeks
- Use of routine Data Quality (DQ) reports to focus attention on possible DQ areas
  - Maternity – Relating to Incorrect admission method.
  - Ward Attendances where departure and outcome incomplete
  - Inpatients on short stay wards overnight
  - Incorrect admission method to Stroke and RLSRH Wards i.e. Elective instead of transfer
  - Incorrect Admission Source
  - Patients discharged from Trust wards instead of transfer
  - Patients transferred from Trust wards instead of discharge
  - Patients admitted to wrong wards i.e. Adult on Children's Ward
  - Incorrect demographics
  - Access Plans without procedure recorded
- RTT on line training package
- Embedding RTT training into doctors induction
- Training and support for all booking staff across the 3 main booking office teams (Patient Access, Ophthalmology and T&O)

The Trust employs a number of processes to deliver economy, efficiency and effectiveness of the use of its resources. The Board sets the standards and has specified within the Standing Financial Instructions and Scheme of Delegation the appropriate delegated authority levels throughout the Trust. Executive Directors and managers therefore have responsibility for the effective management and deployment of their staff and other resources to optimise the efficiency of their division/department. Further information can be found within the Directors Report section of the Annual Report.

The Board receives performance and financial reports at each of its meetings and receives reports from the chairs of its committees to which it has delegated powers and responsibilities. At the end of the 2018/19 financial year the Trust has met its objective of achieving its agreed surplus financial control total for the year and overall performance against key operational targets. The Trust delivered 70% of its Cost Improvement Programme (CIP) non-recurrently in 2018/19 and this remains a

focus for the Board.

A Non-Executive Director of the Board chairs the Audit Committee with regular attendance by representatives from the Trust's internal and external auditors. The Committee has reviewed and agreed audit plans for both the internal and external auditors during the year (which has informed this accounting period), progress against which is regularly reviewed by the Audit Committee.

The Board's Committee Structure is documented in the High Level Committees within the Quality Account. The process for how the Trust manages public money is referred to within the Directors Report section of the Annual Report.

The provision of the Trust's payroll function is outsourced and transferred from NHS Shared Business Services Ltd (SBS) to Equiniti during 2018/19. At the time of writing, their Independent Service Auditor's Report for 2018/19 has not been received; however Equiniti has confirmed that the controls described in the 2017/18 assurance report remain in place. In addition to the external audit, Equiniti conducts internal audits to continually review the effectiveness of the controls and the continued adherence to them.

Information Governance and Data Security

Implementation of the Information Governance Strategy is supported by the Information Governance and Security Steering Group. All risks to IT, data security and data governance are scrutinised, reviewed and challenged by Audit Committee.

The Trust must provide assurance of compliance to the Audit Committee and the general public; this is achieved by completing the NHS Digital Data Security and Protection Toolkit (DSPT).

The DSPT forms part of a framework for assuring that organisations implementing the 10 National Data Guardian (NDG) Security Standards which allows NHS organisations and partners to assess themselves against the Department of Health and Social Care Information Governance policies and standards. The assessment enables organisations to measure their compliance against the law and to give assurance that information is handled correctly and protected from loss, unauthorised access, damage and destruction.

The Trust has achieved a "Standards Met" rating against version 15 of the Toolkit for the financial year 2018/2019.

The General Data Protection Regulation (GDPR) and the UK Data Protection Act 2018 came into UK Law on 25 May 2018. It introduced a duty on all organisations to report certain types of personal data breaches to the relevant supervisory authority.

It is a legal obligation to notify personal data breaches of the GDPR under Article 33 of the regulation, within 72 hours of being discovered. Dependant on the Trust's responses to a series of questions related to the incident, the information may be sent to the Information Commissioner's Office (ICO), the Department of Health and Social Care, NHS England and the Nation Cyber Security Centre.

The Trust has reported two Data Breaches to the ICO, both of which required no further action; this was based on the steps identified by the Trust to prevent recurrence and the remedial measures put in place as part of the investigations.

The Trust continues to train and update employees through Data Security Awareness sessions on the necessary safeguards and appropriate use of confidential information.

During 2018/19 the Information Governance team have shared details from reported IG-related Incidents monthly to the Information Governance and Security Steering Group and quarterly via the Audit Committee, Management Board and the Trusts Divisional Audit Operational Governance Groups (AOGG). The reports highlight any areas of concerns from trends and themes, findings and lessons learnt with action plans.

The ever increasing Cyber Security threats continually cause concerns for the NHS. The Security of Network and Information Systems Regulations 2018 (NIS Regulations) seek to ensure that essential services, including healthcare, have adequate data and cyber security measures are in place.

In 2016 NHS Digital launched CareCERT Knowledge, focusing on staff training, CareCERT Assure, to assess cyber security measures in place and CareCERT React, to offer professional guidance and advice. A part of the introduction of CareCERT the Trust has developed a Cyber Security Strategy and Action Plan to establish a framework that supports Cyber Security threats.

All key requirements for information risks must be managed in a robust way within work areas and are not the sole responsibility of Information Governance. Building upon the existing Information Governance Strategy and Framework it is important to ensure that information is efficiently managed and that appropriate policies, procedures, management accountability provide a robust framework for information.

With this in mind the Trust is continually improving the awareness of and the progress around the laws and guidelines within Information Governance, Information Security and Cyber Security and achieved NHS Digitals Data Security and Protection Toolkit training target of 95%.

Freedom of Information requests provide a right of access to information held by a public authority, Subject Access Requests provide a right for patients to access personal data, both continue to be received and processed by the Information Governance Team.

Annual Quality Report

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. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports which incorporate the above legal

requirements in the *NHS Foundation Trust Annual Reporting Manual.*

The Quality Report (QR) 2018/19 represents a balanced declaration of the quality of services, risk management and governance processes that underpin the Trust. The QR demonstrates that the Trust has a systematic application of policies, procedures and practices that establishes the context. The report provides insight and assurance into the monitoring, communication and improvement of quality, risk and patient safety. The Executive lead for the QR is the Trust's Director of Nursing.

The Board is assured that appropriate controls are in place to ensure that the data included in the QR is accurate and balanced through the structure of committees and groups which have key roles in the delivery of the risk management agenda. Each committee and group focuses on specific areas of activity and provides assurance the Board requires that all areas of risk are being adequately managed. The Board has ultimate responsibility for determining the governance arrangements of the Trust, agreeing the necessary policy framework and for monitoring performance within these areas. The Board manages governance affairs efficiently and effectively through the implementation of internal controls.

Further assurance is provided through our main commissioners, South Warwickshire Clinical Commissioning Group and the Health Overview and Scrutiny Committee of Warwickshire County Council, who are both given the opportunity to comment on the QR and their statements are included in the report prior to publication.

The final draft QR is reviewed and amended by the Audit Committee before final sign off by the Board and publication.

We have presented our QR as part of our Annual Report and Accounts based on a range of quality metrics, which are routinely reported internally and externally through the Integrated Performance Dashboard and Quarterly Patient Experience Report.

The quality of data used to monitor key performance indicators is subject to annual external audits. The audits cover accuracy of times recorded in A&E for the 4 hour wait target, clinical coding which supports both income and mortality performance, using the Summary Hospital-level Mortality Indicator (SHMI), the accuracy of Referral to Treatment (RTT) and cancer waiting times.

The quality metrics are reported on a monthly basis, to Finance and Performance Committee, performance is compared to previous month's performance with any exceptions supported by validated data and performance improvement plans.

The Board is satisfied that the content of the report reflects the regular information received throughout the year. The Council of Governors has reviewed the QR and felt that it was representative of the quality, risk and governance agenda.

The Board has taken assurance on quality of data included in the report from the following sources:

- External audit testing and certification, which encompasses
  - reviewing the content of the Quality Report against the requirements set out in the NHS Foundation Trust Annual Reporting Manual,
  - reviewing the content of the Quality Report for consistency against the other internal and external information sources,
  - a signed limited assurance report by the External Auditors on whether anything has come to the attention of the auditor that leads them to believe that the Quality Report has not been prepared in line with the requirements set out in the NHS Foundation Trust Annual Reporting Manual and is not consistent with the other internal and external information sources.
- Internal audit reports
- The Information Governance Data Security and Protection Toolkit
- NHS Digital

In addition to the above, data has also been subjected to scrutiny by commissioners and the Commissioning Support Unit (CSU) on their behalf.

Data Quality reviews are undertaken with every division and these feed into the Data Quality Report which is presented to the Finance & Performance Committee on a monthly basis. Following the expansion of the Foundation Trust Group, to now include George Eliot Hospital, a joint review of information services will be undertaken to develop a Group Informatics Strategy.

Review of effectiveness

As Accounting 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 Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to 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.

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, Risk Management Board, Clinical Governance Committee, Divisional Audit and Operational Governance Groups and the Divisional Risk Management Groups. A plan to address weaknesses and ensure continuous improvement of the system is in place.

During the year the Board regularly reviewed progress against a number of action plans including the Board Assurance Framework (BAF) to ensure that identified actions were implemented in a timely manner.

The Audit Committee received regular reports on assessments undertaken by the Trust's internal and external auditors, and the Trust's Finance and Performance Committee monitored the Trust's system of financial control. The annual report produced by the Trust's internal auditors identified that significant assurance could be given and that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. A separate report provided assurance regarding the work of the internal audit function regarding Counter Fraud Activities.

The Trust performed consistently well over the year against the key National Standards and Targets. As a result the Trust maintained the position in Segment 1 (top) of the Single Oversight Framework operated by the sector regulator NHS Improvement (NHSI). The Trust's performance against the 4 hour A&E waiting time standard has been particularly strong and as a result the Trust has secured all quarters of the performance element of the Provider Sustainability Fund.

As part of the Winter Plan the need to create the equivalent capacity of 50 acute medical beds was identified. This '50 Bed Challenge' was met with a range of solutions, most notably was the further enhancement of the Trust's 'front door frailty' model which reduced bed occupancy and improved quality, safety and patient experience.

Over the course of the year there were some performance challenges including meeting the Referral to Treatment 18 week standard in the early part of the year and some challenges with cancer waiting times. Whilst these were mainly as a result of increasing demand, including patient choice, there were some process issues which needed management attention. Most notably, cancer waiting times were affected by ongoing problems with the Coventry and Warwickshire Pathology Service IT System which were suitably escalated to the host organisation, University Hospitals Coventry and Warwickshire.

Red to Green (R2G) is a visual management system to assist in the identification of wasted time in a patient's journey. R2G has been adopted throughout the bedded capacity within the Trust and is being adapted by the Out of Hospital Care Collaborative for community services. The focus remains on ensuring each day is a productive day for the patient, valuing patient time and reducing delays in their patient journey. This not only reduces delays for the patient but improves patient experience. The key to effectively using R2G is the escalation process and the feedback to the clinical teams on outputs from that escalation.

Mid-way through the year the Trust took on the running of the Health Visiting Service for Coventry. This was successfully mobilised alongside the existing School Nursing Service, which added to the Trust's portfolio of community children's services across Coventry, Warwickshire and Solihull.

The Trust also successfully met the quality outcomes within the three Warwickshire Out of Hospital contracts and in doing so secured a quality premium payment. During the year the Trust also successfully implemented the EMIS electronic patient record for Out of Hospital staff in line with the updated Digital Strategy.

During the year the Trust expanded its maternity capacity through the opening of the Bluebell Birthing Centre on the Warwick Hospital site.

The Trust continued to score highly on patient satisfaction scores including the Friend and Family Test. The Trust also featured as one of the top performing providers in the national Staff Survey.

The Trust continued to lead the development of the Foundation Group by extending the model to include George Eliot NHS Trust. The creation of the Foundation Trust Group has also been commended by NHSI and will feature in a national review of sustainable models for other providers to consider.

Flu vaccination compliance for all staff within the Trust was achieved at 75.11% compared with 78% in 2017/18.

The process that has been applied in maintaining and reviewing the effectiveness of the system of internal control is summarised below:
- The Board oversees risk and governance assessments regularly;
- The Audit Committee ensures that systems and processes are in place;
- The Risk Management Board and assuring committees review and manage risk on a routine basis;
- Directors/Managers lead on defined areas of risk; and
- Internal Audit provides an opinion on the system of internal control and the BAF.

Regular reports regarding clinical and non-clinical incidents, complaints, legal claims and other risks identified were submitted to the Clinical Governance Committee and the Health and Safety Committee (which reports to the Risk Management Board), which monitored progress and suggested action to be taken as appropriate. Directors and senior managers of the Trust have specific responsibilities for reviewing the risks and controls for which they are responsible and for maintaining internal control systems.

The Trust received an overall significant assurance opinion from the Head of Internal Audit based on reviews carried out by Internal Audit. However the Trust did receive limited assurance on a Data Quality review on Acute Stroke Care. The Trust has agreed action plans with management and will continue to monitor the implementation of these plans over the coming months. All outstanding Audit actions are reported at each meeting of the Audit Committee which takes a proactive approach to monitoring the outstanding actions and requesting follow up audits where there are areas of concern.

The Trust will continue to monitor its governance processes and make any appropriate changes to strengthen process.

Conclusion

No significant internal control issues have been identified.

Glen Burley, Chief Executive

Date: 24/05/19

South Warwickshire NHS Foundation Trust

Annual accounts for the year ended 31 March 2019

Foreword to the accounts

South Warwickshire NHS Foundation Trust

These accounts, for the year ended 31 March 2019, have been prepared by South Warwickshire NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed

Name	**Glen Burley**
Job title	**Chief Executive**
Date	**24 May 2019**

Statement of Comprehensive Income

		Group	
		2018/19	**2017/18**
	Note	**£000**	**£000**
Operating income from patient care activities	3	275,008	256,105
Other operating income	4	45,927	33,475
Operating expenses	5, 7	(298,847)	(273,782)
Operating surplus/(deficit) from continuing operations		**22,088**	**15,798**
Finance income	10	171	54
Finance expenses	11	(1,017)	(1,082)
PDC dividends payable		(2,976)	(2,761)
Net finance costs		**(3,822)**	**(3,789)**
Other gains / (losses)		11	-
Corporation tax expense	12	(147)	-
Surplus for the year		**18,130**	**12,009**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(9,597)	8,718
Revaluations	18	456	1,821
Fair value gains/(losses) on equity instruments designated at fair value through OCI	20.1	(352)	-
Other reserve movements		(56)	-
Total other comprehensive income / (expense) for the period		**(9,549)**	**10,539**
Total comprehensive income for the period		**8,581**	**22,548**

The notes on pages 9 to 60 form part of these accounts.

All income and expenditure is derived from continuing operations.

There are no minority interests in the Group therefore the surplus for the year of £18.13m (2017/18 £12.009m surplus) and total comprehensive surplus for the year of £8.581m (2017/18 £22.548m comprehensive surplus) is wholly attributable to the Group.

Note the Group is the consolidation of the Trust and its wholly owned subsidiary, SWFT Clinical Services Ltd (see note 1.3)

In accordance with Section 408 of the Companies Act 2006, the trust is exempt from the requirement to present its own income statement and statement of comprehensive income. The Trust's surplus for the period was £18.184 million (2017/18: £11.583 million). The Trust's total comprehensive income for the period was £9.466 million (2017/18: £20.603 million).

Statement of Financial Position

		Group		Trust	
		31 March 2019	31 March 2018	31 March 2019	31 March 2018
	Note	£000	£000	£000	£000
Non-current assets					
Intangible assets	14	3,156	2,086	3,138	2,063
Property, plant and equipment	16	129,725	135,287	107,550	110,735
Investment in subsidiary	19			7,241	7,141
Loan to subsidiary	20			15,497	15,664
Other investments / financial assets	20	6,098		6,098	
Receivables	23	1,137	1,011	1,137	1,011
Total non-current assets		140,116	138,384	140,661	136,614
Current assets					
Inventories	22	4,573	4,010	3,825	3,385
Receivables	23	37,853	34,119	40,193	34,641
Loan to subsidiary	20			360	318
Cash and cash equivalents	24	21,268	21,185	20,806	20,806
Total current assets		63,694	59,314	65,184	59,150
Current liabilities					
Trade and other payables	25	(40,557)	(42,733)	(41,916)	(42,482)
Borrowings	27	(1,501)	(1,473)	(1,665)	(1,587)
Provisions	29	(283)	(399)	(283)	(371)
Other liabilities	26	(2,731)	(2,200)	(2,731)	(1,961)
Liabilities in disposal groups	25				
Total current liabilities		(45,072)	(46,805)	(46,595)	(46,401)
Total assets less current liabilities		158,738	150,893	159,250	149,363
Non-current liabilities					
Trade and other payables	25	(417)	(391)	(417)	(391)
Borrowings	27	(25,788)	(27,262)	(26,748)	(28,080)
Provisions	29	(2,039)	(1,968)	(1,839)	(1,969)
Total non-current liabilities		(28,244)	(29,621)	(29,004)	(30,440)
Total assets employed		130,494	121,272	130,246	118,923
Financed by					
Public dividend capital		65,598	64,957	65,598	64,957
Revaluation reserve		6,908	16,105	5,887	14,253
Financial assets reserve		(352)		(352)	
Income and expenditure reserve		58,340	40,210	59,113	39,713
Total taxpayers' equity		130,494	121,272	130,246	118,923

The notes on pages 9 to 60 form part of these accounts.

Name   Glen Burley
Position   Chief Executive
Date   24 May 2019

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

Group	Public dividend capital £000	Revaluation reserve £000	Financial assets reserve* £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**64,957**	**16,105**	**-**	**40,210**	**121,272**
Surplus/(deficit) for the year	-	-	-	18,130	**18,130**
Impairments	-	(9,597)	-	-	**(9,597)**
Revaluations	-	456	-	-	**456**
Fair value gains/(losses) on equity instruments designated at fair value through OCI	-	-	(352)	-	**(352)**
Public dividend capital received	641	-	-	-	**641**
Other reserve movements	-	(56)	-	-	**(56)**
Taxpayers' and others' equity at 31 March 2019	**65,598**	**6,908**	**(352)**	**58,340**	**130,494**

* Following the implementation of IFRS 9 from 1 April 2018, the 'Available for sale investment reserve' is now renamed as the 'Financial assets reserve'

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

Group	Public dividend capital £000	Revaluation reserve £000	Available for sale investment reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2017 - brought forward	**64,109**	**5,566**	**-**	**28,201**	**97,876**
Surplus/(deficit) for the year	-	-	-	12,009	**12,009**
Impairments	-	8,718	-	-	**8,718**
Revaluations	-	1,821	-	-	**1,821**
Public dividend capital received	848	-	-	-	**848**
Taxpayers' and others' equity at 31 March 2018	**64,957**	**16,105**	**-**	**40,210**	**121,272**

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

Trust	Public dividend capital £000	Revaluation reserve £000	Financial assets reserve* £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2018 - brought forward	64,957	14,253	-	39,713	118,923
Surplus/(deficit) for the year	-	-	-	19,400	**19,400**
Impairments	-	(8,682)	-	-	**(8,682)**
Revaluations	-	316	-	-	**316**
Fair value gains/(losses) on equity instruments designated at fair value through OCI	-	-	(352)	-	**(352)**
Public dividend capital received	641	-	-	-	**641**
Taxpayers' and others' equity at 31 March 2019	**65,598**	**5,887**	**(352)**	**59,113**	**130,246**

* Following the implementation of IFRS 9 from 1 April 2018, the 'Available for sale investment reserve' is now renamed as the 'Financial assets reserve'

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

Trust	Public dividend capital £000	Revaluation reserve £000	Available for sale investment reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2017 - brought forward	64,109	5,566	-	27,797	97,472
Surplus/(deficit) for the year	-	-	-	11,583	**11,583**
Reversal of Impairments	-	8,503	-	-	**8,503**
Revaluations	-	517	-	-	**517**
Transfer to retained earnings on disposal of assets	-	(333)	-	333	**-**
Public dividend capital repaid	848	-	-	-	**848**
Taxpayers' and others' equity at 31 March 2018	**64,957**	**14,253**	**-**	**39,713**	**118,923**

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

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

	Note	Group 2018/19 £000	Group 2017/18 £000	Trust 2018/19 £000	Trust 2017/18 £000
Cash flows from operating activities					
Operating surplus		22,088	15,798	22,675	14,952
Non-cash income and expense:					
Depreciation and amortisation	5	7,009	5,440	6,589	5,232
Net impairments	6	1,366	(934)	(33)	(612)
Income recognised in respect of capital donations	4	(932)	(1,592)	(932)	(1,592)
(Increase) / decrease in receivables and other assets		(3,470)	(10,144)	(5,162)	(10,655)
(Increase) / decrease in inventories		(563)	(163)	(440)	(150)
Increase / (decrease) in payables and other liabilities		(213)	11,044	1,610	11,000
Increase / (decrease) in provisions		(163)	(259)	(336)	(185)
Tax (paid) / received		-	(63)	-	-
Other movements in operating cash flows		(6,652)	15	(6,172)	(107)
Net cash flows from operating activities		**18,470**	**19,142**	**17,799**	**17,883**
Cash flows from investing activities					
Interest received		157	52	714	423
Loan investment from SWFT CS Ltd		-	-	339	202
Purchase of intangible assets		(2,098)	(137)	(1,784)	(113)
Purchase of PPE and investment property		(11,479)	(8,711)	(12,071)	(8,159)
Sales of PPE and investment property		14	-	14	-
Receipt of cash donations to purchase assets		191	1,058	191	1,058
Net cash flows used in investing activities		**(13,215)**	**(7,738)**	**(12,597)**	**(6,589)**
Cash flows from financing activities					
Public dividend capital received		641	848	641	848
Movement on loans from DHSC		(1,428)	(1,428)	(1,428)	(1,428)
Movement on other loans		(49)	42	(49)	42
Capital element of finance lease rental payments		-	-	(159)	(77)
Interest on loans		(898)	(943)	(898)	(943)
Interest paid on finance lease liabilities		-	-	(35)	(24)
PDC dividend paid		(3,438)	(2,455)	(3,438)	(2,455)
Net cash flows used in financing activities		**(5,172)**	**(3,936)**	**(5,366)**	**(4,037)**
Increase / (decrease) in cash and cash equivalents		**83**	**7,468**	**(164)**	**7,257**
Cash and cash equivalents at 1 April - brought forward		**21,185**	**13,717**	**20,806**	**7,257**
Cash and cash equivalents at 31 March	24	**21,268**	**21,185**	**20,642**	**20,806**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, 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.

The Trust maintains both a 5-year plan and a detailed annual business plan. After making enquiries that include examining the period of at least one year from the date of the approval of the accounts, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing these accounts.

Note 1.3 Consolidation

The Group is made up of the Trust and its wholly owned subsidiary, SWFT Clinical Services Ltd (incorporated in England and Wales). Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines.

Where subsidiaries' accounting policies are not aligned with those of the trust (including where they report under UK FRS 102) then amounts are adjusted during consolidation where the differences are material. Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation.

Associates
Associate entities are those over which the trust has the power to exercise a significant influence. Associate entities are recognised in the trust's financial statement using the equity method. The investment is initially recognised at cost. It is increased or decreased subsequently to reflect the trust's share of the entity's profit or loss or other gains and losses (eg revaluation gains on the entity's property, plant and equipment) following acquisition. It is also reduced when any distribution, eg, share dividends are received by the trust from the associate.

Associates which are classified as held for sale are measured at the lower of their carrying amount and "fair value less costs to sell".

Joint ventures
Joint ventures are arrangements in which the trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are accounted for using the equity method.

Joint operations
Joint operations are arrangements in which the trust has joint control with one or more other parties and has the rights to the assets, and obligations for the liabilities, relating to the arrangemnt. The trust includes within its financial statements its share of the assets, liabilities, income and expenses.

Note 1.4 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. Where the Trust has received one payment from a commissioner for a woman's whole maternity pathway and this crosses a financial year, the Trust will defer an element of this income to the next financial year.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course 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 1.4.1 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 1.4.2 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
• forms part of the initial equipping and setting-up cost of a new building, ward or unit irrespective of their individual or collective cost, 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.

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 property is 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 is 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.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

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.

Note 1.7.2 Measurement (cont.)

Depreciation

Items of property, plant and equipment are depreciated on a straightline basis 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 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:

	Min life	Max life
	Years	Years
Land	-	-
Buildings, excluding dwellings	5	106
Dwellings	21	52
Plant & machinery	2	15
Transport equipment	-	-
Information technology	4	10
Furniture & fittings	3	15

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 on a straightline basis over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.8 Intangible assets (cont.)

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	1	8

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 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 1.11 Financial assets and financial liabilities

Note 1.11.1 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 1.11.2 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 are classified as subsequently measured at amortised cost, or in the case of the investment shares held in Sensyne Health Plc at fair value through other comprehensive income.

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.

Note 1.11.2 Classification and measurement (cont.)
Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition. The Trust's investment shares in Sensyne Health Plc are held at fair value through other comprehensive income.

The Trust has irrevocably elected to measure the following equity instruments at fair value through other comprehensive income: investment shares in Sensyne Health Plc in order to reduce any SOCI impact from fluctuations in market prices.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses based on historical collection rates and the age of the debt.

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).

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. An annual review of the outstanding debt is undertaken to establish whether additional impairment is required and to determine whether a financial asset is a credit-impaired financial asset.

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 1.11.3 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 1.12 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 1.12.1 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 1.12.2 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 1.13 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 32 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 1.14 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 30 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 30, 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 1.15 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, and
(iii) any PDC dividend balance receivable or payable.

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 1.16 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 1.17 Corporation tax

SWFT Clinical Services Ltd is a wholly owned subsidiary of South Warwickshire NHS Foundation Trust and is subject to corporation tax on its profits. Tax on the profit or loss for the year comprises current and deferred tax. Tax is recognised in the profit and loss account except to the extent that it relates to items recognised directly in equity or other comprehensive income, in which case it is recognised directly in equity or other comprehensive income. Current tax is the expected tax payable or receivable on the taxable income or loss for the year, using tax rates enacted or substantively enacted at the balance sheet date, and any adjustment to tax payable in respect of previous years. Deferred tax is provided on temporary differences between the carrying amounts of assets and liabilities, for financial reporting purposes and the amounts used for taxation purposes. The amount of deferred tax provided is based on the expected manner of realisation or settlement of the carrying amount of assets and liabilities, using tax rates enacted or substantively enacted on the balance sheet date.

Note 1.18 Foreign exchange

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the Statement of Comprehensive Income. At the Statement of Financial Position date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the Statement of Financial Position date. These are taken to the Statement of Comprehensive Income. The functional and presentational currency of the Group is sterling.

Note 1.19 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 1.20 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 1.21 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 1.22 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

 -the sale of the new Stratford hospital land and buildings in 2017/18 to SWFT Clinical Services Ltd and its lease back to the Trust has been assessed as an operating lease under IAS 17 Leases;
-the recognition of Section 106 income from property developers via Stratford and Warwick District Councils have been assessed as not being within the scope of IFRS 15.
-the receipt of 3,445,050 ordinary shares in Sensyne Health PLC as consideration for entering into a strategic partnership with Sensyne Health Plc, has been assessed as not being within the scope of IFRS15. An initial fair value of £6.45m for these shares has been recognised in full within the Trust's 2018/19 revenue position.

Note 1.22.1 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:

-Provisions include an estimate of future liabilities based on information available when the accounts are approved (see note 29) £2.3m, 2017/18 £2.4m.

- Provision is made for the impairment of receivables based on the information available when the accounts are approved (see note 23.2), £4.2m, 2017/18 £3.9m.

- Income includes an estimate of the value of partially complete spells of patient activity at 31 March 2019 (£0.69m, 2017/18 £0.73m) and estimates for activity data for overperformance.

-The annual leave accrual is calculated on annual leave balances as at the time of the production of the accounts, £0.338m, 2017/18 £0.224m.

-The revaluation of property, plant and equipment, which is described in note 18.

-The fair value of the Trust's investment shares in Sensyne Health PLC at their first recognition within the Trust's accounts (in year) was based on the closing price of the ordinary shares following the first day of trading on 17th August 2018 (£6.45m). The yearend valuation of these shares was based on the closing trading price at 31 March 2019 (£6.098m). The shares have a 2 year lock in period, no discount for the lock in period has been applied to the shares' fair value valuation, in line with IFRS 13, on the basis the lock in is entity specific, rather than asset specific.

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

Note 1.24 Standards, amendments and interpretations in issue but not yet effective or adopted

- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

- IFRS 12 Fair Value Measurement.

- IFRIC 21 Levies.

The potential impact of these accounting standards is still being assessed.

Note 2 Operating Segments

The analysis by business segment is presented in accordance with IFRS 8 Operating segments, on the basis of those segments whose operating results are regularly reviewed by the Board of Directors (the Chief Operating Decision Maker as defined by IFRS 8) as follows:

2.1. Healthcare services:

NHS Healthcare is the core activity of the Trust - the 'mandatory services requirement' as set out in the Trust's Terms of Authorisation issued by Monitor/NHS Improvement and defined by legislation. This activity is primarily the provision of NHS healthcare, either to patients and charged to the relevant NHS commissioning body, or where healthcare related services are provided to other organisations by contractual agreement.

The Group's principal segment, Healthcare provision, is shown in the table below:

	Healthcare Provision 2018/19 £000	Healthcare Provision 2017/18 £000
Income	**320,531**	286,427
Expenditure	**301,130**	274,844
Surplus for the year	**19,401**	11,583
Segment net assets	**130,246**	118,923

2.2. Commercial Trading (SWFT Clinical Services Ltd):

SWFT Clinical Services Limited (the Company) is a wholly owned subsidiary of the Trust, whose main supplies and services comprise of i) an outpatient pharmacy dispensary service; ii) provision of a fully managed healthcare facility in the form of the new Stratford hospital to the Trust; iii) a private patient clinic at Stratford, iv) a continence service and v) estate management services to the Trust for the Trust's older existing Stratford hospital. As a trading company, subject to additional legal and regulatory regime (over and above that of the Trust), these activities are considered to be a separate business segment.

A significant proportion of the Company's revenue is inter segment trading with the Trust, which is eliminated upon the consolidation of these group accounts.

The segment of commercial trading is below the material thresholds of IFRS 8 and is therefore not disclosed.

Note 3 Operating income from patient care activities (Group)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	2018/19 £000	2017/18 £000
Acute services		
Elective income	35,617	33,941
Non elective income	57,689	53,848
First outpatient income	15,958	16,686
Follow up outpatient income	17,658	16,156
A & E income	10,437	9,104
High cost drugs income from commissioners (excluding pass-through costs)	23,559	23,198
Other NHS clinical income	34,611	37,637
Community services income from CCGs and NHS England	57,766	51,745
Income from other sources (e.g. local authorities)	16,326	12,115
All services		
Private patient income	586	623
Agenda for Change pay award central funding	2,600	-
Other clinical income	2,201	1,052
Total income from activities	**275,008**	**256,105**

Note 3.2 Income from patient care activities (by source)		
	2018/19 £000	2017/18 £000
Income from patient care activities received from:		
NHS England	28,063	28,776
Clinical commissioning groups	225,325	212,928
Department of Health and Social Care	2,660	-
Other NHS providers	1,745	1,661
NHS other	57	3
Local authorities	15,479	11,224
Non-NHS: private patients	518	623
Non-NHS: overseas patients (chargeable to patient)	68	102
Injury cost recover scheme	662	474
Non NHS: other	431	314
Total income from activities	**275,008**	**256,105**
Of which:		
Related to continuing operations	275,008	256,105
Related to discontinued operations	-	-

The Department of Health and Social Care (DHSC) is regarded as the parent Department of NHS England, Clinical Commissioning Groups (CCGs), NHS Trusts and NHS Foundation Trusts. When combined these four areas are regarded as a related party as outlined in note 32.

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2018/19 £000	2017/18 £000
Income recognised this year	68	102
Cash payments received in-year	22	53
Amounts added to provision for impairment of receivables	8	26
Amounts written off in-year	15	13

Note 4 Other operating income (Group)

	2018/19 £000	2017/18 £000
Other operating income from contracts with customers:		
Research and development (contract)	384	409
Education and training (excluding notional apprenticeship levy income)	10,323	9,297
Non-patient care services to other bodies	10,448	11,077
Provider sustainability / sustainability and transformation fund income (PSF / STF)	14,010	7,058
Income in respect of employee benefits accounted on a gross basis	8	654
Other contract income	2,680	2,336
Other non-contract operating income:		
Education and training - notional income from apprenticeship fund	12	11
Receipt of capital grants and donations	932	1,592
Other non-contract income	7,130	1,041
Total other operating income	**45,927**	**33,475**
Of which:		
Related to continuing operations	45,927	33,475
Related to discontinued operations	-	-

The other contract income total above of £2.680m (2017/18 £2.336m) consists of staff and patient car parking income £1.544m (2017/18 £1.565m), accommodation rentals £0.229m (2017/18 £0.222m) and other smaller items.

The other non-contract income total above of £7.130m (2017/18 £1.041m) consists of the recognition in year of £6.450m Sensyne Health Plc shares and S106 income of £0.68m from Warwick District Council and Stratford District Council.

Note 4.1 Additional information on contract revenue (IFRS 15) recognised in the period

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 4.2 Transaction price allocated to remaining performance obligations

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 4.3 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2018/19 £000	2017/18 £000
Income from services designated as commissioner requested services	192,800	187,568
Income from services not designated as commissioner requested services	82,208	68,537
Total	**275,008**	**256,105**

Note 5 Operating expenses (Group)

	2018/19 £000	2017/18 £000
Purchase of healthcare from NHS and DHSC bodies	6,733	6,615
Purchase of healthcare from non-NHS and non-DHSC bodies	2,490	1,928
Staff and executive directors costs	187,896	173,287
Remuneration of non-executive directors	132	136
Supplies and services - clinical (excluding drugs costs)	25,615	21,704
Supplies and services - general	10,924	9,414
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	27,974	27,898
Inventories written down	151	142
Consultancy costs	922	721
Establishment	2,230	2,206
Premises	9,827	10,133
Transport (including patient travel)	2,572	2,195
Depreciation on property, plant and equipment	6,135	4,791
Amortisation on intangible assets	874	649
Net impairments	1,366	(934)
Movement in credit loss allowance: contract receivables / contract assets	2,318	-
Movement in credit loss allowance: all other receivables and investments	-	2,601
Increase/(decrease) in other provisions	(76)	(145)
Change in provisions discount rate(s)	(26)	29
Audit fees payable to the external auditor		
audit services- statutory audit	63	59
other auditor remuneration (external auditor only)	23	33
Internal audit costs	62	99
Clinical negligence	5,031	4,452
Legal fees	101	315
Insurance	110	96
Education and training	4,661	4,362
Rentals under operating leases	182	39
Car parking & security	289	261
Hospitality	5	35
Losses, ex gratia & special payments	7	75
Other services, eg external payroll	248	211
Other	8	375
Total	**298,847**	**273,782**
Of which:		
Related to continuing operations	298,847	273,782
Related to discontinued operations	-	-

Note 5.1 Other auditor remuneration (Group)

	2018/19	2017/18
	£000	£000
Other auditor remuneration paid to the external auditor:		
Audit-related assurance services	11	11
All taxation advisory services not relating to compliance	12	12
Other assurance services	-	10
Total	**23**	**33**

Note 5.2 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £1m (2017/18: £1m).

Note 6 Impairment of assets (Group)

	2018/19	2017/18
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Unforeseen obsolescence	38	-
Changes in market price	1,328	(934)
Total net impairments charged to operating surplus / deficit	**1,366**	**(934)**
Impairments charged to the revaluation reserve	9,597	(8,718)
Total net impairments	**10,963**	**(9,652)**

In 2018/19 the Group reviewed the gross internal area used within its alternative site MEA valuations and identified additional areas that would not be required in these valuations. This combined with a valuation indices reduction on buildings of 5% during the year, resulted in a net operating expenditure impairment of £1.328m and a revaluation reserve impairment of £9.597m.

Note 6.1 Impairments relating to the Healthcare Provision operating segment

	2018/19	2017/18
	£000	£000
Impairment loss charged to operating surplus / deficit:	307	280
Reversal of impairment loss charged to operating surplus / deficit	(340)	(892)
	(33)	**(612)**
Impairment loss charged to operating surplus / deficit:	8,682	276
Reversal of impairment loss charged to operating surplus / deficit	-	(8,779)
	8,682	**(8,503)**

Note 7 Employee benefits (Group)

	2018/19 Total £000	2017/18 Total £000
Salaries and wages	153,488	140,925
Social security costs	14,393	13,149
Apprenticeship levy	740	673
Employer's contributions to NHS pensions	18,122	16,751
Pension cost - other	43	7
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	-	-
Temporary staff (including agency)	6,090	5,538
NHS charitable funds staff	-	-
Total gross staff costs	**192,876**	**177,043**
Recoveries in respect of seconded staff	(278)	(294)
Total staff costs	**192,598**	**176,749**
Of which		
Costs capitalised as part of assets	1,443	100

Note 7.1 Retirements due to ill-health (Group)

During 2018/19 there were 4 early retirements from the trust agreed on the grounds of ill-health (2017/18 1). The estimated additional pension liabilities of these ill-health retirements is £163k (2017/18 £124k).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 8 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. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State 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.

Note 9.1 Operating leases (Group)

South Warwickshire NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where South Warwickshire NHS Foundation Trust is the lessee.

	2018/19 £000	2017/18 £000
Operating lease expense		
Minimum lease payments	182	39
Total	**182**	**39**

	31 March 2019 £000	31 March 2018 £000
Future minimum lease payments due:		
- not later than one year;	170	182
- later than one year and not later than five years;	257	383
- later than five years.	116	159
Total	**543**	**724**
Future minimum sublease payments to be received	-	-

Note 9.2 Operating leases (Trust)

South Warwickshire NHS Foundation Trust as a lessee

This note discloses income generated in operating lease agreements where South Warwickshire NHS Foundation Trust is the lessor.

The Trust commenced leasing the new Stratford Hospital building, car park and surrounding land from SWFT Clinical Services in July 2017, for a 25 year lease term.
The rental charge is based on a 4.3% rental yield of the building valuation.
At the end of the 25 year lease there is a put and call option on the site whereby the Trust can purchase the site from SWFT Clinical Services Ltd at fair value.

South Warwickshire NHS Foundation Trust as a lessee
Foundation Trust is the lessee.

	2018/19 £000	2017/18 £000
Operating lease expense		
Minimum lease payments	1,126	696
Contingent rents	-	-
Less sublease payments received	-	-
Total	**1,126**	**696**

	2019 £000	2018 £000
Future minimum lease payments due:		
- not later than one year;	1,114	1,126
- later than one year and not later than five years;	4,034	4,160
- later than five years.	17,388	18,216
Total	**22,536**	**23,502**
Future minimum sublease payments to be received	-	-

The Trust's lease is with SWFT Clinical Services Ltd and therefore is eliminated on consolidation.

Note 10 Finance income (Group)

Finance income represents interest received on assets and investments in the period.

	2018/19 £000	2017/18 £000
Interest on bank accounts	171	54
Total finance income	**171**	**54**

Note 11 Finance expenditure (Group)

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2018/19 £000	2017/18 £000
Interest expense:		
Loans from the Department of Health and Social Care	899	992
Total interest expense	**899**	**992**
Unwinding of discount on provisions	118	90
Total finance costs	**1,017**	**1,082**

Note 12 Corporation Tax

Corporation Tax included in these accounts relate to SWFT Clinical Services Ltd, the Trust's wholly owned subsidary. Any deferred tax liabilities also relate to SWFT Clinical Services Ltd. As the values are not material no detailed Corporation Tax note is required.

Note 13.1 Intangible assets - 2018/19

Group	Software licences £000	Development expenditure £000	Total £000
Valuation / gross cost at 1 April 2018 - brought forward	**5,068**	**-**	**5,068**
Additions	1,784	-	**1,784**
Reclassifications	160	-	**160**
Valuation / gross cost at 31 March 2019	**7,012**	**-**	**7,012**
Amortisation at 1 April 2018 - brought forward	**2,982**	**-**	**2,982**
Provided during the year	874	-	**874**
Amortisation at 31 March 2019	**3,856**	**-**	**3,856**
Net book value at 31 March 2019	**3,156**	**-**	**3,156**
Net book value at 1 April 2018	**2,086**	**-**	**2,086**

Note 13.2 Intangible assets - 2017/18

Group	Software licences £000	Development expenditure £000	Total £000
Valuation / gross cost at 1 April 2017 - as previously stated	**4,443**	**108**	**4,551**
Additions	618	-	**618**
Reclassifications	7	-	**7**
Disposals / derecognition	-	(108)	**(108)**
Valuation / gross cost at 31 March 2018	**5,068**	**-**	**5,068**
Amortisation at 1 April 2017 - as previously stated	**2,347**	**108**	**2,455**
Provided during the year	649	-	**649**
Reclassifications	(14)	-	**(14)**
Disposals / derecognition	-	(108)	**(108)**
Amortisation at 31 March 2018	**2,982**	**-**	**2,982**
Net book value at 31 March 2018	**2,086**	**-**	**2,086**
Net book value at 1 April 2017	**2,096**	**-**	**2,096**

The useful economic lives of intangible assets are disclosed in note 1.8.3.

Note 14.1 Intangible assets - 2018/19

Trust	Software licences £000	Development expenditure £000	Total £000
Valuation / gross cost at 1 April 2018 - brought forward	**5,044**	**-**	**5,044**
Additions	1,784	-	**1,784**
Reclassifications	160	-	**160**
Valuation / gross cost at 31 March 2019	**6,988**	**-**	**6,988**
Amortisation at 1 April 2018 - brought forward	**2,981**	**-**	**2,981**
Provided during the year	869	-	**869**
Amortisation at 31 March 2019	**3,850**	**-**	**3,850**
Net book value at 31 March 2019	**3,138**	**-**	**3,138**
Net book value at 1 April 2018	**2,063**	**-**	**2,063**

Note 14.2 Intangible assets - 2017/18

Trust	Software licences £000	Development expenditure £000	Total £000
Valuation / gross cost at 1 April 2017 - as previously stated	**4,443**	**108**	**4,551**
Additions	594	-	**594**
Reclassifications	7	-	**7**
Disposals / derecognition	-	(108)	**(108)**
Valuation / gross cost at 31 March 2018	**5,044**	**-**	**5,044**
Amortisation at 1 April 2017 - as previously stated	**2,347**	**108**	**2,455**
Provided during the year	648	-	**648**
Reclassifications	(14)	-	**(14)**
Disposals / derecognition	-	(108)	**(108)**
Amortisation at 31 March 2018	**2,981**	**-**	**2,981**
Net book value at 31 March 2018	**2,063**	**-**	**2,063**
Net book value at 1 April 2017	**2,096**	**-**	**2,096**

Note 15.1 Property, plant and equipment - 2018/19

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2018 - brought forward	10,289	109,809	2,218	3,426	23,791	4,243	785	-	154,561
Additions	645	3,223	-	830	2,981	3,350	215	-	**11,244**
Impairments	-	(9,597)	-	-	-	-	-	-	**(9,597)**
Reversals of impairments	318	-	-	-	-	-	-	-	**318**
Revaluations	229	(5,173)	134	-	-	-	-	-	**(4,810)**
Reclassifications	-	2,806	-	(3,393)	31	363	33	-	**(160)**
Disposals / derecognition	-	-	-	-	(743)	-	-	-	**(743)**
Valuation/gross cost at 31 March 2019	11,481	101,068	2,352	863	26,060	7,956	1,033	-	150,813
Accumulated depreciation at 1 April 2018 - brought forward	-	60	-	-	15,526	3,509	179	-	19,274
Provided during the year	-	3,467	93	-	1,688	786	101	-	**6,135**
Impairments	-	1,668	-	-	38	-	-	-	**1,706**
Reversals of impairments	-	(22)	-	-	-	-	-	-	**(22)**
Revaluations	-	(5,173)	(93)	-	-	-	-	-	**(5,266)**
Disposals / derecognition	-	-	-	-	(739)	-	-	-	**(739)**
Accumulated depreciation at 31 March 2019	-	-	-	-	16,513	4,295	280	-	21,088
Net book value at 31 March 2019	11,481	101,068	2,352	863	9,547	3,661	753	-	129,725
Net book value at 1 April 2018	10,289	109,749	2,218	3,426	8,265	734	606	-	135,287

The useful economic lives of property, plant and equipment are disclosed in note 1.7.5

Note 15.2 Property, plant and equipment - 2017/18

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2017 - as previously stated	**9,796**	**83,754**	**2,070**	**15,424**	**22,022**	**3,972**	**483**	**-**	**137,521**
Additions	-	2,627	6	3,390	2,089	272	383	-	8,767
Impairments	-	(61)	-	-	-	-	-	-	(61)
Reversals of impairments	307	9,406	-	-	-	-	-	-	9,713
Revaluations	187	(1,540)	142	-	-	-	-	-	(1,211)
Reclassifications	(1)	15,623	-	(15,388)	(159)	(1)	(81)	-	(7)
Disposals / derecognition	-	-	-	-	(161)	-	-	-	(161)
Valuation/gross cost at 31 March 2018	**10,289**	**109,809**	**2,218**	**3,426**	**23,791**	**4,243**	**785**	**-**	**154,561**
Accumulated depreciation at 1 April 2017 - as previously stated	**-**	**-**	**-**	**-**	**14,183**	**3,357**	**122**	**-**	**17,662**
Provided during the year	-	3,009	83	-	1,514	128	57	-	4,791
Revaluations	-	(2,949)	(83)	-	-	-	-	-	(3,032)
Reclassifications	-	-	-	-	(10)	24	-	-	14
Disposals / derecognition	-	-	-	-	(161)	-	-	-	(161)
Accumulated depreciation at 31 March 2018	**-**	**60**	**-**	**-**	**15,526**	**3,509**	**179**	**-**	**19,274**
Net book value at 31 March 2018	**10,289**	**109,749**	**2,218**	**3,426**	**8,265**	**734**	**606**	**-**	**135,287**
Net book value at 1 April 2017	**9,796**	**83,754**	**2,070**	**15,424**	**7,839**	**615**	**361**	**-**	**119,859**

All impairments and reversals of impairments are due to changes in property prices only.

The Trust's specialised hospital property assets are valued at depreciated replacement cost.

The Trust's non specialised assets, such as houses, are valued at market value.

In 2016/17 the Trust undertook an alternative site modern equivalent asset valuation as at the 1 April 2016 for its four hospital sites (land and buildings), which resulted in a reduction in asset values and impairments of £24.925m. Subsequent year end valuations have seen in an increase in valuation as a result of increases in land and building indicies, and have therefore reversed some of these impairments.

In 2018/19 the Group reviewed the gross internal area used within its alternative site MEA valuations and identified additional areas that would not be required in these valuations. This combined with a valuation indices reduction on buildings of 5% during the year, resulted in an operating expenditure impairment of £1.668m and a revaluation reserve impairment of £9.597m.

The valuations were undertaken by Neil Rayner BSc (Hons) MSc DIC MRICS, Prinicpal Surveyor, DVS Property Services arm of the Valuation Agency.

Note 15.3 Property, plant and equipment financing - 2018/19

Group	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2019								
Owned - purchased	10,757	97,832	2,096	863	8,507	3,647	604	**124,306**
Owned - donated	724	3,236	256	-	1,040	14	149	**5,419**
NBV total at 31 March 2019	**11,481**	**101,068**	**2,352**	**863**	**9,547**	**3,661**	**753**	**129,725**

Note 15.4 Property, plant and equipment financing - 2017/18

Group	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2018								
Owned - purchased	10,237	106,503	1,980	3,426	7,182	717	514	**130,559**
Owned - donated	52	3,246	238	-	1,083	17	92	**4,728**
NBV total at 31 March 2018	**10,289**	**109,749**	**2,218**	**3,426**	**8,265**	**734**	**606**	**135,287**

Note 16.1 Property, plant and equipment - 2018/19

Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2018 - brought forward	7,439	88,992	2,218	2,515	23,708	4,243	785	129,900
Additions	645	3,052	-	830	3,041	3,350	215	11,133
Impairments	-	(8,682)	-	-	-	-	-	(8,682)
Reversals of impairments	318	-	-	-	-	-	-	318
Revaluations	89	(3,313)	134	-	-	-	-	(3,090)
Reclassifications	-	1,895	-	(2,482)	31	363	33	(160)
Disposals / derecognition	-	-	-	-	(893)	0	-	(893)
Valuation/gross cost at 31 March 2019	8,491	81,944	2,352	863	25,887	7,956	1,033	128,526
Accumulated depreciation at 1 April 2018 - brought forward	-	-	-	-	15,477	3,509	179	19,165
Provided during the year	-	3,066	93	-	1,674	786	101	5,720
Impairments	-	269	-	-	38	-	-	307
Reversals of impairments	-	(22)	-	-	-	-	-	(22)
Revaluations	-	(3,313)	(93)	-	-	-	-	(3,406)
Disposals / derecognition	-	-	-	-	(788)	-	-	(788)
Accumulated depreciation at 31 March 2019	-	-	-	-	16,401	4,295	280	20,976
Net book value at 31 March 2019	8,491	81,944	2,352	863	9,486	3,661	753	107,550
Net book value at 1 April 2018	7,439	88,992	2,218	2,515	8,231	734	606	110,735

Note 16.2 Property, plant and equipment - 2017/18

Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2017 - as previously stated	**9,796**	**83,754**	**2,070**	**15,424**	**21,956**	**3,972**	**483**	**137,455**
Transfers by absorption								**-**
Additions	-	2,628	6	2,479	2,892	272	570	**8,847**
Impairments	-	(556)	-	-	-	-	-	**(556)**
Reversals of impairments	307	9,364	-	-	-	-	-	**9,671**
Revaluations	57	(2,533)	142	-	-	-	-	**(2,334)**
Reclassifications	(1)	15,623	-	(15,388)	(159)	(1)	(81)	**(7)**
Disposals / derecognition	(2,720)	(19,288)	-	-	(981)	-	(187)	**(23,176)**
Valuation/gross cost at 31 March 2018	**7,439**	**88,992**	**2,218**	**2,515**	**23,708**	**4,243**	**785**	**129,900**
Accumulated depreciation at 1 April 2017 - as previously stated	**-**	**-**	**-**	**-**	**14,148**	**3,357**	**122**	**17,627**
Provided during the year	-	2,816	83	-	1,500	128	57	**4,584**
Revaluations	-	(2,767)	(83)	-	-	-	-	**(2,850)**
Reclassifications	-	-	-	-	(10)	24	-	**14**
Disposals / derecognition	-	(49)	-	-	(161)	-	-	**(210)**
Accumulated depreciation at 31 March 2018	**-**	**-**	**-**	**-**	**15,477**	**3,509**	**179**	**19,165**
Net book value at 31 March 2018	**7,439**	**88,992**	**2,218**	**2,515**	**8,231**	**734**	**606**	**110,735**
Net book value at 1 April 2017	**9,796**	**83,754**	**2,070**	**15,424**	**7,808**	**615**	**361**	**119,828**

All impairments and reversals of impairments are due to changes in property prices only.

The Trust's specialised hospital property assets are valued at depreciated replacement cost.

The Trust's non specialised assets, such as houses, are valued at market value.

In 2016/17 the Trust undertook an alternative site modern equivalent asset valuation as at the 1 April 2016 for its four hospital sites (land and buildings), which resulted in a reduction in asset values and impairments of £24.925m. Subsequent year end valuations have seen in an increase in valuation as a result of increases in land and building indicies, and have therefore reversed some of these impairments.

In 2018/19 the Trust reviewed the gross internal area used within its alternative site MEA valuations and identified additional areas that would not be required in these valuations. This combined with a valuation indices reduction on buildings of 5% during the year, resulted in an operating expenditure impairment of £0.269m and a revaluation reserve impairment of £8.682m.

Note 16.3 Property, plant and equipment financing - 2018/19

Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2019								
Owned - purchased	7,767	79,917	2,096	863	7,753	3,647	458	**102,501**
Finance leased	-	-	-	-	693	-	146	**839**
Owned - donated	724	2,027	256	-	1,040	14	149	**4,210**
NBV total at 31 March 2019	**8,491**	**81,944**	**2,352**	**863**	**9,486**	**3,661**	**753**	**107,550**

Note 16.4 Property, plant and equipment financing - 2017/18

Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2018								
Owned - purchased	7,387	86,821	1,980	2,515	6,370	717	341	**106,131**
Finance leased	-	-	-	-	778	-	173	**951**
Owned - donated	52	2,171	238	-	1,083	17	92	**3,653**
NBV total at 31 March 2018	**7,439**	**88,992**	**2,218**	**2,515**	**8,231**	**734**	**606**	**110,735**

Note 17 Donations of property, plant and equipment

During the year the Trust received £0.932m of donated assets (2017/18: £1.592m), £0.741m in the form of physical assets (non cash) (2017/18: £0.534m) and £0.191m from cash donations for the purchase of assets (2017/18: £1.058m). These donations were made by South Warwickshire NHS Foundation Trust Charitable Fund.

Note 18 Revaluations of property, plant and equipment

All of the Group's land and building assets have been revalued as at 31 March 2019. The valuations were undertaken by a qualified independent valuer from DVS. The Group undertakes quinquennial valuations, with annual interim valuations. The last full valuation was undertaken in March 2015 by a qualified independent valuer from DVS.

For the Group's specialised properties (hospitals) the valuation is based on depreciated replacement cost and where this is used, the Modern Equivalent Asset (MEA) principle has been applied; it being the underlying use for which the asset is being used that determines the valuation treatment.
The Group's non specialised properties (houses) are valued at market value in existing use.

Note 19 Investment in subsidiary

	Group		Trust	
	2018/19	**2017/18**	**2018/19**	**2017/18**
	£000	**£000**	**£000**	**£000**
Carrying value at 1 April - brought forward	-	-	7,141	250
Acquisitions in year	-	-	100	6,891
Carrying value at 31 March	-	-	7,241	7,141

Note 20.1 Other investments / financial assets (non-current)

	Group		Trust	
	2018/19	**2017/18**	**2018/19**	**2017/18**
	£000	**£000**	**£000**	**£000**
Carrying value at 1 April - brought forward	-	-	15,644	-
Acquisitions in year	6,450	-	6,450	-
Movement in fair value through OCI	(352)	-	(352)	-
Loan to SWFT CS Ltd - Repayments	-	-	(380)	-
Loan to SWFT CS Ltd - Increase	-	-	233	15,644
Carrying value at 31 March	**6,098**	**-**	**21,595**	**15,644**

See note 1.11.2 for details of financial assets held at fair value through OCI.

Note 20.2 Other investments / financial assets (current)

	Group		Trust	
	31 March 2019	**31 March 2018**	**31 March 2019**	**31 March 2018**
	£000	**£000**	**£000**	**£000**
Loan to SWFT CS Ltd	-	-	360	318
Total current investments / financial assets	**-**	**-**	**360**	**318**

Note 21 Disclosure of interests in other entities

The Trust is the Corporate Trustee for the South Warwickshire Foundation Trust Charitable Fund, registered charity number 1056424.

Note 22 Inventories

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
Drugs	2,044	1,987	1,322	1,388
Consumables	2,486	1,990	2,460	1,964
Energy	43	33	43	33
Total inventories	**4,573**	**4,010**	**3,825**	**3,385**
of which:				
Held at fair value less costs to sell	-	-		

Inventories recognised in expenses for the year were £39,733k (2017/18: £40,633k). Write-down of inventories recognised as expenses for the year were £151k (2017/18: £142k).

Note 23.1 Receivables

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
Current				
Contract receivables*	37,455	-	37,906	26,879
Trade receivables*	-	26,469	-	-
Accrued income*	-	7,303	-	7,045
Allowance for impaired contract receivables / assets*	(4,083)	-	(4,238)	-
Allowance for other impaired receivables	-	(3,945)	-	(3,874)
Prepayments (non-PFI)	2,755	3,301	3,858	3,342
Interest receivable	17	3	17	28
PDC dividend receivable	376	-	376	-
VAT receivable	-	988	941	1,221
Other receivables	1,333	-	1,333	-
Total current receivables	**37,853**	**34,119**	**40,193**	**34,641**
Non-current				
Contract receivables*	1,137	-	1,137	-
Other receivables	-	1,011	-	1,011
Total non-current receivables	**1,137**	**1,011**	**1,137**	**1,011**
Of which receivable from NHS and DHSC group bodies:				
Current	33,497	27,098		
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. See note 35.2 for additional detail.

Note 23.2 Allowances for credit losses - 2018/19

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2018 - brought forward		3,945		3,874
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	3,945	(3,945)	3,874	(3,874)
New allowances arising	2,318	-	2,480	-
Utilisation of allowances (write offs)	(2,180)	-	(2,116)	-
Allowances as at 31 Mar 2019	**4,083**	**-**	**4,238**	**-**

Note 23.3 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.

	Group All receivables	Trust All receivables
	£000	£000
Allowances as at 1 Apr 2017 - as previously stated	**2,843**	**2,838**
Transfers by absorption		
Increase in provision	2,601	2,535
Amounts utilised	(1,499)	(1,499)
Allowances as at 31 Mar 2018	**3,945**	**3,874**

Note 24 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.

	Group		Trust	
	2018/19	**2017/18**	**2018/19**	**2017/18**
	£000	**£000**	**£000**	**£000**
At 1 April	**21,185**	**13,717**	**20,806**	**13,549**
Net change in year	83	7,468	-	7,257
At 31 March	**21,268**	**21,185**	**20,806**	**20,806**
Broken down into:				
Cash at commercial banks and in hand	631	484	169	105
Cash with the Government Banking Service	20,637	20,701	20,637	20,701
Total cash and cash equivalents as in SoFP	**21,268**	**21,185**	**20,806**	**20,806**
Bank overdrafts (GBS and commercial banks)	-	-	-	-
Drawdown in committed facility	-	-	-	-
Total cash and cash equivalents as in SoCF	**21,268**	**21,185**	**20,806**	**20,806**

Note 24.1 Third party assets held by the trust

South Warwickshire NHS Foundation 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.

	Group and Trust	
	31 March 2019	**31 March 2018**
	£000	**£000**
Bank balances	1	1
Monies on deposit	-	-
Total third party assets	**1**	**1**

Note 25 Trade and other payables

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
Current				
Trade payables	20,387	23,336	21,234	25,498
Capital payables	404	1,694	380	1,318
Accruals	13,249	10,316	13,849	8,299
Social security costs	2,099	1,797	2,085	1,778
VAT payables	37	-	-	-
Other taxes payable	1,799	1,567	1,786	1,566
PDC dividend payable	-	86	-	86
Accrued interest on loans*	-	30	-	30
Other payables	2,582	3,907	2,582	3,907
Total current trade and other payables	**40,557**	**42,733**	**41,916**	**42,482**
Non-current				
Other payables	417	391	417	391
Total non-current trade and other payables	**417**	**391**	**417**	**391**

Of which payables from NHS and DHSC group bodies:

Current	11,961	13,879
Non-current	-	-

*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 27.1. IFRS 9 is applied without restatement therefore comparatives have not been restated. See note 35.1 for additional information

Note 26 Other liabilities

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
Current				
Deferred income: contract liabilities	2,031	2,200	2,031	1,961
Other deferred income	700	-	700	-
Total other current liabilities	**2,731**	**2,200**	**2,731**	**1,961**

Note 27.1 Borrowings

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
Current				
Loans from DHSC	1,459	1,428	1,459	1,428
Other loans	42	45	42	45
Obligations under finance leases	-	-	164	114
Total current borrowings	**1,501**	**1,473**	**1,665**	**1,587**
Non-current				
Loans from DHSC	25,716	27,144	25,716	27,144
Other loans	72	118	72	117
Obligations under finance leases	-	-	960	819
Total non-current borrowings	**25,788**	**27,262**	**26,748**	**28,080**

Note 27.2 Reconciliation of liabilities arising from financing activities

Group	Loans from DHSC £000	Other loans £000	Finance leases £000	Total £000
Carrying value at 1 April 2018	**28,572**	**163**	**-**	**28,735**
Cash movements:				**-**
Financing cash flows - payments and receipts of principal	(1,428)	(49)	-	**(1,477)**
Financing cash flows - payments of interest	(898)	-	-	**(898)**
Non-cash movements:				**-**
Impact of implementing IFRS 9 on 1 April 2018	30	-	-	**30**
Application of effective interest rate	899	-	-	**899**
Carrying value at 31 March 2019	**27,175**	**114**	**-**	**27,289**

Trust	Loans from DHSC £000	Other loans £000	Finance leases £000	Total £000
Carrying value at 1 April 2018	**28,572**	**163**	**933**	**29,831**
Cash movements:				
Financing cash flows - payments and receipts of principal	(1,428)	(49)	(143)	**(1,620)**
Financing cash flows - payments of interest	(898)	-	(35)	**(933)**
Non-cash movements:				**-**
Impact of implementing IFRS 9 on 1 April 2018	30	-		**30**
Additions		-	333	**333**
Application of effective interest rate	899	-	35	**934**
Carrying value at 31 March 2019	**27,175**	**114**	**1,123**	**28,575**

Note 28 Finance leases

Trust as a lessee

Obligations under finance leases where the trust is the lessee.

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
Gross lease liabilities	-	-	1,238	1,059
of which liabilities are due:				
- not later than one year;	-	-	196	145
- later than one year and not later than five years;	-	-	785	580
- later than five years.	-	-	257	334
Finance charges allocated to future periods	-	-	(115)	(126)
Net lease liabilities	-	-	1,123	933
of which payable:				
- not later than one year;	-	-	164	114
- later than one year and not later than five years;	-	-	708	499
- later than five years.	-	-	251	320

All lease payments are stated as future minimum lease payments.

The lease relates to Medical Equipment leased from SWFT Clinical Services Ltd over a 7 year period as part of the Managed Service for Stratford Hospital Building One.

The Trust lessee is with SWFT Clinical Services Ltd and therefore is eliminated on consolidation.

Note 29.1 Provisions for liabilities and charges analysis (Group)

Group	Pensions: early departure costs £000	Pensions: injury benefits* £000	Legal claims £000	Other £000	Total £000
At 1 April 2018	**1,286**	**868**	**185**	**28**	**2,367**
Change in the discount rate	(12)	(14)	-	-	**(26)**
Arising during the year	-	-	34	216	**250**
Utilised during the year	(137)	(54)	-	-	**(191)**
Reversed unused	(25)	-	(143)	(28)	**(196)**
Unwinding of discount	80	38	-	-	**118**
At 31 March 2019	**1,192**	**838**	**76**	**216**	**2,322**
Expected timing of cash flows:					
- not later than one year;	138	54	76	15	**283**
- later than one year and not later than five years;	552	216	-	-	**768**
- later than five years.	502	568	-	201	**1,271**
Total	**1,192**	**838**	**76**	**216**	**2,322**

Legal claims includes the amount informed by the NHS Litigation Authority with respect to employer's and public liability together with any specific provision made by the Trust for known events. Contingent liabilities relating to these legal claims are disclosed wtihin note 30.

Other mainly relates to deferred corporation tax for SWFT Clinical Services Ltd. See note 12 Corporation Tax.

In addition to the above, the NHS Litigation Authority holds provisions to the value of £0.841m in relation to the Employer's Liability Scheme for Trusts at 31 March 2019 (£0.777m at 31 March 2018).

The timing of pension related provisions is based on the current level of payments made to individuals on the Trust's behalf by NHS Business Authority. Levels of payments are not expected to change significantly between financial years.

* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within other provisions.

Note 29.2 Provisions for liabilities and charges analysis (Trust)

Trust	Pensions: early departure costs £000	Pensions: injury benefits* £000	Legal claims £000	Other £000	Total £000
At 1 April 2018	**1,286**	**868**	**185**	**-**	**2,339**
Transfers by absorption					**-**
Change in the discount rate	(12)	(14)	-	-	**(26)**
Arising during the year	-	-	34	15	**49**
Utilised during the year	(137)	(54)	-	-	**(191)**
Reclassified to liabilities held in disposal groups	-	-	-	-	**-**
Reversed unused	(25)	-	(143)	-	**(168)**
Unwinding of discount	80	38	-	-	**118**
At 31 March 2019	**1,192**	**838**	**76**	**15**	**2,121**
Expected timing of cash flows:					
- not later than one year;	138	54	76	15	**283**
- later than one year and not later than five years;	552	216	-	-	**768**
- later than five years.	503	568	-	-	**1,071**
Total	**1,193**	**838**	**76**	**15**	**2,122**

Legal claims includes the amount informed by the NHS Litigation Authority with respect to employer's and public liability together with any specific provision made by the Trust for known events. Contingent liabilities relating to these legal claims are disclosed wtihin note 30.

In addition to the above, the NHS Litigation Authority holds provisions to the value of £0.841m in relation to the Employer's Liability Scheme for Trusts at 31 March 2019 (£0.777m at 31 March 2018).

The timing of pension related provisions is based on the current level of payments made to individuals on the Trust's behalf by NHS Business Authority. Levels of payments are not expected to change significantly between financial years.

* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within other provisions.

Note 29.3 Clinical negligence liabilities

At 31 March 2019, £51,560k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of South Warwickshire NHS Foundation Trust (31 March 2018: £33,788k).

Note 30 Contingent assets and liabilities

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
Value of contingent liabilities				
NHS Resolution legal claims	(30)	(52)	(30)	(52)
Gross value of contingent liabilities	**(30)**	**(52)**	**(30)**	**(52)**
Amounts recoverable against liabilities	-	-		
Net value of contingent liabilities	**(30)**	**(52)**	**(30)**	**(52)**
Net value of contingent assets	**-**	**-**		

Note 31 Contractual capital commitments

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
Property, plant and equipment	5,501	2,084	5,501	1,356
Intangible assets	115	989	115	989
Total	**5,616**	**3,073**	**5,616**	**2,345**

Note 32 Pathology Service

South Warwickshire General Hospitals NHS Trust (now South Warwickshire NHS Foundation Trust), University Hospitals Coventry and Warwickshire NHS Trust and George Eliot Hospital NHS Trust formed a single Pathology Service at 1 April 2008. The service is hosted by University Hospitals Coventry and Warwickshire NHS Trust and there is an agreement approved by the Trusts, with this Trust's share being 20.11%. Payments for the service are made in accordance with a service level agreement.

The Pathology Service accounts reported by University Hospital Coventry and Warwickshire NHS Trust were:

	Total Value Reported		South Warwickshire NHS Foundation Trust's Share	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Revenue from Patient Care Activities	**2,357**	1,556	**474**	313
Other Operating Revenue	**42,124**	39,097	**8,471**	7,862
Operating Expenses	**(44,475)**	(41,045)	**(8,944)**	(8,254)
Operating Surplus / (Deficit)	**6**	(392)	**1**	(79)

	Total Value Reported		Foundation Trust's Share	
	2019	2018	**2019**	2018
	£000	£000	**£000**	£000
Non current assets	**1,186**	641	**239**	129
Current assets				
Stocks and work in progress	**876**	735	**176**	148
Debtors-due within 1 year	**2,189**	5,100	**440**	1,026
	3,065	5,835	**616**	1,174
Current liabilities	**(6,726)**	(8,957)	**(1,181)**	(1,630)
Net current liabilities	**(3,661)**	(3,122)	**(565)**	(456)
Total assets less current liabilities	**(2,475)**	(2,481)	**(326)**	(327)
Non current liabilities	**-**	-	**-**	-
Total assets employed	**(2,475)**	(2,481)	**(326)**	(327)
Financed by:				
Tax payers' equity				
Public dividend capital	**434**	434	**259**	259
Retained earnings	**(2,909)**	(2,915)	**(585)**	(586)
Total tax payer's equity	**(2,475)**	(2,481)	**(326)**	(327)

Note 33 Financial instruments

Note 33.1 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 Foundation Trust has with Clinical Commissioning Groups (CCGs) and the way the CCGs are financed, the NHS Foundation Trust 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 Foundation Trust 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 the NHS Foundation 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 annual review by the Trust's internal auditors.

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 has borrowed from the Foundation Trust Financing Facility for the major capital projects at Warwick and Stratford. The borrowings are for a fixed period of 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, at 3.19%. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's income 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. The Trust's cash deposits are principally held in its Government Banking Service (GBS) account, with smaller working capital balances also being held in the Trust's Lloyds commercial bank. The Trust's credit risk in respect of its cash deposits is therefore low. See note 1.11.2 for further information of impairments of financial assets.

Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups, Local Authorities and NHS Area Team which are financed from resources voted annually by Parliament. The Trust has a Use of Resources Risk Rating of 1 and holds large cash balances. The Trust is not currently exposed to any significant liquidity risk associated with inability to pay creditors.

Note 33.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied restrospectively 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.

All financial assets are denominated in sterling only

Group	Held at amortised cost	Held at fair value through OCI	Total book value
Carrying values of financial assets as at 31 March 2019 under IFRS 9	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	35,859	-	**35,859**
Other investments / financial assets*	-	6,098	**6,098**
Cash and cash equivalents	21,268	-	**21,268**
Total at 31 March 2019	**57,127**	**6,098**	**63,225**

* The Trust has irrevocably elected to measure the following equity instruments at fair value through other comprehensive income: investment shares in Sensyne Health Plc.

Group	Loans and receivables	Total book value
Carrying values of financial assets as at 31 March 2018 under IAS 39	**£000**	**£000**
Trade and other receivables excluding non financial assets	30,841	**30,841**
Cash and cash equivalents	21,185	**21,185**
Total at 31 March 2018	**52,026**	**52,026**

Trust	Held at amortised cost	Held at fair value through OCI	Total book value
Carrying values of financial assets as at 31 March 2019 under IFRS 9	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	36,155	-	**36,155**
Other investments / financial assets*	15,497	6,098	**21,595**
Cash and cash equivalents	20,806	-	**20,806**
Total at 31 March 2019	**72,458**	**6,098**	**78,556**

* The Trust has irrevocably elected to measure the following equity instruments at fair value through other comprehensive income: investment shares in Sensyne Health Plc.

All financial assets are denominated entirely in sterling

Trust	Loans and receivables	Total book value
	£000	£000
Carrying values of financial assets as at 31 March 2018 under IAS 39		
Trade and other receivables excluding non financial assets	31,089	**31,089**
Other investments / financial assets	15,962	**15,962**
Cash and cash equivalents	20,806	**20,806**
Total at 31 March 2018	**67,857**	**67,857**

Note 33.3 Carrying values of financial liabilities

IFRS 9 Financial Instruments is applied restrospectively 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.

All financial assets are denominated in sterling only

Group	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9		
Loans from the Department of Health and Social Care	27,175	**27,175**
Other borrowings	114	**114**
Trade and other payables excluding non financial liabilities	34,040	**34,040**
Other financial liabilities	-	**-**
Provisions under contract	2,030	**2,030**
Consolidated NHS charitable fund financial liabilities	-	**-**
Total at 31 March 2019	**63,359**	**63,359**

Group	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39		
Loans from the Department of Health and Social Care	28,572	**28,572**
Other borrowings	163	**163**
Trade and other payables excluding non financial liabilities	36,922	**36,922**
Provisions under contract	2,154	**2,154**
Total at 31 March 2018	**67,811**	**67,811**

Trust

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9		
Loans from the Department of Health and Social Care	27,175	**27,175**
Obligations under finance leases	1,124	**1,124**
Other borrowings	114	**114**
Trade and other payables excluding non financial liabilities	35,463	**35,463**
Provisions under contract	2,030	**2,030**
Total at 31 March 2019	**65,906**	**65,906**

Trust

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39		
Loans from the Department of Health and Social Care	28,572	**28,572**
Obligations under finance leases	933	**933**
Other borrowings	163	**163**
Trade and other payables excluding non financial liabilities	39,022	**39,022**
Provisions under contract	2,154	**2,154**
Total at 31 March 2018	**70,844**	**70,844**

Note 33.4 Maturity of financial liabilities

All financial assets are denominated in sterling only

	Group 31 March 2019 £000	Group 31 March 2018 £000	Trust 31 March 2019 £000	Trust 31 March 2018 £000
In one year or less	35,736	38,581	37,320	25,666
In more than one year but not more than two years	1,655	1,659	1,824	349
In more than two years but not more than five years	4,894	3,288	3,631	813
In more than five years	21,074	24,283	23,131	1,748
Total	**63,359**	**67,811**	**65,906**	**28,576**

Note 34 Losses and special payments

Group and trust	2018/19		2017/18	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Fruitless payments	14	3	4	2
Bad debts and claims abandoned	145	67	34	15
Stores losses and damage to property	5	159	5	142
Total losses	**164**	**229**	**43**	**159**
Special payments				
Ex-gratia payments	4	11	22	1
Total special payments	**4**	**11**	**22**	**1**
Total losses and special payments	**168**	**240**	**65**	**160**
Compensation payments received		-		-

Note 35.1 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. This has not had any impairment impact for the Trust. This did not result in any changes to the measurement categories used.

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 £30k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in no change to 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 classifiction 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 £1,592k.

Note 35.2 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).

The application of IFRS 15 has had a trival impact for the Trust.

Note 36 Related parties (Group)

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with South Warwickshire NHS Foundation Trust.

The Department of Health and Social Care is regarded as a related party. South Warwickshire NHS Foundation Trust has had a significant number of material transactions with the Department of Health and Social Care, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

Clinical Commissioning Groups (CCG's)
NHS South Warwickshire CCG
NHS Warwickshire North CCG
NHS Coventry and Rugby CCG

NHS Trusts
University Hospitals Coventry and Warwickshire NHS Trust
West Midlands Ambulance Service NHS Foundation Trust
George Eliot NHS Trust
Wye Valley NHS Trust

Other Bodies
NHS Resolution (formerly The NHS Litigation Authority)
The NHS Pension Agency

	Income		Expenditure	
	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000
Other Bodies				
Castel Froma Ltd	46	3	-	-
Medicines & Healthcare Products Regulatory Agency	-	-	8	3
Ministry of Defence	-	-	46	-
SWFT Charity	932	1,123	-	-
	978	**1,126**	**54**	**3**

	Receivables		Payables	
	2019	2018	2019	2018
	£000	£000	£000	£000
Other Bodies				
Castel Froma Ltd	13	-	-	-
Medicines & Healthcare Products Regulatory Agency	-	-	8	3
Ministry of Defence	-	-	46	-
SWFT Charity	396	20	-	-
Total	**409**	**20**	**54**	**3**

Transactions with the subsidiary company are not included within related party transactions as the accounts are prepared on group basis.

All related party transactions are conducted as part of the normal Trust activities and under the Trust standard terms and conditions.

INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF GOVERNORS AND BOARD OF DIRECTORS OF SOUTH WARWICKSHIRE NHS FOUNDATION TRUST

Report on the audit of the financial statements

Opinion

In our opinion the financial statements of South Warwickshire NHS Foundation Trust (the 'Foundation Trust') and its subsidiaries (the 'Group'):
- **give a true and fair view of the state of the group's and foundation trust's affairs as at 31 March 2019 and of the Group's and Foundation Trust's income and expenditure for the year then ended;**
- **have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and**
- **have been prepared in accordance with the requirements of the National Health Service Act 2006.**

We have audited the financial statements which comprise:
- the group statement of comprehensive income;
- the group and foundation trust balance sheets;
- the group and foundation trust statements of cash flow;
- the group and foundation trust statements of changes in taxpayers' equity;
- the related notes 1 to 36.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the group and the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Summary of our audit approach

Key audit matters	The key audit matters that we identified in the current year were: • Recognition of NHS Revenue • Recoverability of Receivables • Capital developments and valuations • Partnership with Sensyne Health Within this report, any new key audit matters are identified with ⊘ and any key audit matters which are the same as the prior year identified with ⊘.
Materiality	The materiality that we used for the group financial statements was £6.3m which was determined on the basis of 2% of Revenue.
Scoping	Audit work was performed at the Foundation Trust's offices in Warwick directly by the audit engagement team, led by the audit partner.

	As discussed below we have a new Key audit matter in the current year in relation to the Foundation Trust's partnership with Sensyne Health. This arrangement was agreed and the shares received during the 2018/19 financial year.

Conclusions relating to going concern

We are required by ISAs (UK) to report in respect of the following matters where:
- the accounting officer's use of the going concern basis of accounting in preparation of the financial statements is not appropriate; or
- the accounting officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's or the foundation trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

We have nothing to report in respect of these matters.

Key audit matters

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team.

These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Recognition of NHS Revenue and Provisions	
Key audit matter description	As described in note 1.4 and note 1.22, Critical Accounting Judgements and Key Sources of Estimation Uncertainty, there are significant judgements in recognition of revenue from care of NHS patients and in provisioning for disputes with commissioners due to:
	• the complexity of the payment by results regime, in particular in determining the level of over-performance and CQUIN revenue to recognise;
	• the judgemental nature of provisions for disputes with commissioners, including in respect of outstanding over-performance income for quarters 3 and 4;
	• the risk of revenue not being recognised at fair value due to adjustments agreed in settling current year disputes and agreement of future year contracts; and
	• the judgemental nature of accounting for disputes, including in respect of outstanding over-performance income for quarters 3 and 4.
	The Foundation Trust has not reached a year end settlement agreement with its main commissioner South Warwickshire CCG for the over-performance against the contracts. Consequently, there is an increased level of judgment around the value of partially completed spells accrued income and over or under performance at year end.

	There are also judgements around the deferral of maternity pathway income which is paid up front and should be deferred based on progress through the maternity pathway. The Foundation Trust has also received notification from NHS Improvement that they will be awarded £3.1m of 'pound for pound' PSF funding, £3.1m of incentive PSF and £0.9m of bonus PSF. In accordance with guidance from NHS Improvement, these amounts have be recognised as income in the year despite only being notified and paid post year end.
How the scope of our audit responded to the key audit matter	We evaluated the design and implementation of relevant controls around revenue recognition. We evaluated the recognition of income through the year, including year-end cut-off, by tracing commissioner contracts and cash receipts to the income recorded by the Foundation Trust, and evaluated the positions agreed with other NHS bodies at the end of the year. We assessed the appropriateness of the judgements made in recognising revenue and providing for disputes on the basis of discussion with staff involved, review of correspondence with commissioners and other relevant documentation, and consideration of benchmark information from our knowledge of the local health economy. In doing so, we considered the historical accuracy of provisions for disputes and reviewed correspondance with commissioners. We reviewed with management the key changes and any open areas in setting 2018/19 contracts, and considered whether, taken together with the settlement of current year disputes, there are any indicators of inappropriate adjustments in revenue recognised between years. We viewed the correspondence from NHS Improvement regarding the allocation of PSF money for the year.
Key observations	Based on the audit evidence obtained, we conclude that NHS Revenue is appropriately recognised. We consider management judgements of provisions and disputes to be within a reasonable range.

Capital Developments and Valuations

Key audit matter description	The Group holds property assets within Property, Plant and Equipment at a modern equivalent use valuation of £129.7m. The valuations are by nature significant estimates which are based on specialist and management assumptions (including the floor areas for a Modern Equivalent Asset, the basis for calculating build costs, the level of allowances for professional fees and contingency, and the remaining life of the assets) and which can be subject to material changes in value. The Group has spent £13.0m, against a plan of £19.7m, on the capital programme for the year. During the prior year, the Stratford Development was completed and subsequently sold to SWFT Clinical Services Ltd, the Foundation Trust's subsidiary, and is in use by the Foundation Trust under a lease agreement, there is a risk that the arrangement has been significantly impacted by the .
How the scope of our audit responded to the key audit matter	We have evaluated the design and implementation of relevant controls around the property valuation adopted at year end. We reviewed and challenged the appropriateness of the assumptions used in the year-end interim asset valuation of the Group's properties and agreed the inputs to the year-end valuation performed by the District Valuer.

We evaluated the design and implementation of relevant controls around the capitalisation of costs, and tested spending on a sample basis to confirm that it complies with the relevant accounting requirements.

We reviewed the capital programme and the status of individual projects to evaluate whether they have been depreciated from the appropriate point.

We challenged management's assessment whether any impairment has arisen in respect of newly capitalised expenditure.

We checked whether any adjustments to the value of previously capitalised works are required and how these have been calculated. We reviewed the Group and Foundation Trust's presentation of capital items, and assessed whether that these have been appropriately treated, including the presentation of the Stratford Development.

Key observations	Based on the audit evidence obtained, we conclude that the valuation of the Group's and Foundation Trust's estate is appropriate.

Partnership with Sensyne Health

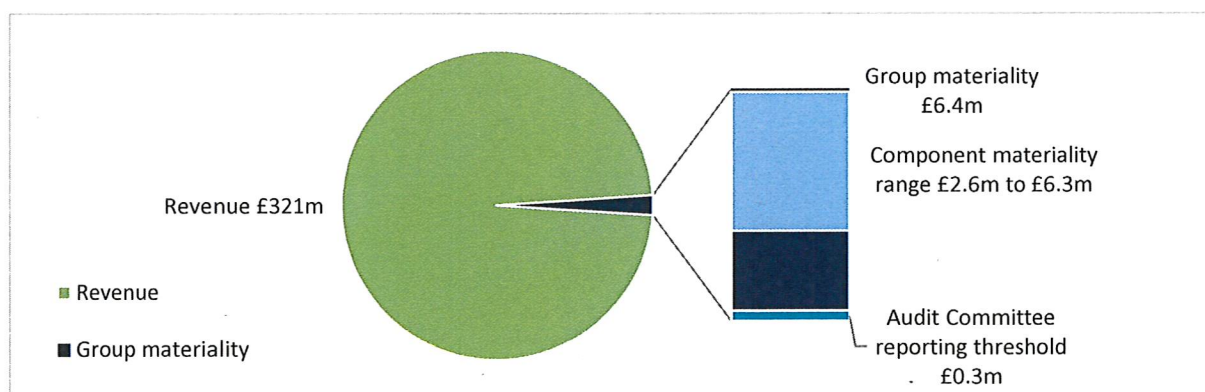| **Key audit matter description**	The Foundation Trust entered into a Strategic Research Agreement and a Data Processing Agreement with Sensyne Health in August 2018. This involves the Foundation Trust providing agreed anonymised patient data sets to Sensyne Health for use in their clinical artificial intelligence technology to contribute to medical research and the development of new treatments. The Foundation Trust received an equity stake of £5m preference shares in Sensyne Health on signing the agreement and the Company has subsequently listed its shares on the Alternative Investment Market. The Foundation Trust has recognised £6.45m of income in note 4.3 in relation to the receipt of ordinary shares from Sensyne Health Ltd and have determined that the arrangement is outside of the scope of IFRS 15. This is a significant judgement as disclosed in Note 1.22.
How the scope of our audit responded to the key audit matter	We have obtained details of the five year strategic agreement between the Foundation Trust and the Company. We have reviewed the Foundation Trust's proposed accounting treatment for the investment and income recognition during the period of the contract, in particular management's determination that the income is outside the scope of IFRS 15, and assessed the impact of alternative accounting judgements. We have assessed the transactions impacting on the Foundation Trust financial statements, which included use of specialist input on valuation. We have understood the actions taken by the Foundation Trust to ensure it is compliant with laws and regulations around sharing of data.
Key observations	Based on the audit evidence obtained, we conclude that the agreement to share data with Sensyne Health is within the scope of IFRS 15 However, the recognition of the agreement is complex and open to judgemental interpretation; accounting for the agreement as within the scope of IFRS 15 would not have a material impact on the financial statements.

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

	Group financial statements	Foundation Trust financial statements
Materiality	£6.4m (2017/18: £5.8m)	£6.3m (2017/18: £5.7m)
Basis for determining materiality	2% of revenue (2018: 2% of revenue)	2% of revenue (2018: 2% of revenue)
Rationale for the benchmark applied	Revenue was chosen as a benchmark as the Group is a non-profit organisation, and revenue is a key measure of financial performance for users of the financial statements.	Revenue was chosen as a benchmark as the Foundation Trust is a non-profit organisation, and revenue is a key measure of financial performance for users of the financial statements.

Revenue £321m

■ Revenue

■ Group materiality

Group materiality £6.4m

Component materiality range £2.6m to £6.3m

Audit Committee reporting threshold £0.3m

We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £0.3m (2018: £0.3m), as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

An overview of the scope of our audit

Our group audit was scoped by obtaining an understanding of the Group and its environment, including group-wide control, and assessing the risks of material misstatement at the Group level.

The focus of our audit work was on the Group, with work performed at the Foundation Trust's head offices in Warwick directly by the audit engagement team, led by the audit partner.

Our audit covered all of the entities within the Group, including SWFT Clinical Services Limited, which account for 100% (2017/18: 100%) of the Group's net assets, revenue and surplus.

Our audit work was executed at levels of materiality applicable to each individual entity which were lower than group materiality. The range of component materiality used was £2.6m to £6.3m.

At the Group level we also tested the consolidation process.

Other information

The accounting officer is responsible for the other information. The other information comprises the information included in the annual report and accounts, other than the financial statements and our auditor's report thereon.

We have nothing to report in respect of these matters.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

Responsibilities of accounting officer

As explained more fully in the accounting officer's responsibilities statement, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the group's and the Foundation 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 the accounting officer either intends to liquidate the group or the Foundation Trust or to cease operations, or has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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 an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a 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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:
- the parts of the Directors' Remuneration Report and Staff Report to be audited have been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Annual Governance Statement, use of resources, and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:
- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit;
- the NHS Foundation Trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- proper practices have not been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:
- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Foundation Trust, or a director or officer of the Foundation Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.
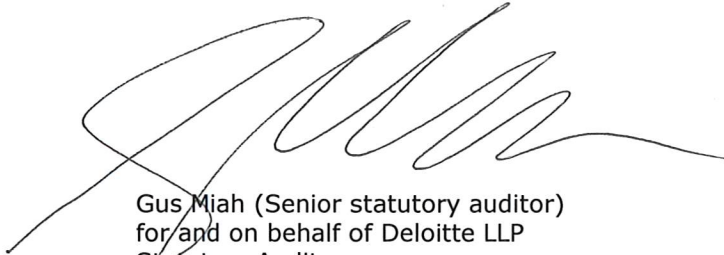
We have nothing to report in respect of these matters.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of South Warwickshire NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards 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 Foundation Trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Gus Miah (Senior statutory auditor)
for and on behalf of Deloitte LLP
Statutory Auditor
Birmingham, United Kingdom
24 May 2019