NHS
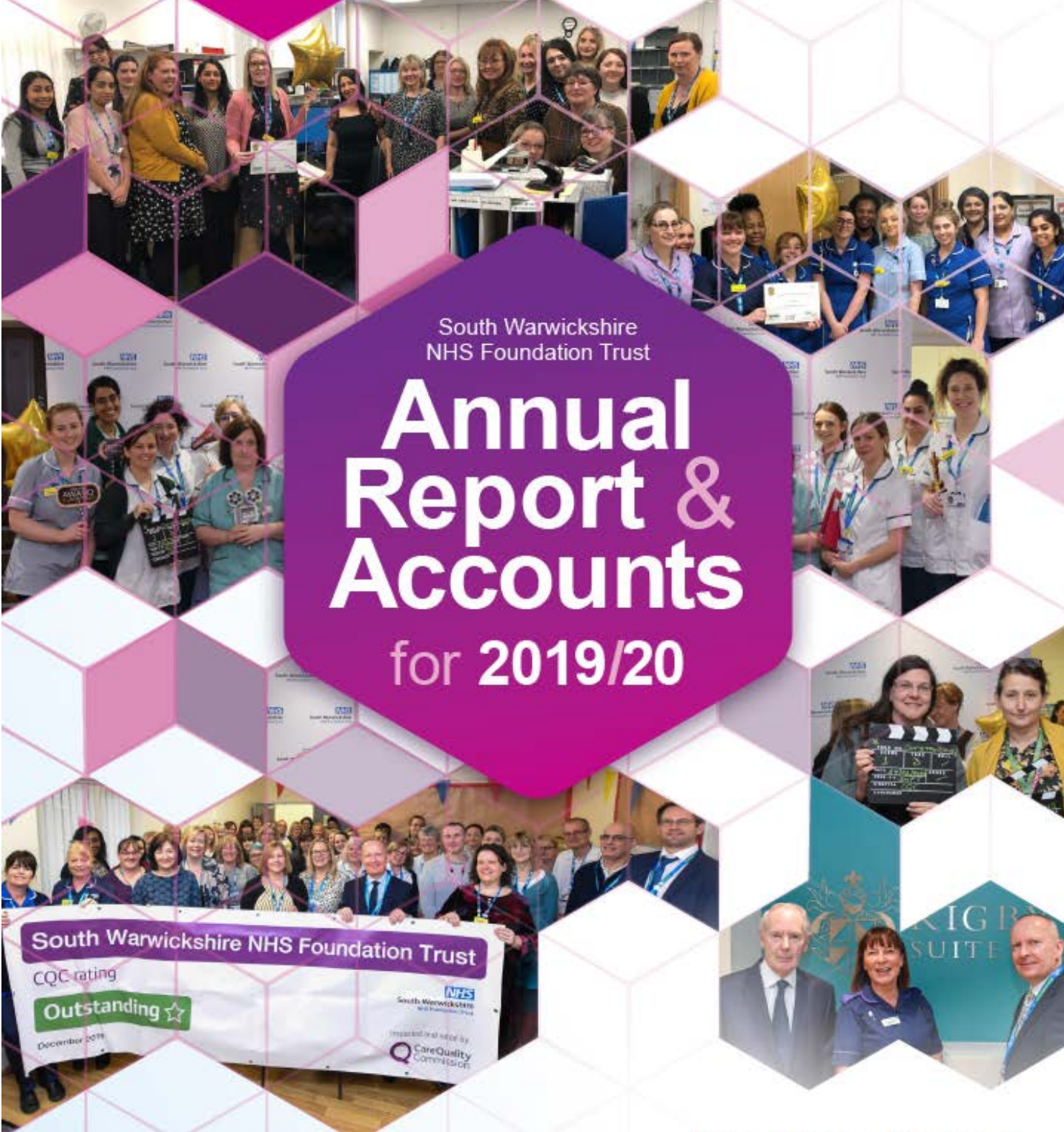**South Warwickshire**
NHS Foundation Trust

South Warwickshire
NHS Foundation Trust

Annual Report & Accounts

for **2019/20**

South Warwickshire NHS Foundation Trust

CQC rating

Outstanding ☆

December 2019

NHS
South Warwickshire
NHS Foundation Trust

Inspected and rated by
CareQuality
Commission

safe, effective, compassionate, trusted

South Warwickshire NHS Foundation Trust

Annual Report and Accounts for 2019/20

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

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Note on References to Trust and Group and Foundation Group

Please note throughout this Annual Report and Accounts:
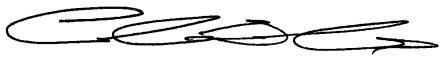
- 'Trust' refers to information regarding South Warwickshire NHS Foundation Trust;

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

- 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 referenced as the 'Foundation Group'.

Performance Report

Overview

Introduction

The purpose of the Overview section is to give the reader a 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.

Glen Burley, Chief Executive   **Date:** 24 June 2020
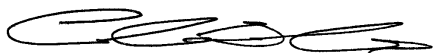
Statement of Going Concern

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 June 2020

Chairman's Message

The last year has in many ways been the most extraordinary I have experienced in my twelve years as Chair of different NHS organisations. It began with all of the traditional challenges of significantly increasing demand and the need to transform the way services are delivered. It ended with the Covid19 pandemic and the most demanding of periods for our staff and the most worrying of times for those patients, their families and the communities we serve.

Glen Burley, in his report will detail the many successes of the year but there are a few I would like to highlight. The first was the success of our team at the Trust being awarded an "Outstanding' rating by the Care Quality Commission (CQC). We are the only combined acute and community Trust in the Midlands to have achieved such a recognition and one of a very small number in the whole country to be rated as Outstanding for 'use of resources'. This recognition is a testimony to the day-in-day-out work of everyone in our organisation to deliver the very best care we can, at outstanding value for money whilst transforming the way we do things. The second highlight for me was the way we have gone about quietly, but effectively, continuing the process of transforming the way we serve our communities, to improve patient outcomes whilst lowering the cost of delivery of our services. Examples of this include the transformation of our pathways to look after the frail elderly patients we care for and working with our partners in the rest of the NHS and social care to provide more of our care in a home setting. Finally, we have had another strong year financially. We achieved our financial objectives which reflects our operational efficiency but also the support from our colleagues in South Warwickshire Clinical Commissioning Group (CCG), for which I give thanks.

The year ended with the still ongoing Covid19 crisis. The way our teams and volunteers have responded to this has been nothing short of extraordinary. The level of commitment from our front-line teams to provide care in extremely difficult situations, the willingness to innovate and to work in different ways to ensure we could cope, and the sheer physical and emotional hard work humbles me as Chair of this organisation. On behalf of everyone that we serve I say thank you to the staff at the Trust and all our volunteers for what they have done and continue to do.

We still have many challenges. 2020/21 will be dominated by two key themes. Firstly, continuing to cope with Covid19 before an effective vaccine is available. Secondly, making sure we absorb and cement those new ways of working that we have 'discovered' over the last few months that can improve patient outcomes whilst reducing the costs of delivery of our services. We need to do this whilst remembering our strategy of 'helping you to help yourself' and our core values based on civility.

I would like to thank the executive team at the Trust for their continued excellent performance. Under Glen's outstanding leadership we will strive to make 2020/21 an even better year. I would also like to thank my Non-Executive colleagues and our Governors for their significant efforts in ensuring we continue to be a well led organisation.

Russell Hardy, Chairman   **Date:** 24 June 2020

Chief Executive's Message

The Trust has grown significantly since we first became a Foundation Trust in 2010. We now provide services across the whole of Warwickshire as well as community children's services into Coventry and Solihull. The complexity of the range of services that we run could make it challenging to maintain progress on all fronts. But this past year has been another truly remarkable one for the Trust, our staff and more importantly our patients and service users. Over the course of the year we further strengthened our national reputation for being one of the highest quality providers in the NHS. We also demonstrated that it is possible to deliver this high quality alongside being one of the most efficient providers in the NHS. Towards the end of the year, the National Staff Survey results showed that our fantastic workforce and culture is the key ingredient which means that we can do both of these things together when we came third overall nationally on staff morale as well as getting top marks in a range of other indicators. There is no doubt in my mind that the freedoms, flexibility and local accountability that come with being a Foundation Trust have contributed to this success. Whilst I expect many changes to come from the challenges that the NHS faces, I sincerely hope that those freedoms remain.
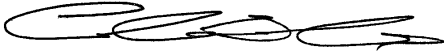
I could list a whole range of other measures where we stand out nationally as one of the best providers including access times and patient safety, but you can explore these in the main body of the report. But the most significant achievement for us over the course of the year was being awarded an outstanding rating for quality overall and in every area inspected by the Care Quality Commission (CQC). We also gained an outstanding rating for the 'use of resources' (efficiency) rating and for being 'well led'. No other combined acute and community Trust in the entire Midlands region has this top rating, only a handful have achieved this in the whole of the NHS. It was particularly pleasing that the CQC specifically commended our leadership, at all levels, in their report. All of our staff, right across the Trust, celebrated the rating in February. I was particularly keen to emphasise that we are by no means perfect but that our desire to be so ensures that we are never complacent. Our management of the money allowed us to pledge some capital funding to invest in making improvements to help our workforce as part of our 'thanks a million' campaign. The Annual Accounts that are included in this report demonstrate that we once more made a small operating surplus which helps to offset budget deficits in other parts of the NHS. In fact, we were the only acute provider in the whole of the region which didn't have a deficit.

As many of you know, the Trust now leads a Foundation Group model with our partner Trusts Wye Valley NHS Trust (in Herefordshire) and George Eliot Hospital NHS Trust (in Warwickshire North). The combined strength of the Foundation Group is a £720m organisation which is able to improve quality and efficiency through sharing common solutions and strategies. Whilst there are other Foundation Group models in the NHS, there are none quite like ours and as a consequence we have been asked to share our model and approach with other systems who see the benefits of doing something similar.

Success on our scale is pretty unprecedented in today's NHS and it goes without saying that it relies on many people both inside and outside of the organisation. Our Strategy is to be even more of a lead (or anchor) organisation in the communities that we serve. We have a role which goes well beyond simply looking after people who are unwell. Our aim is to bring together a health and care system which keeps people happy and well, which has a positive impact on the environment and on the wellbeing of people both now and in generations to come. We are guided in this by many important stakeholders but it would be remiss of me not to mention our Governors who are drawn from our communities and key stakeholders and who give up their time freely to help to shape our plans and to hold us to account for delivering against them.

As I write this report the NHS faces one of its most significant challenges in its history. As the Covid-19 pandemic plays out, we are stress testing the plans that we always have in place to keep the public safe and to maintain essential services. As ever, the response from our staff has been fantastic, providing even more evidence that the NHS is the best healthcare system in the world. Over the coming months we will be tested further, but I have every confidence that we will respond well. This confidence comes from the culture and commitment of our workforce.

I would like to end this message by thanking our amazing staff operating in hospital and community settings for your selfless dedication to our communities. But I would specifically like to thank my Executive Team, supported by our Non-Executive Directors, who together work tirelessly to run one of the most complex organisations you could find. I know that I set high standards of all of them, but in doing so I always have confidence that they will respond. They never let me down, as you can see in the body of this report.

Glen Burley, Chief Executive   **Date:** 24 June 2020

About the Trust

The Trust provides a range of healthcare services to around half a million people in Warwickshire. Children's, Young People's and Family Services are also delivered throughout Coventry and Solihull. To serve these communities the Trust currently employs 5113 (actual headcount) members of staff.

The Trust operates from a number of sites including:

• Ellen Badger Hospital – Based in Shipston on Stour, South Warwickshire, Ellen Badger Hospital has a rehabilitation ward and day hospital focussed on rehabilitation. Medicines management and support for those with reduced mobility is also provided. The site is currently in the design phase of redevelopment as part of a collaboration between the Trust and Shipston Medical Centre. More information can be found in the Current and Future Developments section.

• Leamington Spa Hospital – Adult rehabilitation services are provided to inpatients from Feldon Ward and a number of outpatient clinics are also offered. Specialist neuro-rehabilitation is delivered to patients with acquired brain injuries at the Central England Rehabilitation Unit (CERU) which is also located at the premises. CERU's 42 inpatient beds are divided across the national centre of excellence's Campion and Chadwick Wards.

• Out of Hospital Services – As a combined acute and community trust a key element of the Trust's strategy is reducing unnecessary acute hospital admissions through the delivery of localised community services. Care is delivered in patients' homes and clinics across Warwickshire. A wide range of conditions are treated including diabetes, Parkinson's disease and heart failure. Children, Young People and Family Services such as health visiting and school nursing are provided in Coventry and Solihull in addition to Warwickshire.

• Stratford-upon-Avon Hospital – The hospital is divided across two buildings after a major redevelopment project was completed in July 2018. The significant expansion resulted in an ophthalmology unit, The Rigby Cancer Unit, an outpatient pharmacy and health and wellbeing hub spread across a modern three storey building. Outpatient Services, a Minor Injuries Unit and the Nicol Unit are housed in the original site.

• Warwick Hospital – As the Trust's largest site the majority of the organisation's acute services are provided at Warwick Hospital. This includes accident and emergency, diagnostic and pathology, diabetes, audiology amongst a range of other services. Intensive care, cancer care and coronary care are all delivered in dedicated units and surgical procedures are carried out in main and day theatres. Warwick Hospital also has a labour ward, special care baby unit and midwifery-led birthing unit called the Bluebell Birth Centre to offer maternity support to women and families.

As with any successful organisation, our staff are our biggest asset and without them, the Trust would not be able to deliver the outstanding care that our patients receive. Over the last 12 months, Trust staff have demonstrated a commitment and adaptability to change that has enabled the organisation to move to Place Based working and introduce self-managed teams, among other new ways of working. Staff involvement in decision-making and innovation is crucial to the Trust's success and they are what makes us outstanding as a Trust.

SWFT Clinical Services Ltd
The Trust's wholly owned business subsidiary SWFT Clinical Services Ltd. was founded in March 2011. The company has the ability to identify and deliver a flexible approach across a range of non-clinical estates and facilities services and private health provision by adopting a traditional business sector model.
All surpluses made by the company's trading activities are either reinvested into the business, gifted to charitable organisations or returned to the Trust.

Trust's Vision and Values

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 standards

Trust Strategy

During 2019/20 the Trust strategy was reviewed, and all the key pillars and future direction of the strategy accepted. There was however one area of discussion that has included a change to the strategy for the Trust and this was digital which has been added to the diagram used to describe the Trust strategy.
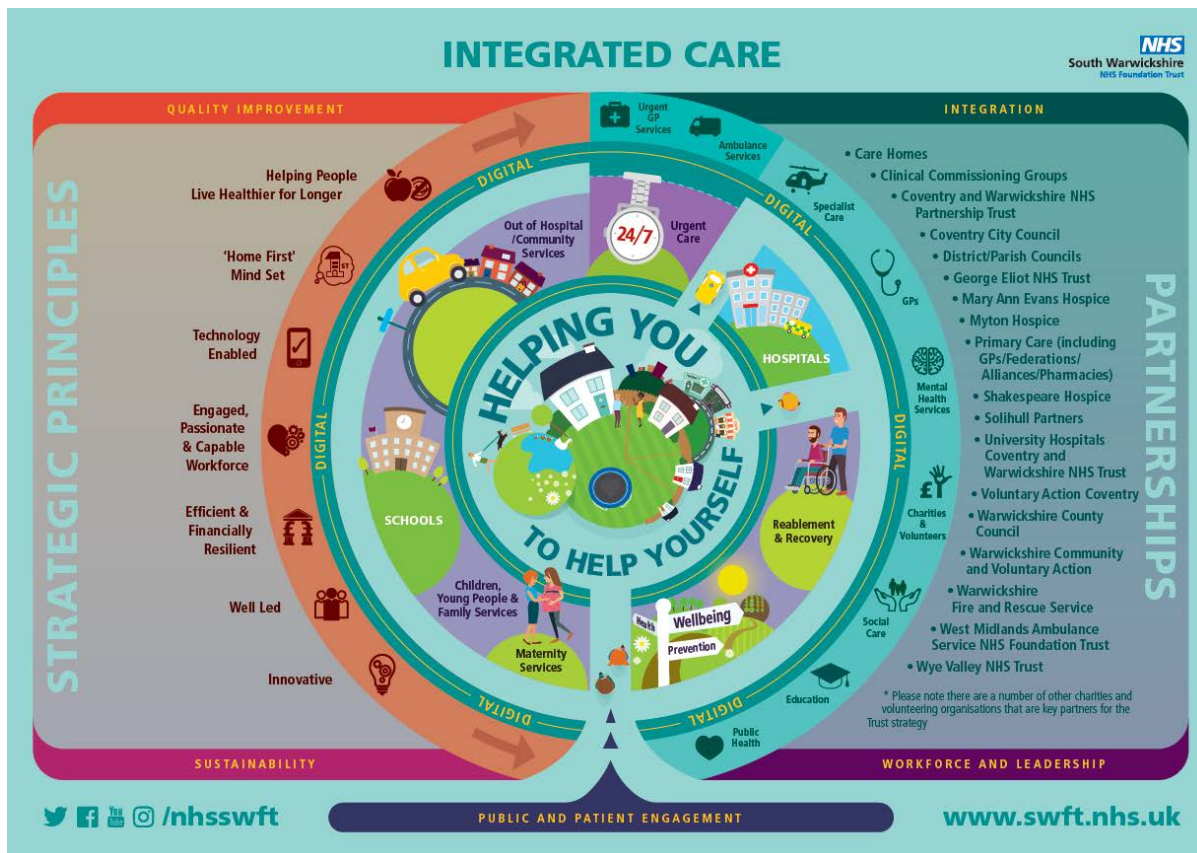
In January 2019 the Trust developed a digital strategy to take a step change approach in using technology to deliver services in the future.

This digital strategy looks at four tiers:

- TIER 1 Patients/Public – all would have access to specific health and care related services, delivered on-line and through mobile channels

- TIER 2 Personalised Patients/Public – the establishment of a single, registered patient facing digital service as a single platform/framework for citizens

- TIER 3a Clinicians, Service Managers and Executives – the establishment of a unified approach and toolset to support unified service management, and care coordination across the foundation group (population management)

- TIER 3b Finance and Business Intelligence Users – the creation of a direct link to Tier 3a for finance and business intelligence users as secondary users of whole pathway data

- TIER 4 Point of Care Professionals – where it is assumed that all individual providers will continue to utilise their own/current operational IT systems
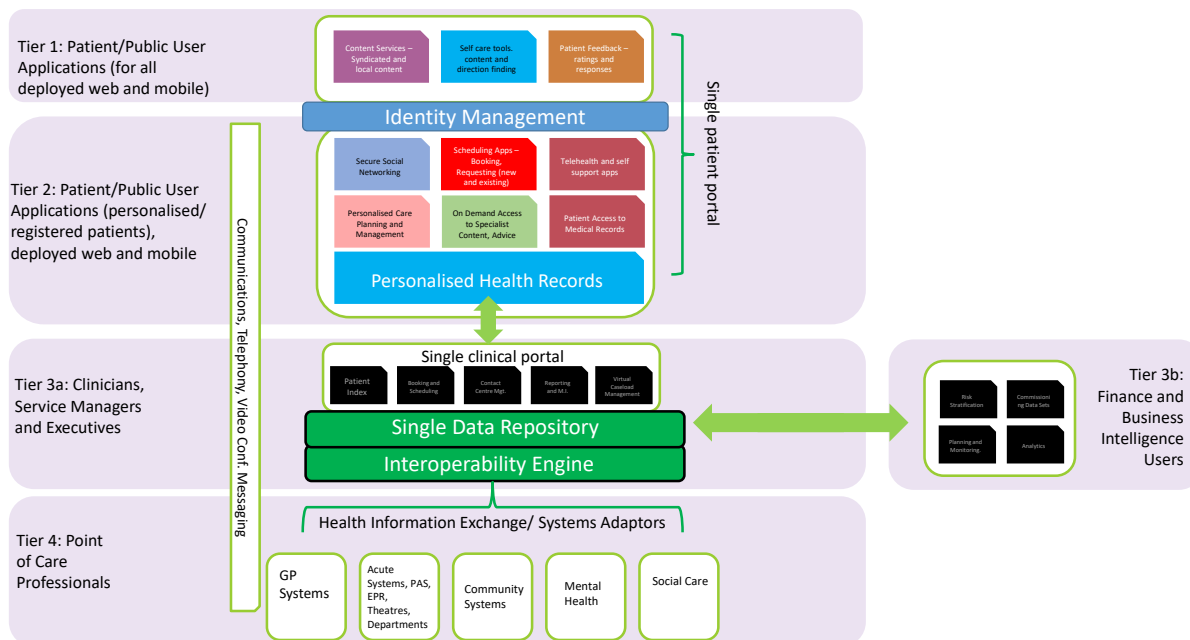
Trust Structure

South Warwickshire NHS Foundation Trust is a provider of integrated acute and community NHS health services. The organisation conducts its activities throughout Warwickshire with children's services also delivered 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 NHS England and NHS Improvement following the integration of the two organisations. On 1 March 2010 the Trust was awarded a license to operate as a Foundation Trust (FT) by NHS Improvement which was operating as an independent regulatory body called Monitor at this time. The awarding of FT status 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.

Engaging with and being accountable to a membership base is a condition of operating as an FT. Our Membership is made up of our employees and members of the public who would like to have an input into how the Trust conducts its business. As part of this, Members are responsible for electing a Council of Governors to whom the Board of Directors is accountable.

The Board of Directors consists of a Chairman, six voting and three non-voting Executive Directors alongside six voting and one non-voting Non-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, Andy Phalp, Andy Laverick and David Moon.

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

The Foundation Group

The Trust is part of a wider 'Foundation Group' with George Eliot Hospital NHS Trust (GEH) and Wye Valley NHS Trust (WVT). This structure sees each trust operate independently and maintain its identity but provides a platform for collaboration and identifying solutions to shared challenges.

Glen Burley is the Chief Executive at all three trusts and Managing Directors – Jayne Blacklay at South Warwickshire NHS Foundation Trust, David Eltringham at GEH and Jane Ives at WVT - are responsible for

each individual organisation. In addition, staff from a range of different functions including Digital Strategy, Pharmacy and Service Improvement have taken on inter-organisational roles, helping to share ideas and best practise while nurturing close working relationships.

The 'Foundation Group' model has brought about a number of benefits for each trust. The procurement of goods, systems and services can be done more competitively through the foundation group's combined size and knowledge and experience can be shared seamlessly. Important measures of quality such as CQC ratings and NHS Staff Survey results illustrate that this partnership and pooling of resources is delivering improvements in acute and community-based patient care.

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 - Trust and SWFT Clinical Services Ltd

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 - Ophthalmology - 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 in 2019/20 are shown below:

Property, Estates & FM Division	- Property Ownership of Health & Social Care Premises - Hard and Soft Facilities Management Services
Pharmacy Division	- Outpatient Pharmacy Provision Warwick and Stratford Hospitals and the George Eliot Hospital NHS Trust (as a task entrusted to it by the Trust as part of the Trust's cooperation agreement with the George Eliot Hospital NHS Trust) - Retail Pharmacy - Stop Smoking Service (at Warwick Hospital) - Tablets to take out (TTO) dispensing at Warwick and Stratford Hospitals
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.

Services specifically supported by the Company are shown below:

Elective Division – Private Health Services	SWFT Clinical Services provides nursing staff for the Trust's private healthcare facility at the Grafton Suite at Stratford Hospital

Objectives 2020/21

The performance of each Trust objective is monitored throughout the year. A status update for each objective goes to the Council of Governors meetings on a quarterly basis, and there is a six month and full year Board review of performance.

As well as our own organisation objectives for 2020/21, there are joint 'Foundation Group' objectives, which have been grouped under the pillars of the Trust's Strategy.

Quality Improvement

Foundation Group: **Develop a compassionate end of life care strategy and public campaign with partners**
- Discuss the last 1000 days of people's lives with our local communities

Trust: **Deliver additional car parking at Warwick Hospital and implement new strategy to operate parking**

Trust: **Develop a public and patient engagement strategy with partners**
- Key role as an anchor organisation in the community that supports sustainability, local economy and agreed priorities with partners
- Work with partners to develop an agreed approach for community involvement in key decisions.

<u>**Sustainability**</u>

Foundation Group: **Review capacity of non-acute beds and explore new models of care**
- This will look at community hospital beds, discharge to assess beds and care at home, to support people to remain healthy. The review will take into account the 92% bed occupancy in acute beds.

Trust: **Develop a strategy for the Central England Rehabilitation Unit and the Leamington Spa site**

<u>**Integration**</u>

Foundation Group: **Move more care into Out of Hospital/community services**
- Develop new financial models with GPs to support this

Foundation Group: **Work with local commissioners in readiness to operate as a lead provider**
- Move to new contracts that focus on health outcomes for people
- Work with partners to understand the role for the Trust in Warwickshire North and Rugby lead provider models
- Agree a plan with commissioners to be lead provider in South Warwickshire
- Implement a population health approach at Primary Care/Place based team level (give our teams in and out of hospital information that helps them target their time in the best way to keep our local community healthy)

<u>**Workforce and Leadership**</u>

Foundation Group: **Implement plans to improve the wellbeing of our staff**
- Undertake site reviews with the aim of releasing space for staff to meet/take breaks/etc
- Implement a Trust wide "Living the Values" project

Trust: **Focus on nurse recruitment and retention (recognising that this will include the development of new local workforce plans)**

<u>**Digital**</u>

Foundation Group: **Continue to implement the digital strategy**
- Decision on new EPR (Electronic Patient Record) System, deliver a digital hub to test technology solutions and reduce face to face follow up outpatient appointments through technology

Partnerships/Stakeholders/Key Strategic Relationships

Foundation Group

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 Hospital NHS Trust (GEH) joined the Foundation 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. Key pieces of work have been completed during 2019/20 which include:

- A foundation group approach to improvement
- Foundation group opportunities for procurement
- A foundation group approach to planning

Coventry and Warwickshire Health Partnership
(formally known as the Sustainability and Transformation Partnership - STP)

Former Chief Executive of The King's Fund Professor Sir Chris Ham continues his role as Independent Chair of the Partnership. Chris brings a wealth of experience and knowledge to Coventry and Warwickshire and will continue to 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 this year.

To ensure our plan meets the needs of local people we have engaged with those who know health and care services the best – patients, staff and the public. We sought their views on how to improve health and care and how we can best use our combined resources. This includes 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, or by going to the Partnership's website at www.happyhealthylives.uk

Alternatively, connect at facebook.com/healthyhappycw or follow on Twitter at twitter.com/healthyhappycw.

Provider Alliance
To support provider collaboration the Coventry and Warwickshire Provider Alliance was created. This has helped to build more formal partnerships between providers to develop new models of care for the system. Some of the projects that have been looked at during 2019/20 included Pharmacy Aseptics, Maternity and Paediatrics and some cancer services.

Warwickshire County Council and Care Homes
During 2019/20 we have strengthened our relationship with the Local Authority and care homes, recognising the need to deliver care differently. During quarter 2 of 2019/20 the Trust, in partnership with Warwickshire County Council have appointed a Senior Integrated Commissioning Manager and a Public Health Consultant to support a more integrated approach to delivering services.

Place
Our populations have been divided into four 'places'; Coventry, Rugby, Warwickshire North and South Warwickshire. This is where the majority of our services are delivered and there are a number of key partnerships including hospices, district councils and the wider network detailed in the Trust strategy document.

Network Arrangements
There are a number of these that continue to operate across Coventry and Warwickshire including the Pathology Network and Arden Cancer Network.

Rigby Foundation
A relationship that has been strengthened during 2019/20 is the one between the Trust and the Rigby Foundation. A new digital hub supported by the Rigby Group will enable us to progress our digital strategy.

Trends Risks and Uncertainties

The Trust

- Covid-19 (Coronavirus) – the pandemic that started to impact in March 2020 will provide risk and uncertainties for 2020/21. The Trust is likely to see an increase in emergency pressures and more advanced stage cancers due to reduction in screening and the public not using urgent care when needed. A recovery plan is being developed to get services operating as quickly as possible, however there is also a social element to this with so many people 'shielding' and at high risk not wishing to use health care facilities.

- 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. There is a continued focus on how care will be delivered in the future through more integrated working.

- The impact of patients with long term conditions such as diabetes and obesity continues to be a risk for the Trust. The strategy focuses on wellbeing and helping people to help themselves, therefore this approach is taken by our teams to help those with long term conditions such as obesity. There is also a lot of partnership working involved to address these challenges, particularly around a partnership approach to diabetes.

- Workforce - There continues to be workforce challenges nationally for the NHS. Locally this continues to be a risk; however, the Trust has undertaken several recruitment initiatives in order to recruit more clinical and nursing staff. In 2020/21 the Trust needs to be aware of challenges with our partners' workforce such as the care home sector and primary care.

- The outcome of Brexit, in particular the impact on the NHS, has been a national uncertainty throughout 2019/20 and continues to be for the years to come. The Foundation 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.

- SWFT Clinical Services Ltd is a wholly owned subsidiary company of South Warwickshire NHS Foundation Trust. During 2019/20 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 in the future.

- Mergers of Clinical Commissioning Groups (CCGs), development of strategic commissioner and development of Integrated Care Systems all provide a level of uncertainty and risk. The Trust has spent time to prepare for these changes in readiness to deliver care differently.

SWFT Clinical Services Ltd

- In line with national trends financial pressures across the NHS continues to be a risk for the Parent Trust, so the Company looks to mitigate this risk for its parent by generating profitable returns, acting as a delivery agent for Cost Productivity and Improvement Plans and building better financial capability to enable in-company planning, organising, directing and controlling financial activities and resources.

- In line with national trends workforce issues across the NHS continues to be a risk for the Company particularly with certain hard to recruit to areas and roles. To support recruitment the Company looks to design roles that appeal to a wider market and the development of positions that will support administration functions in clinical settings.

- Wholly owned subsidiaries have become increasingly contentious over the past year and this may act as an unnecessary deterrent to their successful operation. The move to standardise a set of rules for trusts looking to create a wholly owned subsidiary is welcome and offers the opportunity to bring clarity to an area of policy. As such SWFT Clinical Services Limited will always seek to demonstrate:
  - how the subsidiary will generate value for the NHS
  - why a subsidiary company is preferable to all other organisational forms
  - that the business case stands up regardless of any VAT savings.

Key Developments in 2019/20

Trust Rated 'Outstanding' by Care Quality Commission

The Trust became the only combined acute and community provider in the West Midlands region, and one of only 10 nationally, to receive an 'Outstanding' rating from the Care Quality Commission (CQC). This rating is the highest awarded by the CQC, the independent regulator of health and adult social care in England.

The rating, awarded in December 2019, follows inspections of a number of clinical services across the organisation's acute hospital and community services. To gain an understanding of patients' experiences of care and treatment, CQC inspectors ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led. All areas inspected were given 'outstanding' ratings. Examples of outstanding practice were identified across many of the Trust's services and inspectors were extremely complimentary in their observations of the culture of the organisation. They noted that there was compassionate, inclusive and effective leadership at all levels and staff showed great compassion and kindness when treating patients whose individual needs and preferences were central to the delivery of tailored services.

Cancer Unit Refurbishment

Warwick Hospital's Aylesford Unit underwent a major refurbishment to positively impact on the experience of cancer patients. Significant upgrades were made to the building, fixtures and fittings, furniture and equipment. Changes made to the Outpatient Clinic Suite result in improved dignity and confidentiality for patients while upgrades to the Chemotherapy Treatment Suite aid greater privacy.

A conservatory has been built to provide a light, airy space for additional seating. Further improvements include the installation of artwork and a music system and flooring has also been replaced.

The refurbishment was made possible following investment by the Rigby Foundation, the charitable organisation set up by local entrepreneur Sir Peter Rigby. Additional funding for the Aylesford Unit has been provided by the Trust's registered charity 'SWFT Charity' which has received legacy donations from generous ex-patients.

Minor Injuries Unit Ranked Amongst the Very Best Nationally

Results from the national Urgent & Emergency Care survey ranked our minor injuries unit (MIU), located at Stratford Hospital, as the second best in the country.

The MIU was one of only three in the NHS to be placed in the 'better than most other trusts' category, highlighting the high standard of urgent and emergency care provided by the Trust.

Patients taking part in the 2018 survey ranked the Trust 'better than most trusts' in the country in their responses to nine questions. There were no questions where the Trust performed 'worse than most trusts'. As a result, we ranked 'better' in three overall categories – Waiting Times, Healthcare Professionals and Care and Treatment. This demonstrates the excellent nurse-led care on offer at the MIU.

Published in October 2019 by the CQC, responses to the survey were received from a total of over 47,100 people. This represents a range of different demographics, providing a broad mix of opinions from the people that used the services.

Warwick Hospital Theatre Expansion
The building of an additional theatre adjacent to Warwick Hospital's existing main theatre suite was completed in November 2019.

The development provided the Trust with the ability to meet increased demand, supporting the reduction in clinical risk for patients. It will also offer long term efficiency savings, as the Trust will no longer need to hire temporary accommodation to meet growing demand.

Digital New Ways of Working
Throughout the year work had been underway to take advantage of digital technology as a means of working more efficiently and enabling patients to have an active and positive involvement in their health and care. This was outlined in the Trust's Digital Strategy which was founded on three principles – Productivity, Integration and Patients. Plans put in place by the Trust's IT Department meant that we were able to swiftly and effectively respond to the challenges posed by the COVID-19 pandemic. The utilisation of Microsoft Teams enabled staff across the organisation to carry out virtual patient consultations, work from home and hold meetings remotely to adhere to Government social distancing guidelines.

Performance Analysis

Review of 2019/20 Trust Objectives

1. Develop frailty pathways across all of our services that co-ordinate care for our local communities		
1.1 Work with STP colleagues to agree an Out of Hospital Frailty Model	Business case has been approved Ageing well – A falls prevention steering group, in partnership with Warwickshire County Council, is developing a specific pathway to identify and respond to individuals at risk of a fall within the community. Specific questions on staff knowledge and skills in frailty were added to the staff survey to support with the development of local workforce plans. 2-hour response is now being embedded into business as usual. The iSPA care coordination service is assessing all urgent referrals and ensuring an appropriate response is provided in line with clinical need. The EMIS IT has been reconfigured to better manage the flow of urgent referrals. A business case to undertake a pilot of telehealth support for care homes has been written. Meetings have been held with volunteer homes to plan the pilot and detailed pathway mapping work has begun.	Met
1.2 Implement a re-designed hospital frailty model	Ward moves have taken place to co-locate the 2 frailty wards. This has allowed the teams to work more flexibly and efficiently. A workforce redesign project has commenced to develop a focus on the needs of the patients based on skills and competencies. This is expected to support further developments of the services and to support outreach into the community. This work will inform future developments.	Partially met
1.3 Revise the Trust Falls Strategy ensuring sufficient out of hospital focus, develop better outcome measures	A falls prevention strategy has been agreed by system leaders across Coventry and Warwickshire partnership. Out of hospital and acute representation at the out of hospital falls prevention strategy group chaired by social care colleagues. Priorities have been agreed in terms of workstreams being early prevention, maintaining mobility and strength and access to services.	Met
2. Working with our users mobilise our digital strategy including a system-wide shared health and care record and patient portal		
2.1 With STP colleagues implement a system shared record	The shared record, or Integrated Care Record (ICR) programme is being managed by CWPT as Lead Provider on behalf of the STP. The programme has faced many challenges, but with significant support from other STP partners, including the Trust, a solution provider has been chosen and the business case was approved by all organisations by March 2020. The programme has seen significant acceleration in response to Covid – 19 and is likely to achieve implementation by autumn 2020, ahead of the original 2021 target.	Not met

2.2 Agree the model for creating a Patient Portal	Tender responses have been received and evaluated. Final decision regarding preferred supplier is yet to be confirmed. Business case in final stages of development.	Partially met
	The expectation is that implementation will begin early in the new financial year.	
3. Create sufficient capacity to maximise the delivery of ambulatory (treatment without admission) emergency care		
3.1 Develop a capacity and workforce plan to achieve a 40% ambulatory pathway	Same day emergency care plans are in place. Advanced clinical practitioners all now fully recruited to and in post.	Met
	Surgical assessment unit commenced 3 February 2020.	
3.2 Taking account of above and other innovations, develop an urgent care capacity plan to meet the 2019/20 bed challenge	'50 bed challenge' solutions were implemented including both physical capacity and flow improvement across the system.	Met
	Referral to Treatment (RTT), and diagnostic targets have been delivered. A&E performance continues to be in the top performing trusts despite significant increases in demand.	
3.3 Review the Specialist Nurse Strategy supporting new delivery models which reduce hospitalisation	Meetings have been held with the majority of the Specialist Nurses. Ways of working reviewed and modernized where applicable with actions being taken to increase out of hospital and ambulatory models of care.	Met
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		
4.1 Create a Trust Clinical Workforce Strategy that includes staff well-being, professional development and new ways of working	Clinical retention group and strategy now in place and monitored via the workforce strategy group.	Partially met
	Health and wellbeing plans being implemented in each Division. A 'Just' culture and 'acting with civility' being promoted and role modelled with our workforce.	
	Trust appraisal process reviewed to support clearer professional development plans. Additional clinical resource and focus given to the recruitment and retention of staff from the corporate nursing team	
	AHP project role being recruited to support new ways of working across Nursing and AHPs. New roles being developed within individual teams and lessons learnt.	

4.2 Fully review 'back office' services and agree a delivery model strategy for the next 5 years	Foundation Group work completed on information and contracting. Work on procurement ongoing. Shared finance system procured and implemented across Coventry, Warwickshire, Hereford and Worcestershire.	Met
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		
5.1 Finalise the business case for Ellen Badger Hospital	Architect appointed. Business Case approved at December 2019 Board for capital investment to work up the detailed design. Ongoing engagement with key stakeholders supported by project team, Patient Participation Group representative and Governor.	Met
5.2 Create a wider 'place' estates strategy in collaboration with primary care colleagues	Strategy approved. A number of joint schemes identified with primary care. Transfer of some properties being pursued with NHS Property Services. NHSE Capital approved to support plan and create integrated Healthcare hubs. South Warwickshire Place Estates Forum established, and opportunities identified. Forum includes local authority, primary care and the mental health Trust	Met
6. Develop a framework that supports decision making and patient centred care at a local (Place) level		
6.1 Create a South Warwickshire Place forum	Place Executive (Place Coordination Group) established and working well. Significant engagement exercise has resulted in all key partners on board. Priorities agreed and developed. Principles agreed with all parties. Place Leads have clarified key requirements. The Partnership Board established at Place and this will report to the system Partnership Board.	Met
7. Increase car parking and staff training capacity		
7.1 Produce a business case to increase car park space over the next two years including material capacity increases in 2019/20	Land for both staff car parks purchased. Tender process for multi-story completed and preferred bidder selected.	Partially met
7.2 Produce a business case for increased training capacity	The Project Team has been established. A number of options for expansion identified and included in 2020/21 capital programme	Partially met

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		
8.1 Ensure that a Provider Alliance is established across C,W,H&W consistent with the strategic needs of the Trust	Provider Alliance established. All key areas of reconfiguration proposed by Commissioners are considered here and approach is agreed. Provider Alliance leading the work on Paediatrics and Maternity across Coventry and Warwickshire. Provider Alliance supports collaboration between Providers across Coventry and Warwickshire	Met

Review of 2019/20 Foundation Group Objectives

A. Implement a foundation group wide strategy to develop capacity and capability for service / quality improvement		
A1 Support the Foundation Group Improvement Strategy through securing appropriate local resources	Service Improvement team recruited to. System to record and measure projects and programmes created. QSIR training commenced in September 2019 and two cohorts have been through the process by the end of March 2020.	Met
A2 Develop a Clinical Services Improvement Network	The Strategic Innovation Board forms the core liaison between AMDs and PCN Clinical Directors. Work streams to reduce outpatient attendance and to take forward work on community, diabetes, heart failure and frailty work streams. Priorities for Place Plan agreed. Joint workforce plans being developed around primary care networks.	Met
B. Actively increase our role in prevention with our local communities		
B1 Foundation Group Communication Strategy to support prevention	Prevention publication issued in December 2019. Report on recommendations for the Foundation Group are due and ready for consideration.	Met
C. Develop a consistent foundation group approach to capacity planning to improve clinical productivity		
C1 Implement a single process and cycle for service capacity planning	Group established with clear work plan agreed to support this year's planning process. New software deployed to measure capacity within Orthopaedics and being deployed across all Trusts to maximise efficiency of	Met

	current resource and identify true capacity requirements in this speciality. Capacity analysis completed for each speciality to inform planning for next year and budget setting.	
C2 Implement Foundation Group clinical productivity analysis programme which could be implemented across the Foundation Group	Job Plan Consistency Committee meets regularly. Job Planning Guidance has been approved by the Joint Local Negotiating Committee. Capital has been identified to support the implementation of locally developed software.	Met
C3 Implement a process of Board assurance on safe staffing that ensures compliance with NHSI Guidance	All elements of the NHSI guidance implemented by the end of March 2020	Met
D. Implement a foundation group wide leadership approach and give teams the time and support to operate effectively		
D1 Review processes to create proportionate divisional oversight	Review of all current meetings completed internally and across System Review of Management Board and rationalisation on membership completed Standardisation of reporting templates for Divisions at monthly Management Board New Improvement Board established and clarification of key programmes that will report progress at this meeting Continuous review of meetings as Place becomes established. In particular, the Joint Delivery Board will require review as Place Programmes are developed.	Met
D2 Produce and implement a Foundation Group Leadership Development approach	All 3 Trusts have approved a paper which sets out the plan for their organisation. The Trust and GEH Leadership Teams are meeting regularly and will become one team from 1.4.20.	Met
E. Deliver foundation group opportunities available by working more closely in IT and procurement and use SWFT Clinical Services to explore other areas		
E1 Produce a Business Case and implement agreed recommendations for IT shared service with GEH	Business case approved by both GEH and the Trust's Management Boards in December 2019. Recommendations expected to be implemented in early 2020/21.	Met

E2 Create a single Foundation Group Procurement Strategy and function	Foundation Group procurement review under way. Joint Procurement Strategy in progress. New Finance and Procurement system is a key enabler. Catalogue management in progress. Clinical Procurement specialist appointed.	Met
E3 Create Foundation Group Digital Strategy Function	Digital Strategy agreed and Foundation Group-wide Digital Strategy role in place. Implementation plan for Strategy has been agreed and EPR Board has been developed into a wider Digital Health Board, responsible for implementing the Strategy. Foundation Group Digital Strategy Lead presented current situation analysis to the Foundation Group Strategy Sub-Committee in July 2019 and has been asked to carry out a full review of the options and opportunities for the development of existing IT systems across all Foundation Group Trusts. Update provided at Joint Foundation Group Board workshop. Focus currently on the replacement of EPR. New A&E system and patient portal, currently being procured.	Met

Trust Performance Against National Targets

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

18 weeks referral to treatment target (>92%)	**Achieved – 92.1 %**
A&E patients should be admitted, transferred or discharged within four hours (>95%)	**Not achieved – 89.1%** There has been increased demand throughout the year on our services and the A&E department at Warwick Hospital has been exceptionally busy. However, the Trust has continued to benchmark well nationally, see graph at the end of this table.
2-week wait referrals (>93%)	**Not achieved – 88.2%** Meeting the national cancer targets has been a challenge for the Trust throughout the year. The intensive support team were invited in by the Trust to support the recovery. Considerable work has been on going to improve the Trust's performance against all the standards. This has remained difficult throughout the year against a backdrop of increasing numbers of referrals. During February and March 2020, the impact of the COVID 19 pandemic has been felt across the cancer waiting time standards.
31-Day Decision to treat to first definitive treatment for patients with diagnosed cancer (>96%)	**Not achieved – 94.7%** The increased numbers of referrals the Trust has seen alongside the non-achievement of the 2 week wait referrals has had a knock-on effect on the non-achievement through all of the cancer targets.

62-Day Urgent GP referral for suspected cancer to first treatment (>85%)	**Not achieved – 72.2% (based on April – February)** Meeting the cancer performance targets is a significant priority for the organisation. Performance has been variable month on month. 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 delays in diagnostic performance, has led to the Trust not recovering the position by the end of the year.
Diagnostic waiting times (>99%)	**Not achieved: 98%** Performance has been variable throughout the year with the latter few months showing achievement of the standard. The COVID 19 pandemic has impacted on the achievement of this standard during March.
Reduction in C.Difficile cases	1 confirmed lapse in care (objective was no more than 24 lapses in care for the year). To note there are 5 cases still under review by the South Warwickshire Clinical Commissioning Group to determine whether these fit the definition of a lapse in care, these reviews have been delayed due to the COVID-19 response. 2018/19 - zero lapses in care (objective was no more than 5 lapses in care for the year).
Reduction in hospital acquired MRSA cases	**0 cases – last recorded case 23/3/2016**

Trust's Ranking in A&E 4 Hour Standard Performance
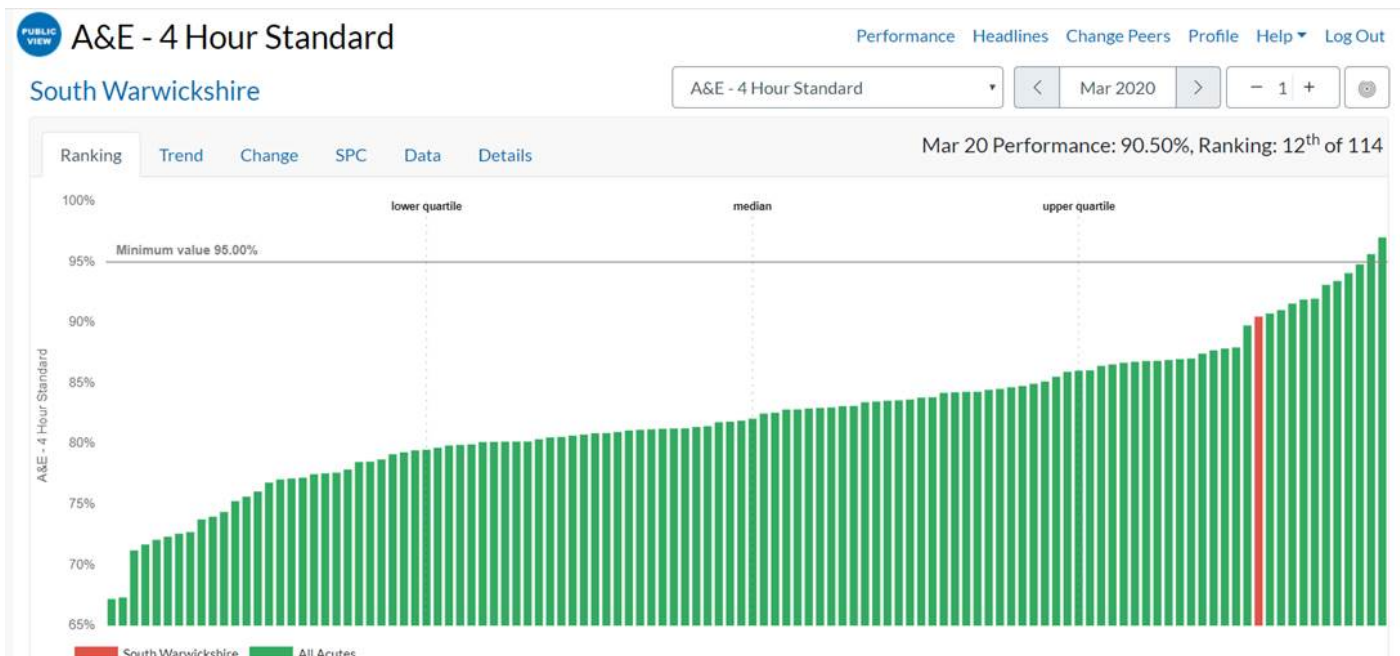
Covid 19 Pandemic – Operational Impact

In response to National Directives and guidance on the Covid 19 Pandemic, elective activity was stood down, however, urgent and lifesaving treatments continued to be carried out. This has of course impacted on performance across Referral to Treatment Time (RTT), A&E, cancer and diagnostic targets, which continue to be reported through to the Board of Directors. Overall the Trust has coped well with the pandemic and has been able to maintain staffing levels and patient flow.

As the Covid 19 pandemic continues, the impact on the Trust during 2020/21 will affect both cancer and diagnostic performance. The Trust has a plan to restore services as and when it is deemed safe to do so, but there may be a need for services to be stood down again if a second wave of infection occurs.

The Trust has been following the national guidance on restoration of services, however due to the additional personal protective equipment (PPE) and infection control measures required, recovery of performance is slow as capacity is reduced due to this.

A&E access targets have been the first to improve and unless a second wave occurs the Trust would aim to deliver these standards across the year.

Cancer access targets will be slower to recover due to a number of factors, with patient choice playing a significant part. 'Green pathways' have been established to begin to address the need to restore services however it is felt that RTT and cancer access targets may take many months to meet the required performance targets. These are being closely monitored and plans are in place for recovery, including the use of the independent sector.

Activity for the Trust Over the Last Three Years

Activity	2019/20	2018/19	2017/18
A&E Attendances	81,049	79,464	75,052
Ambulatory First Attendances	4,355	3,792	3,881
Ambulatory Follow-up Attendances	1,487	1,124	
First Outpatients Attendances	90,138	90,018	91,482
Follow-up Outpatients Attendances	199,993	197,957	184,230
Non-elective (Emergency) Admissions	25,584	26,485	24,623
Elective (Planned) Inpatient Admissions	3,655	4,139	4,364
Elective (Planned) Day Cases	32,736	31,537	30,418
Births	3,069	2,866	2,861
Community Contacts – Adult and Children Services	875,038	719,745	615,632
Community Therapy Contacts - Adult and Children Services	106,202	80,278	100,300

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

Activity	2019/20	2018/19	2017/18
Therapy - First Outpatient Appointment	33,707	39,261	35,202
Therapy – Follow up Outpatient Appointment	78,879	105,239	88,020

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 £9.771m control total surplus for 2019/20. This is another amazing achievement for the Group, along with being awarded "Outstanding" for Use of Resources by the CQC. This surplus 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:

	£m
Retained surplus/(deficit) for the year (per SOCI)	**(12.985)**
Control total adjustments:	
Add back I&E impairments	23.108
Remove donated assets income and depreciation	(0.037)
Remove 2018/19 Post Audit PSF Reallocation (2019/20 only)	(0.315)
Control total surplus (including PSF)	**9.771**
Provider Sustainability Funding (PSF) & MRET	6.060
Control total surplus (excluding PSF)	**3.711**

Within the control total £9.771m surplus, the Group received a total of £3.740m Provider Sustainability Funding and £2.320m MRET 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. The Trust's control total surplus excluding PSF monies was £3.711m.

Statement of Financial Position (Balance Sheet)

During the year the Group saw a reduction in its net assets of £11.27m (5.0%) from £130.5m to £119.2m. The decrease is primarily explained by a reduction in the Group's non-current assets of £12.4m. This is due to:

a)   a reduction in the Group's fixed assets of £7.7m as a result of:
   1. asset additions of £21.9m which were offset by in year depreciation and amortisation of £7.9m, and
   2. the quinquennial valuation which resulted in a property valuation reduction of £21.7m, and

b)   the Trust's investment shareholding in Sensyne Health PLC reduced by £4.5m as a result of the fall in value of these shares at 31 March 2020.

Income

The Group earned income of £337.3m in 2019/20 (which includes £6.1m of PSF & MRET), a rise of £16.4m, (or 5.1%) compared to the previous year (2018/19, £320.9m). Of this, £305.4m arose from patient care activities, with the remaining £31.9m generated as other operating income. The majority of the Group's income is sourced from its main commissioner, South Warwickshire Clinical Commissioning Group. The Trust also received reimbursement of Covid-19 expenditure of £850k. The following chart shows the split of income by main source:

Income from Operating Activities and Other Income 2019/20

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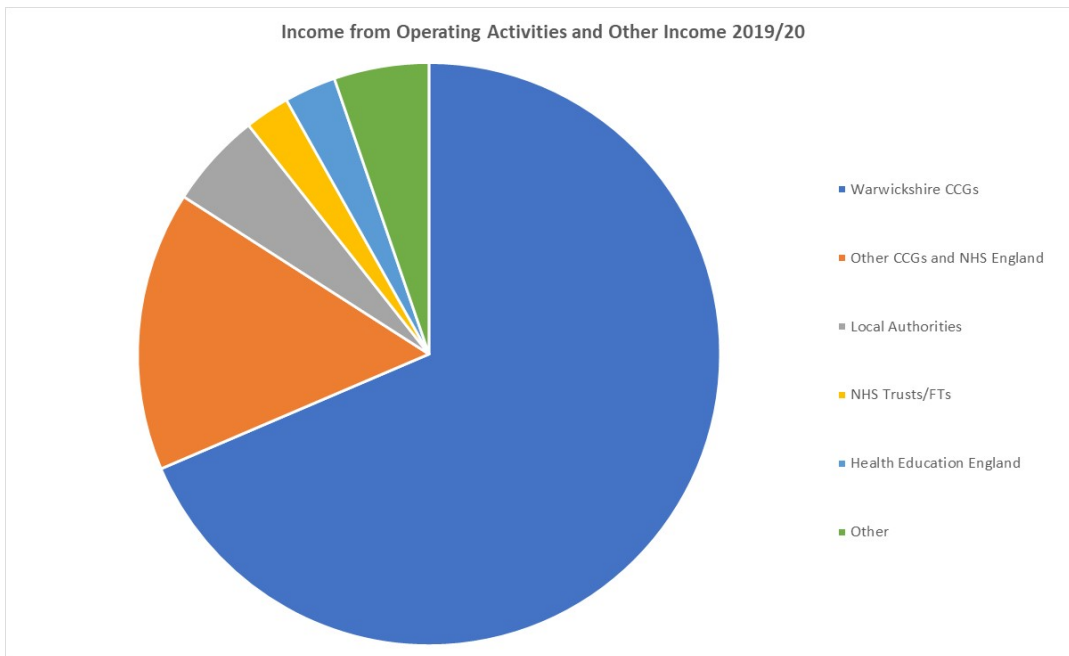
Operating Expenditure

The Group incurred operating expenses of £346.4m in 2019/20, a rise of £47.6m (or 15.9%) compared to the previous year (2018/19, £298.8m), which includes £23.1m of write downs (impairments) from the Group's property valuations. Pay costs continue to account for the majority of expenditure, with £209.9m (or 61%) in 2019/20 (2018/19, £188.0m and 63%). Expenditure relating to Covid-19 of £850k is included within the numbers above.

Capital Expenditure

The Group incurred £21.9m of capital expenditure for 2019/20. The areas of spend were on: £6.0m land purchases; building expenditure £7.6m (including £4.5m theatres extension); IT equipment £3.0m; medical equipment £2.6m; Software £1.5m; and assets under construction and other capital spend of £1.2m.

Financial Viability

Unlike many other NHS providers, the Group has continued to generate a surplus (excluding fixed asset impairments) 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 year every NHS Trust and Foundation Trust is required to calculate and submit the unit cost of each activity to NHS Improvement and 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 Cost Index (NCI), which is published each autumn. For 2018/19 costs of Acute patient care were submitted at a patient level for the first time. An NCI 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 NCI performance over the last 6 years.

SWFT National Cost Index 2013/14 - 2018/19
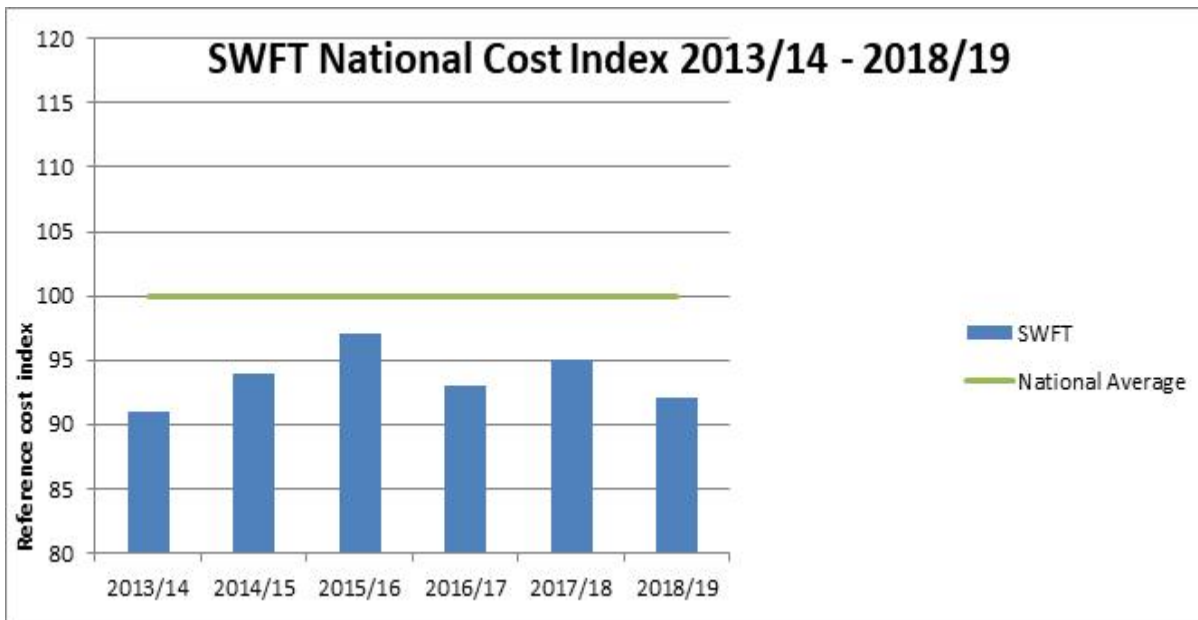
The cost data submitted is used to inform NHS Improvement's NHS Model Hospital benchmarking tool, which allows the Group to compare performance and cost across all Trusts and to identify potential opportunities for improvement in productivity and efficiency.

The Trust was awarded "Outstanding" for its Use of Resources by the CQC in 2019/20. The Trust is the only combined Acute and Community Trust in the Midlands to be awarded this rating by the CQC.

Cost Improvement Programme

The Cost Productivity and Improvement Programme (CPIP) for 2019/20 amounted to £8.1m (2018/19, £9.2m). The Group delivered £6.5m of savings but achieved financial balance through underspends and overachievement of income not formally identified as CPIP. As in previous years, the Group relied on non-recurrent means to deliver its CPIP; only 20% was delivered recurrently (2018/19: 18% 2017/18, 50% achieved recurrently). Due to the unprecedented world circumstances of the COVID-19 pandemic, the Trust has set an initial CPIP target of nil for 2020/21 in line with national guidance. This will be reviewed as the Trust develops its post-COVID restitution and recovery programme.

Notwithstanding the zero initial CPIP target for 2020/21, the Group plans to review all services as part of its restitution and recovery programme, to identify different pathways and ways of working implemented as part of the response to the COVID-19 outbreak and in doing so, identify whether there are longer term savings to be realised, for example through working remotely and virtual clinics. Some of the productivity and efficiency schemes both within the Group and with the wider health and social care organisations across the region have been accelerated. The Trust continues to be committed to productivity and efficiency schemes, such as 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 2019/20 the Trust received section 106 contributions from Warwick District Council of £1.867m and Stratford District Council of £0.721m. Note the Trust recognises section 106 income on an accruals basis based on when properties are built. Within the 2019/20 income position the Trust has recognised £1.064m of section 106 income.

Current and Future Developments

The Trust

Ellen Badger Hospital Redevelopment
To date exciting progress has been made since plans to redevelop the Ellen Badger Hospital site were shared in 2018. Collaborating with Shipston Medical Centre, South Warwickshire Clinical Commissioning Group, local councils and other community groups, the Trust is working towards delivering "A modern integrated Health and Wellbeing Community Hub" for the people of Shipston on Stour and surrounding areas. Designs have been created to illustrate how services such as a Day Hospital, Inpatients and Outpatients and Diagnostics will integrate with Shipston Medical Centre and other facilities such as office and meeting space, a café and waiting area. Another key feature of the facility is a Health & Wellbeing hub which is being supported with fundraising coordinated by the League of Friends of the Ellen Badger Hospital. Landscaping plans show how the site will work in harmony with the surroundings and the rear of the site will be developed to provide a range of social and therapeutic activities as well as views of the River Stour and countryside.

Warwick Hospital Multi-Storey Car Park
The Trust is proposing to build a new three storey NHS staff car park near to Warwick Hospital. The proposed design would provide a total of 635 parking spaces, allowing for better management of public and staff parking and reduce congestion by removing a number of cars from the surrounding road network.

Stratford Hospital Digital Innovation Hub
We are working in partnership with SCC, Europe's largest independent IT Group, to establish a 'Digital Innovation Hub' in vacant space at Stratford Hospital. The hub will provide a collaborative space to bring together clinicians, the private sector and academic institutions to explore and exploit the innovative use of digital technology in healthcare.

An operational group has been established to identify priorities and any additional partnerships to make the hub a success. Experience is being drawn from a number of successful similar initiatives in the NHS and beyond. Design and build work for the hub is commencing over the coming months.

Electronic Prescribing and Medicines Administration (EPMA)
An electronic system for medicines prescribing and administration called EPMA is replacing the previous paper-based prescription charts. After successful implementation in all acute and community wards EPMA is being rolled-out across theatres and surgical wards. With a range of benefits including a reduction in medication errors and the ability to access medication charts from any location, EPMA has been demonstrated to improve medication management, efficiency and safety so its utilisation is a strategic objective for the Trust.

SWFT Clinical Services Ltd

Joint Estates Strategy
Develop with our Parent Trust a joint estates strategy working with primary care and partners to support local people to remain healthy within their own community. This will include work on the redevelopment of primary care facilities at Crown Way Clinic and Cubbington Road Surgery working with Warwick District Council.

Group Opportunities
Deliver on opportunities available across the Foundation Group by working more closely with IT and procurement and other areas.

Pharmacy Services
The company will seek opportunities to expand its Pharmacy Services portfolio where it makes commercial sense to do so.

Property, Estates & Facilities Services
The company will seek opportunities to expand its Property, Estates and Facilities Services portfolio where it makes commercial sense to do so.

Environmental Resources and Sustainability

The Trust recognises that it has a key role in driving this strategy as a local 'anchor' organisation. As a big local employer and a big consumer of energy, supplies and services, we need to act responsibly and by doing so hopefully influence others to do so too.

The Trust's new Sustainability Strategy was one of the first to be developed following new NHS England and NHS Improvement guidance and sets the way forward in our plans until 2024. It utilises the Sustainable Development Unit's sustainable development assessment tool to measure and weight progress against the selected targets in 10 key areas of focus for which a section lead has been appointed. We have set ambitious targets across key sections of our operations, including new areas such as procurement and sustainable health care models, as well as advancing our well-developed work with our staff health and wellbeing team and increasing our buildings' energy efficiency.

With this new focus, the way in which we report our progress in the Annual Report has also changed to better align to the Sustainability Strategy key areas.

Governance
Sophie Gilkes, Director of Development, became the new Executive Lead for Sustainability and the new Sustainability Strategy was presented to the Board on 3 July 2019 by the Trust's Sustainability Manager and NHS England Workforce and Sustainability Lead, Fiona Daly. It was approved following positive comments on the document and was launched internally in October 2019. The strategy was due to be launched to patients, visitors and our local community in March 2020 by Glen Burley, Chief Executive, and Matt Western, MP for Warwick and Leamington. However, this was cancelled due to the coronavirus outbreak.

We have also developed a standard reporting template to report our progress toward achieving our aims in the Improvement Board meetings.

Greenhouse Gas Emissions
All our activities have a carbon footprint. By regularly measuring and monitoring emissions following a systemised methodology, we can develop a targeted plan to reduce these. The Trust has developed a methodology for a consistent approach to calculating our carbon footprint.

Asset Management and Utilities
We are continuing to replace lights with LEDs. Lighting has been replaced in CCU, Malins, Squire, Avon, Farries and Charlecote Wards, with predicted annual carbon savings of over 50tCO_2e. Additional funding has been secured from the NHS Energy Efficiency Fund (NEEF) to replace lighting with LED lights in the Aylesford Unit, 23 Hour and Hatton Wards in 2020/21. LED lighting is in place in all of the Trust's car parks as well.

Travel and Logistics
A travel survey was conducted with Trust staff and a consultant has drafted a Travel Plan for Warwick Hospital, taking into account the findings from this survey. This work is aligned to the development of the new multi-storey car park.

The Workplace Transport Policy has been approved and ratified. Its formal launch to staff has been delayed due to the coronavirus outbreak but it is hoped that this will take place later in 2020.

Biodiversity and Adaption Action Plans
We have met our aim to provide our staff, patients and visitors with opportunities to volunteer in green spaces. A role profile and risk assessment for green spaces volunteers was developed in cooperation with the Maintenance Team and Volunteer Services Coordinator. Following a recruitment drive in late Spring, four

volunteers were recruited to assist with the upkeep of the gardens in Warwick and Ellen Badger Hospitals. Case studies for two of the Trust's Green Spaces volunteers were developed for further publicity. We will continue to publicise these opportunities.

Severe Weather Guidelines were approved by Management Board in July 2019 and were publicised to staff via the weekly ePulse communication.

Our People
Each division has been encouraged to develop health and wellbeing plans for each area with regular activities and interventions planned. Each division now has a management representative at the Trust's Health and Wellbeing Group, giving updates regarding activity and receiving support where appropriate. Information on wellbeing events and support mechanisms for staff are available on the Trust intranet.

Sustainable Use of Resources
As part of the 'Food for Life Charter', a schedule of dates has been arranged to audit each of the in-patient wards over the next 12 months to understand food wastage following the patient meal service. As part of their supporting commitment, ISS will support and review its food wastage across the Trust. Feedback will be provided to the Ward and Matrons in any areas which have over 8% food waste to understand, where possible, how this can be reduced.

Sustainable Procurement
A new Procurement Policy is being developed which will include sustainable procurement. During 2020/21, work will start on adding sustainability weighting criteria to our tenders.

Sustainability Projects 2020/21

Project	Description
Sub-metering strategy	To further understand where our consumption is going
Business Management System: including energy optimisation	
Policy Development	Working with our colleagues in Procurement and Capital projects
Travel	To reduce business travel to the target set for the NHS

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 area of emissions 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 once data collection is verified, including emissions from waste management and business mileage.

		Reporting Year			
		2016/17	**2017/18**	**2018/19**	**2019/20**
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	23,665,376
	Emissions (Ton CO_{2e})	2,964	4,341	4,769.67	4,836.49
	Annual spend (£)	434,719	467,099	610,354	692,453
Scope 1 (Direct) GHG Emissions. This includes Fuel Oil (used for backup power generation)	Consumption (litres)	Not reported	Not reported	23,633	20,757
	Emissions (Ton CO_{2e})	63	81	62	54
	Annual spend (£)	Not Available	17,670	17,328	14,322
Scope 2 (Electricity Indirect) Emissions. This includes purchased electricity from the national grid.	Consumption (kWh)	8,419,787	5,072,378	4,576,825	4,472,506
	Emissions (Ton CO_{2e})	3,743	2,637	1,296	1,266
	Annual spend	1,014,283	532,599	647,655	714,352
Scope 3 (Other Indirect) Emissions. This includes water supply and sewage treatment	Consumption (m3)	89,433	85,461	83,732	61,361
	Emissions (Ton CO_{2e})	0.05	0.04	0.04	0.03
	Annual spend (£)	216,042	206,388	192,730	158,455
On site Energy Generation					
Solar PV	Consumption (kWh)	148,027	134,383	157,572	99,967
	Emissions (Ton CO_{2e})	N/A	N/A	N/A	N/A
	Annual spend (£)	12,370	11,153	12,555	7,869
CHP Electric	Consumption (kWh)	N/A	3,174,479	3,801,135	3,714,077
	Emissions (Ton CO_{2e})	N/A	Inc. in Scope 1	Inc. in Scope 1	Inc. in Scope 1
	Annual spend	N/A	173,360	199,225	183,735
Total emissions	**Emissions (Ton CO_{2e})**	**6,770**	**7,059**	**6,127**	**6,157**

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, Royal Leamington Spa and Ellen Badger Hospitals.
2. The Combined Heat and Power (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.
4. There have been issues with obtaining accurate consumption data and costs from our water supplier, despite having Automatic Meter Reading in place for all of our meters.
5. During 2019/20, an extension to the Main Theatres block has been built and became operational in January 2020. This will account for some of the increase in the figures for 2019/20.

Access to Information

Freedom of Information (FOI) requests

The Freedom of Information Act 2000 (FOIA) provides the general public access to information held by public authorities, the Trust is classed as a public body under the FOIA.

The Act gives individuals the legal right to see information, the Trust ensures this in two ways, firstly all public authorities are obliged to publish certain information about their activities and secondly members of the public are entitled to request information from any public authority.

As public authorities use taxpayers' money to provide services, the Trust is accountable for decisions and actions that are made that affect the population, the FOIA allows the public to request this information, providing a culture of openness, accountability and assurance that the Trust is using taxpayers' money appropriately.

The Trust must make available information that is held which includes printed documents, computer files, letters, emails, photographs and sound or video recordings. The Trust is however under no obligation to provide this information if an exemption is applied to withhold all or some of the details.

The 2019/2020 financial year saw an increase in FOI's from the previous year 2018/19.
- The Trust received 452 requests in 2019/20 compared to 440 requests in 2018/19 reflecting an increase of 3%
- During 2019/20 96% 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 a public body.

Individuals have the right to access their personal data under Article 15 of the General Data Protection Regulation (GDPR), which the Trust adopted in May 2018, the new regulation also stated that the Trust can no longer charge a fee to process requests.

Article 15 also states that the public have the right to know if personal data is being processed and where this is the case, the purpose of processing and if required the right of access by the individual to this information.

The personal data only relates to a living person and entitles access to their own personal data, if acting on behalf of another person proof would be required to confirm entitlement to this information.

There has continued to be an increase in the 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 Data Protection Act (DPA) 2018.

The 2019/20 financial year saw an increase in SARs requests from the previous year 2018/19.
- The Trust received 1,493 requests in 2019/20 compared to 1,317 requests in 2018/19 reflecting an increase of 13%.
- During 2019/20 1,469 (98%) of requests were responded to in the 30 calendar days set out by the Subject Access Request code of practice.

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 in the table below:

	2019/20		2018/19	
Categories	**Number**	**£'000**	**Number**	**£'000**
Total Non-NHS trade invoices paid in the year	57,952	149,757	53,282	140,034
Total Non-NHS trade invoices paid within target	39,328	105,123	40,147	101,552
Percentage of Non-NHS trade invoices paid within target	68%	70%	75%	73%
Total NHS trade invoices paid in the year	1,903	21,358	1,260	30,234
Total NHS trade invoices paid within target	1,371	9,402	958	12,994
Percentage of NHS trade invoices paid within target	72%	44%	76%	43%

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: Shows all off-payroll engagements as of 31 March 2020, for more than £245 per day and that last longer than six months:

Number of existing engagements as of 31 March 2020	17
Of which, the number that have existed:	
for less than one year at the time of reporting	6
for between one and two years at the time of reporting	5
for between 2 and 3 years at the time of reporting	4
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	2

Table 2: Shows all new off-payroll engagements, or those that reached six months in duration, between 1 April 2019 and March 2020, for more than £245 per day and that last for longer than six months

No. of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	11
Of which…	
No. assessed as caught by IR35	11
No. assessed as not caught by IR35	0

No. engaged directly (via PSC contracted to the entity) and are on the entity's payroll	11
No. of engagements reassessed for consistency / assurance purposes during the year.	0
No. of engagements that saw a change to IR35 status following the consistency review	0

Table 3: Shows any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2019 and 31 March 2020

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on payroll and off-payroll engagements	21

Emergency Planning

NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)
For the financial year 2019/20 the Trust has declared that it is substantially compliant, declaring full compliance with 63 standards, and partial compliance with 1 standard out of a total of 64 standards. In addition to the core standards there was a deep dive, which this year is concerned with Severe Weather and Climate Adaptation. These standards are not included in the overall assessment. The Trust has declared compliance with 7 out of 8 standards.

The action plan to ensure full compliance with this year's standards was presented to the Board of Directors in September 2019 and an update was given in March 2020.

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 the EU exit negotiations. 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 Hospital NHS Trust (GEH), University Hospitals Coventry and Warwickshire NHS Trust (UHCW) and the Trust), three Clinical Commissioning Groups (CCGs) and Coventry and Warwickshire Partnership NHS Trust (CWPT) have developed a Strategic and Tactical Incident Management Course, which has now been delivered to 100% of Trust Strategic commanders and 98% of tactical commanders. It will continue to run twice yearly to enable new members of the on-call rotas to attend. The purpose of this is to ensure that staff who undertake on call duties are fully trained to manage a major incident. 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. A further training package for refresher training has now been developed and two sessions have been delivered. This training enables on call staff to simulate control of the Incident Control Centre during a fictitious incident, using the principles of the Joint Decision Model, used by all the emergency services. 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
Refresher sessions have been held, and further training sessions are scheduled for the coming year.

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 three 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 Harleyford Marina in Marlow. The scenario used was a fire on board a pleasure cruiser on the river Thames, and was attended by all emergency services, including the Thames River Police, who assisted in the rescue of the casualties. The Emergency Planning Lead also delivered an Emergo training session to the students prior to the live exercise, which enables them to respond to an incident in a safe environment.

Exercise X-ray – 17 July 2019
Aim: To deliver an exercise based on a mass casualty event which will test the Trust's ICU surge capacity Standard Operating Procedure and Trust Major Incident Plan.

Primary Objective: To assess the ability of the Trust to optimally utilise resources to minimize patient morbidity and mortality in the event of a major incident.

Secondary objectives:
- Following the exercise, ascertain if any changes are required to the local Trust plan, and
- To ensure that staff are aware of their role and responsibilities in a major incident.

This exercise was developed to provide assurance to the Board of Directors that an exercise had been carried out to test the following:

'*hospitals with level 3 Intensive Care capability should prepare to surge to double their normal level 3 ventilated bed capacity and maintain this for a minimum period of 96 hours.*'

NHS England Concept of Operations for Managing Mass Casualties – page 14

A follow-on to Exercise X-ray was scheduled to take place on 3 March 2020, with representatives from UHCW, GEH, CWPT, CCGs, Local Authorities and Social Care. This has had to be deferred due to the Coronavirus pandemic.

Coronavirus Pandemic (Covid-19)
The Trust began preparations for the Coronavirus pandemic (Covid-19) in February 2020. Daily strategic and tactical level meetings were commenced, as per our emergency Planning and Preparedness procedures. This enables any issues of concern to be raised and discussed, with decisions made by the senior teams during a developing situation. A decision log was established to ensure decisions taken could be reviewed, business continuity plans have been enacted and an Incident Control Room has been established to ensure timely communication across the organisation.

While urgent and life-saving treatments have continued, elective activity has been stood down as per national guidance. This in turn has impacted on performance across RTT, A&E, cancer and diagnostics. These continue to be reported to the Board of Directors.

The Trust has coped well with the pandemic and has been able to maintain staffing levels and patient flow.

Patient Experience

The Trust works closely with service users to continuously 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 responses 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 pressure ulcers, infections and patient 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.

Managing Claims Against the Trust

The Trust is a member of the following NHS Resolution (NHSR) schemes:

- 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.

NHS Resolution handles all claims made against the Trust under these schemes and the Trust's Legal Services Co-ordinator is responsible for liaising with NHSR on the Trust's behalf. The Trust's Legal Services Co-ordinator submits regular updates with regard to new, ongoing and settled claims to the Trust's monthly Audit and Operational Governance Groups, and Risk Health and Safety Groups. An annual Legal Services report is submitted to the Patient Safety Surveillance Committee, Risk Management Board and then to the confidential section of the Board of Directors meeting.

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 provides the Patient Advice and Liaison Service, the Bereavement Service, manages the complaints process, patient and Friends and Family Test (FFT) feedback. The team work 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 2019/20 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 some ten years ago. The Forum currently has 16 Members and is always open to new members. Each member of the Forum is linked with an 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 Practices Group
- Dementia and Elderly Care Action Alliance
- Car Park Group
- Patient Experience Group
- Hotel Services Quarterly meetings
- Equality and Diversity Group
- End of Life Strategy meetings
- Patient Accessibility Group/s
- Meetings with the Trust Chairman, Managing Director and other Directors
- Community and Hospital Information Exchange Forum (CHIEF)
- Board of Directors (public section)

This year the Forum has been involved in the Patient Led Assessment of the Care Environment (PLACE) inspections, cleanliness inspections, food audits and work to develop the Patient Portal.

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 our visitors with a smile and providing directions where necessary.

We have Ward Volunteers who support the patients and staff by assisting with drinks, mealtimes with our Dining Companions programme and Tea for Two schemes. Volunteers also assist the wards and departments with 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. We have Ward Volunteers at Warwick, Stratford and Ellen Badger Hospitals.

We have a dedicated Team of Pharmacy Volunteers delivering prescriptions to the wards, which supports discharge. We have Volunteer Gardeners who make the areas pleasant for the patients and staff.

The Trust's Home Support Volunteer programme, launched in January 2016, has had further success throughout 2019 with the team we currently have 25 volunteers. Our Children's Community Nursing Team volunteers support families who have a child with a complex healthcare need and/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, Stratford and Coventry 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 working with the Healthcare Specialists. Part of their role is facilitating social interaction. This can be aligned to clinical care, where volunteers' assistance results in group therapy and activity sessions, including: movement group, gaming & social, art therapy and gardening. Volunteers also provide hand massages weekly for the patients and their visitors.

We have an excellent relationship with Pets as Therapy and Nationwide Therapy Dogs who are regular visitors to our sites. We currently have 7 Therapy Dogs.

The Trust actively recruited a range of volunteers to different supporting roles to help our teams respond to the Covid-19 crisis. This included roles to support our help desks, supporting the distribution of generously

donated gifts, resources and services to our teams across Warwickshire and supporting specific initiatives such as our 'post4patients' programmes and our staff wellbeing rooms. Volunteers will be a key part of our plan moving forward in continuing to deliver great services as we recover from Covid-19. A number of options of where our volunteers can have the greatest impact moving forward are being developed.

The current number of volunteers across the Trust is approx. 400.

We are always HERE TO HELP, NOT TO HINDER.

Community and Hospital Information Exchange Forum (CHIEF)
CHIEF provides members of the local community and Trust Members the opportunity to hear about the Trust's activities, providing advice and feedback to help shape services while finding out about developments. During 2019/20 CHIEF have had a good cross section of speakers, including the Chairman on the future of the NHS, the Chief Executive on how we reached outstanding status from the Care Quality Commission, the Medical Director on how we treat the frail, as well as subjects such as out of hospital care and physiotherapy.

Radio Warneford
Warwick Hospital patients, staff and visitors can listen to programmes broadcast by Radio Warneford. The station is available 24 hours a day, streamed via Trust WiFi on mobile phones and tablets. Radio Warneford is staffed by volunteers who also fundraise for any equipment needed in order to maintain the free service.

League of Friends
The Trust is extremely grateful for the support of four leagues of friends, one for each main hospital site. In addition to undertaking a wide range of essential volunteer roles that support our staff and patients, the leagues of friends continue to raise significant amounts of charitable funds that are used to purchase equipment that helps to enhance patient care. The League of Friends of Ellen Badger Hospital are currently playing an important role in the development of Ellen Badger Hospital, engaging with the community in Shipston-on-Stour and surrounding localities and raising money for a health and wellbeing centre. For more information on this project please see the Current and Future Developments section.

SWFT Charity
SWFT Charity exists to enhance the care, treatment and facilities of patients, families and visitors to South Warwickshire NHS Foundation Trust. The charity also invests in staff training. Through charitable giving and fundraising, the Charity aims to provide valuable support above and beyond those provided by NHS core funding. The charity partners with NHS clinicians and staff to deliver projects that make a real difference for patients.

During 2019/20, SWFT Charity was able to "sprinkle some magic" in a number of key areas including:
- Providing state of the art equipment for diagnosis and treatment
- Funding the enhancement of patient, family and staff facilities
- Providing the best possible environments for patients and staff
- Supporting and investing in staff training to keep teams at the forefront of medical advances.

Throughout the year, the majority of charitable donations continued to come from three main sources namely: Members of the public, legacies and grants from Trusts and Foundations. Over the year, a range of projects, equipment and services were funded through the charity including:

- The Intensive Care Quiet Room at Warwick Hospital: This room adjacent to the Unit underwent a refurbishment, helping to create more comfortable surroundings for meetings to be held between staff and relatives. The room also serves as overnight accommodation for relatives. This project was made possible through grants received from Kenilworth Round Table, The Screwfix Foundation and The Rowlands Trust.

- Swan and Labour Ward: Thanks to a grateful grandparent, an individual donation of £10,000 also made the purchase of 16 reclining chairs for the two wards. The addition of the state-of-the-art chairs provide enhanced overnight accommodation for birthing partners.

- Special Care Baby Unit: A range of additional medical equipment was purchased by the clinical team on the unit including two phototherapy units and two pulse oximeters.

- Aylesford Unit: As part of a refurbishment project, charitable funds were used to purchase a range of furniture, helping to provide more comfort for patients while undergoing treatment.

- Mac Gregor Ward: An application to the Heart of England Association Charity resulted in a cardiac monitor being purchased for the dedicated use of the patients on the Children's Ward.

- Central England Rehabilitation Unit (CERU): Through charitable funding, it was possible to purchase a bariatric bed to safely accommodate larger patients being cared for at the rehabilitation centre.

Throughout 2019/20, there was ongoing fundraising by many individuals and groups, helping to raise funds for their chosen ward, department or service. Examples of some of the "in aid of" worthy efforts undertaken include:

- A group of four friends who successfully completed a 24-hour relay run and raised £4,500 for the CERU Fund, and.

- Staff from the Intensive Care Unit completed a 10,000 ft tandem skydive. The team raised £1,925 towards the purchase of a specialist chair for patients being cared for on the Unit.

Accountability Report

Directors' Report

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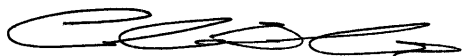
The Board of Directors comprises a Non-Executive Chairman, six other Non-Executive Directors and six Executive Directors all with voting rights, one of whom is the Chief Executive.

In attendance at Board meetings, without voting rights, were three non-voting Executive Directors; the Director of Human Resources, the Managing Director for the Out of Hospital Care Collaborative, the 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 2021)
- Senior Independent Director – Simon Page (term of appointment to 8 February 2022)
- Audit Committee Chair – Rosemary Hyde (to 30 December 2020)

Glen Burley, Chief Executive   **Date:** 24 June 2020

Board Member Profiles and Register of Interests

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 Cherished, a social enterprise that helps teenage girls with self-esteem issues.

Term of Appointment: until 30 September 2020
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', Chairman of Wye Valley NHS Trust and Chairman of George Eliot Hospital 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 Hospital 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: None

Geoff Benn
Non-Executive Director (voting except 1 May 2019 to 6 November 2019 when Geoff was a non-voting Non-Executive Director)

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, and Trustee of Cotswolds Friends.

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 the Trust 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 the Trust. 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 the Trust. 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.

Fiona Burton
Director of Nursing

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 2020
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

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 NHS Trust. 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 (voting from 1 May 2019)

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 focused 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 Children, respectively, producing national and regional reports for Directors of Social Care.

Term of Appointment: 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, and Parish Councillor for Coughton.

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), Committee member of the West Midlands Branch of the HFMA, and Trustee of 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 2022
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 2021
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 2022
Declared Interests: Trustee of ExtraCare Charitable Trust

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, Director of Development.

Please note that:
- Helen Lancaster was appointed to the Director of Operations role on a substantive basis from 1 October 2019.
- Fiona Burton was appointed to the Director of Nursing role on a substantive basis from 1 October 2019.
- Sophie Gilkes was appointed to the Director of Development role on a substantive basis from 1 October 2019.
- Dr Angela Brady resigned as a Non-Executive Director on 1 October 2019.

SWFT Clinical Services Ltd Board Member Profiles and Register of Interests

Executive Structure

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. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

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.

Board Statements

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 has expertise in social care. 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.

Board Code of Conduct
The Standing Orders for the Practice and Procedure of the Board of Directors is an annex to the Trust's Constitution and is reviewed, considered and approved by the Board on an annual basis. The Standing Orders include a provision for the Standards of Business Conduct and the need for Directors and officers to comply with the Trust's Disciplinary Policy, the national guidance contained in HSG(93)5 on 'Standards of Business Conduct for NHS staff' and the 'Code of Conduct for NHS Managers 2002'.

Board members are also expected to adhere to the Trust's values and the Nolan principles, which are discussed at appointment and at individual Directors' annual appraisals.

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 1 April 2020 and took the view that four out of the six Non-Executive Directors (excluding the Chairman) 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. Christine Lewington was also deemed not to 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 2019 to 31 March 2020, the Board of Directors met in both private and public sessions on a monthly basis (except in January 2020).

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 2019/20, 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 (ICSA). Meg commenced in the FT Adviser role from 15 October 2019 to 31 March 2020, 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 2019/20 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 have undertaken 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.

Council of Governors' Effectiveness
The Council of Governors assess its collective performance on an annual basis through a self-assessment questionnaire completed by all members. The results are considered by the General Purposes Committee and Council of Governors, and any changes to current arrangements are agreed.

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 are 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 2019/20 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.

Council of Governors – Removal of Governors

The policy for the removal of Governors who consistently fail to attend Council meetings, without reasonable cause, or who have an actual or potential conflict of interest which prevents the proper exercise of their duties is detailed in the Trust's Constitution.

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, and Director of Nursing 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, and
- Informal meetings between individual Governors and the Chair.

Accounts 2019/20

The accounts for the accounting period 1 April 2019 to 31 March 2020 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.

Insurance

The Trust has insurance cover through NHS Resolution who is the administrator of the Liabilities to Third Parties Scheme (LTPS) covering NHS organisations in England. This includes employers' liability, professional indemnity, public liability and products liability which therefore ensures there is appropriate cover for any legal action. In addition, the Trust offers its own indemnity to all Directors (voting and Non-Voting) who have acted honestly and in good faith, that the Trust will meet any costs arising from any personal civil liability which is incurred through the execution of their duties, except where they have acted recklessly. This indemnity is covered in the Trust's Constitution. The Trust also has separate Directors' Insurance to cover any legal action made against individual Directors.

Financial Instruments

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

Access to Independent Professional Advice

All Board members have access to any independent professional advice, at the Trust's expense, where it is deemed necessary to discharge their responsibilities as directors.

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 1 April 2020 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 1 April 2020, the Board reviewed the independence status of the Non-Executive Directors (NEDs) and agreed that of the six (excluding the Chairman), 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.

Christine 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 benchmarks the remuneration of the Non-Executive Directors (including the Chair) on a regular basis using the NHS Providers national remuneration survey of NHS Trusts and Foundation Trusts and considers any readjustments as appropriate. During 2019/20 guidance was also received from NHSE/I regarding the remuneration of both Chairpersons and Non-Executive Directors. 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 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 Counter-Fraud Services (the Trust's Counter-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 and Delivery – significant assurance
- Payroll (Contracted Out) – significant assurance
- Financial Ledger – significant assurance
- Data Quality Emergency Ambulatory Pathway – significant assurance
- Compliance with BS1008 (Scanning) – significant assurance
- Budget Setting and Cost Productivity and Improvement Programmes (CPIP) – moderate assurance
- Data Quality Theatres Utilisation – moderate assurance
- Accounts Payable – moderate assurance
- Accounts Receivable – moderate assurance
- Patient Access Plans (patients requiring outpatient follow up) – limited assurance
- Endoscopy Follow Up Processes – 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 8 April 2020 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 2019/20 is indicated in the following table.

Member	No. of meetings	No. of attendances
Rosemary Hyde (Chair)	7	7
Bruce Paxton	7	6
Simon Page	7	7
Geoff Benn	7	4

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 2019/20 of the Committee is indicated in the table.

Member	No. of meetings	No. of attendances
Bruce Paxton (Chair)	12	11
Dr Angela Brady	6	6
Christine Lewington	12	9
Sue Whelan Tracy	12	11
Rosemary Hyde	12	10

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 2019/20 there have been no significant awards made to past senior managers. There are no plans for Directors remuneration policy changes in 2020/21.

The Trust's policies relating to Equality, Diversity and Inclusion apply equally to the Appointments and Remuneration Committee. The Trust has 6 equality objectives with an associated action plan which is monitored through the Equality and Diversity Steering Group, chaired by the Director of Human Resources. An annual report is presented to the Board of Directors each summer which gives assurance in relation to the year and sets out priorities for the following year.

Membership and attendance at the committee is indicated in the table below.

Member	No. of meetings	No. of attendances
Russell Hardy	2	2
Bruce Paxton	2	2
Angela Brady	2	1
Rosemary Hyde	2	1
Geoff Benn	2	2
Simon Page	2	2
Sue Whelan Tracy	2	2
Chris Lewington	2	1

Finance and Performance Committee

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.

Membership and attendance at the committee is indicated in the table below:

Member	No. of meetings	No. of attendances
Simon Page (Chair)	12	12
Geoff Benn	12	7
Rosemary Hyde	12	10
Sue Whelan Tracy	12	10

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)	3	3
Chris Lewington	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 and Attendees 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	9
Geoff Benn Non-Executive Director	✓	✓			✓	11	11
Bruce Paxton Non-Executive Director	✓		✓ Chair		✓	11	9
Rosemary Hyde Non-Executive Director	✓ Chair	✓	✓		✓	11	10
Dr Angela Brady Non-Executive Director			✓		✓	6	5
Glen Burley Chief Executive		✓		✓	✓	11	10
Jayne Blacklay Managing Director		✓		✓		11	10
Helen Lancaster Director of Operations		✓	✓			11	11
Fiona Burton Director of Nursing			✓			11	10
Christine Lewington Non-Executive Director			✓	✓	✓	11	9
Dr Charles Ashton Medical Director			✓	✓		11	7
Kim Li Director of Finance	✓	✓				11	10
Simon Page Non-Executive Director	✓	✓ Chair			✓	11	11

			✓	✓		✓	11	10
Sue Whelan Tracy Non-Executive Director								

Key: ✓ - Committee member, ✓ - Committee attendee

Please note: No Board of Directors was held during January 2020. Also in attendance at the Board meetings during 2019/20 were Ann Pope, Director of Human Resources, Anne Coyle, Managing Director Out of Hospital Care Collaborative, Sophie Gilkes, Director of Development and Meg Lambert, Trust Secretary (from 15 October 2019 to 31 March 2020 Meg commenced in a FT Adviser role and during this time Sarah Collett, Acting Trust Secretary was in attendance).

SWFT Clinical Services Ltd Board and Board Committees

Board Committee
The Board has one Committee which is the Remuneration Committee.

Remuneration Committee
Remit – The Remuneration Committee is authorised by the Company Board to set and review the remuneration policy for all staff including; performance related pay schemes, pension arrangements, termination payments, any major changes to the employee benefits structure and the expense claims policy.

Terms of Reference - The Committee has terms of reference which have been approved by the Company's Board of Directors, which are reviewed on an annual basis, and amended as and when required.

Audit
The Company's audit business is considered by the Trust's Audit Committee. On 31 January 2019, the Company's Board considered and approved a proposal to disband the Company's Audit Committee and approved the recommendation for the Trust's Audit Committee to have responsibility for the Company's 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.

SWFT Clinical Services Ltd Board and Board Committee Membership Table with Attendance

Members/ Attendees	Remuneration Committee	No. of Board of Directors meetings	No. of Board of Directors meetings attended
Tony Boorman Chairman	✓ Chair	5	5
Andy Phalp Non-Executive Director	✓	5	5
Kim Li Non-Executive Director		5	4
Ann Pope Non-Executive Director	✓	5	4
John Coyne Managing Director (until 2 August 2019)		2	1
Andy Laverick Director of IT (from 1 May 2019)		5	4
David Moon Director of Finance		5	5

Please note:

As the Company's audit business is considered by the Trust's Audit Committee, the Company's Director of Finance and Company Secretary and appropriate Internal and External Auditor representatives are invited to attend the Trust's Audit Committee meetings when discussing the Company's audit business.

The Director of Finance is invited to attend the Remuneration Committee as required.

The Associate Director of Business Development is in attendance at the Board of Directors meetings.

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

NHS England and NHS Improvement's Single Oversight Framework

NHS England and 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 2020, 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	2019/20 Score
Financial Stability	Capital Service Cover Rating	1
	Liquidity Rating	1
Financial Efficiency	I&E margin Rating	1
Financial Controls	Distance from Financial Plan	2
	Agency Spend Rating	3
Overall Scoring		**2**

Remuneration Report
Directors' Remuneration
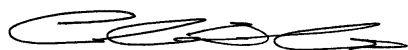
Name	Job title (and period of office if relevant)	2019/20					
		Salary & fees (in bands of £5k)	All taxable benefits (to the nearest £100)	Annual performance-related bonuses (in bands of £5k)	Long-term performance-related bonuses (in bands of £5k)	All pension-related benefits (in bands of £2.5k)	Total (bands of £5k)
		£000s (Band of £5k)	£s (nearest £100)	£000s (Band of £5k)	£000s (Band of £5k)	£000s (Band of £2.5k)	£000s (Band of £5k)
Mr G Burley *	Chief Executive (excludes WVT and George Elliot)	130-135	4,400				135-140
Mrs K Li	Director of Finance	125-130	7,300			100.0 – 102.5	235-240
Mrs J Blacklay	Managing Director	135-140	7,300			2.5	140-145
Miss Sophie Gilkes	Director of Development	90-95	4,000			25.0-27.5	120-125
Dr C Ashton	Medical Director (from 1/5/19)	170-175	0				170-175
Mrs H Lancaster	Director of Operations	110-115	7,300			67.5-70.0	185-190
Mrs F Burton	Director of Nursing	105-110	6,600			22.5-25.0	135-140
Mrs A Pope	Director of Human Resources	105-110	7,300			60.0-62.5	175-180
Mrs A Coyle	Managing Director Out of Hospital Care Collaborative	105-110	6,000			22.5-25.0	135-140
Mr R Hardy *	Chairman (excludes WVT and George Eliot)	25-30	0				25-30
Mr G Benn	Non-Executive Director	10-15	0				10-15
Dr A Brady	Non-Executive Director (left 30/9/19)	5-10	0				5-10
Mrs R Hyde	Non-Executive Director	10-15	0				10-15
Ms C Lewington	Non-Executive Director	10-15	0				10-15
Mr S Page	Non-Executive Director	10-15	0				10-15
Mr B Paxton	Non-Executive Director	10-15	0				10-15
Mrs S Whelan Tracy	Non-Executive Director	10-15	0				10-15

*Remuneration in relation to additional responsibilities at Wye Valley NHS Trust (WVT) and George Eliot Hospital NHS Trust (GEH) have been recharged to WVT and GEH and are therefore excluded from this table. The costs are an additional £85k -£90k for Mr G Burley and £25k to £30k for Mr R Hardy (from June 2019).

2018/19 Name and title	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 £70k-£75k for Mr G Burley and £30k-£35k for Dr C Ashton.
**Included in the Medical Directors' Remuneration is £35k-£40k in respect of clinical duties.

Glen Burley, Chief Executive   **Date: 24 June 2020**

The banded remuneration of the highest paid director in South Warwickshire NHS Foundation Trust in the financial year 2019/20 was £170k to £175k (2018/19, £175k - £180k). This was 6.03 times (2018/19 5.97 times) the median remuneration of the workforce, which was £30,261 (2018/19, £29,608). In 2019/20, 6 employees (2018/19 6) received remuneration in excess of the highest paid director.

Remuneration ranged from £11k to £230k (2018/19 £11k to £211k). 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 2019/20. 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 2019/20 £
Mr G Burley, Chief Executive	149
Mr R Hardy, Chairman	974
Mrs K Li, Director of Finance	0
Mrs J Blacklay, Managing Director	0
Miss Sophie Gilkes, Director of Development	319
Dr C Ashton, Medical Director	0
Mrs H Lancaster, Director of Operations	0
Mrs F Burton, Director of Nursing	0
Mrs A Pope, Director of Human Resources	0
Ms A Coyle, Managing Director Out of Hospital Care Collaborative	769
Mr G Benn, 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	442
Mr B Paxton, Non-Executive Director	544
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, Chef Executive
Mrs K Li, Director of Finance
Mrs J Blacklay, Managing Director
Miss Sophie Gilkes, Director of Development
Mrs H Lancaster, Director of Operations
Mrs F Burton, Director of Nursing
Mrs A Pope, Director of Human Resources
Ms A Coyle, Managing Director Out of Hospitals Care Collaborative

Directors' Pension Benefits

Name and Title	a Real increase in pension at pension age (bands of £2.5k)	b Real increase in lump sum at pension age (bands of £2.5k)	c Total accrued pension at pension age at 31 March 2020 (bands of £5k)	d Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5k)	e Cash equivalent transfer value (CETV) at 1 April 2019	f Real increase in cash equivalent transfer value (CETV)	g Cash equivalent transfer value (CETV) at 31 March 2020	h Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Mrs J Blacklay Director of Development then Managing Director	0	0	50-55	155-160	1140	26	1193	20
Mrs H Lancaster, Director of Operations	2.5-5.0	10.0-12.5	45-50	140-145	925	104	1051	16
Mrs A Pope, Director of Human Resources	2.5-5.0	7.5-10.0	35-40	110-115	775	99	893	15
Mrs K Li, Director of Finance	2.5-5.0	12.5-15.0	40-45	130-135	776	116	910	6
Mrs F Burton, Director of Nursing	0-2.5	5.0-7.5	30-35	95-100	559	46	618	15
Mrs A Coyle, Managing Director for Out of Hospital Care Collaborative	0-2.5	2.5-5.0	20-25	70-75	400	41	450	15
Miss Sophie Gilkes, Director of Development	0-2.5	0	10-15	0	81	22	105	13

Staff Report

Staff Engagement

Led by the Chief Executive the Trust regularly engages with staff at all levels through a series of engagement sessions focusing on specific themes. 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 of online feedback. The results of these have been fed into development action plans. The Trust is pleased to note that staff engagement remains a significant positive part of the staff survey.

Staff Survey 2019

The latest NHS Staff Survey results, taken from a sample of staff across the Trust in Autumn 2019 have again highlighted the Trust as one of the best employers for providing a safe environment for staff and patients.

The national NHS Staff Survey is commissioned by the Department of Health. It invites a variety of staff to answer questions anonymously about the Trust as an employer and healthcare provider. The latest results saw the Trust ranked highly in comparison to other general acute and community NHS health providers in England.

Response Rate – The Trust's response rate was 40.2%, compared to 50.1% in 2018.

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.

Themes	2019/20		2018/19		2017/18	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benching Group
Equality, Diversity and Inclusion	9.4	9.2	9.4	9.2	9.2	9.2
Health and Wellbeing	6.2	6.0	6.4	5.9	6.4	6.0
Immediate Managers	7.1	6.9	6.9	6.8	7.0	6.8
Morale	6.7	6.2	6.5	6.2	n/a	n/a
Quality of Appraisals	5.5	5.5	5.3	5.4	5.5	5.3
Quality of Care	7.7	7.5	7.6	7.4	7.5	7.5
Safe Environment – Bullying and Harassment	8.6	8.2	8.3	8.1	8.2	8.1
Safe Environment – Violence	9.7	9.5	9.6	9.5	9.5	9.5
Safety Culture	7.1	6.8	6.8	6.7	7.0	6.7
Staff Engagement	7.5	7.1	7.4	7.0	7.3	7.0
Team Working*	6.8	6.7	6.8	6.6	6.9	6.6

*Note: new theme for 2019.Taken from questions previously included in other themes hence why there is comparison data in previous years.

The Trust's scores, which have increased year-on-year, observed significant gains in several areas with eight of the eleven survey themes improving from their previous position in 2018. Two of the major theme

improvements saw the Trust score as one of the highest organisations for providing a safe environment against violence, 9.7/10, and bullying and harassment, 8.6/10.

The Trust also scored 7.1/10 in the safety culture theme with staff stating that compared to previous years they receive more feedback, feel safer raising concerns and feel confident that these concerns would be addressed with the appropriate changes made. The national average for this theme was 6.8.

Considerable developments in the experiences of minority groups were also highlighted in the survey, with the Trust scoring 9.4/10 for equality, diversity and inclusion. This emphasises the positive impact of dedicated Black, Asian and Minority Ethic (BAME) and Disability Networks to improve equality, diversity and inclusion of the Trust's workforce.

Feedback concluded staff would also recommend the Trust as a place to work and receive treatment. Employees feel they are able to provide patients with the level of care they aspire to deliver, are involved in decisions, and feel their managers are encouraging and supportive.

Staff Survey – Action Plan
There were some areas for improvement and the Trust will be working with staff to deliver our action plan to address these areas.

Actions for this year include:

- Project to implement **'Just Culture'** – including civility, respect, living the Trust values and how we manage our people

- All leaders and managers to have **formal development plans** relating to their leadership

- Implementation of a Foundation Group wide **leadership community** to explore solutions and ideas for change and growth.

Education Learning and Development

Education and Development
During 2019/20 the Education, Learning and Workforce Development team continued to support the education and training of staff and undergraduate students. The launch of the new Nursing and Midwifery Council (NMC) standards and curriculum for undergraduate nurses has required the team to roll out a training programme to update staff on the new standards for supervision and assessment of students. All undergraduate training now promotes changes to the way training and education is delivered through use of technology and simulation.

The Trust opened its first simulation suite enabling students and staff to have a more immersive way of learning, with a number of events taking place over the past 6 months.

Working together as a wider service there are now four main functions; the co-ordination and provision of statutory, mandatory, essential training, pre graduate development support, and post graduate professional development, Simulation and clinical skills development. The team's objectives support staff recruitment, retention and ongoing career development and are linked to the national agenda.

This year has seen the Practice Development Team develop and deliver a programme of training to enable our international nurse recruits to successfully pass their Observed Structured Clinical Examination (OSCE) test.

The ongoing development and delivery of mandatory training continues to provide safe care and contributed to the Trust's CQC Outstanding rating.

Appraisal

For all staff appraisal plays a key role in recognising staff success and Setting objectives, identifying development opportunities and supporting staff with their knowledge and behaviours which positively contributes to career progression. The Trust staff Survey reported 94% of staff have received an appraisal in the past 12 months.

Apprenticeships and Work Experience

The Trust increased the number of new apprenticeships in 2019/20, with the first Nursing Associate Apprentices about to qualify against the NMC Standards. The Trust is now an Employer Provider of Apprenticeships (EPA) with a number of the team now qualified EPA assessors.

The Trust hosts the Coventry and Warwickshire Apprenticeship and careers hub, which continues to support the local health economy and has been nominated for an award for its work by Coventry University.
The Trust Work Experience Programme sits within the apprenticeship team and continues to support opportunities for the local community to access a taste of health care roles. This year we have received the Fair Train silver award and are working toward Gold.

Postgraduate Medical Education

The past 12 months has seen the Trust continue to provide high quality teaching and education to our junior doctors in training. These programmes support both newly qualified doctors as well as those who are in the process of completing studies prior to securing either a post in general practice or hospital medicine. The number of training posts allocated to the Trust have again increased in number in order to accommodate the larger overall cohorts of doctors being trained within the West Midlands. In August 2019 we saw the placement of our first ever radiology trainees.

The network of General Medical Council accredited trainers and supervisors to support our trainee workforce has been further strengthened over the last 12 months, with an increasing number of senior clinicians undertaking training to become clinical and educational supervisors. The Trust is proud to be recognised in feedback from junior doctors as being a great place to train and work. This is in fact borne out by the high number of trainees returning to the Trust once fully qualified.

Undergraduate Medical Education

The Trust continues to provide quality placements to an increasing number of 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 from an experienced medical and clinical workforce. Work continues to ensure that facilities including clinical skills and simulation suites are in place, to meet all aspects of each medical school curriculum.

Internal Communications and Staff Engagement

Both digital and traditional forms of media are used to share information across the Trust. Technology such as Microsoft Teams has been adopted across the organisation to enable staff to communicate remotely. This proved to be a vital tool for connecting the workforce with each other and partner organisations when social distancing was necessary due to the COVID-19 pandemic. During this time, when guidance changed frequently, the importance of internal communications increased so daily email briefings were introduced with many staff commenting on how useful and reassuring they found regular updates. This was in addition to the longstanding weekly e-bulletin that is shared with staff via email. Known as ePulse, it includes a mix of corporate and staff generated content such as important updates and developments, patient feedback and positive news stories, development opportunities and health and wellbeing resources.

Forming part of the induction process, new starters are invited to a welcome event hosted by the Employment Services team. Held on a monthly basis, the face to face sessions provide inductees with the opportunity to find out about their new place of work with existing staff providing information on their particular department or team. Combining presentations and a 'marketplace' means new staff are given an insight into the Trust's values and culture in an informal environment.

The Trust's intranet is a secure online internal communications channel where a large amount of information and resources for staff can be found. This includes policies and procedures, guidelines and information relating to the majority of the Trust's services. Training can be booked, and online learning courses completed. In addition, staff can access systems, request annual leave and submit expense claims. Also accessed via the intranet is the Rumour Mill. This popular question and answer forum enables members of staff to ask questions anonymously with answers provided by the relevant department and posted in order to benefit users

When it is necessary to quickly disseminate brief messages to staff, graphics are designed and uploaded to an in-house developed system that displays them on Trust computers as screen savers. 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.

In addition to the digital communications channels used, the Trust also publishes a staff and Members' magazine three times a year. Content focuses on celebrating staff innovations and achievements, providing updates on services and also sharing advice related to health and wellbeing.

Staff Engagement
The Trust hosts staff engagement sessions each year, providing our employees with an open and inclusive forum to discuss a range of topics, raise any concerns and highlight areas of improvement. 2019 marked the tenth anniversary of our informal face-to-face workshops and this time around we explored what impacts on the health and wellbeing of a diverse mix of staff. All of the sessions proved to be lively and constructive events with insightful contributions from participants, demonstrating the high levels of commitment and care from all staff.
Feedback was collated following the sessions, and although each of the events had its own clear identity, the key themes which emerged from the discussions were remarkably consistent across all areas of the Trust.

Recognition Group
Made up of staff representing acute and community teams, the Trust's Recognition Group exists to ensure that the achievements of staff members are acknowledged. The group meets quarterly to review GEM Award (Going the Extra Mile) nominations and discuss any other matters related to recognising the efforts of employees. Staff can be nominated for a GEM Award by their colleagues or members of the public. Nominations are scored using an agreed framework to ensure fairness. Chief Executive Glen Burley and Ann Pope, Director of Human Resources, pick winners in three categories - non-clinical, clinical and team - from the shortlisted entries. To ensure that staff are recognised at board level, winners are presented with a certificate at the Trust's Board of Directors meeting.
A selection of the GEM Award winners in 2019/20 were:

- Katy Coates, Locality Manager received a Non-Clinical GEM Award for her determination, good humour and commitment to deliver Children's services in Warwickshire and Solihull. The nominator commented that Katie lives the values of the Trust in all her interactions and is an excellent role mode. She is engaging, passionate, team orientated and focussed on our communities. The nominator also said Katy is a firm but fair leader who is well respected by her teams and partner organisations. She also remains positive and resilient when facing challenges.

- Willoughby Ward was chosen to receive a Team GEM after a letter from a patient's parents was submitted as part of the nomination process. The letter stated that every member of staff they came across were the most amazing, caring people and a credit to the NHS and Warwick Hospital. Communication can be a problem for the former patient as he is profoundly deaf and communicates using British Sign Language. However, the parents felt that staff coped extremely well with communicating with their son and nothing was too much trouble for them. The nurses on the ward

took their time to explain everything and despite it being an upsetting time managed to make the parents laugh and feel reassured.

- Karen Wears, Parkinson's Disease Specialist Nurse, was awarded a Clinical GEM winner for the support she provides to all staff and students, her commitment, professionalism and for always going the extra mile. The nominator commented that due to her extensive knowledge of nursing both on wards and in the community, Karen is a wealth of knowledge and if, very rarely, she cannot answer a question she will pursue every avenue until she gets the information she needs. The nominator also said Karen is a committed member of staff and a credit to the Trust. She always has a smile on her face and is a caring, kindhearted, hardworking and a thoughtful nurse who has a brilliant way of making training sessions fun and informative.

Social Community and Human Rights

Staff Well-Being
Staff health and wellbeing has been an important area of focus for the Trust in 2019. Glen Burley, our Chief Executive, led a series of staff engagement events in autumn 2019 which focused on the experience of staff in relation to their wellbeing. Many themes which emerged have been used to inform the Trust's objectives for 2020/21.This includes ensuring staff have rest areas away from their work and ensuring our behaviour when we manage each other is constructive and supportive.

The Trust supports a staff wellbeing group which consists of representation from a number of areas of the Trust including managers, trade unions, Human Resources, Organisational Development, lead clinical specialists, public health experts and a range of local ambassadors from a number of teams and departments across the Trust. This group has ensured that staff health and wellbeing is part of Trust wide and local divisional objectives and that each team represented is doing something intentionally to improve their wellbeing.

The group 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 group focus these plans on improving the wellbeing of our staff in these following areas:

- Healthy lifestyles
- MSK
- Mental Health
- Healthy Work Environments

This year the Trust has been working through achieving Thrive at Work accreditation in relation to our staff wellbeing and many of our plans and objectives have been guided by this standard. This includes the start of what will be a yearly process of completing a healthy needs assessment to drive future programmes of work into the areas and issues in which they will have the greatest impact.

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 up-dated 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, and
- Challenging discrimination and prejudice.

During 2019/20 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;
- To 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, and
- To implement the Workforce Disability Equality Scheme.

Joint Carers' Strategy
We continue to work in partnership with Warwickshire County Council and other stakeholders to help make Warwickshire a place where carers can balance their caring roles and maintain their desired quality of life. There are currently six work streams in the Carers' 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, and
• Early identification of carers.

Accessibility Audit
A yearly 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. This has led to more loop systems being installed to support patients, visitors and staff who are hard of hearing. A programme to improve toilets and bathrooms is well underway in ward areas and the removal of barriers in trust car parks to improve access and avoid delays is now fully operational.

Accessible Information Standard (AIS)
The Trust continues to take positive action to ensure that people who have a disability, impairment or sensory loss get easily accessible and understandable information, as well as any other 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's Accessible Information Task and Finish Group is chaired by the Director of Nursing, the group is responsible for the implementation of the AIS, the 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 has led 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 currently has three staff networks, which are the Workforce Disability Network, Black and Minority Ethnic Network (BAME) and the Speak Up and Wellbeing Ambassadors Network.

The Workforce Disability Network has been in place for nearly two years and it has been going from strength to strength. The network is committed to creating an inclusive working environment where individuals with disabilities, long term conditions or with caring responsibilities are supported and valued in the workplace. The network is a safe place for people to discuss the issues they face and share experiences. Our aim is to shape the organisation's strategy and policies in order to improve the experience of staff.

The BAME Network has been operating for just over 18 months and formed as a result of a national Stepping Up Programme for BAME Staff to attend which was launched locally. The Training programme was so successful that a new cohort has just completed their training and the Trust has commissioned a new course for this year. The purpose of the BAME Staff Network is to be an independent and effective voice for BAME staff and to ensure that the Organisation recognises and responds to the unique needs of all its Stakeholders, thereby increasing staff morale and improving the patient experience.

Speak up and Wellbeing Ambassadors continue to lead workforce health and well-being initiatives across the Trust. They support staff in their workplace who may be struggling or need some additional support by signposting them and making them aware of what is available to them internal and externally.

NHS Rainbow Badge Joint Pilot Scheme

Last year the Trust together with Warwickshire County Council and the Equality in Inclusion Partnership, worked together to design and implement a Rainbow Badge pilot scheme across Maternity and Children's services. The Trust and Warwickshire County Council wanted to ensure all stakeholders were fully on board with the purpose and implementation of the scheme locally and that a full evaluation of the pilot would take place before rolling it out across the Trust.

Service users played a key part in the way the scheme was developed and implemented, and patient experiences were a crucial way of providing insightful feedback to our staff about the importance of not making unfounded assumptions and identifying and removing potential barriers to accessing NHS and Social Care services in Warwickshire. The pilot has been well received, and once a full evaluation is completed, it is hoped that the scheme will be rolled out across the Trust and other local public sector organisations.

International Recruitment

The Trust has continued to recruit Nursing staff from other parts of the world. Our aim is to recruit a minimum of 40 Nurses per year internationally. This is in line with the NHS Interim People Plan which recommends ethical international recruitment of Nurses. When undertaking this campaign, we researched the market to ensure we were recruiting ethically and identified the most suitable areas across the world for this programme. We concluded that India was the best option as they train Nurses specifically for the export market. We also identified what each Nurse needed to do to obtain NMC Registration. The Practice Development Team worked alongside George Eliot Hospital NHS Trust regarding their programme to ensure best practice and find out about lessons learned. This was to ensure each Nurse could successfully complete the Objective Structured Clinical Examination (OSCE).

As part of the overall recruitment process we also arranged flights, accommodation, bank accounts, registering with GP, along with lots of other pastoral care for each of the Nurses recruited. This is something we pride ourselves on and feel we offer a high level of care to our new starters.

We arranged the new starters into cohorts to ensure a steady supply of new nurses and to make sure they fitted into the NHS as well as the Trust's culture.

Once the Nurses arrived, we arranged their training programme as well as acclimatising them to the UK and Warwickshire specifically, (a dedicated member of the recruitment team undertakes this). The OSCE training is a very intense programme which all the Nurses need to dedicate time to complete. Ward Managers also need to be supportive with this process as it is crucial the nurses successfully complete the OSCE.

We feel that the Trust will benefit from having this additional recruitment source for nursing staff.

Equality and Diversity Data – Summary

Please note this table measures the average whole time equivalent (WTE) between 1 April 2019 and 31 March 2020.

Reporting staff group	2019/20 Total	2019/20 Permanent	2019/20 Other	2018/19 Total*	2018/19 Permanent*	2018/19 Other*
Medical and dental	378	206	172	353	193	160
Administration and Estates	1074	968	106	1008	916	92
Healthcare Assistants and other Support Staff	959	807	152	914	762	152
Nursing, Midwifery and Health Visiting Learners	11	9	2	16	13	3
Nursing, Midwifery and Health Visiting Staff	1509	1319	190	1442	1291	151
Scientific, Therapeutic and Technical Staff	573	538	35	540	506	34
Healthcare Science Staff	20	19	1	24	22	2
Total Average Numbers (WTE)	**4524**	**3866**	**658**	**4297**	**3703**	**594**
Number of employees (WTE) engaged on capital projects	25	22	3	42	30	12

*the whole-time equivalents (WTEs) for 2018/19 have been updated following a review of the data.

The equality and diversity information in the tables below is a breakdown of the total headcount of staff at the year-end (31 March 2020).

Staff by Type

Type	Male	Female
Executive Director	2	7
Senior Manager *	26	64

*Defined as staff on Trust Senior Managers' Terms and Conditions and staff on Agenda for Change Terms and Conditions of 8b and above.

Staff by Age Band

Age Band	2019/20	%	2018/19	%
16-24	337	6.59	162	3
25-44	2392	46.78	2232	47
45-64	2310	45.18	2302	48
65+	74	1.45	104	2

Staff by Ethnic Group

Ethnicity	2019/20	%	2018/19	%
White	4185	81.85	4008	83
Mixed	94	1.84	80	2
Asian or Asian British	535	10.47	443	9
Black or Black British	145	2.83	124	3
Chinese or other Ethnic Group	57	1.12	48	1
Not Disclosed	97	1.89	96	2

Staff by Disability Declaration

Disabled	2019/20	%	2018/19	%
No	4326	84.61	3948	82
Not declared	532	10.4	669	14
Yes	254	4.97	182	4
Prefer not to Answer	1	0.02	-	-

Staff by Gender

Gender	2019/20	%	2018/19	%
Female	4349	85	4107	86
Male	764	15	692	14

Equality and Diversity – Fair Recruiting

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 through the Trust's careers page or via the Trust intranet page (internal vacancies).

Current data shows that 4% of people who apply for positions in the Trust declared a disability on their application form, 4.7% of shortlisted candidates declared a disability and 4.2% of those appointed declared a disability.

The Trust has obtained the status of Disability Confident Leader which is the highest level possible of the Disability Confident Scheme. We are very pleased to have been given this status and will always strive to be the best employer we can be.

By being a Disability Confident Leader, we ensure we promote opportunities throughout the Trust for people with disabilities and long-term conditions and look to be a role model to other organisations.
The Trust also has a Workforce Disability Network. This is a forum for staff that either have 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 and a specific Disability 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.

SWFT Clinical Services Ltd Equality and Diversity Data - Summary

Staff by Reporting Staff Group

Staff Groups	Male	Female
Director	2	0
Senior Manager	2	1
Admin across the divisions	2	4
Nursing	0	4
Pharmacists, technicians, dispensers	2	11
Craftsperson	3	0

Staff by Age Band

Age Band	2019/20	%	2018/19	%
16-24	2	6	2	6
25-44	13	42	13	42
45-64	16	52	16	52
65+	0	0	0	0

Staff by Ethnic Group

Ethnicity	2019/20	%	2018/19	%
White	26	84	26	84
Mixed	0	0	0	0
Asian or Asian British	5	16	4	13
Black or Black British	0	0	0	0
Chinese or other Ethnic Group	0	0	1	3
Not Disclosed	0	0	0	0

Staff by Disability Declaration

Disabled	2019/20	%	2018/19	%
No	31	100	31	100
Yes	0	0	0	0
Not declared	0	0	0	0

Staff by Gender

Gender	2019/20	%	2018/19	%
Female	20	65	20	65
Male	11	35	11	35

Staff Costs

	2019/20				2018/19
	Permanent		**Other**		**Total**		**Total**
	£000		**£000**		**£000**		**£000**
Salaries and wages	134,001		17,701		151,702		153,488
Social security costs	25,987		-		25,987		14,393
Apprenticeship levy	775		-		775		740
Employer's contributions to NHS pension scheme *	27,601		-		27,601		18,122
Pension cost - other	72		-		72		43
Temporary staff	-		8,631		8,631		6,090
Total gross staff costs	**188,436**		**26,332**		**214,768**		**192,876**
Recoveries in respect of seconded staff	(85)		-		(85)		(278)
Total staff costs	**188,351**		**26,332**		**214,683**		**192,598**
Of which							
Costs capitalised as part of assets	1,191		-		1,191		1,443

*The employer contribution rate for NHS pensions increased from 14.3% to 20.6%, £8.397m, (excluding administration charge) from 1 April 2019.

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	1.7
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	
The total cost of facility time	£79,074
The total pay bill	£214,768,000
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 £1,001k on consultancy costs in 2019/20 (£922k in 2018/19).

General Information

Ill Health Early Retirement
In 2019/20 there were no early ill health retirements.

Human Resources Policies
The Trust has established a Joint Policy Subgroup in collaboration with George Eliot Hospital NHS Trust for the development and review of all Human Resources (HR) policies. This Subgroup consists of members of the HR Departments and Staff Side representatives from both organisations. All policies are then approved through the respective organisation's Joint Negotiation and Consultative Committee (JNCC). All HR policies contain a section on monitoring and compliance. The JNCC receives a twice-yearly report on the application of formal disciplinary, grievance, performance and capability, sickness absence management and dignity at work processes.

Sickness Data

Percentage WTE Days Sickness for the Trust by Month in 2019/20

2019 / 04	2019 / 05	2019 / 06	2019 / 07	2019 / 08	2019 / 09	2019 / 10	2019 / 11	2019 / 12	2020 / 01	2020 / 02	2020 / 03
5.40%	5.24%	4.66%	4.87%	4.47%	5.15%	5.76%	5.51%	5.57%	5.65%	5.03%	6.13%

Percentage WTE Days Sickness for each Division by Month in 2019/20
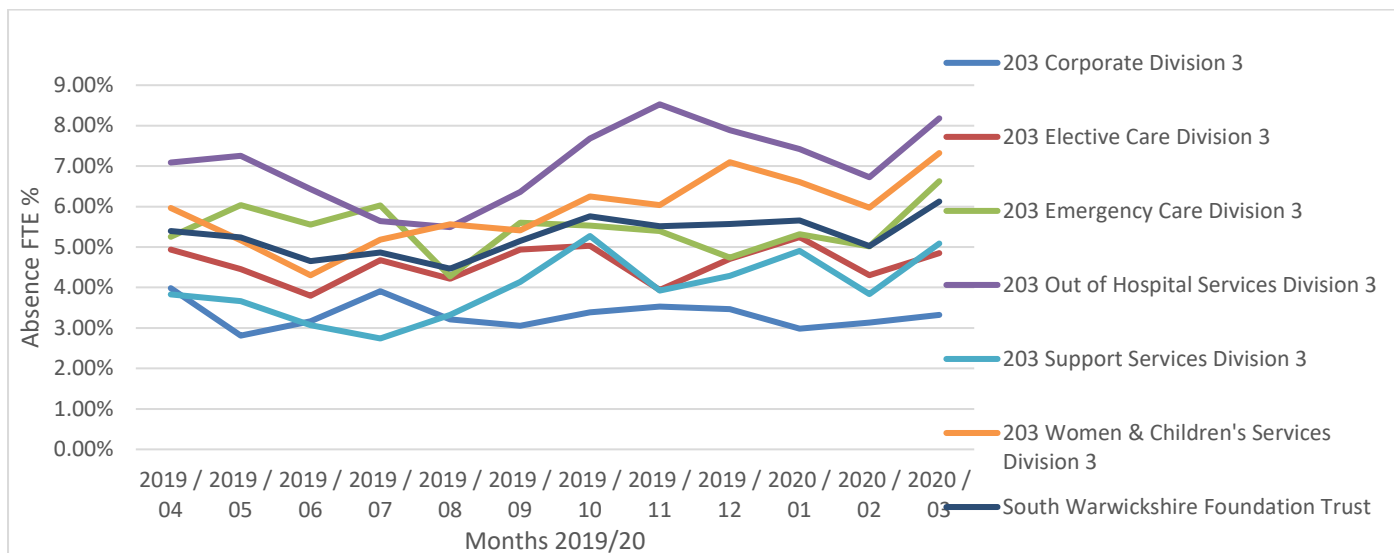
Health and Safety

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 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 also circulates a quarterly Fraud Newsletter through Epulse, highlighting both current and national fraud issues and successful convictions.

The CFS continues to work closely with the HR department, and also alongside the Trust's Freedom to Speak Up Guardian. The CFS has also worked collaboratively with the Trust's Job Planning Consistency Committee.

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.

Other related policies include Sanctions and Redress Policy, and the Managing Conflicts of Interest Policy and Gifts, Hospitality and Sponsorship Policy. Compliance against the last two policies is reported to the Audit Committee on a six-monthly basis. All policies are ratified (on behalf of the Board of Directors) by the Policy Review Group.

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 are elected through a formal election process and Appointed Governors are nominated by their respective organisations. Elected and Appointed Governors hold office for a period of up to 3 years.

The current Council has been in post since 1 March 2019 and are listed in the following table. During the year there has also been one election to replace a Public Governor who stood down from their position and two Appointed Governors were replaced by their organisation. The new Governors are highlighted in bold text.

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 objectives and plans
- 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

Council of Governors as at 31 March 2020

Name	Constituency	Elected or Appointed
Cllr Jo Barker	**Stratford District Council**	**Appointed**
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 Alan Boad	**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
Ruth Cowan	Warwick and Leamington Towns	Elected
Helena Darcy-Cope	Staff – Nursing and Midwifery Community	Elected
David Gee	East 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
Roger Lloyd	West Stratford and Borders	Elected
Alexandra Mann	East Stratford and Borders	Elected
Mary Malloy	West Stratford and Borders (and Lead Governor)	Elected
Jane Mason	Staff – Clinical Support	Elected
Dr Adrian Parsons	GP rep South Warwickshire Clinical Commissioning Group	Appointed
Dr Najmi Qureshi	Staff – Medical and Dental	Elected
Patricia Scott	Warwick District and Borders	Elected

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
John Wright	**West Stratford and Borders**	**Elected**
Vacancy	Staff – Nursing and Midwifery Acute	Elected

Changes to the Council of Governors

The changes during the year to the Membership of the Council of Governors arising from elections and re-appointments are identified in the table below:

Constituency	Previous Governor	New/Replacement Governor
Public – West Stratford and Borders	Alex Grieve	John Wright
Appointed – Stratford District Council	Cllr Susan Adams	Cllr Jo Barker
Appointed – Warwick District Council	Cllr Felicity Bunker	Cllr Heather Calvert
Appointed – Warwick District Council	Cllr Heather Calvert	Cllr Alan Boad

Governors' Attendance at Council Meetings and Expenses

Public Governors

Constituency	Name	No. of CoG Meeting required to attend	No. of CoG Meetings attended	Expenses £
Warwick District and Borders	Jean Arrowsmith	4	4	0
Warwick and Leamington Towns	Chris Baker	4	4	0
Warwick and Leamington Towns	Rachel Barnes	4	3	0
Northern Warwickshire and Rugby	Karen Callender	4	0	122
Warwick District and Borders	Michael Coker	4	3	0
Warwick and Leamington Towns	Ruth Cowan	4	4	0
East Stratford and Borders	David Gee	4	2	194
West Stratford and Borders	Alex Grieve (up to August 2019)	1	1	238
Warwick District and Borders	Dr Richard Grimes	4	4	70
Northern Warwickshire and Rugby	Dr Cally Harrison	4	2	374
Warwick and Leamington Towns	Jane Knight	4	4	0
West Stratford and Borders	Roger Lloyd	4	4	1098
East Stratford and Borders	Alexandra Mann	4	3	0
West Stratford and Borders (and Lead Governor)	Mary Malloy	4	3	279
Warwick District and Borders	Patricia Scott	4	3	0

East Stratford and Borders	Mike Wells	4	4	0
West Stratford and Borders	John Wright (from February 2020)	1	0	0

Staff Governors

Constituency	Name	No. of CoG Meeting required to attend	No. of CoG Meetings attended	Expenses £
Nursing and Midwifery Community	Helena Darcy Cope	4	3	0
Clinical Support	Jane Mason	4	4	0
Medical and Dental	Dr Najmi Qureshi	4	2	0
Nursing and Midwifery Acute	Kathy Wagstaff	4	3	0
Non-Clinical Support	Carl Walker	4	3	0
Nursing and Midwifery Community	Sue Warner	4	2	0

Appointed Governors

Constituency	Name	No. of CoG Meeting required to attend	No. of CoG Meetings attended	Expenses £
Stratford District Council	Cllr Jo Barker (from May 2019)	3	1	0
University of Warwick	Sophie Black	4	3	65
Warwick District Council	Cllr Alan Boad (from February 2020)	1	1	0
Warwick District Council	Heather Calvert (from May to September 2019)	1	1	0
Warwickshire County Council	Cllr Les Caborn	4	1	0
GP rep. South Warwickshire Clinical Commissioning Group	Dr Adrian Parsons	4	3	0

Governors' Register of Interests and Contact Details

To access the Governors' Register of Interests please visit www.swft.nhs.uk or alternatively contact the FT Adviser at Warwick Hospital on 01926 495321 ext. 8040.

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

Constituency Map
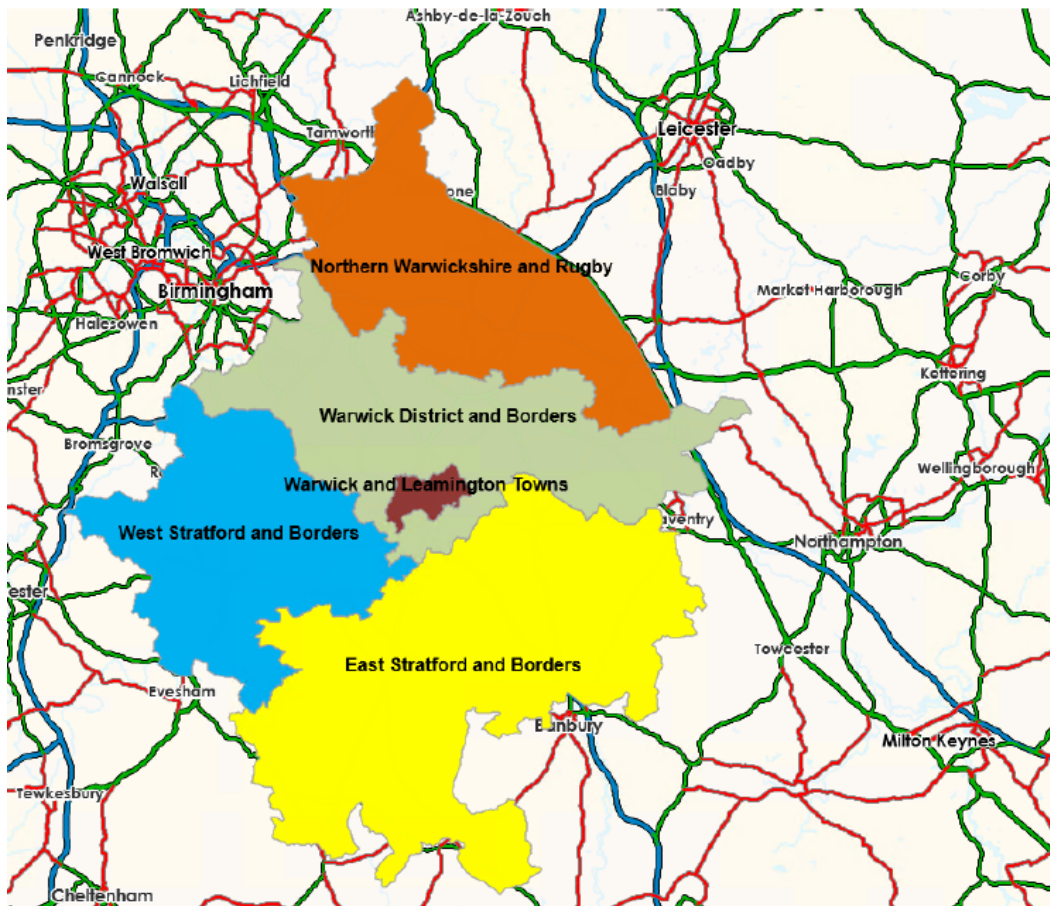
Meetings of the Council of Governors

During the period 1 April 2019 to 31 March 2020, the Council of Governors has met on five occasions including the Annual Members' Meeting. A summary of its business is outlined below:

16 May 2019
At this meeting the Council received:
- Governor requested assurance on the Winter 'Look Back' 2018/19 exercise and the Challenges of a Growing Local Population
- Patient experience, finance and operational assurance reports
- The draft Quality Report 2018/19 for comment
- A proposal for the extension to the Chairman's term of office
- Recommendations for the appointment of the Lead Governor and members to Sub-Committees
- The Governors' Register of Interests and the Council's schedule of business
- Reports from other Committees

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

8 July 2019 (Annual Members' Meeting)
The Council of Governors met for the 2019 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 2018/19.

The Chairman presented the Annual Report of the Council of Governors 2018/19. The Council and the public received a presentation on the' helping you to help yourself in older age' initiative, the Oken Project and the Going the Extra (GEM) Awards.

12 September 2019
At this meeting the Council received:
- Governor requested assurance on Winter pressures, demands on A&E, flu and pathology services
- A report from the Trust's external auditor on the outcome of their work for 2018/19
- Patient experience, finance and operational assurance reports
- Its sub-committees' terms of reference to review
- Reports from other Committees

The meeting was also attended by the Chairman, Chief Executive, Director of Nursing and four Non-Executive Directors.

14 November 2019
At this meeting the Council received:
- Governor requested assurance on staff recruitment and retention
- A procedure for Non-Executive Director re-appointment and recommendations for Non-Executive Director re-appointments, both for approval
- Appraisal reports on the Non-Executive Directors
- Reports from representatives on projects
- Patient experience, finance and operational assurance reports
- Reports from other Committees

The meeting was also attended by the Chairman, Chief Executive, Director of Nursing, Director of Human Resources, Foundation Trust Adviser and five Non-Executive Directors.

13 February 2020
At this meeting the Council received:
- Governor requested assurance on an update on winter performance and the impact of intelligent conveyancing
- The Membership Engagement and Governor Involvement Strategy 2020/23 for approval
- An update on the Non-Executive Director recruitment
- Recommendations for Chair and Non-Executive Director remuneration following a review
- Its sub-committees' terms of reference for review
- Reports from representatives on projects
- Patient experience, finance and operational assurance reports
- Reports from other Committees

The meeting was also attended by the Chairman, Chief Executive, Director of Nursing, Director of Finance, Foundation Trust Adviser and five 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 and again on 16 May 2019. At the Council of Governors meeting on 16 November 2017, it was agreed to disband the Membership Development Committee and membership recruitment/engagement 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.

Roger Lloyd, Public Governor, West Stratford and Borders is the current Chair of the Committee.

Other members of the Committee include:

- Jean Arrowsmith - Public Governor, Warwick District and Borders
- Michael Coker – Public Governor, Warwick and Leamington Towns
- David Gee – Public Governor, East Stratford and Borders
- Cally Harrison – Public Governor, Northern Warwickshire and Rugby
- Jane Knight – Public Governor, Warwick and Leamington Towns
- Mary Malloy - Public Governor, West Stratford and Border
- Dr Najmi Qureshi – Staff Governor, Medical and Dental

The Committee is advised by the Director of Human Resources, Foundation Trust Adviser 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 Sub-Committees, once initially appointed, 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.

Mary Malloy, Public Governor, West Stratford and Borders, as the Lead Governor, is Chair of the Committee.

Other Members of this Committee include:
- 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
- Chris Baker – Public Governor, Warwick and Leamington Towns
- Carl Walker – Staff Governor, Non-Clinical Support Staff
- Sophie Black – Appointed Governor, University of Warwick

The Chairman, Foundation Trust Adviser, and Membership and Engagement Officer 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.

Richard Grimes, Public Governor Warwick District and Borders is Chair of the Committee.

Other Members of this Committee include:
- Jean Arrowsmith - Public Governor, Warwick District and Borders
- Rachel Barnes – Public Governor, Warwick and Leamington Towns
- Karen Callender – Public Governor, Northern Warwickshire and Rugby
- Ruth Cowan – Public Governor, Warwick and Leamington Towns

- David Gee – Public Governor, East Stratford and Borders
- Mary Malloy - Public Governor, West Stratford and Borders
- Jane Mason – Staff Governor, Clinical Support Staff
- Dr Najmi Qureshi – Staff Governor, Medical and Dental Staff
- Pat Scott – Public Governor, Warwick District and Borders
- Sue Warner – Staff Governor, Nursing and Midwifery Community
- Charles Hart - Patient Forum Member
- William Hall - Patient Forum Member
- Geoff Raine - Patient Forum Member
- Bruce Paxton - Non-Executive Director
- Fiona Burton - Director of Nursing
- Helen Lancaster - Director of Operations

The Foundation Trust Adviser and Membership and Engagement Officer also attend these meetings but are not Members 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.

Mike Wells, Public Governor, East Stratford and Borders is Chair of the Committee.

Other Members of this Committee include:
- Cllr Jo Barker – Appointed Governor, Stratford District Council
- Roger Lloyd - Public Governor, West Stratford and Borders
- Carl Walker - Staff Governor, Non-Clinical Support
- Sue Warner - Staff Governor: Nursing and Midwifery Community

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

Membership and Engagement

Trust Membership

During 2019/20 the Trust has made efforts to continuously develop its engagement and to work in partnership with other organisations and with the wider community.

Our Membership includes people who fall into the following categories:
- Over 16 years of age and living within our public constituency area, and
- Any employee of the Trust, or those working on the Trust's behalf

The Trust has been active in ensuring General Data Protection Regulations (GDPR) are being adhered to by regularly cleansing the membership database and ensuring that members are always able to unsubscribe if they no longer wish to have contact with the Trust. Following feedback from engagement with the public, we have once again updated the membership forms to ensure they meet with the requirements of the LGBTQ community by widening the gender criteria. We now include a "return" address on our postal communications and as a result, have been able to delete members who have moved away and not left a forwarding address. These changes also help to reduce costs in postage and bounce backs caused by out of date information.

Membership Engagement and Governor Involvement Strategy 2020/23

The Trust's Governors have an important role to play in representing the interests of Foundation Trust members and partner organisations in the local community in the development of the Trust.

This Membership Engagement and Governor Involvement Strategy was revised and agreed by the Council of Governors during the year. It outlines the aims of the Trust and builds on current successes. It sets out the methods that will be used to grow and engage membership and continue to develop valuable Governor involvement.

The aims and objectives in the strategy reflect the values of the Trust – 'Trusted to provide safe, effective, compassionate care'. As well as embedding the Trust's strategy of "Helping You to Help Yourself" focusing on prevention and enabling people to take control of their own health and wellbeing.

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 Public 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 Public Membership is made up of five constituencies:
- East Stratford and Borders
- Northern Warwickshire and Rugby
- Warwick and Leamington Towns
- Warwick District and Borders
- West Stratford and Borders

Public Membership has decreased for the first time from 6,536 at the beginning of April 2019 to 6,007 at 31 March 2020. This is due mainly to our constant cleansing of information contained with the database and the overall aim to develop a more engaged Membership.

Public Membership analysis as at 31 March 2020 is as follows:

Age Group	Total Membership (public) as at 31 March 2020
Not specified	45
16-21	68
22-29	391
30-39	400
40-49	643
50-59	842
60-74	1639
75+	1979
Total	**6007**

Gender	Total Membership (public) as at 31 March 2020
Male	2332
Female	3647
Transgender	0
Unspecified	28
Total	**6007**

Ethnicity	Total Membership (public) as at 31 March 2020
White (incl British White and Other)	5158
Mixed (including Other)	62
Asian or Asian British	310
Black or Black British	57
Chinese or Other Ethnic Group	63
Any other Ethnic Group	19
Not supplied	338
Total	**6007**

Constituency	Total Membership (public) as at 31 March 2020
East Stratford and Borders	987
Northern Warwickshire and Rugby	470
Warwick and Leamington Towns	1818
Warwick District and Borders	1423
West Stratford and Borders	1225
Out of Trust Area	84
Total	**6007**

Membership Engagement

Having an active membership brings the Trust closer to the people who access its services and more accountable to them. The Trust aims to develop a framework that supports decision making and patient centred care at a local "Place" level to help service users to become more informed about their illness and the treatments and support that is available to them

By recognising that there are different levels of engagement, we provide varied opportunities to enable members to choose the level of involvement that suits them.

We are continuing to use the Trust's social media platforms to engage with existing and potential Members by showcasing the benefits of Membership through easy to understand designs. We also use infographics to raise awareness of different conditions in line with National campaigns.

Throughout the year sessions were run across the Trust for both members and the public to receive information on a range of topics affecting health. These sessions were also used to recruit new members. There is now a calendar of events available on our website, with links to locations and which also contains relevant slides and information after the event.

The Trust publishes a magazine three times a year as part of its engagement strategy. The publication is free and is sent directly to members either via email or in the post, according to their preferences. A hard copy is also available around our sites in waiting areas and receptions and on the Trust's website. A special winter edition aimed specifically at prevention was also issued in December 2019 in partnership with George Eliot Hospital NHS Trust and Wye Valley NHS Trust.

Membership Recruitment

We are continuing to target younger Members by promoting work being carried out by the Recruitment, Apprenticeship and Work Experience teams, highlighting the diverse careers available at the Trust and keeping them informed of opportunities available at the Trust.

In partnership with other organisations, we are providing information about the work done at our hospitals and in our communities, raising the profile of both the Trust and its membership. We have, over the last year, held several health events at other organisations focusing on specific conditions that affect much of the workforce and have an impact on the health and wellbeing of people in the workplace such as the menopause and women's health event. These have been well attended by our staff and members of the local community and as a result increased membership, whilst raising awareness of both the condition and the work we do at the Trust.

Quality Report

Part 1: Statement on Quality from the Chief Executive of South Warwickshire NHS Foundation Trust

Part 1: Statement on Quality

I am delighted to introduce South Warwickshire NHS Foundation Trust's Quality Report for 2019/20. Our report demonstrates another positive year of quality improvement across the Trust.

Within this report you will read the mandated sections of a quality report but also the report describes the quality of care delivered at the Trust over the last year, demonstrating where we are performing well and where we can make improvements.

In 2019/20 the Trust continued to strive to provide high quality care and treatment across our hospitals and community settings. It is reassuring to see the achievements in performance against quality markers.
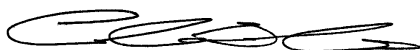
One of the highlights of our year was the formal Care Quality Commission (CQC) inspection, which was undertaken in August and September 2019. The CQC inspected our Adult and Children's community services, our Accident and Emergency services and the medical care services at Warwick hospital. During this inspection the inspectors questioned our staff and patients, observed care interactions and surveyed the public and were humbled by the care and compassion they witnessed. As a result of this inspection the Trust was awarded an overall rating of "outstanding" for the quality of care we provide, an achievement of which I am extremely proud.

Another highlight was the National Staff Survey which also showed fantastic results for another year with staff reporting very high scores across a range of really important indicators which support the highest quality of care.

Finally, our quality priority achievements indicate that we achieved the quality and service improvements we set ourselves to achieve and we are committed to continue our improvement work across all areas of the Trust.

This report is presented whilst we are in the midst of managing the Coronavirus Pandemic, which will have one of the most significant impacts on us and the wider NHS of any situation we have had to face in recent times. Despite this significant challenge our public should be assured by the various indicators set out in this report that we will continue to deliver high quality care to the best of our ability.

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 June 2020

Part 2: Priorities for Improvement and Statements of Assurance from the Board

Our Quality Priorities for 2020/21

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 (2020/21).

Patient Safety Quality Priorities

- Implement staff retention and recruitment plans to improve the Trust vacancy and turnover.
- Deliver a digital hub to test technology solutions.
- Establish timely and safe cancer pathways.

Patient Experience Quality Priorities

- Develop a compassionate end of life care strategy and public campaign with partners.
- Deliver additional car parking at Warwick hospital site.
- Develop a public and patient engagement strategy with partners.

Patient Outcomes Quality Priorities

- Review the community hospital and D2A pathways and capacity.
- Continue to reduce face to face follow up outpatient appointments by using technology.
- Implement a population health approach at primary care /placed based team level.

How These Priorities Were Decided and Why They are our Priorities

In 2019/20 a number of Round Table events were held between the Board of Directors and 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 Governors, who represent their members. 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 through the work of our Patient Forum.

How we Measure, Monitor and Report Quality

Our Board of Directors receives 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 Council of Governors receives a Status Update report from the Chief Executive on progress against the Trust's objectives on a quarterly basis. 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
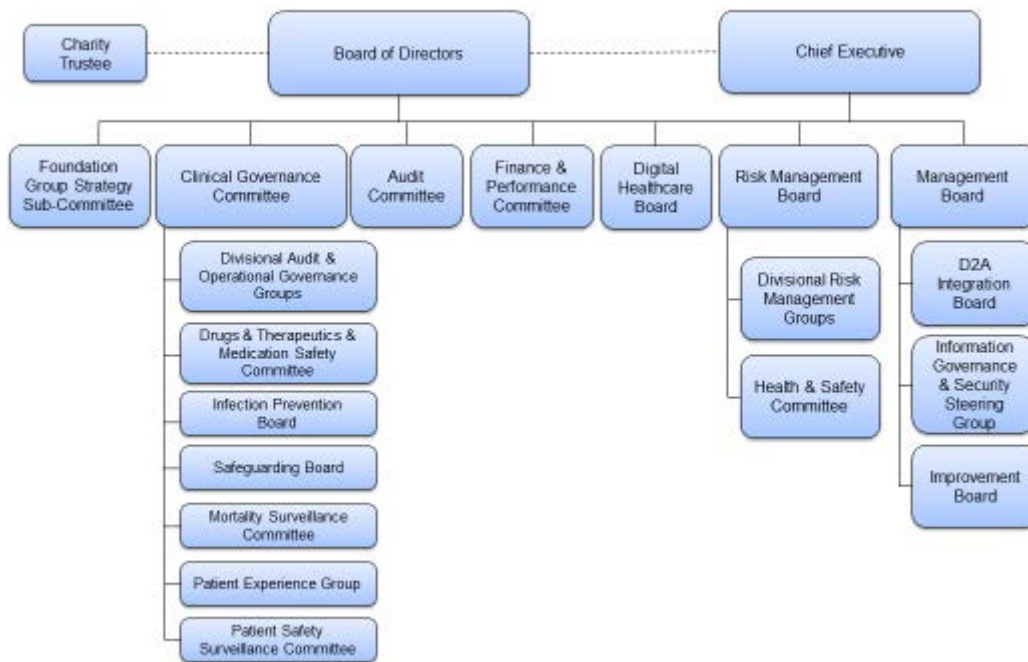
Organisational Structure High Level Committees – Updated September 2019

Organisational Structure Divisional Risk Groups
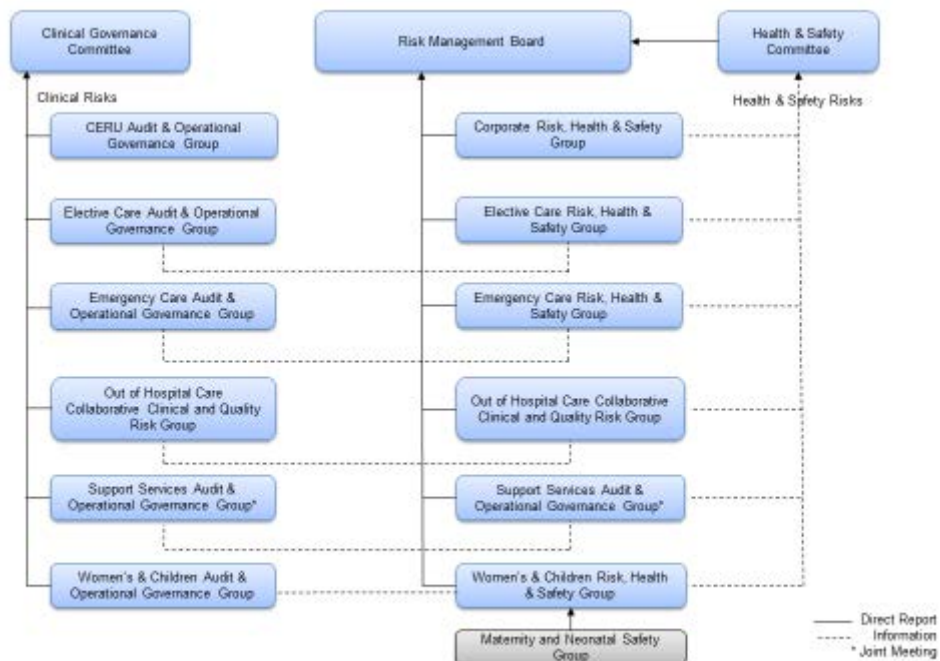
Organisational Structure Divisional Risk Groups – Updated September 2019

Maternity Risk Management Structure – Updated April 2019
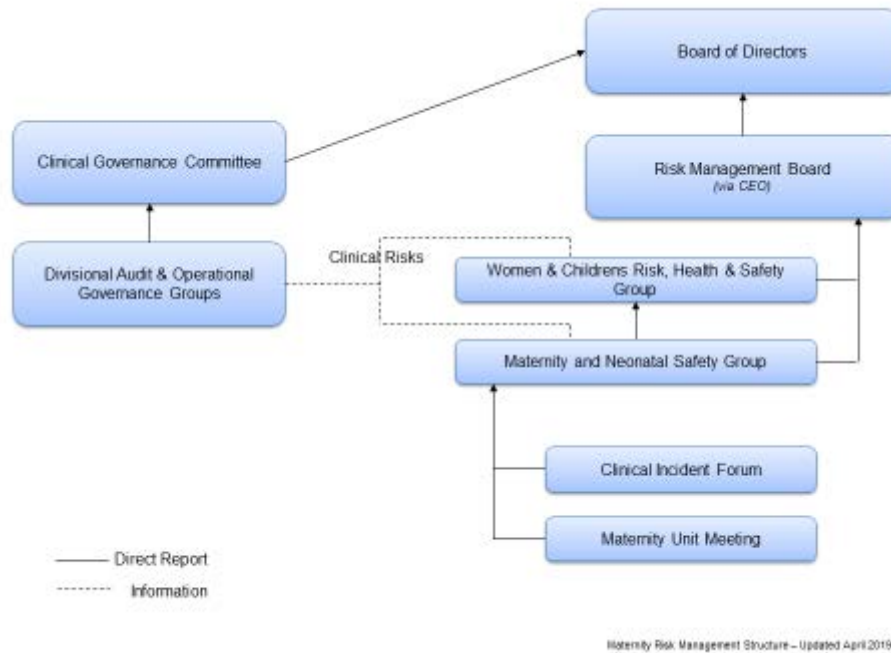
Progress Made Since Publication of our 2018/19 Quality Report

Our 2019/20 priorities were identified as:

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.

Details in relation to our achievements in these priority areas can be found on Part 3 of this document.

Statement of Assurance from the Board

This section contains the statutory statements concerning the quality of services provided by South Warwickshire NHS Foundation Trust. These are common to all quality accounts and can be used to compare us with other organisations.

Review of our Services

During 2019/20 the Trust provided and/or subcontracted 71 relevant health services.

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

The income generated by the relevant health services reviewed in 2019/20 represents 91% of the total income generated from the provision of relevant health services by the Trust for 2019/20. This marks a drop from 94% of the total generated in 2018/19.

Our Participation in Clinical Audits

During 2019-20, 49 national clinical audits and 4 national confidential enquiries covered relevant health services that South Warwickshire NHS Foundation Trust provides.

During that period South Warwickshire NHS Foundation Trust participated in 98 (%) national clinical audits and 100 (%) national confidential enquiries which it was eligible to participate in.

The National Clinical Audits and National Confidential Enquiries that South Warwickshire NHS Foundation Trust was eligible to participate in and did participate in, and for which data collection was completed during 2019-20, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The National Clinical Audits that South Warwickshire Foundation Trust was eligible to participate in 2019-20	The National Clinical Audits that South Warwickshire Foundation Trust were eligible for and participated in 2019-20	National Clinical Audits that SWFT participated in and for which data collection completed, % completion
Emergency Department (ED)		
Assessing cognitive impairment in older people	✔	100%
Care of children in Emergency departments	✔	100%
Mental health Care in Emergency departments	✔	100%
National Audit of seizure management in hospitals (NASH) 3	✔	100%
Acute Care		
Cardiac Arrest (National Cardiac Arrest Audit)	✔	100%
Case Mix Programme (CMP)	✔	100%

The National Clinical Audits that South Warwickshire Foundation Trust was eligible to participate in 2019-20	The National Clinical Audits that South Warwickshire Foundation Trust were eligible for and participated in 2019-20	National Clinical Audits that SWFT participated in and for which data collection completed, % completion
Society for Acute Medicine Benchmarking Audit (SAMBA)	X	N/A
National Emergency Laparotomy Audit (NELA)	✔	100%
Anaesthetics		
Perioperative Quality Improvement Programme	✔	100%
Cancer		
Lung cancer (National Lung Cancer Audit)	✔	100%
National Gastro-Intestinal Cancer Programme:		
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		
National Cardiac Audit Programme:		
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%

The National Clinical Audits that South Warwickshire Foundation Trust was eligible to participate in 2019-20	The National Clinical Audits that South Warwickshire Foundation Trust were eligible for and participated in 2019-20	National Clinical Audits that SWFT participated in and for which data collection completed, % completion
Endocrine		
Endocrine and Thyroid National Audit	✓	100%
End of Life		
National Audit of Care at the End of Life (NACEL)	✓	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%
Long Term Conditions		
National Diabetes Audit Programme:		
National Diabetes Audit	✓	100%
National Inpatient Audit	✓	100%
Diabetes in Pregnancy Audit	✓	100%
Diabetes Foot Care Audit	✓	100%
National Audit of Dementia	✓	100%
Inflammatory Bowel Disease (National IBD Registry Audit)	✓	100%
UK Parkinson's 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 (Royal College of Paediatrics and Child Health – RCPH) National Paediatric Diabetes Audit)	✓	100%

The National Clinical Audits that South Warwickshire Foundation Trust was eligible to participate in 2019-20	The National Clinical Audits that South Warwickshire Foundation Trust were eligible for and participated in 2019-20	National Clinical Audits that SWFT participated in and for which data collection completed, % completion
Maternal, New-born and Infant Clinical Outcome Review Programme (MBRACE-UK)	✔	100%
National Maternity and Perinatal Audit (NMPA)	✔	100%
Older People		
Falls and Fragility Fractures Programme:		
National Hip Fracture Database	✔	100%
National Inpatient Falls audit	✔	100%
Sentinel Stroke National Audit Programme (SSNAP)	✔	100%
National Audit of Dementia	✔	100%
Ophthalmology		
National Ophthalmology Audit	✔	100%
Rheumatology		
National Early Inflammatory Arthritis Audit (NEIAA)	✔	100%
Respiratory		
National Asthma and COPD Audit Programme:		
COPD	**X**	No data submitted since Oct 2018
Adult Asthma	✔	No data submitted since Oct 2019
Paediatric Asthma	✔	100%
Pulmonary Rehabilitation	✔	100%
National Smoking Cessation Audit	✔	100%
Serious Hazards of Transfusion (SHOT)		
Serious Hazards of Transfusion (SHOT); UK national haemovigilance scheme	✔	All required data submitted directly

National Confidential Enquiries that South Warwickshire Foundation Trust is eligible to participate in 2019-20	National Confidential Enquiries that South Warwickshire Foundation Trust were eligible for and participated in 2019-20	National Confidential Enquiries that SWFT participated in and for which data collection completed, % completion
Long Term Ventilation	✓	100% clinical questionnaires returned
Acute Bowel Obstruction	✓	100% clinical questionnaires returned
Dysphagia in Parkinson's patients	✓	Data collection in Progress
Out of Hospital Cardiac Arrest	✓	Data collection in Progress

The reports of 20 National Clinical Audits were reviewed by the provider in 2019-20 and South Warwickshire NHS Foundation Trust is taking the following actions to improve the quality of healthcare provided.

National Lung Cancer Audit (NLCA)

- Macmillan bid submitted to increase CNS resource.
- Respiratory Manager to commence business case to increase Consultant resource.

National Cardiac Arrest Audit (NCAA)

- Monitoring of peri arrest and cardiac arrest calls in relation to days of week and out of hours needs to be continued and benchmarked versus national data.
- Automated External Defibrillation training will continue for all grades of medical, nursing and midwifery staff, including health care support workers, and those that work within the community setting.
- Any unexpected non survivors will be reviewed by the Resuscitation Committee on a quarterly basis.
- Resuscitation department to review NCAA reports quarterly- to identify any concerning trends. To report these to the Resuscitation Committee and provide actions plans to address these.
- Encourage Clinicians to have early discussions with patients /families with regard to escalation of care if there is a risk of acute deterioration -This will be addressed through mandatory training, End of Life (EOL) meetings etc. and at point of care.

Sentinel Stroke National Audit Programme (SSNAP)

- Raise the profile and contact details of the stroke specialist team amongst SWFT staff (Doctors and Nurses).
- Further improve the admission to CT scan time.
- Educate key staff on the stroke pathway and national guidelines.
- Ensure Emergency Department (ED) staff are skilled to carry out swallow assessments.
- Ring fence stroke assessment bed.

National Audit of Dementia (NAD)

- Education for junior doctors on cognitive assessment and delirium screening.
- Delirium Screening Tool to form part of the Dementia Bundle.
- Dementia E-Learning in place and being used as a basis for awareness raising.
- Determine how we can ensure confidentiality for family meeting space and identify sites. within the hospital we could in the long term designate as safe spaces for families to talk through any concerns or their experiences.
- Dedicated dementia roles to be developed.

National Core Diabetes Audit (NDA)

- New approach to engaging those who have missed appointments – DNA pathway with Community Nurse.

National Diabetes Foot Care Audit (NDFA)

- Ongoing practice and community nurse training to assess and manage diabetic foot and facilitate referrals.
- Increased clinic capacity.
- Patient engagement event.
- Assist with the roll out of the risk stratification tool via commissioners.
- Incidents and Root Cause Analysis (RCA) performed on delayed referrals when they occur.

National Pregnancy in Diabetes Audit (NPID)

- Relaunch pre-conception education campaign to all diabetes clinics at SWFT, General Practitioners (GPs), Maternity Hubs, breast feeding clinics, labour ward.
- Target transitional girls utilising other diabetes pathways at South Warwickshire Foundation Trust (SWFT).
- Design and circulate pre-conception checklist.
- Issue all pregnant diabetic patients a continuous glucose monitoring (CGM) machine starting April 2020.
- Deep dive into all Special Care Baby Unit (SCBU) admissions.

National Paediatric Diabetes Audit (NPDA)

- Annual Dietetic appointments to be offered to all patients.
- Further Audit of Emergency Admissions.

Royal College of Emergency Medicine (RCEM) Venous thromboembolism (VTE) risk in Lower Limb Immobilisation Audit

- Emergency Department Orthopaedic and Haematology departments to produce a Trust compliant tool for the assessment & management of VTE risk in ambulatory adult patients requiring leg immobilisation.

RCEM Feverish Child Audit

- More Paediatric Nurses and ED triage training.
- Remind staff to always document discussion and senior reviews in the notes.
- Use the Sepsis triage tool to stratify risk of sepsis for feverish children so that they receive appropriate escalation and senior review.
- Teaching of the feverish child and sepsis to be included in the departmental teaching programme.

National Specialist Rehabilitation Audit for Patients with Complex Needs Following Major Injury

- To support the development of hyper acute beds at UHCW (Major Trauma Centre).
- To work with NHSE to facilitate faster funding approvals to reduce the wait between acceptance and admission to Central England Rehabilitation Unit (CERU).
- To achieve 100% completion of the rehabilitation prescription on discharge from CERU in keeping with Best Practice Tariff (BPT).

The reports of 105 local clinical audits were reviewed by the provider in 2019-20 and the Trust intends to take the following actions to improve the quality of healthcare provided.

A selection of actions from the local audits that will have a beneficial outcome on patient care is described below:

- Advanced Clinical Practitioners to receive formal training and which will enable them to carry out and teach fascia iliac blocks.
- Produce and provide a leaflet for patients on information regarding their fracture and the rehabilitation and recovery process.

- Set up Protocol for clinically triaging patients appropriate for virtual clinics, developing policy and procedure to support clinic working.
- Work with Clinical Leads, Safeguarding Lead and senior nurses in highlighting requirement of Mental Capacity Act (MCA).
- Monthly pharmacy teaching sessions for junior doctors on Acute Medical Unit (AMU) highlighting trends in medication errors.
- Identification of safeguarding 'champions' in each clinical area.

Our Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2019/2020 that were recruited during that period to participate in research approved by a research ethics committee as part of the Health Research Authority was 730.

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 64 clinical research studies during 2019/2020. Of these, 61 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	Number of Studies	Total Numbers of Patients Recruited
Cancer & Haematology	11	6
Trauma, Musculoskeletal & Emergencies	9	312
Anaesthetics & Haematology	8	91
Reproductive Health	6	205
Paediatrics	5	12
Gastroenterology & Hepatology	4	10
Diabetes	3	10
Surgery	3	17
Respiratory	2	4
Eyes & Ear, Nose & Throat (ENT)	2	0
Health Services & Research Delivery & Primary Care	2	23
Cardiology	1	40
Dermatology	1	0
Educational (PhD & MSc etc.)	3	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.

Our Commissioning for Quality and Innovation (CQUINs) Performance
(Goals Agreed with Commissioners)

A proportion of the Trust's income in 2019/20 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 2019/20 conditional upon achieving quality improvement and innovation goals was £2,238,835 for acute services and £250,001 for community services. The value of income for the associated payment in 2018/19 was £4,112,206 for acute services and £439,471 for community services. Income associated with CQUINs reduced in 2019/20 due to a proportion of this funding being transferred into the main tariff.

Further details of the agreed goals for 2019/20 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. Of note, as a result of the Covid-19 Pandemic, national guidance was published that gave instruction to NHS organisations to pause the 2020/21 CQUIN schemes for the first quarter of the year.

Care Quality Commission

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status is "registered without conditions".

The CQC has not taken enforcement action against the Trust during 2019/20.

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 by the CQC in August and September 2019 and we were delighted to be awarded an overall rating of 'Outstanding' with no enforcement actions stipulated.

There were areas identified for minor improvement in parts of the Trust, for which the Trust has taken action to improve. Progress is monitored internally through the Trust's Divisional Audit and Operational Governance Groups (AOGGs) and Clinical Governance Committee.

Overall Outstanding		
Read overall summary	Safe	Good
	Effective	Good
	Caring	Good
	Responsive	Outstanding
	Well-led	Outstanding
Use of Resources		Outstanding

Our Data Quality

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%	99.7%
Accident and Emergency care	99.2%	97.7%

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%	99.7%
Outpatient care	100%	99.6%
Accident and emergency care	100%	97.9%

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 2019/2020 by NHS Improvement. We did however undertake an annual coding audit in support of information governance requirements during January 2020. There were 200 episodes of care audited which covered five specialties; Ear, Nose, & Throat (ENT), General Medicine, Cardiology, Respiratory and Trauma & Orthopaedics. The Trust will be taking the following actions to improve data quality.

Audit Findings

There were eight Healthcare Resource Groups where payments would have changed. This was due in the main to two recurring errors within the cardiology sample which had a significant impact on the results. One of these errors had already been identified by the Trust and coding is now complying with national standards.

The overall financial value of the errors identified would have led to a decrease in income to the Trust of £981 from the sample size of £265,733.

Provider episodes tested in sample	200
% episodes changing payment	8%
Pre audit commissioner payment	£265,733
Post audit commissioner payment	£264,752
Net change in payment – overcharge	- £981
Net change in payment %	-0.37%

The overall performance was good with the standards being met for the Data Security and Protection Toolkit (DSPT).

Key Metrics		
	% correct 2019/2020	**% correct 2018/19**
Primary Diagnosis	94.0%	95.0%
Secondary Diagnosis	95.6%	95.2%
Primary Procedure	93.0%	94.3%
Secondary Procedure	92.3%	93.3%

Report Conclusions

The audit report was very positive and the trust were congratulated on a good overall clinical coding result.

In particular the coding of general medicine and respiratory episodes was excellent and achieved the 'standards exceeded' level.

Due to the recurring errors within cardiology the sample did not meet the 'standards met' parameter. However, this has changed since the sample for the audit was taken and we are complying with the national standards.

The following were identified where improvement could be made:
- Ensure internal training sessions take place to improve the accuracy of cardiology coding.
- Engagement with clinical staff should take place to enable correct codes to be assigned for surgical eponyms.
- The use of the history tool should be reviewed to ensure that all comorbidities assigned using this method are clearly evidenced with any clarification taking place with the responsible clinician.

It has been a successful year with five trainees qualifying as accredited clinical coders.   There are currently three trainees in post with two due to take their exams. A further three trainees are due to commence in May 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

Work continues with the Out of Hospital Care Collaborative to ensure that their data quality standards are met. This includes engaging through the 'North' Quality & Performance group and the 'South' Health and Care Business and Quality Meeting'.

A number of data quality issues have been identified and these are being picked up with the appropriate teams.

Elective Division

An Elective Costing and Data Assurance Group has been established within the division. This group which will be accountable to the Finance & Performance (F&P) Committee, Divisional Board while reporting key issues through to the Audit Committee.
The expectation is the group will:

- Utilise benchmarking, including Costing, Activity, Model Hospital, GIRFT and Service Line Reporting data to identify opportunities for improvement in patient care quality, productivity & efficiency and data quality.
- Monitor data quality across the division covering all aspects that could impact on income, quality of patient care and patient experience
- To provide assurance to the Audit Committee in relation to compliance with Costing and Data quality standards.

Emergency Division

The division continues to work through plans to improve the quality and completeness of the coding for Emergency Department activity.

The plan is to establish a Costing and Data Assurance Group within the division using the same model as the Elective Division. Progress on this has unfortunately been delayed due to the Covid situation temporarily changing priorities.

Women's and Children's Division

There have been improvements in the quality of the data recorded within the maternity system, 'Badger', and on Lorenzo with data quality reports continuing to be provided where errors occur. During 2019/20 Internal Audit undertook a review of the data accuracy with the outcome being "Significant Assurance" being awarded.

Data Quality and Assurance Framework

In January 2020 NHS Digital released an updated document reiterating the importance of data quality in relation to patient safety surveillance, more timely and accurate diagnoses while improving the decision-making processes within organisations around workforce and planning.

The framework identifies areas that may require further development to ensure that all data assurance processes and practices are in place.

- Establish a Data Quality Group or as appropriate.
- Established process for reporting and actioning data quality related incidents to resolve and learn from data quality errors.
- Formal data quality training and education programme delivered to the staff.
- Programme of systems training that defines system usage best practice and promotes the quality data at the point of entry.
- Data quality metrics in place to assure the underlying data used in key pathways or metrics.

We have therefore written a paper providing detail of where we are as a Trust in our assurance of data quality and how we intend to further develop our mechanisms to ensure full engagement across the Trust.

Information Governance (IG)

Information Governance (IG) is a legal framework that governs the use of personal confidential data in a health and social care setting.

IG defines the holistic approach to managing information by implementing processes that the Trust and its employees require to process and handle information in a secure, legal and effective way in order to deliver organisational information.

The IG framework covers the creation, storage, sharing and disposing of information and incorporates all related documentation that improves and protects information security, quality, processing and the handling of data, providing a consistent and common-sense framework which brings together the 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)18
- Records Management

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

Data Security and Protection Standards for health and care were introduced on the 1st April 2018 by NHS Digital, setting out the National Data Guardians (NDG) data security standards.

The Trust must undertake a self-assessment to identify and evidence its current compliance against the 10 NDG data security standards.

The Data Security and Protection Toolkit (DSPT) is the online self-assessment toolkit that enables the Trust to do this. The DSPT comprises of 10 NDG data security standards, which contain 116 mandatory evidence items; these are:

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

At the beginning of 2019, NHS Digital provided a briefing on arrangements for the DSPT which advised that the DSPT status will be shared with the Care Quality Commission (CQC), NHS England and NHS Improvement.

The final publication assessment submission reported by organisations will be used by the CQC when identifying how well the Trust are implementing the 10 Data Security Standards; this comes under the well-led, Key Line of Enquiry W6 "Is appropriate and accurate information being effectively processed and acted on".

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

Due to the current COVID-19 pandemic, NHS Digital have taken the decision to move the final deadline for submission to 30th September 2020 and in light of these events the Trust will not be completing the final submission until June 2020.

The Trust however will continue to build its resilience against Cyberattacks, continuing to maintain the required patching regimes, acknowledging and mitigating any High Severity Alerts issued by NHS Digital which will allow continuity of frontline services.

Currently the Trust has completed 80% of the required evidence items.

Our 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 2019 – March 20, 784 of the Trust's patients died in hospital (as opposed to community patients dying outside of hospital) of which 10 were people with learning disabilities and nil had a severe mental illness. During this period there was 1 neonatal death and 7 still births.

This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 174 in the first quarter (of which 4 was a person with learning disabilities and 1 had a severe mental illness). During this period there were nil neonatal deaths and 3 still births.
- 179 in the second quarter (of which 3 were people with learning disabilities and nil had a severe mental illness). During this period there was 1 neonatal death and 2 still births.
- 212 in the third quarter (of which 2 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.
- 219 in the fourth quarter (of which 1 was a person with learning disabilities and nil had a severe mental illness). During this period there was nil neonatal death and 2 still births.

By 31 March 2020, 244 case record reviews (mortality reviews) and 40 investigations (follow-up incidents, initial management review or serious incident) had been carried out in relation to the 784 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 mortality review was carried out was:

- 92 in quarter 1
- 90 in quarter 2
- 49 in quarter 3 (so far – there is always a time lag between the date of death and date of review)
- 13 in quarter 4 (so far – there is always a time lag between the date of death and date of review)

One, representing 0.1% 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: nil (representing 0%) for the first quarter; one (representing 0.1%) for the second quarter; nil (representing 0%) 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.

One investigation completed after 31 March 2019 related to deaths which took place before the start of the reporting period (e.g. they took place in 2018/19).

This 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.

Over the 12 months of this report, the overall standardised mortality rates for the Trust have been stable and have remained below peer for Hospital Standardised Mortality Ratio (HSMR) and Risk Adjusted Mortality Indicator (RAMI), and within the expected range for NHS trusts in England for Summary Hospital-level Mortality Indicator (SHMI).

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 DHSC 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 (CGC) and Board of Directors (BoD).

Over the 12-month period of this report, the Trust HSMR and RAMI have remained stable and have remained below the Trust's peer group.

12 Monthly Rolling Values:

HSMR (Hospital Standardised Mortality Ratio)
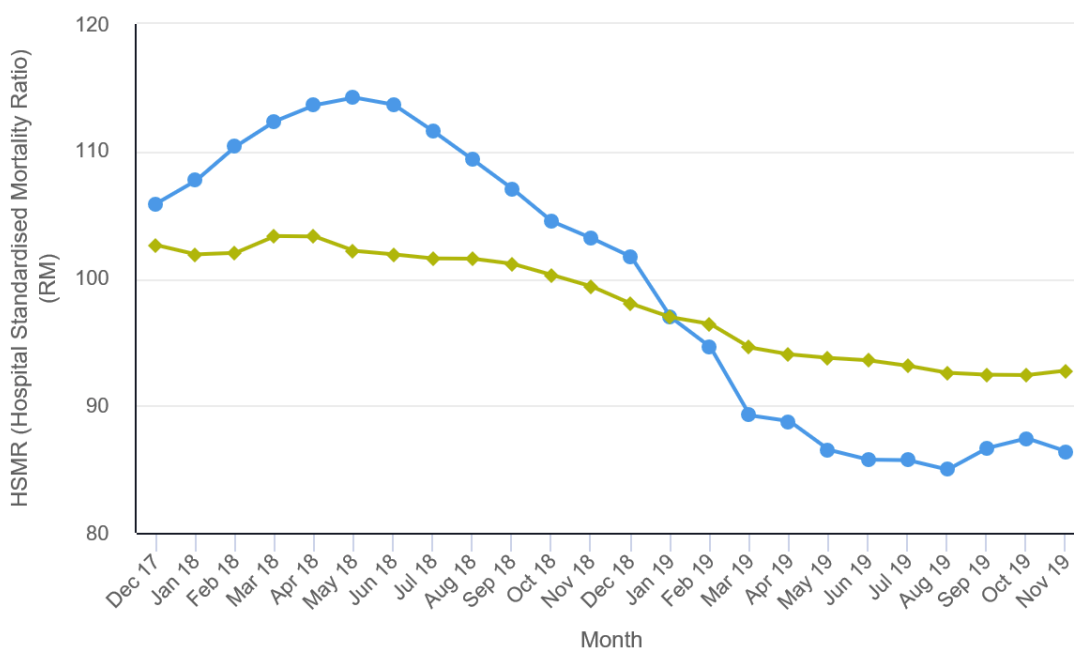
KEY
SWFT = Blue
Peer = Green

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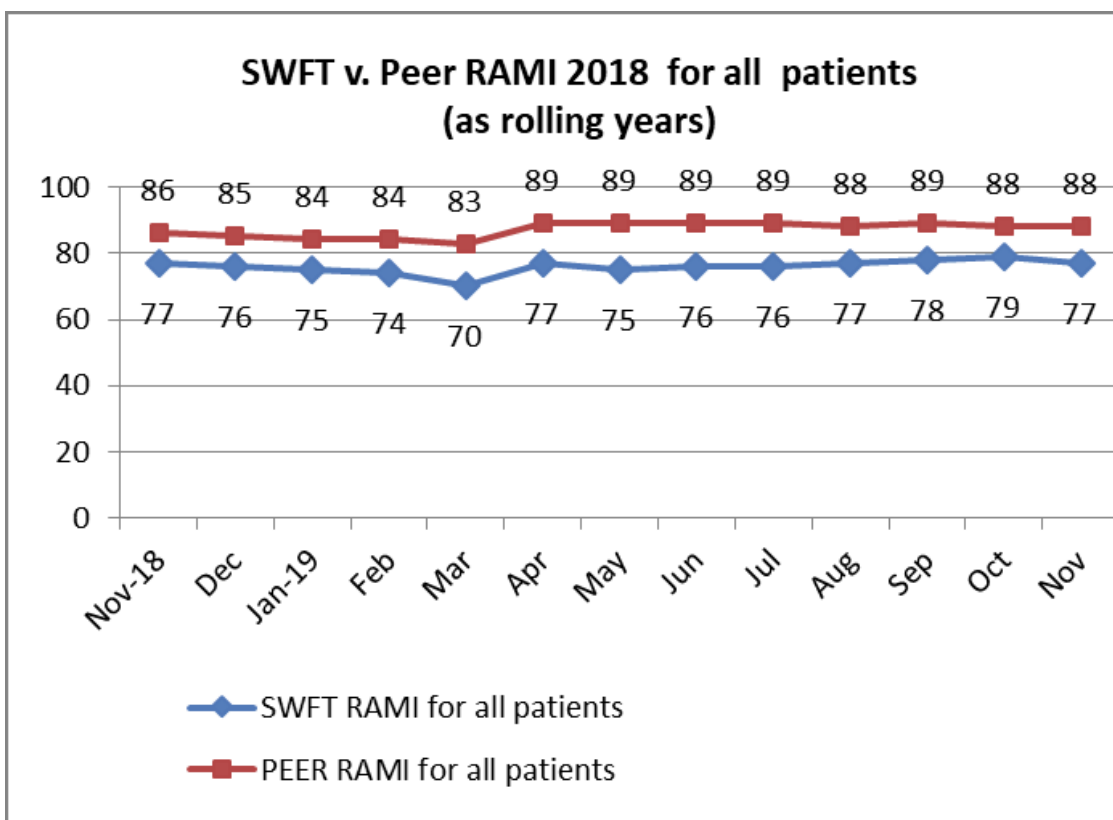
Summary Hospital-Level Mortality Indicator (SHMI)

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 2018 to September 2019) is 1.00 which is "as expected" and which has remained stable over the year. The preceding latest values for SHMI are:
- July 2018 to June 2019   0.98   (Lower 0.88, Upper 1.14)
- April 2018 to March 2019   0.99   (Lower 0.88, Upper 1.13)
- January 2018 to December 2018   1.0   (Lower 0.89, Upper 1.13)
- October 2017 to September 2018   0.99   (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 CGC and BoD and in its latest quarterly report for February 2020 has provided assurance that:

- Mortality rates for all deaths remain in the "As Expected" range with a continuing fall in HSMR, RAMI and SHMI. HSMR and RAMI fall below the Trust's peer group;
- the MSC continues to monitor risk adjusted mortality at speciality and diagnosis level, and commissions further detailed work when appropriate;
- the current Mortality Scorecard is green for all indicators with the exception of:
  - deaths with zero length of stay – assurance for this has been provided in August 2019;
  - sepsis – assurance for this has been provided in September 2019;
- 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 by developing the Medical Examiner Model.

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; deaths with zero length of stay, and sepsis.

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.
- Lead Medical Examiner feedback.
- 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 i.e. more likely than not to have resulted from problems in healthcare.
- Initial Management Review (IMR) minutes for unexpected deaths (non-serious incidents).
- Child Death Reviews.

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 the 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 CGC on a quarterly basis, which reports to the BoD. The BoD also receives a monthly report of mortality figures in the integrated quality dashboard, and a quarterly mortality update.

Recent Learning from Mortality Reviews

Staff have been informed to:
- note that an escalation plan in a patient with COPD and long-term oxygen therapy would have been helpful in the patient's future management and hospital admission;
- ensure that ReSPECT forms are brought to hospital and if not are completed promptly;
- consider providing glucose testing for families who care for type 2 diabetes patients with complex needs;
- ensure that accurate fluid balance charts are recorded particularly in patients who are fluid restricted;
- remember the importance of timely and robust safeguarding procedures and multi-agency meetings with decision making;
- note that a careful review of the history, all documentation and the CXR may be helpful in distinguishing pulmonary oedema from pneumonia;
- have a high threshold for direct admission to the Frailty Assessment Area with a presentation of abdominal pain.

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.

Following the learning described in last year's Quality Accounts, orthogeriatricians have been appointed to improve outcomes for patients particularly those with frailty, with fractures of the neck of femur and other fractures.

Following the learning described in last year's Quality Accounts, there has been work with UHCW to develop a shared Acute Kidney Injury (AKI) care bundle.

Following the learning described in last year's Quality Accounts, there is much improved Trust wide 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.

Following audits of the treatment of sepsis, and of deaths in patients with a diagnosis of sepsis, the following have been developed and introduced:

- Training for Doctors and Nurses:
  o Final year medical students from Buckingham, and Warwick Medical Schools now receive simulation training around sepsis and its management;
  o enhanced FI Doctor teaching;
  o The production of a video, "Sepsis and Care of the Deteriorating Patient" for the Trust induction package
  o e-learning on Training Tracker for all clinical staff on "National Early Warning Score (NEWS), Situation - Background - Assessment - Recommendation (SBAR), Fluid Balance, Sepsis 6";
  o enhanced e-learning package on Care Bundles for Junior Medical staff developed (mandatory to complete within the first 2 months) has been introduced.

- Development of patient information leaflets for sepsis:
  o "Sepsis in Children: Parent / Carer Advice following discharge";
  o "Discharge Advice following Assessment for Sepsis in Adults";
  o "Sepsis: Discharge Information for Patients and Relatives";
  o "Losing a Loved One to Sepsis: Information for Relatives".

- Implementation of an electronic observation system:
  o 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.

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 one such death identified during the period of this report, identified learning for escalating the deteriorating patient and around documentation.

The learning from mortality reviews has informed work to further improve the mortality review process by developing the local Medical Examiner model.

The mortality review process has facilitated working with primary care to jointly review deaths and share learning. The Clinical Commissioning Group (CCG) Mortality Lead attends the MSC. 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 in August 2019 and the findings were presented to the September MSC and shared with the CCG.

A review of learning from the deaths of patients with a learning disability (LeDeR) within the Trust is being undertaken with the CCG, to ensure that LeDeR is being implemented in a proportionate way in Trusts across the district.

At the most recent meeting of the Coventry and Warwickshire System Wide Mortality Oversight Group, the first LeDeR Annual Report for Coventry and Warwickshire was circulated with learning and an action plan, and was reviewed at the MSC meeting in February 2020.

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 CGC.

Learning from mortality reviews is shared more widely across the West Midlands through the West Midlands Mortality Leads Meetings, and the Coventry and Warwickshire System Wide Mortality Oversight Group with feedback through the MSC.

Actions Proposed Following the Reporting Period

- To fully implement the Medical Examiner model in the Trust to include the successful recruitment of a good quality stable team, and the development of the supporting infrastructure with particular reference to the development of the ME Officer role, and supporting IT systems.

2.3 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 Digital.

Indicator	Performance of two reporting periods	National average	Highest score and lowest score
(a) 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 October 18 – September 19 – 1.0	1.0 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% October 18 – September 19 – 27.79% *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 AOGGs which report monthly to the Mortality Surveillance Committee (MSC) will continue and the process will be consistently reviewed for improvement. The MSC also monitors risk adjusted mortality at speciality and diagnosis level, and commissions further detailed work when appropriate. The AOGGs and the MSC will report on a quarterly basis to the Clinical Governance Committee, 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:

(i)   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
	18/19	EQ-5D	0.444	0.457
		EQ VAS	13.603	14.103
		Oxford Hip	20.936	22.258
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
	18/19	EQ-5D	0.341	0.337
		EQ VAS	8.903	7.537
		Oxford Knee	No data	No data
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		
	18/19	EQ-5D		
		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		0.092
		EQ VAS		0.081
		Aberdeen VV Qu		-8.248
	17/18	EQ-5D	*Not available	
		EQ VAS		
		Aberdeen VV Qu		
	18/19	EQ-5D		
		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 need the consideration of a health economy-wide group to influence.		
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% 2019/20: (i) 0-15 years 2.2% (ii) 16 years and over 3.1%	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 are not up to date, we have looked at our recent data for the overall Trust average for all ages groups which is comparable to our peer group of similar hospitals when using data analysis from Capita - CHKS. **The Trust has taken the following actions to improve these scores, and so the quality of its services by:** The Trust intends to take the following actions to reduce readmissions: Continue to develop ambulatory care, acute decisions unit to include medical and surgical patients, while improving the integration of our acute teams with the Community Services 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) 2018 – 8.1 The latest published in-patient survey CQC data relates to 2018	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 Trust's 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% 2019: 85.7%	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 for 2019 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 which includes a focus on wellbeing, behaviour development and ensuring we focus developing leaders, teams and individuals to all contribute to the delivery of great care. Clearly the Trust will be focusing on its lowest ranking scores, 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% 2019/20 – 95.9%	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	2017/18 – 9.69 2018/19 – 6.07 2019/20 – 12.73 (19 cases)	Not traceable on NHSI or NHSD	Not traceable on NHSI or NHSD

during the reporting period.	The Trust considers that this data is as described for the following reasons: On 1st April 2019, there was a change in the definitions of which C.diff cases would be attributed Trusts. This was as follows: • Hospital Onset Healthcare Associated (HOHA) – cases that are detected in the hospital 3 or more days after admission • Community Onset Healthcare associated (COHA) – cases that occur in the community, or within 2 days of admission, where the patient has been an in-patient in the trust reporting the case in the previous 4 weeks. As this would capture more cases which would be attributed to the Trust, our annual objective increased to 24 cases. This means that we are not in a position to compare our performance against previous years' outcomes. **The Trust has taken the following actions to improve these scores, and so the quality of its services by:** Continuing to investigate all cases of C.Diff and identify where lapses in care may have occurred and implement changes in practice to reduce further occurrences.		
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 2019/20 A total of 9553 patient safety incidents, of which 0.16% 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 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: Other Information

This section provides an overview of quality of care offered based on 2019/20 performance and Performance against the relevant indicators and performance thresholds.

The Trust agreed 9 priorities for quality improvement for 2019/20 and in this section of the report we will also 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.

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.

Patient Safety

Patient safety concerns everyone in the NHS, whether 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 with patients and their families, checking procedures, learning from errors and communicating effectively with the health care team.

Our 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.

These include:
- "Rumour Mill"; an electronic, internal application for asking anonymous questions and queries
- Datix / incident reporting
- Line management and team leader channels
- Directors and Chief Executive hold open door sessions
- Trade unions
- Human Resources (HR)
- Occupational health
- Chaplaincy
- Staff support
- Speak Up and Wellbeing Champions (who will offer signposting and general support)

They can also talk directly to the Freedom to Speak Up Guardian (FTSUG), Sue Pike who can be contacted by emailing ftsug@swft.nhs.uk or calling 07919226887.

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 has been 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 alleged 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 member of the Board of Directors, usually the Director of HR, Chief Executive, Senior Independent Director or Medical Director.

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

Rota Gaps

Work continues to ensure medical rotas are both compliant and meet the educational and training requirements set down by Health Education England.

The Trust is currently in the process of implementing the most recent changes in junior doctors' working regulations. Due to the nature of this agreement and the change in regulations they result in, the Trust anticipates some reduction in the level of clinical cover rotas can provide in order to comply with these changes.

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.

The Trust has been experiencing a higher rate of sickness absence amongst its medical workforce, with an increase in the level of absence between 2017 and 2019. The Medical Staffing team are working hard to source additional cover or reallocate staff to mitigate the impact of any staff absence. Where necessary acting down arrangements may be implemented to maintain patient safety.

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 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 2020 and is reflected in the graphs below. The next data collection is planned for July 2020.

Safety Thermometer
Harm Free Care (National and Trust performance)

2019/20
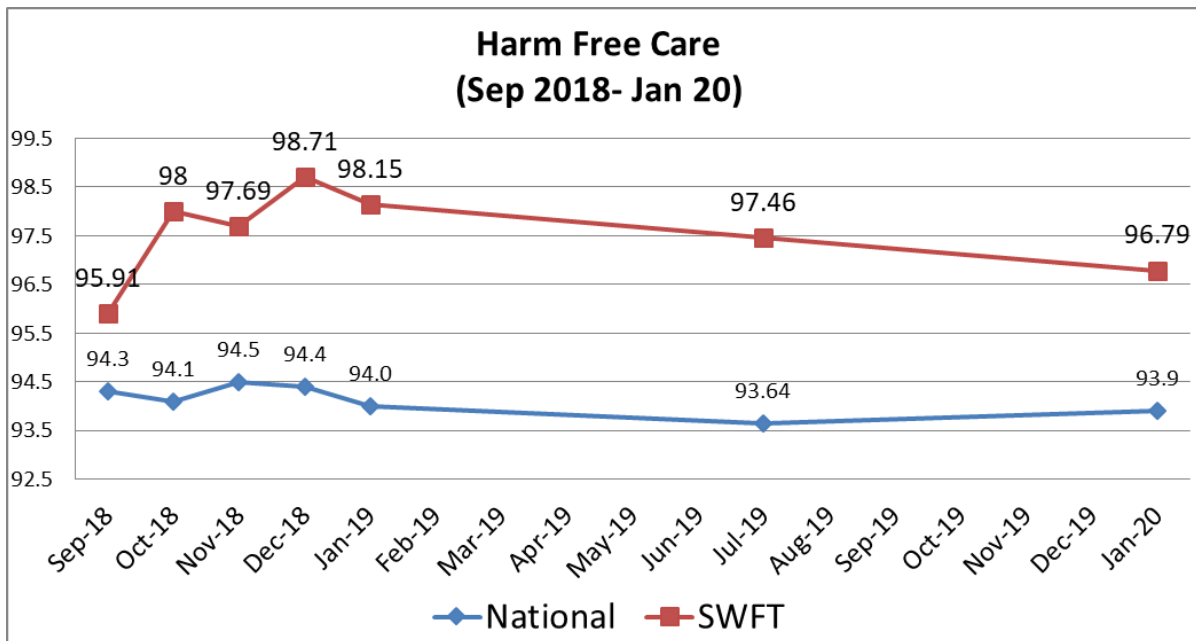
During 2019/20 the largest rate of harm was in connection with those pressure ulcers that are acquired from outside of the Trust. The safety thermometer has been successfully embedded across the Trust and its importance has been further evidenced by the overall achievement of 96% harm free care.

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 - Jan 20)
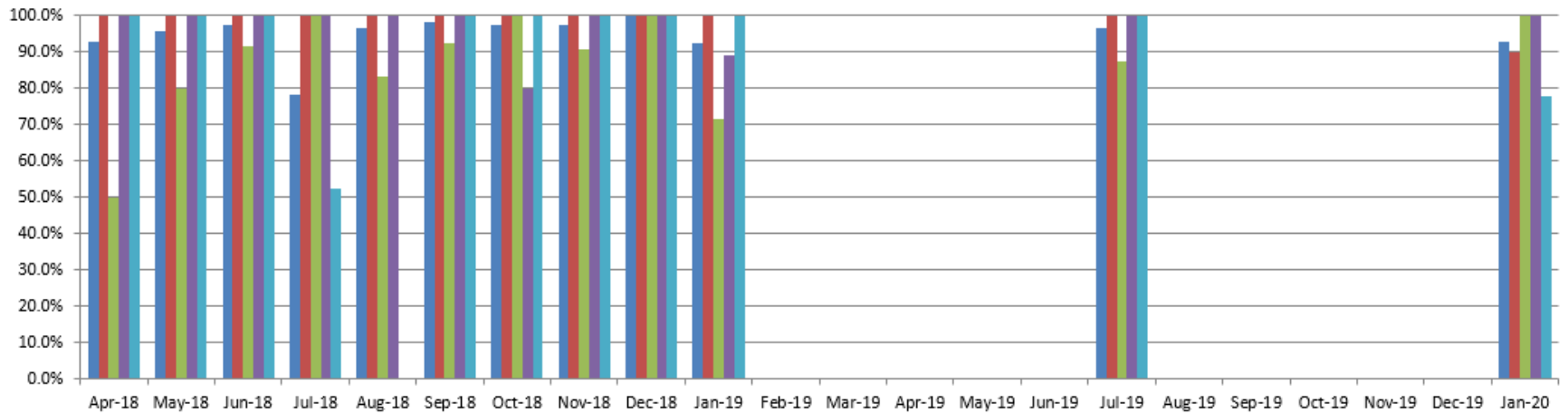
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Jul-19	Jan-20
ALL TEAMS	93.0%	95.7%	97.6%	78.0%	96.8%	98.2%	97.3%	97.2%	100.0%	92.3%	96.4%	92.9%
Children's Community Nursing	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%
Macgregor	50.0%	80.0%	91.7%	100.0%	83.3%	92.3%	100.0%	90.9%	100.0%	71.4%	87.5%	100.0%
SCBU	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%	88.9%	100.0%	100.0%
Swan (babies)	100.0%	100.0%	100.0%	52.6%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	77.8%

Maternity Safety Thermometer
Harm Free % (Aug 2018-2020)

- Aug-18: 71.4%
- Sep-18: 64.7%
- Oct-18: 66.7%
- Nov-18: 81.8%
- Dec-18: 72.0%
- Jan-19: 69.2%
- Jul-19: 100.0%
- Jan-20: 81.3%

Maternity (Labour & Swan)
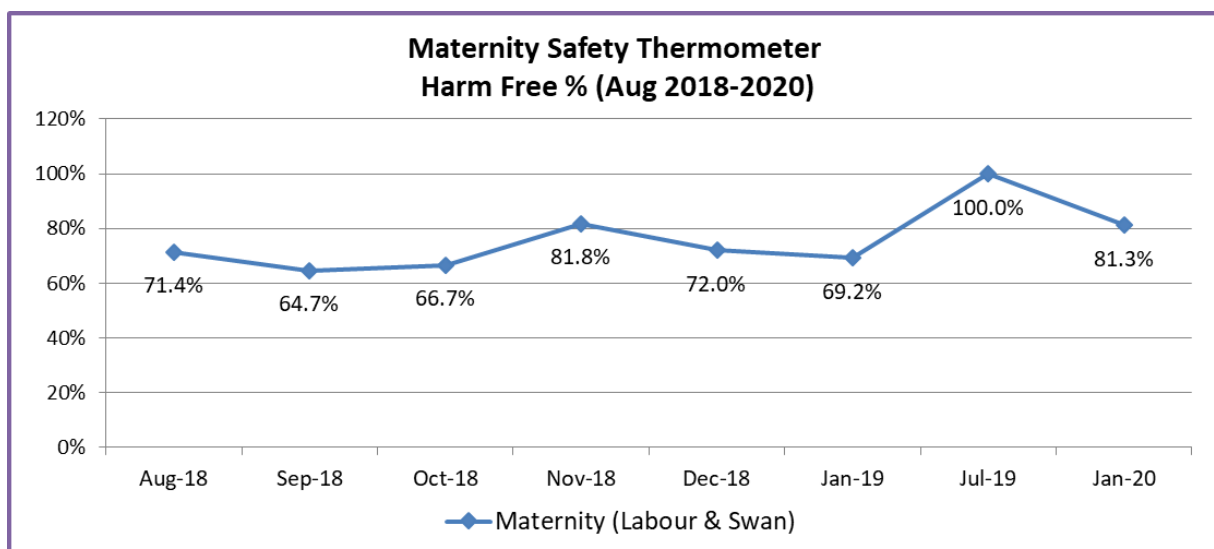
Patient Safety Incidents

"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 2019/20. 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. 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 2019/20 there have been 37 serious incidents (SIs) reported. Following investigation, 10 of these incidents were downgraded, leaving 27 SIs.

The table below illustrates the categories of reported incidents:

Serious Incidents		Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Total
Serious Incidents	Slip, Trip and Fall			1	2		1	1	1	2	2		1		11
	Delayed Diagnosis					1									1
	Sub-Optimal Care of a deteriorating patient				1	1						2			4
	Wrong Site Surgery				1		1					1			3
	Grade 3 Pressure Ulcer		1								1				2
	Maternity Services - Unexpected admission to NICU	1				1									2
	Maternity Services - Unexpected neonatal death			1				1							2
	Abscension													1	1
	Maternity Services - Intrauterine Death												1		1
	Section Total	**1**	**1**	**2**	**4**	**3**	**2**	**2**	**1**	**3**	**2**	**3**	**2**	**1**	**27**
Downgraded	Slip, Trip and Fall											1			1
	Delayed Diagnosis							1		2					3
	Unexpected Death							1	1						2
	Null									1					1
	Allegation against HC non-professional								1						1
	Screening Issues	1													1
	Surgical Error					1									1
	Section Total	**1**				**1**		**2**	**2**	**3**		**1**			**10**

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.

Duty of Candour Requirement	Compliance	
	Target	2019/20
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 2019/20, the Trust reported three (3) wrong site surgery Never Events (wrong mole has been removed, wrong biopsy taken and breast marker wire inserted into incorrect lesion). All three incidents were reported and investigated as Serious Incidents, with Duty of Candour principles being followed. Learning was identified and embedded in practice.

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, the RCA process has continued 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) infections and any 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" led to, or may have led to, the development of this episode of C.diff.

A maximum of 24 C.diff cases associated with one or more Lapses in Care, was set for the Trust in 2019/20 and we are extremely proud to report that we did not exceed this threshold and to date only reported one case of a C.Diff infection where a lapse of care was attributable to our services. 5 cases are still to be reviewed due the Covid-19 situation.

South Warwickshire NHS Trust
Avoidable C.diff cases year on year comparison
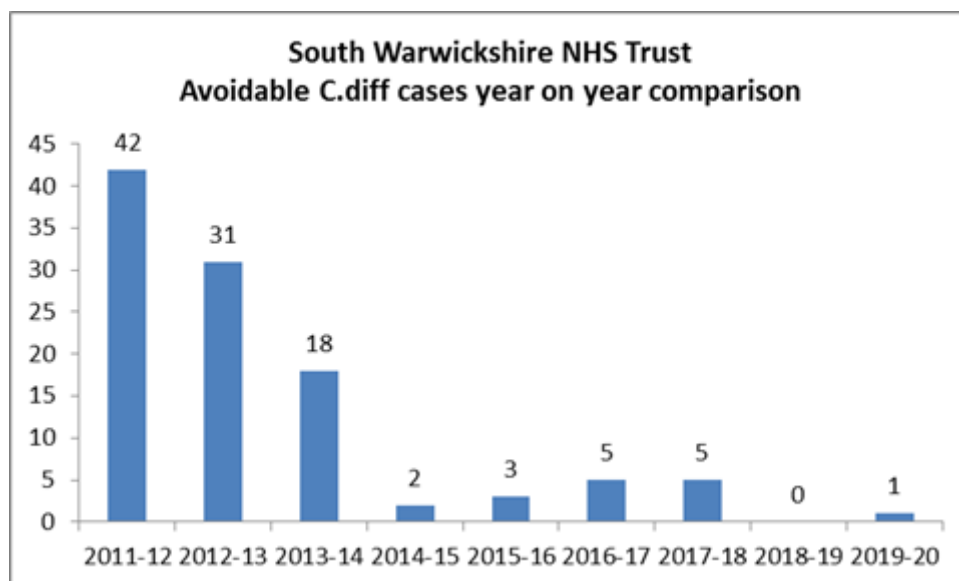
MRSA Bacteraemia

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 2019/20
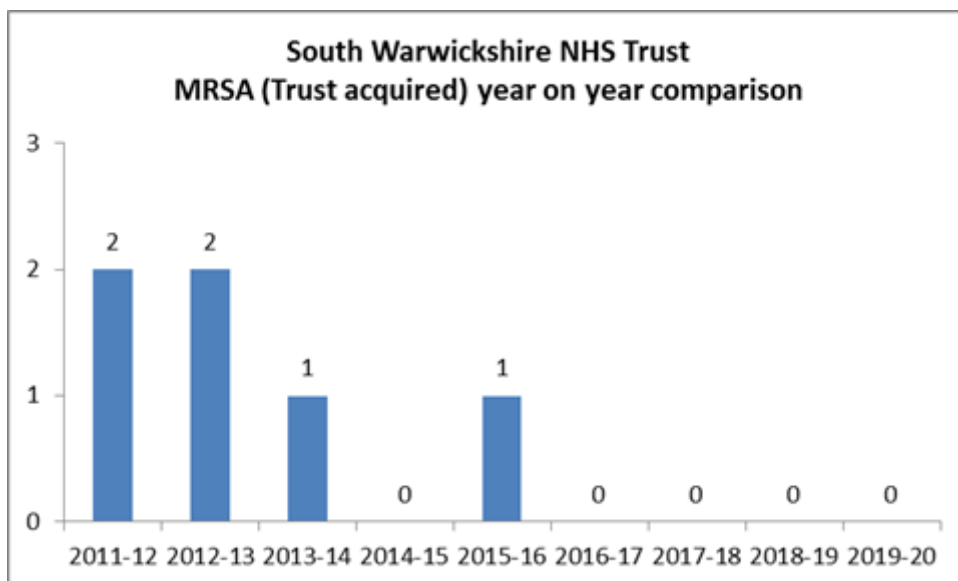
Methicillin-Sensitive Staphylococcus Aureus (MSSA)

Surveillance and monitoring of MSSA bacteraemias shows that rates of these remain low when compared nationally, however a total of 12 Trust attributed MSSA bacteraemias were identified in 2019/20. As with MRSA and C.diff, each case of MSSA bacteraemia was investigated and analysed, with no themes or trends identified.
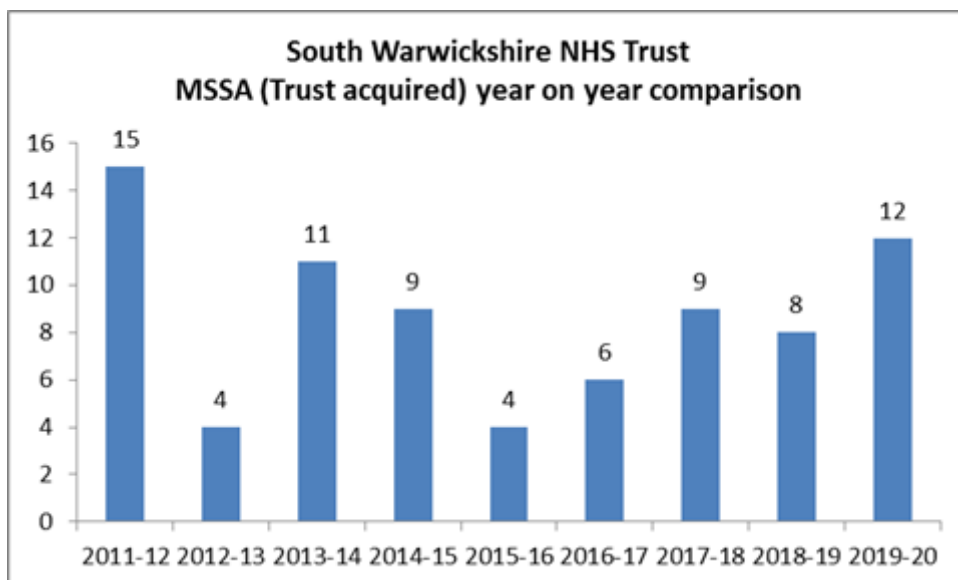
E.coli Bacteraemia

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. This work has proved successful and as a result the Trust has seen a significant reduction in the number of cases of E.Coli bacteraemia, with 19 Trust-attributed E.coli bacteraemias identified in 2019/20, compared to 33 cases in 2018/19. Clearly, this work will need to be continued but this provides assurance that this work has had some initial success towards achieving this ambition as a health-economy.
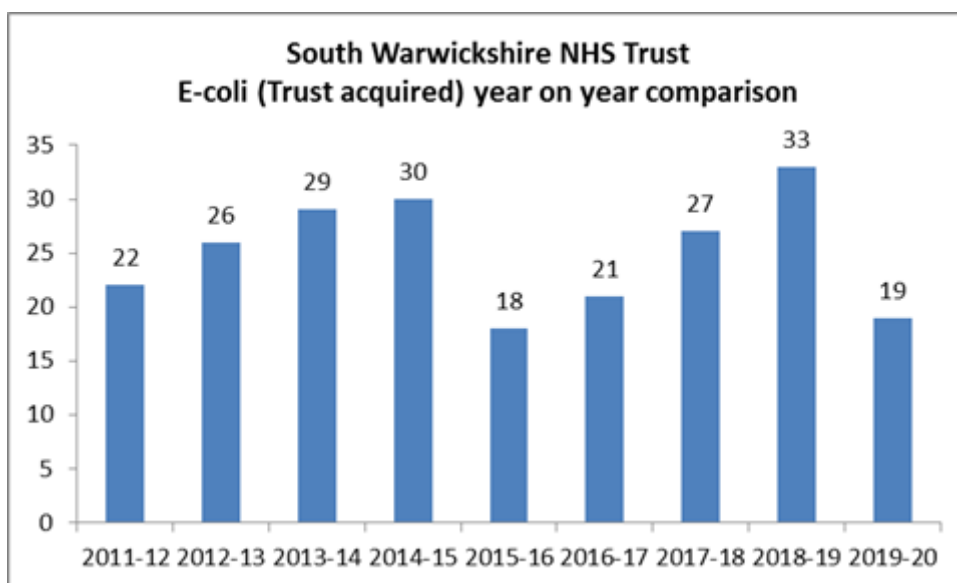
Sources of Healthcare Associated E.coli Bacteraemias 2019/20
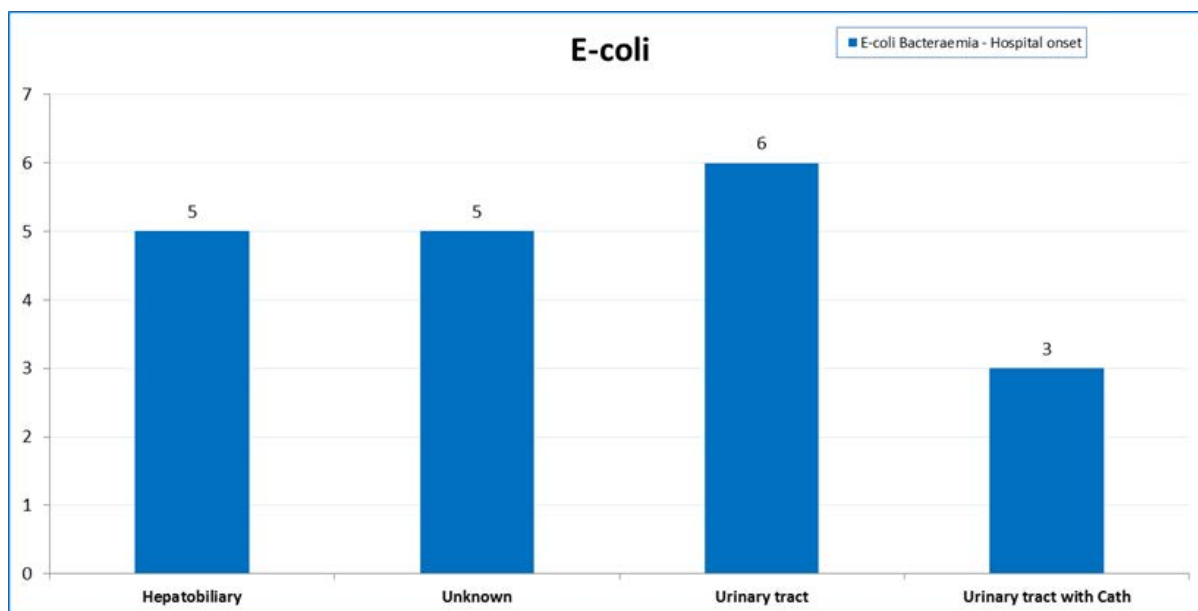
Pressure Ulcers

Pressure ulcers (PU) continue to be high on the Department of Health and Social Care (DHSC) agenda this year. The 'new' NHSI guidance on definition and measurement of pressure ulcers that was published in 2019 has now been embedded into trust practice and is business as usual. The guidance encompasses 30 recommendations and guidance around when to apply the SI framework regarding PU's which is now followed when reporting harm to patients. Decisions 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 trust acquired Category 3, 4 Suspected Deep-Tissue Injury (SDTI) and unstageable pressure ulcers have a Root Cause Analysis (RCA) completed and are presented to the Pressure Ulcer Review Group (PURG) monthly. A final decision is made as to 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 over the last year. These numbers should be considered alongside an increasing number of contacts each month seen by community services. Contacts have steadily increased from 20,000 contacts in 2013 to over 30,000 contacts each month in 2019/20. There have been 618 confirmed Category 2, 3 and 4 pressure ulcers in the year, 530 Category 2 with a mean average of 40 a month, 84 Category 3 with a mean average of 7 a month and a total of 4 Category 4 for the year. There have been no SI reported pressure ulcers for OOHCC.
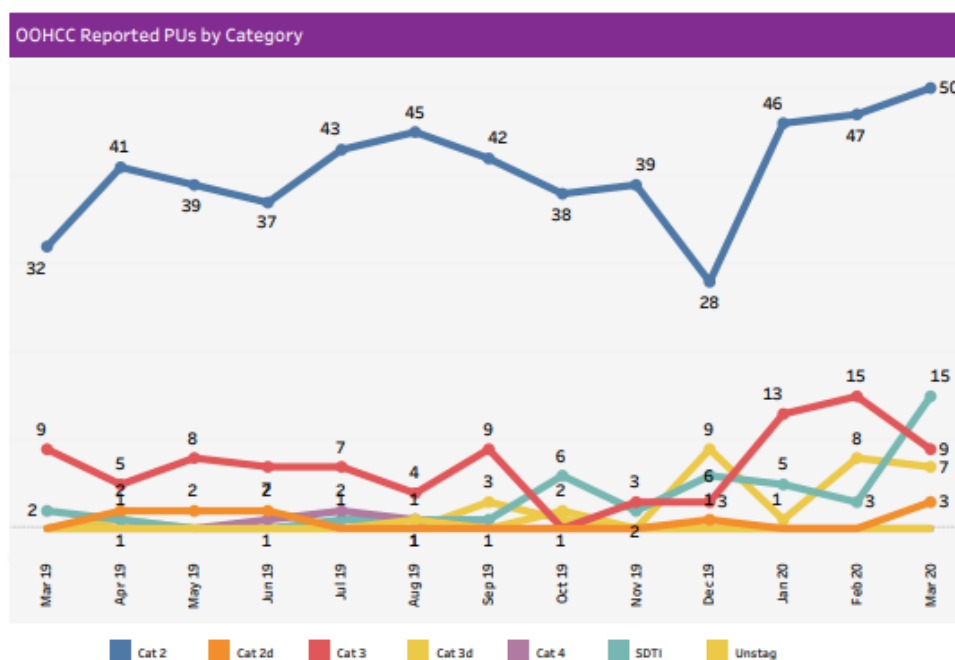
Main lessons learnt include:
- A need for better communication between acute and out of hospital re discharge planning regarding equipment
- Datix should be completed when skin damage is present on admission to the case load
- Escalation of capacity and staffing should occur with all teams in OHH and not only local teams
- Ensure all pressure areas are checked at initial assessment
- Ensure all documentation is completed as per policy

Acute

For year April 2019-March 2020
Category 2 with omissions = 9
Category 3 with omissions = 18

In May there were 0 pressure ulcers with omission in care but an increase in September.

Main themes throughout the year were:
- Long periods of sitting
- Equipment not matched to risk/upgraded
- Advice not given to patients
- Long periods of no repositioning
- Skin assessments not being completed
- Poor documentation
- Non concordance

Overview of Achievements and Initiatives by the Acute and OOHCC Tissue Viability (TV) Team 2019/20

- The TV team run two pressure ulcer awareness weeks each year in April and November. These include educational study events, posters and information in various formats. Each pressure ulcer awareness week focuses on a different topic.
  - In April 2019 the focus was the NHSI changes in categorisation and reporting. This included a full day study day open to all HCP including Doctors, Physiotherapists and Occupational Therapists, blast training to wards, integrated health teams and a weeklong social media campaign.
  - In November 2019 we supported World Stop the Pressure Day with social media coverage of the Essential TV training day where prizes were awarded for the quickest pressure point game
- 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.
- A new Band 6 training day has been developed targeting senior nurses in the teams/wards that covers wound and pressure ulcer prevention and assessment and the reporting process.
- All residential homes now have their own dedicated team of nurses that support the care staff in pressure ulcer prevention and when to contact the nurse teams.
- As part of the winter pressure plan to cover any shortages of air mattresses, repose companions (mattress toppers) were introduced into the A&E department as a short-term measure for patients at risk of developing pressure ulcers.
- Inpatient care records for pressure ulcer prevention have been reviewed and updated following recent RCA investigations.
- NHSI guidelines embedded into practice and documentation updated.
- A Legs Matter training and Legs Matter Natter were held in June to raise the awareness of leg ulcers.
- 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 2019 to focus on various topics including NHSI consensus role out, wound assessment, SDTI along with local meetings.
- TV team attended regional group: West Midlands Tissue Viability Nurses Association.
- The second year of CQUIN 10 audit was completed in quarter 4 2019. The aim of the fourth audit was to improve the assessment of chronic wounds that had failed to heal after 4 weeks with a target of 80% complete assessment compared to the base line audit. There has been a steady improvement in wound assessments for OHCC over the two year CQUIN. The 2nd audit completed May 2018 showed a 26% improvement, the third audit a 76% improvement and this final audit an 84% improvement on baseline. Each audit exceeded the set target for that audit.
- All OHCC wound care documentation is now on the electronic system EMIS system and is currently being reviewed.
- 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 antimicrobial project using antimicrobial wound dressing prophylactically on leg ulcers to see if healing rates would improve and the chronicity of wounds reduce has been completed. It concluded that 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. This will be rolled out across the OHCC when the new formulary is launched.
- The community nurses have a 94% compliance to the wound care formulary which is outstanding for FP10 prescribing.
- The skin tear project was completed Residential homes were taught to manage their residents' skin tears and only refer to the District Nurse (DN), for a scheduled visit if the wound was not progressing. The care staff in the pilot homes treated and totally managed 92% of wounds from onset through to healing without referral. Only 8% of injured residents needed to be referred to the community teams. Average healing time for residents with skin tears was 17.12 days which demonstrated that the wounds did not become chronic at any stage. The paramedics were not called out at any time to treat skin tears. Unfortunately, we have no baseline figures for ambulance call outs prior to the pilot. Carers reported feeling more confident to deal with skin tears and administer first aid to residents whereas previously they had felt they lacked the skills and knowledge and had to refer to paramedics or nurses. They enthusiastically attended training and participated actively in the practical sessions. Stronger links have been established between the residential homes and DN teams and designated nurses have been attached to each of the homes to support them with the residents. The patient received the correct first aid, and the correct wound dressing in the correct time frame. Prior to this project nurses would have had to admit 54 patients onto the caseload, following the project this reduced to 4 patients. This equates to 150 hours of nursing time saved in 4 homes over 3 months. 600 hours annually across 4 homes. This project is now being rolled out to the residential homes across SWFT. There are 79 residential homes in Warwickshire therefore potentially when the project is cascaded across the remaining 75 residential homes potentially 11,100 district nurse hours or 1,480 district nurse days could be saved as well as paramedic call out time and any impact on A&E there might have been.
- Joint working between vascular consultant, TV teams and leg ulcer clinics continues to standardise leg ulcer care across Warwickshire.
- Development and implementation of acute Trust wound care formulary for all inpatient areas.
- Developed closer working with Allied Health Professionals (AHPs) and now have a TV link physio.
- Introduced bespoke training for wards that have recurring themes and trends in RCA's
- Evaluated high specification air alternating mattresses which technology will reduce shear damage to sacrum and heels.
- Development and introduction of online referral system which encourages wound assessment prior to referral.
- The community wound care dressing evaluations have helped to inform a rapid review of the community formulary in March, prior to a new formulary being launched in April alongside a new online prescribing ordering system (ONPOS) that will help to address concerns with supply and demand and shortages of prescribers during the Covid-19 pandemic.
- Other initiatives undertaken during this time have included online triaging of wounds by TV team, a prophylactic antimicrobial pathway for all leg wounds to increase healing rates and reduce referrals to clinics, joint working with podiatrists regarding foot wounds, skin tear boxes for residential homes, skin protection guidance for staff wearing PPE and self-care wound care pathways for patients.

Work Planned for the Year Ahead:

- Complete the roll out of the skin tear project across 75 residential homes in Warwickshire.
- Further development of leg ulcer care across Warwickshire.
- Embed OHCC wound care formulary and prophylactic antimicrobial pathway across the Trust.
- Review of Topical Negative Pressure (TNP) supply.
- Review of SWFT wound management guidelines.
- New duty of candour letter to be developed for roll out across the Acute and Community divisions.
- Pressure ulcer awareness week will be planned for 2020 once pressures from pandemic have resolved.

- Training for staff will continue once pressure from COVID-19 have eased. These will include: Essential wound and pressure ulcer prevention training for Band 4/5/6 staff. Training days for the extended health care community including residential and nursing homes - face to face, online e-learning programme and equipment days Essential Training for HCAs for pressure ulcer prevention and wound care and dedicated link nurse training for TV link nurses including a Warwickshire link nurse day.
- Introduction of new air high specification air mattresses and updating selection process.
- TV team to attend the regional group. SWFT Tissue Viability Nurse (TVN) is the secretary for the group. An away day for all West Midlands TVN's is planned for 2020.
- Evaluation of new products and devices in partnership with industry to advance wound healing for patients.

Medication Safety

Ongoing work from Drugs and Therapeutics (DTC) & Medication Safety Committee and Pharmacy teams include:
- The medication safety month for 2019/20 focused on Controlled Drugs (CD) audit compliance and missed doses. There has been a resulting improvement in compliance with scores on CD audits.
- Electronic Prescribing and Medicines Administration (EPMA) roll out at Warwick Hospital commenced in April 2019 and is still ongoing.
- The Medication Safety Section Committee reviews the monthly medication reports of incident trends and discusses the lessons learnt and potential actions. As a result working groups and communications have been established addressing issues such as accuracy of To Take Outs (TTO's), missed urgent medication doses, wrong selection of vials in Theatre areas.
- Similarly the incidents arising from the introduction of the EPMA system are reviewed. These are also presented at the EPMA clinical group. As a result of this there have been publicity campaigns highlighting the common errors made in EPMA with a resulting decrease in the number of errors reported.
- A Medication Safety Work plan has been agreed and progress against this plan is reported into the Medication Safety Committee quarterly.
- Stock shortages are discussed weekly in Pharmacy and monthly at Medication Safety Committee. Relevant stock shortages are discussed at AOGGs and a page has been added to the Medicines Management Page of the Intranet with an up to date table detailing the latest stock shortages and any available advice on alternative management plans.
- Alerts from agencies such as the Medicines & Healthcare products Regulatory Agency (MHRA) are discussed at Medication Safety Committee and information cascade via AOGGs, Epulse newsletters and emails.
- Pharmacy have introduced a new weekly brief for ward areas. These are delivered by a member of the pharmacy team and detail important learning messages from incidents, the rate of missed doses in the ward in the previous week (EPMA wards only), any relevant stock shortages, and details of any medications that have been recalled.
- Datix incidents around medication safety are reviewed in real time by the Medication Safety Officer (MSO) or Safety Technician. There is a monthly review of trends and lessons by a Nurse Consultant and the MSO. In addition the classifications of Harm/No Harm etc are sense checked at these meetings.
- Medication Safety ratio of harm/no harm has stayed below the Trust internal target of 6% consistently from May19 to Feb 20.
- Medicines Management Handbook updated and changes made to tighten the governance around introduction of new medicines into the Trust via DTC application.
- CD policy amended to address issues in Theatres and hence compliance with CD Audit.
- Free of Charge Stock Procedure Approved.
- New system approved for responding to NICE (National Institute for Health and Care Excellence) TAs (Technology Appraisal).
- CD checklist introduced for Ward use to aid compliance with CD Audits.
- Unlicensed Medicine Policy Updated.
- Critical Medicines Policy Updated.

The Pharmacy Team

The 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 or to Pharmacy Internal Risk and Governance Committee:
- Full medicines reconciliation for patients by a Pharmacist or Pharmacy Technician within 24 hours of admission to hospital
- Pharmacy Intervention Audit
- Controlled drugs
- Medicines storage and handling
- Omitted and delayed doses
- Antibiotic Snapshot audit

A Pharmacy Audit Tracker Spreadsheet has been established which is improving the governance of pharmacy lead audits. The Storage Audit has been updated in line with new Regional and National Standards.

There is Pharmacy input at DTC, Medication Safety Committee, Patient Safety Surveillance Committee (PSSC), Clinical Practice Patient Information Group (CPPIG), AOGGs, Clinical Governance Group ensuring that medication safety considerations are considered at all times.

To improve medication optimisation and the level of pharmacy input into patient care the Pharmacy Clinical Service have made the following service improvements:

- Team based working introduced on wards
- Staggered breaks and continuous flow enforced
- New Medicines Information Service and Training facility launched in conjunction with University Hospitals Coventry and Warwickshire (UHCW)
- Priority Tool introduced
- Training Pack in Place for all Medicines Management Technicians
- Training Needs Analysis Document for all Grades of Staff
- Training and assessment packs developed
- Strategy and Governance Group (StaGG) meetings established to review ongoing compliance against national standards
- Pharmacy Related Incidents reviewed in Pharmacy Risk and Governance Meetings
- Recall Standard Operating Procedure (SOP) introduced
- Key Performance Indicators (KPIs) for whole Pharmacy Service established and dashboard under development
- Stock list of where drugs are kept in the Trust have been added to Medicines Management Page
- Stock shortages information introduced to Medicines Management Page
- Implemented TCAM (Transfer of Care Around Medicines) system
- Farwell Inspection of Aseptic Unit was very positive
- New Quality Management System introduced in Aseptic Unit
- Complete rewrite of capacity and contingency SOPs in Aseptic Unit and Business Continuity Plan established for wider department

Trust-wide

- Electronic Temperature Monitoring System is being introduced Trust-wide
- Tracker introduced and used to monitor TTO flow

Patient Care Indicators (PCI)

Monthly Patient Care Indicators remain an integral part of measuring the quality of patient care documentation throughout all clinical areas within the trust. Over the past 12 months performance has averaged 94.5% for the year ranging from 95.7% to 93.4%. National and Trust targets for compliance currently sit at 95%.
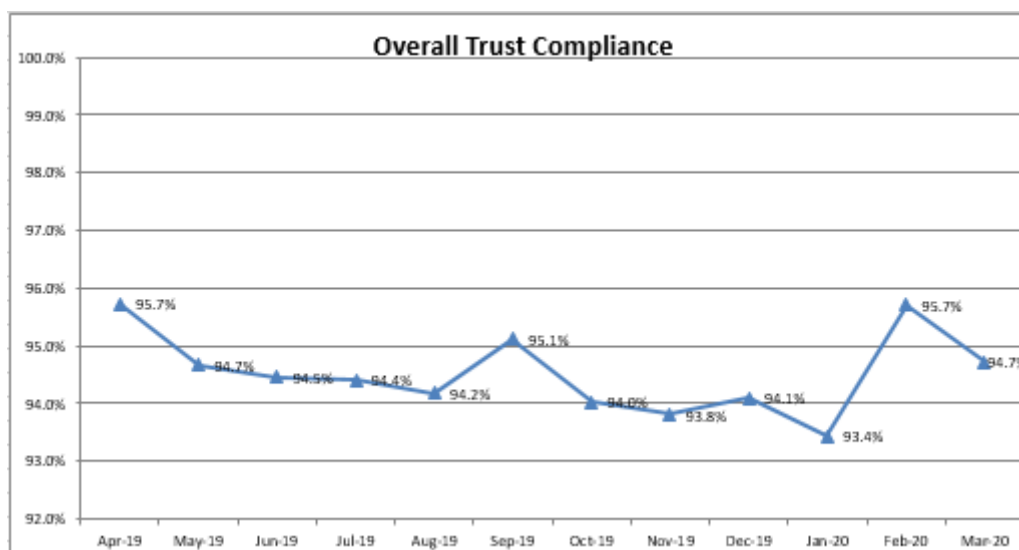
The Compliance Unit, Heads of Nursing/Midwifery and Matrons continue to monitor performance and discuss results regularly with the ward teams. Those areas that have a sustained drop in compliance have been invited to attend the Patient Safety Surveillance Committee to provide assurance to the committee on the actions being taken to improve. The continued overall aim is maintaining good quality and safe outcomes for our patients.

Example measures which have been put in place to restore compliance include; regular monthly matron ward manager meetings to discuss compliance, matron walk round inspections and ward manager formulated action plans for individual ward.

Seven Day Services

Assess Before Admission
- Given the effectiveness of a Frailty Assessment Area (FAA) patients can now be referred to the FAA by Paramedics on scene via Consultant Connect. This provides an opportunity for advice and guidance on scene, for the patient to remain in the community with support or to be conveyed to FAA for an assessment in Hospital. Of the calls taken to date since the set-up of the service 53% are conveyed direct to FAA bypassing ED, 17% kept in the community for follow up care and 30% direct to ED due to acuity of presentation helping to get the patient in the right place first time.
- Frailty Service is available 7 days a week with the expansion of the ACP workforce.
- An expansion of the ACP workforce in Acute medicine has enabled all GP referrals to be triaged by phone and directed to ambulatory care where appropriate – this is now a 7-day service and has shown an increase in numbers attending ambulatory pathways.

Early Access to Senior Clinicians
- We have emergency department consultant presence on site 7 days a week and provide on-call cover 24/7. Ambulance arrivals have risen by 11.5% this year evidencing an increase in acuity of patients attending ED and out of area attends have risen by 10%.
- We have a team of consultant acute physicians on site 7 days a week providing consultant led care for all emergency patients.
- There is on the day access to all our specialist teams on weekdays.

- There is 7 day working in Respiratory and Cardiology for specialist reviews including device intervention should it be required.

Standardised Care Process in Hospital Wards

- 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. This model is now mirrored in the Community sites to ensure flow throughout the organisation. This process has shown a reduction in 21 day and over LOS despite increased admissions to 10.7%; approximately 31 patients.
- We undertake 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 set-up of upper and lower limb pathways helping to get the patient in the right place for their care in a non-acute setting. Data this year has showed a 9% reduction in medical episode complete patients staying in an acute bed at 21 days LOS but it also showed an increase of acuity on site as 7 day LOS was reduced only by 5.1%.
- We run a yearly Point Prevalence Audit to understand what our capacity should look like. This has shown an improved position in the use of Community Beds and also an increase in Mental Health Delays in Acute Trusts.
- Biannual audits are carried out to help understand alternate pathways to be explored to support admission prevention and early discharge.
- Red2Green processes have now included an extra escalation for hourly Red2Green to be instigated in heightened escalation 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. All discharges and delays are reported in a central board for awareness and action at patient level information.
- A pilot has commenced in some Medical wards of a progress chaser role to understand the delays, escalate and implement actions to help improve the patient journey.
- Along with the Red2Green process we have embedded an agenda at site meetings held 8.00, 11.00, 13.00, and 16.00 with an optional 18.00 catch up if required; this will enable complete situational awareness of both Warwick and Stratford sites in order to help unblock delays and maintain flow in the organisation.
- The Emergency Division has commenced a flow manager rota to support the site office from January – March which has presence of a General Manager until 11pm and September - December until 7pm.
- Senior Nursing staff are no longer undertaking an administrative role of holding the staffing bleep which has returned nursing hours back to the ward areas for senior leadership; a new role has been introduced to undertake this role which provided consistency of cover arrangements and governance around temporary staffing allocation / requests.
- A 'frequent flyers' workstream continues 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.
- Criteria Led Discharge continues to be effective. 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; Avon ward has become a nationally recognised area for best practice in this process demonstrating an increase in discharges on average of 46% per month.
- Admiral Nurses and an Activity Coordinator have been appointed to enhance care for patients with Dementia throughout the Trust providing specialist advice for staff, patients and carers.
- A pilot has commenced with a Team of Clinical Support Workers who are employed to undertake special 1:1 care of patients on the wards to provide the specialist care these patients require enhancing their journey through the organisation and reducing anxiety for them and also supporting the ward teams.
- A redesign of the portering rota in radiology has reduced plain film waiting times for in patients, helping to do today's work today.
- Also, in Radiology an inpatient waiting list is now available for vetting at each modality level in order to ensure clinical priority of diagnostics is undertaken and today's work today undertaken. This has enabled the workforce to flex around modalities on patient demands basis.

Quality Priorities Achievements – Patient Safety

Patient Safety Quality Priority

Improve the organisational falls prevention strategy by strengthening partnership working across this agenda

Fully Achieved

Achievements at a Glance:
- Following a series of structured interventions there is now a clear and regular collaborative interface with community care colleagues.

What we Have Achieved:

There is now a falls draft pathway awaiting final signoff by all stakeholders, linking acute and community settings.

It is anticipated that Rockwood scoring will be used along with the Timed Up and Go Tool (TUAG).

The planned outcomes from the pathway are summarised below:
- To understand and address the many underlying reasons for the occurrence of falls;
- To increase awareness and understanding of falls amongst the public to increase knowledge and behaviour change;
- To reduce the fear of falling amongst the over 65's;
- Increased opportunities to screen and identify those at risk of falls;
- Increased opportunities to improve opportunities for those who have fallen/ at risk of falling to keep active and improve stability.

Falls Prevention Risk Identification Screening will target 3 key areas; those at a low, moderate and high risk of falling. Each grouping has a set of targeted actions specific to those presentations.

This will include signposting to online information and advice on healthy aging and reducing the risk of falls. Additionally there will be referral to Warwickshire Fire and Rescue Service for Safe and Well Check/ home hazard check.

Work Planned for the Year Ahead:
- Once finalised the referral eligibility/criteria into a grid for ease of reference for staff/ practitioners and can see incremental increase.
- Establish clear measures of success – in order to clarify the KPIs establish a clear baseline.
- Establish internal governance and key milestones.
- Sharing of case studies/ pen portraits capturing scenarios regularly seen from both community and hospital settings.

Patient Safety Quality Priority
Enhance our safe staffing processes by implementing the recommendations of the national workforce safeguards guidance document
Fully Achieved
Achievements at a Glance: Standard Operation Procedure for safe staffing escalation implemented August 2019. Staffing levels are reported at operational meetings to review Red, Amber, Green (RAG) rating based on SOP.

What we Have Achieved:
The Trust has been working with NHS Improvement as part of cohort 4 of the Recruitment and Retention strategy and has used the national recommendations to develop a local action plan to address staffing challenges.

As part of the plan:
- A 20 day acuity study was completed in February 2020 which will inform recommendations to the Board of Directors regarding future staffing requirements.
- The Site Capacity Team structure has been reviewed and alternative roles have been introduced. This has released Ward and Department Managers from this obligation and therefore allows this time to be reinvested in patient care.
- A Standard Operating Procedure for Safe Staffing Escalation was launched and is being used to provide a clearer communication of staffing concerns and trigger actions required to address any shortfalls.
- The Trust has already recruited a number of International Nurses from India and have successfully supported them through the objective structured clinical examination (OSCE) exam, to be become Registered Nurses with the Nursing & Midwifery Council (NMC).
- The Trust also implemented Trainee Nurse Associate training and the first cohort will qualify in April 2020.
- There has been a closer working relationship between Recruitment and Corporate Nursing, to review and monitor the recruitment process together and there has been a greater focus on retention through recognising and supporting new starters. There has been greater emphasis on rewarding staff and encouraging celebration of achievements.

Work Planned for the Year Ahead:
- The Trust will continue to recruit additional untrained nurses and volunteers to support patient comfort in times of increased demand, whilst still actively sourcing registered staff. We will also continue to work with the external agency to source suitable International candidates for trained nurse vacancies.
- Ward and team managers to ensure they have fully adhered to rostering principles in order to staff their area effectively with the available resources, with the intention of wards becoming 'self-managed' and less reliant on the Site Capacity Team for general staffing arrangements going forward.
- We will continue to advertise and promote career opportunities and career development using local press, social media and prominent display boards and plan recruitment events at both local and regional levels to attract new staff. In addition, potential leavers will be identified and reasons for leaving current posts established wherever possible with a view to offering alternative opportunities within the Trust wherever appropriate and suitable.
- The Director and Deputy Director of Nursing will review and revise the Nurse Staffing Paper which is submitted monthly to the Board of Directors; this will provide a more concise report with more relevant and meaningful commentary which will better inform decision making with regards to future workforce plans across the Trust.

Patient Safety Quality Priority

Increase capacity within our ambulatory care pathways to support care out of hospital

Fully Achieved

Achievements at a Glance:

7-day working is now operational in both Frailty and Ambulatory Emergency Care (AEC). This has supported and increased capacity in Same Day Emergency Care. With an increase in ACPs across acute medicine and frail services, GPs and WMAS are able to bypass the Emergency Department and refer directly to Frailty & AEC, ensuring that the right patient is treated in the right place at the beginning of their journey.

What we Have Achieved:
- Recruitment into ACP posts across Frailty and Acute medicine
- 7 day working to allow GPs & WMAS to bypass ED
- Direct access to ambulant services
- Improved timeliness and quality to patient journey

Work Planned for the Year Ahead:
- Cardiology to restructure 'Cardiac Pull' to an ACP led outreach service
- Respiratory services to introduce an ambulatory service direct to Mary Ward
- Respiratory None invasive ventilation (NIV) bay to support in house Continuous Positive Airway Pressure (CPAP)

Patient Experience

Complaints, Patient Advice Liaison Service (PALS) and the Bereavement Service

The Patient Experience Team provides the Patient Advice Liaison Service (PALS) and the Bereavement Service, as well as dealing with complaints received from our service users and gathering patient feedback through our Friends and Family Test (IWantGreatCare) and NHS Choices. The team work closely with our colleagues throughout the Trust to ensure the patient receives the most appropriate intervention and response to any concern they have about the care.

The team have worked on developing PALS and forging closer links with wards and teams across the Trust. Our community hospitals and wards at Warwick Hospital now have a named PALS Officer.

During 2019/20 the team supported the introduction of the Video Interpreting System, which includes British Sign Language, across our Community Teams. The Trust is currently accessing an interpreter via this method on approximately 80 occasions each month. This is an instant method for communicating with patients who require an interpreter.

Complaints
We accept that there will be occasions when people will be dissatisfied with the service they have received and they will wish to raise a formal complaint. A senior member of staff is appointed to lead the investigation into a formal complaint and a copy of the investigation report is shared with the person raising the complaint with a covering letter from the Managing Director.

The Trust's active intervention when concerns and complaints are raised means the number of formal complaints has remained low this year.

Complaints – 2019/20 year at a glance

151 formal Complaints recieved

28 Upheld by SWFT

1 referred to PHSO by complainant

PHSO Outcomes: 0 Not Upheld, 2 Partially Upheld, 2 Still under investigation*
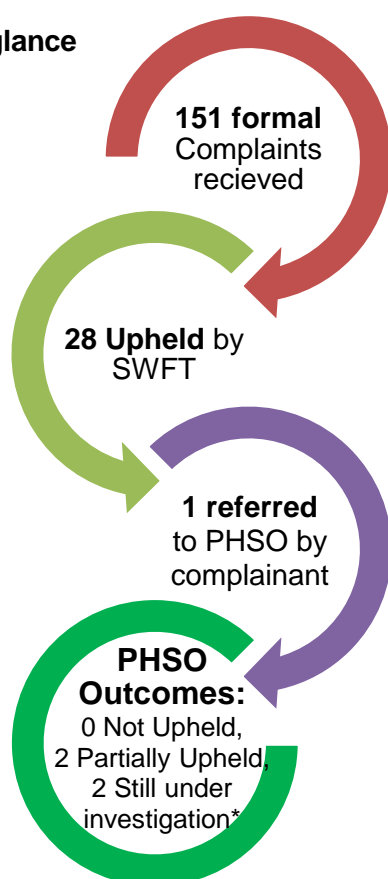
*The 2 PHSO outcomes of partially upheld related to 2 complaints made in 2018/19.
There were 151 formal complaints received in 2019/20, this compares to 184 received in 2018/19.

Complaints Data Overview:

Number of Formal Complaints Received
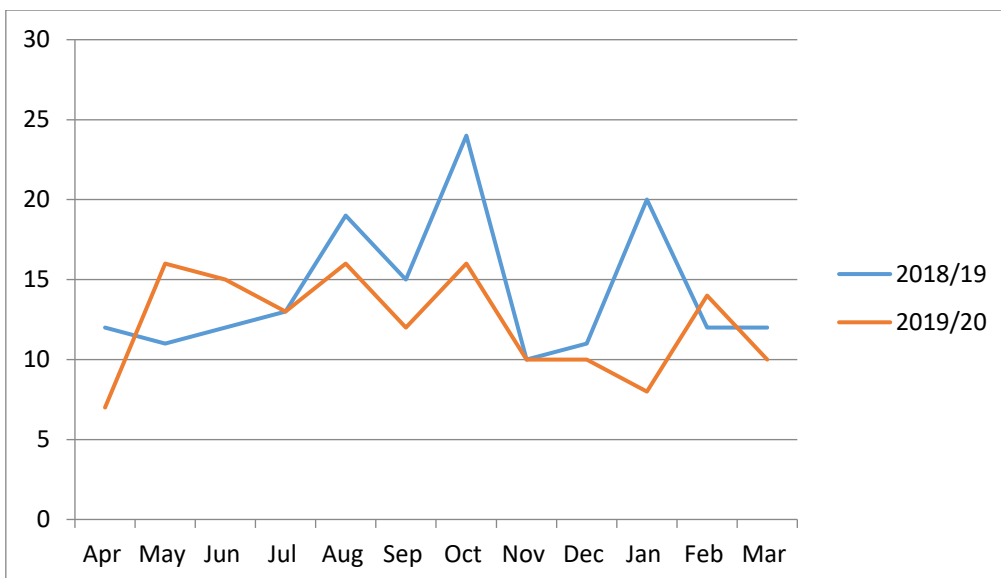
Complaints Received by Division
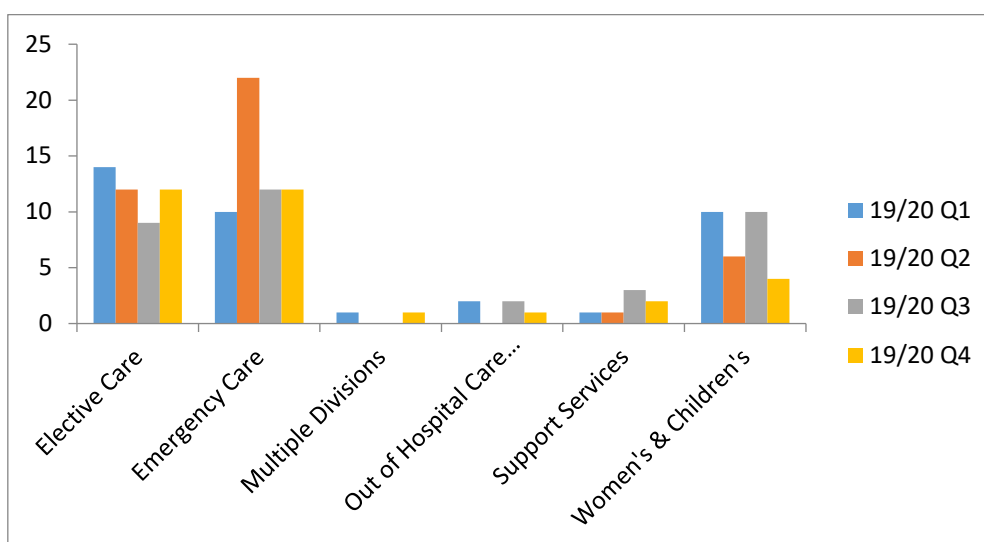
Parliamentary and Health Service Ombudsman (PHSO)

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 was 1 complaint referred to the PHSO during 2019/20. The Trust has received the PHSO outcome on 2 complaints in 2019/20 (which related to 2 complaints made in 2018/19) both were partially upheld.

PHSO Investigation Outcomes

Outcome	Count	Recommendations	Actions
Upheld	0	None	N/A
Part Upheld	2	None	1. There is no evidence patient was given information regarding follow up care. Trust to apologise and pay £500. 2. Delay to follow up appointment, Trust to explain what actions have been taken to prevent this happening and to pay complainant £950.
Not Upheld	0		

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. The PALS/Bereavement Officers liaise with staff involved in 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.

This year the development of the service has enabled the PALS Officers to be allocated to wards and community hospitals which they regularly visit and support with patient experience initiatives and collecting patient feedback.

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 1132 recorded contacts for the year 2019/20, compared with 1194 for the previous year.

PALS Data Overview:

Number of PALS Contacts
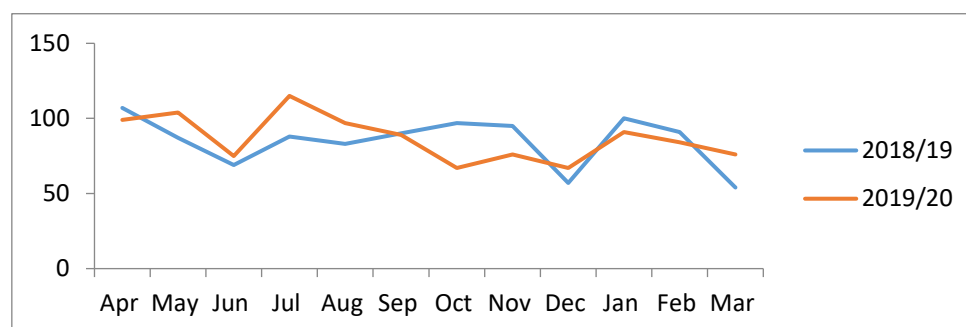
Top Subjects for PALS Enquiries 2019-20
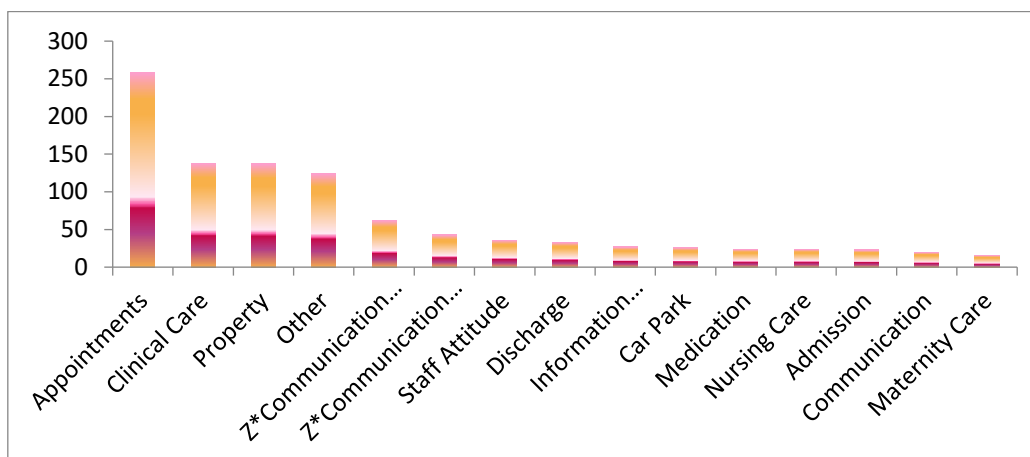
Bereavement

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 and provide any practical support and information to the family. During the meeting relatives are advised what has been recorded as the cause of death to ensure this is understood by the family.

During 2019/20 the PALS/Bereavement Officers dealt with 828 bereaved families.

2019/20 saw the implementation of Medical Examiner's at the Trust and hospital deaths now undergo a Medical Examiner review.

The purpose of the medical examiner system is to:
- Provide greater safeguards for the public by ensuring proper scrutiny of all non-coronial deaths
- Ensure the appropriate direction of deaths to the coroner
- Provide a better service for the bereaved and an opportunity for them to raise any concerns to a doctor not involved in the care of the deceased
- Improve the quality of death certification
- Improve the quality of mortality data

iWantGreatCare (our Friends and Family Test)

iWantGreatCare (IWGC) 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. It is important to obtain feedback from our patients, so we are aware of their impression of the services we deliver. The Trust's 'We Listen, We Care' is our commitment to continuously improve our patients' experience of the care we deliver and to act on the issues that are raised through feedback.

We aim to offer every patient who uses our services the opportunity to give feedback on the quality of care they receive by completing the IWGC form. This provides us with a better understanding of their experience and where necessary enable improvements to be made.

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?'*

The summary of the survey response is received each month, and this enables the teams to see what patients are saying about their care at that time. The data from the responses help 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.

Survey Performance for 2019/20

From 1 April 2019 to 31 March 2020, 35,030 patients completed the survey and provided feedback on their experience. 94.6% of those patients would recommend the Trust with 0.90% patients stated they would be unlikely to recommend.

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. In the last few months' new posters and information have been displayed to make patients aware of the benefit of giving their feedback, these incorporate the 'We Listen, We Care' and the IwantGreatCare logo. In April 2020, the national questions are changing, and new survey cards will available, patients also have the option of completing the survey electronically.

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. Negative comments have been around noise at night and waiting times. A portable noise thermometer has been purchased by the Trust which indicates the noise levels to the staff working at night, so they can take remedial action.

Comments

I could not see how care could be improved on what we have received. All staff have to be congratulated on their care and Diane must be thanked for all her good work in activities keeping us all occupied and happy. A big thank you to every one.

Very friendly and efficient staff who took time to reassure my child and make her feel as relaxed as possible. Struggling to find any fault!

Doctor and staff put me at ease. Xray staff very kind and careful. Waiting time not so great but I understand the pressures on the NHS.

All of the equipment I received was wonderful, I am now able to have a bath which I was unable to do for so long. I am so grateful for the help that I received.

Very personal care - feel like a person not a number. Could've done with a bit more proactive help after section - just a check in to see if I needed anything.

Single Sex Accommodation (SSA) Breaches

NHS England/Improvement updated their guidance regarding delivering same sex accommodation in September 2019. It provides further clarity regarding definitions of what does and does not constitute a mixed-sex accommodation breach and ensures alignment with any corresponding guidance published since the original version in 2009.

During 2019/2020 there were a total of 4 incidences where single sex accommodation breaches occurred affecting 4 patients in total (compared to 4 incidences affecting 7 patients in 2018/2019) The breach in November was the first one to involve a transgender female and provided a great deal of learning and thoughts about moving forward with transgender patients who are admitted to the Trust.

The Trust carried out a full and extensive root cause analysis of all incidents and ensured actions were taken. Details have been summarised below.

Date of Breach	Recommendations / Actions	Status
July 2019 1 Patient Emergency Care Division CCU	• To share RCA with nursing team. • To re-circulate Single Sex Breach SOP. • Add a reminder to Coronary Care Unit (CCU) hand over to escalate same sex breaches at the time they occur and complete a Datix. • Verbally remind staff of the above recommendation.	Complete Complete Complete Complete
October 2019 1 Patient Emergency Care Division CCU	• Clinical teams to continue to robustly implement daily Red2Green reviews of all patients to address/ prevent delays with clinical investigations/ reviews and discharges to improve bed capacity. • The CCU team to proactively move patients within the clinical areas to avoid breaches taking into account the clinical/ patient experience of all patients involved.	Complete Complete
October 2019 1 Patient Emergency Care Division CCU	• To share RCA with nursing team.	Complete
November 2019 1 Patient Emergency Care Division Frailty	• To share RCA with nursing team. • All staff to read the policy and sign to say they have done so. • Policy will be discussed at next ward meeting. This is likely to happen more and more. A better understanding of the policy SWH 00258. • As an organisation to review training to ensure policy is applied correctly.	Complete Complete Complete Complete

Quality Priorities Achievements – Patient Experience

Patient Experience Quality Priority

Improve our patient experience by developing a patient portal system

Partially Achieved

Achievements at a Glance:
- Engagement events had taken place with a number of patient groups and users to establish the specification and functionality required of the portal.

What we have Achieved:
- Throughout 2019 significant progress had been made to the implementation of a patient portal.
- Engagement events had taken place with a number of patient groups and users to establish the specification and functionality required of the portal.
- The Trust was in a position to move forward with a preferred supplier towards the end of the year however progress on this was halted due to the Coronavirus pandemic.

Work Planned for the Year Ahead:
- The intention will be to finalise and award the contract to a supplier and implement the preferred system during 2020.

Patient Experience Quality Priority

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

Partially Achieved

We can show evidence that capacity is not assumed until relevant documentation has been completed. Therefore the patient is included in decision making and feedback regarding their care. However we cannot say that we have fully achieved the quality priority, as we have only limited mechanisms to gain feedback from patients who we assume lack capacity.

Achievements at a Glance:
- Capacity is measured throughout the patient journey with the integration of current processes (blue screening form, 4AT, AMT10, capacity assessments linked to the Deprivation of Liberty Safeguards (DoLS) documentation) and the new cognitive impairment bundle, and "specialing" documentation that requires capacity to be determined prior to any enhanced care (1-1)
- Current systems for feedback include friends and family test, connection to PALS, National Audit of Dementia (carers' feedback).
- Lack of capacity is determined through the nursing and medical documentation, and the assumption should be that all health professionals assume capacity until the assessments say otherwise.

What we have Achieved:
- The process for determining capacity is embedded within patient care from admission. All pathways will seek clarification of a patient's capacity, regardless of age, as capacity may be linked to mental health, substance misuse, learning disability, delirium or cognitive impairment.
- Bespoke capacity consent training has been given to wards which have requested it.
- Within our older population who are admitted across the Trust either as an elective or as an emergency patient, the dementia risk assessment tool and clerking documentation determines if the person has a delirium which could suggest an acute lack of capacity or a gradual lack of capacity, linked to a diagnosis of dementia.
- The new Cognitive Impairment Care Bundle introduced in February 2020 follows a confirmed diagnosis of dementia and is a nurse led process. The checklist requests that delirium, pain, weight loss, environment, swallow, and the 'This is Me' documentation is completed prior to determining capacity, and that the introduction of 1-1 or enhanced care is delivered only if there is no reasonable alternative. This builds into a holistic assessment and care-plan, and is linked to other pathways and nursing assessments.
- The Learning Disability (LD) Acute Liaison Nurse has supported the vulnerable adult's clinic that the Machen eye unit holds on a monthly basis. This clinic has extended appointments for vulnerable adults. The LD acute liaison nurse has advised Consultants on when capacity assessments were required. Feedback is always encouraged from patients with a Learning Disability, their carers and family. They are appropriately directed to PALS.
- The Trust has completed the NHS England and NHS Improvement Learning Disabilities survey 2019 for staff and patients with learning disabilities feedback on the services.
- A volunteer is now in place to gather feedback from hospital wards, they have a bespoke checklist to gather feedback from a person with a LD perspective. The Learning Disability Partnership Board has been approached to gather more volunteers if required.

Work Planned for the Year Ahead:
- To work with staff within teams to increase their confidence, knowledge and understanding of verbal capacity.
- Working with Healthwatch Warwickshire we aim to be implementing the "Enter and View Project" on both Frailty and A&E. Initial discussions have been delayed due to the coronavirus outbreak, however how we capture the views of patients deemed as having a lack of capacity as determined by the process above, will need to be discussed and best-practice introduced to gain feedback from patients.

- Trust to follow BMA guidance (2018) suggesting that "lack of capacity should be decision specific" (for example treatment or restricting free movement) and not generic. This could be embedded into trust strategies so that all patients (regardless of age) have an opinion on their care during and after admission.
- Initiating the National Audit of Dementia carer's survey, which will also support the Admiral Nursing evaluation. This survey in 2020 will specifically ask carers about their experience in hospital, and should include the patient's perspective.
- The Trust have specific cards for people with LD for the "I want great care." The LD Acute Liaison Nurse has plans to increase and improve the dissemination of these cards across the Trust.
- Consider "real-time feedback" using I-pads or a real-time feedback app that is visual and reduces questions to a simple yes and no, with the option (dependant on the patient's capacity) for qualitative data.

Patient Experience Quality Priority

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

Partially Achieved

Achievements at a Glance:
- We have improved our interpreter services by implementing an online interpreter service across all our services.
- We have recruited a new volunteer who has a learning disability who is helping us to assess and improve our acute services.
- We have continued the work of the Admiral Nurses who support patients with dementia and their families.
- We have increased staff education and training in care of patients with learning disabilities and autism, acute mental health concerns and dementia.

What we have Achieved:
- Our organisation encourages staff to use the hospital passport which is designed to gather information to support individuals with cognitive impairment whilst in the acute services.
- Staff have received additional training in learning disability awareness to enable support, understanding and engagement.
- We have relaunched our commitment to the "John's campaign", which is a national campaign to support carers of people with dementia.
- The learning disability acute liaison nurse has completed desensitisation work with adults with learning disability to have blood tests by arranging with phlebotomy team to meet with individual patients and to visit the room, see the equipment and to sit in the chair.
- We have recruited a volunteer with a Learning Disability to assist us to development our services for this patient group and evaluate the care and patient experience we provide.
- We have continued the work of the Admiral Nurses to support staff to improve their knowledge and care provided to patients with dementia.
- The patient forum has undertaken some focussed surveys of patients who are using our surveys to understand their experiences in more detail and gain their insight as to what should be improved.
- We have undertaken a number of patient experience survey and evaluations of services in community services, maternity services, Accident and Emergency and Cancer services.
- Following a successful trial, the 'Language line' video interpreting service has been implemented throughout all of our hospital sites and uploaded on community staff IPADs. This has allowed staff to access an interpreter within an emergency situation or when seeing a patient in their own home, outpatient clinic or a community clinic.
- The video interpreting has also been used to support patients who use British Sign Language, this has helped the Trust comply with the Deaf charter.

Work Planned for the Year Ahead:
- We hope our volunteer with a Learning Disability will be able to evaluate our services and be able to provide us with feedback and advice to support improvements to be made.
- The LD nurse to continue to provide desensitisation work to patients with a learning disability so their care within the acute services can be adapted to suit their needs.

Quality Priorities Achievements – Patient Outcomes

Patient Outcome Quality Priority
Improve organisational learning from mortality reviews, complaints, incidents, claims and best practices

Fully Achieved

Achievements at a Glance:
- Review of new claims is now being undertaken at a weekly Serious Incident Review Group to determine whether a root cause analysis investigation should be undertaken.
- Improvement in safety culture questions in the 2019 staff survey.
- The Datix entry form was revised to make it significantly speedier for staff to input their incident details.
- Successful recruitment to the medical examiner role to screen and review deaths occurring within the hospital setting.

What we have Achieved:
Claims, which had historically been a transactional process with NHS Resolution, are now reviewed for their potential for learning and, where appropriate, brought for multidisciplinary review at the trust weekly Serious Incident Review Group. The group will consider if a root cause analysis investigation is appropriate to ensure that any learning is gained to prevent future occurrences of the incident.

The Patient Safety Team were tasked with reviewing processes to ensure that, when staff raise an incident, they knew how they could gain feedback on what actions had taken place as a result of raising their concern. In the 2018 staff survey this element had scored below the national average. As a result of improving discussion at clinical meetings and improving feedback mechanisms via the trust incident reporting system the 2019 staff survey showed a 5.3% improvement and placed us back above the national average. Indeed, all six safety culture questions related to incident reporting, feedback and action, scored above the national average in the 2019 staff survey.

Responding to feedback from users, the Patient Safety Team set up focus groups to redesign the incident reporting system to reduce the time it took staff to report an incident online. As a result, the average inputting time reduced significantly with positive feedback from users.

A team of four medical examiners, with one as a lead, has been appointed and is in place. One unfilled post was advertised to Primary Care, and an appointment has been recently made. The management of change to the mortality review process with full implementation of the medical examiner model, which is dependent on the successful recruitment of a good quality team and the development of the supporting infrastructure with particular reference to the development of the ME Officer role and supporting software systems is ongoing.

Work Planned for the Year Ahead:
With the appointment of a fifth medical examiner and a new mortality review IT system planned to be operational from April 2020 enhanced learning from deaths in the Trust is expected to roll out fully.

Patient Outcomes Quality Priority

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

Fully Achieved

Achievements at a Glance:
- Recruitment to post of Public Health Consultant July 2019.
- Establishment of South Warwickshire NHS Foundation Trust as an accredited training placement for Public Health February 2020.
- Increased focus on addressing health inequalities of Homeless and sleeping rough populations. A case study outlining how Community Nurses are working with people who experience Homelessness and their role in COVID-19 response was accepted by Royal College of Physicians.
- Out of Hospital models of care (Frailty, End of Life, Diabetes, Heart Failure and Chronic Obstructive Pulmonary Disease) focus on secondary Prevention.
- System population health measures are in development and will be refined during 20/21
- Establishment of a Prevention Board to oversee a programme of work and staff engagement on prevention.

What we have Achieved:
As detailed above.

Work Planned for the Year Ahead:
- In 20/21 work will continue in refining system population health measures with focus on implementation of a population health approach at primary care/place-based team level.
- 20/21 will see launch of Prevention strategy.

Patient Outcomes Quality Priority

Fully implement the continuity of care model in maternity services

Fully Achieved

Achievements at a Glance:
- Maternity services at SWFT have fully met the March 2020 NHSE target of 35% of women to be booked onto a Continuity of carer pathway.

What we have Achieved:

In March 2020 SWFT reported 39% of women being booked onto the full Continuity of Carer pathway.

Work Planned for the Year Ahead:

Plans to scale up to meet March 2021 target of 51% are underway. This date maybe extended due to the Covid-19 Pandemic. All efforts are focused in meeting this initial deadline. The focus will be on targeting vulnerable groups as defined by their Adverse Childhood Experience (ACE) score and Black, Asian and minority ethnic (BAME) women who are known to have poorer outcomes.

Trust-wide Quality Performance Overview

Performance against the relevant indicators and performance thresholds set out below.

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 2019/20
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	92%	92.1%
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	89.1%
All cancers: 62-day wait for first treatment from: - urgent GP referral for suspected cancer - NHS Cancer Screening Service referral	 85% 90%	 72.2% 69.5%
Maximum 6-week wait for diagnostic procedures	99%	98.0%
Cancer: two-week wait from referral to date first seen, comprising: - all urgent referrals (cancer suspected) - for symptomatic breast patients (cancer not initially suspected)	 93% 93%	 88.2% 76.3%
C. difficile – meeting the C. difficile objective – avoidable cases	6	1
Outpatients appointments booked 3 weeks in advance	80%	68.7%

Glossary

ACC	Accredited Clinical Coder
ACP	Advanced Clinical Practitioner
ACS	Acute Coronary Syndrome
AEC	Ambulatory Emergency Care
AHP	Allied Health Professional
AMU	Acute Medical Unit
AOGG	Audit and Operational Governance Groups
BoD	Board of Directors
BPT	Best Practice Tariff
C.diff	Clostridium Difficile
CCG	Clinical Commissioning Group
CGC	Clinical Governance Committee
CGM	Continuous Glucose Monitoring
CERU	Central England Rehabilitation Unit
CMP	Case Mix Programme
CPAP	Continuous Positive Airway Pressure
CPPIG	Clinical Practice Patient Information Group
CQC	Care Quality Commission
CQUINs	Commissioning for Quality and Innovation
CRNWM	Clinical Research Network West Midlands
CWPT	Coventry and Warwickshire Partnership Trust
D2A	Discharge to Assess
DHSC previously DoH	Department of Health and Social Care previously; Department of Health
DNA	Did not attend
DOLS	Deprivation of Liberty Safeguards
DPA	Data Protection Act
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
GP	General Practitioner
GDPR	General Data Protection Regulation
HSMR	Hospital Standardised Mortality Ratio
ICO	Information Commissioners Office
IMR	Initial Management Review
KLOE	Key Lines of Enquiry
KPI	Key Performance Indicator
MCA	Mental Capacity Act or Mental Capacity Assessment
MBRACE UK	Mother and Babies Reducing Risk through Audits and Confidential Enquiries across the UK
MHRA	Medicines and Healthcare Products Regulatory Agency
MINAP	Myocardial Infarction National Audit Project
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSc	Master of Science
MSC	Mortality Surveillance Committee
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NACEL	National Audit of Care at the End of Life
NAD	National Audit of Dementia
NASH	National Audit of Seizure Management in Hospital
NCAA	National Cardiac Arrest Audit
NDA	National Core Diabetes Audit
NDFA	National Diabetes Foot Care Audit
NDG	National Data Guardians
NELA	National Emergency Laparotomy Audit
NEWS	National Early Warning Score
NHS E	National Health Service England
NHS I	National Health Service Improvement
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NIV	None invasive ventilation
NLCA	National Lung Cancer Audit

NMC	National Midwifery Council
NMPA	National Maternity and Perinatal Audit
NNAP	National Neonatal Audit Programme
NPDA	National Paediatric Diabetes Audit
NPSA	National Patient Safety Agency
OHCC	Out of Hospital Care Collaborative (Community services)
ONS	Office of National Statistics
OSCE	Objective structured clinical **examination**
PALS	Patient Advice Liaison Service
PDSA	Plan, Do, Study, Act
PHSO	Parliamentary Healthy Service Ombudsman
PROM	Patient Reported Outcome Measures
PSSC	Patient Safety Surveillance Committee
RAG	Red Amber Green Rating
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
SAMBA	Society for Acute Medicine Benchmarking Audit
SBAR	Situation - Background - Assessment – Recommendation
SCBU	Special Care Baby Unit
SHMI	Summary Hospital-Level Mortality Indicator
SHOT	Serious Hazards of Transfusion
SI	Serious Incident
SIRCA	Serious Incident Root Cause Analyses
SOP	Standard Operating Procedure
SSNAP	Sentinel Stroke National Audit Programme
STaGG	Strategy and Governance Group
STP	Sustainability and Transformation Partnerships
SWCCG	South Warwickshire Clinical Commissioning Group
SWFT	South Warwickshire NHS Foundation Trust
SUS	Secondary Uses Services

TCAM	Transfer of Care Around Medicines
TTO	To Take Out
TUAG	Timed Up and Go Tool
TV	Tissue Viability
UHCW	University Hospitals Coventry and Warwickshire
VTE	Venous thromboembolism
WCC	Warwickshire County Council
WMAS	West Midlands Ambulance Service

Annex 1: Statements from NHS England or Relevant Clinical Commissioning Groups, Local Healthwatch Organisations, and Overview and Scrutiny Committees

South Warwickshire Clinical Commissioning Group's response

Statement from NHS South Warwickshire Clinical Commissioning Group (mandatory)
Following our review of the <u>draft</u> 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 2019/20.

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.

A formal Care Quality Commission (CQC) inspection was undertaken in August and September 2019 across Adult and Children's Community services, Accident and Emergency services and the Medical care services at Warwick hospital. The Trust was awarded an overall rating of "outstanding" with no enforcement actions stipulated. The CCG acknowledges all the hard work that the staff undertook to achieve this rating. We are pleased to see the Trust's on-going commitment to continuous quality improvement with the aim of maintaining this excellent achievement.

As part of strengthening quality and visibility of the Trust board at team, ward and department level, the 'Board to Ward' initiatives have continued throughout the year. Members of the Executive team also visit areas across the organisation on a regular basis to discuss patient safety, incidents, complaints and issues that impact on the quality of care. As we move further towards an integrated care system the CCG has been invited to attend the Trust's Clinical Governance Committee and has been impressed and reassured by the committee's scrutiny of quality within the organisation, as well as the culture of openness and desire to improve within the clinical teams. Improvements in performance in a number of areas, such as patient safety, infection prevention and control and mortality are testament to this culture of quality improvement.

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. In 2019/20 35,030 patients completed the survey and provided feedback on their experience. 94.6% of those patients would recommend the Trust with 0.90% patients stated they would be unlikely to recommend. The Trust continues to investigate digital solutions to enhance and complement the paper version of the survey and to capture a wider audience.

The Patient Advice Liaison Service (PALS) team have forged closer links with wards and teams across the Trust. This year the development of the service has enabled the PALS Officers to be allocated to wards and community hospitals which they regularly visit and support with patient experience initiatives' and collecting patient feedback. During 2019/20, the PALS team supported the introduction of the Video Interpreting System, which includes British Sign Language, across community teams.

Meanwhile, the Staff Friends and Family test continued throughout 2019/20 with the Trust scoring 85.7% in recommending the trust as a provider of care to their family or friends. 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. The 2019 National Staff Survey results were very positive for the Trust, and the findings have been incorporated into the Trust's Workforce Action Plan, including initiatives around staff wellbeing and leadership development.

The Trust has looked at different ways to increase their focus on the prevention of ill health and improvement of wellbeing across our communities and we are pleased that their jointly (with the LA) appointed public health consultant has supported worked with the CCG's quality team on quality reporting within the Out of Hospital contract.

Within Maternity services the continuity of care model has been fully implemented, and the NHSE target of 35% of women to be booked onto a continuity of carer pathway by March 2020 has been met. We hope, in time, we will be able to measure improvements in maternity-related mother and baby outcomes as a result of this.

To conclude, there is very good evidence that the vast majority of patients are happy with the services they receive from the Trust, 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, safe services and its quality priorities for 2020/21 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, cooperation and continued improvement in the quality of services for our local population.

Healthwatch Warwickshire's response

Dear colleagues

Quality Accounts South Warwickshire Foundation Trust May 2020

Thank you for the opportunity to comment on the draft Quality Accounts for SWFT for 2020/21.

We have looked at the draft Quality Accounts and the supporting references and have gained a great deal of assurance that the management and governance of the priorities for 2019/20 has been robust and effective.

The progress reported against the priorities for 2019/20 has been good, and the planned work programs gives further assurance that the improvements will continue.

The process for the selection of Quality Priorities for 2020/21 has been robust and draws on the experiences of patients, clinicians and management.

The Statements about measuring, monitoring and reporting on the Quality Priorities also give confidence that the arrangements for 2020/21 will be equally robust.

Healthwatch Warwickshire looks forward to contributing to further improvements through our joint work on the Patient Portal and through our Enter and View program.

Going forward, to support the Quality Priorities Healthwatch will be looking at, and seeking ongoing assurance about, the impacts that the Priorities will have on the lived experiences of patients with mental illness and/or restricted capacity. We will also be seeking assurance about the robustness of communications with patients and families.

Congratulations to all at SWFT on the Outstanding Rating from the CQC, an excellent achievement

Chris Bain
Chair, Healthwatch in the West Midlands
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'great advocates for people in their community'

Warwickshire County Council Overview and Scrutiny Committee's Response:

Resources Directorate

Cllr Wallace Redford
c/o Democratic Services
Warwickshire County Council
Warwick
CV34 4RL

Email: cllrredford@warwickshire .gov.uk
www.warwickshire.gov.uk

By email

Jayne Blacklay,
Managing Director,
South Warwickshire NHS Foundation Trust

Date 23rd March 2020

Dear Jayne,

South Warwickshire NHS Foundation Trust – Quality Account

Thank you for sight of the South Warwickshire NHS Foundation Trust Quality Account document.

Previously, the County Council, working in partnership with colleagues at Coventry City Council and the respective Healthwatch organisations have contributed in detail to the formulation of the Quality Account (QA) documents through task and finish review working with each of the service providers.

In recent years, the Committee has focussed instead on thematic reviews, which has meant that Warwickshire County Council has not been able to contribute to the QA process in such detail.

Thank you for the opportunity to comment on the Quality Account document again this year. I have no specific comments to add.

Yours faithfully

Cllr Wallace Redford
Chair of the Adult Social Care and Health
Overview and Scrutiny Committee

We would also like to thank the Warwickshire Health & Wellbeing Board and the South Warwickshire Foundation Trust Patient Forum for their review of our 2019/20 Quality Report.

Annex 2. 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 2019/20* and supporting guidance *Detailed requirements for quality reports 2019/20*
- 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 2019 to March 2020
  - papers relating to quality reported to the board over the period April 2019 to March 2020
  - feedback from commissioners dated 14.05.2020
  - feedback from governors dated 14.05.2020
  - feedback from local Healthwatch organisations dated 11.05.2020
  - feedback from overview and scrutiny committee dated 23.03.2020
  - the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 06.05.2020
  - the 2018 national patient survey
  - the 2019 national staff survey
  - the Head of Internal Audit's annual opinion of the trust's control environment dated - 08.04.2020
  - CQC inspection report dated 04.12.2019
- 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
- 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

Russell Hardy, Chairman   **Date:** 24 June 2020

. Glen Burley, Chief Executive   **Date:** 24 June 2020

Accounting Officers' Responsibilities Statement

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, other items of comprehensive income and cash flows for the financial year.
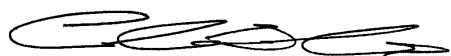
In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care's Group Accounting Manual and in particular to:

- 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 and Social Care 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
- 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 and disclose any material uncertainties over going concern.

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 them 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.

As far as I am aware, there is no relevant audit information of which the Foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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 June 2020

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 2020 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. At the Board Workshop on 4 December 2019 NHS Digital provided a training 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 8th Annual Clinical Conference in October 2019 entitled 'Great Journeys Start with Small Steps' focused on innovation. In addition to internal and external speakers, there was a marketplace for reps and outside agencies, poster displays and demonstrations from a range of services across the Trust showcasing quality patient care and service delivery. 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.

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 of Directors in January 2017. Minor amendments have been made to the Risk Management Strategy which included updating elements in the responsibilities section and updating the organisational charts, these amendments were approved by the Head of Governance. 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 2019/20 are outlined below:

- Prolonged implementation of the major incident plan due to the coronavirus (COVID-19) pandemic resulting in the potential inability for the Trust to maintain services/business as usual. End of year score 25;

- Failure of cancer targets due to insufficient capacity to meet demand resulting in potential delay in diagnosis; compromised patient outcomes and treatment options and financial penalties. End of year score 20;

- Crowding within ED leading to a greater risk of deterioration of both adults and paediatrics due to significantly increased attendances which could result in increased mortality, increased clinical incidents/errors, increased complaints, decreased patient and staff satisfaction, and increased sickness. End of year score 20;

- Unavailability of lifts (W1 & W2 – Phase 1 & 2) due to adhoc breakdowns resulting in potential patient harm/delays with treatment; disruption of patient/service flow; additional manual handling tasks. End of year score was 16;

- Temporary labour costs continue to be high due to the volume of temporary labour and costs leading to an overspend on the Elective Care divisional budgets. End of year score was 15;

- Business continuity disruption, loss of electrical supply to large sections of the hospital including buildings 50,78,79,81,84, IT server room and service pods due to failure of equipment controlling "Phase 1" generator. The failure would result in loss of power to critical services including Theatres, A&E, I.T.U and Maternity. There is also the potential for long term loss of core systems and I.T

infrastructure causing Trust wide disruption with significant 'knock-on' effects across the local health economy which may lead to extended service closure. End of year score was 15;

- In the event of an external loss of electrical power supply to the Warwick Hospital site, there is a risk of failure of the "Wilson" back-up generator supplying electrical power (covering blocks 4,10,11,12,13,14,18,19,20,21,22, 23,30,45 and 85) due to its age and the automatic changeover controls monitoring the incoming supply failing. This would have a detrimental effect on the Trust's ability to provide services and care to patients, could result in loss of IT systems and some infrastructure, such as heating, air conditioning and lifts. End of year score was 15;

- Increasing number of mental health (MH) patients within the ED due to a nationally increasing prevalence of mental health illness leading to delays in availability of Arden Mental Health Acute Team (AMHAT) to assess patients and the availability of external mental health beds if patients need admitting resulting in in patients spending long periods of time in ED in the wrong environment for their mental health needs. End of year score was 15.

The Trust is currently in the midst of the worst public health crisis for a generation, in the form of the Coronavirus pandemic (COVID 19). As per our Emergency Planning and Preparedness Procedures daily Gold and Silver Command meetings have been implemented to ensure any issues of concern can be raised and immediate decisions made to react to a developing situation. A decisions log was established to ensure decisions taken can be reviewed, this has been reported to Management Board on a monthly basis. Business Continuity Plans have been enacted, as required, across areas of the organisation. An incident control room was established to ensure timely communication across the organisation. In response to National directives and guidance Elective activity was been stood down, however, urgent and lifesaving treatments continued to be carried out. This has of course impacted on performance across Referral to Treatment Time (RTT), A&E, cancer and diagnostics, these continue to be reported through the Board of Directors. Overall the Trust has coped well with the pandemic and has been able to maintain staffing levels and patient flow.

As the Coronavirus pandemic continues the impact on the Trust during 2020/21 will affect cancer and diagnostic performance. The Trust has a plan to restore services as and when it is deemed safe to do so, but there may be a need for services to be stood down again if a second wave occurs.

Two Brexit risks were included within the Corporate risk register, in relation to the supply of medicines and other medical and procured services, these were closed in February 2020 once the UK left the European Union with no significant impact on the Trust.

The Contracting process for 2020/21 was suspended due to the Coronavirus pandemic and the current financial regime is based on a block payment with a top up payment to cover expenditure. This current arrangement is subject to change and may present a financial risk for the Trust.

The Executive Team identify future strategic 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 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 2019/20 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 2019/20, which reported the BAF provides sufficient evidence to support the Annual Governance Statement and provides reasonable assurance that there is an effective system of internal control in place to manage principal risks identified by the organisation. Internal Audit's testing, by sample, confirmed that the controls on which the Board rely are in place and made four recommendations, which will be implemented in the 2020/21 BAF.

The Trust has in place, an Improvement Board to oversee programmes/projects and manage risks. The Improvement Board is a monthly meeting, administered by the Improvement Team and chaired by the Chief Executive. The Improvement Board 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 1 April 2020. 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.

Annual Appraisals continued for the Executive Directors in 2019/20 which included reviewing their skills and capabilities. The Non-Executive Directors' skills matrix was updated and reviewed by the Nominations and Remuneration Committee in October 2019. A Foundation Group led procurement process is in place for an external Well-Led review which will take place in 2020.

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 dependency 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 August and September 2019. They inspected two acute core services at Warwick Hospital: urgent and emergency care and medical care and two community health services from health services for adults and children and young people. All of the areas inspected were rated as 'outstanding' resulting in a Trust overall rating of 'outstanding'. The well led inspection report for the Trust was also rated as 'outstanding' as was 'Use of Resources'.

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 for which an action plan has been developed and is monitored locally.

Assurance Process and Reporting of Assessment

Assurance against compliance with CQC registration requirements and follow up of action plans is monitored through the Trust's Divisional Audit and Operational Governance Groups. In addition, the Trust meets bi-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 to provide assurance that any actions to improve compliance are being progressed.
- The Clinical Governance Committee receives the Action Plan 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 on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past

twelve months 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 (open, closed admitted and closed non-admitted). Due to the impact of the Coronavirus Pandemic, the audit for month 12 was not undertaken.
- Weekly performance management via Patient Access Monitoring meeting with a different focus each week
- Monthly validation of all patients waiting over 18 weeks
- Use of routine Data Quality (DQ) reports to focus attention on possible issues requiring review, for example:
  o Maternity – Relating to Incorrect admission method.
  o Ward Attendances where departure and outcome incomplete
  o Inpatients on short stay wards overnight
  o Incorrect admission method to Stroke and RLSRH Wards i.e. Elective instead of transfer
  o Incorrect Admission Source by reviewing diagnoses that may indicate emergency admission when elective has been recorded
  o Patients discharged from Trust wards instead of transfer
  o Patients transferred from Trust wards instead of discharge
  o Patients admitted to wrong wards i.e. Adult on Children's Ward
  o Incorrect and missing demographics
  o Access Plans without procedure recorded
  o Elective admissions with no procedure undertaken and no code to indicate a cancellation
- RTT online 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 2019/20 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 Cost, Productivity and Improvement Programme (CPIP) remains a focus for the Board, particularly as a substantial proportion was delivered non-recurrently.

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 to Equiniti. At the time of writing, their Independent Service Auditor's Report for 2019/20 has not been received; however, Equiniti has confirmed that the controls described in the 2018/19 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

The Information Governance and Security Steering Group (IGSSG) reports quarterly to the Audit Committee. The IGSSG is an NHS led directive, designed to integrate the regulatory requirements of IT Security, Confidentiality, Data Protection, Data Quality, Records Management and Controls Assurance, by ensuring that the Trust achieves its strategic objectives.

The IGSSG provides high-level oversight and support to the Senior Information Risk Owner (SIRO), by monitoring progress and providing assurance of compliance with the Information Governance Strategy and Framework to both the Audit Committee and the general public.

IGSSG submits a quarterly report to the Audit Committee which provides the assurance and outlines the internal control measures put in place that scrutinise data governance, data security and IT risks.

The control measure used to monitor the Trusts compliance with the Strategy and Framework are confirmed by completing the yearly submission of the NHS Digital Security and Protection Toolkit (DSPT).

Data Security and Protection Standards for health and care were introduced on 1 April 2018 by NHS digital, setting out the National Data Guardians (NDG) data security standards. The Trust must undertake a self-assessment to identify and evidence its current compliance against the 10 NDG data security standards.

The Data Security and Protection Toolkit is the online self-assessment toolkit that enables the Trust to do this. The DSPT comprises of 10 National Data Guardian (NDG) data security standards; which contain 116 mandatory evidence items these are:

- Personal confidential data
- Training
- Process Reviews
- Continuity Planning
- IT Protection

- Staff responsibilities
- Managing Data Access
- Responding to Incidents
- Unsupported Systems
- Accountable Suppliers

The final publication assessment submission reported by organisations will be used by the CQC when identifying how well the Trust are implementing the 10 Data Security Standards, this comes under the well-led, key line of enquiry W6 "Is appropriate and accurate information being effectively processed and acted on".

The DSPT provides evidence that the Trust is compliant 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 the Trust can be trusted with personal data.

Due to the current COVID 19 pandemic, NHS Digital have taken the decision to move the final deadline for submission to 30 September 2020. Currently the Trust has completed 80% of the required evidence items.

The Trust will remain resilient to Cyberattacks by continuing to maintain the required patching regimes, acknowledging and mitigating any High Severity Alerts issued by NHS Digital which will allow continuity of frontline services.

Cyber Security is a continuously changing field with the development of new technologies that cause concern for all NHS organisations.

Over the last two years, the NHS has embarked on an aggressive cyber security programme and a huge amount of work has been done to make significant improvements at both a local and national level. These include: Better cyber monitoring, threat intelligence and incident responses, better support and guidance for NHS Trusts and better cyber training and engagement with greater awareness among NHS staff and organisations.

Over the next two years best practice standards, cyber security architectural patterns and process/policy templates will be provided, along with a new Cyber Business Intelligence and Risk platform, which will help organisations understand, manage and plan for risks.

Information risk must be managed in a robust way within work areas and not be seen as something that is the sole responsibility of ICT or IG staff, it is important to ensure that information is efficiently managed and that appropriate policies, procedures, management accountability of systems provides a robust framework for information.

A structured approach to effectively manage information has been developed with the launch of the Information Asset Register, this builds upon the existing information governance framework as the register relies upon the identification of information assets and assigns 'ownership' of assets to senior accountable staff.

With this in mind the Trust is continually improving the teaching material to raise awareness of the laws and guidelines within Information Governance, Information Security and Cyber Security.

The Trust has achieved a 97% training figure for 2019/20, this has exceeded the figure set by NHS Digital Data Security and Protection Toolkit target of 95%.

The Freedom of Information Act 2000 (FOIA) provides the general public the right of access to information held by a public authority. The Act gives individuals the legal right to request information the Trust holds by the Trust making available the information by publishing the information or providing by request.

The 2019/20 financial year saw an increase in FOI's from the previous year 2018/19.
- The Trust received 452 requests in 2019/20 compared to 440 requests in 2018/19 reflecting an increase of 3%
- During 2019/20 (96%) of requests were responded to in the 20 working days timeframe set out by the Freedom of Information Act 2000.

Subject Access Request (SAR) enables individuals the right to access and obtain their personal data and other additional information held by a public body. Individuals have the right to access their personal data

under Article 15 of the General Data Protection Regulation (GDPR), which the Trust adopted in May 2018, the new regulation also stated that the Trust can no longer charge a fee to process requests.

The 2019/20 financial year saw an increase in SAR's requests from the previous year 2018/19.
- The Trust received 1,493 requests in 2019/20 compared to 1,317 requests in 2018/19 reflecting an increase of 13%.
- During 2019/20 1,493 (98%) of requests we responded to in the 30 calendar days set out by the Subject Access Request code of practice.

Both functions continue to be received and processed by the Information Governance Team.

Data Quality and Governance

The Board is assured that appropriate controls are in place to ensure that the data included in the Quality Report 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.

Data quality metrics are reported on a monthly basis, to Finance and Performance Committee, where performance is compared to previous months with any exceptions identified and where appropriate performance improvement plans initiated with the operational divisions.

In order to progress data assurance in its widest sense, the divisional Data Quality (DQ) and Service Line reporting (SLR)/Patient Level Information and Costing (PLICS) meetings have been merged to ensure that each meeting has a broad enough agenda to discuss on a quarterly basis. These meetings include specific issues around data quality, while focussing on things that may impact on the incorrect reporting of the costs associated with the service. We are also using this group to report cost improvement opportunities by reviewing Model Hospital and other benchmarking tools.

One area of DQ assurance which has changed during 2019/20 relates to Referral to Treatment Time (RTT). Previously the Patient Access Team would review randomly 100 open pathways. For a number of months performance achievement was 100%. To broaden the assurance around RTT, the monthly validation testing will be undertaken by the Information Department, with 100 pathways from Open Pathways, Non-admitted Closed, and admitted closed month validated on a quarterly basis, as the majority of our 52-week breaches were due to pathways closed in error.

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 achievement of being the only combined community and acute Trust in the Midlands to be rated as outstanding by the Care Quality Commission was a considerable highlight this year. The inspection team rating every service they visited as outstanding as well as giving this highest possible rating to our Well Led and Use of Resources assessments.

The Trust performed consistently well over the year against the key National Standards and Targets. This together with the Trust's improved CQC rating, consolidated our position in Segment 1 (top) of the Single Oversight Framework operated by the sector regulator NHS Improvement (NHSI). The Trust's performance of 89.1% for the year against the 4-hour A&E waiting time standard continued to be comparatively strong despite rising demand.

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, including further innovations in managing same day emergency care.

Over the course of the year there were a small number of performance challenges including some challenges with cancer waiting times. Our pathways were reviewed with the assistance of national experts and we made a number of improvements.

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 and 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.

This was the first full year of the Trust taking over the running of Health Visiting Service for Coventry. Feedback from this and the contracts that we manage in Warwickshire and Solihull has been very positive.

The compliance percentage target for front line staff to be vaccinated was increased by NHS England from 75% to 80%. Flu vaccination compliance for all staff within the Trust was achieved at 81.53% compared with 75.58% in 2018/19.

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.
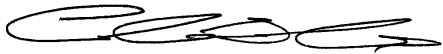
The Trust received an overall significant assurance opinion from the Head of Internal Audit based on reviews carried out by Internal Audit. However, the Trust did receive limited assurance on the Patient Access Plans (patients requiring out-patient follow-up) review and the Endoscopy Follow-Up Processes Review. Action plans have been agreed with the management team and monitoring of progress will continue 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 June 2020

South Warwickshire NHS Foundation Trust

Financial Statements for the Year Ended 31 March 2020
and Auditor's Statement
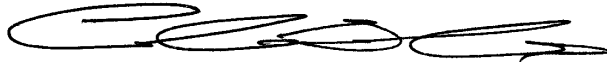
South Warwickshire NHS Foundation Trust

Annual accounts for the year ended 31 March 2020

Foreword to the accounts

South Warwickshire NHS Foundation Trust

These accounts, for the year ended 31 March 2020, 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 June 2020**

Consolidated Statement of Comprehensive Income

For the year ended 31 March 2020

		Group	
		2019/20	**2018/19**
	Note	**£000**	**£000**
Operating income from patient care activities	3	305,438	275,008
Other operating income	4	31,890	45,927
Operating expenses	6, 8	(346,446)	(298,847)
Operating (deficit)/surplus from continuing operations		**(9,118)**	**22,088**
Finance income	11	215	171
Finance expenses	12.1	(1,017)	(1,017)
PDC dividends payable		(2,967)	(2,976)
Net finance costs		**(3,769)**	**(3,822)**
Other gains		-	11
Corporation tax expense		(98)	(147)
(Deficit)/surplus for the year		**(12,985)**	**18,130**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(3,395)	(9,597)
Revaluations	18	4,780	456
Fair value (losses) on equity instruments designated at fair value through OCI	20.1	(4,548)	(352)
Other reserve movements		30	(56)
Total comprehensive (expense)/income for the period		**(16,118)**	**8,581**

	Group	
Adjusted financial performance (control total basis):	**2019/20**	**2018/19**
(Deficit)/surplus for the period	(12,985)	18,130
Remove net impairments not scoring to the Departmental expenditure limit	23,108	1,366
Remove I&E impact of capital grants and donations	(37)	(583)
Remove 2018/19 post audit PSF reallocation (2019/20 only)	(315)	-
Adjusted financial performance surplus	**9,771**	**18,913**

The notes on pages 9 to 61 form part of these accounts.

All income and expenditure is derived from continuing operations.

There are no minority interests in the Group therefore the deficit for the year of £12.99m (2018/19 £18.13m surplus) and total comprehensive deficit for the year of £11.39m (2018/19 £8.581m 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).
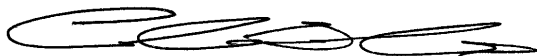
In accordance with Section 408 of the Companies Act 2006, the Trust is exempt from the requirement to present its own income statement and statement of comprehensive income. The Trust's deficit for the period was £13.005 million (2018/19: £19.400 million surplus). The Trust's total comprehensive expense for the period was £2.736 million (2018/19: income £9.466 million).

Statements of Financial Position

As at 31 March 2020

	Note	Group 31 March 2020 £000	Group 31 March 2019 £000	Trust 31 March 2020 £000	Trust 31 March 2019 £000
Non-current assets					
Intangible assets	13,14	3,331	3,156	3,254	3,138
Property, plant and equipment	15,16	121,824	129,725	99,822	107,550
Investment in subsidiary	19	-	-	7,241	7,241
Loan to subsidiary	20.1	-	-	15,139	15,497
Other investments / financial assets	20.1	1,550	6,098	1,550	6,098
Receivables	22.1	989	1,137	989	1,137
Total non-current assets		**127,694**	**140,116**	**127,995**	**140,661**
Current assets					
Inventories	21	4,284	4,573	3,556	3,825
Receivables	22.1	34,772	37,853	37,018	40,193
Other investments / financial assets	20.2	-	-	374	360
Cash and cash equivalents	23.1	24,288	21,268	23,358	20,806
Total current assets		**63,344**	**63,694**	**64,306**	**65,184**
Current liabilities					
Trade and other payables	24.1	(39,470)	(40,557)	(39,912)	(41,916)
Borrowings	26	(1,515)	(1,501)	(1,684)	(1,665)
Provisions	28	(481)	(283)	(481)	(283)
Other liabilities	25	(3,496)	(2,731)	(3,496)	(2,731)
Total current liabilities		**(44,962)**	**(45,072)**	**(45,573)**	**(46,595)**
Total assets less current liabilities		**146,076**	**158,738**	**146,728**	**159,250**
Non-current liabilities					
Trade and other payables	24.1	(280)	(417)	(280)	(417)
Borrowings	26	(24,414)	(25,788)	(25,206)	(26,748)
Provisions	28	(2,157)	(2,039)	(1,889)	(1,839)
Total non-current liabilities		**(26,851)**	**(28,244)**	**(27,375)**	**(29,004)**
Total assets employed		**119,225**	**130,494**	**119,353**	**130,246**
Financed by					
Public dividend capital		70,447	65,598	70,446	65,598
Revaluation reserve		8,323	6,908	7,699	5,887
Financial assets reserve		(4,900)	(352)	(4,900)	(352)
Income and expenditure reserve		45,355	58,340	46,108	59,113
Total taxpayers' equity		**119,225**	**130,494**	**119,353**	**130,246**

The notes on pages 9 to 61 form part of these accounts.

Name   **Glenn Burley**
Position   **Chief Executive**
Date   **24 June 2020**

Consolidated Statement of Changes in Equity for the year ended 31 March 2020

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 2019 - brought forward	65,598	6,908	(352)	58,340	130,494
(Deficit) for the year	-	-	-	(12,985)	(12,985)
Impairments	-	(3,395)	-	-	(3,395)
Revaluations	-	4,780	-	-	4,780
Fair value (losses) on equity instruments designated at fair value through OCI	-	-	(4,548)	-	(4,548)
Public dividend capital received	4,849	-	-	-	4,849
Other reserve movements	-	30	-	-	30
Taxpayers' and others' equity at 31 March 2020	70,447	8,323	(4,900)	45,355	119,225

Consolidated 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 for the year	-	-	-	18,130	18,130
Impairments	-	(9,597)	-	-	(9,597)
Revaluations	-	456	-	-	456
Fair value (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

Statement of Changes in Equity for the year ended 31 March 2020

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 2019 - brought forward	65,598	5,887	(352)	59,113	130,246
(Deficit) for the year	-	-	-	(13,005)	(13,005)
Impairments	-	(2,968)	-	-	(2,968)
Revaluations	-	4,780	-	-	4,780
Fair value (losses) on equity instruments designated at fair value through OCI	-	-	(4,548)	-	(4,548)
Public dividend capital received	4,848	-	-	-	4,848
Taxpayers' and others' equity at 31 March 2020	70,446	7,699	(4,900)	46,108	119,353

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 for the year	-	-	-	19,400	19,400
Impairments	-	(8,682)	-	-	(8,682)
Revaluations	-	316	-	-	316
Fair value (losses) on financial assets mandated 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

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 irrevocable election at recognition.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the Group.

Statements of Cash Flows

	Note	Group 2019/20 £000	Group 2018/19 £000	Trust 2019/20 £000	Trust 2018/19 £000
Cash flows from operating activities					restated
Operating (deficit)/surplus		(9,118)	22,088	(5,107)	22,675
Non-cash income and expense:					
Depreciation and amortisation	6.1	7,856	7,009	7,504	6,589
Net impairments	7	23,108	1,366	18,193	(33)
Income recognised in respect of capital donations	4	(360)	(932)	(307)	(932)
Decrease/(increase) in receivables and other assets		3,618	(3,470)	4,679	(5,162)
Decrease/(increase) in inventories		289	(563)	269	(440)
Decrease/(increase) in payables and other liabilities		(392)	(213)	(2,352)	1,610
Increase / (decrease) in provisions		158	(163)	90	(336)
Other movements in operating cash flows		(68)	(6,652)	29	(6,024)
Net cash flows from operating activities		**25,091**	**18,470**	**22,998**	**17,947**
Cash flows from investing activities					
Interest received		213	157	761	714
Loan investment from SWFT CS Ltd		-	-	359	339
Purchase of intangible assets		(1,611)	(2,098)	(1,547)	(1,784)
Purchase of Property, Plant and Equipment		(20,309)	(11,479)	(19,457)	(12,071)
Sales of Property, Plant and Equipment		-	14	-	14
Receipt of cash donations to purchase assets		-	191	-	191
Net cash flows used in investing activities		**(21,707)**	**(13,215)**	**(19,884)**	**(12,597)**
Cash flows from financing activities					
Public dividend capital received		4,849	641	4,848	641
Movement on loans from DHSC		(1,428)	(1,428)	(1,428)	(1,428)
Movement on other loans		68	(49)	68	(49)
Capital element of finance lease rental payments		-	-	(164)	(143)
Interest on loans		(859)	(898)	(859)	(898)
Interest paid on finance lease liabilities		-	-	(33)	(35)
PDC dividend paid		(2,994)	(3,438)	(2,994)	(3,438)
Net cash flows used in financing activities		**(364)**	**(5,172)**	**(562)**	**(5,350)**
Increase / (decrease) in cash and cash equivalents		**3,020**	**83**	**2,552**	**-**
Cash and cash equivalents at 1 April - brought forward		**21,268**	**21,185**	**20,806**	**20,806**
Cash and cash equivalents at 31 March	23.1	**24,288**	**21,268**	**23,358**	**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 2019/20 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.

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. This review has also factored in the implications of the Covid-19 pandemic which has seen an initial move to block contract payments on account for the period 1 April to 31 July 2020 and subseuently extended to 31st October 2020, with the suspension of the usual PbR national tariff payment mechanism. During this period trusts will also receive top up payments to cover their costs. For these reasons, the Directors 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".

Note 1.3 Consolidation (cont.)

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 arrangement. 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).

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. This accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time.

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. Some research income alternatively falls within the provisions of IAS 20 for government grants.

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 performance obligations have been satisfied. In practical terms this means that treatment has been given, 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.

Provider sustainability fund (PSF) and Financial recovery fund (FRF)
The PSF and FRF enable providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Note 1.5 Other forms of income

Grants and donations

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. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from 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 from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 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 two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care 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: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The 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 1.7 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 1.8 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

Note 1.9 Property, plant and equipment

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 a 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 a 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.

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.

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.

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

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:
  • Land and non-specialised buildings – market value for existing use
  • Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Group's Stratford healthcare facility where SWFT Clinical Services Ltd is providing the Trust with a fully managed healthcare facility and the costs are recoverable VAT for the Trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. 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.

Note 1.9 Property, plant and equipment (cont.)

Depreciation

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

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

Revaluation gains and losses

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

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.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

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.

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 1.9 Property, plant and equipment (cont.)
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	25	90
Dwellings	25	90
Plant & machinery	2	15
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 1.10 Intangible assets
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 where it meets the requirements set out in IAS 38.

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.

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 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.

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

Amortisation

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

Useful lives 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	Max life
	Years	Years
Software licences	2	6

Note 1.11 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 1.12 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 1.13 Financial assets and financial liabilities

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.

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 are 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.

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.

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 1.14 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.

The trust as a 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 implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

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.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position 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.

The trust as a 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 1.15 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 HM Treasury's discount rates effective for 31 March 2020:

		Nominal rate
Short-term	Up to 5 years	0.51%
Medium-term	After 5 years up to 10 years	0.55%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2020:

	Inflation rate
Year 1	1.90%
Year 2	2.00%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.5% in real terms.

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 28.3 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 1.16 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 29 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 29, 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 1.17 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.

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 and grant 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 calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.18 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 1.19 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 statement of comprehensive income 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 statement of financial position 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 statement of financial position date.

Note 1.20 Third party assets

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

Note 1.21 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

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

Note 1.22 Gifts

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

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2019/20.

Note 1.24 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2021, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

HM Treasury revised the implementation date for IFRS 16 in the UK public sector to 1 April 2021 on 19 March 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity from April 2021 and beyond, a quantification of the expected impact of applying the standard in 2021/22 is currently impracticable.

IFRS 17 Insurance Contracts

No impact is anticipated for this standard on the Group. The implementation date for IFRS 17 in the UK public sector is 1 April 2023.

Note 1.25 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 has 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; and
-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 1.26 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 28) £2.6m, 2018/19 £2.3m.

- Provision is made for the impairment of receivables based on the information available when the accounts are approved (see note 22.1), £5.6m, 2018/19 £4.1m.

- Income includes an estimate of the value of partially complete spells of patient activity at 31 March 2020 (£1.058m, 2018/19 £0.69m) 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, £0.199m, 2018/19 £0.338m.

-The revaluation of property, plant and equipment, which is described in note 18. As a result of the Covid-19 pandemic, the Trust's valuations have been reported on the basis of material valuation uncertainty as per the RICS valuation published guidance in response to Covid-19.

-The fair value of the Trust's investment shares in Sensyne Health PLC at their first recognition within the Trust's accounts (2018/19) was based on the closing price of the ordinary shares following the first day of trading on 17 August 2018 (£6.45m). The year end valuation of these shares is based on the closing trading price at 31 March 2020, £1.55m (2018/19 £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 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:

Note 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 2019/20 £000	Healthcare Provision 2018/19 £000
Income	**328,179**	320,531
Expenditure	**341,184**	301,130
(Deficit)/surplus for the year	**(13,005)**	19,401
Segment net assets	**124,083**	130,246

Note 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; and iii) 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)	2019/20 £000	2018/19 £000
Acute services		
Elective income	37,401	35,617
Non elective income	67,446	57,689
First outpatient income	16,595	15,958
Follow up outpatient income	19,247	17,658
A & E income	12,927	10,437
High cost drugs income from commissioners (excluding pass-through costs)	25,747	23,559
Other NHS clinical income	33,859	34,611
Community services		
Community services income from CCGs and NHS England	62,191	57,766
Income from other sources (e.g. local authorities)	17,682	16,326
All services		
Private patient income	773	586
Agenda for Change pay award central funding*	-	2,600
Additional pension contribution central funding**	8,397	-
Other clinical income	3,173	2,201
Total income from activities	**305,438**	**275,008**

*Additional costs of the Agenda for Change pay reform in 2018/19 received central funding. From 2019/20 this funding is incorporated into tariff for individual services.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

	2019/20 £000	2018/19 £000
Income from patient care activities received from:		
NHS England	38,831	28,063
Clinical commissioning groups	245,659	225,325
Department of Health and Social Care	420	2,660
Other NHS providers	1,887	1,745
NHS other	76	57
Local authorities	16,794	15,479
Non-NHS: private patients	638	518
Non-NHS: overseas patients (chargeable to patient)	135	68
Injury cost recovery scheme	776	662
Non NHS: other	222	431
Total income from activities	**305,438**	**275,008**
Of which:		
Related to continuing operations	305,438	275,008
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 34.

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2019/20	2018/19
	£000	£000
Income recognised this year	135	68
Cash payments received in-year	75	22
Amounts added to provision for impairment of receivables	-	8
Amounts written off in-year	37	15

Note 4 Other operating income (Group)

	2019/20			2018/19		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	340	-	**340**	384	-	**384**
Education and training	10,452	374	**10,826**	10,323	12	**10,335**
Non-patient care services to other bodies	10,086	-	**10,086**	10,448	-	**10,448**
Provider sustainability fund (PSF)	4,055	-	**4,055**	14,010	-	**14,010**
Marginal rate emergency tariff funding (MRET)	2,320	-	**2,320**	-	-	**-**
Income in respect of employee benefits accounted on a gross basis	171	-	**171**	8	-	**8**
Receipt of capital grants and donations	-	360	**360**	-	932	**932**
Other income	2,668	1,064	**3,732**	2,680	7,130	**9,810**
Total other operating income	**30,092**	**1,798**	**31,890**	**37,853**	**8,074**	**45,927**
Of which:						
Related to continuing operations			**31,890**			**45,927**
Related to discontinued operations			**-**			**-**

The other contract income total above of £2.668m (2018/19 £2.680m) consists of staff and patient car parking income £1.617m (2018/19 £1.544m), accommodation rentals £0.238m (2018/19 £0.229m) and other smaller items.

The other non-contract income total above of £1.064m is for Section 106 income from Warwick District Council and Stratford District Council (2018/19 £7.130m related to £6.450m Sensyne Health Plc shares and Section 106 income of £0.68m from Warwick District Council and Stratford District Council).

Note 5.1 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 5.2 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 5.3 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:

	2019/20 £000	2018/19 £000
Income from services designated as commissioner requested services	212,561	192,800
Income from services not designated as commissioner requested services	92,877	82,208
Total	**305,438**	**275,008**

Note 6.1 Operating expenses (Group)

	2019/20	2018/19
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	10,034	6,733
Purchase of healthcare from non-NHS and non-DHSC bodies	268	2,490
Staff and executive directors costs	209,781	187,896
Remuneration of non-executive directors*	151	132
Supplies and services - clinical (excluding drugs costs)	25,264	25,615
Supplies and services - general	10,493	10,924
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	28,568	27,974
Inventories written down	181	151
Consultancy costs	1,001	922
Establishment	2,242	2,230
Premises	10,236	9,827
Transport (including patient travel)	2,648	2,572
Depreciation on property, plant and equipment	6,578	6,135
Amortisation on intangible assets	1,278	874
Net impairments**	23,108	1,366
Movement in credit loss allowance: contract receivables / contract assets	2,572	2,318
(Decrease) in other provisions	(38)	(76)
Change in provisions discount rate(s)	104	(26)
Audit fees payable to the external auditor		
audit services- statutory audit	99	63
other auditor remuneration (external auditor only)	11	23
Internal audit costs	97	62
Clinical negligence	5,177	5,031
Legal fees	231	101
Insurance	133	110
Education and training	5,015	4,661
Rentals under operating leases	170	182
Car parking & security	310	289
Hospitality	51	5
Losses, ex gratia & special payments	191	7
Other services, eg external payroll	174	248
Other	318	8
Total	**346,446**	**298,847**
Of which:		
Related to continuing operations	346,446	298,847
Related to discontinued operations	-	-

*The employer contribution rate for NHS pensions increased from 14.3% to 20.6%, £8.397m, (excluding administration charge) from 1 April 2019.

**In January 2020 the Trust instructed a new valuer, Avison Young, to undertake a full quinquennial inspection valuation of the Trust's estate. In undertaking this valuation a more granular approach to valuing the notional MEA hospitals valuations was adopted by Avison Young. This, together with £7.3m of completed capital scheme works, resulted in a £21.1m reduction in valuation for the Trust, of which £22.92m was taken to operating expenses as an impairment. SWFTCS Ltd also saw a reduction in its property valuation of £0.61m, of which £0.19m was taken to operating expenses as an impairment. The total Group impairments taken to operating expenses was therefore £23.11m.

Note 6.2 Other auditor remuneration (Group)

	2019/20	2018/19
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit-related assurance services	11	11
2. All taxation advisory services not falling within item 3 above	-	12
Total	**11**	**23**

Note 6.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £1m (2018/19: £1m).

Note 7 Impairment of assets (Group)

	2019/20	2018/19
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Unforeseen obsolescence	-	38
Changes in market price	23,108	1,328
Total net impairments charged to operating surplus / deficit	**23,108**	**1,366**
Impairments charged to the revaluation reserve	3,395	9,597
Total net impairments	**26,503**	**10,963**

The impairments in 2019/20 are as a result of changes in market price following valuations of the Group's estate. The Trust's estate was also subject to a full quinquennial inspection valuation in 2019/20, being undertaken by a new valuer, Avision Young.

Note 8 Employee benefits (Group)

	2019/20 Total £000	2018/19 Total £000
Salaries and wages	162,215	153,488
Social security costs	15,474	14,393
Apprenticeship levy	775	740
Employer's contributions to NHS pensions	27,601	18,122
Pension cost - other	72	43
Temporary staff (including agency)	8,631	6,090
Total gross staff costs	**214,768**	**192,876**
Recoveries in respect of seconded staff	(85)	(278)
Total staff costs	**214,683**	**192,598**
Of which		
Costs capitalised as part of assets	1,191	1,443

The Trust is required to account for the additional expenditure arising from the 6.3% pension contributions paid by NHS England and related income on a gross basis. This accounts for a £8,397k pension increase, with a corresponding increase in income from NHS England shown within the Trust's income (note 3.1).

Note 8.1 Retirements due to ill-health (Group)

During 2019/20 there were no early retirements from the trust agreed on the grounds of ill-health (4 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £0k (£163k in 2018/19).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. 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 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 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 at 20.6%, and the Scheme Regulations were amended accordingly.

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 judgement 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 10 Operating leases (Group)

Note 10.1 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.

	2019/20 £000	2018/19 £000
Operating lease expense		
Minimum lease payments	170	182
Total	**170**	**182**

	31 March 2020 £000	31 March 2019 £000
Future minimum lease payments due:		
- not later than one year;	112	170
- later than one year and not later than five years;	187	257
- later than five years.	73	116
Total	**372**	**543**
Future minimum sublease payments to be received	-	-

Note 10.2 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

This note discloses costs and commitments incurred in operating lease arrangements where South Warwickshire NHS Foundation Trust is the lessee.

	2019/20 £000	2018/19 £000
Operating lease expense		
Minimum lease payments	1,121	1,126
Total	**1,121**	**1,126**

	2020 £000	2019 £000
Future minimum lease payments due:		
- not later than one year;	1,050	1,114
- later than one year and not later than five years;	3,964	4,034
- later than five years.	16,401	17,388
Total	**21,415**	**22,536**
Future minimum sublease payments to be received	-	-

The Trust's lease is with SWFT Clinical Services Ltd and therefore is eliminated on consolidation.

Note 11 Finance income (Group)

Finance income represents interest received on assets and investments in the period.

	2019/20	2018/19
	£000	£000
Interest on bank accounts	215	171
Total finance income	**215**	**171**

Note 12.1 Finance expenditure (Group)

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2019/20	2018/19
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	859	899
Total interest expense	**859**	**899**
Unwinding of discount on provisions	158	118
Total finance costs	**1,017**	**1,017**

Note 12.2 Corporation Tax

Corporation Tax included in these accounts relate to SWFT Clinical Services Ltd, the Trust's wholly owned subsidiary. 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 - 2019/20

Group	Software licences £000
Valuation / gross cost at 1 April 2019 - brought forward	7,012
Additions	1,453
Valuation / gross cost at 31 March 2020	**8,465**
Amortisation at 1 April 2019 - brought forward	3,856
Provided during the year	1,278
Amortisation at 31 March 2020	**5,134**
Net book value at 31 March 2020	3,331
Net book value at 1 April 2019	3,156

Note 13.2 Intangible assets - 2018/19

Group	Software licences £000
Valuation / gross cost at 1 April 2018 - as brought forward	5,068
Additions	1,784
Reclassifications	160
Valuation / gross cost at 31 March 2019	**7,012**
Amortisation at 1 April 2018 - as previously stated	2,982
Provided during the year	874
Amortisation at 31 March 2019	**3,856**
Net book value at 31 March 2019	3,156
Net book value at 1 April 2018	2,086

Note 14.1 Intangible assets - 2019/20

Trust	Software licences £000
Valuation / gross cost at 1 April 2019 - brought forward	**6,988**
Additions	1,389
Valuation / gross cost at 31 March 2020	**8,377**
Amortisation at 1 April 2019 - brought forward	**3,850**
Provided during the year	1,273
Amortisation at 31 March 2020	**5,123**
Net book value at 31 March 2020	**3,254**
Net book value at 1 April 2019	**3,138**

Note 14.2 Intangible assets - 2018/19

Trust	Software licences £000
Valuation / gross cost at 1 April 2018 - brought forward	**5,044**
Additions	1,784
Reclassifications	160
Valuation / gross cost at 31 March 2019	**6,988**
Amortisation at 1 April 2018 - as previously stated	**2,981**
Provided during the year	869
Amortisation at 31 March 2019	**3,850**
Net book value at 31 March 2019	**3,138**
Net book value at 1 April 2018	**2,063**

Note 15.1 Property, plant and equipment - 2019/20

Group	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 2019 - brought forward	**11,481**	**101,068**	**2,352**	**863**	**26,060**	**7,956**	**1,033**	**150,813**
Additions	5,975	7,633	-	961	2,565	3,012	254	**20,400**
Impairments	(7,493)	(19,268)	(11)	-	-	-	-	**(26,772)**
Reversals of impairments	-	269	-	-	-	-	-	**269**
Revaluations	71	1,232	156	-	-	-	-	**1,459**
Reclassifications	-	354	-	(766)	199	213	-	**-**
Disposals / derecognition	-	-	-	-	(49)	-	-	**(49)**
Valuation/gross cost at 31 March 2020	**10,034**	**91,288**	**2,497**	**1,058**	**28,775**	**11,181**	**1,287**	**146,120**
Accumulated depreciation at 1 April 2019 - brought forward	**-**	**-**	**-**	**-**	**16,513**	**4,295**	**280**	**21,088**
Provided during the year	-	3,218	103	-	1,902	1,222	133	**6,578**
Revaluations	-	(3,218)	(103)	-	-	-	-	**(3,321)**
Disposals / derecognition	-	-	-	-	(49)	-	-	**(49)**
Accumulated depreciation at 31 March 2020	**-**	**-**	**-**	**-**	**18,366**	**5,517**	**413**	**24,296**
Net book value at 31 March 2020	**10,034**	**91,288**	**2,497**	**1,058**	**10,409**	**5,664**	**874**	**121,824**
Net book value at 1 April 2019	**11,481**	**101,068**	**2,352**	**863**	**9,547**	**3,661**	**753**	**129,725**

Note 15.2 Property, plant and equipment - 2018/19

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2018 - as 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 - as 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**

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 2019/20 the valuation of the Group's estate resulted in a total net reduction in value of £21.723m (2018/19 £11.265m net valuation reduction).

The valuations were undertaken by Neil Rayner BSc (Hons) MSc DIC MRICS, Principal Surveyor, DVS Property Services arm of the Valuation Agency for SWFTCS Ltd.

For the Trust the valuations were undertaken by Rebecca Millard MRICS, RICS Registered Valuer, Principal, Avison Young.

Note 15.3 Property, plant and equipment financing - 2019/20

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020								
Owned - purchased	9,282	88,410	2,239	987	9,543	5,653	744	**116,858**
Owned - donated	752	2,878	258	71	866	11	130	**4,966**
NBV total at 31 March 2020	**10,034**	**91,288**	**2,497**	**1,058**	**10,409**	**5,664**	**874**	**121,824**

Note 15.4 Property, plant and equipment financing - 2018/19

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£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 16.1 Property, plant and equipment - 2019/20

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2019 - brought forward	**8,491**	**81,944**	**2,352**	**863**	**25,887**	**7,956**	**1,033**	**128,526**
Additions	5,975	6,940	-	869	2,510	3,009	254	**19,557**
Impairments	(7,493)	(18,656)	(11)	-	-	-	-	**(26,160)**
Reversals of impairments	71	269	-	-	-	-	-	**340**
Revaluations	-	1,618	156	-	-	-	-	**1,774**
Reclassifications	-	354	-	(766)	199	213	-	**-**
Valuation/gross cost at 31 March 2020	**7,044**	**72,469**	**2,497**	**966**	**28,596**	**11,178**	**1,287**	**124,037**
Accumulated depreciation at 1 April 2019 - brought forward	**-**	**-**	**-**	**-**	**16,401**	**4,295**	**280**	**20,976**
Provided during the year	-	2,832	103	-	1,884	1,222	133	**6,174**
Revaluations	-	(2,832)	(103)	-	-	-	-	**(2,935)**
Accumulated depreciation at 31 March 2020	**-**	**-**	**-**	**-**	**18,285**	**5,517**	**413**	**24,215**
Net book value at 31 March 2020	**7,044**	**72,469**	**2,497**	**966**	**10,311**	**5,661**	**874**	**99,822**
Net book value at 1 April 2019	**8,491**	**81,944**	**2,352**	**863**	**9,486**	**3,661**	**753**	**107,550**

Note 16.2 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 - as 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)	-	-	(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 - as 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 16.3 Property, plant and equipment financing - 2019/20

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 2020								
Owned - purchased	6,292	70,797	2,239	925	8,686	5,650	554	**95,143**
Finance leased	-	-	-	-	759	-	190	**949**
Owned - donated	752	1,672	258	41	866	11	130	**3,730**
NBV total at 31 March 2020	**7,044**	**72,469**	**2,497**	**966**	**10,311**	**5,661**	**874**	**99,822**

Note 16.4 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 17 Donations of property, plant and equipment

During the year the Trust received £0.360m of donated assets (2018/19: £0.932m), £nil in the form of physical assets (non cash) (2018/19: £0.741m) and £0.360m from cash donations for the purchase of assets (2018/19: £0.191m). 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 2020. The SWFTCS Ltd valuation was undertaken by a qualified independent valuer from DVS. The Trust had a full quinquennial valuation of its estate by Avison Young in March 2020. The Group undertakes quinquennial valuations, with annual interim valuations.

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.

As a result of the Covid-19 pandemic, the Trust's valuations have been reported on the basis of material valuation uncertainity as per the RICS valuation published guidance in response to Covid-19.

Note 19 Investment in subsidiary

	Group		Trust	
	2019/20	**2018/19**	**2019/20**	**2018/19**
	£000	**£000**	**£000**	**£000**
Carrying value at 1 April - brought forward	-	-	7,241	7,141
Acquisitions in year	-	-	-	100
Carrying value at 31 March	-	-	7,241	7,241

Note 20.1 Other investments / financial assets (non-current)

	Group		Trust	
	2019/20	**2018/19**	**2019/20**	**2018/19**
	£000	**£000**	**£000**	**£000**
Carrying value at 1 April - brought forward	6,098	-	21,595	15,644
Acquisitions in year	-	6,450	-	6,450
Movement in fair value through OCI	(4,548)	(352)	(4,548)	(352)
Loan to SWFT CS Ltd - Repayments	-	-	(358)	(380)
Loan to SWFT CS Ltd - Increase	-	-	-	233
Carrying value at 31 March	1,550	6,098	16,689	21,595

Note 20.2 Other investments / financial assets (current)

	Group		Trust	
	31 March 2020	**31 March 2019**	**31 March 2020**	**31 March 2019**
	£000	**£000**	**£000**	**£000**
Loan to SWFT CS Ltd	-	-	374	360
Total current investments / financial assets	-	-	374	360

Note 21 Inventories

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Drugs	2,283	2,044	1,563	1,322
Consumables	1,962	2,486	1,954	2,460
Energy	39	43	39	43
Total inventories	**4,284**	**4,573**	**3,556**	**3,825**
of which:				
Held at fair value less costs to sell	-	-		

Inventories recognised in expenses for the year were £38,999k (2018/19: £39,733k). Write-down of inventories recognised as expenses for the year were £181k (2018/19: £151k).

Note 22.1 Receivables

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Current				
Contract receivables	35,743	37,455	35,787	37,906
Allowance for impaired contract receivables / assets	(5,621)	(4,083)	(5,583)	(4,238)
Prepayments (non-PFI)	3,323	2,755	5,115	3,858
Interest receivable	19	17	19	17
PDC dividend receivable	403	376	389	376
VAT receivable	638	-	1,024	941
Other receivables	267	1,333	267	1,333
Total current receivables	**34,772**	**37,853**	**37,018**	**40,193**
Non-current				
Contract assets	989	1,137	989	1,137
Total non-current receivables	**989**	**1,137**	**989**	**1,137**
Of which receivable from NHS and DHSC group bodies:				
Current	27,974	33,497		
Non-current	-	-		

Note 22.2 Allowances for credit losses - 2019/20

	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 2019 - brought forward	**4,083**	**-**	**4,238**	**-**
New allowances arising	3,451	-	3,258	-
Changes in existing allowances	85	-	85	-
Reversals of allowances	(964)	-	(964)	-
Utilisation of allowances (write offs)	(1,034)	-	(1,034)	-
Allowances as at 31 Mar 2020	**5,621**	**-**	**5,583**	**-**

Note 22.3 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 - as previously stated	**-**	**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 23.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2019/20	**2018/19**	**2019/20**	**2018/19**
	£000	**£000**	**£000**	**£000**
At 1 April	**21,268**	**21,185**	**20,806**	**20,806**
Net change in year	3,020	83	2,552	-
At 31 March	**24,288**	**21,268**	**23,358**	**20,806**
Broken down into:				
Cash at commercial banks and in hand	1,340	631	410	169
Cash with the Government Banking Service	22,948	20,637	22,948	20,637
Total cash and cash equivalents as in SoFP	**24,288**	**21,268**	**23,358**	**20,806**

Note 23.2 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 2020	**31 March 2019**
	£000	**£000**
Bank balances	1	1
Monies on deposit	-	-
Total third party assets	**1**	**1**

Note 24.1 Trade and other payables

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Current				
Trade payables	15,585	20,387	16,511	21,234
Capital payables	337	404	322	380
Accruals	16,684	13,249	16,251	13,849
Social security costs	1,969	2,099	2,277	2,085
VAT payables	-	37		
Other taxes payable	2,238	1,799	1,894	1,786
Other payables	2,657	2,582	2,657	2,582
Total current trade and other payables	**39,470**	**40,557**	**39,912**	**41,916**
Non-current				
Other payables	280	417	280	417
Total non-current trade and other payables	**280**	**417**	**280**	**417**

Of which payables from NHS and DHSC group bodies:

Current	10,847	11,961
Non-current	-	-

Note 25 Other liabilities

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Current				
Deferred income: contract liabilities	2,339	2,031	2,339	2,031
Other deferred income	1,157	700	1,157	700
Total other current liabilities	**3,496**	**2,731**	**3,496**	**2,731**

Note 26 Borrowings

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Current				
Loans from DHSC	1,459	1,459	1,457	1,459
Other loans	56	42	58	42
Obligations under finance leases	-	-	169	164
Total current borrowings	**1,515**	**1,501**	**1,684**	**1,665**
Non-current				
Loans from DHSC	24,288	25,716	24,288	25,716
Other loans	126	72	127	72
Obligations under finance leases	-	-	791	960
Total non-current borrowings	**24,414**	**25,788**	**25,206**	**26,748**

Note 26.1 Reconciliation of liabilities arising from financing activities (Group)

Group - 2019/20	Loans from DHSC £000	Other loans £000	Total £000
Carrying value at 1 April 2019	27,175	114	27,289
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,428)	68	(1,360)
Financing cash flows - payments of interest	(859)	-	(859)
Non-cash movements:			
Application of effective interest rate	859	-	859
Carrying value at 31 March 2020	25,747	182	25,929

Group - 2018/19	Loans from DHSC £000	Other loans £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

Note 26.2 Reconciliation of liabilities arising from financing activities

Trust	Loans from DHSC £000	Other loans £000	Finance leases £000	Total £000
Carrying value at 1 April 2019	**27,175**	**114**	**1,123**	**28,412**
Cash movements:				
Financing cash flows - payments and receipts of principal	(1,428)	68	(164)	**(1,524)**
Financing cash flows - payments of interest	(859)	-	(33)	**(892)**
Non-cash movements:				
Application of effective interest rate	859	-	34	**893**
Carrying value at 31 March 2020	**25,747**	**182**	**960**	**26,889**

Trust	Loans from DHSC £000	Other loans £000	Finance leases £000	Total £000
Carrying value at 1 April 2018	**28,572**	**163**	**933**	**29,668**
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**	**28,412**

Note 27 Finance leases

Note 27.1 South Warwickshire NHS Foundation Trust as a lessee

Obligations under finance leases where the trust is the lessee.

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Gross lease liabilities	-	-	**1,059**	**1,238**
of which liabilities are due:				
- not later than one year;	-	-	145	196
- later than one year and not later than five years;	-	-	580	785
- later than five years.	-	-	334	257
Finance charges allocated to future periods	-	-	(126)	(115)
Net lease liabilities	-	-	**933**	**1,123**
of which payable:				
- not later than one year;	-	-	114	164
- later than one year and not later than five years;	-	-	499	708
- later than five years.	-	-	320	251

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 lease is with SWFT Clinical Services Ltd and therefore is eliminated on consolidation.

Note 28.1 Provisions for liabilities and charges analysis (Group)

Group	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2019	1,192	838	76	216	2,322
Change in the discount rate	47	57	-	-	104
Arising during the year	-	-	33	274	307
Utilised during the year	(135)	(55)	(25)	-	(215)
Reversed unused	(24)	-	(14)	-	(38)
Unwinding of discount	111	47	-	-	158
At 31 March 2020	1,191	887	70	490	2,638
Expected timing of cash flows:					
- not later than one year;	135	55	70	221	481
- later than one year and not later than five years;	540	220	-	-	760
- later than five years.	516	612	-	269	1,397
Total	1,191	887	70	490	2,638

Legal claims includes the amount informed by the NHS Resolution 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 within note 29.

Other relates to deferred corporation tax for SWFT Clinical Services Ltd. See note 12.2 Corporation Tax and provisions relating to potential VAT liabilities.

In addition to the above, the NHS Resolution holds provisions to the value of £0.758m in relation to the Employer's Liability Scheme for Trusts at 31 March 2020 (£0.841m at 31 March 2019).

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.

Note 28.2 Provisions for liabilities and charges analysis (Trust)

Trust	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2019	1,192	838	76	15	2,121
Change in the discount rate	47	57	-	-	104
Arising during the year	-	-	33	205	238
Utilised during the year	(135)	(55)	(25)	-	(215)
Reversed unused	(24)	-	(14)	-	(38)
Unwinding of discount	111	47	-	-	158
At 31 March 2020	1,191	887	70	220	2,368
Expected timing of cash flows:					
- not later than one year;	135	55	70	220	480
- later than one year and not later than five years;	540	220	-	-	760
- later than five years.	516	612	-	-	1,128
Total	1,191	887	70	220	2,368

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 within note 29.

In addition to the above, the NHS Litigation Authority holds provisions to the value of £0.758m in relation to the Employer's Liability Scheme for Trusts at 31 March 2020 (£0.841m at 31 March 2019).

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.

Note 28.3 Clinical negligence liabilities

At 31 March 2020, £72,246k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of South Warwickshire NHS Foundation Trust (31 March 2019: £51,560k).

Note 29 Contingent assets and liabilities

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Value of contingent liabilities				
NHS Resolution legal claims	(22)	(30)	(22)	(30)
Gross value of contingent liabilities	**(22)**	**(30)**	**(22)**	**(30)**
Amounts recoverable against liabilities	-	-		
Net value of contingent liabilities	**(22)**	**(30)**	**(22)**	**(30)**
Net value of contingent assets	**-**	**-**		

Note 30 Contractual capital commitments

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
Property, plant and equipment	1,495	5,501	1,495	5,501
Intangible assets	-	115	-	115
Total	**1,495**	**5,616**	**1,495**	**5,616**

Note 31 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	
	2019/20	2018/19	**2019/20**	2018/19
	£000	£000	**£000**	£000
Revenue from Patient Care Activities	**2,273**	2,357	**457**	474
Other Operating Revenue	**44,077**	42,124	**8,864**	8,471
Operating Expenses	**(46,351)**	(44,475)	**(9,321)**	(8,944)
Operating Surplus / (Deficit)	**(1)**	**6**	**0**	**1**

	Total Value Reported		Foundation Trust's Share	
	2020	2019	**2020**	2019
	£000	£000	**£000**	£000
Non current assets	**982**	1,186	**198**	239
Current assets				
Stocks and work in progress	**970**	876	**195**	176
Debtors-due within 1 year	**5,373**	2,189	**1,080**	440
	6,343	3,065	**1,275**	616
Current liabilities	**(9,801)**	(6,726)	**(1,799)**	(1,181)
Net-current liabilities	**(3,458)**	(3,661)	**(524)**	(565)
Total assets less current liabilities	**(2,476)**	(2,475)	**(326)**	(326)
Non-current liabilities	**-**	-	**-**	-
Total assets employed	**(2,476)**	(2,475)	**(326)**	(326)
Financed by:				
Tax payers' equity				
Public dividend capital	**434**	434	**259**	259
Retained earnings	**(2,910)**	(2,909)	**(585)**	(585)
Total tax payer's equity	**(2,476)**	(2,475)	**(326)**	(326)

Note 32 Financial instruments

Note 32.1 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 2020 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 22.1 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 32.2 Carrying values of financial assets (Group)

Carrying values of financial assets as at 31 March 2020	Held at amortised cost £000	Held at fair value through OCI £000	Total book value £000
Trade and other receivables excluding non-financial assets	31,397	-	31,397
Other investments / financial assets	-	1,550	1,550
Cash and cash equivalents	24,288	-	24,288
Consolidated NHS Charitable fund financial assets	-	-	-
Total at 31 March 2020	55,685	1,550	57,235

Carrying values of financial assets as at 31 March 2019	Held at amortised cost £000	Held at fair value through OCI £000	Total book value £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
Consolidated NHS Charitable fund financial assets	-	-	-
Total at 31 March 2019	57,127	6,098	63,225

Note 32.3 Carrying values of financial assets (Trust)

Carrying values of financial assets as at 31 March 2020	Held at amortised cost £000	Held at fair value through OCI £000	Total book value £000
Trade and other receivables excluding non-financial assets	30,445	-	30,445
Other investments / financial assets	15,139	1,550	16,689
Cash and cash equivalents	23,358	-	23,358
Total at 31 March 2020	68,942	1,550	70,492

Carrying values of financial assets as at 31 March 2019	Held at amortised cost £000	Held at fair value through OCI £000	Total book value £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

Note 32.4 Carrying values of financial liabilities (Group)

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	25,747	25,747
Other borrowings	182	182
Trade and other payables excluding non-financial liabilities	32,606	32,606
Provisions under contract	2,078	2,078
Total at 31 March 2020	**60,613**	**60,613**

Carrying values of financial liabilities as at 31 March 2019	Held at amortised cost	Total book value
	£000	£000
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
Provisions under contract	2,030	2,030
Total at 31 March 2019	**63,359**	**63,359**

Note 32.5 Carrying values of financial liabilities (Trust)

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	25,747	25,747
Obligations under finance leases	960	960
Other borrowings	182	182
Trade and other payables excluding non-financial liabilities	33,084	33,084
Provisions under contract	2,078	2,078
Total at 31 March 2020	**62,051**	**62,051**

Carrying values of financial liabilities as at 31 March 2019	Held at amortised cost	Total book value
	£000	£000
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**

Note 32.6 Maturity of financial liabilities

	Group		Trust	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	£000	£000	£000	£000
In one year or less	34,311	35,736	34,957	37,320
In more than one year but not more than two years	1,696	1,655	1,839	1,824
In more than two years but not more than five years	3,356	4,894	3,658	3,631
In more than five years	21,250	21,074	21,597	23,131
Total	**60,613**	**63,359**	**62,051**	**65,906**

Note 33 Losses and special payments

	2019/20		2018/19	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
Group and trust				
	Number	£000	Number	£000
Losses				
Fruitless payments	1	1	14	3
Bad debts and claims abandoned	136	124	145	67
Stores losses and damage to property	7	186	5	159
Total losses	**144**	**311**	**164**	**229**
Special payments				
Ex-gratia payments	4	2	4	11
Total special payments	**4**	**2**	**4**	**11**
Total losses and special payments	**148**	**313**	**168**	**240**
Compensation payments received		-		-

Note 34 Related parties

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	
	2019/20	2018/19	2019/20	2018/19
	£000	£000	£000	£000
Other Bodies				
Castel Froma Ltd	227	46	-	-
Medicines & Healthcare Products Regulatory Agency	-	-	5	8
Ministry of Defence	-	-	41	46
SWFT Charity	390	932	-	-
	617	**978**	**46**	**54**

	Receivables		Payables	
	2020	2019	2020	2019
	£000	£000	£000	£000
Other Bodies				
Castel Froma Ltd	29	13	-	-
Medicines & Healthcare Products Regulatory Agency	-	-	2	8
Ministry of Defence	-	-	-	46
SWFT Charity	291	396	-	-
Total	**320**	**409**	**2**	**54**

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 COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS OF SOUTH WARWICKSHIRE NHS FOUNDATION TRUST

Report on the audit of the financial statements

1. 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 2020 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 statements of financial position;
- the group and foundation trust statements of changes in equity;
- the group and foundation trust statements of cash flows; and
- the related notes 1 to 34.

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.

2. 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.

3. Summary of our audit approach

Key audit matters	The key audit matters that we identified in the current year were:
	• Recognition of NHS clinical income and recoverability of NHS receivables • Classification of capital expenditure and valuation of the estate

Within this report, key audit matters are identified as follows:

⚠ Newly identified

⌃ Increased level of risk

⟨⟩ Similar level of risk

⌄ Decreased level of risk

Materiality	The materiality that we used for the group financial statements was £6.7m (2018/19: £6.4m) which was determined on the basis of 2% of total income (2018/19: 2%)
Scoping	Our audit therefore covered all the entities within the group, which account for 100% of the group's net assets, total incoming resources and deficit. Audit work to respond to the risks of material misstatement was performed directly by the audit engagement team
Significant changes in our approach	There have been no significant changes of approach in the current year.

4. Conclusions relating to going concern

We are required by ISAs (UK) to report in respect of the following matters where:

- the directors' use of the going concern basis of accounting in preparation of the financial statements is not appropriate; or
- the directors have 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.

5. 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 period 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.

5.1. Recognition of NHS Clinical Income and Recoverability of NHS Receivables ⟨⟩

Key audit matter description	As described in note 1.4, Accounting Policies, and 1.26 Sources of Estimation Uncertainty, there are significant judgements in recognition of income 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 overperformance and Commissioning for Quality and Innovation income to recognise;

- the judgemental nature of accounting for disputes, including in respect of outstanding overperformance income and the recoverability of receivables relating to these balances; and

- the risk of income not being recognised at fair value due to adjustments agreed in settling current year disputes and agreement of future year contracts.

Details of the group's income, including £212.6m (2018/19 £192.8m) of Commissioner Requested Services, are shown in note 5.3 to the financial statements. NHS receivables are shown in note 22.1 to the financial statements.

The foundation trust has not reached a year end settlement agreement with its main commissioner South Warwickshire CCG for the over-performance against contracts. Consequently, there is an increased level of judgement around the value of accrued income and over or under performance at year end as well as mismatches on the Whole Provider Accounts (WPA) agreement of balances.

We have therefore concluded that there is a risk of fraud in recognition of NHS income as a result of the judgements surrounding these disputes and the recognition of any related provisions.

How the scope of our audit responded to the key audit matter	We obtained an understanding of relevant controls around income recognition.

We performed detailed substantive testing on a sample basis of the recoverability of overperformance income and adequacy of provision for underperformance through the year, and evaluated the results of the agreement of balances exercise.

We reviewed with management the key changes in the year and considered whether, taken together with the settlement of current period disputes, there are any indicators of inappropriate adjustments in income recognised between periods.

We performed testing of the Whole Provider Accounts (WPA) agreement of balances, focusing on balances with mismatches.

We obtained an understanding of the nature of each provision, the basis for the position adopted, and evidence of the historical accuracy of provisions made for disputes with commissioners. We considered this track record in evaluating period-end provisions.

We performed cash after date testing to assess the recoverability of receivables and accrued income post year end.

Key observations	Based on the audit evidence obtained, we conclude that NHS income is appropriately recognised. We consider management judgements of provisions and disputes to be within a reasonable range.

5.2. Classification of capital expenditure and valuation of the estate ⟨⟩

Key audit matter description	The group holds property assets within Property, Plant and Equipment at a modern equivalent use valuation of £103.8m (2018/19 £114.9m) while the foundation trust holds £82.0m (2018/19 £92.8m). 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.

As detailed in note 18, the foundation trust had a full quinquennial valuation performed on its estate in the year. The net valuation movement on the group's estate shown in note 7 is an impairment of £26.5m.

The group has spent £21.8m against a plan of £26.1m, on the capital programme for the year. Where the foundation trust develops properties as part of its capital programme, determining whether expenditure should be capitalised can involve significant judgement as to whether costs should be capitalised under International Financial Reporting Standards, and when to commence depreciation.

As detailed in notes 1.26 and 18, in applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report.. This is on the basis of uncertainties in markets caused by Covid-19 and therefore less weight can be attached to previous market evidence for comparison purposes, to inform opinions of value. In addition, properties which are priced on their trading potential, including healthcare establishments, may experience a greater impact on pricing in comparison to other asset classes. |
| **How the scope of our audit responded to the key audit matter** | We we obtained an understanding of relevant controls around the property valuation adopted at period end and around the capitalisation of cost.

We worked with Deloitte internal valuation specialists, to review and challenge the appropriateness of the assumptions and methodology used in the valuation of the foundation trust's properties. We have used their findings to challenge management assumptions, including the potential impact of Covid-19 on property valuations. We have also agreed the inputs to the year-end valuations performed by Avison Young.

We have reviewed and challenged the appropriateness of assumptions used in the desktop valuation of the properties held in the subsidiary SWFT Clinical Services Limited and agreed the input to the year-end valuation performed by the District Valuer.

We assessed whether the valuation and the accounting treatment of the impairment, shown in note 7, were compliant with the relevant accounting standards, and in particular whether impairments should be recognised in the Income Statement or in Other Comprehensive Income.

We checked whether any adjustments to the value of previously capitalised works are required and how these have been calculated. We considered the impact of uncertainties relating to the UK's exit from the EU and the COVID-19 pandemic upon property valuations in evaluating the property valuations and related disclosures including the adequacy of the disclosure of the material |

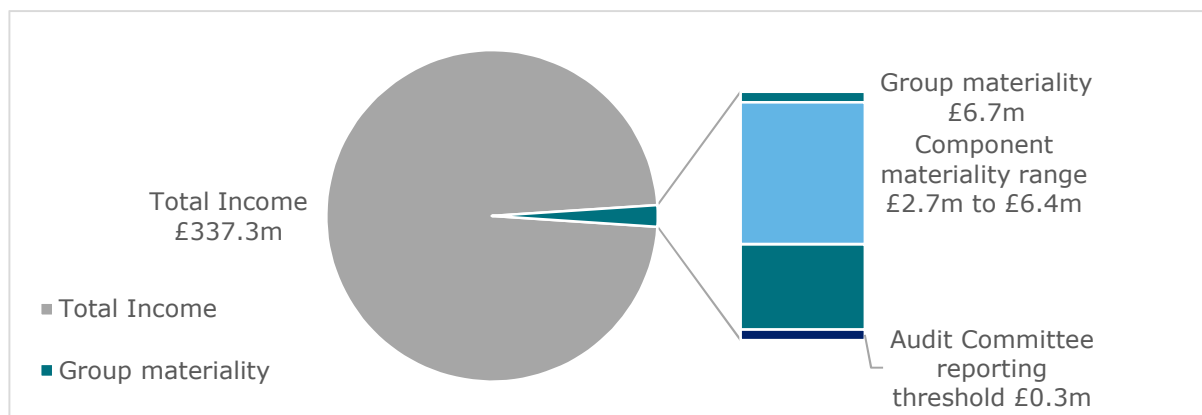|	
valuation uncertainty.	
Key observations	While we note the increased estimation uncertainty in relation to the property valuation as a result of COVID-19, and as disclosed in notes 1.26 and note 18, we consider the valuation of the group's and foundation trust's estate is appropriate.

6. Our application of materiality

6.1. 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	£6.7m (2018/19: £6.4m)	£6.4m (2018/19: £6.3m)
Basis for determining materiality	2% of total income (2018/19: 2% of total income)	2% of total income (2018/19: 2% of total income)
Rationale for the benchmark applied	Total income was chosen as a benchmark as the group is a non-profit organisation, and income is a key measure of financial performance for users of the financial statements.	Total income was chosen as a benchmark as the foundation trust is a non-profit organisation, and income is a key measure of financial performance for users of the financial statements.

Total Income £337.3m

■ Total Income
■ Group materiality

Group materiality £6.7m
Component materiality range £2.7m to £6.4m

Audit Committee reporting threshold £0.3m

6.2. Performance materiality

We set performance materiality at a level lower than materiality to reduce the probability that, in aggregate, uncorrected and undetected misstatements exceed the materiality for the financial statements as a whole. Group performance materiality was set at 75% of group materiality for the 2019/20 audit (2018/19: 75%). In determining performance materiality, we considered the following factors:

a) Our risk assessment, including our assessment of the foundation trust's overall control environment.
b) Our past experience of the audit, which has indicated a low number of correct and uncorrected misstatements identified in the prior period.
c) Stable finance team in the current and prior periods

6.3. Error reporting threshold

We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £300,000 (2018/19: £300,000), 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.

7. 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 controls, and assessing the risks of material misstatement at the group level.

The focus of our audit work was on the foundation trust, with work performed directly by the audit engagement team, led by the engagement partner.

We performed specified audit procedures in relation to the trust's subsidiary, SWFT Clinical Services Limited, where the extent of our testing was based on our assessment of the risks of material misstatement and the component materiality specific for the subsidiary. 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 £2.7m to £6.4m (2018/19 £2.6m to £6.3m).

Our audit covered all of the entities within the group, which account for 100% of the group's net assets, total incoming resources and surplus with no component auditors involved in the audit.

At the group level we also tested the consolidation process.

8. Other information

The accounting officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon.

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.

We have nothing to report in respect of these matters.

9. 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.

10. 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

11. 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.

12. Matters on which we are required to report by exception

12.1. 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 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 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.

We have nothing to report in respect of these matters.

12.2. 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.

13. 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.

14. Use of our report

This report is made solely to the Council 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.

Ian Howse, CPFA (Senior statutory auditor)
For and on behalf of Deloitte LLP
Statutory Auditor
Cardiff, United Kingdom
25 June 2020